newsletter

National Association of Boards of Pharmacy®

AWARE GET INFORMED.

February 2015 / Volume 44 Number 2

aid to government
the profession
the public
1904 to 2015

Upcoming Events

February 17-27, 2015
PARE Administration

February 19, 2015
Tri-Regulator Leadership Collaborative Meeting
Chicago, IL

March 5, 2015
ACE Meeting
NABP Headquarters

April 20, 2015
FPGEE Administration

April 23, 2015
PCOA Forum
NABP Headquarters

May 16-19, 2015
NABP 111th Annual Meeting
New Orleans, LA

August 6-8, 2015
NABP/AACP District 5 Meeting
Fargo, ND

New DEA Rules Allow Pharmacies to Collect Controlled Substances for Disposal; Stricter Laws Preempt Federal Rules in Some States

In September 2014, Drug Enforcement Administration (DEA) issued its final rule on the disposal of controlled substances (CS), allowing some DEA registrants to become authorized collectors of unused CS medications for disposal. The agency also announced that the DEA National Prescription Drug Take-Back Day program would be discontinued following the ninth and final event to avoid competing with new permanent drop box locations, community take-back events, and other programs now authorized by the new rules. While registrants have already started the process of becoming authorized collectors in some states, other state laws restrict or prohibit collection activities outlined in the new rules. With proper drug disposal identified as a key part of increasing medication safety and reducing the risk of abuse or accidental ingestion, some states are evaluating their statutes and rules to determine whether they require amending so that more entities can participate as collection sites.

According to Substance Abuse and Mental Health Services Administration's most recent data, approximately 6.5 million Americans over the age of 12 are current non-medical users of prescription drugs. With annual prescription drug overdose deaths continuing to be the most common cause of accidental death in many states, Centers for Disease Control and Prevention has declared prescription drug abuse to be an epidemic. In response, Congress passed the Secure and Responsible Drug

©iStockphoto.com/Nastasic

Disposal Act, which was signed into law by President Obama in 2010. The law amended the Controlled Substances Act to require that provisions be in place to allow for take-back disposal of CS.

Under the law, DEA was required to establish regulations to allow non-law enforcement entities to collect CS medications for disposal purposes from "ultimate users," defined as persons possessing a pharmaceutical drug for

(continued on page 30)

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 64 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

Deborah Zak
Communications Manager

DEA Drug Disposal

(continued from page 29)

their own use or for the use of a member of their household. While developing these regulations, the agency also coordinated with law enforcement agencies across the nation to organize National Prescription Drug Take-Back Days. During the nine take-back day events, nearly five million pounds of unwanted medication were collected for safe and secure disposal, and at the final event on September 27, 2014, there were nearly 5,500 collection sites located throughout the country. The success of the national program shows a growing public need for convenient medication disposal options.

State Collection Laws Overview

Under the finalized rules, DEA registrants wishing to establish a medication drop box or mail-back program must modify their registration. This process can be completed online at DEA's Office of Diversion Control website, *www.deadiversion.usdoj.gov*. However, state restrictions in some jurisdictions may preempt the federal regulation authorizing entities such as pharmacies to become collectors.

For example, statutes in Minnesota do not allow pharmacies, drug manufacturers, hospitals, clinics, drug treatment programs, or any other health care facility to accept pharmaceutical drugs (CS or non-CS) from ultimate users for disposal, the Minnesota Board of Pharmacy reports in its October 2014 *Newsletter*, available on the NABP website. Previously passed legislation in Minnesota specified which entities were allowed "to possess prescription drugs for the purpose of disposing of them as pharmaceutical waste." Because pharmacies and other health care facilities were excluded from this list, they may not collect prescription medications for disposal. The Minnesota Board of Pharmacy is currently working with the Minnesota Pollution Control Agency to introduce new legislation that will allow pharmacies and other health care facilities to maintain collection receptacles as long as DEA and other state requirements are met.

> The success of the national program shows a growing public need for convenient medication disposal options.

Similar restrictions in Oklahoma also preempt the federal regulation. "Oklahoma law prohibits pharmacies from receiving CS from ultimate users," the Oklahoma State Board of Pharmacy noted in its October 2014 *Newsletter*. Similar restrictions likely exist in other states, so entities wishing to become authorized collectors may want to check with their own boards of pharmacy to ensure they can become an authorized collector before modifying their registration with DEA.

Some boards have posted guidance for their licensees regarding the rule change. For example, in Ohio, where pharmacies may become collectors, the Ohio State Board of Pharmacy released a frequently asked questions (FAQs) document about how the new disposal regulations would apply to pharmacies in that state. The 31-page document provides general guidance on DEA and Board regulations for entities wishing to collect pharmaceuticals from ultimate users in accordance with the federal rules. The document answers questions on topics including the definition of ultimate users, comingling of CS and non-CS drugs, and disposal requirements for collected drugs. The FAQs document may be downloaded as a PDF on the Board's website at *http://pharmacy.ohio.gov/takeback*.

CS Disposal Options During the Transition

Some drop box programs are already transitioning to create receptacles and provide other disposal services that meet DEA guidelines. For example, the Yellow Jug Old Drugs Program has been providing distinctive yellow jug collection receptacles in Michigan pharmacies since the program was founded

(continued on page 36)

Tri-Regulator Leadership Collaborative to Convene in February 2015

The Tri-Regulator Leadership Collaborative will meet on February 19, 2015, to review and discuss issues of mutual concern and to set an agenda of work in the ongoing collaboration between the Federation of State Medical Boards (FSMB), NABP, and the National Council of State Boards of Nursing (NCSBN). Those attending will include chief executive officers and elected representatives of the three organizations – FSMB, NABP, and NCSBN – that make up the Tri-Regulator Leadership Collaborative.

The Tri-Regulator Leadership Collaborative last met in August 2014 and shared current updates on each organization's programs and services as well as discussed potential initiatives for collaboration. Topics discussed included team-based care and use of prescription monitoring programs.

In February 2014, the full governing boards of the Tri-Regulator Leadership met for the first time. This historic meeting offered opportunity for cooperation and collaboration on current issues and fostered interprofessional networking.

Members to Meet

To further collaboration, members from the three organizations will be invited to attend the Tri-Regulator Symposium to be held on October 6-7, 2015, in Arlington, VA. This will be the second symposium held to provide a venue for all members to discuss future opportunities for interprofessional cooperation as well as collective challenges faced by state pharmacy, nursing, and medical boards. The first Tri-Regulator Symposium was held in 2012 in Washington, DC.

More information about the Tri-Regulator Leadership Collaborative and 2015 Tri-Regulator Symposium will be forthcoming in future NABP communications.

Board-Affiliated Pharmacists Meet to Discuss, Review PARE Passing Standards

In November 2014, pharmacists currently or previously affiliated with boards of pharmacy convened at NABP Headquarters for a standard setting meeting on the Pharmacist Assessment for Remediation Evaluation® (PARE®). The participants were charged with evaluating the knowledge and skills expected of a qualified pharmacist in order to make a recommendation for an appropriate and fair passing standard for the PARE. The PARE is used by the boards of pharmacy as an auxiliary tool when making decisions regarding pharmacist practice deficiencies that are due to noncompliance with pharmacy practice standards, laws, or regulations, and result in compromises to patient safety.

Executive Committee

Karen M. Ryle
Chairperson
One-year term

Joseph L. Adams
President
One-year term

Edward G. McGinley
President-elect
One-year term

Hal Wand
Treasurer
One-year term

James T. DeVita
Member, District 1
Serving second year of a second three-year term

Susan Ksiazek
Member, District 2
Serving second year of a three-year term

Jack W. "Jay" Campbell
Member, District 3
Serving first year of a three-year term

Philip P. Burgess
Member, District 4
Serving first year of a three-year term

Gary Dewhirst
Member, District 5
Serving second year of a three-year term

Jeanne D. Waggener
Member, District 6
Serving third year of a three-year term

Mark D. Johnston
Member, District 7
Serving third year of a three-year term

Richard B. Mazzoni
Member, District 8
Serving first year of a three-year term

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

Peer Review

By Dale J. Atkinson, JD

A vast majority of administrative disciplinary matters are resolved short of a formal hearing through the entry of a settlement agreement, sometimes referred to as a consent order. A settlement agreement is a contract between parties that sets forth the terms and conditions of the arrangement. Relevant to NABP membership, the contract is between the board of pharmacy (or department) and the respondent, who in many cases will be a licensee, but could also be any person or entity under the jurisdiction of the board. The contract will contain the terms and conditions of the resolution of the matter along with much legal boilerplate language to ensure its enforceability. It is essential that settlement agreements be carefully crafted to include all the agreed upon criteria, including the consequences of failure to follow the terms and conditions. Consider the following.

