newsletter

National Association of Boards of Pharmacy®

April 2010 / Volume 39 Number 4

aid to government
the profession
the public
1904 to 2010

Upcoming Events

May 22-25, 2010
NABP 106th Annual Meeting
Hyatt Regency
Orange County
Anaheim, CA

July 21-22, 2010
NABP Program Review and Training
NABP Headquarters

August 5-7, 2010
NABP/AACP
District 5 Meeting
Williamsburg, IA

August 15-17, 2010
NABP/AACP
District 3 Meeting
Blowing Rock, NC

September 29 - October 1, 2010
NABP/AACP
District 6, 7, and 8 Meeting
Albuquerque, NM

Task Force Recommends Strengthening Technician Education and Training Program

Standards, Certification, and Practice Standards Addressed

Focused on strengthening the training and educational program standards for pharmacy technicians, the Task Force on Pharmacy Technician Education and Training Programs made several recommendations in the interest of protecting the public health. The work of the task force complemented that of the 2008 Task Force on Standardized Pharmacy Technician Education and Training, which focused on certification, licensure, and registration requirements.

Established in response to NABP Resolution No. 105-5-09, Board of Pharmacy Approval of Pharmacy Technician Educational and Training Programs, which was approved by the NABP membership at the Association's 105th Annual Meeting in May 2009, the task force met October 6-7, 2009, and undertook the following charges:

1. Review existing state requirements for technician education and training, requirements for national technician training program accrediting organizations, such as the American Society of Health-System Pharmacists (ASHP), and the Accreditation Council for Pharmacy Education (ACPE) Core Competencies; and
2. Recommend national standards for technician education and training programs and encourage boards of pharmacy to recognize them.

The task force discussed several related issues, including requiring completion of pharmacy technician training to be eligible for certification, developing

©iStockphoto.com/diego_cervo

an accreditation system for pharmacy technician training programs, and strengthening the requirements asked of applicants wishing to take the Pharmacy Technician Certification Examination. The task force also discussed how the NABP Clearinghouse could continue to be used to track information on pharmacy technicians.

The task force recommended that NABP encourage boards of pharmacy to

(continued on page 74)

In This Issue. . . .

The NABP Newsletter (ISSN 8756-4483) 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 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.

National Association of Boards of Pharmacy
1600 Feehanville Drive
Mount Prospect, IL 60056
847/391-4406
www.nabp.net
custserv@nabp.net

Carmen A. Catizone
Executive Director/ Secretary

Larissa Doucette
Communications Manager

Pharmacy Technician Education and Training

(continued from page 73)

require pharmacy technicians to complete an education and training program as an element of pharmacy certification completion. Members further recommended that by 2015 state boards of pharmacy require all pharmacy technicians to complete an *accredited* education and training program, a date consistent with the Joint Commission of Pharmacy Practitioners "Future Vision of Pharmacy Practice 2015."

The task force asserted that accreditation for pharmacy technician training programs is needed to ensure appropriate standards that will protect the public health. As such, it was further recommended that NABP assist in developing a national accreditation system for pharmacy technician education and training programs by 2015.

Considering information presented by guest participants, members acknowledged that current pharmacy technician education and training requirements lack uniformity from state to state. Further, members noted that all state certified technicians must complete an ASHP accredited program. The members agreed that a single organization established within the profession of pharmacy should be the sole accrediting agency. Other organizations have been established outside the profession of pharmacy to develop accreditation systems for pharmacy and members noted that these organizations may not have the knowledge or background in pharmacy to ensure appropriate accreditation standards are developed.

Therefore, the task force also recommended that NABP encourage ACPE and ASHP to work collaboratively to develop an accreditation system for pharmacy technician education and training programs that reflects all pharmacy practice settings and, if feasible, to consolidate the activities into one accrediting body, preferably ACPE. In their discussion, members noted that ACPE accredits pharmacist educational programs, but does not accredit pharmacy technician training programs. Members also discussed the ASHP accreditation process, acknowledging the misperception that ASHP accreditation is seen as a hospital model that is not applicable to all pharmacy technician practice settings.

In addition to discussing training requirements for pharmacy technicians, members discussed the need for national practice standards for pharmacists and pharmacy technicians that will help define their evolving roles with the goal of high quality patient care and positive patient outcomes. Practice standards for pharmacy technicians will also help in the development of education and training program standards. Members agreed that input from all key stakeholders – representatives from state boards of pharmacy, relevant government agencies, pharmacy associations, and accreditation bodies – is important in the development of practice standards and training program standards. Thus, the task force recommended that the NABP Executive Committee should commission a standing committee to develop and maintain national standards for pharmacy practice and assist boards in defining the roles of pharmacists and pharmacy technicians, and in developing technician education and training program standards. Upon review of this recommendation, the Executive Committee determined that a standing committee would not be developed, but that task forces would be established as needed.

The task force made two recommendations related to the Pharmacy Technician Certification Board (PTCB), the entity that administers the current Pharmacy Technician Certification Examination. First, the task force recommended that NABP encourage PTCB to require that applicants complete an accredited pharmacy technician education and training program and submit verification of a high school diploma or GED to be eligible to sit for the examination. Second, members recommended that NABP encourage PTCB to provide the information it maintains on pharmacy technicians to the NABP Clearinghouse. The information from PTCB would allow NABP to fortify the information contained in the NABP Clearinghouse to include additional pharmacy technician licensure, registration, certification, and disciplinary information for the benefit of the

(continued on page 84)

Leaders at the Forefront of Public Health Protection to be Honored at NABP 106th Annual Meeting

NABP will honor leaders whose support and initiatives have furthered NABP's mission of protecting the public health during the NABP 106th Annual Meeting to be held May 22-25, 2010, at the Hyatt Regency Orange County in Anaheim, CA. The 2010 awards to be presented include the NABP Lester E. Hosto Distinguished Service Award, the Honorary President Award, the Fred T. Mahaffey Award, the Henry Cade Memorial Award, and the John F. Atkinson Service Award.

Lester E. Hosto Distinguished Service Award

Receiving the 2010 Lester E. Hosto Distinguished Service Award is **Lawrence W. "Larry" Klein, MEd, PhD,** for his exemplary service in protecting the public health and his significant involvement with NABP. This award is the highest honor bestowed by NABP.

Klein, who has been a testing and measurement consultant since 1985, has most recently assisted NABP as a technical consultant for the Multistate Pharmacy Jurisprudence Examination®. From 1988-1989, Klein served as the technical director of the North American Pharmacist Licensure Examination® when it was transitioned from being managed by an outside testing company to being managed in house by NABP. In addition, he held a position as the technical coordinator of research and measurement at CTB/McGraw-Hill, and was the associate director of health programs for the organization, ACT. While at ACT, Klein assisted NABP as project director for the Foreign Pharmacy Graduate Equivalency Examination® when it was first implemented in 1984. Klein received his master's degree in education from the University of Calgary and his doctorate degree from the University of Oregon specializing in educational measurement and experimental design.

Honorary President

Receiving the 2010 NABP Honorary President Award is **Howard C. Anderson, Jr, RPh,** in recognition for his strong and active commitment to supporting the NABP mission and to the practice of pharmacy. Anderson served as member of the NABP Executive Committee from 2001-2004 and currently serves as the executive director of the North Dakota State Board of Pharmacy. An active member of NABP, Anderson has served on numerous committees and task forces and was chair of the 1999 Task Force to Examine the Quality and Standards of Internship Requirements.

In addition to his services with NABP and the Board of Pharmacy, Anderson has served as president, executive vice president, and chairman of the North Dakota Pharmaceutical Association.

Anderson earned his bachelor of science in pharmacy from North Dakota State University.

Fred T. Mahaffey Award

In recognition of their exemplary service and dedication to NABP's mission of protecting the public health, both the **Iowa Board of Pharmacy** and the **Nevada State Board of Pharmacy** will be honored with the 2010 Fred T. Mahaffey Award.

In September 2003, the Iowa Board took disciplinary action against Union Family Pharmacy (UFP) in Dubuque, IA, including several pharmacists and technicians, for providing prescription drugs outside the usual course of professional practice. Federal and local law enforcement recovered evidence that UFP had unlawfully dispensed prescription pain, diet, and psychiatric pills for two Internet pharmacies, Pharmacon International Corporation and Medical Web Services. The investigation of the two Internet companies spanned over six years and uncovered the loss of over 30 million pills, which resulted in the conviction of more than two dozen people, including 19 doctors, and the forfeiture of $7 million in assets.

In addition, the Iowa Board is also being recognized for guiding efforts to regulate medical marijuana in Iowa. After a number of public hearings, many hours

(continued on page 86)

Executive Committee

Rich Palombo
Chairperson
One-year term

Gary A. Schnabel
President
One-year term

William T. Winsley
President-elect
One-year term

Malcolm J. Broussard
Treasurer
One-year term

Karen M. Ryle
Member, District 1
Serving third year of a three-year term

Elizabeth Scott "Scotti" Russell
Member, District 2
Serving third year of a three-year term

Michael A. Burleson
Member, District 3
Serving second year of a three-year term

Gregory Braylock, Sr
Member, District 4
Serving second year of a three-year term

Lloyd K. Jessen
Member, District 5
Serving third year of a three-year term

Joseph L. "Joe" Adams
Member, District 6
Serving first year of a three-year term

Cathryn J. Lew
Member, District 7
Serving first year of a three-year term

Hal Wand
Member, District 8
Serving second year of a three-year term

NABP Executive Committee elections are held each year at the Association's Annual Meeting.

