NABP Launches VAWD Program, Now Accepting Applications

NABP is pleased to announce that it is now accepting applications for accreditation through the Verified-Accredited Wholesale Distributors™ (VAWD™) program. VAWD accredits wholesale distributors of prescription drugs and serves as a vehicle to help protect the public from the threat of counterfeit drugs affecting the United States’ drug supply.

NABP began developing VAWD after Food and Drug Administration (FDA) requested that NABP update its Model Rules for the Licensure of Wholesale Distributors, which is part of the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy. Members of NABP’s resulting Task Force on Counterfeit Drugs and Wholesale Distributors, held in October 2003, revised the Model Rules and proposed the creation of an accreditation program and clearinghouse for wholesale distributors — a plan that was immediately supported by FDA — to further combat counterfeit drugs.

“As wholesale distributors apply for and receive VAWD accreditation, the ability for unscrupulous wholesalers to engage in prescription drug counterfeiting and diversion will be impeded,” says Donna M. Horn, NABP president. “Not only is the VAWD program a due diligence tool for wholesale distributors and drug manufacturers, but it also provides assurance to states assessing for licensure eligibility that facilities are adhering to practices set forth in NABP’s Model Rules that promote patient safety and protect public health.”

VAWD accreditation assures stakeholders that wholesale distributors are legitimate, qualified for state licensure, and employing

(continued on page 70)
The NABP Newsletter (ISSN 8756-4483) is published ten times a year by the National Association of Boards of Pharmacy (NABP) to educate, to inform, and to communicate the objectives and programs of the Association and its 66 member boards of pharmacy to the profession and the public. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABP or any board unless expressly so stated. The subscription rate is $35 per year.

© 2005 National Association of Boards of Pharmacy. All rights reserved. No part of this publication may be reproduced in any manner without the written permission of the executive director/secretary of the National Association of Boards of Pharmacy.

Executive Committee
Donna S. Wall
Chairperson, District IV
Donna M. Horn
President, District I
Dennis K. McAllister
President-elect, District VIII
Lawrence H. Mokhiber
Treasurer, District II
Charles Curtis Barr
Member, District V
Michael A. Moné
Member, District III
Richard A. Palombo
Member, District II
Oren M. Peacock, Jr
Member, District VI
Gary A. Schnabel
Member, District VII
Charles R. Young
Member, District I

VAWD Launched
(continued from page 69)
security and best practices for safely distributing prescription drugs from the manufacturer to the pharmacy to the patient. Working with BuzzeoPDMA, Inc, a Division of Dendrite International, Inc, a leading compliance management firm, to perform on-site inspections of wholesale distributor facilities, NABP will carry out extensive examinations of wholesale distributors’ licensure status, policies and procedures, and disciplinary history.

To earn VAWD accreditation, the wholesale distributor facility must be legitimate, validly licensed in good standing, and employing security and best practices for safely distributing prescription drugs from manufacturers to pharmacies and other institutions. VAWD applicants will undergo a rigorous compliance review including an on-site examination of the wholesale distributor facility as well as criminal background checks for designated representatives and other responsible persons and screening through NABP’s National Clearinghouse of Licensure, Certification, and Accreditation. Applicants for VAWD accreditation will be assessed in three basic categories:

Verification of Licensure
- Collect documentation demonstrating that the wholesale distributor is licensed and in good standing with the applicable board(s) of pharmacy or state regulatory agency.
- Verify licensure of primary personnel (ie, designated representatives), if applicable.
- Screen thoroughly through NABP’s Clearinghouse as well as perform criminal and financial background checks for key personnel.

Confirmation of Satisfactory Policies and Procedures
- Assess policies and procedures against VAWD criteria that NABP developed based upon its Model Rules.
- Address requirements for personnel, the facility, record keeping, pedigrees, and handling of drugs including suspect products.

On-site Facility Inspections
- Evaluate operations and review facilities, interview staff, and verify documents.
- Compare written policies and procedures with actual practices at wholesale distributors’ facilities.

The Model Rules for the Licensure of Wholesale Distributors is just now being adopted by the states and NABP will take this into consideration as the Association evaluate applicants’ documents and operations for purposes of VAWD accreditation. Bearing this in mind, provisional VAWD accreditation may be awarded to qualifying wholesale distributors.

Once a facility becomes accredited, an annual review and reaccreditation process will be conducted. Random site visits are projected for one-third of the VAWD-accredited facilities each year, with all wholesale distributors being visited once every three years to ensure they continue to meet VAWD criteria.

Accredited wholesale distributors will be listed on NABP’s Web site, www.nabp.net. In addition to program information, a downloadable application, and VAWD criteria, the Association’s Web site also features a Report a Suspicious Drug Product feature. NABP will collect information on prescription drug products that are believed to be counterfeit, adulterated, misbranded, diverted, or contaminated and pass reports to the proper regulatory authorities.

For more information about the VAWD program or to download an application, visit NABP’s Web site at www.nabp.net. To learn more about BuzzeoPDMA, please visit the company’s Web site at www.buzzeopdma.com.
NABP Convenes Task Force on E-Pedigree Requirements

NABP’s Task Force to Develop Recommendations for Electronic Pedigree Requirements convened via conference call on January 14, 2005, to examine current regulation, statutes, legislation, and other pertinent information regarding electronic pedigrees for the wholesale distribution of prescription drugs. After convening, the Task Force provided recommendations to the NABP Executive Committee concerning the necessary components, elements, and requirements for e-pedigrees. The final recommendations, with the Executive Committee’s approval, will be available on NABP’s Web site, www.nabp.net, at the end of the first quarter in 2005.

The Task Force members include Joshua Bolin, director, Indiana Board of Pharmacy; Patricia F. Harris, executive officer, California State Board of Pharmacy; William Harvey, acting executive director/chief inspector, New Mexico Board of Pharmacy; Jerry Hill, bureau chief of pharmacy services, Florida Department of Health; Lloyd K. Jessen, executive director/secretary, Iowa Board of Pharmacy Examiners; Elizabeth Scott Russell, executive director, Virginia Board of Pharmacy; and Richard M. Ritota, program manager, Food and Drug Safety Program, Consumer and Environmental Health Services, New Jersey Department of Health.

Following are the recommendations that the Task Force submitted to the Executive Committee for consideration.

To effectively deter counterfeiting and diversion, the Task Force recommended that e-pedigrees document all transactions and distributions of a product – starting from the product’s manufacturer until final sale or distribution to the pharmacy or other entity dispensing or administering the product to the patient or end user. The complete recording of a product’s chain of custody minimizes the risk of unscrupulous wholesale distributors and pharmacies illegitimately laundering products. The Task Force considered pharmacies’ concerns regarding the costs associated with implementing such technology, but noted that information from the technology industry indicates that in the future such technology will be more affordable.