A pharmacist was licensed by the Missouri Board of Pharmacy (Board) in 1972 and became the owner of a pharmacy (Center Pharmacy) in 1978. From 2002 to 2012, the pharmacist worked in the outpatient pharmacy of a local hospital. In July 2006, the pharmacist entered into a settlement agreement with the Board to resolve an ongoing investigation and to avoid proceeding through the formal disciplinary process. In the settlement agreement, the pharmacist waived his right to a hearing before the Administrative Hearing Commission (AHC) as well as his right to a disciplinary hearing before the Board. The agreement set forth numerous violations regarding the pharmacy, including failure to maintain prescription records, unsanitary conditions, improper file maintenance, inventory issues regarding outdated supplies, failure to properly dispose of controlled substances (CS), and failure to maintain Schedule II CS in a secure area.

Under the agreement, the pharmacist's license was placed on five years' probation and he agreed to comply with the provisions of applicable state and federal drug laws, rules and regulations, and with all state and federal criminal laws. The agreement also provided that, upon the expiration of the five-year period, his license would be fully restored if all requirements had been satisfied. In the event of a violation of any terms or conditions, the Board, after a hearing, was authorized to vacate and set aside the conditions of the agreement and impose new, additional discipline including revocation, suspension, or other lawful sanctions.

In March 2011, the Missouri Bureau of Narcotics and Dangerous Drugs (BNDD) notified the Board that Center Pharmacy had operated on an expired BNDD license. In June 2011, the Board filed a complaint for violation of the 2006 settlement agreement. A hearing was held and the Board found that the pharmacist committed multiple violations including that he held and distributed CS without a BNDD license, failed to use applicable Drug Enforcement Administration forms when distributing CS, failed to maintain clean and sanitary conditions, improperly

labeled prescriptions, and violated the settlement agreement.

As a result, the Board replaced the 2006 settlement agreement with a 2011 order of discipline placing the pharmacist on two years' probation starting August 4, 2011, with a requirement of compliance with the laws. Also, the 2011 order required the pharmacist to establish a quality improvement program to prevent recurrence of errors, document all dispensing errors and the steps taken to prevent recurrence, and to disclose these documents to the Board upon request. Finally, the 2011 order referenced the authority of the Board to vacate the new order in the event of a breach and, after an opportunity for a hearing, impose discipline as deemed appropriate including revocation, suspension, and other lawful sanctions.

In 2011, 2012, and 2013, the Board inspector conducted multiple inspections of both Center Pharmacy and the hospital pharmacy. Again, numerous errors and unsanitary conditions were noted and the Board filed another complaint against the pharmacist alleging violations of the 2011 order. After two continuances requested by the pharmacist, a hearing was held on July 17, 2013. At the hearing, the parties agreed to a briefing schedule whereby the Board would submit its brief by August 2, 2013, and the pharmacist would respond by August 12, 2013. On September 30, 2013, the Board issued its findings of fact, conclusions of law, and order of discipline revoking the pharmacist's license and prohibiting reapplication for seven years. The pharmacist appealed that matter to the circuit court which reversed the Board order, finding that it was null and void because the probationary period expired August 4, 2013, and the Board lost jurisdiction to impose discipline after that date. The Board appealed the decision to the appellate court.

After outlining the standard of review, the appellate court examined the arguments of the pharmacist. Although it was the Board that filed the appeal, the pharmacist argued his points as he was aggrieved by the decision. The pharmacist argued that the Board lacked jurisdiction (authority) to impose discipline because the probationary period had expired before the September 2013 order and that such order was not qualified under a specific statute. He also argued that the Board order was not supported by substantial evidence and was arbitrary and capricious. Finally, the pharmacist argued that the severity of the sanctions violated his right to due process and equal protection.

The court framed the first issue as whether the Board must file its complaint, hold a violation hearing, and issue its findings of fact, conclusions of law, and order of discipline before the expiration of the probationary period. The pharmacist argued that the Board lost jurisdiction to impose additional discipline because such authority was predicated on the existence of discipline "still in force." The court reviewed the authority set forth in statute that specifically provides the power to impose additional discipline upon a person for violations of previous orders. Next, the court noted that the statutes must be construed harmoniously, meaning differing sections will be consistently interpreted. Using the statute of limitations as a basis, the court noted that administrative matters must be commenced within three years of the date that the Board was notified of the alleged violation(s).

The three-year statute of limitations has been interpreted to mean that the action must be *filed* within three years of the date of notice. In the current matter, the complaint by the Board alleging violations of the 2011 order was filed well within the three-year limitation period. While the legislature could have imposed a statutory dead-

(continued on page 34)

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

Legal Briefs

(continued from page 33)

line for the entry of an order, it has not done so.

The court noted the public protection mission of the statutory scheme and refused to interpret the statutes to "thwart" such a mission. As noted, if the court were to accept the arguments of the pharmacist, licensed professionals on probation would be allowed to violate the terms of their orders "as long as the Board is unable to consummate a disciplinary order before the probation period ends." Thus, the court concluded that as long as the Board files a complaint within the time frame of the probation period alleging violations of a previous order (as well as within the statute of limitations), the Board is authorized to impose additional discipline based on the alleged violation(s) of the probation.

Next, the pharmacist argued that the Board lacked jurisdiction due to a procedural infirmity. He alleged that the Board was required to file a complaint with the AHC for an initial determination that grounds for discipline actually exist. In Missouri, administrative proceedings to discipline a pharmacist's license are bifurcated. If the Board determines actions that subject a licensee to discipline, it may file a complaint with the AHC. If the AHC finds that grounds for discipline exist, a second hearing is held by the Board to determine the sanctions. In this case, as the court noted, the pharmacist agreed to informally resolve the past allegations through the 2006 and 2011 settlement agreements whereby he waived certain procedural rights. Because the statute authorizes the Board to impose additional discipline when a licensee violates any disciplinary terms previously imposed, the Board is able to make such determinations and impose additional sanctions without the need to involve the AHC. This authority is in the statute and consistent with the waivers set forth in the previous settlement agreements.

Based upon the facts of this case and the evidence establishing the pharmacist's failure to produce error reports to the Board, numerous labeling errors discovered by the inspector, as well as admissions of the licensee that he operated for a period of time without his BNDD license, the court held that ample evidence supports the findings, conclusions, and sanctions.

Finally, the court addressed the due process and equal protection arguments propounded by the pharmacist. It noted that the court of appeals "rarely interferes with sanctions imposed by an administrative [Board] which are within the statutory authority . . . " This deference is attributable to the expertise of the Board members and allows for members to draw upon their "knowledge of the industry practices and standards, to assess the gravity of the licensee's infractions, and to fit the sanction to the offense." Rejecting the pharmacist's argument of inconsistency in treatment, the court noted that equal protection not involving a suspect class or fundamental right need only survive a rational basis analysis. If the actions bear a rational relationship to a legitimate governmental interest, such will survive equal protection scrutiny. In this case, such public protection mandates in creating and empowering the Board provide a basis for the sanctions and support the disciplinary actions. "While [pharmacist] has a property interest in his pharmacy license, the Board has a vital interest in protecting the public." The court held that the disciplinary actions of the Board did not violate the due process or equal protection rights of the pharmacist under either the United States or the Missouri constitution.

Boards of pharmacy must carefully craft settlement agreements to ensure recognition of all relevant factors. In addition to the legal waivers and jurisdictional elements, these orders must address the sanctions, reinstatement rights (if any), publicity of the order, and consequences of noncompliance.

Peer v. Missouri Board of Pharmacy, 2014 Mo. App. LEXIS 1257 (App. Ft. MO 2014)

Newly Accredited VAWD Facilities

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

Genco I, Inc
Plainfield, IN

Kuehne + Nagel, Inc
Durham, NC

Technomed, Inc, dba National Hospital Specialties
Ramsey, NJ

TheraCom, LLC
Reno, NV

A full listing of more than 530 accredited VAWD facilities is available on the NABP website at *www.nabp.net.*

First .Pharmacy Websites Go Live for Member Boards; Domain Name Registration to Open Soon for Accredited Entities

The first .pharmacy websites are now live, including several boards of pharmacy websites and the new .pharmacy information hub, *www.safe.pharmacy*. As the Sunrise application period for holders of trademarks registered in the Internet Corporation for Assigned Names and Numbers (ICANN) Trademark Clearinghouse (TMCH) draws to a close, more .pharmacy sites are expected to go live in the first quarter of 2015. Two more limited registration periods will occur before general availability opens in June 2015.

