NEWSLETTER OF THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY®

INNOVATIONS

Outreach *Expanded for* .Pharmacy Program

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INNOVATIONS
table of contents

Innovations
is published 10 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.

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 $70 per year.

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NABP Mission Statement
NABP is the independent, international, and impartial association that assists its member boards and jurisdictions for the purpose of protecting the public health.

Feature News
Outreach Expanded for .Pharmacy Program – .Pharmacy Executive Board Also Addresses International Relationships and Other Updates

Register Now for the 112th Annual Meeting

Online registration is now available on the NABP 112th Annual Meeting website, which can be accessed through the Meetings section of *www.nabp.net.*

For more information about the NABP 112th Annual Meeting see pages 14-17 of this newsletter.

Letter from the President

It is my privilege to introduce you to the redesigned and newly named newsletter of the National Association of Boards of Pharmacy, *Innovations.* The launch of the redesigned newsletter is just one of the many exciting developments of 2016, as guided by the Association's new vision statement:

Innovating and collaborating today for safer public health tomorrow.

This year, NABP will continue to foster new opportunities for collaboration among member boards and to implement innovations in the Association's programs and services that support the mission to protect the public health. NABP will also continue to ensure that the programs and services provided to member boards and stakeholders exemplify and distinguish NABP quality.

Edward G. McGinley, MBA, RPh, DPh, NABP President

Opportunities for collaboration and education include a networking session at the 112th Annual Meeting and training on sterile compounding inspections at the CriticalPoint, LLC training facilities in New Jersey. Further, the Association continues to

- **partner with member boards on how to support the most effective use of the Multistate Pharmacy Inspection Blueprint;**
- **implement the .Pharmacy Top-Level Domain Program and enhance accreditation programs to support the protection of public health;**
- **ensure that NABP examination programs are developed in accordance with current industry best practices and standards for high-stakes examinations; and**
- **continue efforts to combat the opioid epidemic.**

In addition to the new look for this newsletter, a newly designed, user-centered NABP website will be launched by summer 2016. The site will feature easy-to-use navigation, more concise content, and engaging visual elements.

These are just a few of the Association's many efforts in 2016, and such developments and opportunities will continue to be highlighted in *Innovations.* Along with the modern, full color design, the newsletter features a new presentation of familiar content such as Annual Meeting information. A new section will also be added that features interviews with board executive officers and shares their perspectives on meeting board of pharmacy challenges.

We hope the Association's many opportunities for member networking and education, as well as the many NABP information sources – including this newsletter – help inspire you toward innovation as we all carry out our shared mission to protect the public health through effective regulation of the rapidly evolving landscape of pharmacy practice.

Sincerely,

Edward G. McGinley, MBA, RPh, DPh
NABP President

Upon Further Review . . .

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

Boards of pharmacy are bound by their state Administrative Procedures Acts and the processes to follow when administratively prosecuting persons accused of violating the statutes and rules/regulations. Various boards have differing methods of efficiently and effectively undertaking the investigation and prosecution of allegations of wrongdoing. If a hearing officer or administrative law judge presides over a formal hearing, recommendations are generally made to the board or a subcommittee of the decision-making board. What information is or must be made available to the decision makers may be relevant. Consider the following.

In a dispute that began in 1999, the Kentucky Board of Medical Licensure (Board) in 2011 revoked the license of a physician (Licensee) because of multiple violations, some of which were related to over-prescribing of medications. The dispute began with the Licensee, a 30-year practitioner, filing a complaint against another physician in the community. The Licensee alleged that the other physician was improperly prescribing medicine. But after filing the complaint, the Licensee hired that same physician alleged to have over-prescribed. As a result of these events, the Board initiated an administrative investigation of the Licensee.

The investigation revealed that the Licensee had been improperly prescribing controlled substances (CS) and resulted in the Board entry of an emergency order in 2005 that allowed the Licensee to continue to practice but not prescribe Lorcet® Plus, pending the resolution of the investigation. In 2006, the Board and Licensee entered into an agreed order whereby the Licensee would continue to practice with conditions, including making various reports to and oversight by the Board, utilizing the Kentucky All Schedule Prescription Electronic Reporting program, and completing a course on prescribing of CS.

After the agreed order, and based upon an additional grievance filed by two other physicians, a husband and wife who both worked for the Licensee, the Board initiated another investigation related to over-prescribing and threats to terminate these employees for whistleblowing. The Board obtained numerous patient charts and found deficiencies in diagnosis, treatment, and record keeping. After discovery of these deficiencies, the Board asked its investigator to review at least 15 more patient files to ensure compliance with the 2006 agreed order. The results of these additional patient chart reviews revealed numerous violations of the order and standards of practice. The Board again initiated a complaint and the matter proceeded to a hearing.

A proceeding before a hearing officer was convened. During the first day of the hearing, the Licensee became upset and left the room. The hearing officer called for a short break, whereby he was confronted by the Licensee who used profanity against both him and the attorney for the Board. The Licensee left the hearing and did not return, although his attorney remained and defended him in the multiple-day administrative proceedings. Thus, the Licensee did not testify nor refute any of the record established at the hearing. The two complaining physicians appeared at the hearing. However, only one of the two physicians (the wife) testified on the first day of the proceedings, and because they had plane tickets to return to Florida, neither testified during the remaining portions of the hearing. Because the husband

did not testify, his allegations were not presented at the hearing and were not considered by the Board in making its determinations.

The hearing officer refused to recuse himself as requested by motion of the Licensee and found the acts of the Licensee to constitute a pattern of behavior that amounted to incompetence, ignorance, negligence, and malpractice. Under Kentucky law, the administrative procedures require the Board to consider the record of the administrative proceedings, including the hearing officer's recommendation, witness or expert testimony, exceptions filed by the parties, and the original grievance, to determine whether such evidence supports its conclusions. The hearing officer recommendation included that the Licensee be found guilty of the charges in the complaint and that "appropriate action" be taken.

On February 4, 2011, the Board issued an order revoking the Licensee's license to practice medicine. The Licensee appealed the matter to the Circuit Court, arguing at least nine procedural nuances, including that the Board order was void because the agency head/Board chair was not required to or did not review or consider the administrative record before the final order was rendered. The Licensee also filed an action for declaratory judgment, arguing that the relevant statute related to administrative proceedings was unconstitutional.

After some procedural iterations, the Circuit Court affirmed the Board's order revoking the Licensee's license, finding that the administrative action was not arbitrary. It noted that the testimony and written findings amounted to substantial evidence of probative value substantiating the decision and that due process and procedures were adequately followed. The Licensee unsuccessfully sought to have the Circuit Court order amended or altered, and ultimately, he appealed the rulings to the Court of Appeals.

On appeal, the Licensee argued that the Kentucky statute requires the Board to "consider" the administrative record before rendering its decision. Further, he argued that the statute calls for the Board to review the hearing officer's recommendations and compare them to the administrative record to ensure consistency. He argued that the current proceedings did not include such an overview. Conversely, the Board argued that the law only requires the Board (or hearing panel) to review the recommended order and any duly filed exceptions.

"The court also rejected arguments of the Licensee that the hearing officer was required to recommend a sanction, finding that the law contemplates the Board as being in the best position to determine the appropriate sanction(s)."

Siding with the Board, the Court of Appeals held that the plain meaning of the statute requires the Board to consider the record and exceptions. Had the legislature intended that the Board be required to review the "entire" record, it would have so stated in the law. Because there is no language to support the argument of the Licensee, the findings of the lower court were upheld. Also, the Licensee pointed to "absolutely no evidence indicating that the Board did not consider the record" or "how any evidence in the record contradicts the hearing officer's findings." The court also rejected the arguments of the Licensee that the hearing officer was biased and did not have the necessary medical background to rule on this matter. Under Kentucky law, a hearing officer that participated in the investigation or otherwise participated in the proceedings must recuse oneself. No such participation was alleged by the Licensee, and the statutory process does not require the hearing officer to have any special knowledge or qualifications.