Close Encounters of the Third Party

By Dale J. Atkinson, JD

As readers are aware, certain civil and/or criminal judicial opinions are of relevance to the regulatory community and boards of pharmacy and are worthy of coverage in the *NABP Newsletter*. Past articles have addressed civil cases covering the topic of a pharmacist's duty to warn, as well as criminal prosecutions of pharmacists involved in the illegal trafficking of controlled substances. A Nevada Supreme Court opinion recently addressed the duty owed by a pharmacist to unidentifiable third parties. Consider the following.

In June 2003, the Nevada Prescription Controlled Substance Abuse Prevention Task Force sent a letter to various Nevada physicians and pharmacies that had prescribed and dispensed to a specific patient (referred to as patient) concerning her prescription filling activities. The letter informed its recipients that the patient had obtained approximately 4,500 hydrocodone pills at 13 different pharmacies. In June 2004, the patient, while traveling on a United States Highway, struck a vehicle with a flat tire parked on the side of the road. As a result of the accident, the driver of the disabled vehicle was killed and a passenger was severely injured. The patient was arrested for driving under the influence of controlled substances.

The decedent's widow, minor daughters, and personal representatives of his estate (referred to as plaintiffs) filed a wrongful death and personal injury complaint against the patient, two physicians, and a medical association. Based upon the June 2003 letter sent to relevant physicians and pharmacies, the plaintiff was allowed to add to the lawsuit as defendants several pharmacies, including Wal-Mart Stores, Inc, Long Drug Stores Co, Walgreen Co, CVS Pharmacy, Inc, Rite-Aid, Albertson's Inc dba Sav-on Pharmacy, and Lam's Pharmacy, Inc. In part, the allegation against the pharmacies stated that such defendants, in spite of the receipt of the task force letter, continued to provide the patient with the controlled substances that were alleged to have contributed to the cause of the accident. The plaintiffs did not allege that any irregularities existed on the face of the prescriptions, nor did the complaint allege that the scripts were fraudulent or forged or involved dosages that individually, and if taken as directed, were potentially harmful to the patient's health.

On defendants' motions to dismiss and alternative motions for summary judgment (whereby the parties allege that there are no material issues of fact in dispute and the court can rule on the case as a matter of law), the district court held in favor of the defendants and dismissed the litigation. It stated that no statute imposed a duty on the pharmacies to take action after receiving the task force letter. Absent a legislative duty, the issue was governed by the dramshop cases and that there appeared to be "no material difference between a bartender providing a customer alcohol and a pharmacist filling a customer's prescription, and therefore, proximate cause did not exist." The plaintiffs appealed.

On appeal, the Nevada Supreme Court identified the issues as:

1. Whether pharmacies owe a duty of care to unidentified third parties injured by a pharmacy customer or

whether public policy creates a duty of care for pharmacies which, when breached, supports a common-law negligence claim; and

2. Whether Nevada's pharmacy statutes and regulations create a statutory duty to support plaintiffs' negligence *per se* claim against the pharmacies.

The Nevada Supreme Court noted that to prevail on a negligence claim, a plaintiff must establish (1) the existence of a duty, (2) a breach of that duty, (3) legal causation, and (4) damages. Generally, no duty exists to control the conduct of another or to warn others of dangerous conduct. However, an exception to this rule arises when there is a special relationship between the parties or between the defendant and the identifiable victim, and the harm created by the defendant's conduct is foreseeable. Thus, the court focused on whether a special relationship exists between a pharmacy and third party to justify the imposition of a duty of care for the benefit of such third party. The court noted that this issue was one of first impression, having not been ruled upon before in Nevada.

Without Nevada precedent, the court looked elsewhere and agreed with a recent Florida case (*Dent v Dennis Pharmacy, Inc*, 924 So. 2d 927 (App. Ct. FL 2006)). Citing *Dent*, the Nevada court noted that there was no direct relationship between the plaintiffs and the pharmacy and further that the plaintiffs were not a known or identifiable third party to which the pharmacy owed a duty. Absent these criteria, the court concluded that pharmacies do not owe a duty to unidentified third parties under these circumstances.

In a footnote, the court emphasized that at the time of the receipt of the task force letter, Nevada pharmacies had no obligation to act upon or do anything regarding the contents of the letter and further had only limited authority to refuse to fill any prescription. However, in 2006 the Nevada State Board of Pharmacy amended its regulations which, according to the court, "may have created a special relationship that could justify imposing a duty in favor of third parties." Specifically, the 2006 regulation provides that if a pharmacist declines to fill a prescription because professional judgment indicates the prescription is either (1) fraudulent, (2) potentially harmful to the patient's health, (3) not for a legitimate medical purpose, or (4) the filling of the script would be unlawful, then such pharmacist must contact the physician in a timely manner to resolve the identified concerns. Under the regulation, if the identified concerns are not alleviated, the pharmacist is mandated not to fill the script and must retain the actual prescription. The court noted that it need not make a determination as to whether the new regulation creates a special relationship substantiating the imposition of a legal duty to potential or unidentified third parties.

The court next turned its attention to whether the Nevada pharmacy laws imposed a public policy duty on pharmacies to protect the general public, including the plaintiffs in this case. The plaintiffs argued that while the pharmacy laws do not expressly require pharmacies to take action to prevent prescription drug abuse, "the statute's language and legislative history implies that pharmacies are required to take action to fulfill the statute's purpose." The pharmacies/defendants countered that the statute and history does not impose any obligation on pharmacies in favor of third parties.

The court focused on the statute cited by plaintiffs which requires the Nevada State Board of Pharmacy and the Investigation Division of the Department of Public Safety to create a computerized program to track controlled substance prescriptions that are filled and dispensed. The program is designed to provide

(continued on page 87)

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

Task Force Finds Interoperability of e-Prescribing Systems Key to Improving Outcomes

Group Recommends Collaboration with Stakeholders to Set Standards, Reduce Patient Safety Risks

Uniformly implemented, electronic prescribing promises to reduce medication errors and improve patient care outcomes. The patchwork of e-prescribing systems currently in use, however, is introducing new problems and patient-safety risks. The NABP Task Force on Electronic Prescribing Software Standards and Data Storage met September 15-16, 2009, to discuss the progress made to date with e-prescribing software systems, as well as the problems yet to be addressed.

Collaborative Efforts Advised

The No. 1 recommendation of the task force is for NABP to work with stakeholders and government agencies to explore solutions to these problems. The task force determined that interoperability of e-prescribing systems among prescribers and pharmacists is paramount to resolving many of the existing complications and safety risks.

To establish such uniformity and thereby amend many of the current problems, the task force recommends that NABP collaborate with electronic transmission standard setting groups, such as National Council for Prescription Drug Programs (NCPDP) and Certification Commission for Health Information Technology (CCHIT), and governmental agencies such as Centers for Medicare and Medicaid Services (CMS).

Task force members discussed a number of concerns associated with the present situation that have resulted in serious patient safety issues, the invalid transmission of prescription orders for controlled substances, and unintelligible data transmissions that jeopardize patient safety. Among other things, idiosyncrasies of the various system interfaces used by the prescribing practitioners and pharmacies have led to confusion. Members posited several contributing factors. Some systems were developed by individuals unfamiliar with the practitioner's workflow and traditional prescriptions. Many systems incorporate multiple drop-down boxes (containing, for example, drug names and strengths and sig codes, ie, codified directions for use) that reshuffle the order practitioners typically follow when writing prescriptions. Additionally, many systems lack a final screen or interface enabling the prescriber to review the prescription prior to transmission, which members said has contributed to medication and dosing errors. The task force agreed that standardizing the format of the system interfaces used by both the prescribing practitioner and pharmacy is necessary, as is ensuring that a final screen review of the prescription drug order takes place prior to transmission.

Clearer Communication Needed

Task force members also concurred that the systems should use standardized drug nomenclature and eliminate the variability introduced by vendors using their own set of sig codes. Members determined that a new, uniform drug identification system may need to be developed for use in e-prescribing to provide complete information in a consistent and uniform manner.

To reduce medication errors with potentially serious consequences, task force members agreed that e-prescribing systems should require the patient's medication indication to be includ-

ed on the prescription drug order for high-alert drugs, and for drugs with look-alike and sound-alike names.

Task force members also voiced major concern with the "notes" or "comments" fields on system interfaces used by prescribing practitioners. For instance, prescribers sometimes populate these fields with additional directions for use, which oftentimes conflict with the sig code entered on the same order. Members attributed such misuses to certain systems' sig codes being too difficult to find or not being included in the system, or the sig field being too small to contain specialized dosing instructions.

The members agreed that working with the systems' developers and standard setting organizations to use only standardized sig codes and implement a "red flag" or warning screen for both pharmacy and prescriber systems when comments or notes fields are used, along with educating prescribing practitioners on the proper use of these fields, would help eliminate these problems.

Along these lines, members also agreed that real-time, two-way electronic communication between pharmacists and prescribing practitioners would assist in resolving issues related to ambiguous or conflicting directions for use and clarifying any information contained in the prescription, such as patient information, drug name, drug strength, and drug dose, as well as supplemental information such as patient weight and laboratory values.