From November 18 to December 16, 2014, NABP provided member boards of pharmacy with the first opportunity to obtain a .pharmacy domain name during a special registration period. A total of 23 boards were registered to receive a .pharmacy domain name. As members of NABP, these boards were not required to submit the usual application and fees. By using a .pharmacy domain name, these boards provide an example to consumers of the type of high-quality, trustworthy information that will be available on .pharmacy websites. Board .pharmacy websites also show solidarity with the global pharmacy community that supports the .Pharmacy Top-Level Domain (TLD) Program. Notably, the Louisiana Board of Pharmacy, the first board of pharmacy in the United States, was also the first board to register a .pharmacy domain name.

If your board has not yet obtained a .pharmacy domain name, the board may still request one by emailing info@safe.pharmacy. Since the special registration period has closed, boards may need to pay registrar fees when registering the domain, but will be eligible for reimbursement through a grant by NABP.

In December 2014, NABP began accepting applications from trademark holders who had entered their trademarks into the ICANN TMCH. Known as the Sunrise Application Period, this phase is intended to protect intellectual property rights by allowing eligible trademark holders to apply for .pharmacy domain names that exactly match their trademark names in ICANN's TMCH. NABP is currently reviewing submitted applications, and entities may register approved domain names during the Sunrise Registration Period, which began January 15, 2015 and ends March 16, 2015.

As of February 17, pharmacies that are accredited through the NABP Verified Internet Pharmacy Practice Sites® (VIPPS®) and Veterinary-Verified Internet Pharmacy Practice Sites® (Vet-VIPPS®) programs may submit requests for domain names to NABP. In addition, entities that have received approval through the NABP e-Advertiser Approval℠ Program may submit requests during this time. These domain names may be registered through registrars beginning March 17.

To receive accreditation or approval under these programs, VIPPS, Vet-VIPPS, and NABP e-Advertiser websites have undergone a thorough review process establishing their compliance with NABP standards for legitimate online practice. As such, all previously reviewed content is considered prequalified and is eligible for a .pharmacy domain name without the usual .pharmacy application process fee. Accredited entities wishing to post substantively new content on a .pharmacy website, such as new pages, features, or functionality, must submit the new content for review, along with the completed application, and pay the associated application fees. In both scenarios, domain name registration fees payable to approved registrars still apply. Instructions for this process have been provided to eligible entities.

NABP will begin accepting applications from all other dispensing pharmacies seeking to obtain a .pharmacy domain name on April 1. General availability, when any company with a pharmacy or pharmacy-related website may apply and, if approved, register, begins on June 3, 2015. Those eligible to apply for the domain name include pharmacies, pharmacy benefit management companies, prescription drug information and pharmacy referral sites, prescription drug-related patient advocacy and consumer education sites, medical professionals' offices, schools and colleges of pharmacy, continuing pharmacy education providers, wholesale drug distributors, and pharmaceutical manufacturers.

NABP is also continuing to develop partnerships with regulators in other countries to identify eligibility requirements for .pharmacy websites in their respective jurisdictions. The .pharmacy TLD was developed to address global concerns shared by both domestic and international stakeholders about illegal online drug sellers distributing products that endanger patient health worldwide.

More information about the .Pharmacy TLD Program is available at *www.safe.pharmacy*. NABP's most recent research on rogue online drug sellers is available on the Not Recommended page in the Safe Acquisition section of the AWAR$_X$E® Prescription Drug Safety website at *www.AWARErx.org*.

DEA Drug Disposal

(continued from page 30)

in 2008. Currently, the program has expanded to provide receptacles in Minnesota, Wisconsin, Illinois, Indiana, and Michigan, with plans to expand into Ohio, New York, and Pennsylvania in 2015. In a letter to current and future pharmacies that participate in the program, the organization announced that it would provide a "comprehensive turn-key solution for pharmacies to collect controlled substances meeting all requirements of the Secure and Responsible Drug Disposal Act." Pharmacies wishing to participate in the program must register with DEA and follow all applicable DEA rules. The program, which is registered with DEA as a reverse distributor, will collect full receptacles at the pharmacy and transport them to a high-temperature incinerator for ultimate disposal. Additional information about the Yellow Jug Old Drugs Program is available on the program's website at *www.greatlakescleanwater.org/yellow-jug-old-drugs*.

As states adjust to the new disposal rules, most consumers have several options they can use to continue disposing of their unwanted medications. To address cases where disposal options are not available to consumers, Food and Drug Administration provides instructions for safely disposing of unused medications at home. Of note, consumers are advised to check the drug's label for disposal instructions, and to not flush medications down the toilet unless the label says to do so. If no instructions are provided on the label, the drugs can be disposed of in the home's garbage, but should first be taken out of their original container and mixed with an undesirable substance such as coffee grounds or cat litter, then sealed in a plastic bag, empty can, or other container.

In addition, many communities have permanent prescription drug drop boxes where residents can drop off unwanted prescriptions for disposal. Consumers are encouraged to call ahead to determine whether a particular drop box accepts CS, and to learn if there are any other limitations. In many states, drop boxes located in law enforcement departments can accept CS, and as pharmacies and other entities begin to register with DEA as authorized collectors, these too will soon be able to accept CS in many states.

NABP's AWAR$_X$E® Prescription Drug Safety Program continues to provide resources for methods of safe medication disposal and educational information about the importance of safe drug disposal. The AWAR$_X$E website provides a drug disposal site locator tool as well as instructions on home disposal.

NABP will continue to provide updates on the implementation of the DEA regulations as they relate to the state boards of pharmacy and the Association's mission to assist them in protecting the public health. The final rule on the disposal of CS can be downloaded from the DEA Office of Diversion Control website at *www.deadiversion.usdoj.gov/fed_regs/rules/2014/2014-20926.pdf*.

Newly Accredited DMEPOS Facilities

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

AHF Pharmacy
Brooklyn, NY

Eaton Apothecary
Salem, MA

Lowry Family Health Center Pharmacy
Denver, CO

Medicap Pharmacy
Audubon, IA

Medicap Pharmacy
Dallas Center, IA

Medicap Pharmacy
Panora, IA

The Medicine Cabinet
LaGrange, GA

A full listing of over 500 accredited DMEPOS companies representing nearly 27,500 facilities is available on the NABP website at *www.nabp.net*.

Vet-VIPPS Program Standards Help to Ensure Pet Medication Safety in the Face of Supply Chain Vulnerabilities

Standards of the Veterinary-Verified Internet Pharmacy Practice Sites® (Vet-VIPPS®) program continue to help ensure that accredited online veterinary pharmacies are dispensing authentic pet medications obtained from verified sources. Looking at the veterinary drug industry as a whole, Vet-VIPPS staff has observed that statutory and regulatory gaps continue to leave the veterinary drug supply chain vulnerable to diversion and other mishandling of medications. These circumstances leave veterinary patients vulnerable to receiving drugs that are adulterated, subtherapeutic, or pose other health threats. To assist boards in understanding the scope of the problem, NABP accreditation experts have prepared a briefing soon to be distributed to board of pharmacy executive directors, the highlights of which are summarized in this article.

While the federal Drug Supply Chain Security Act of 2013 implemented a plan to better secure the human drug supply chain, the law does not apply to distributors of veterinary drugs. Veterinary prescription drugs were also not subject to prescription drug pedigree tracing requirements under the Prescription Drug Marketing Act of 1998.

Without federal requirements for the veterinary drug supply chain, and with state requirements varying, there are limitations on the transparency of veterinary drug sources. These circumstances can make it difficult for regulators to evaluate veterinary drug suppliers of pharmacies, and to track the drugs back to the manufacturer.

Creative Practices May Lead to Vulnerabilities

Complicating matters, some veterinarians and pharmacies are meeting the high demand for pet medications in various creative ways that may add vulnerability to the supply chain. For example, some veterinarians have purchased drug products, obtained licensure as a wholesale distributor in the same name as their veterinary hospital or clinic, and then sold the drugs to wholesalers, who in turn often sell the products to pharmacies. Some pharmacies also make drug selling arrangements with veterinarians, which may bypass certain laws and rules affecting rebates and split-fee arrangements, often because laws pertaining to these issues are limited to provisions affecting health care providers that treat humans.

One preferred supply chain model involves veterinarians opening veterinary pharmacies to purchase drugs directly from the manufacturer. In these cases, such pharmacies are able to purchase drugs directly from manufacturers based on the owners' status as a veterinarian. The fewer the steps in the supply chain, the less opportunity exists for diversion or mishandling of the drugs, and the easier it is to verify the source and authenticity of the medications.

To address such issues at the manufacturer level, some manufacturers now place tracing identification technology on veterinary prescription drug packages to better identify which packages are sold to veterinarians who resell the drugs to wholesalers. However, in some pharmacies, the unit-dosed medication is removed and placed in vials with prescription labels, a practice that is increasingly common and not in violation of most pharmacy practice laws and rules when proper patient information is provided. Vet-VIPPS has also encountered packages from wholesalers that have had identifiers removed or obliterated. Vet-VIPPS-accredited pharmacies are not allowed to purchase these products.

