



# newsletter

National Association of Boards of Pharmacy®



April 2014 / Volume 43 Number 4

aid to government  
the profession  
the public  
1904 to 2014

## Verified Pharmacy Program Inspection Reports Now Available to Assist Boards Making Nonresident Licensure Decisions

### Upcoming Events

**April 24, 2014**  
PCOA Forum  
NABP Headquarters

**April 26, 2014**  
DEA National Prescription  
Drug Take-Back Day

**April 28, 2014**  
FPGEE Administration

**May 17-20, 2014**  
NABP 110<sup>th</sup> Annual  
Meeting  
Phoenix, AZ

**August 2-5, 2014**  
NABP/AACP District 3  
Meeting  
Charleston, SC

**August 14-16, 2014**  
NABP/AACP District 5  
Meeting  
Deadwood, SD

**September 21-24, 2014**  
NABP/AACP Districts 6, 7,  
& 8 Meeting  
Whitefish, MT

Authorized board of pharmacy staff can now securely access select inspection reports available online through the inspection sharing network developed as part of the Verified Pharmacy Program™ (VPP™). 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 supports the boards' licensure processes for nonresident pharmacies. NABP has created e-Profiles containing basic licensure and demographic information on nearly every pharmacy in the United States. It is anticipated that by third quarter 2014, boards will be able to access complete pharmacy e-Profiles, including inspection reports

and related licensure information, directly through the VPP section of Board e-Profile Connect.

Currently, authorized board of pharmacy users may view completed reports for VPP-inspected facilities through the inspection sharing network, available through Board e-Profile Connect. (See pages 79 and 80 for more information about Board e-Profile Connect.) When a new inspection report is available, those states where the applicant holds licensure, as well as those where the facility is seeking licensure, are alerted through the network of the new VPP inspection report. Additionally, NABP has received more than 5,000 state inspection reports from Kansas, Louisiana, Oklahoma, and Nevada that the Association is currently in the pro-



cess of uploading into the sharing network. Member boards also have the ability to directly upload their inspection reports into the system and NABP encourages boards to do so in order to create a comprehensive repository of pharmacy information that includes both state and VPP inspections.

### VPP Inspection Alerts Expedite Communication

When the VPP component is live in Board e-Profile Connect, boards will also be able to access comprehensive VPP pharmacy e-Profiles.

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### VPP Update

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Similar to the inspection sharing network alerts, VPP alerts will be available through Board e-Profile Connect. After logging in to Board e-Profile Connect, authorized board staff will be able to click on the VPP alert tab to view a list of pharmacies for which new licensure and/or inspection information is available. Automatically compiled VPP alerts will contain a licensure verification summary, disciplinary clearinghouse information, and the most recent qualified inspection report. Reports on VPP applicant pharmacies will also give the current application status. For each of these categories, board staff will be able to click on the links provided to obtain details and reports, as well as disciplinary actions and board orders, if relevant.

NABP will also continue to provide e-mail notifications to boards with information on VPP inspections scheduled in their state.

Following the New England Compounding Center tragedy in late 2012, NABP and member boards initiated the development of VPP as an outgrowth of the Association's compounding action plan. At that time, several boards expressed a need for more consistency among inspection protocols. In order to address this need, NABP developed VPP as a central data resource that enables state boards of pharmacy

to share their inspection reports and other relevant data with other states boards. As part of the program, NABP conducts pharmacy inspections that utilize consistent, standardized criteria, which allow the boards to assess their nonresident licensees'

As VPP grows, NABP continues to expand its training and outreach efforts in support of member boards.

applications based on reported data that is uniform across jurisdictions.

Additional information about the launch of VPP, including more background is available in the November/December 2013 issue of the *NABP Newsletter*.

### Board Outreach Efforts Continue

As VPP grows, NABP continues to expand its training and outreach efforts in support of member boards. NABP Member Relations and Government Affairs staff has been in conversation with regulators and lawmakers in nearly every state in order to inform them about VPP and its potential benefits. NABP can provide model language to regulators wishing to modify laws or regulations in order to accept VPP inspections as meeting their regulatory requirements for nonresident pharmacies.

For example, a Virginia law effective July 2013, adjusted inspection requirements for nonresident pharmacy initial licensure and renewal. NABP has been approved by the Virginia Board of Pharmacy as a third-party provider of inspections meeting the requirements of the new state law. NABP also supported the Virginia Board of Pharmacy by including an announcement on the new inspection requirement in NABP communications. Additional details on the changes to Virginia's inspection requirements for nonresident pharmacy licensure and renewal can be accessed at the Virginia Board of Pharmacy website, [www.dhp.virginia.gov/Pharmacy](http://www.dhp.virginia.gov/Pharmacy).