The court also rejected arguments of the Licensee that the hearing officer was required to recommend a sanction, finding that the law contemplates the Board as being in the best position to determine the appropriate sanction(s). Finally, the court held that the Licensee was afforded the necessary due process as contemplated under constitutional and statutory principles.

Finding no error in the proceedings, the Court of Appeals affirmed the lower court and upheld the findings and sanctions imposed by the Board. In many jurisdictions, the administrative proceedings are heard by a hearing officer or administrative law judge. After the formal proceedings, the hearing officer/administrative law judge makes recommendations of findings and, in some instances, of sanctions. Boards of pharmacy are encouraged to understand and follow the administrative processes.

Moses v. Kentucky Board of Medical Licensure, 2016 Ky. App. LEXIS 13 (App. Ct. KY 2016) ■

Outreach Expanded for .Pharmacy Program

.Pharmacy Executive Board Also Addresses International Relationships and Other Updates

NABP's .Pharmacy Executive Board convened on January 19, 2016, to address matters of strategy and national and international standards pertaining to the .Pharmacy Top-Level Domain (TLD) Program. Topics of discussion included domain name registration activity, international relationships, professional outreach plans, and other program updates.

> "NABP continues to establish relationships with international regulators in an effort to determine how best to evaluate .pharmacy applicants . . ."

.Pharmacy Registrations

As the number of illegal online drug sellers continues to grow and place harmful medications into the hands of the public, the .Pharmacy Executive Board maintains its focus on addressing the need to promote the use of the .pharmacy TLD so that consumers may easily identify safe, legitimate online pharmacies and resources. In respect to that intention, during the January meeting, NABP provided the .Pharmacy Executive Board with an overview on the number of .pharmacy domain names registered since the program's implementation.

In early June 2015, NABP began accepting applications for .pharmacy domain names from all eligible pharmacy-related entities, including pharmacies, pharmacy benefit managers, schools and colleges of pharmacy, continuing pharmacy education providers, wholesale drug distributors, pharmaceutical manufacturers, resource sites, professional sites, pharmacy automation/distributors, and boards of pharmacy and regulatory agencies. Since the program launched, NABP has granted approval for 370 domain names, and 235 have been registered, including 185 pharmacies, 34 boards of pharmacy and regulatory agencies, eight resource sites, four manufacturers, and three professional sites. Of these registered domain names, 96 are actively in use either as a primary domain or as a redirect to the registrants' previously existing site, including three professional sites, seven resource sites, 27 boards of pharmacy, and 59 domains.

International Relationships

NABP continues to establish relationships with international regulators in an effort to determine how best to evaluate .pharmacy applicants located or doing business in other countries. During its January meeting, the Executive Board reviewed the status of collaborative efforts with these international regulators and discussed the next steps that will be taken. Currently, NABP has relationships with regulators in Canada, Great Britain, Ireland, Spain, Australia, and Hong Kong. NABP also continues to monitor the European Union's (EU) implementation of a mandatory "common logo" for legally operating online pharmacies/retailers and to explore potential relationships with regulators in the EU member states. In previous meetings, the Board discussed how NABP is working with attorneys who specialize in international efforts and will move forward on relationships that the NABP Executive Committee deems appropriate.

Outreach Efforts

During its January 2016 meeting, the Executive Board also reviewed NABP's professional outreach efforts to date, as well as additional opportunities for educating the global pharmacy community. To help raise awareness among health care practitioners on the problem of illegal online drug sellers and how the .Pharmacy TLD Program works to combat these rogue entities, the Executive Board reviewed the meetings that NABP plans to attend to promote the .pharmacy initiative. Such meetings for 2016 include the Access to Safe Medicines meeting in London, England; the American Pharmacists Association's Annual Meeting in Baltimore, MD; the Internet Corporation for Assigned Names and Numbers (ICANN) Global Domains Division Industry Summit in Amsterdam, Netherlands; the Canadian Pharmacists Association Conference in Calgary, Alberta, Canada; the McKesson ideaShare in Chicago, IL; the Cardinal Retail Business Conference in Chicago; the Amerisource Bergen ThoughtSpot in Las Vegas, NV; and the American Society of Health-System Pharmacists Midyear Clinical Meeting in Las Vegas.

The .Pharmacy Executive Board also discussed outreach opportunities through the use of NABP's upcoming meetings. Specifically, the Executive Board discussed the 112th Annual Meeting's Educational Poster Session set for Sunday, May 15, that will feature a contest inviting presenters to create online content that will encourage patient safety by educating consumers about the .Pharmacy TLD Program.

NABP informed the Board that the Association has also been in discussion with other verified TLDs – those that, like .pharmacy, require persons or entities to satisfy certain criteria in order to register a domain name. Examples of verified TLDs include ".bank," ".law," ".med," and ".realtor." In a previous meeting, the .Pharmacy Executive Board encouraged NABP to consider working with these registry operators to learn from their experiences of owning and operating a verified TLD, including how to promote their initiatives with consumers. Most recently, NABP met with the United States Intellectual Property Enforcement Coordinator and other government officials on March 15, 2016 to address the role of verified TLDs in today's evolving Internet. Also in attendance were Medistry LLC, registry operator for ".med," and fTLD Registry Services LLC, registry operator for ".bank" and ".insurance," as well as representatives of the US Department of Commerce, US Patent and Trademark Office, US Food and Drug Administration, Federal Bureau of Investigation, Federal Trade Commission, US Department of Treasury, National Intellectual Property Rights Coordination Center, and Office of Management and Budget. Also on March 15, NABP participated in a roundtable discussion in Washington, DC, with the registry operators of several other verified TLDs to discuss common challenges and opportunities.

Additional Program Updates

The Executive Board also discussed the timeline to migrate the NABP website from a ".net" to a ".pharmacy" site. A discussion was also held on the Domain Name Association (DNA) Healthy Domains Initiative, a new effort developed by DNA that is intended to improve the domain name environment and benefit all members of the domain community. NABP has also been in discussions with top search engines, such as Google, Yahoo!, and Bing, to educate them about the .pharmacy initiative.

Based on these discussions, the .Pharmacy Executive Board made recommendations to be submitted to the NABP Executive Committee at its May 2016 meeting.

The next .Pharmacy Executive Board meeting will be held via webinar in April 2016. The Board's next in-person meeting will be held in July 2016 at NABP Headquarters.

Additional details about the .Pharmacy TLD Program, including a list of approved .pharmacy sites, are available at *www.safe.pharmacy.*

States Continue Working Toward Connection to PMP InterConnect

Participation in the NABP PMP InterConnect® program continues to grow with Alaska now live and additional states working toward a connection. As of February 2016, 31 states are able to securely exchange prescription drug data with participating state prescription monitoring programs (PMPs).