High Demand

Such practices are driven by the high demand for pet medications. In fact, veterinary prescription drugs are a significant source of income, both for manufacturers and the veterinarians who dispense them. Common veterinary pharmaceuticals, including flea and tick control medications, are routinely administered to pets, creating significant demand on both pharmacies and veterinarians to supply these products at a reduced cost. In 2011, the sale of prescription drugs accounted for an average of 17% of revenue for veterinary practices, according to the president of the American Veterinary Medical Association, who spoke at a 2012 Federal Trade Commission Pet Medication Workshop.

Vet-VIPPS

Since 2009, the Vet-VIPPS program has accredited facilities dispensing prescription drugs and devices for companion and non-food producing animals to ensure that consumers are purchasing safe and effective veterinary prescription drugs. Vet-VIPPS accreditation requires that policies and procedures are in place to ensure all applicable state laws are enforced, and requires that an on-site survey is conducted once every three years.

Vet-VIPPS will continue to focus on ensuring that

(continued on page 38)

Registration Now Open for the April 2015 FPGEE

Registration is now available for the next Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) scheduled to be administered on April 20, 2015. Qualified candidates may register until April 5, 2015, on the NABP website. After registering, candidates will be emailed an Authorization to Test. They may then schedule their examination appointment at a testing center with the NABP test vendor, Pearson VUE. The deadline to schedule with Pearson VUE is April 13, 2015. NABP encourages early registration for optimal scheduling options as certain test centers fill up quickly.

The FPGEE is one component required as part of the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification Program. NABP developed the FPGEC as a means of documenting the educational equivalency of a candidate's foreign pharmacy education and foreign license and/or registration, which assists state boards of pharmacy in qualifying candidates for licensure in the United States.

To prepare for the FPGEE, NABP recommends that candidates take the Pre-FPGEE®, the only FPGEE practice examination written and developed by NABP. This practice examination is designed to help familiarize applicants with the FPGEE by providing actual questions that previously appeared on the examination.

Additional information on the FPGEE and the Pre-FPGEE is available in the Programs section of the NABP website at *www.nabp.net.*

Vet-VIPPS

(continued from page 37)

veterinary drugs are authentic, and that they have been handled properly. In particular, pharmacies seeking Vet-VIPPS accreditation are expected to demonstrate due diligence in selecting their sources, and Vet-VIPPS staff encourages dispensers to stock drugs that have traveled the shortest distance between the manufacturer and the pharmacy.

NABP will continue to monitor issues related to veterinary pharmacy regulation to assist its member boards of pharmacy. Additional information on the Vet-VIPPS program is available in the Programs section of the NABP website at *www.nabp.net.*

Newly Approved e-Advertisers

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

Avita Drugs
www.avitapharmacy.com
www.avitadrugs.com
www.avita340B.com

DavidKayGroup, LLC, dba Wellness First Pharmacy
www.wellnessfirstpharmacy.com

Pharmacy Advantage
www.pharmacyadvantagerx.com

RxREVU, Inc
www.rxrevu.com

Skin Specialists, PC, dba LovelySkin
www.lovelyskin.com

TMRX Ventures, LLC
www.drpspharmacy.com

A full listing of NABP approved e-Advertisers is available on the NABP website at *www.nabp.net.*

Board of Pharmacy Members Share Experiences, Unique Perspectives on Common Challenges at Interactive Forum

Providing a unique opportunity for open discussion, collaboration, and relationship building with fellow colleagues, the NABP Interactive Member Forum was held December 2-3, 2014, in Northbrook, IL. The event, which gathered 46 board of pharmacy members and other board representatives, reinforced the partnership between the boards of pharmacy and NABP and the shared mission to protect the public health.

To ensure that the forum focused on issues of special interest, a survey was sent to invitees prior to the meeting asking them what current topics they would like to discuss. The format of the meeting was divided into two days of closed sessions with "collaboration topics" designed to provide attendees an opportunity to hear insight and experiences from other board members and topic experts, and provide an atmosphere where members can discuss freely and honestly with one another. Throughout the forum, attendees posed challenging questions and offered a variety of relevant experiences, perspectives, and information. Panelists on each topic included board of pharmacy staff and members and NABP staff. Each panelist provided a brief overview of the topic and then the floor was opened up for participation from all attendees who actively engaged in discussion with questions. During this time, members shared their own experiences and the unique practices of their boards.

Understanding Roles

The first day of the forum began with a greeting from NABP Chairperson Karen M. Ryle, MS, RPh, welcoming all board members and explaining the purpose of the event. Ryle stressed the importance that interaction and discussion have in the success of the meeting. She encouraged all attendees to actively contribute to the discussions to help better understand and create solutions for the shared challenges faced by the boards. Also during her greeting, Ryle took additional topic suggestions from attendees for further collaboration during the meeting.

The first collaboration topic, "Facing Board Member Challenges," sought to explore the different aspects of serving as a board member. During this session, members from three different boards of pharmacy served as panelists. Topics addressed included how being a board member can impact day-to-day practice, the role of the board, and the challenges of being a member of a consolidated board of pharmacy.

The next session, "Collaborating with Boards of Pharmacy," provided an opportunity for discussion on the different ways regulatory boards and NABP work together. Board members served as panelists to discuss their experiences with state inspections, including the importance of being prepared for inspections. NABP staff also served as panelists to discuss updates on the Verified Pharmacy Program™, which was created to support the boards in making informed licensure decisions for nonresident pharmacies.

Day one of the forum ended with a tour and reception at NABP Headquarters and a group dinner for additional networking and relationship building opportunities.

Education and Tools

The second day of the forum began with the topic, "Pharmacy Education Collaboration Initiatives." During this session, members discussed the different ways to educate pharmacists and technicians to better serve and protect public health. Board of pharmacy members and other board representatives served as panelists, including those from international boards. Topics discussed during this time included pharmacy technician training programs and educating pharmacists about prescription drug abuse. In addition, one member discussed her experiences with team-based care. After this introduction, attendees engaged in roundtable discussions, where members broke into small groups to freely discuss the topic. Members were assigned different team-based care scenarios and later shared with all attendees what their group had discussed and learned.

The second session of day two, "Tools for Board of Pharmacy Members," covered the different tools that can help board members perform their duties. NABP staff provided examples and guidance on identifying and avoiding conflicts of interest as a board member. In addition, board of pharmacy members also served as panelists to share their experiences with guiding and mentoring new board of pharmacy members. With time left at the end of the session, board members were given the opportunity to discuss a selection of shared discussion topics that were submitted prior to the meeting. Topics addressed included telepharmacy and remote order entry.

The last session of the forum, "Collaborating on Compounding Safety," focused on a popular topic affecting all the boards of pharmacy. During this session, a discussion was led on Title I of the Drug Quality and Security Act (DQSA) of 2013, which created a new section in the Federal Food, Drug, and

(continued on page 42)

Panelists Share Experiences to Spark Discussion, Collaboration Among Board Members at Interactive Forum

On December 2-3, 2014, board of pharmacy members convened in Northbrook, IL, for the two-day NABP Interactive Member Forum themed, "Revitalizing Partnerships for Collaboration." The Interactive Forum provided a unique opportunity for members to share and collaborate on pertinent issues faced by the boards of pharmacy. Discussions were led by expert panels comprised of board of pharmacy staff and members and NABP staff. More information on the forum is available on pages 39 and 42 of this *Newsletter*.

Uncovering Board Members' Unique Roles, Challenges

Kicking off the forum was the first collaboration topic, "Facing Board Member Challenges," which explored the different aspects of serving as a board member including their impact on day-to-day practice, the role of the Board, and challenges. Pictured from left to right: session moderator Jeanne D. Waggener, RPh, NABP Executive Committee member; Bob Marshall, PharmD, RP, member, Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit; Dennis K. McAllister, RPh, DPh, member, Arizona State Board of Pharmacy; and Leo Lariviere, RPh, member, Rhode Island Board of Pharmacy.

Boards of Pharmacy and NABP – Revitalizing Partnerships

The session, "Collaborating with Boards of Pharmacy," provided an opportunity for discussion on the different ways regulatory boards and NABP work together. Pictured from left to right: Jim Spoon, RPh, member, Oklahoma State Board of Pharmacy; Nancy Tay, accreditation director, NABP; Janet Hart, RPh, member, Pennsylvania State Board of Pharmacy; and session moderator Philip P. Burgess, MBA, DPh, RPh, NABP Executive Committee member.