The Task Force determined that the implementation timeline proposed by Food and Drug Administration’s Task Force Report on Counterfeit Drugs, which targets 2007 as the implementation

(continued on page 87)

<table>
<thead>
<tr>
<th>Prescription Drug Product</th>
<th>Transaction Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Drug Name (proprietary and established name)</td>
<td>Name, Address, Telephone Number, and E-mail Address (if available), VAWD™ Number (if applicable), and State License Number of Each Entity Involved in the Chain of the Prescription Drug’s Custody</td>
</tr>
<tr>
<td>Amount of Prescription Drug (container size and number of containers)</td>
<td>Name and Address of Each Person Certifying Delivery or Receipt of the Prescription Drug</td>
</tr>
<tr>
<td>Dosage Form/Dosage Strength</td>
<td>Certification That Each Recipient Has Authenticated the Pedigree</td>
</tr>
<tr>
<td>Lot/Control Numbers with Expiration Dates</td>
<td>A Certification From the Licensed Entity That the Information Contained in the Pedigree is True</td>
</tr>
<tr>
<td>Name of the Manufacturer and Repackager (if applicable) of the Finished Dosage Form</td>
<td>Sales Invoice Number</td>
</tr>
<tr>
<td>National Drug Code Number (optional)</td>
<td>Date of Transaction (Including Delivery and Receipt)</td>
</tr>
</tbody>
</table>
Rhode Island Moves Forward in Licensing Canadian Pharmacies

Rhode Island became the first state in the nation to legalize the licensure of Canadian pharmacies after the passage of Senate Bill 2160A on July 6, 2004, which amends the state’s General Laws to allow licensing of Canadian-based pharmacies and Internet pharmacies. With this legislation comes many difficult issues, not only regarding patient safety – a point that NABP has consistently voiced to state and federal officials and the news media – but also the strain on the Rhode Island Board of Pharmacy’s resources.

Effective January 15, 2005, Rhode Island’s new law, entitled “An Act Relating to Businesses and Professions – Pharmacies,” calls for the state’s Department of Health (DOH) to establish “standards to protect the health and safety of the public and governing the operation and licensing of Canadian pharmacies.” According to Rhode Island State Representative Fausto C. Anguilla (D), the principal representative who introduced the House version of the bill, “The bill was introduced because some Rhode Island senior citizens are in dire straits – some have to make the choice between buying food or medications and for many of our citizens both are of equal life-sustaining value. This is a horrible situation and the pharmaceuticals are exorbitantly priced.”

But according to Anguilla, all of the state’s consumers benefit – not just its senior citizens – from the availability of reduced prescription drug prices that is intended to occur under this new law.

Although the state of Rhode Island believes that it is addressing safety issues by requiring the Rhode Island Board of Pharmacy to set rules and regulations for the licensure of Canadian pharmacies, Food and Drug Administration (FDA) is still concerned over the importation of drugs from foreign countries. In a January 28, 2005 letter to Rhode Island Attorney General Patrick C. Lynch, William K. Hubbard, FDA associate commissioner for policy and planning, stated, “FDA is very concerned about the safety risks associated with the importation of prescription drugs from foreign countries. In our experience, many drugs obtained from foreign sources that purport to be the same as [United States] approved prescription drugs have been of unknown origin and quality.”

Lynch has also voiced his concerns to the governor of Rhode Island, Donald L. Carcieri, by stating in a February 1, 2005 letter addressed to the governor, “The health and safety of the citizens of Rhode Island should be paramount in the regulatory scheme to import lower-priced prescription drugs.”

Due to the lack of assurance of the origin and quality of drugs obtained from foreign sources, the importation of Canadian drugs would violate the federal Food, Drug, and Cosmetic Act (FD&C Act), which strictly limits the types of drugs that may be imported into the US and the entities that may import them. This Act was developed to create a “closed” drug distribution system, which helps ensure that the domestic drug supply is safe and effective.

FDA’s letter elaborates on this subject: “... [I]f an entity or person within the State of Rhode Island were to import...
prescription drugs into the State of Rhode Island from Canada, it would violate the [FD&C Act] in virtually every instance.”

Anguilla refutes FDA’s worries. “There should not be concern over the safety of the medications bought in Canada because when developing the licensing provisions, safety was our main concern – we limited the purchasing of the medications solely to Canada because it [Canada] has a rigorous drug inspection program [Health Canada] similar to FDA and through this licensing provision we are channeling consumers toward legitimate pharmacies,” he explains.

According to FDA’s letter, the Rhode Island law violates the FD&C Act in the following ways:

- Most of the drugs that are imported into the US from Canada are not approved, are labeled incorrectly, or are dispensed without a valid prescription.
- Drugs sold outside the US are not manufactured by a firm that has FDA approval for a particular drug. Even if the manufacturer has obtained FDA approval for a drug, the version produced for the foreign market usually does not meet all of the requirements for US approval, and thus is unapproved.
- It is illegal for any person other than the original drug manufacturer to import into the US a prescription drug that was originally manufactured in the US and then sent abroad.

**The Board’s Response**

In his letter to Governor Carcieri, Lynch explains, “Safety is the essential element for the importation of low-priced prescription drugs; the Rhode Island General Assembly recognized and addressed this by requiring the DOH ‘... to promulgate rules ... establishing standards and procedures to protect the health and safety of the public and governing the operation and licensing of Canadian pharmacies...’... It is crucial that the Department of Health address these safety issues before, or simultaneous with, the issuance of any Canadian licenses.”

Rhode Island Board of Pharmacy Executive Director Catherine A. Cordy explains that the state has mandated that, to ensure public safety, the DOH (the jurisdiction under which the Board falls) enlist the help of pharmacists, the attorney general, drug manufacturers, and state pharmacy associations when writing these regulations, even though the Board is not in favor of this new law.

According to Cordy, these regulations will tentatively be in place by late spring, but this deadline hinges on finding the time and resources to write these regulations. “Since the law has been passed it has affected the Board’s workload immensely,” Cordy says. “We [the Board] are unable to focus on state licensure applications, nor has it had the time to update its own regulations in regard to other issues like wholesale distributors. In addition, the Board would like to start working on reviewing NABP’s Model Rules for the Licensure of Wholesale Distributors but cannot because its workload is concentrated on the licensure of Canadian pharmacies.”

Cordy believes that this law will affect Rhode Island pharmacies in that the pharmacies may need to hire consultants to review Canadian regulations versus the US regulations. As far as the inspection of Canadian pharmacies is concerned, it is likely that none will be performed soon because the state does not have any jurisdiction over Canadian pharmacies or pharmacists.

The Board has developed a Pharmacy – Non-resident License application for Canadian pharmacies, which is to be used to license a pharmacy that ships, mails, (continued on page 78)
Most regulatory boards, including boards of pharmacy, assess, as part of the licensure application process, an applicant’s good moral character. The authority to gather background information of an applicant for licensure should be contained in the practice act, which empowers the board to regulate the profession in the interest of protecting the public. In general, regulatory boards should continually assess their applications for licensure and renewal to ensure that relevant, contemporary information is solicited from those seeking licensure. Boards should also be aware of the potential for applicants to contest or refuse to answer certain questions and the consequences of such refusal. Regulatory trends appear to favor criminal background checks as a prerequisite to licensure.

Of importance to the regulatory process and the legal consequences of application denials is what the board does with the information gathered. Boards should only seek information that they are empowered to acquire and that is relevant to the licensure decision. Consider the following.