Recognizing that e-prescribing system venders do not typically provide training, and that practitioners generally must learn to use the systems on their own, the task force members agreed that appropriate training on the use of e-prescribing systems would be extremely beneficial. They further determined that pharmacists should be educated regarding the most common errors that occur with the systems, and situations that should bear caution. To optimize training in the use of e-prescribing systems and to develop safety standards, members agreed that the reporting of medication errors resulting from electronic prescription transmission, and the analysis of such data, are imperative.

Accountability Lacking

The lack of accountability afforded by e-prescribing systems also raised concern among task force members. For instance, patients can be provided with receipts or reprints of the original,

(continued on page 80)

Meeting of the Task Force on Electronic Prescribing Software Standards and Data Storage Results in Five Recommendations

Recommendation 1: NABP should work with stakeholders and governmental agencies to address current problems with e-prescribing software systems.

Recommendation 2: NABP should evaluate response of standards setting groups and, if task force concerns are unresolved, develop national standards.

Recommendation 3: NABP recommends that an objective third-party certification program for e-prescribing systems be established.

Recommendation 4: Amend *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy.*

Recommendation 5: NABP encourage boards of pharmacy to remove current requirements for printing a hard copy of prescriptions received via e-prescribing systems and to remove requirements for hard copy prescription storage.

e-Prescribing Systems

(continued from page 79)

transmitted prescription, and practitioners or office staff have the ability to retransmit and reprint prescriptions multiple times. Ascertaining the validity of these reprints and retransmissions poses a challenge for pharmacists, who must take the time to verify them or risk dispensing potentially fraudulent prescriptions. Members also expressed concern that many systems allow the transmission of controlled substance prescriptions, and until new Drug Enforcement Administration regulations provide for this practice, policing this issue unfairly falls on the pharmacist.

Overall, the task force members concluded that all of these issues should be addressed with major stakeholders, such as NCPDP and CCHIT, along with CMS and other governmental agencies to determine how they should best be remedied. Several approaches, such as revising the systems and standards for interoperability, education and training, and error reporting, should be utilized to increase the safety of e-prescribing systems to ensure that the public health is protected.

To ensure that these mitigation strategies are effectively developed and implemented, the task force advises NABP to evaluate the response of the standard setting groups to these concerns and, if the problems remain, to develop national standards. Task force members agreed that although many of the issues fall outside the purview of the boards of pharmacy, if they are not addressed by the other parties, then, in the interest of public safety, they should be dealt with in an appropriate manner. Boards could revise their rules and regulations to mandate a national standard that would result in revision or termination of a noncompliant e-prescribing system.

Certification Recommended

The task force also recommends the establishment of an objective third-party certification program for e-prescribing systems and intermediaries that would address the accuracy, legality, and quality of electronic transmission. The existing certification process offered by Surescripts, which certifies a system's technological ability to comply with the NCPDP SCRIPT Standards, but includes no evaluation of compliance with state and federal laws or patient safety standards, is inadequate for the purpose of protecting the public health, task force members agreed. A new certification program with continuous quality improvement parameters may be an option if the task force's concerns are not addressed.

New Prescription Components Advised

To increase public safety, the task force recommends two amendments to the required components of a valid prescription drug order outlined in the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy*. These changes include the addition of the patient's date of birth to the prescription drug order, as well as inclusion of the prescribing practitioner's professional title. Members conceded that written, paper prescription drug orders have always provided the prescriber's title, and that including it on e-prescriptions would help pharmacists determine the validity of the prescription and whether it is within the purview of the prescriber's scope of practice.

Paper Storage Deemed Unnecessary

Lastly, the task force advises that NABP encourage the boards of pharmacy to remove any current requirements for printing a hard copy of prescriptions received via e-prescribing systems, and to remove requirements for hard copy prescription storage. Members agreed that the requirement for hard copy prescription storage is antiquated and that electronic storage is a more practical, efficient, and safe method, provided that the informa-

(continued on page 90)

Committee on Law Enforcement/Legislation Reviews Task Force Recommendations

The Committee on Law Enforcement/Legislation met January 26-27, 2010, to review the recommendations of the Task Force on Electronic Prescribing Software Standards and Data Storage and the Task Force on Prescription Monitoring Program Standards. Pictured from left to right, back row: Rich Palombo, RPh, Executive Committee liaison; Amy Mattila, RPh, member, Wisconsin Pharmacy Examining Board; David Dryden, JD, RPh, executive secretary, Delaware State Board of Pharmacy; and W. Benjamin Fry, RPh, FIACP, FACA, member, Texas State Board of Pharmacy. Front Row: Dennis K. McAllister, RPh, member, Arizona State Board of Pharmacy; Susan DelMonico, JD, RPh, member, Rhode Island Board of Pharmacy; Heather Pasquale, RPh, member, Ohio State Board of Pharmacy; Anne Policastri, PharmD, MBA, FKSHP, member, Kentucky Board of Pharmacy; and invited guest Danna Droz, RPh, JD, prescription drug monitoring program administrator, Ohio State Board of Pharmacy.

Australia Implements National Registration for Pharmacists and Other Medical Professions; Consolidates State Boards

As pharmacy practice and regulation continue to evolve in the United States, and federal agencies become more involved in these processes, NABP and the state boards of pharmacy are taking a proactive role in steering these changes. NABP's community pharmacy accreditation program, set to launch later this year, is one such initiative that pharmacy regulators in the US are taking to ensure the continued vitality and autonomy of the boards of pharmacy in protecting the public health. Meanwhile, other nations have moved toward regulating pharmacy and other health care professions under a single, federal governing body. Australia is currently undergoing such a transition.

Australia's National Scheme Explained

Australia's national registration program for pharmacists came about as a component of the National Registration and Accreditation Scheme for the Health Professions (National Scheme).

The National Scheme was conceived on March 26, 2008, when the Council of Australian Governments (COAG), the peak intergovernmental forum in Australia,[1] signed an Intergovernmental Agreement on health workforce. The Ministerial Council, consisting of all state and federal health ministers, reached a national consensus on May 8, 2009, on how the National Scheme will work. The provisions of and legal framework for the National Scheme are included in the Health Practitioner Regulation National Law Bill 2009, which takes effect on July 1, 2010.

Government System Regulates 10 Health Professions

The National Scheme creates a single national registration and accreditation system for 10 health professions: chiropractors; dentists (including dental hygienists, dental prosthetists, and dental therapists); medical practitioners; nurses and midwives; optometrists; osteopaths; pharmacists; physiotherapists; podiatrists; and psychologists. It regulates the health care professions, as well as the registration of students entering degree programs or clinical training for the purpose of entering the professions. Additionally, it allows for transferability of professional licensure to jurisdictions throughout the country, and it establishes a public national register for each health profession that is designed to ensure that a professional who has been banned from practicing in one place is unable to practice elsewhere in Australia.

All Policy Matters Determined by National Council

The Ministerial Council will have final responsibility for all matters, including policy direction, legislative amendments, funding, board membership, approval of all registration, practice, competency and accreditation standards, and continuing professional development (CPD) requirements. The National Scheme establishes an organizational hierarchy under the Ministerial Council to include the Australian Health Workforce Advisory Council, which provides independent advice to the Ministerial Council; the Australian Health Practitioner Regulation Agency, the corporate body that handles executive and administrative functions and which must establish at least one local office in each participating jurisdiction; and the national board established for each of 10 professions – among them, the Pharmacy Board of Australia.

©iStockphoto.com/scibak

National board members are appointed by the Ministerial Council. At least half, but not more than two-thirds, of their members must be practitioner members, including at least one member from each participating jurisdiction. Functions of the national board include registering suitably qualified and competent persons in the health profession; deciding the requirements for registration, including arrangements for supervised practice; developing or approving standards, codes, and guidelines for the health profession; approving accredited programs of study as providing

(continued on page 82)

1 COAG comprises the prime minister, state premiers, territory chief ministers, and the president of the Australian Local Government Association. The role of COAG is to initiate, develop, and monitor the implementation of policy reforms that are of national significance and which require cooperative action by Australian governments.

Australia Registration

(continued from page 81)

qualifications for registration; and overseeing the assessment of the knowledge and clinical skills of overseas trained applicants for registration.

The national board for each profession may establish a committee, ie, a state or territory board, for a participating jurisdiction to enable the national board to exercise its functions in the jurisdiction in a way that provides an effective and timely local response to health practitioners and other persons in the jurisdiction.[2] Accreditation is independent of governments; the national board decides whether an accreditation function and accreditation standard for the health profession is to be exercised by an external accreditation entity or a committee established by the national board. Each state and territory decides whether prosecution and investigation functions remain with the national boards or are undertaken by an existing state or territory health complaints arrangement.

Pharmacy Groups Seek to Maintain Existing Functions

As the Pharmaceutical Society of Australia (PSA) explains, the national registering body for pharmacists, ie, the national board, will replace the present state-based registration system. State pharmacy boards will disappear. It is expected that the Ministerial Council will follow the approval advice of the national board in matters of policy, but, PSA notes, this is not yet clear.

Existing structures and accreditation processes around health professional education and training will be maintained during the transition and, where possible, through to the new scheme. PSA says it is vital that existing arrangements that are operating effectively are allowed to continue. At least for the first three years, PSA says it expects the new national pharmacy board will devolve its functions to other existing bodies already performing these tasks. Also according to PSA, the Australian Pharmacy Council is expected to take on these roles in partnership with other relevant organizations such as PSA and the Australian Association of Consultant Pharmacy.