To further assist the boards, NABP provides webinar training for Board e-Profile Connect. Webinars focusing on VPP-related features including the inspection sharing network were offered in March 2014. NABP will alert board of pharmacy executive officers when new webinar training opportunities are available.

To support boards in their efforts to ensure the safety of compounded drugs dispensed into their state, NABP will continue reaching out to boards with information on VPP. For additional information about VPP and the inspection sharing network, boards may contact the Member Relations and Government Affairs Department at [GovernmentAffairs@nabp.net](mailto:GovernmentAffairs@nabp.net).<sup>®</sup>

## NABP Seeks Volunteers to Serve on the NABP Examination Review Committees

NABP is seeking volunteers to serve on the Association's examination review committees including the North American Pharmacist Licensure Examination® (NAPLEX®) Review Committee, the Multistate Pharmacy Jurisprudence Examination® (MPJE®) Review Committee, and the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) and Pharmacy Curriculum Outcomes Assessment® (PCOA®) Review Committee.

If appointed, volunteers will write, edit, and review questions for the competency assessment programs, as well as assist in establishing passing standards. Previous participation in item development workshops in the program of interest is highly recommended and preferred.

Participation in these review committees typically requires a commitment of two to four meetings per year with all travel and

meal expenses covered by NABP.

### Desired Experience

Ideal candidates for the NAPLEX Review Committee are pharmacist educators, regulators, and practitioners from all areas of practice who have previous experience as NAPLEX item writers.

The MPJE Review Committee has openings for volunteers knowledgeable with state and federal jurisprudence requirements. Participation on this review committee is limited to individuals who reside or practice in states that participate in the MPJE. Though not a requirement, board of pharmacy affiliation is beneficial and would be helpful to the committee.

Review committee members are also needed for the FPGEE and PCOA. Volunteers who are chosen for the FPGEE and PCOA Review Committee will review both the examination and the assessment. The committee requires representation from individuals

in academia who teach in areas of basic biomedical sciences; pharmaceutical sciences; social, behavioral, and administrative sciences; or clinical sciences. Previous experience in writing examination questions for the FPGEE or PCOA is required for this committee.

Those interested in serving as a member on any of these committees may submit a letter of interest and a current résumé or curriculum vitae to NABP Executive Director/Secretary Carmen A. Catizone, via mail to NABP Headquarters; e-mail to [exec-office@nabp.net](mailto:exec-office@nabp.net); or fax to 847/391-4502. The CVs and examination program participation history of interested individuals are reviewed by the relevant examination review committee, recommended to the Advisory Committee on Examinations, and reported as a recommendation to the NABP Executive Committee. Members are then appointed by the NABP president. ☉

## Executive Committee

**Michael A. Burleson**

*Chairperson*  
One-year term

**Karen M. Ryle**

*President*  
One-year term

**Joseph L. Adams**

*President-elect*  
One-year term

**Edward G. McGinley**

*Treasurer*  
One-year term

**James T. DeVita**

*Member, District 1*  
Serving first year of a second three-year term

**Susan Ksiazek**

*Member, District 2*  
Serving first year of a three-year term

**Mark T. Conrad**

*Member, District 3*  
Serving third year of a three-year term

**William John Cover**

*Member, District 4*  
Serving third year of a three-year term

**Gary Dewhirst**

*Member, District 5*  
Serving first year of a three-year term

**Jeanne D. Waggener**

*Member, District 6*  
Serving second year of a three-year term

**Mark D. Johnston**

*Member, District 7*  
Serving second year of a three-year term

**Hal Wand**

*Member, District 8*  
Serving third year of a second three-year term

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



### Newly Accredited VIPPS Facility

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

**HealthStat Rx, LLC**  
[www.healthstatrx.com](http://www.healthstatrx.com)

A full listing of the accredited VIPPS pharmacy sites representing more than 12,000 pharmacies is available on the NABP website at [www.nabp.net](http://www.nabp.net). ☉

## Court Documents License for Undocumented Licensee

By Dale J. Atkinson, JD

The interaction and potential conflict between federal and state law can present interesting issues for regulatory boards that, at times, may be difficult to reconcile. Generally, states have the right to regulate the professions under the police powers granted via the United States Constitution. But, under certain circumstances, federal law can preempt state law. Federal preemption is limited to specified circumstances involving interstate commerce and where federal governmental control is necessary to promote the orderly relationships between and among the states. These interstate commerce issues have historically been the subject of significant litigation. At times, the state and federal laws remain at odds leaving the enforcement of such conflicting legislation in limbo.