In April 2002, an individual submitted his application to the Hawaii Board of Bar Examiners seeking licensure as an attorney. The applicant was already licensed and in good standing as an attorney in Missouri having received his law degree from the University of Kansas at Kansas City in 1980. On his application to the Hawaii Bar, the applicant disclosed that he was suspended from the Missouri and Federal Bars from April 1998 until December 2001. The suspension was based upon three felony convictions.

The criminal prosecutions involved three felony charges in 1995 and 1997 wherein the applicant allegedly “unlawfully, knowingly, willingly, and feloniously engaged in lewd fondling or touching of a person under eighteen years of age” in violation of the Kansas criminal code. The alleged events involved adopted stepdaughters of the applicant and occurred in 1991, 1992, and 1993, respectively. In 1998, the applicant was criminally convicted by a jury of all three felony counts.

Subsequent to the convictions, the Kansas Supreme Court reversed the verdicts and remanded the case for a new trial. Regarding the criminal convictions, the Kansas Supreme Court held that the trial court erred by joining charges by separate stepdaughters in one trial and such was prejudicial to the applicant. The court observed that the convictions concerning one daughter “may have been sustained” had the charges not been improperly joined. The State of Kansas elected not to retry the matter and, thus, the criminal charges were dismissed.

In addition to these felony charges, the applicant also reported to the Hawaii Bar a 1991 charge of aggravated battery against a law enforcement officer. The event occurred when the officer tried to serve a “protection from abuse” order upon the applicant. The criminal charges were deferred by the applicant’s agreement to enter a
diversion program, which included enrollment in and completion of a drug abuse program or anger control counseling course. The applicant complied with the diversion program and the case was dismissed in 1992.

Finally, the applicant disclosed to the Hawaii Bar credit revocations, loan defaults, multiple civil suits for nonpayment of debts, and two Chapter 7 bankruptcies filed in 1985 (which dismissed approximately $222,000 of debt) and 1993 (which dismissed approximately $373,000 of debt).

Initially, the Board of Bar Examiners recommended and the Hawaii Supreme Court denied the application, but without prejudice to reapplication to Hawaii after reinstatement to the United States District Court in Missouri. The applicant was reinstated to the US District Court in Missouri and petitioned the Hawaii Bar for reconsideration. Rather than reapply, the applicant was allowed to update his initial application with Hawaii to include his Missouri reinstatement.

After consideration, the Hawaii Bar advised the applicant that it was inclined to deny the application because of his financial past and his actions related to the aggravated battery charges. The Hawaii Bar acknowledged that the criminal convictions had been reversed, but that the “substance of the complaints raise[d] serious concerns” about the applicant’s character and fitness. The applicant requested and was granted a hearing on his petition.

The hearing panel concluded that the applicant had not proven a record of conduct that would justify the trust of clients, adversaries, courts, and others with the respect of professional duties owed to them. The application was denied. The applicant appealed the matter to the Hawaii Supreme Court.

The Supreme Court addressed the issue of whether or not the applicant had met his burden of proving good moral character by a record of conduct that would justify the trust of clients, adversaries, courts, and others with respect to professional responsibilities. The court emphasized that the burden falls on the applicant to substantiate such good moral character and fitness.

In his defense, the applicant argued that “a unanimous Kansas Supreme Court decision, the trial transcripts, are replete with evidence that . . . show [he] was innocent of all charges brought and was wrongfully tried.” The Hawaii Supreme Court held that the applicant was correct that the Kansas court wrongfully convicted him, but there was no support to the applicant’s statement “that the case was replete with evidence that . . . [he] was innocent of all charges and was wrongfully tried. . . .” As emphasized by the Hawaii court, the Kansas court remanded the criminal matter for a new trial.

In formulating its rule under these circumstances, the Hawaii Supreme Court held that “[A] favorable resolution of a criminal proceeding does not preclude consideration of the criminal accusation and evidence in support of it when the Board of Bar Examiners and this court are reviewing a bar application.” Citing an Oregon case, the court continued stating that while an arrest has little if any probative value, the dismissal of a criminal matter by the courts does not preclude inquiry to ascertain whether or not the offense was committed.

The court summarized that “conduct not descending to the level of guilt of the violation of the criminal statute may well present an insuperable obstacle to admission to the Bar if such conduct evinces a lack of ‘character’ and tried and convicted.”

Attorney Dale J. Atkinson is a partner in the law firm of Atkinson & Atkinson, counsel for NABP.
Feature News

States Develop Wholesale Distributor Legislation, NABP Offers Guidance

Effectively combating counterfeit prescription drugs requires action on many different fronts, with electronic pedigrees being a primary means to securing the drug distribution system. The increasing availability and affordability of track and trace technology utilizing radio frequency identification, or RFID, makes the present legislative effort a perfect means to implement electronic pedigrees into the drug distribution system. Several states agree with this assessment and have passed or are developing legislation mandating the use of e-pedigrees. NABP strongly believes in the incorporation of e-pedigrees and the state boards of pharmacy and related state departments have been utilizing the Association’s Model Rules for the Licensure of Wholesale Distributors, which is part of the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy, as they develop regulations and legislation.

In February 2004, NABP released its first revision to the Model Rules for the Licensure of Wholesale Distributors and, subsequently, another revision was released in March 2005. In the revised Model Rules, Section 10 (Recordkeeping) calls for the implementation of e-pedigrees by December 31, 2007:

Effective December 31, 2007, all Wholesale Distributors, whether located in or out-of-State, whether an Authorized Distributor or not, must provide and maintain an electronic Pedigree developed in accordance with standards and requirements of the Board, for all Prescription Drugs received and distributed.

Over the past few months, NABP has been advising several state boards of pharmacy and applicable state regulatory agencies on language for e-pedigree provisions contained in wholesale distributor legislation. NABP’s activities include testifying to boards regarding e-pedigree provisions, submitting comments on various states’ proposed legislation and regulatory initiatives, and attending state board of pharmacy meetings. While attending meetings, NABP provides board members with background on the counterfeiting issue and the Association’s Model Rules.

NABP’s revised Model Rules calls for increased licensure requirements for wholesale distributors including background checks, on-site inspections, and re-licensure every three years. In addition, the Prohibited Acts (Section 11) and Criminal Acts (Section 12) sections of the Model Rules incorporate more significant penalties for entities involved in prescription drug diversion and counterfeiting.

“As states move to strengthen the drug distribution system, each state must identify its own needs; however, it is important that all 50 states adopt wholesale distributor legislation that is similar to ensure that unscrupulous wholesale distributors are put out of business,” explains NABP President Donna M. Horn. “If all 50 states
adopt uniform legislation based on NABP’s Model Rules, they will effectively align their requirements to make it more difficult for wholesale distributors to circumvent laws by moving their businesses to another state with less stringent requirements. In addition, it will be easier for legitimate wholesale distributors to comply with each state’s regulations.”