Key issues for PSA will be to ensure its involvement in determining the ethics and code of conduct for the profession; determining the standards of pharmacy practice; adoption of its competency standards for registration; accrediting of all CPD material for pharmacists; and the delivery of a national pharmacy graduate training course.

For its part, the Pharmacy Guild of Australia has stressed the importance of ensuring that the provisions regulating community pharmacy issues, such as the following, are not lost or weakened: pharmacy ownership; registration and licensing of pharmacy premises; location of pharmacies (particularly in relation to supermarkets); notification of changes in ownership and pecuniary interests; and restrictions on the number of pharmacy businesses a pharmacist can own.

> Through partnership, mutual support, and cooperation, NABP is dedicated to ensuring the continued vitality and authority of the state boards of pharmacy in the protection of the public health.

The Pharmacy Board of South Australia notes the following additional factors of the National Scheme that will affect pharmacists:

- National re-registration requirement for pharmacists to demonstrate participation in a CPD program as approved by the national Pharmacy Board of Australia
- Mandatory reporting of registrants deemed to be placing the public at risk of harm
- Mandatory criminal history and identity checks for all pharmacists registering for the first time
- Annual declaration on criminal history matters for all existing registrants.

While the overall impact Australia's National Scheme will have on patient care remains to be seen, NABP and the US state boards of pharmacy continue to address some of the same concerns precipitating Australia's transition. For instance, an NABP task force in 2009 provided recommendations to the boards for setting standards for the educational and training requirements of pharmacy technicians.

Additionally, through the NABP license transfer program and NABP Clearinghouse, the Association fosters the transferability of professional licensure between the states and assists the boards in their review of candidates. Through partnership, mutual support, and cooperation, NABP is dedicated to ensuring the continued vitality and authority of the state boards of pharmacy in the protection of the public health.

2 A state or territory board is to be known as the "[name of participating jurisdiction for which it is established] board" of the national board. The members of a state or territory board are to be appointed by the responsible minister for the participating jurisdiction. For example: the pharmacy board of Australia decides to establish a state or territory board for New South Wales. The state or territory board will be known as the New South Wales board of the pharmacy board of Australia. The members of the state or territory board will be appointed by the responsible minister for New South Wales.

NABP Commends Google's VIPPS-Accreditation Requirement for Internet Pharmacy Advertisers

Rogue Internet drug outlets are finding it more difficult to advertise to unsuspecting consumers, thanks to Google's decision to require VIPPS[CM] (Verified Internet Pharmacy Practice Sites[CM]) accreditation. NABP commends Google for the new restrictions the company has placed on Web sites selling prescription drugs that are seeking to advertise in the United States through Google AdWords.

"For too long, rogue Web sites posing as legitimate pharmacies have continued, unabated, to peddle substandard, tainted, and counterfeit drugs to unwitting patients," says NABP President Gary A. Schnabel, RN, RPh. "Google's policy change is a major step toward ridding the Internet of these operations, and we applaud Google's commitment to patient safety."

On February 9, 2010, Google announced in its Inside AdWords blog that the company will accept ads only from Internet pharmacies in the US that are accredited through the VIPPS program. The revised policy allows Internet pharmacies to target ads only to patients in the country in which the pharmacies are accredited.

Since the policy change went into effect in late February 2010, ads for US Internet drug outlets that are not accredited by VIPPS no longer appear in Google's sponsored search results.

Since the advent of its VIPPS program more than a decade ago, NABP has been working to protect patients from rogue Internet drug outlets that circumvent pharmacy laws and practice standards established to protect patient health. In February 2008, NABP began an intensive study of Web sites selling pre-

(continued on page 85)

NABP Uncovers Thousands of Internet Drug Outlets in Conflict with Pharmacy Laws and Patient Safety Standards

While the illegal distribution of prescription drugs on the Internet continues to threaten the public health, NABP maintains its commitment to reviewing Internet drug outlets and distinguishing those sites that do and do not comply with pharmacy laws and patient safety standards. Those sites that appear to be out of compliance with these patient safety criteria are listed as Not Recommended on the NABP Web site.

As of March 23, 2010, NABP has reviewed a total of 5,985 Internet sites and announced 5,756 of these sites (96%) are operating in conflict with pharmacy laws and practice standards and are listed on the NABP Web site as Not Recommended.

Of the 5,756 sites:

- 4,755 sites (83%) do not require a valid prescription
- 2,429 sites (42%) offer foreign or non-Food and Drug Administration-approved drugs
- 3,179 sites (55%) do not provide a physical address
- 1,411 (25%) sites are located outside of the United States and selling drugs illegally to patients in the US

Of the total of 5,985 sites reviewed, 229 (4%) are potentially legitimate in that they appear to meet program criteria, based on information obtained by looking at the Web site. NABP's Recommended list includes those online pharmacies that have achieved VIPPS[CM] (Verified Internet Pharmacy Practice Sites[CM]) program accreditation or, for veterinary sites, Vet-VIPPS[CM] program accreditation. These sites have undergone and successfully completed the NABP accreditation process, which includes a thorough review of all policies and procedures regarding the practice of pharmacy and dispensing of medicine over the Internet, as well as an on-site inspection of all facilities used by the site to receive, review, and dispense medicine. Currently, 19 Internet pharmacy sites, representing more than 12,000 pharmacies, have been awarded VIPPS accreditation, and two Internet pharmacy sites have been awarded Vet-VIPPS accreditation.

In its response to these startling statistics, NABP stresses that knowledge is the key to protecting the public from unsafe medications purchased over the Internet, and NABP encourages health care providers to educate patients on these issues. NABP will continue to engage in and seek partnership opportunities with other entities to educate health care professionals and the public on the dangers of buying prescription drugs online, thereby empowering patients to make informed decisions.

A full listing of both Recommended and Not Recommended sites, along with program criteria and related patient information, is available in the Internet Pharmacies section of the NABP Web site at *www.nabp.net.*

Pharmacy Technician Education and Training

(continued from page 74)

state boards of pharmacy and the public health. Members agreed that the reporting of PTCB information can complement the reporting efforts of state boards of pharmacy. Members also discussed and supported the recommendation from the 2008 Task Force on Standardized Pharmacy Technician Education and Training that encourages state boards of pharmacy to report pharmacy technician disciplinary information to the NABP Clearinghouse and requests that NABP expand its licensure transfer program to include pharmacy technicians. Members emphasized that the NABP Clearinghouse will positively impact the practice of pharmacy by ensuring a national pool of pharmacy technicians that have achieved a standard level of competency and professionalism.

The task force made a final recommendation that will assist potential pharmacy technicians. Specifically, members recommended that ASHP accreditation standards require that pharmacy technician education and training programs inform potential program applicants of applicable state requirements for registration or licensure before they apply to a program. Members agreed that this accreditation requirement is necessary, in the interest of fairness to applicants, so that programs will inform them of circumstances, such as prior criminal convictions, that would make them ineligible for registration or licensure regardless of program completion.

The task force was composed of the following members: Susan Ksiazek, RPh (NY), *chairperson*; Kevin Borcher, RP (NE); Lee Ann Bundrick, RPh (SC); Edith Goodmaster (CT); Earl McKinstry, MS, RPh (SD); Michael Podgurski, RPh (PA); Lorie Rice, MPH (CA); James Spoon, DPh (OK); Jeanne Waggener, RPh (TX); and Ann Zweber, RPh (OR). Michael A. Burleson, RPh, was the Executive Committee liaison. Guests Jeffrey W. Wadelin, PhD, ACPE; Melissa Murer Corrigan, RPh, PTCB; and Janet Teeters, RPh, MS, ASHP presented to the task force during its meeting.

The recommendations of the task force were approved by the NABP Executive Committee during its February 2010 meeting. The full report of the task force is available on the NABP Web site at *www.nabp.net* under News.

Meeting of the Task Force on Pharmacy Technician Education and Training Programs Results in Eight Recommendations

Recommendation 1: NABP should encourage boards of pharmacy to require, as an element of pharmacy technician certification, completion of an education and training program that meets minimum standardized guidelines.

Recommendation 2: NABP should encourage boards of pharmacy to require, as an element of pharmacy technician certification, completion of an accredited education and training program by 2015.

Recommendation 3: NABP should assist in developing a national accreditation system for pharmacy technician education and training programs that is based within the profession of pharmacy and utilizes a single accrediting agency by 2015.

Recommendation 4: NABP should commission a standing committee to develop and maintain national standards for pharmacy practice to assist boards in defining the evolving roles of pharmacists and pharmacy technicians and technician education and training program standards. Upon review, the Executive Committee determined that a standing committee would not be developed, but that task forces would be established as needed.

Recommendation 5: NABP should encourage the Accreditation Council for Pharmacy Education (ACPE) and the American Society of Health-System Pharmacists (ASHP) to work collaboratively to develop an accreditation system for pharmacy technician education and training programs that reflects all pharmacy practice settings and, if feasible, to consolidate the activities into one accrediting body, preferably ACPE.

Recommendation 6: NABP should encourage the Pharmacy Technician Certification Board (PTCB) to change the process by which it determines who is qualified to sit for its examination to include completion of an accredited pharmacy technician education and training program and high school diploma or GED verification.

Recommendation 7: NABP should encourage PTCB to provide NABP with information on its certified pharmacy technicians so that NABP may enhance the pharmacy technician data contained in the NABP Clearinghouse to provide the information necessary for the state boards of pharmacy to protect the public health.