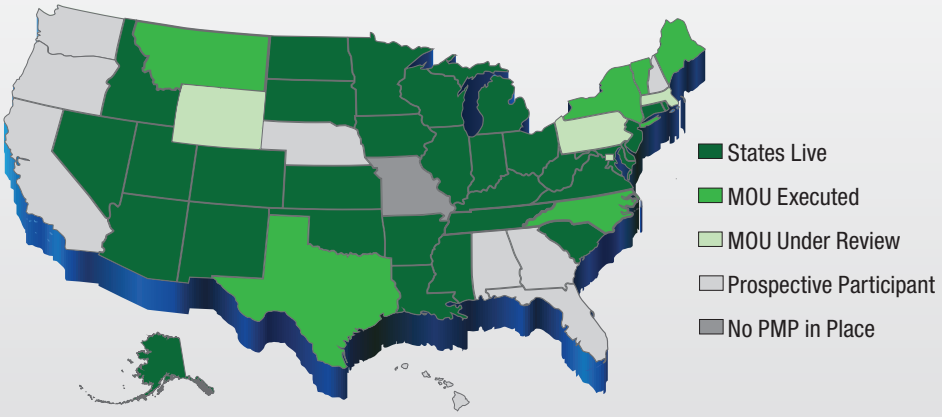
It is anticipated that 40 states/jurisdictions will be connected to or working toward a connection to PMP InterConnect in 2016 as six states have signed memorandums of understanding (MOUs) to participate and four states/jurisdictions have MOUs under review. See map below for a current participation overview.

State efforts to combat prescription drug diversion and abuse through participation in the PMP InterConnect program were highlighted during the 2016 National Rx Drug Abuse and Heroin Summit that took place March 28-31, 2016, in Atlanta, GA. This national, collaborative event brings together experts and professionals from local, state, and federal agencies, businesses, academia, clinicians, treatment providers, counselors, educators, state and national leaders, and advocates impacted by prescription drug abuse and heroin use. During the summit, NABP President Edward G. McGinley, MBA, RPh, DPh, presented information about the PMP InterConnect program and its role in helping to prevent this growing epidemic. He also encouraged attendees to take NABP's "Pharmacists' Pledge to Make a Difference," a personal commitment to take an active role in educating colleagues and the community about the dangers of prescription drug abuse and misuse.

In addition, a representative from Kroger explained the importance of expanding use of PMP data into pharmacists' workflow to enhance prescription drug abuse and diversion prevention efforts. In July 2015, Kroger successfully deployed PMP Gateway – a service that works in tandem with PMP InterConnect – making PMP data more easily accessible to its health care providers. PMP Gateway, owned and operated by Appriss, Inc, works with PMP InterConnect to automate requests for a patient's PMP data, bringing it into the workflow of health care providers' electronic health information systems, including pharmacy and hospital systems. Details about this deployment were provided in the November-December 2015 *NABP Newsletter* article "Supporting Efforts to Fight Diversion and Abuse, PMP InterConnect Works in Tandem With PMP Gateway as It Automates Requests, Brings Data Into Workflow."

For more information about PMP InterConnect, visit the Programs section of the NABP website at *www.nabp.net.*

PMP InterConnect State Participation Overview



JCPP Website Launches, Provides Valuable Resources on Pharmacists' Patient Care

The Joint Commission of Pharmacy Practitioners (JCPP) has launched a website providing resources on the JCPP Pharmacists' Patient Care Process, JCPP meeting updates, and other related resources.

The website, *www.jcpp.net,* highlights the JCPP Pharmacists' Patient Care Process, which includes collecting and assessing patient information, developing and implementing a patient-centered plan, and performing follow-up. A presentation that includes additional detail and background on the process is also available. Links to relevant resources and reports from other organizations are also provided on the site.

JCPP holds quarterly meetings for representatives of member organizations (and other guests) to exchange information, including policy and position statements adopted by member organizations. The JCPP website provides summaries of these meetings that cover major issues in the profession and ultimately help shape participating organizations' positions on these major issues.

JCPP brings together the chief executive officers and elected officers of national pharmacy associations, including NABP, to create a forum for discussion and opportunity for collaborative work on issues and priorities of pharmacy practice.

NABP Clearinghouse Year-End Data Results Increase for Third Consecutive Year; Boards Report 6,442 Disciplinary Actions in 2015

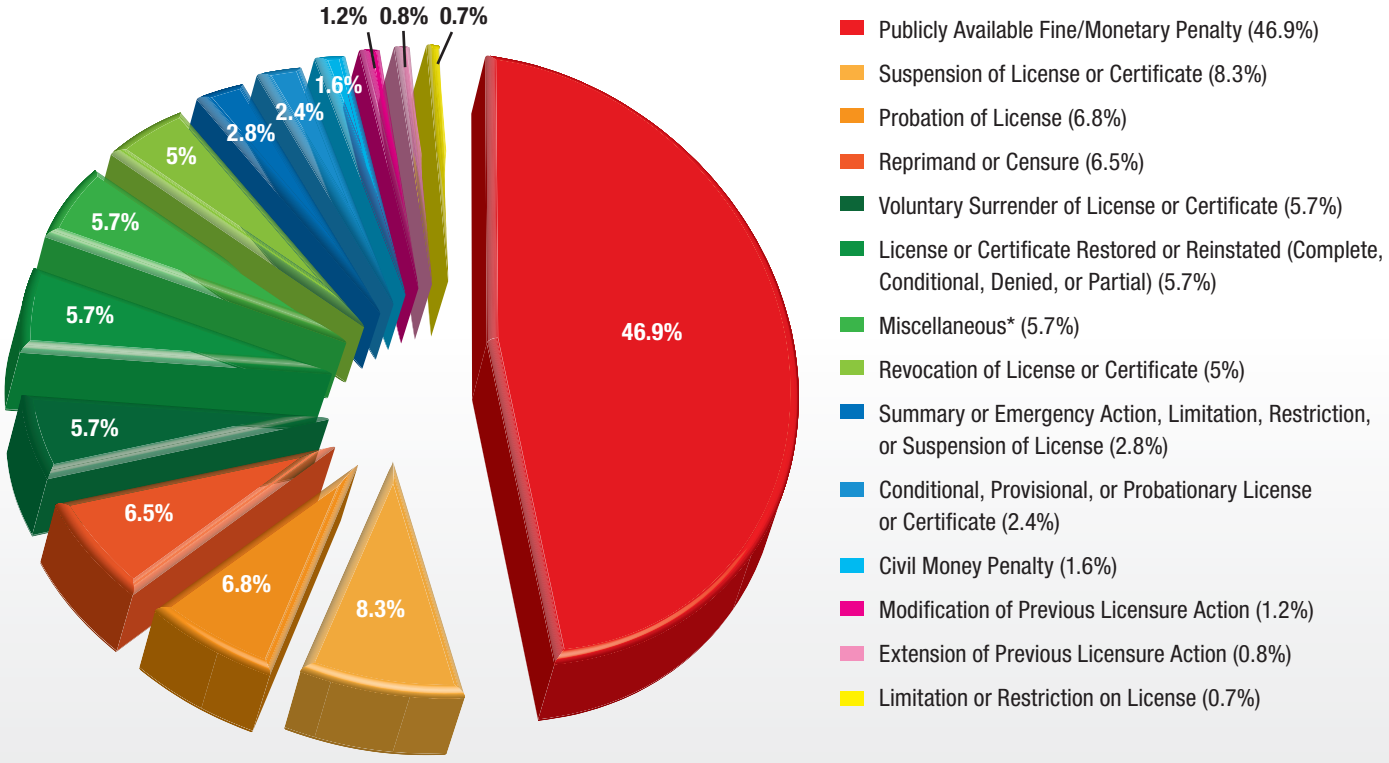
For the third consecutive year, the Association's year-end data results show an increase in the number of disciplinary actions reported to the NABP Clearinghouse. In 2015, a total of 6,442 actions were reported, which represents an increase of 23.5% when compared to the 5,218 actions reported in 2014. The ongoing efforts of the state boards of pharmacy to strengthen the regulation and inspections of compounding and nonresident pharmacies are likely related to the influx of actions the NABP Clearinghouse has received over the past three years.