In addition to these activities, NABP’s Task Force to Develop Recommendations for Electronic Pedigree Requirements convened on January 14, 2005, to provide NABP’s Executive Committee with recommendations concerning the necessary components, elements, and requirements for e-pedigrees (see “NABP Convenes Task Force on E-Pedigree Requirements” on page 71).

**States and E-Pedigrees**

Pedigree requirements for non-authorized distributors of record (ADRs) were first addressed in the Prescription Drug Marketing Act of 1987; subsequent federal regulations requiring pedigrees have been stayed most recently until December 2006. Currently, states have begun to incorporate pedigree mandates into their own regulations (see chart on page 81). While Florida and California will be the first states to impose pedigree requirements that provide incentive to wholesale distributors to implement e-pedigrees instead of paper pedigrees, Nevada led the way in 2001 with legislation mandating paper pedigrees for all prescription drugs from those wholesale distributors that are not ADRs. Nevada also required extensive wholesale distributor licensure applications and criminal background checks. Since then, Florida and California have also passed stringent legislation regarding pedigrees and wholesale distributors.

In July 2003, Florida passed legislation requiring, effective July 1, 2006, pedigrees recording “...each distribution of any given legend drug, from sale by a pharmaceutical manufacturer, through acquisition and sale by any wholesaler or repackager, until final sale to a pharmacy or other person administering or dispensing the drug.” During the interim, pedigrees must be passed for all “specified drugs,” which include those drugs the state has found to be at high risk for diversion or counterfeiting. In addition, those wholesalers that are not ADRs must pass a pedigree for any transaction – even those involving prescription drugs that are not “specified.” By July 2006, however, all wholesale distributors – including those with ADR status – must provide pedigrees.

Before the law pertaining to pedigrees was passed, the Florida Legislature’s Office of Program Policy Analysis and Government Accountability studied the problem of counterfeit drugs and diversion. The resulting report confirmed that state regulatory and law enforcement agencies had observed a significant increase in the incidence of counterfeit and diverted drugs. According to the report, Florida’s Bureau of... (continued on page 80)
Rhode Island
(continued from page 73)
or delivers prescription
drugs and/or devices to a
patient in Rhode Island,
or to apply for a new
license due to a change in
ownership or location.
The application also
states, “Prescription drugs or
devices cannot be shipped,
mailed, or delivered to a
patient in this state without
being licensed by the BOARD [the Board’s emphasis]. The
nonresident pharmacy must
maintain, at all times a valid
license, permit or registration to operate in
compliance with the laws of
the province in which it is
located.”

Other States and
Canadian Pharmacies
Rhode Island may be
the first state in the nation
to authorize the licensure
of Canadian pharmacies,
but other states, especially
border states, have
legislation, current or
pending, regarding
Canadian pharmacies.

North Dakota’s Article
61-08, Out-of-State
Pharmacies, requires “Any
pharmacy operating outside
the state which ships, mails,
or delivers in any manner
a dispensed prescription
drug or legend drug into
North Dakota shall obtain
and hold a pharmacy
permit issued by the North
Dakota [S]tate [B]oard of
[P]harmacy and that part
of the pharmacy operation
dispensing the prescription
for a North Dakota resident
shall abide by state law and
rules of the [B]oard.”

Article 61-08 goes on to
explain that the pharmacist-
in-charge and pharmacy
owner, or partners, or
corporate officers and
owners where applicable
will be responsible for
complete compliance with
North Dakota’s laws and
rules regarding the practice
for the “pharmacy operation
pertaining to the provisions
of receiving[,,] dispensing,
and delivering prescription
drugs to North Dakota.”

As far as inspections
are concerned, Article
61-08 allows for the
evaluation of registered
out-of-state pharmacies
to conduct business in
North Dakota. Also,
the North Dakota State
Board of Pharmacy “may
contract with the respective
out-of-state regulatory
authorities to conduct and
perform periodic routine
inspections.”

Currently in the state
of Washington there are
three bills being proposed
in various committees
in the state legislature
related to importation, says
Washington State Board
of Pharmacy Executive
Director Steven M. Saxe.

House Bill 1168:
Reimportation of
Prescription Drugs

- Adds a new section to
the Revised Code of
Washington (RCW)
18.64.350 identifying
the issue of high
prescription drug cost
and allows the Board
to regulate nonresident
pharmacies.

- Makes RCW 18.64.350
and 18.64.360 applicable

---

Legal Briefs
(continued from page 75)

At press time, Rhode
Island has received three
licensure applications from
Canadian pharmacies.
It is unknown if Rhode
Island consumers are
purchasing medications
from Canadian pharmacies;
the Board has received some
inquiries regarding Rhode
Island-licensed Canadian
pharmacies, to which the
Board responds that, at
present, there are none
licensed.

General fitness requisite
for an attorney. . . . ”
The court continued
and assessed the applicant’s
additional disclosures
against the character and
fitness requirements of
the Hawaii Bar admission.
Regarding the bankruptcy
filings, the court held that
while the filings alone
cannot justify denial of
a licensure application,
there is a distinction
between considering
an applicant’s financial
reputation and considering
a bankruptcy filing
alone. The bankruptcy
statutes do not prohibit
an examination of the
circumstances surrounding
the bankruptcies as they
illustrate the applicant’s
judgment in handling
serious financial obligations.
Based upon the totality of
the circumstances and the
fact that the court is able
to consider factors surrounding
arrests and bankruptcies,
the Hawaii Supreme Court
upheld the denial of the
licensure application.
Importantly for regulatory
boards and associations
of boards that prepare the
licensure examinations, the
court not only refused to
license the applicant, but
also refused to allow him to
sit for the Hawaii Bar exam.

Boards may wish to
consider the order in which
licensure applications are
assessed to determine
moral character issues
before unnecessarily
exposing the examination
to an individual who may
not become licensed no
matter what exam score is
received.

The case presents an
excellent analysis of the
obligations and duties
of a board to assess the
background and character
of applicants for licensure.
As noted, exoneration or
dismissal at the criminal
level may not preclude
board assessment
of the underlying
facts surrounding
the accusations.

In the Matter of the
Application of W. D. P., 91 P.
3d 1078 (HI 2004)
to Canadian provinces by adding “or Canadian province” throughout the text of these RCWs.

- Asks the Board to develop licensing agreements with Canadian pharmacies either through Canadian regulatory agencies or Washington State on-site inspections and certifications.

**House Bill 1194:**
**Reimporting of Prescription Drugs – Using Canadian Wholesaler/Facilitate Personal Importation**

- Allows each agency administering a state-purchased health care program to control the cost of prescription drugs by purchasing drugs in bulk from approved Canadian wholesalers and pharmacies or by facilitating the personal importation of FDA-approved drugs by patients.
- Certain drugs not conducive to international transport, that are prone to counterfeiting, or that do not result in cost savings are excluded from importation.
- Canadian pharmacies must meet Washington State Board of Pharmacy retail pharmacy standards (does not specify licensing).
- The Health Care Authority (HCA) shall develop a Web site to communicate information to individuals regarding opportunities to purchase drugs in Canada and steps to ensure drug safety.
- Any parts of the bill in conflict with federal requirements as a condition for allocation of federal funds those sections are inoperative. The rules developed must also meet federal requirements necessary to obtain federal funds.