Recommendation 8: NABP should encourage ASHP to revise its current accreditation standards for pharmacy technician education and training programs to require accredited providers to inform potential program applicants of applicable state requirements for registration or licensure.

NABP Examination Vendor to Implement New Palm Vein Identification Technology to Check-in Process

Effective May 3, 2010, individuals sitting for the North American Pharmacist Licensure Examination® (NAPLEX®), Multistate Pharmacy Jurisprudence Examination® (MPJE®), and Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) will encounter a new security feature when checking in for their examinations at Pearson VUE test centers. This security enhancement is called palm vein recognition, and represents the next generation of biometric technology, whereby hand veins are scanned to create a digital template that represents each individual's vein pattern.

"We are excited to implement the palm vein recognition technology into the check-in process for the NAPLEX, MPJE, and FPGEE," states NABP President Gary A. Schnabel, RN, RPh. "The secure technology will further enhance the security of NABP programs thereby helping to safeguard the integrity of our examinations."

Several aspects of palm vein recognition make it more reliable and easier to use than digital fingerprinting. Palm vein patterns are invisible and difficult to forge, making the system more secure. The digitally encrypted palm vein patterns cannot be read by any other system.

For first-time test takers, a palm vein scan will be taken instead of a fingerprint. However, if a candidate had a fingerprint taken during a previous NABP examination, he or she will need to first provide a fingerprint match before the palm vein recognition system is utilized. Should the candidate retake the test after he or she has had a palm vein pattern scan, he or she will be verified using the palm vein system. Eventually, fingerprinting will be phased out for candidate verification altogether.

The palm vein recognition process will not increase the length of the admission process and should take less than one minute to complete. Other standard admission steps, such as photo identification of candidates and collection of candidates' signatures, will remain in place.

Deployed for commercial use in Japan in 2004, this technology has been in use for several years and was first launched by Pearson VUE during the third quarter 2008. Hospitals, libraries, and financial institutions including banks, are among the various organizations that use this palm vein technology. In addition, the palm vein technology has been implemented by other health care organizations such as the National Council of State Boards of Nursing, which uses the system to check in candidates for its licensure examination.

More information regarding the palm vein recognition technology, as well as information on the NAPLEX, MPJE, and FPGEE, is available on the NABP Web site at *www.nabp.net* or by contacting custserv@nabp.net. Additional information may also be found at *www.pearsonvue.com.*

Google VIPPS-Accreditation

(continued from page 83)

scription drugs and has found that, of the more than 5,000 Internet drug outlets NABP has reviewed, 96% appear to be out of compliance with pharmacy laws and practice standards. These sites dispense dangerous prescription drugs to patients without a valid prescription or medical oversight. The drugs are often unapproved for sale in the US – or any other developed country – and are often substandard, contaminated, or counterfeit.

By contrast, VIPPS-accredited pharmacies have undergone and successfully completed the NABP accreditation process, which includes a thorough review of all policies and procedures regarding the practice of pharmacy and dispensing of medicine over the Internet, as well as an on-site inspection of all facilities used by the site to receive, review, and dispense medicine. For this reason, NABP recommends that patients use VIPPS-accredited Internet pharmacies when buying medicine online.

"Google's policy revision sets an important precedent in the international push to curb the proliferation of rogue Internet drug outlets," NABP President Schnabel notes. "We encourage other search engines to follow Google's lead and take a stand for patient safety."

More information on the VIPPS program, along with a list of VIPPS-accredited pharmacies, is available under Accreditation Programs on the NABP Web site at *www.nabp.net.*

Leaders Honored

(continued from page 75)

spent listening to patients, doctors, pharmacists, and legislators, as well as reviewing hundreds of medical articles and other state laws, the Board moved forward in its decision to recommend that the Iowa state legislature reclassify marijuana as a Schedule II controlled substance, which would allow medical uses of marijuana. While the legislature has not made any decisions on this issue, the Board's recommendation could impact the outcome of future bills.

The Nevada State Board of Pharmacy has been chosen to receive the reward because of its recent initiative of "inspecting for safety," which focuses on continuous quality improvement and patient safety. The Board's initiative included a retooling of its inspection forms to include the safety of the patient as the primary inspection goal. The Nevada Board now inspects for everything from patient and drug information to communication workflow, staffing, drug storage, and workplace environment. The Board's goal with inspecting for safety is to keep all pharmacies in compliance with the law and to emphasize patient safety. This impressive team effort took the support of all Board members as well as the cooperation of investigators, staff, and inspectors.

Henry Cade Memorial Award

Receiving the 2010 Henry Cade Memorial Award is **Kristi R. Dover, PharmD,** for her exemplary service in protecting the public health and her significant involvement with NABP.

Dover has been a longtime supporter of NABP's mission and purpose through her efforts to obtain sponsorships for valuable NABP services. Notably Dover has facilitated Purdue Pharma L.P.'s sponsorship of the NABP *Survey of Pharmacy Law,* which has allowed NABP to provide the publication free to all final-year pharmacy students. In addition, Dover has made efforts to obtain sponsorships for the NABP Annual Meetings, Fall Conferences, and the NABP Symposium.

Dover currently serves as the senior area director of medical liaisons at Purdue Pharma, L.P. Her pharmacy practice experience includes a post-doctoral oncology residency and faculty committee appointment, as well as inpatient oncology, ambulatory pain clinic, and clinical research experience.

John F. Atkinson Service Award

In recognition of her efforts in protecting the public health through her work as a compliance specialist for the Ohio State Board of Pharmacy, **Joann D. Predina, MBA, RPh,** will receive the John F. Atkinson Service Award. For 18 years, she has been responsible for inspecting locations where dangerous drugs are stored, conducting audits, and educating licensees on methods to obtain or maintain compliance. In addition, she is qualified as an expert witness in several counties and federal court and has testified in administrative hearings and state and federal criminal cases.

Predina was named to the 2009-2010 Task Force on Electronic Prescribing Software Standards and Data Storage and is currently the president of the Ohio Chapter of the National Association of Drug Diversion Investigators, holding the position of treasurer prior to that.

Predina received her bachelor of science degree in pharmacy from Ohio State University and her master of business administration in health care administration from Lake Erie College.

By exemplifying the Association's mission, these leaders have shown their dedication to protecting public health and will be honored at the NABP Annual Awards Dinner to be held Tuesday, May 25, 2010, from 7 - 11 PM.

For more information on the NABP 106th Annual Meeting, *Eureka!* Partnering to Save Public Protection – *Boards of Pharmacy and NABP,* visit the Meetings section of the NABP Web site at *www.nabp.net.*

Web Site Redesign for NABP.net Coming Soon

In April 2010 NABP members will be able to explore the new, user friendly NABP Web site. The goal of the sweeping redesign was to improve the navigation to provide a more streamlined user experience as well as to provide a new look. To achieve this result, the navigation of the site was revised so that visitors can easily find what they need. New audience-based navigation will provide pages with information for key site visitors including members, pharmacists, students, consumers, and those seeking information on accreditation or government affairs.

Improvements to the NABP Web site include:

- New navigation to improve usability
- Improved search feature throughout the site and within the Newsroom
- Content specific to members, government affairs, and consumers
- Online ordering of NABP subscriptions and publications
- RSS news feed capabilities

More new features will be added to the site in the months after the site is launched, so check the site often to see the latest improvements.

NABP 106th Annual Meeting Approaching; Register Today!

Register online now for the NABP 106th Annual Meeting, *Eureka!* Partnering to Save Public Protection – *Boards of Pharmacy and NABP.* Taking place May 22-25, 2010, the meeting will be held at the Hyatt Regency Orange County in Anaheim, CA. Attendees are encouraged to register now to ensure they receive the early registration rates. In order to receive these rates, attendees must register **on or before April 12, 2010.**

Online registration may be accessed via the Meetings section of the NABP Web site at *www.nabp.net.* A printable registration form is also available for download.

Both types of registration offer attendees three payment options:

1. Mailing in the payment
2. Using a credit card (American Express, MasterCard, or Visa)
3. Paying in Anaheim

For more information about the 106th Annual Meeting, visit the Meetings section of the NABP Web site at *www.nabp.net.*

NABP Travel Grant Available for 106th Annual Meeting

Travel grant applications for the 106th Annual Meeting are still being accepted by NABP for all state board of pharmacy qualified voting delegates.

Those who qualify will have the opportunity to receive up to $1,500 in grant monies to assist with Annual Meeting travel expenses, including airfare, hotel rooms, meals, taxis, parking, and tips. 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. NABP requests that applications be submitted to NABP Headquarters prior to the Annual Meeting, which will be held May 22-25, 2010, at the Hyatt Regency Orange County in Anaheim, CA. All applicants will be informed of whether or not they have qualified for the grant before the Annual Meeting.

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

Legal Briefs

(continued from page 77)

information relating to inappropriate use of specific controlled substances filled by licensed pharmacists and pharmacies. But, the court also noted that the information gathered may only be disseminated by the board of pharmacy or the Investigation Division and that pharmacists and pharmacies are expressly prohibited from disclosing any such information. Based upon the plain language of the statute, the court held that the Legislature did not intend to create a public policy duty that requires pharmacies to protect third parties from a pharmacy customer's actions. The task force letter and/or its contents could not be reported to third parties by the pharmacy. The court also found that the legislative history supports this conclusion. Accordingly, the Nevada Supreme Court affirmed the lower court dismissal of the plaintiffs' litigation under these facts.