Actions by licensee are listed in the right column, followed by a full breakdown of actions taken (Figure A below) and the bases for actions taken (Figure B on page 10) during 2015. Additional information about the NABP Clearinghouse, including how to designate NABP as a reporting agent for the National Practitioner Data Bank, is available under Member Services in the Programs section of the NABP website at *www.nabp.net.*

Of the 6,442 actions reported in 2015:

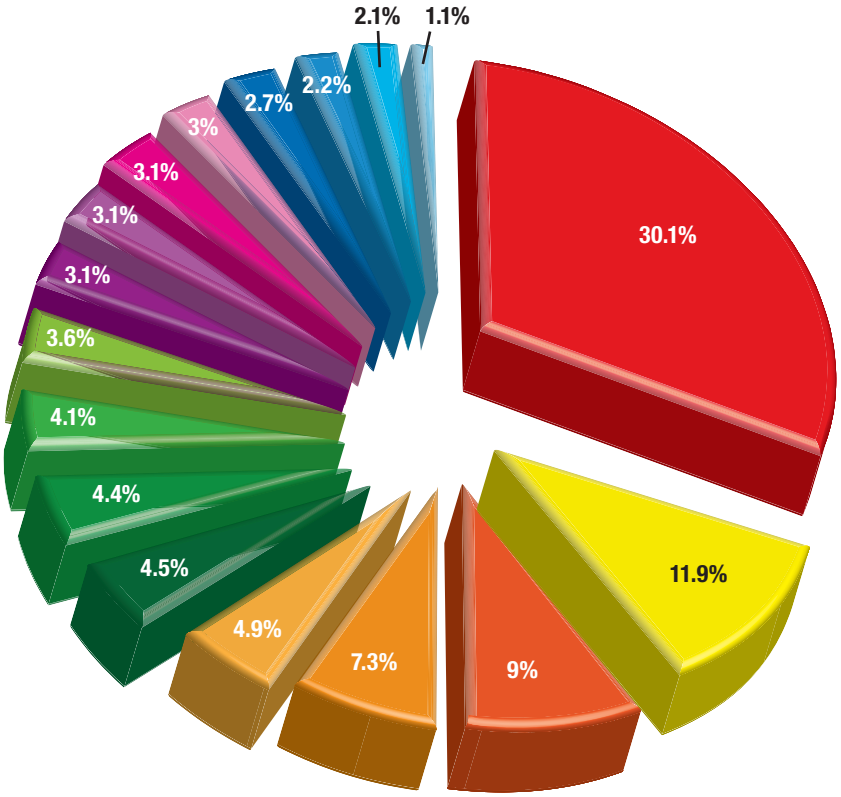
- **2,430 actions (38.2%) were taken on pharmacists;**
- **2,412 actions (37.9%) were taken on pharmacies;**
- **1,318 actions (20.7%) were taken on pharmacy technicians;**
- **77 actions (1.2%) were taken on wholesalers and manufacturers;**
- **62 actions (1%) were taken on pharmacy interns;**
- **37 actions (0.6%) were taken on mail-order pharmacies;**
- **19 actions (0.3%) were taken on other licensees; and**
- **6 actions (0.1%) were taken on controlled substance licensees.**

Figure A: Disciplinary Actions Reported During 2015



*The miscellaneous category includes cease and desist; closure of facility; denial of initial license or certificate; denial of license or certificate renewal; directed in-service training; directed plan of correction; interim action – agreement to refrain from practice during investigation; on-site monitoring; other licensure action – not classified; publicly available negative action or finding; reduction of previous licensure action; restrictions on admissions or services; and voluntary limitation or restriction on license.

Figure B: Bases for Disciplinary Actions Reported During 2015



- Violation of Federal or State Statutes, Regulations, or Rules (30.1%)
- Miscellaneous* (11.9%)
- Failure to Comply With Continuing Education or Competency Requirements (9%)
- Diversion of Controlled Substances (7.3%)
- Failure to Maintain Records (4.9%)
- Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse (4.5%)
- Error in Prescribing, Dispensing, or Administering of Medication (4.4%)
- Fraud (4.1%)
- Violation of Federal or State Tax Code (3.6%)
- Failure to Meet Licensing Board Reporting Requirements (3.1%)
- License Revocation, Suspension, or Other Disciplinary Action (3.1%)
- Criminal Conviction (3.1%)
- Unauthorized Administering, Dispensing, or Prescribing of Medication (3%)
- Practicing or Operating Without a License or Permit, Without a Valid License, With an Expired License, or on a Lapsed License (2.7%)
- Narcotics Violation or Other Violation of Drug Statutes (2.2%)
- Allowing or Aiding Unlicensed Practice (2.1%)
- Improper or Inadequate Supervision or Delegation (1.1%)

*The miscellaneous category includes breach of confidentiality; conduct evidencing ethical unfitness; conduct evidencing moral unfitness; deferred adjudication; disruptive conduct; diverted conviction; drug screening violation; expired drugs in inventory; failure to comply with patient consultation requirements; failure to cooperate with board investigation; failure to maintain equipment/missing or inadequate equipment; failure to maintain supplies/missing or inadequate supplies; failure to meet the initial requirements of a license; failure to pay child support/delinquent child support; failure to provide medically reasonable and/or necessary items or services; failure to take corrective action; financial insolvency; immediate threat to health or safety; improper or abusive billing practices; inadequate or improper infection control practices; inadequate security for controlled substances; inappropriate refusal to treat; incompetence; lack of appropriately qualified professionals; malpractice; misappropriation of patient property or other property; misbranding drug labels/lack of required labeling on drugs; misleading, false, or deceptive advertising or marketing; negligence; nolo contendere plea; operating beyond scope of license; other disciplinary action – not classified; unprofessional conduct; patient neglect; practicing beyond the scope of practice; sexual misconduct; substandard or inadequate care; unable to practice safely; unable to practice safely by reason of physical illness or impairment; unable to practice safely due to psychological impairment or mental disorder; and violation of or failure to comply with licensing board order.

PCOA Data Continue to Demonstrate Measurement of Student Growth in Professional Curricula

Seven years of Pharmacy Curriculum Outcomes Assessment® (PCOA®) data continue to show a step progression in knowledge as students advance in their studies, and demonstrate that PCOA score results provide reliable and valid information about students' abilities and knowledge in subject matter represented by United States doctor of pharmacy program curricula. With over 32,000 assessments administered across 70 schools and colleges of pharmacy, the PCOA has provided an external measure of student performance for use as a curricular evaluation tool. The PCOA remains the only independent, objective, and national assessment that enables schools and colleges of pharmacy to evaluate their curriculum, measure their students' knowledge, and compare their results to other schools and colleges throughout the US.

Scores Increase as Students Advance

PCOA data from 2012 to 2015 show that in general scores increase as students advance from the first year through fourth year of the professional curriculum (see Figure A). This step progression of knowledge, reflected in the seven-year score result trends, provides evidence that the PCOA is a measure of the expected increase in students' knowledge in US pharmacy school curricula.

This progression of student knowledge is also seen over the four content areas of the assessment (basic biomedical sciences, pharmaceutical sciences, social/behavioral/administrative pharmacy sciences, and clinical sciences). For example, NABP data shows that P1 students' scores are higher in basic biomedical sciences compared to more advanced content areas such as clinical sciences. However, as students progress in their educational experience, P4 students generally scored higher in more advanced content areas such as clinical sciences.

Program Expansion to Support ACPE Standards 2016

With the implementation of the *Accreditation Council for Pharmacy Education (ACPE) Standards 2016,* Standard 24 – Assessment Elements for Section I: Educational Outcomes, schools and colleges of pharmacy have begun testing students who are near the completion of the didactic portion of their curricula. In its ongoing support of pharmacy education, NABP has committed to cover the cost of one-time PCOA administrations to students nearing the end of the didactic curricula.