Educating Pharmacists and Pharmacy Technicians to Protect the Public Health

During the session, "Pharmacy Education Collaboration Initiatives," panelists discussed several educational opportunities that can help pharmacists and pharmacy technicians better serve and protect the public health. Panelists discussed pharmacy technician education programs, prescription drug abuse education, and team-based care. Pictured from left to right: session moderator Susan Ksiazek, RPh, NABP Executive Committee member; Anne Resnick, RPh, BScPharm, CAE, deputy registrar, Ontario College of Pharmacists; William John Cover, RPh, member, Indiana Board of Pharmacy; and Anar Dossa, PharmD, BScPharm, CDE, member, College of Pharmacists of British Columbia.

Panelists Share Tools to Guide Board of Pharmacy Members

The session, "Tools for Board of Pharmacy Members," covered topics that may assist board members in performing their unique roles. An NABP staff member served as a panelist to provide guidance on identifying and avoiding conflicts of interest, and board members served as panelists to share their experiences on guiding and mentoring new members. Pictured from left to right: session moderator Hal Wand, MBA, RPh, NABP treasurer, and Larry Hadley, RPh, member, Kentucky Board of Pharmacy. Panelists not pictured: Kay Hanson, RPh, member, Minnesota Board of Pharmacy and Moira Gibbons, PharmD, JD, legal affairs director, NABP.

Board Members Collaborate on Compounding Safety

During the session "Collaborating on Compounding Safety," discussion was held on Title I of the Drug Quality and Security Act of 2013 and how the changes are affecting licensing in the states. Additional shared discussion topics were also addressed at the end of the session. Pictured from left to right: session moderator Jack W. "Jay" Campbell IV, JD, RPh, NABP Executive Committee member and Stephanie Goodart O'Neal, PD, member, Arkansas State Board of Pharmacy.

Task Force Convenes to Review, Recommend Actions for Preventing and Reacting to Pharmacy Robberies and Theft

Developed in response to Resolution No. 110-2-14, passed at the NABP 110th Annual Meeting, the Task Force to Examine Strategies for Preventing and Reacting to Pharmacy Robberies and Theft convened on October 22-23, 2014, at NABP Headquarters. The task forced reviewed actions taken by member boards to prevent the diversion of controlled substances via armed robberies and internal and external thefts, as well as actions taken to mitigate potential harm to pharmacy personnel and the public. Additionally, the task force reviewed and recommended amending language from the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* regarding minimum security standards for pharmacies.

Back row pictured from left to right: Stuart Williams, JD, member, Minnesota Board of Pharmacy; Jeenu Philip, BPharm, member, Florida Board of Pharmacy; Edward Maier, RPh, member, Iowa Board of Pharmacy; Anthony Rubinaccio, RPh, executive director, New Jersey State Board of Pharmacy (chairperson); Gary A. Schnabel, RN, RPh, president, Schnabel Consulting, LLC; and Richard B. Mazzoni, RPh, NABP Executive Committee liaison. Front row pictured from left to right: Nona Rosas, CPhT, member, Arizona State Board of Pharmacy; Cathryn J. Lew, RPh, Oregon; Jody H. Allen, PharmD, RPh, FASHP, Virginia Board of Pharmacy; Pam Reed, RPh, member, Louisiana Board of Pharmacy; and Mindy Ferris, RPh, member, Ohio State Board of Pharmacy.

Interactive Member Forum

(continued from page 39)

Cosmetic Act that allows a compounder to register as an outsourcing facility. Narrowing in on this timely topic, a board member served as a panelist to share experiences on how the DQSA changes are affecting the licensing of outsourcing facilities in her state. With the time left at the end of the session, additional shared discussion topics were addressed, including medication disposal; point-of-care testing; innovative pharmacy practice pilot and research programs; unique drug distribution models; and concerns of rewriting and modernizing regulations.

Closing the forum, NABP President-elect Edward G. McGinley, MBA, RPh, reminded members about the various resources available on the NABP website to assist with their roles as board members. In addition, attendees were encouraged to get involved with NABP and volunteer to be a member of a committee or task force. Attendees were also encouraged to attend the NABP 111th Annual Meeting, and were reminded that their participation helps shape the governance and future direction of the Association. Additionally, attendees were reminded to submit nominations for the awards that will be presented during the Annual Meeting Awards Dinner.

To continue to provide the boards of pharmacy with opportunities to gather and share common challenges and experiences, the NABP Interactive Forum series will return in fall 2015. Next year's forums will be geared toward board compliance officers and legal counsel and executive officers. For more information about future meetings, visit the Meetings section on the NABP website at *www.nabp.net.*

NABP to Launch Updated Verified Pharmacy Program Interface and Inspection Sharing Network

VPP Continues to Provide Support as Boards Make Nonresident Licensure Decisions

The Verified Pharmacy Program™ (VPP™) and inspection sharing network interface will soon be released with updated features for boards of pharmacy to utilize when accessing important pharmacy data, including licensure, inspection, and disciplinary action information. The verified data continues to be made available to authorized individuals through VPP and the secure inspection sharing network. In addition, boards will now be able to view state specific inspection reports provided by their fellow states as well as VPP-specific inspection data. A tagging feature that identifies whether a pharmacy is a VPP participant will also be added to the system. As of press time, at least 216 pharmacies have applied to VPP and currently have verified data available for the boards to view. This verified data is provided to the member boards in an effort to further support the boards in making informed licensure decisions for their nonresident pharmacies.

Of the 216 VPP facilities:

- 95 pharmacies engage in nonsterile compounding;
- 21 pharmacies engage in sterile compounding;
- 71 pharmacies engage in both sterile and nonsterile compounding;
- 28 pharmacies are general retail or mail-order pharmacies; and
- 1 pharmacy is a nuclear pharmacy.

On January 13, 2015, NABP convened a workgroup to further refine the VPP inspection form and standards. The workgroup also provided input as to what additional elements are needed for the electronic interface to further facilitate information sharing. Additionally, NABP is working with states to build an inspection blueprint that will consist of a minimum set of standards/criteria states may use in their own inspection processes. Additional information will be provided in a forthcoming newsletter article.

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

For more information about VPP or the inspection sharing network, contact the Member Relations and Government Affairs Department at GovernmentAffairs@nabp.net. Additional information is also available in the Programs section of the NABP website at *www.nabp.net.*

Register Now for the Final 2015 PCOA Testing Window!

The deadline for schools and colleges of pharmacy to register their students for the next available Pharmacy Curriculum Outcomes Assessment® (PCOA®) testing window (August 24 to September 18, 2015) is **May 26, 2015.**

Interested schools and colleges that would like to participate in the August 24 to September 18 testing window are encouraged to contact Lori Schumacher, FPGEC/PCOA program manager, at 847/391-4406 or via email at PCOA@nabp.net.

Appropriate for administration to students in all professional years, the PCOA is an excellent resource for pharmacy educators as they review pharmacy curricula, design courses, and assess student performance. Please note, as of January 2015, the paper-based format of the PCOA is no longer available. The PCOA is only delivered in a computer-based format.

More information, including registration materials, is available in the Programs section of the NABP website at *www.nabp.net.*

PMP InterConnect Participation Expected to Grow; PMP Gateway Users Continue to Access Prescription Drug Data

Efforts to combat prescription drug abuse and diversion continue to evolve nationwide as shown through state participation growth in the NABP PMP InterConnect® program and the number of health care providers accessing prescription drug data via the PMP Gateway service.

PMP InterConnect Participation to Grow

Authorized users in 27 states are currently sharing prescription drug data through PMP InterConnect, with additional states expected to go live in February 2015. At press time, the following participating state prescription monitoring programs (PMPs) are using PMP InterConnect in the fight against the prescription drug abuse epidemic: Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, and Wisconsin.

PMP InterConnect is expected to see additional growth as four states have executed a memorandum of understanding (MOU) to participate, and other states are currently reviewing their MOUs. Additionally, legislative changes in some jurisdictions may open the gate for more involvement in PMP InterConnect throughout 2015. For example, in October 2014, Pennsylvania Governor Tom Corbett signed into law Senate Bill 1180 that establishes a controlled substance (CS) database called the Achieving Better Care by Monitoring All Prescriptions Program within the Pennsylvania Department of Health. The new law expands the current PMP program to include all Schedule II through V CS. Prior to the new law, the state attorney general's office housed the PMP with dispensing data of only Schedule II CS for access by law enforcement. The new law builds on this premise by enhancing the current PMP and moving day-to-day operation to the Pennsylvania Department of Health. The objective of expanding access to the Department of Health is to prevent "doctor shopping" by allowing practitioners access to statewide CS prescription drug data. The new law is expected to go into effect beginning June 2015.