This case and the aforementioned new regulation illustrate the impact board of pharmacy actions may have on ancillary legal proceedings. As a finding of wrongdoing by a pharmacist in a civil case (in this case a negligence action) may implicate or give rise to an administrative proceeding against the licensee, statutes and regulations that create a duty can, and will, influence the rights of the board. Boards of pharmacy exist to protect the public and, under the right set of circumstances, the public may include unidentified third parties.

Sanchez v Wal-Mart Stores, Inc, 2009 WL 5030703 (NV 2009)

NABP 106th Annual Meeting Offers Participants Opportunity to Earn Six Hours of Continuing Pharmacy Education Credit

The NABP 106th Annual Meeting, *Eureka!* Partnering to Save Public Protection – *Boards of Pharmacy and NABP*, to be held May 22-25, 2010, at the Hyatt Regency Orange County in Anaheim, CA, offers attendees the chance to earn up to 6 contact hours (0.6 continuing education units) of Accreditation Council for Pharmacy Education (ACPE)-approved continuing pharmacy education (CPE) credit. The CPE is designed to address current and important issues affecting the regulation of pharmacy practice. All Annual Meeting participants will have the opportunity to attend three joint CPE sessions as well as one of two concurrent sessions: one geared for state board of pharmacy executive officers and members and the other for compliance staff. In addition, there will be two special non-CPE sessions.

Saturday, May 22

Pre-Meeting Special Program
Boards of Pharmacy and ACPE – Mining the Standards

During this special non-CPE session, an expert panel will examine ways to harmonize standards for students educated in international, non-accredited programs of pharmacy with existing Accreditation Council for Pharmacy Education standards and boards of pharmacy requirements.

Sunday, May 23

Joint CPE
Educational Poster Session – Innovative Public Protection Projects

Boards of pharmacy and schools and colleges of pharmacy representatives will present various innovative public protection projects during this educational poster session. Attendees can earn 1 contact hour (0.1 CEU) of CPE credit through interactive participation with presenters for one hour during the three and one-half hour offering.

Special Program
NABP Programs and Services Update

An NABP representative will provide participants with an update on some of the Association's current and developing projects including the examination blueprint validation process, the Multistate Pharmacy Jurisprudence Examination® (MPJE®), and the recent survey of the MPJE Competency Statements, during this special non-CPE session.

Monday, May 24

Joint CPE
Protecting the Public Safety – Partnering CQI with Science

Everyone knows how important continuous quality improvement is to increasing safety. During this session, an expert in systems engineering will instruct meeting participants on how they can bring together safety science with the health care industry to minimize the risk of errors and provide quality outcomes. Attendees will also learn how North Carolina has already initiated changes to its health care system and how nurses are disciplined. Participants will earn 2 contact hours (0.2 CEUs) of CPE credit. The session is sponsored by CVS Caremark.

Tuesday, May 25

Executive Officer and Board Member CPE
State and Federal Agencies Protecting the Public – The National Practitioner Data Bank

Attendees participating in this session, sponsored by Walgreen Co, will learn about the new reporting requirements mandated by recently enacted rulemaking provisions in Section 1921 of the Social Security Act that now require each state to adopt a system of reporting certain adverse licensure actions taken against health care practitioners, including pharmacists. Participants will earn 1.5 contact hours (0.15 CEUs) of CPE credit.

Compliance Officer CPE
Protecting Against Cargo Theft – Agencies and Industries Partner Together

Much like the stage coaches heading off to the gold rush required protection against

bandits, so does today's cargo that transports much of the nation's drugs, devices, and infant formula. Cargo thefts are on the rise and attendees will participate in a panel presentation to discuss how to curb this troubling trend. Participants will earn 1.5 contact hours (0.15 CEUs) of CPE credit.

Joint CPE
The Controlled Substances Act – A New Frontier

It is no secret that the Controlled Substances Act requires revising. A Drug Enforcement Administration representative and board of pharmacy representative will provide an overview including the current issues, areas of concern, and what changes would benefit health care practitioners and patients alike. Participants will earn 1.5 contact hours (0.15 CEUs) of CPE credit.

Additional information about the 106th Annual Meeting is available on the Meetings section of NABP's Web site, *www.nabp.net.*

Meeting Program

May 22-25, 2010 Hyatt Regency Orange County Anaheim, CA

Saturday, May 22, 2010

9 AM - 7 PM
Registration/Information Desk Open

2 - 4 PM
Pre-Meeting Special Program
Boards of Pharmacy and ACPE – Mining the Standards

5 - 6 PM
Annual Meeting Orientation

7 - 10 PM
President's Welcome Reception
Sponsored by Medco Health Solutions, Inc
Honoring NABP President Gary A. Schnabel and his wife Tammy
Dinner will be served
Dress: business casual

Sunday, May 23, 2010

6:30 AM - 6 PM
Registration/Information Desk Open

7:30 - 8:30 AM
Fun Run/Walk

8 - 11:30 AM
Hospitality Brunch
Sponsored by Omnicare, Inc
Educational Table Top Displays

8 - 11:30 AM
Joint CPE
Educational Poster Session – Innovative Public Protection Projects
ACPE #205-000-10-001-L04-P
(0.1 CEU – 1 contact hour)

Noon - 4 PM
First Business Session

12:30 - 1:30 PM
Keynote Address
Joe Flower, Health Care Economist

4 - 5 PM
Special Program
NABP Programs and Services Update

5 - 6 PM
NABP Executive Director Recognition Reception

Monday, May 24, 2010

7 AM - 2 PM
Registration/Information Desk Open

7 - 8:15 AM
NABP/USP Breakfast
Sponsored by United States Pharmacopeial Convention

8:15 - 10:15 AM
Joint CPE
Protecting the Public Safety – Partnering CQI with Science
Sponsored by CVS Caremark
ACPE #205-000-10-002-L05-P
(0.2 CEU – 2 contact hours)

10:30 AM - Noon
Second Business Session

Noon - 12:30 PM
Informal Member/Candidate Discussion

1:30 - 6 PM
Optional Tour: Southern California Experience
Reservation required.

Tuesday, May 25, 2010

7:30 AM - 4:15 PM
Registration/Information Desk Open

8 - 9 AM
Continental Breakfast

9 - 10:30 AM
Executive Officer and Board Member CPE
State and Federal Agencies Protecting the Public – The National Practitioner Data Bank
Sponsored by Walgreen Co
ACPE #205-000-10-003-L03-P
(0.15 CEU – 1.5 contact hours)

9 - 10:30 AM
Compliance Officer CPE
Protecting Against Cargo Theft – Agencies and Industries Partner Together
ACPE #205-000-10-004-L03-P
(0.15 CEU – 1.5 contact hours)

10:45 AM - 12:15 PM
Joint CPE
The Controlled Substances Act – A New Frontier
ACPE #205-000-10-005-L03-P
(0.15 CEU – 1.5 contact hours)

12:15 - 1:30 PM
Lunch Break
(On your own.)

1:30 - 4 PM
Final Business Session

5:45 - 6:45 PM
Awards Dinner Reception

7 - 11 PM
Annual Awards Dinner
Dress: semiformal

Note: The 106th Annual Meeting schedule is subject to change.

NABP and the NABP Foundation is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. ACPE Provider Number: 205. Participants may earn ACPE-approved continuing pharmacy education (CPE) credit by completing a Statement of Continuing Pharmacy Education Participation and submitting it to NABP. Full attendance and completion of the program evaluation for each session are required to receive CPE credit and a Statement of Continuing Pharmacy Education 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.

NAPLEX Review Committee Members Gather to Discuss New Examination Items

Members of the North American Pharmacist Licensure Examination® (NAPLEX®) Review Committee convene to review new items for the examination. Pictured from left to right: Eric F. Schneider, PharmD, BCPS, regional dean, University of Arkansas for Medical Sciences, College of Pharmacy and David B. Roll, PhD, of Texas.

Committee Members Convene During FPGEE Review Committee Meeting

Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) Review Committee members recently reviewed examination items during a committee meeting held at NABP Headquarters. Pictured from left to right: Sheldon Holstad, PharmD, professor, pharmacy practice, St Louis College of Pharmacy and Karen Kopacek, RPh, clinical assistant professor, University of Wisconsin-Madison, School of Pharmacy.

e-Prescribing Systems

(continued from page 80)

tion is complete, readily retrievable and readable, and provides an audit trail.

Task force members included Larry Hadley, RPh (KY), chairperson; Donald M. Casar, RPh (OH); Jeannine G. Dickerhofe, RPh (CO); David C. Kozera, RPh (VA); Lydia Main, RPh (WV); Alice G. Mendoza, RPh (TX); Suzanne Neuber, RPh (OH); Elvy T. Paiva, RPh (NJ); Joann Predina, MBA, RPh (OH); and Frank A. Whitchurch, RPh (KS). Karen M. Ryle, MS, RPh, was the Executive Committee liaison. Guests at the task force meeting were Marcie Bough, PharmD, American Pharmacists Association; Douglas Hoey, RPh, MBA, National Community Pharmacists Association; Steven Mullenix, RPh, NCPDP; Kevin Nicholson, RPh, JD, National Association of Chain Drug Stores; Mark H. Siska, BSPharm, MBA/TM American Society of Health-System Pharmacists; and Ken Whittemore, Jr, RPh, Surescripts.