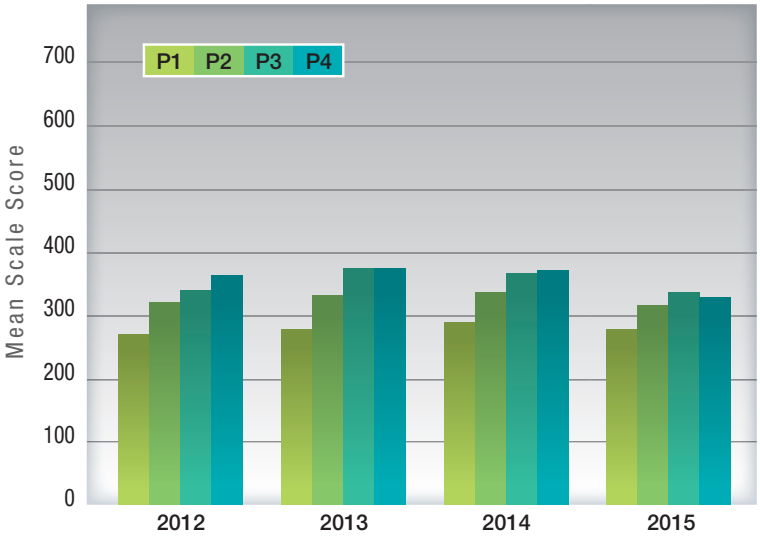
In addition, NABP has made technological and administrative changes to the PCOA to accommodate the anticipated increase in participating schools and students. As part of this process, NABP added an additional testing window, for a total of four PCOA administration windows in 2016. Over 130 schools and colleges participated in the first two 2016 PCOA administration windows. The next available testing window for the 2016 PCOA is August 22 to September 16, 2016. School and college registration for this testing window ends May 20, 2016.

As part of a school or college of pharmacy's efforts in evaluation, the PCOA may also be used to:

- **Evaluate curricular objectives,**
- **Measure the overall performance of pharmacy students and compare their scores to a representative national sample,**
- **Evaluate student performance on a standardized test,**
- **Track scores from year to year in order to monitor student growth,**
- **Review student performance after curricula have been modified or updated, or**
- **Conduct educational research.**

More information about PCOA, including the updated PCOA Administration Highlights (PDF) document which provides additional PCOA data, is available in the Programs section of the NABP website at *www.nabp.net.*

Figure A.



Data from 2012 to 2015 indicates that there is a progression of student scores across program years P1 through P4.

NABP Announces the 2016-2017 NAPLEX Review Committee

NABP is pleased to announce the members of the 2016-2017 North American Pharmacist Licensure Examination® (NAPLEX®) Review Committee, introducing two new members and commending 27 returning members.

Composed of faculty and pharmacists who are representative of the diversity of pharmacy practice, the NAPLEX Review Committee is responsible for reviewing examination questions, attending and participating in meetings, and overseeing the development of new test questions. Acting under the policy and planning guidance of the Advisory Committee on Examinations and the NABP Executive Committee, these dedicated volunteers share the task of safeguarding the integrity and validity of the Association's examination. NABP appreciates the assistance of these committee members as they evaluate examination content and ensure that it meets the specified competency assessment statements.

The following NAPLEX Review Committee members began their terms on February 1, 2016.

- **Marie Abate, PharmD, RPh,** West Virginia University
- **Jennifer Beall, PharmD, RPh, BCPS,** Samford University
- **Christopher Betz, PharmD, RPh, BCPS,** Sullivan University
- **Michael Cockerham, MS, PharmD, RPh, BCPS,** University of Louisiana – Monroe
- **Ariane Conrad, PharmD,** Oak Ridge, TN
- **Dosha Cummins, PharmD, RPh, BCPS,** University of Arkansas for Medical Sciences Northeast
- **Mark Decerbo, PharmD, RPh, BCPS, BCNSP,** Roseman University of Health Sciences
- **Betty Dong, PharmD, RPh,** University of California – San Francisco
- **Darla Gallo, RPh,** Philadelphia, PA
- **W. Franklin Gilmore, PhD,** professor emeritus, Montana Tech of the University of Montana
- **Robert P. Henderson, PharmD, RPh, BCPS,** Samford University
- **William A. Hopkins, Jr, PharmD, RPh,** Big Canoe, GA
- **Tom M. Houchens, RPh,** London, KY
- **Arthur I. Jacknowitz, PharmD, RPh,** professor emeritus, West Virginia University
- **William Kehoe, Jr, MA, PharmD, RPh, BCPS,** University of the Pacific
- **Susan C. Lutz, RPh,** Altoona, IA
- **Christina "Tina" Minden, PharmD, RPh, CGP,** Little Rock, AR
- **David W. Newton, PhD,** Shenandoah University
- **Roy Parish, PharmD, RPh, BCPS,** professor emeritus, University of Louisiana – Monroe
- **Adam Pate, PharmD, RPh,** University of Louisiana – Monroe
- **Benjamin Prewitt, PharmD, RPh,** Lebanon, OH
- **David B. Roll, PhD,** professor emeritus, University of Utah
- **Eric F. Schneider, PharmD, RPh,** Wingate University
- **Cynthia Sieck, PharmD, RPh,** Vancouver, WA
- **Winter Smith, PharmD, DPh, BCPS,** University of Oklahoma
- **John L. Szarek, PhD,** The Commonwealth Medical College
- **Susan Cunha Villegas, PharmD, RPh,** Long Island University
- **Neal F. Walker, RPh,** Hibbing, MN
- **Siu Fun Wong, PharmD, RPh, FASHP, FCSHP,** Chapman University ■

Purple color denotes new members

Newly Accredited VAWD Facilities

The following facilities were accredited through the NABP Verified-Accredited Wholesale Distributors® (VAWD®) program:

Healthcare and Diagnostic Solutions, Inc
Loxley, AL

McKesson Medical-Surgical, Inc
Louisville, KY

Preferred Pharmaceuticals, Inc
Anaheim, CA

Seneca Medical Supply
Kalamazoo, MI

WellGistics, LLC
Lakeland, FL

A full listing of more than 560 accredited VAWD facilities is available on the NABP website at www.nabp.net.

VPP Offers Boards Inspection Information to Assist States With Licensure Decisions

NABP continues to provide the state boards of pharmacy with quality inspection and information sharing services through the Verified Pharmacy Program® (VPP®). By providing complete and accurate information to the state for review, the program is meant to supplement current state board processes. Participation in VPP can also be beneficial to pharmacies, especially if they are seeking to obtain or renew licensure in multiple United States jurisdictions.

Serving as a snapshot in time, a VPP inspection gathers information about a pharmacy's general practice and, if applicable, observes for compliance with US Pharmacopeia Chapters <795> and <797>. A finalized inspection report is provided to both the pharmacy and state boards of pharmacy for review. The state boards of pharmacy make any determinations regarding licensure and compliance. NABP does not make any final determinations pertaining to the pharmacy's inspection report, nor does it grant any type of accreditation or certification to VPP participants.

Developed by NABP in partnership with member boards of pharmacy, VPP facilitates the communication of important inspection and licensure information between the state boards of pharmacy and serves as an information hub that provides verified data to support boards' licensure processes for nonresident pharmacies.

At press time, at least 421 pharmacies have applied to VPP and currently, or soon will, have verified data available for the boards to view. This verified data is provided to the member boards in an effort to further support them in making informed licensure decisions for their nonresident pharmacies. Of the 421 VPP pharmacies, more than 45 have reapplied for a more current inspection, having previously been inspected through the program. Additionally, of the 421 pharmacies:

- 202 pharmacies engage in only nonsterile compounding;
- 44 pharmacies engage in only sterile compounding (one of which is also registered as an outsourcing facility);
- 122 pharmacies engage in both sterile and nonsterile compounding (three of which are also registered as outsourcing facilities);
- 51 pharmacies are general retail or mail-order pharmacies with no compounding; and
- 2 pharmacies are nuclear pharmacies.