**House Bill 1316:**
**Importation of Drugs from Canadian Wholesalers.**

This bill was developed as a request by Governor Christine Gregoire.
- By September 1, 2005, the Board must work with the HCA to submit a waiver to FDA to allow the Board to license Canadian drug wholesalers.
- Canadian wholesalers must meet the requirements of RCW 18.64.046 and any rules adopted by the Board.
- Drugs purchased from Canadian wholesalers must be from an approved manufacturer.
- The Board must routinely test drugs purchased from Canadian wholesalers.
- The Board must establish safe labeling, tracking, and shipping procedures for drugs purchased from Canadian wholesalers.
- The bill limits the drugs purchased from Canadian wholesalers to those for which a potential savings to the patient can be demonstrated; this savings must be passed on to the consumer.
- The Board, in consultation with the HCA, must submit an implementation plan, on each component of the waiver, to Governor Gregoire and the legislative committees by December 1, 2005.
- The bill amends RCW 18.64.046 Drug Wholesale Law to include wholesalers in Canadian provinces.
- Requires the on-site inspection and certification of Canadian wholesalers if a reciprocal agreement is not reached with Health Canada.
- Any parts of the bill in conflict with federal requirements as a condition for allocation of federal funds those sections are inoperative. The rules developed must also meet federal requirements necessary to obtain federal funds.

In Montana, although there is no proposed legislation that would specifically allow or mandate Canadian pharmacy licensure, many bills addressing prescription drug importation (from Canada and elsewhere) have been considered during Montana’s current legislative session. “It is important to note that nothing in Montana law at present would prohibit licensure of Canadian pharmacies,” explains Montana Board of Pharmacy Executive Director Rebecca H. Deschamps. “Montana statute requires licensure with our board of pharmacy and registration with the Montana Secretary of State as an out-of-state business before an out-of-state pharmacy can legally ship medications to Montana citizens. Our Board has taken the position that as long as the FDA maintains its present position, we are not in a position to override the FDA.”

Rhode Island’s legislation sets a precedent for other states’ legislators who have been attempting to pass importation legislation; however, it is a model that concerns NABP. The US Department of Health and Human Services’ recent Task Force on Drug Importation found that there is a significant risk associated with importing prescription drugs, no matter how safe the host country’s drug distribution system (see the February 2005 NABP Newsletter). In addition, the Task Force’s report noted that the additional resources needed to make an importation program safe and effective would be substantial; NABP agrees with this assessment and believes that it transcends the state boards of pharmacy, which are often already stressed for time and resources.
Pedigree Legislation  
(continued from page 77)  

Statewide Pharmaceutical Services reported that approximately 55 of the 1,458 permitted wholesalers in the state passed suspicious pedigree papers, bought or sold drugs without pedigree papers, or had permits but no record or conduction of legitimate business. The Bureau linked three major weaknesses to the increasing problem of diversion and counterfeiting. In Florida, one of which was that “inadequate safeguards for current drug wholesaler permit requirements make it easy for unscrupulous individuals to invade Florida’s wholesale market.”

California has also passed legislation in an attempt to eliminate the threat of diversion and counterfeiting. In 2004, the state passed into law a requirement that by January 1, 2007, an e-pedigree “ accompany each distribution of a dangerous drug. . . .”

Unlike Florida, California law specifies pedigrees as records in electronic form. According to California Senator Liz Figueroa, author of the bill that was passed into law, “The bill is sponsored by the California [State] Board of Pharmacy to substantially decrease the threat of counterfeit drugs and drug diversion. Much of [the bill] draws from recently adopted laws in Nevada and Florida and from recent draft revisions to model laws published by the National Association of Boards of Pharmacy.”

Several other states also have e-pedigree legislation pending including Indiana, New Jersey, and New Mexico. In January 2005, NABP compiled a summary of the legislative and regulatory activity regarding prescription drug pedigrees in these states:

**Indiana**
- Does not currently require pedigrees.
- SB 321 (pending bill) calls for January 1, 2007 implementation date for e-pedigrees.
- SB 321 defines pedigree as a document in written or electronic form that is approved by the Indiana Board of Pharmacy, which records each distribution of a legend drug from sale by manufacturer through acquisition and sale by each wholesale drug distributor.
- SB 321 requires e-pedigrees for all legend drugs.

**New Jersey**
- Does not currently require pedigrees.
- A 3177 (pending bill) calls for December 31, 2010 implementation date for e-pedigrees.
- A 3177 defines pedigree as a statement or record identifying each previous sale of the prescription drug, including each distribution to an ADR or to a retail pharmacy, starting with the last ADR, or the manufacturer if the prescription drug has not been purchased previously by an ADR or is a prescription drug on the specified list of susceptible products.
- Per A 3177, pedigrees will be required for all drugs unless the wholesale distributor is an ADR, in which case pedigrees will only be required for list products.

**New Mexico**
- Currently requires paper pedigrees, although the “source of drugs” is also acceptable and an alternate to a pedigree.
- Does not require e-pedigrees in current regulations.

**NABP Model Rules**

In consideration of the newly revised NABP Model Rules for the Licensure of Wholesale Distributors, NABP has continued to monitor state legislative and regulatory activity regarding pedigrees and wholesale distribution. The NABP Model Rules that was released in February 2004 specifies that the pedigree record all transactions involving the manufacturers and subsequent wholesale distributors of drugs. In the newly revised version of the NABP Model Rules, pedigrees are mandated to record all transactions from the manufacturer to the pharmacy and will record transactions involving prescription (legend) drugs.

As NABP assists boards of pharmacy with language for e-pedigree provisions contained in wholesale distributor legislation, it also educates boards on the Association’s newly developed accreditation program for wholesale distributors. The Verified-Accredited Wholesale Distributors™ (VAWD™) program is an integral component in the elimination of prescription drug counterfeiters and operates in conjunction with NABP’s Model Rules. VAWD was developed to help states determine that wholesale distributors are legitimate, qualified for state licensure, and employing security and best practices for safely distributing prescription drugs from the manufacturer to the pharmacy to the patient. As part of the accreditation process, wholesale distributors must undergo on-site inspections and criminal background checks as well as screening through NABP’s National Clearinghouse of Licensure, Certification, and Accreditation. VAWD is an especially useful tool for those boards with limited resources as these services are provided at no cost to the boards.