PMP Gateway Update

In September 2014, PMP Gateway launched with its first client, the Wisconsin Statewide Health Information Network (WISHIN). This integration allows health care providers with WISHIN access to obtain prescription data from the Wisconsin Prescription Drug Monitoring Program (WI PDMP). Since the integration began, 17 hospitals, primary care clinics, specialty clinics, and retail pharmacies have been obtaining WI PDMP data via WISHIN for their physicians, hospital pharmacists, retail pharmacists, mid-level practitioners, and other users.

Several organizations have expressed interest in obtaining WI PDMP data via WISHIN and are in the contracting process. WISHIN anticipates continuing to roll out integrated access to the WI PDMP with more clinicians and pharmacists, as existing WISHIN customers grant access to more users and as new customers connect to WISHIN.

NABP and Appriss, Inc, will continue to work with WISHIN and other interested electronic health information systems to support PMP Gateway integration and enhance the service. In addition, at the direction of the NABP PMP InterConnect Steering Committee, NABP will continue to evaluate the best paths from both the legal and technical perspective to achieve national interoperability and integration.

Established by NABP and Appriss, PMP Gateway is a third-party translation service that works with PMP InterConnect to facilitate the integration of state PMP data into the workflow of health care providers' electronic health information systems, including pharmacies and hospital systems. Security measures ensure that states maintain control of their data, as described in the January 2015 *NABP Newsletter* article, "First Health Information System Using PMP Gateway; NABP Maintains Commitment to Security, National Interoperability."

Additional information about PMP InterConnect, including the most up-to-date information on state participation, is available in the Programs section of the NABP website at *www.nabp.net*. States that seek further information about PMP InterConnect may contact NABP Member Relations and Government Affairs staff at GovernmentAffairs@nabp.net or by calling 847/391-4406.

Katrina Relief Commander to Share Bold, No-Nonsense Leadership Approach During Annual Meeting Keynote Address

No one can forget the images that Hurricane Katrina left behind in August 2005. In its devastating and chaotic aftermath, one man stepped in to take swift charge of military relief efforts and restore order and hope for the city of New Orleans – Lt General Russel L. Honoré (Ret). Hailed by the media as the "Category Five General" and named by then-New Orleans Mayor Ray Nagin as "one John Wayne dude," General Honoré managed New Orleans' recovery to bring the city back to life, serving as commander of the Joint Task Force Katrina.

During his keynote address at the NABP 111th Annual Meeting, General Honoré will inspire attendees and explain how to succeed in the "New Normal," an era where businesses, policymakers, and citizens must lead the way in creating a "culture of preparedness" that is equipped to safeguard the economy and natural resources. Drawing on his 37 years of military experience, General Honoré will bring his straight-talk, no-nonsense personality and leadership approach to show attendees how to better prepare for challenges of the future during his speech "The New Normal: Leadership and Preparedness in the 21st Century." Bold and insightful, General Honoré is sure to motivate attendees to see local, national, and international leadership issues in a new light.

Prior to his command of the Joint Task Force Katrina, General Honoré served in a variety of command and staff positions that focused on defense support to civil authorities and homeland defense. He served as the vice director for operations (J3), joint staff, Washington, DC, and also as the commander of the Standing Joint Force Headquarters – Homeland Security, United States Northern Command.

Currently, General Honoré is a senior scientist with The Gallup Organization, where he is working on developing questions to determine levels of preparedness. He is also a CNN Preparedness Contributor. In addition, he is the author of *Survival: How a Culture of Preparedness Can Save You and Your Family from Disasters* and the author of *Disasters and Leadership in the New Normal,* which details how to be an effective leader in the 21st century.

General Honoré is also a chairman of the Louisiana Bicentennial Commission, a board member with the Louisiana Disaster Recovery Foundation, and a member of the National Academy of Public Administration.

General Honoré will deliver the keynote address during the First Business Session of the NABP 111th Annual Meeting on Sunday, May 17, 2015, at the Roosevelt New Orleans in New Orleans, LA. More information about the NABP 111th Annual Meeting will soon be available in the Meetings section of the NABP website at *www.nabp.net.*

New Annual Meeting Fees Set; Registration Opens in February

Online registration will be available in February 2015 for the NABP 111th Annual Meeting, which will be held May 16-19, 2015, at the Roosevelt New Orleans in New Orleans, LA, with new registration fees now in effect. The last fee change was in 2010. The fees for students remain $125 for early registration and $150 for standard registration.

Attendees are encouraged to register early to receive reduced registration rates. To receive the early registration rate, attendees must register **on or before April 6, 2015.** Once available, registration may be accessed via the Meetings section of the NABP website.

NABP offers attendees three payment options:

- Using a credit card (American Express, MasterCard, or Visa)
- Mailing in the payment
- Paying in New Orleans

More information about the 111th Annual Meeting will soon be available in the Meetings section of the NABP website at *www.nabp.net.*

New Meeting Registration Fees

Registrant Type	Early Registration (On or before 4/6/15)	Registration (After 4/6/15 or on site)
NABP Member	$425	$450
Non-NABP Member	$600	$625
Spouse/Guest	$175	$200

Meeting Program

May 16-19, 2015 Roosevelt New Orleans New Orleans, LA

Saturday, May 16, 2015

10 AM - 6 PM
Registration/Information Desk Open

1:30 - 3:30 PM
Pre-Meeting CPE

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

6 - 9 PM
President's Welcome Reception
Sponsored by Express Scripts
Honoring NABP President Joseph L. Adams, RPh
Dinner will be served
Dress: business casual

Sunday, May 17, 2015

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

7:30 - 8:30 AM
NABP AWAR$_X$E Fun Run/Walk
Sponsored by Rite Aid Corporation

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

8:30 - 11:30 AM
Joint CPE
Educational Poster Session – Protecting the Public Together

Noon - 3:15 PM
First Business Session

12:30 - 1:30 PM
Keynote Address
Lt General Russel L. Honoré (Ret)
Sponsored by Humana Pharmacy Solutions

3:30 - 4:30 PM
Joint CPE

Monday, May 18, 2015

7:30 AM - 1 PM
Registration/Information Desk Open

7:30 - 9 AM
NABP/USP Breakfast
Sponsored by United States Pharmacopeial Convention

9:15 - 10:15 AM
Joint CPE

10:30 AM - Noon
Second Business Session

Noon - 12:30 PM
Informal Member/Candidate Discussion

Free Afternoon
(No programming)

Tuesday, May 19, 2015

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

7:45 - 8:45 AM
NABP Breakfast

8:45 - 10:15 AM
Executive Officer and Board Member CPE

8:45 - 10:15 AM
Compliance Officer CPE

10:30 AM - Noon
Joint CPE

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

1:30 - 4 PM
Final Business Session

5:45 - 6:45 PM
Awards Dinner Reception

7 - 10 PM
Annual Awards Dinner
Dress: semiformal

Note: The 111th Annual Meeting schedule is subject to change.

NABP and the NABP Foundation™ are accredited by the Accreditation Council for Pharmacy Education (ACPE) as providers of continuing pharmacy education (CPE). ACPE Provider Number: 0205. Participants may earn ACPE-accredited CPE credit by completing a Statement of Continuing Pharmacy Education Participation online and submitting it electronically to NABP. Full attendance and completion of the program evaluation and learning assessment for each session are required to receive CPE credit and be recorded in the CPE Monitor® system.

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.

Deadline Approaching to Reserve a Spot to Present at the NABP 111th Annual Meeting's Educational Poster Session

The deadline to reserve a spot as a presenter for the NABP Annual Educational Poster Session is Friday, March 6, 2015. Board of pharmacy members and staff as well as schools and colleges of pharmacy are invited to participate.

This year the Poster Session will focus on the theme "Protecting the Public Together," and will be held during the NABP 111th Annual Meeting, May 16-19, 2015, at the Roosevelt New Orleans hotel in New Orleans, LA.

The Poster Session will be held Sunday, May 17, from 8:30 to 11:30 AM, and will offer those displaying posters the opportunity to share information about their organization's latest legislative issues, technology, policy development, and/or disciplinary cases as they relate to "Protecting the Public Together" with other pharmacy professionals.

Participants may earn one contact hour (0.1 CEU) of Accreditation Council for Pharmacy Education-accredited continuing pharmacy education (CPE) credit for their attendance and participation. Presenters are not automatically qualified for CPE. To earn CPE, both presenters and participants must spend at least one hour interacting with other Poster Session presenters and complete a post-session test.

Posters must coincide with the Poster Session theme, "Protecting the Public Together." Participating boards and schools and colleges of pharmacy will be provided with one four-foot by six-foot bulletin board, which should be staffed by a qualified representative, such as a registered pharmacist, during display times. Assembly time will be available on Sunday, May 17, from 7:30 to 8:15 AM. Student presenters are welcome and must be accompanied by a licensed pharmacist. Pharmacy school students will receive a free voucher valued at $65 to take the Pre-NAPLEX®, a practice examination for students preparing for the North American Pharmacist Licensure Examination® (NAPLEX®).