For more information about VPP or the inspection sharing network, contact NABP at vpp@nabp.net. Additional information is also available in the Programs section of the NABP website at *www.nabp.net.*

Newly Accredited DMEPOS Facility

The following facility was accredited through the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) program:

United Indian Health Services Pharmacy
Arcata, CA

A full listing of nearly 450 accredited DMEPOS companies representing almost 28,500 facilities is available on the NABP website at *www.nabp.net.*

Newly Accredited VIPPS Facility

The following Internet pharmacy was accredited through the NABP Verified Internet Pharmacy Practice Sites® (VIPPS®) program:

Transcript Pharmacy, Inc
www.transcriptpharmacy.com

A full listing of the accredited VIPPS pharmacy sites representing more than 12,000 pharmacies is available on the NABP website at *www.nabp.net.*

Travel Grant Opportunities Available for Member Boards

The NABP Foundation® is once again offering active member state boards of pharmacy travel grant opportunities to attend the NABP 112th Annual Meeting so that they may participate in important business, including discussing and voting upon resolutions and potential amendments to the NABP Constitution and Bylaws, electing NABP Executive Committee officers and members, and attending educational sessions regarding current issues facing pharmacy regulators.

One grant will be awarded to a current board member or administrative officer of each active NABP member board of pharmacy, as designated by the board's administrative officer.

In order to receive reimbursement, active member boards of pharmacy must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions.

The NABP Annual Meeting Travel Grant program lessens the costs for qualified individuals by providing funds for travel expenses, including travel, hotel rooms, meals, taxis, parking, and tips. Eligible individuals can receive up to $1,500 in grant monies to attend the NABP 112th Annual Meeting. The grant does not include Annual Meeting registration fees.

Grant applications may be obtained from NABP upon the direct requests of executive officers of the state boards of pharmacy. Applications can be submitted by mail to NABP Headquarters or via email at exec-office@nabp.net. NABP requests that applications be submitted prior to the Annual Meeting. All applicants will be informed of whether they have qualified for the grant.

For more information on the Annual Meeting Travel Grant, contact the NABP Executive Office at exec-office@nabp.net. ■

Register Online for the NABP 112th Annual Meeting!

Online Registration Available Through Friday, May 6, 2016

Onsite registration is also available at the meeting. Find more information about the NABP 112th Annual Meeting on the Annual Meeting website, which can be accessed through the Meetings section of *www.nabp.net.*

Newly Approved e-Advertisers

The following entities were granted approved e-Advertiser status through the NABP e-Advertiser Approval℠ Program:

Phil, Inc
www.usephil.com

The Bartell Drugs Co
www.bartelldrugs.com

POPRX, Inc
www.poprx.ca

Truveris, Inc
www.onerx.com

Since 2010, NABP has offered the e-Advertiser Approval Program for Internet advertisers that offer only limited pharmacy services or other prescription drug-related services online. A full listing of NABP-approved e-Advertisers is available on the NABP website at *www.nabp.net.*

Exciting, Timely Topics to Offer Attendees Up to Eight Contact Hours

of Continuing Pharmacy Education Credit at the NABP 112th Annual Meeting

The NABP 112th Annual Meeting, "All Hands on Deck – Forging Ahead to a New Regulatory World," to be held May 14-17, 2016, at the Hilton San Diego Bayfront Hotel in San Diego, CA, offers attendees the chance to earn up to eight contact hours (0.8 continuing education units (CEUs)) of Accreditation Council for Pharmacy Education-accredited continuing pharmacy education (CPE) credit. The CPE is designed to address current issues affecting the regulation of pharmacy practice. All Annual Meeting participants will have the opportunity to attend five joint CPE sessions and one pre-meeting CPE session.

Saturday, May 14 • Pre-Meeting CPE
Telepractice – Smooth Sailing or Tsunami?

Telemedicine and telepharmacy are becoming more prevalent in today's technologically advanced world. The concept of "telepractice" encompasses diagnoses, treatments, and the dispensing of medications to patients in various settings around the globe without borders or universal standards. How can the broad scope of telepractice be implemented to ensure public protection and advance patient care? Participants will learn from experts in this field about the origins of telepractice, current technologies, and what the future may bring for pharmacists and regulators. Participants may earn two contact hours (0.2 CEUs) of CPE credit.

Sunday, May 15 • Joint CPE
Educational Poster Session – Surfing the Web, Personal Safety Devices Required

The Educational Poster Session offers attendees an opportunity to earn CPE credits. Board of pharmacy and school and college of pharmacy representatives will present various poster displays as they relate to the overall theme of patient safety. New this year, the Poster Session will feature a contest that invites presenters to create a poster showcasing a web page, website, or other online content that encourages patient safety by educating consumers about the .Pharmacy Top-Level Domain Program. CPE is earned through one hour of interactive participation with presenters during the three-hour offering and by completing a post-session test. Participants may earn one contact hour (0.1 CEU) of CPE credit.

Joint CPE
Charting the Course of the DSCSA – State Updates

With the enactment of the Drug Supply Chain Security Act (DSCSA), the state boards of pharmacy must review and revise their drug distribution requirements to implement federal requirements and limit federal preemption. Part of the implementation process includes separate licensure categories for repackagers, wholesalers, and third-party logistics providers in addition to the track and trace and notification process required of licensees. Participants will learn from fellow state boards with regard to regulatory changes and future considerations. Participants may earn one contact hour (0.1 CEU) of CPE credit.

Monday, May 16 • Joint CPE
Status of Pharmacy Technicians – First Mates or Stowaways?

Technicians provide valuable support to pharmacists in all areas of practice, particularly with pharmacists spending more time providing pharmacist care services. However, boards of pharmacy are challenged to define scopes of practice for technicians when educational standards and accreditation programs for technicians are just being established and are raising new questions. Further complicating the work of boards of pharmacy is the high incidence of drug diversion by technicians nationwide. Attendees will learn about educational and regulatory requirements for technicians, technician accountability as it relates to drug diversion, and the need for and effect of regulatory differences on scope of practice. Participants may earn one contact hour (0.1 CEU) of CPE credit.

Tuesday, May 17 • Joint CPE
Prescription Drug Abuse – Batten Down the Hatches!

Efforts to combat the nation's prescription drug abuse and diversion epidemic are diverse, complex, and produce varying results. Prescription monitoring programs (PMPs), NABP PMP Interconnect®, rescheduling of controlled substances, pharmacists' personal efforts, increased use of heroin, avenues for treatment, and pharmacy robberies are all components and consequences of this multi-faceted issue. Participants will learn about resources that are available, critical information on current consequences, and the prevention and response to pharmacy robberies and thefts. Participants may earn 1.5 contact hours (0.15 CEUs) of CPE credit.