The recommendations of the task force were reviewed by the Committee on Law Enforcement/Legislation in January 2010, and subsequently approved by the NABP Executive Committee during its February 2010 meeting. The full report of the task force is available under News on the NABP Web site, *www.nabp.net.*

2010-2011 NAPLEX Review Committee Members Announced

NABP is pleased to announce the members of the 2010-2011 North American Pharmacist Licensure Examination® (NAPLEX®) Review Committee, which is composed of faculty and pharmacists who are representative of the diversity of pharmacy practice. The NAPLEX Review Committee is responsible for reviewing the examination questions, attending and participating in meetings, and writing new test questions. These dedicated volunteers, acting under the policy and planning guidance of the Advisory Committee on Examinations and the NABP Executive Committee, 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, which, in essence, determine the question pool. The NAPLEX Review Committee members began their terms on February 1, 2010.

NAPLEX Review Committee Members

- Marie A. Abate, West Virginia University
- Loyd V. Allen, Jr, Edmond, OK
- Jennifer Beall, Samford University
- Michael Cockerham, University of Louisiana at Monroe
- Betty Dong, University of California, San Francisco
- Darla Gallo, Philadelphia, PA
- W. Franklin Gilmore, University of Montana
- Robert P. Henderson, Samford University
- William A. Hopkins, Jr, Big Canoe, GA
- Tom M. Houchens, London, KY
- Arthur I. Jacknowitz, West Virginia University
- William Kehoe, University of the Pacific
- Susan C. Lutz, Altoona, IA
- David W. Newton, Shenandoah University
- Stephen M. Ouellette, Oakland, ME
- Roy Parish, University of Louisiana
- David B. Roll, Granbury, TX
- Theresa Salazar, Indianapolis, IN
- Eric F. Schneider, University of Arkansas for Medical Sciences
- James A. Seaboldt, Thornton, CO
- Cindy Sieck, Vancouver, WA
- John L. Szarek, Commonwealth Medical College
- Neal F. Walker, Hibbing, MN
- Siu-Fun Wong, Western University of Health Sciences

NABP Seeks Volunteers to Share Knowledge and Expertise for NABP Examination Review Committees

NABP is seeking volunteers who have the knowledge and expertise of pharmacists, educators, and regulators to serve on the Association's examination review committees. If chosen, volunteers will write, edit, and assess potential questions for the competency assessment programs as well as assist in establishing passing standards.

At this time, volunteers are needed for the North American Pharmacist Licensure Examination® (NAPLEX®), the Multistate Pharmacy Jurisprudence Examination® (MPJE®), and the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®).

Ideal candidates for the NAPLEX Review Committee are practitioners from community and hospital settings, educators, and regulators who have previous experience as NAPLEX item writers.

The MPJE Review Committee has openings for volunteers familiar with state and federal jurisprudence requirements. Participation in this review committee is limited to individuals from those states that participate in the MPJE program. Previous experience in writing examination questions is not required but would be helpful to the committee.

The FPGEE Review Committee requires individuals from academia who teach in areas of preclinical, pharmaceutical, and biomedical sciences; social and behavioral sciences; and pharmaceutical services management or pharmacy administration. As with the MPJE, previous experience in writing examination questions is not required but would be helpful to the committee.

Participation in review committees typically require a commitment of two to four meetings per year and are typically held from Thursday to Saturday, and all travel and meal expenses are covered by NABP.

Those interested in serving as a member of an examination review committee may submit a letter of interest and a current resume or curriculum vitae to NABP Executive Director/Secretary Carmen A. Catizone, via mail to NABP Headquarters; e-mail at exec-office@nabp.net; or fax at 847/391-4502 no later than July 15, 2010.

Around the Association

Executive Director Change

Patricia M. D'Antonio, RPh, MS, MBA, CGP, began her position as the executive director of the District of Columbia Board of Pharmacy and the program manager for the Pharmaceutical Control Division on January 4, 2010. Prior to this position, Ms D'Antonio served as the director of professional and educational affairs for the American Society of Consultant Pharmacists. She is a board-certified geriatric pharmacist and has experience working in acute care, community, oncology, consulting, and geriatric pharmacy settings. Ms D'Antonio received a bachelor of science degree in pharmacy from Duquesne University. In addition, she earned a master of science degree in health finance and a master of business administration with a concentration in health care from Temple University.

Board Member Appointments

- **Deborah Brewer, PharmD,** has been appointed a member of the Kentucky Board of Pharmacy. Brewer's appointment will expire on January 1, 2014.

(continued on page 93)

Lead Defendant in Health Care Fraud and Rogue Internet Pharmacy Scheme Sentenced

A United States district court sentenced a man in Arlington, TX, to 12 years in federal prison and ordered him to pay $68 million in restitution for his involvement in an elaborate rogue Internet pharmacy scheme. The man operated 23 Texas-incorporated pharmacies through two companies that he owned, and his pharmacies purchased controlled substances at significant discounts from pharmaceutical wholesale suppliers using fraudulent memberships in group purchasing organizations. The pharmacies were then used to operate a "store front" Web site that distributed the drugs to Internet customers without requiring valid prescriptions or doctor intervention, and at prices up to four times the standard retail cost for the drugs. More information is included in a Department of Justice press release available at *http://dallas.fbi.gov/dojpressrel/pressrel09/dl121109.htm*.

FDA Issues Warning on Counterfeit Alli

On January 18, 2010, Food and Drug Administration (FDA) issued a public health alert regarding counterfeit Alli™ 60 mg capsules sold over the Internet. FDA warned that the counterfeit Alli does not contain orlistat, the active ingredient in Alli, an over-the-counter weight-loss product, but contains sibutramine, a controlled substance that should not be used without physician oversight. Further FDA tests have shown that the counterfeit drug delivers up to three times the usual daily dose of sibutramine, which can cause anxiety, nausea, heart palpitations, a racing heart, insomnia, and small increases in blood pressure. A description and pictures of the counterfeit Alli are included in a news release on the FDA Web site at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm197857.htm*. Consumers who believe they have received counterfeit Alli should stop taking it and contact the FDA Office of Criminal Investigations (OCI) by calling 800/551-3989 or by visiting the OCI Web site at *www.fda.gov/oci*.

New Jersey Governor Signs Medical Marijuana Bill

On January 18, 2010, former New Jersey Governor Jon Corzine signed into law the Compassionate Use Medical Marijuana Act. The act will allow chronically ill patients to use medical marijuana for treatment of severe pain or other severe symptoms. Specifically, patients, such as those with cancer, AIDS, and multiple sclerosis, will be allowed to buy up to two ounces of medical marijuana per month at state-monitored dispensaries. These patients will obtain registry identification cards through the New Jersey Department of Health. The bill does not allow patients to grow marijuana.

FDA Transparency Initiative Launched with 'FDA Basics' Web Site Resource

On January 12, 2010, FDA launched the FDA Basics section of its Web site, as the first phase of the agency's Transparency Initiative, which aims to provide useful and understandable information about FDA activities and decision making to the public in a timely manner and in a user friendly format. FDA Basics is focused to help the public better understand what the agency does, and includes questions and answers, short videos, and conversations with agency personnel about the activities and work of the agency. Various centers and offices in the FDA will also be hosting webinars on specific topics. The FDA Basics site can be accessed at *www.fda.gov/AboutFDA/Basics*.

Manufacturer Expands Voluntary Tylenol Recall

On January 15, 2010, McNeil Consumer Healthcare and FDA notified consumers that a voluntary recall was expanded to include lots of several Tylenol® products, including Tylenol Arthritis Pain Caplets, Children's Motrin®, Extra Strength Tylenol, Motrin IB, Regu-

(continued on page 93)

Professional Affairs Update

(continued from page 92)

lar Strength Tylenol, and Rolaids®. A complete list of products recalled due to reports of an unusual odor as well as nausea, stomach pain, vomiting, and diarrhea is available for download on the FDA Web site at *www.fda.gov/downloads/Safety/Recalls/UCM197769.pdf*. The odor is caused by a chemical, 2,4,6-tribromoanisole, probably due to the breakdown of a chemical used to treat wooden pallets that transport and store packaging materials. Events reported to McNeil were temporary and non-serious; however, consumers who purchased affected Tylenol products should stop using the product and contact McNeil for refund and replacement information by calling 888/222-6036 or by visiting the McNeil Web site at *www.mcneilproductrecall.com*.

Demand for Pharmacy Technicians Expected to Increase

The demand for pharmacy technicians is expected to increase 31% from 2008 to 2018, according to the Bureau of Labor Statistics' *Occupational Outlook Handbook*, 2010-2011. The *Occupational Outlook Handbook* explains that as pharmacies expand patient care services, the role of and need for pharmacy technicians will also expand. Public call for technician certification is also increasing, according to a recent article in the *Washington Business Journal*, which stresses the importance of certifications for pharmacy technicians in ensuring public safety. According to the article, the Pharmacy Technician Certification Board (PTCB) is ready to meet the increased demand in this field; the PTCB certification is recognized by several state boards of pharmacy and NABP. The *Occupational Outlook Handbook, 2010-2011* is available online at *www.bls.gov/oco/ocos325.htm#outlook*.

Obama to Push for Drug Re-Importation

Following the December 2009 Senate debate that resulted in the vote against a proposed drug importation amendment to the health care bill, White House Aide David Axelrod stated that President Obama supports safe drug re-importation and will move forward with re-importation legislation in the future. FDA Commissioner Margaret Hamburg clearly stated FDA's opposition to the re-importation amendment as written, citing health safety concerns due to the risks of counterfeit and adulterated medications entering the US supply chain, as well as the enormous amount of FDA resources that would be required. *The Hill* reported that Axelrod noted President Obama's commitment to move forward with re-importation legislation once the safety issues addressed by FDA are resolved.