Those interested in participating should contact NABP Professional Affairs Manager Maureen Schanck via email at Prof-Affairs@nabp.net by **March 6, 2015.**

NABP Encourages Members to Apply for Grant to Assist With Cost of Travel to 111th Annual Meeting

The NABP Foundation™ is once again offering active member state boards of pharmacy travel grant opportunities to attend the NABP 111th Annual Meeting to be held May 16-19, 2015, at the Roosevelt New Orleans hotel in New Orleans, LA. One grant will be awarded to a current board member or administrative officer of each active NABP member board of pharmacy, as designated by the board's administrative officer.

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

The grant was established to assist boards in sending voting delegates to the Annual Meeting so they may participate in important business, including discussing and voting upon resolutions and amendments to the NABP Constitution and Bylaws, electing NABP Executive Committee officers and members, and attending educational sessions regarding current issues facing pharmacy regulators.

The NABP Annual Meeting Travel Grant program lessens the costs for qualified individuals by providing funds for travel expenses, including travel, hotel rooms, meals, taxis, parking, and tips. Eligible individuals can receive up to $1,500 in grant monies to attend the NABP 111th Annual Meeting. The grant does not include Annual Meeting registration fees.

Grant applications may be obtained from NABP upon the direct requests of executive officers of the state boards of pharmacy. Applications can be submitted by mail to NABP Headquarters or via email at exec-office@nabp.net. NABP requests that applications be submitted prior to the Annual Meeting. All applicants will be informed of whether they have qualified for the grant. Last year, 42 state boards of pharmacy applied and were approved for the NABP 110th Annual Meeting Travel Grant.

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

AWARxE Celebrates Five Years of Promoting Prescription Drug Safety

For almost five years, the AWARxE® Prescription Drug Safety Program has served as an information source for consumers nationwide, providing authoritative resources about medication safety, prescription drug abuse, medication disposal, and safely purchasing medications online. As AWARxE celebrates this milestone, the program will continue to share vital information through the AWARxE website, electronic newsletter, social media pages, public service announcements (PSAs), and community events.

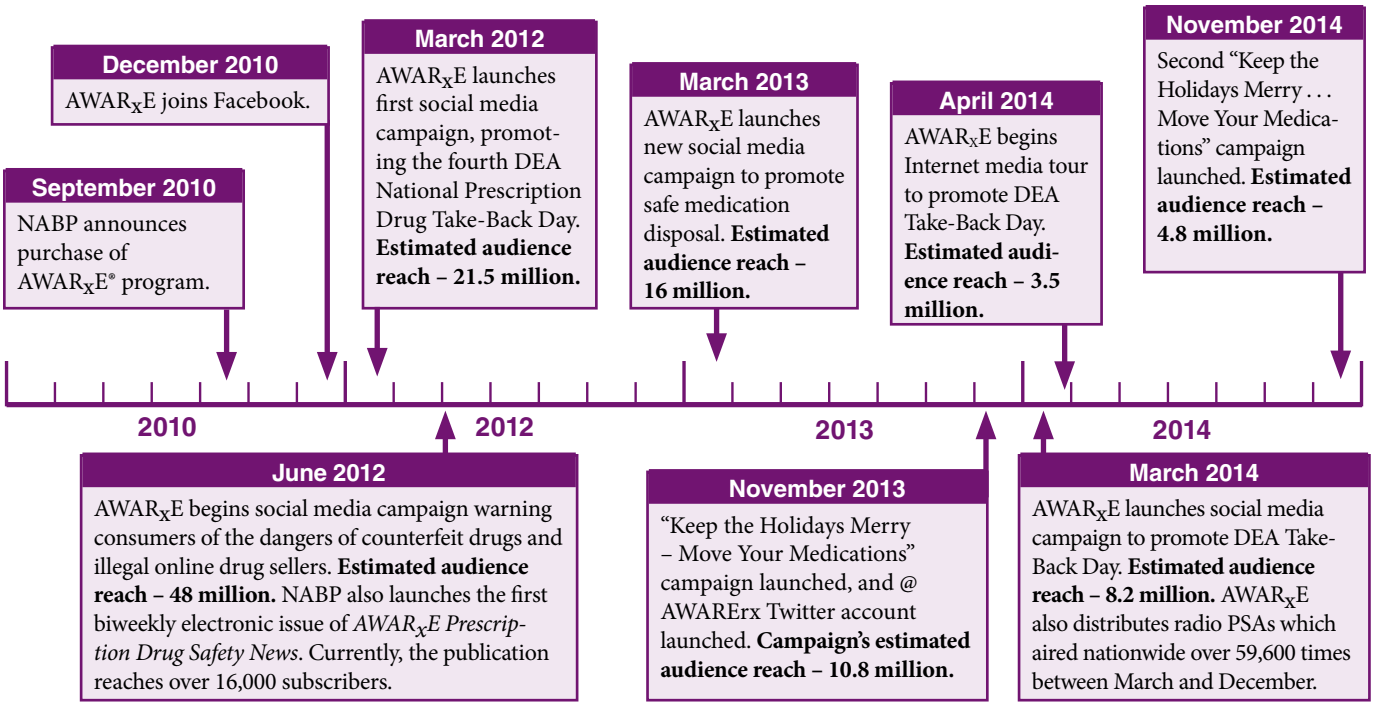
AWARxE was originally created and implemented by the Minnesota Pharmacists Foundation in 2007 in memory of Justin Pearson, who died following an accidental drug overdose involving prescription drugs he purchased online. In 2010, the NABP Foundation™ purchased the program to take AWARxE's message to a national audience. Prescription drug abuse in the United States has reached epidemic levels, with Centers for Disease Control and Prevention reporting over 22,000 overdose deaths in 2012 alone. Although data from many states indicate that prescription drug overdose deaths are decreasing, there has also been a large increase in the use of heroin. Most experts now believe that these issues are connected.

In response to these trends, AWARxE has expanded efforts to raise awareness at both the national and community levels.

In 2012, AWARxE launched its biweekly electronic *AWARxE Prescription Drug Safety News* which is sent to over 16,000 subscribers.

(continued on page 49)

AWARxE Prescription Drug Safety Program History Timeline



Around the Association

Board Member Appointments

- **Hooshang Shanehsaz, RPh,** has been appointed a member of the Delaware State Board of Pharmacy. Shanehsaz's appointment will expire October 25, 2015.
- **Terry Maves, RPh,** has been appointed a member of the Wisconsin Pharmacy Examining Board. Maves' appointment will expire July 1, 2018.

Board Member Reappointments

- **Thomas Van Hassel, RPh,** has been reappointed a member of the Arizona State Board of Pharmacy. Van Hassel's appointment will expire January 20, 2019.
- **Alan Friedman, RPh,** has been reappointed a member of the District of Columbia Board of Pharmacy. Friedman's appointment will expire March 12, 2017.
- **Tamara McCants, PharmD, RPh,** has been reappointed a member of the District of Columbia Board of Pharmacy. McCants' appointment will expire March 12, 2017.
- **Cheryl Blomstrom** has been reappointed a public member of the Nevada State Board of Pharmacy. Blomstrom's appointment will expire September 27, 2016.
- **Gary Merchant, RPh,** has been reappointed a member of the New Hampshire Board of Pharmacy. Merchant's appointment will expire October 21, 2019.
- **Susan Ksiazek, RPh,** has been reappointed a member of the New York State Board of Pharmacy. Ksiazek's appointment will expire November 30, 2018.
- **Carolyn Reres** has been reappointed a public member of the New York State Board of Pharmacy. Reres' appointment will expire November 30, 2018.
- **Derek Garn, RPh,** has been reappointed a member of the Utah Board of Pharmacy. Garn's appointment will expire June 30, 2015.

AWAR$_X$E

(continued from page 48)

AWAR$_X$E also launched social media pages on both Facebook and Twitter, and has shared a number of prescription drug safety PSAs through its YouTube channel. AWAR$_X$E uses these communication channels to reach millions of readers through social media campaigns that promote safe medication storage and disposal to help prevent misuse and abuse. These efforts have included coordinating with popular bloggers to promote AWAR$_X$E information, holding Twitter parties to engage audiences in dialogue about disposal and safety, and having promotional banners with links to AWAR$_X$E PSAs posted on popular websites. Radio PSAs have generated over $2.5 million in donated air space since March 2014. AWAR$_X$E has also launched new educational videos on its YouTube channel, and promoted them through Facebook and Twitter.

To help encourage safe drug disposal at the community level, AWAR$_X$E recently launched a drop box database. Using the drug disposal search tool on the AWAR$_X$E website, consumers can now enter their zip code or city and state to find the most convenient medication drop box locations.