Joint CPE
Sailing to New Horizons – Pharmacist Prescriptive Authority: Point-Counterpoint

The early implementation of the many facets of the Patient Protection and Affordable Care Act is impacting the delivery of primary care and calling for the increased role of the pharmacist in providing patient care services. Our Canadian regulatory colleagues have authorized pharmacist prescribing for some time now. A panel of experts will discuss the pros and cons of pharmacists being granted prescriptive authority in order to increase patient access and achieve improved patient outcomes. Participants may earn 1.5 contact hours (0.15 CEU) of CPE credit. ■

Schedule of Events

May 14-17, 2016

Hilton San Diego Bayfront Hotel

Saturday, May 14, 2016

10 AM - 6 PM
Registration/Information Desk Open

1:30 - 3:30 PM
Telepractice – Smooth Sailing or Tsunami?
ACPE #0205-0000-16-001-L03-P
(0.2 CEUs – 2 contact hours)

4 - 5 PM
From District Meeting to Annual Meeting – Learning About NABP

6 - 9 PM
President's Welcome Reception Honoring NABP President Edward G. McGinley, MBA, RPh, DPh
Dinner will be served.
Dress: business casual

Sunday, May 15, 2016

7:30 AM - 4:30 PM
Registration/Information Desk Open

8:30 - 11:30 AM
Hospitality Brunch and Educational Table Top Displays

8:30 - 11:30 AM
Educational Poster Session – Surfing the Web, Personal Safety Devices Required
ACPE #0205-0000-16-002-L04-P
(0.1 CEU – 1 contact hour)

Noon - 3:15 PM
First Business Session
Presiding: Edward G. McGinley, MBA, RPh, DPh, NABP President

- Welcome Remarks
  Carmen A. Catizone, MS, RPh, DPh, NABP Executive Director/Secretary
- Presentation of Colors
- National Anthem
- Keynote Address, Boris Brott
  Motivational Speaker and Symphony Conductor
- Call to Order
- Greetings from the Host State
  Deborah Veale, RPh, Vice President, California State Board of Pharmacy
- Report of the Executive Committee
  Joseph L. Adams, RPh, DPh, Chairperson, NABP Executive Committee
- President's Address
  Edward G. McGinley, MBA, RPh, DPh, NABP President
- Report of the Treasurer
  Jeanne D. Waggener, RPh, DPh, NABP Treasurer
- Announcement of Candidates for Open Executive Committee Officer and Member Positions
- Open Microphone Session
  (Time permitting)

3:30 - 4:30 PM
Charting the Course of the DSCSA – State Updates
ACPE #0205-0000-16-003-L03-P
(0.1 CEU – 1 contact hour)

Monday, May 16, 2016

7:30 AM - 12:30 PM
Registration/Information Desk Open

7:30 - 9 AM
USP Update and Breakfast
Breakfast served plated from 7:30 - 8 AM

9:15 - 10:15 AM
Status of Pharmacy Technicians – First Mates or Stowaways?
ACPE #0205-0000-16-004-L03-P
(0.1 CEU – 1 contact hour)

10:30 AM - Noon
Second Business Session
Presiding: Edward G. McGinley, MBA, RPh, DPh, NABP President

- Report of the Executive Director/Secretary Carmen A. Catizone, MS, RPh, DPh, NABP Executive Director/Secretary
- Report of the Committee on Resolutions
  Hal Wand, MBA, RPh, NABP President-Elect and Chairperson, Committee on Resolutions
  - First Reading of Resolutions
- Report of the Committee on Constitution and Bylaws
  Lee Ann Bundrick, RPh, Chairperson, Committee on Constitution and Bylaws
  - Presentation of Proposed Amendment to the Constitution
- Candidate Speeches for Open Executive Committee Officer and Member Positions

Noon - 12:30 PM
Informal Member/Candidate Discussion

Free Afternoon
(No programming)

Tuesday, May 17, 2016

7:30 AM - 4 PM
Registration/Information Desk Open

7:45 - 8:45 AM
NABP Breakfast

8:45 - 10:15 AM
Prescription Drug Abuse – Batten Down the Hatches!
ACPE #0205-0000-16-005-L03-P
(0.15 CEUs – 1.5 contact hours)

8:45 - 10:15 AM
Networking and State Board of Pharmacy Regulatory Issues Open Discussion

10:30 AM - Noon
Sailing to New Horizons – Pharmacist Prescriptive Authority: Point-Counterpoint
ACPE #0205-0000-16-006-L03-P
(0.15 CEUs – 1.5 contact hours)

Noon - 1:30 PM
Lunch Break
(On your own)

1:30 - 4 PM
Final Business Session
Presiding: Edward G. McGinley, MBA, RPh, DPh, NABP President

- Election of 2016-2017 Executive Committee Officers and Members
- Remarks of the Incoming President Hal Wand, MBA, RPh, NABP President-Elect
- Installation of 2016-2017 Executive Committee Officers and Members
- Final Report of the Committee on Resolutions
  Hal Wand, MBA, RPh, 2016-2017 NABP President and Chairperson, Committee on Resolutions
  - Discuss and Vote on Resolutions
- Invitation to the 2017 Annual Meeting in Orlando, FL
  Allison Dudley, JD, Executive Director, Florida Board of Pharmacy

5:45 - 6:45 PM
Awards Dinner Reception

7 - 10 PM
Annual Awards Dinner
Dress: semiformal

Presiding: Hal Wand, MBA, RPh, 2016-2017 NABP President

- Presentation to 2016 Honorary President
- Presentation to Edward G. McGinley, MBA, RPh, DPh, 2016-2017 Chairperson, NABP Executive Committee
- Presentation of the 2016 Fred T. Mahaffey Award
- Presentation of the 2016 Henry Cade Memorial Award
- Presentation of the 2016 John F. Atkinson Service Award
- Presentation of the 2016 Lester E. Hosto Distinguished Service Award

Note: The 112th Annual Meeting schedule is subject to change.

NABP and the NABP Foundation® are accredited by the Accreditation Council for Pharmacy Education (ACPE) as providers of continuing pharmacy education (CPE). ACPE Provider Number: 0205. Participants may earn ACPE-accredited CPE credit by completing a Statement of Continuing Pharmacy Education Participation online and submitting it electronically to NABP. Full attendance and completion of the program evaluation and learning assessment for each session are required to receive CPE credit and for the credit to be recorded in the CPE Monitor® system. If you do not submit your CPE claim within 60 days of the date you completed the CPE activity, you will be unable to receive credit, as this is the maximum amount of time allowed for providers to transmit CPE claims to ACPE for credit. Please submit your claim as soon as possible to ensure that you receive credit.

Continuing Legal Education (CLE) Policy: NABP staff will be available to assist attendees on an individual basis to apply for CLE credit for attending CPE sessions. To apply for CLE credit, attendees must initiate the program approval process in their own states by completing and submitting the appropriate application materials and forms. NABP will provide documentation as necessary.

New Jersey Reviews Pharmacy Permit Renewals

The changing federal regulatory environment for pharmacy compounding has caused the New Jersey State Board of Pharmacy to review its laws regarding the permitting of both resident and nonresident pharmacies by the state.

The Board has interpreted the practice of pharmacy, as defined in the New Jersey Pharmacy Practice Act, to describe services provided by pharmacists that are prescription and patient-centric. This includes, but is not limited to, a pharmacist providing services such as:

- The intake, processing, or dispensing of patient-specific prescriptions;
- The fulfillment of patient-specific prescriptions;
- Drug utilization reviews;
- Patient counseling; and
- Collaborative drug therapy management.

The Board has made a determination that if a facility was previously permitted as a pharmacy in New Jersey but does not provide at least one of the services previously listed, it no longer meets the requirements to be permitted as a "pharmacy" in New Jersey going forward, and as such, will not be allowed to renew its pharmacy permit in June 2016.

Oklahoma Pharmacies May Register as Collectors of Unused Medications

To encourage citizens to properly dispose of unused medications and prevent and reduce prescription drug abuse, Drug Enforcement Administration (DEA) has passed legislation that allows some DEA registrants, such as retail pharmacies, hospitals/clinics with an on-site pharmacy, manufacturers, distributors, and reverse distributors, to modify their registration with DEA to become authorized collectors. Authorized collectors may maintain collection receptacles and administer mail-back programs.