E-pedigree requirements, adoption of NABP’s Model Rules for the Licensure of Wholesale Distributors, and VAWD accreditation are significant impediments to counterfeiting and diversion that create an environment in which unscrupulous wholesale distributors are unable to operate easily or profitably.
## Summary of Current and Proposed E-Pedigree Components*

*As of January 14, 2005

<table>
<thead>
<tr>
<th></th>
<th>California SB 1307</th>
<th>Indiana SB 321</th>
<th>Florida A 3177</th>
<th>New Jersey NAC 639.603, NRS 639.070</th>
<th>Nevada</th>
<th>NABP Model Rules (February 2004)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription drug name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of prescription drug</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Dosage form</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Dosage strength</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Lot numbers</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Control numbers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and address of each owner of the prescription drug</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shipping information</td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Name and address of each person certifying delivery or receipt of the prescription drug</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Certification that each recipient has authenticated the pedigree</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Name, address, telephone number, and e-mail address (if available) of each wholesale distributor involved in the chain of the prescription drug's custody</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Information that states the wholesale distributor has conducted due diligence of the wholesale distributor from which the wholesale distributor purchased, or may have purchased, the prescription drug</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>A certification from the designated representative of the wholesale distributor that the information contained therein is true and accurate under penalty of perjury</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Source of the prescription drug, including the name and principal address of the seller</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Sales invoice number</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Expiration dates</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Date of purchase</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Name of the manufacturer of the finished dosage form</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be in writing and bear the title, “Statement Identifying Prior Sales of Prescription Drugs by Wholesalers Required by the Prescription Drug Marketing Act”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
</tr>
</tbody>
</table>
ACPE Hosts Special Session on PharmD Standards Revision at NABP Annual Meeting

The Accreditation Council for Pharmacy Education (ACPE) will host the special session, "ACPE Open Hearing on PharmD Standards Revision," on Monday, May 23, 2005, at NABP’s 101st Annual Meeting held at the Sheraton New Orleans Hotel in New Orleans, LA. During the open hearing from 4:15 to 5:30 PM, attendees of NABP’s Annual Meeting will have the opportunity to comment on the First Draft of ACPE’s Revised Standards that were approved by its Board of Directors in January 2005.

“During standards development and revision, open hearings are an important way by which ACPE receives profession-wide input,” says ACPE Executive Director Peter H. Vlasses. The hearing will consist of an overview of the Draft Standards by ACPE staff and an outline of the proposed activities and timeline until January 2006, when formal adoption of the Revised Standards will tentatively occur; however, the majority of the session will be devoted to audience comments and questions.

In 1997, ACPE adopted the Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Standards 2000) and initiated the Standards in 2000. In March 2003, ACPE announced its intention to review its Standards and Guidelines. Stakeholders were invited to submit feedback either through written submissions or through an anonymous, Web-based survey that was directed to schools and colleges of pharmacy. ACPE identified some of the major themes from the initial feedback and discussed these at the Board’s Strategic Planning Meeting in October 2004, at which time the Board also appointed a subcommittee to work with ACPE staff to develop an initial draft of the revised standards. The resulting draft was adopted by the Board in January 2005.

“As envisioned by ACPE, the revision to date has not been major in terms of the philosophy of the Standards,” explains Vlasses. “The main objective has been to ensure clarity and simplicity of the intent and expectation of the standards. Primarily, the revision has involved rewording and consolidation of text, and some reorganization. Efforts have been made to standardize terminology and, to remove any ambiguity, the word ‘must’ has been used throughout the Draft Standards.”

The proposed new Standards include institutional accreditation (Standard 4), a student complaints policy (Standard 20), and additional criteria regarding pharmacy practice experiences (Standard 12). While the number of standards (30) has not changed, the number of main sections has been reduced from eight to six.

ACPE hopes to gain final approval and begin widespread distribution of the revised Standards by January 2006, but plans to conduct several more activities during the interim:

- Open hearings at meetings of ACPE’s sponsors, such as NABP and the American Association of Colleges of Pharmacy, and other organizations by invitation;
- Focus groups organized by ACPE;
- Ongoing research by ACPE and collaboration with its stakeholders;
- First Draft of Guidelines to be considered by ACPE Board of Directors (June 2005);
- Distribution of Draft Guidelines to stakeholders for comment and feedback (July 2005);
- Receipt, analysis, and incorporation of comments (until approximately October 2005);
- Final drafting in preparation for January 2006 Board meeting; and
- Final approval and subsequent widespread dissemination (January 2006).

Presenters of ACPE’s Open Hearing on PharmD Standards Revisions will be Peter H. Vlasses, PharmD, BCPS, ACPE executive director; Jeffrey W. Wadelin, ACPE associate executive director and director, Professional Degree Program Accreditation; and Michael J. Rouse, BPharm (Hons), MPS, assistant executive director, International and Professional Affairs.

For more information about NABP’s 101st Annual Meeting programming, visit www.nabp.net or contact the Customer Service Department at 847/391-4406 or via e-mail at custserv@nabp.net.
**May 21-24, 2005**

**Sheraton New Orleans Hotel**

*TPlease note that the 101st Annual Meeting Program is subject to change.*

### Saturday, May 21, 2005

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 AM</td>
<td>Educational Presentation Area Open/Poster Session</td>
</tr>
<tr>
<td>10:15</td>
<td>Refreshment Break</td>
</tr>
<tr>
<td>10:30</td>
<td>Executive Officer and Board Member Programming</td>
</tr>
<tr>
<td>1:15</td>
<td>Keynote Address</td>
</tr>
<tr>
<td>2:15</td>
<td>Refreshment Break</td>
</tr>
<tr>
<td>6:30</td>
<td>Fun Run/Walk</td>
</tr>
<tr>
<td>10:15</td>
<td>Past Presidents’ Breakfast (By invitation only.)</td>
</tr>
</tbody>
</table>

### Sunday, May 22, 2005

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 AM</td>
<td>Continental Breakfast (In Presentation Area.)</td>
</tr>
<tr>
<td>2:30</td>
<td>Final Business Session</td>
</tr>
</tbody>
</table>

### Monday, May 23, 2005

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 AM</td>
<td>Registration Desk Open</td>
</tr>
<tr>
<td>7 - 8</td>
<td>NABP/USP Breakfast</td>
</tr>
<tr>
<td>8 - 11</td>
<td>Meeting of the Committee on Resolutions (Closed Session)</td>
</tr>
<tr>
<td>8:15</td>
<td>Joint CE Programming</td>
</tr>
<tr>
<td>12:15</td>
<td>Break</td>
</tr>
<tr>
<td>3 - 4:15</td>
<td>Third Business Session</td>
</tr>
</tbody>
</table>

### Tuesday, May 24, 2005

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30</td>
<td>Registration Desk Open</td>
</tr>
<tr>
<td>8 - 9</td>
<td>Continental Breakfast</td>
</tr>
</tbody>
</table>

### New Orleans, LA

*Note: The 101st Annual Meeting Program is subject to change.*

**ACPE**

NABP and the NABP Foundation are approved by the Accreditation Council for Pharmacy Education (ACPE) as providers of continuing pharmacy education. ACPE Provider Number: 205. Participants may earn up to five hours of ACPE-approved continuing education credit from NABP. Participants in continuing pharmacy education programs will receive credit by completing a “Statement of Continuing Pharmacy Education Participation” and submitting it to the NABP office. A validated Statement of Credit will be sent as proof of participation within approximately six weeks. Full attendance and completion of a program evaluation form for each session are required to receive continuing pharmacy education credit and a Statement of Continuing Pharmacy Education Credit.
FDA Offers Patient Safety News Monthly Online Series

FDA Patient Safety News is a monthly online video news series for health care professionals that features information on recently approved drugs, biologics, and medical devices; on Food and Drug Administration (FDA) safety notifications and product recalls; and on methods to protect patients when using medical products. Visitors to the Web site can either view a full broadcast of each story or print out a synopsis of the item; links to additional information are also provided.