Around the Association

(continued from page 92)

- **Brian DeWire, DC,** has been appointed a public member of the Kentucky Board of Pharmacy. DeWire's appointment will expire on January 1, 2014.
- **Scott Greenwell, PharmD,** has been appointed a member of the Kentucky Board of Pharmacy. Greenwell's appointment will expire on January 1, 2014.
- **Mike Bertagnolli, RPh,** has been appointed a member of the Montana Board of Pharmacy. Bertagnolli's appointment will expire on July 1, 2014.
- **Rebecca Deschamps, RPh,** has been appointed a member of the Montana Board of Pharmacy, Deschamps' appointment will expire on July 1, 2014.
- **Patricia Gollner, PharmD,** has been appointed a member of the Nebraska Board of Pharmacy. Gollner's appointment will expire on November 1, 2014.
- **Gary Merchant, RPh,** has been appointed a member of the New Hampshire Board of Pharmacy. Merchant's appointment will expire on October 21, 2014.

Board Officer Changes

The Kentucky Board of Pharmacy has elected the following officers to the board:

- **Joel Thornbury, RPh,** President
- **Larry Hadley, RPh,** Vice President

The Nebraska Board of Pharmacy has elected the following officers to the board:

- **Richard Zarek, RP,** Chairperson
- **Kevin Borcher, RP,** Vice Chairperson
- **Thomas Walsh,** Secretary

The North Carolina Board of Pharmacy has elected the following officers to the board:

- **Robert McLaughlin, Jr, RPh,** President
- **Betty Dennis, PharmD,** Vice President

Alaska Board to Implement Prescription Drug Monitoring Program

The state of Alaska has been awarded a $400,000 grant to implement a prescription drug monitoring program (PDMP), a database of all controlled substances dispensed in Alaska pharmacies.

Data submission for the PDMP will be mandatory for all controlled substances dispensed. The data will be collected online and transferred to the database; so, there should be minimal time required to submit the information. The database will also be updated monthly by a third-party vendor; therefore, it will not be real time with up-to-the-minute information. The average operating costs for PDMPs range from $100,000 to nearly $1 million. The goal is for the state of Alaska to fund the annual operating costs.

At the next Alaska Board of Pharmacy meeting, the Board will discuss how to implement the PDMP, which third-party vendor to utilize, and other logistics. The Board hopes to get the PDMP implemented in 2010.

Minnesota Board Clarifies Participation in Pharmaceutical Take-Back Programs

A number of Minnesota pharmacies and pharmacists have become involved or have expressed interest in pharmaceutical take-back programs, which are designed so that members of the public can bring unused or expired drugs to a central location for appropriate disposal. The Minnesota Board of Pharmacy reminds pharmacists to be aware of several things before participating in pharmaceutical take-back programs:

- Minnesota Rule 6800.2700 prohibits pharmacies from "accepting from patients or their agents for reuse, reissue, or resale any drugs, prescribed medications, chemicals, poisons, or medical devices." (There are exceptions that allow for the return and redispensing of unopened, unit-dose drugs from certain long-term care facilities and jails.) Consequently, if a pharmacy were to accept drugs from patients or members of the public, those drugs would be considered pharmaceutical waste and would have to be disposed of in compliance with the laws and rules enforced by the Minnesota Pollution Control Agency (MPCA).
- Federal controlled substance laws and rules prohibit a pharmacy from receiving controlled substances from anyone who is not a registrant of the United States Drug Enforcement Administration (DEA). (With limited exceptions involving drugs that are the subject of a manufacturer's recall or that were dispensed by the pharmacy in error.) This means that pharmacists are not allowed, with the exceptions just mentioned, to accept controlled substances from patients or members of the public.

DEA does have a process in place through which a local law enforcement agency can get permission to conduct take-back programs. The law enforcement agency may then work with a pharmacy or pharmacist to conduct the take-back program. Law enforcement officials must be present during a take-back event because there is no way to guarantee that controlled substances will not be brought to the collection site. Pharmacists typically assist by identifying controlled substances so that they can be handled separately from other drugs that are collected.

The Minnesota Board reminds pharmacists not to get involved in a pharmaceutical take-back program unless they are working with a law enforcement agency that has received DEA approval to conduct such a program. The pharmaceuticals collected must be disposed of in accordance with the relevant laws and rules that are enforced by the MPCA.

Montana Board Reports Benefits of Telepharmacy for Rural Communities

The Montana Board of Pharmacy has reported that telepharmacy, a unique facet of pharmacy practice that provides quality health care to rural communities through telecommunications technology, has provided rural communities in Montana with crucial pharmacy services. Telepharmacy allows a remotely located technician to prepare a prescription in real time while the pharmacist communicates through video, audio, and computer conferencing. The Montana Board notes that in many of these isolated locations, patients can live dozens of miles from the nearest city, making pharmacy visits difficult at best. Telepharmacy allows patients in small towns to speak with a pharmacist whenever they need to and access pharmacy services in a much more convenient manner.

In 2002, North Dakota became the first state to pass legislation allowing retail pharmacies to operate in remote areas without the presence of a pharmacist. North Dakota currently has 72 pharmacies involved in telepharmacy, 24 of which are central pharmacy sites and 48 of which are remote telepharmacy sites. This innovation has provided approximately 40,000 North Dakota residents with access to pharmacy services that they likely would not have otherwise.

In Montana, a site cannot be licensed as a remote telepharmacy unless it is greater than 10 miles from an existing pharmacy. A

(continued on page 95)

State Board News

(continued from page 94)

pharmacist counsels the patient via a videoaudio link on all new prescriptions and on refills when the pharmacist deems it necessary. If controlled substances are dispensed or handled, both the remote pharmacy site and the parent pharmacy must be registered with DEA and must obtain individual DEA numbers.

In May 2004, the state of Montana had its first operating telepharmacy, Wheatland Memorial Hospital, in conjunction with Saint Vincent's Hospital in Billings, MT. Currently, there are six telepharmacies operating in the state.

New Jersey Board Adopts New Audit Trail Requirements

The New Jersey State Board of Pharmacy has adopted amendments to its audit trail requirements (N.J.A.C. 13:39-1.2, 4.9, 4.18, 6.5, 7.6, 7.12, 7.19, 9.11, 9.19, 9.21, 10.2, 10.4, 11.9, 11.10, and 12.2). The changes to the rules are now posted to the New Jersey Board's Web site at *www.njconsumeraffairs.gov/adoption/pharmado_100509.htm*, and the new audit trail requirement is detailed in 13:39-7.6.

The rules include requirements that **on or after April 5, 2011,** a pharmacy shall maintain an audit trail that records and documents the unique and secure user identifier(s) of the pharmacist(s), pharmacy technician(s), intern(s), or extern(s) performing the component functions of each step of prescription handling, as defined in N.J.A.C. 13:39-4.18. Further, computer systems employed for audit trail documentation shall be designed to identify and document the unique and secure identifier for all pharmacists, pharmacy technicians, interns, and externs who utilize the system. The rules also include requirements for maintaining documentation of all secure identifiers and maintaining audit trail and prescription information.

Washington Board Reports Strategic Plan for 2009-2011

The Washington State Board of Pharmacy held an all day strategic planning session on October 29, 2009, to discuss the mission and vision of the Board.

The mission of the Washington Board is to promote public health and safety by establishing the highest standards in the practice of pharmacy and to advocate for patient safety through effective communication with the public, profession, department of health, governor, and the legislature.

The Washington Board leads in creating a climate for the patient-focused practice of pharmacy as an integral part of an accessible, quality-based health care system. The intended result is that the citizens of Washington State are well informed about medications, take responsibility for their health, utilize pharmacists and other health care providers appropriately, and experience the highest level of health and wellness.

The Washington Board's strategy for the next two years includes three major initiatives with multiple goals. A sampling of the Board's plan includes adopting a criteria-based tool to evaluate rule priorities, assessing pharmacy practice for safe drug delivery, and taking a proactive and collaborative approach to defining and adapting to the advancing practice of pharmacy.

Louisiana Board Installs New Licensing Software to Enhance Record Keeping

The Louisiana Board of Pharmacy has recently purchased new licensing software that will significantly enhance the Board's record keeping functionality. The current software used by the Board to maintain licensure records was purchased and installed in the 1970s. The Board has already begun the process of mapping the current data to the new system and is currently configuring the new system to meet the Board's current and future needs.

As part of the configuration process, the Board has adopted a standardized format for all of the credentials issued by the Board. The credential number will be preceded by a three-letter prefix, such as PST in reference to a pharmacist and PNT in reference to a pharmacy intern, and may in some cases be followed by a two- or three-letter suffix.

Newly Accredited VAWD Facilities

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

Genentech USA, Inc
Hillsboro, OR
Louisville, KY

Hospira Worldwide, Inc
Farmers Branch, TX

LifeScience Logistics dba LifeScience Logistics, LLC
Louisville, KY

A full listing of more than 390 accredited VAWD facilities is available on the NABP Web site at *www.nabp.net.*

nabp newsletter

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

NABP 106th Annual Meeting

May 22-25, 2010

See pages 87-89 for details.

Quick and easy registration is available in the Meetings section of the NABP Web site, *www.nabp.net*, under 2010 Annual Meeting.