The Oklahoma Bureau of Narcotics (OBN) has also changed its statutes to allow registrants to collect controlled substances (CS) and non-CS in accordance with DEA regulations. More information is available at *www.deadiversion.usdoj.gov/drug_disposal/index.html.* Pharmacies should keep in mind that the OBN also has prescription disposal boxes for the proper disposal of medications by citizens in many locations throughout the state, and those may be located by accessing *https://portal.obn.ok.gov/takeback/default.aspx.*

All registrants, including pharmacies and prescribers, must utilize reverse distributors or their wholesalers for proper disposal of any CS for proper accountability.

Minnesota Board Proposing to Adopt Work Condition Rules

The Minnesota Board of Pharmacy is considering adopting a new rule that would prohibit a pharmacy licensed under Minnesota Statutes §151.19, Subdivision 1, and located within the state of Minnesota, from requiring a pharmacist, pharmacy intern, or pharmacy technician to work for more than 12 continuous hours per day. The rule would also require that pharmacists, pharmacy interns, and pharmacy technicians working longer than six continuous hours per day be allowed during that time period to take a 30-minute, uninterrupted meal break and one additional uninterrupted 15-minute break.

The Board firmly believes that evidence exists that shows working long hours with no breaks can lead to pharmacists, interns, and technicians becoming stressed and fatigued and therefore more likely to make errors, resulting in harm to members of the general public. Consequently, the Board views this proposed rule change as being allowed within its authority and duty under Minnesota Statutes §151.06 to regulate the practice of pharmacy as "required for the safety and well being of the citizens of the state." In the judgment of the Board, the proposed rule is, in fact, required for the safety and well-being of the citizens of the state.

The Board heard public comments concerning this proposed rule at its December 16, 2015 meeting. In addition, as of the date of that meeting, the Board had received written comments from approximately 80 individuals, businesses, health care systems, and trade or professional associations.

After considering all of the written and verbal comments, the Board voted unanimously to accept recommendations made by the executive director to modify the proposed language. The Board further directed the executive director to take the additional actions necessary to adopt the rules.

Additional information is available in the Rule-Making Docket on the Board's Rules page at *http://mn.gov/boards/pharmacy/statutes/rules.jsp.*

North Carolina Drug Control Unit Sends Letters to Prescribers

The North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services Drug Control Unit, which administers the North Carolina Controlled Substance Reporting System (NC CSRS), has begun sending unsolicited educational letters to prescribers regarding their patients who have reached a predetermined threshold of obtaining CS from various pharmacies and prescribers.

The letter instructs the prescriber to review the patient's CS prescription history report available at the NC CSRS practitioner access website, *https://nccsrsph.hidinc.com.* If the prescriber is not registered with the NC CSRS, the notification contains instructions on how to register in order to access the patient's report.

More information concerning this program may be found at *www.ncbop.org/PDF/.* ■

Substantial Decline Seen in Number of Hydrocodone Combination Product Prescriptions Dispensed From US Pharmacies

In the year after the United States Drug Enforcement Administration (DEA) rescheduled hydrocodone combination products from Schedule III to Schedule II, 26.3 million fewer hydrocodone combination product prescriptions were written and 1.1 billion fewer hydrocodone combination product tablets were dispensed, indicates a new study. According to the study results published in *JAMA Internal Medicine,* comparing data from the 12 months before rescheduling with data from the 12 months after rescheduling shows a 22% decrease in dispensed hydrocodone combination product prescriptions and a 16% decrease in dispensed hydrocodone combination product tablets. The study indicates that refills accounted for 73.7% of the decline and refills were "essentially eliminated by March 2015." DEA's final rule rescheduling hydrocodone combination products, while prohibiting refills, can permit patients to receive multiple prescriptions that can provide up to a 90-day supply. Additional information about the DEA final rule is available at *www.federalregister.gov/articles/2014/08/22/2014-19922/schedules-of-controlled-substances-rescheduling-of-hydrocodone-combination-products-from-schedule.*

Researchers used prescription data from the IMS Health National Prescription Audit to conduct the study. The authors suggest future research should study "whether these changes are sustained, have had an effect on access for patients, and are associated with the desired goals of reduced abuse, addiction, and overdose." The article, "Effect of US Drug Enforcement Administration's Rescheduling of Hydrocodone Combination Analgesic Products on Opioid Analgesic Prescribing," is available in the January 25, 2016 issue of *JAMA Internal Medicine,* which can be located online at *http://archinte.jamanetwork.com/article.aspx?articleid=2484293.*

Over-the-Counter Children's Medicine Recalled Due to Incorrect Dose Markings

In January 2016, Perrigo Company voluntarily recalled two lots of children's guaifenesin grape liquid cough medicine (100 mg/5 mL) and three lots of children's guaifenesin DM cherry liquid cough medicine (100 mg guaifenesin and 5 mg dextromethorphan HBr/5 mL) sold in 4 oz bottles. The recall was initiated because some packages contain an oral dosing cup with incorrect dose markings. The affected products were sold by distributors nationwide and distributed through retail stores. The recalled lots and store brands are available in the Perrigo press release posted on the company's website, *www.perrigo.com,* under "Investors." To date, the company has not received reports of overdose. Distributors and retailers that have the affected lots should stop distribution and return the product using the information provided in the press release.

FDA Offers Webinars on Online Drug Information Resources for Students and Clinicians

Food and Drug Administration's (FDA) Division of Drug Information in the Center for Drug Evaluation and Research presents a series of continuing education webinars targeted toward students and health care providers who wish to learn more about FDA and drug regulation. The webinars are presented by FDA staff and allow participants to interact with staff. Previous webinar topics have included an overview of pharmacovigilance and FDA's MedWatch Adverse Reporting Program, and presentation slides can be accessed on FDA's website at *www.fda.gov/AboutFDA/WorkingatFDA/FellowshipInternshipGraduateFacultyPrograms/PharmacyStudentExperientialProgramCDER/ucm228391.htm.* ■

Around the Association

Board Member Appointments

- **Lorraine Quirk, RPh**, has been appointed a member of the Rhode Island Board of Pharmacy. Quirk's appointment will expire June 1, 2018.
- **Rissa Pryse, DPh**, has been appointed a member of the Tennessee Board of Pharmacy. Pryse's appointment will expire July 31, 2021.

Board Member Reappointments

- **Leo Basch, RPh**, has been reappointed a member of the Nevada State Board of Pharmacy. Basch's appointment will expire October 31, 2018.
- **Kirk Wentworth, RPh**, has been reappointed a member of the Nevada State Board of Pharmacy. Wentworth's appointment will expire October 31, 2018.
- **Michael Duteau, RPh**, has been reappointed an extended member of the New York State Board of Pharmacy. Duteau's appointment will expire October 31, 2020.
- **Daniel Molino, RPh**, has been reappointed an extended member of the New York State Board of Pharmacy. Molino's appointment will expire October 31, 2020.
- **Leo Lariviere, RPh**, has been reappointed a member of the Rhode Island Board of Pharmacy. Lariviere's appointment will expire June 1, 2018. ■

INNOVATIONS

National Association of Boards of Pharmacy
1600 Feehanville Drive
Mount Prospect, IL 60056

UPCOMING EVENTS

May 14-17, 2016
NABP 112th Annual Meeting
San Diego, CA

June 7-18, 2016
PARE Administration

June 28-29, 2016
NABP Program Review and Training
NABP Headquarters

July 20-21, 2016
NABP PMP InterConnect Steering Committee Meeting
Northbrook, IL

August 4-6, 2016
NABP/AACP District 5 Meeting
Lincoln, NE

August 14-17, 2016
NABP/AACP District 3 Meeting
Pointe Clear, AL