Those who subscribe to the Patient Safety News mailing list will receive an e-mail at the beginning of each month notifying them of new stories. To subscribe, visit FDA’s Web site at: www.fda.gov/psn/ and click on “Join Our Mailing List.”

ISMP Medication Safety Alert! Newsletter

The Institute for Safe Medication Practices (ISMP) provides the state boards of pharmacy with a complimentary subscription to its monthly newsletter that focuses on medication and patient safety in the community setting. ISMP Medication Safety Alert! Community/Ambulatory Care Edition.

The newsletter is distributed monthly via e-mail. Wherever possible, ISMP has attempted to have this e-newsletter sent to each board of pharmacy’s executive officer, who may then distribute it to board members and staff. Boards that would prefer that someone other than the executive officer receive the ISMP Medication Safety Alert! may contact ISMP via e-mail at ismpinfo@ismp.org or by phone at 215/947-7797.

JCAHO Approves 2005 National Patient Safety Goals

The Joint Commission on Accreditation of Healthcare Organizations’ (JCAHO) Board of Commissioners approved the 2005 National Patient Safety Goals (NPSGs). One of the new goals directly targets medication continuity of care. To meet this goal, JCAHO is requesting the development of processes for obtaining and documenting a complete list of the patient’s current medications upon the patient’s admission to the organization and with the involvement of the patient. These processes include a comparison of the medications the organization provides to those on the list. JCAHO is also requiring that a complete list of the patient’s medications be communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner, or level of care within or outside the organization.

Each year, JCAHO develops NPSGs to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence and expert-based solutions to these problems. According to JCAHO, a sound system design is intrinsic to the delivery of safe, high-quality health care; therefore, the NPSGs focus on system-wide solutions for organizations whenever possible.

The NPSGs are derived primarily from informal recommendations made in JCAHO’s safety newsletter, Sentinel Event Alert. The Sentinel Event database, which contains de-identified aggregate information on sentinel events reported to JCAHO, is the primary source of information for items in the Sentinel Event Alerts as well as the NPSGs. A broadly representative Sentinel Event Advisory Group works with JCAHO staff on a continual basis to determine priorities for and develop NPSGs and associated requirements.

For more information about the 2005 NPSGs, visit http://jcaho.org/accredited+organizations/patient+safety/05+npsg/intro.htm.
NAPLEX, MPJE, FPGEE Administration Results Released

NABP recently released the 2004 test administration results for its North American Pharmacist Licensure Examination™ (NAPLEX®), Multistate Pharmacy Jurisprudence Examination® (MPJE®), Pre-NAPLEX®, and Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®). All four programs saw a significant increase of applicants from 2003 to 2004.

NAPLEX, Pre-NAPLEX

The number of candidates who sat for the NAPLEX in 2004 increased by 2,171 over those testing in 2003. From January through December 2004, 10,789 candidates sat for the NAPLEX compared to 8,618 administrations in 2003. Of those taking the NAPLEX in 2004, 8,244 were first-time candidates from Accreditation Council for Pharmacy Education-accredited pharmacy programs. These first-time candidates performed better than those retaking the examination, with a 97% passing rate compared to an overall passing rate of 92%.

In 2004, more than 3,900 candidates utilized the Pre-NAPLEX, the only practice examination for the NAPLEX created and developed by NABP. This number grew from 2003, when approximately 2,100 candidates took the Pre-NAPLEX. The practice examination, which has three different forms available, was launched in May 2003.

MPJE Reaches Record Number of Administrations
A total of 15,213 candidates were tested in 2004 compared to 13,587 candidates in 2003; these results represent a record number of exams taken since the implementation of the MPJE in November 1998. The overall passing rate for 2004 was 85.1%. During 2004, the MPJE was offered by 45 jurisdictions, compared to 26 states that administered the examination when it was first introduced.

FPGEE

The cumulative results for the June and December 2004 FPGEE administrations showed an increase of 1,003 administrations over 2003. The Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) processed 3,893 applications in 2004 and 3,096 of those applicants qualified to sit for the FPGEE. The total number of applicants that sat for the examination in 2004 was 3,869. Of those candidates who sat for the FPGEE in 2004, 2,267 of the candidates had not previously taken the examination. Although the FPGEC processed more applications in 2004 than it did in 2003, the number of candidates who sat for the examination in 2003 (4,002) was greater than in 2004 because some of those candidates who were administered the examination in 2003 had been held over from 2002 while NABP transitioned from a computer-based format to the current paper-and-pencil format.

In 2004, more than 3,900 candidates utilized the Pre-NAPLEX, the only practice examination for the NAPLEX created and developed by NABP. This number grew from 2003, when approximately 2,100 candidates took the Pre-NAPLEX. The practice examination, which has three different forms available, was launched in May 2003.

NABP Highlights PSAM, VAWD at APhA Meeting

NABP staff promoted the Association’s programs at the American Pharmacists Association’s Annual Meeting and Exposition, April 1-5, 2004, in Orlando, FL. Each year, NABP hosts a booth at APhA to provide information to pharmacists about the programs during the APhA Exposition, which is held during the final three days of the meeting.

During this year’s NABP Competency Assessment staff shared information about NABP’s soon to be launched Pharmacist Self-Assessment Mechanism™, the first phase in the Association’s Continuing Professional Development program. Literature on NABP’s new Verified-Accredited Wholesale Distributors™ program was also available to those who visited NABP’s booth. In addition, staff was on hand to discuss the Pre-NAPLEX™ and the Pre-FPGEE™, the only practice examinations developed by the Association for the North American Pharmacist Licensure Examination™ and Foreign Pharmacy Graduate Equivalency Examination®, respectively.

For more information on these programs, contact the Customer Service Department at 847/391-4406 or via e-mail at custserv@nabp.net.
the Arizona Board of Pharmacy by Governor Janet Napolitano. He replaced William Jones and his term expires January 19, 2009.

**Board Reappointments**

Kathryn H. “Katie” Craven, RPh, was reappointed a member of the Nevada State Board of Pharmacy by Governor Kenny C. Guinn. Her new term expires October 31, 2007.

William Powers, consumer member, and Andrea Zinder, consumer member, were reappointed to the California State Board of Pharmacy by Governor Arnold Schwarzenegger. Both Powers’ and Zinder’s terms expire June 1, 2008.

Three members were reappointed to the South Dakota State Board of Pharmacy by Governor Mike Rounds.

- **Member Arvid R. Liebe’s, RPh**, new term will expire October 1, 2006.
- **Consumer Member Nora Hussey’s** new term will expire October 1, 2006.
- **Chair Stephen R. Statz’s, RPh**, new term will expire October 1, 2007.

---

**101st Annual Meeting Educational Presentation Area Features Poster Session, Passport Drawing**

Calling all state boards of pharmacy and schools and colleges of pharmacy! The deadline to reserve your space for the Third Annual Poster Session is **Friday, April 22, 2005**.