AWAR$_X$E staff has also provided presentations and resources at numerous events in the area surrounding NABP Headquarters in Mount Prospect, IL.

In addition to promoting awareness of the prescription drug abuse issue, AWAR$_X$E has also worked to warn consumers about the dangers of rogue online drug sellers. NABP has reviewed nearly 11,000 pharmacy websites, and has found that only 3% operate in compliance with federal laws and regulations. Since its national launch, AWAR$_X$E has encouraged consumers to look for the VIPPS® (Verified Internet Pharmacy Practice Sites®) Seal on an accredited site, and to check the list of accredited sites available on the AWAR$_X$E website. Now AWAR$_X$E also encourages consumers to learn about the .pharmacy Top-Level Domain and to watch for sites using the domain as a means for identifying safe sources of pharmacy information and for buying medications online.

AWAR$_X$E also provides board of pharmacy members and staff with bookmarks, posters, flyers, brochures, and slideshows for use at community or board events developed to help educate others about the dangers of prescription drug abuse. Many of these materials can be downloaded on the Resources page of the AWAR$_X$E website. To request slideshows or custom materials, boards can also contact the program directly by sending an email to AWARERX@NABP.NET.

Ohio Board Stresses Corresponding Responsibility When Dispensing to Minors

As of September 2014, Ohio House Bill (HB) 314 requires prescribers to obtain informed consent from a parent or guardian prior to initial issuance of a prescription for an opioid pain medication to a minor. While this new law primarily impacts prescribers, both Ohio laws and rules and federal laws and regulations place a corresponding responsibility on the pharmacist to use his or her professional judgment to determine if a prescription has a legitimate medical purpose and is compliant with all state and federal laws.

Pharmacists should be aware of the unique role they play in preventing addiction and misuse of prescription drugs by minors. For example, if a minor meets any of the exemptions in the law, then the pharmacist can safely assume, using professional judgment, that no informed consent by the prescriber is required. However, it is recommended that pharmacists check for informed consent if presented with a prescription where a lack of parental consent could create a patient safety issue. For example, if a 16-year-old patient presents an initial opioid pain medication prescription with no parent or guardian present and does not meet any of the exemptions in the law, the pharmacist should verify with the prescriber that a consent form was completed (or was not required) prior to dispensing.

Another new law enacted by the Ohio General Assembly, HB 341, requires a prescriber, prior to issuing a prescription for an opioid analgesic or benzodiazepine, to query the Ohio Automated Rx Reporting System (OARRS) database. It also requires all pharmacists to register with OARRS by September 15, 2015.

More information about the new legislation can be found in the November 2014 issue of the *Ohio State Board of Pharmacy Newsletter* available in the Publications section of the NABP website at *www.nabp.net*.

Ohio Implements Rule Changes Regarding CS Inventory

Changes to Ohio Administrative Code (OAC) Rule 4729-9-14 now require each prescriber or terminal distributor of dangerous drugs to take inventory of all stocks of controlled substances (CS) on hand every year following the date on which the initial inventory is taken. This is a change from the previous version of the rule that required a CS inventory every two years.

More information regarding the rule change is available on the Ohio State Board of Pharmacy website at *www.pharmacy.ohio.gov/inventory*.

Compounding in Ohio Must Adhere to USP Chapters <795> and <797>

Effective January 1, 2015, Ohio law (OAC Rule 4729-9-21) requires drugs compounded in a pharmacy to adhere to United States Pharmacopeia (USP) Chapters <795> for nonsterile compounded drugs and <797> for sterile compounded drugs. Additionally, all compounded prescriptions must also adhere to Section 503A of the Federal Food, Drug, and Cosmetic Act.

More information is available on the Ohio State Board of Pharmacy's website at *www.pharmacy.ohio.gov/USP*.

DXM Sales to Minors Now Unlawful in Virginia

Under a Virginia law effective January 1, 2015, it is now illegal to knowingly or intentionally sell or distribute products containing dextromethorphan (DXM) to a minor under the age of 18. It is also unlawful for any minor to knowingly or intentionally purchase a product containing DXM. The pharmacy or retail distributor, through its employee or agent, must obtain a federal, state, or local government-issued photo identification that contains the birth date of the purchaser that shows the purchaser to be at least 18 years of age, unless the employee or agent is able to reasonably presume by outward appearance that the purchaser is 25 years of age or older. The civil penalty for violation of §18.2-265.20 subsections A, B, and C of the Code of Virginia is $25. The provisions of this section shall not apply if the product is obtained pursuant to a valid prescription order written by a practitioner while acting in the course of his or her professional practice as authorized in the Drug Control Act.

Louisiana Rule Allows PMP Delegation for Prescribers and Dispensers

In Louisiana, Regulatory Project 2014-1 ~ PMP Delegates now allows prescribers and dispensers who have access privileges to appoint delegates to assist them in the retrieval of information from the prescription monitoring program (PMP) database. The appointment process can be accomplished directly by the authorized user without intervention by PMP staff. Authorized users are reminded that they are accountable for the actions of their delegates. In the event an authorized user needs to terminate the access of his or her delegate, he or she can accomplish that process without intervention by PMP staff. The Louisiana Board of Pharmacy published the final rule on June 20, 2014, and it became effective that same day.

FDA Issues New Documents for Compounding Facilities Under DQSA

Food and Drug Administration (FDA) has issued three additional guidance documents to help compounding entities register as outsourcing facilities. The policy documents also provide guidance for complying with other provisions of the Drug Quality and Security Act (DQSA). The new documents are:

- Final guidance on registration of human drug compounding outsourcing facilities under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)
- Final guidance on fees for human drug compounding outsourcing facilities under Sections 503B and 744K of the FD&C Act
- Revised draft guidance on electronic drug product reporting for human drug compounding outsourcing facilities under Section 503B of the FD&C Act

Additional information and links to the guidance documents are available in a press release on the FDA website at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm424214.htm*.

Hospira Recalls One Lot of Lidocaine HCl for Injection Due to Particulate Matter

In October 2014, Hospira, Inc, of Lake Forest, IL, announced a voluntary nationwide recall of one lot of 1% Lidocaine HCl for Injection, USP, 10 mg per mL, 30 mL single-dose, preservative-free due to the presence of particulate matter. The foreign matter was confirmed by Hospira to be a human hair, embedded in and attached to a pinched area of the stopper. To date, Hospira has received no reports of adverse events associated with the recall, according to a press release posted to the FDA website. The affected lot, 40-316-DK, expiration April 1, 2016, was distributed nationwide from May 2014 through June 2014. Hospira advises health care providers to stop use and distribution of the product and quarantine it immediately. The company notified its direct distributors via a recall letter and will arrange for impacted product to be returned. Adverse reactions may be reported to FDA's MedWatch Safety Information and Adverse Event Reporting Program. Further details are available from a press release posted to the FDA website at *www.fda.gov/safety/recalls/ucm419308.htm*.

Consumers Warned About Two Unsafe Dietary Supplements

Due to the confirmed presence of undeclared drug ingredients, FDA is warning consumers not to purchase or use two products marketed as dietary supplements: Mayhem and V26 Slimming Coffee.

Mayhem contains dexamethasone, a corticosteroid commonly used to treat inflammatory conditions, and cyproheptadine, a prescription antihistamine used for seasonal allergy treatment. Corticosteroids may cause high blood sugar levels, muscle injuries, and psychiatric problems, and can suppress the adrenal gland when taken in high doses for prolonged periods. Antihistamines may cause drowsiness and affect mental alertness.

V26 Slimming Coffee contains sibutramine, a controlled substance that was removed from the market in October 2010 due to safety concerns. Sibutramine may substantially increase blood pressure and/or pulse rate in some patients, and may present a significant risk for patients with a history of coronary artery disease, congestive heart failure, arrhythmias, or stroke.

In addition, undeclared drugs may cause serious side effects when combined with other medications. FDA advises health care providers and patients to report adverse events or side effects related to the use of these products to FDA's MedWatch Safety Information and Adverse Event Reporting Program at *www.accessdata.fda.gov/scripts/medwatch*.

New FDA Drug Info Rounds Training Video Available

FDA Drug Info Rounds, a series of online videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better decisions. In a recent Drug Info Rounds video, "Expanded Access," pharmacists discuss the requirements that must be met before FDA can authorize expanded access and discuss the safeguards in place to avoid exposing patients to unnecessary risks. Drug Info Rounds is developed with contributions from pharmacists in FDA's Center for Drug Evaluation and Research, Office of Communications, Division of Drug Information. All Drug Info Rounds videos can be viewed on the FDA website at *www.fda.gov/drugs/resourcesforyou/healthprofessionals/ucm211957.htm*.

nabp newsletter

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