Displayed in the Educational Presentation Area, the Poster Session offers board members the unique opportunity to share ideas on timely topics and discuss the latest legislative actions, policy development, or disciplinary cases while networking with other board members. Faculty and students from pharmacy schools and colleges are also invited to participate in the Poster Session, affording them the chance to meet and interact with those in the pharmacy profession. Encore presentations are welcome and posters will not be judged.

**Poster Session**

Last year’s Poster Session at the 100th Annual Meeting and Centennial Celebration featured topics such as balancing patient safety and professional development, the results of a pharmacist manpower needs survey, and an ambulatory root cause analysis tool.

Interested in participating, but not sure where to start? Listed below are some guidelines on preparing a poster:

- **Limit text and utilize graphics; double-check that all items on the poster are necessary for presentation.**
- **Prepare handouts to provide an overview of poster and/or additional information including contact names, should attendees have questions.**
- **Keep your poster title short, highlighting the topic.**
- **Make the font size at least 14 point and double-space paragraph lines to ensure readability from two to four feet.**
- **Lay out the sections of your poster in a logical order so that the poster is easy to follow. Rather than affixing your documents to one large piece of poster board, which can cause strain on poster pins, break your materials into three or four sections. You will also be able to move them around on the board.**
- **Enlist the help of students and/or interns on rotation in your office to prepare the poster.**
- **Each participating board or school/college of pharmacy will be provided with one four-foot by six-foot bulletin board, which should be manned by a board-appointed or school representative during display times. Interested boards and colleges and schools of pharmacy can notify the NABP Meetings Desk via phone at 847/391-4406 or via e-mail at custserv@nabp.net.**

**Passport Drawing**

When visiting the Educational Presentation Area and Poster Session, meeting attendees will have the chance to win one of three grand prizes in NABP’s Third Annual Educational Presentation Area Passport Drawing. The passports, including a listing of prizes, will be included in the Annual Meeting Registration materials and attendees must have them stamped at each booth in the Educational Presentation Area to enter the drawing. Please drop off your stamped passport at the NABP Registration Desk by 11:30 AM on Monday, May 23. Winners of the drawing will be announced at the Annual Awards Dinner on Tuesday, May 24, at 7 PM. Winners need not be present; participants may only submit one entry each.

For additional information on NABP’s 101st Annual Meeting, please refer to the enclosed registration forms in this Newsletter or visit NABP’s Web site at www.nabp.net.
NABP’s 101st Annual Meeting Registration Form and Program Available Online

Registration forms and program schedules for NABP’s 101st Annual Meeting, May 21-24, 2005, at the Sheraton New Orleans Hotel in New Orleans, LA, are available on NABP’s Web site at www.nabp.net. Just click on the links under Special Items or Meetings.

Themed “A Medley for Patient Safety: Accreditation, Self Assessment, Quality Care,” NABP’s 101st Annual Meeting features the Association’s business sessions, timely and relevant continuing education programming, the annual Meet the Candidates session, the Welcome Reception, and Annual Awards Dinner as well as the Fun Run/Walk and the optional spouse/guest Louisiana Swamp Tour.

NABP has arranged a special meeting rate of $179 with the Sheraton New Orleans Hotel for single/double occupancy plus applicable taxes. To guarantee your accommodations, contact the Sheraton New Orleans Hotel directly at 504/525-2500, through their central reservation system at 1-888/627-7033, or via fax at 504/561-0178. All major credit cards are accepted. All reservations must be received by April 22, 2005. Be sure to mention that you are attending NABP’s 101st Annual Meeting.

Air travel and rental car rates are available through NABP’s designated travel agency, Options Travel, at 1-800/544-8785. When calling Options Travel, identify yourself as a registrant of NABP’s 101st Annual Meeting and mention our special code, NABP101.

For more information about the 101st Annual Meeting program, contact the NABP Meetings Desk at 847/391-4406 or e-mail custserv@nabp.net.

NABP has arranged a special meeting rate of $179 with the Sheraton New Orleans Hotel for single/double occupancy plus applicable taxes. To guarantee your accommodations, contact the Sheraton New Orleans Hotel directly at 504/525-2500, through their central reservation system at 1-888/627-7033, or via fax at 504/561-0178. All major credit cards are accepted. All reservations must be received by April 22, 2005. Be sure to mention that you are attending NABP’s 101st Annual Meeting.

Air travel and rental car rates are available through NABP’s designated travel agency, Options Travel, at 1-800/544-8785. When calling Options Travel, identify yourself as a registrant of NABP’s 101st Annual Meeting and mention our special code, NABP101.

For more information about the 101st Annual Meeting program, contact the NABP Meetings Desk at 847/391-4406 or e-mail custserv@nabp.net.

E-Pedigree Task Force

(date for full adoption of the Radio Frequency Identification and Electronic Product Code e-pedigrees, is realistic and practical. As such, NABP’s Task Force recommends that e-pedigrees be implemented by December 31, 2007. In the event that necessary technology is unavailable for implementing e-pedigree programs, the Task Force suggested that a phase-in approach to such technology may be warranted.

Uniform data elements for e-pedigrees were also discussed at the Task Force meeting. The Task Force discussed various state and federal mandated components of electronic and paper pedigrees and identified basic common components. Please see the chart on page 71 for a complete list of the Task Force’s recommended e-pedigree data elements.

For more information about NABP’s Task Force to Develop Recommendations for Electronic Pedigree Requirements, please e-mail custserv@nabp.net.

New Orleans Facts

Site of NABP’s 101st Annual Meeting
May 21-24, 2005
Sheraton New Orleans Hotel
New Orleans, LA

No trip to New Orleans is complete without a stop at the Café Du Monde to taste the eatery’s world-famous beignets (pronounced “ben-yays”). These square pieces of fried dough, caked with powdered sugar, are believed to have been brought to New Orleans by French Ursuline nuns in 1727. The recipe remains the same to this day – beignets are hand rolled, deep fried, and then covered with heaping amounts of sugar.

Try the traditional New Orleans order – a café au lait (half coffee, half milk) and beignets (or doughnuts, as the locals call them) – while at the Café Du Monde.

The original Café Du Monde was established in the New Orleans French Market in 1862 and is open 24 hours a day, seven days a week, with the exception of Christmas Day and when there is a threat of a hurricane. A second Café Du Monde was opened in 1985; currently, there are seven Café Du Mondes in the New Orleans area.

Source: www.neworleansonline.com/pr/releases/prsall/pr_facts.html

©New Orleans Metropolitan Convention and Visitors Bureau, Inc.

©New Orleans Metropolitan Convention and Visitors Bureau, Inc.
Reminder

Look for the 101st Annual Meeting promotional brochure coming to your mailbox soon.

Avery L. Spunt, RPh, MEd (left), NABP’s competency assessment director, presented Carl W. Aron (right), Advisory Committee on Examinations (ACE) chairman and president of the Louisiana Board of Pharmacy, with a plaque of appreciation for his service on ACE at the March 7, 2005 ACE meeting at NABP Headquarters. Aron’s term on ACE expires on May 31, 2005.