The potential for conflicting laws is particularly significant in the area of immigration. On many occasions, licensure eligibility of persons who may meet the qualifications contained in the practice act is subject to further scrutiny based upon additional factors contained in other state or federal laws. For example, one question subject to differing answers among regulatory boards of the various professions and of the various states is whether an applicant for licensure must possess and

provide a valid Social Security number. When denying an application for licensure, the board must substantiate the basis for such denial. Another example subject to significant debate and media scrutiny is whether an undocumented immigrant is eligible for licensure. Consider the following.

An applicant for licensure as an attorney before the State Bar of California was born in Mexico. At the age of 17 months, he was brought by his parents to California without inspec-

tion or documentation by immigrant officials. At the age of nine, he returned to Mexico with his parents. In 1994 at the age of 17, he again returned to California and again without documentation. At that time his father had obtained lawful permanent resident alien status. In November 1994, his father filed an immigration visa petition on his behalf. The petition was accepted in January 1995. However, under federal immigration law, the accepted petition allows him to achieve lawful permanent resident alien status only when an immigrant visa number becomes available. The number of available immigrant visas is limited under federal law. Issuance of such visas is based in part on the country of origin and the backlog related to Mexican visas is so large, the applicant had yet to receive permanent resident alien status as of January 2014, more than 19 years after the application was accepted.

During that time period, the applicant attended and graduated from high school, college, and law school in California. After graduating from law school in May 2009, the applicant sat for and passed the bar examination. In response to good moral character questions, the applicant indicated that he was not a US citizen and that his immigration status

was “pending.” Following its ordinary course, his application for admission to the California bar was presented to the Committee of Bar Examiners (Committee) that subsequently conducted an extensive investigation of background, employment history, and past activities. The background investigation revealed a few issues related to providing a false alien registration number to an employer (at age 17), a traffic infraction, and obtaining an Oregon driver’s license under questionable residency representations (ultimately found to be acquired in good faith). The Committee also received numerous reference letters in support of the applicant and ultimately determined that he possessed the requisite good moral character to qualify for admission to the bar. This conclusion resulted in a motion to the California Supreme Court (Court) to accept his application and grant licensure. As part of its recommendation, the Committee pointed out that the applicant did not have legal immigration status and that the matter was a case of first impression. That is, the Committee noted that it was not aware of any other jurisdiction knowingly admitting an undocumented alien to the practice of law. The Committee also noted that there were other additional applicants currently in the

application process with similar immigration issues.

In response to the Committee’s motion for admission, the Court ordered the Committee to “show cause” as to why the applicant should be granted admission to the bar. The Court also invited the filing of petitions for *amicus curiae* briefs either in support of or against the motion, including the California and US Attorneys General. The Committee and applicant, in addition to the California Attorney General and numerous other *amici* filed briefs in support of the motion and admission to the bar. The US Attorney General filed briefs in opposition to the admission.

Oral arguments were held before the California Supreme Court in September 2013. In the meantime, the California Legislature passed, and the governor signed into law, legislation authorizing the Court to admit as an attorney “an applicant who is not lawfully present in the United States (who) has fulfilled the requirements for admission to practice law . . .” The governor signed the legislation into law in October 2013, with an effective date of January 1, 2014. Based upon the new legislation, the Court asked the parties to submit supplemental briefs addressing the effect of the new law on the matter.

The Court first identified that admission to the state bar is governed by state law. The Court, however, further noted that there are circumstances where the issue of bar admission is controlled by federal law. “Perhaps the most obvious circumstance arises when a state law related to bar admission contravenes a provision of the United States Constitution.” Also, there are circumstances whereby state law, under the Supremacy Clause, must give way to federal statutes. This recognition of relevant federal statutes over conflicting state laws is referred to as preemption. Previous US Supreme Court jurisprudence recognizes the federal government’s “plenary authority” over immigration matters. Thus, the Court first addressed the potential for federal preemption or restrictions related to licensure under federal law.

In relevant part, Section 1621 of the United States Code provides that certain aliens and non-immigrants are not eligible for any state or local public benefits. As noted by the Court, “there is no dispute that an undocumented immigrant . . . does not fall within any of the three exemptions listed in section 1621(a) and, thus, . . . an undocumented immigrant is not eligible for ‘any state or local public benefit’ . . .” The

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

Legal Briefs

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applicant is referred to as an undocumented immigrant defined as “a non-United States citizen who is in the United States but who lacks the immigration status required by federal law to be lawfully present in this country and who has not been admitted on a temporary basis as a non-immigrant.”

The Court next noted the definition of the phrase “state or local public benefit” from which undocumented aliens are precluded to receive and noted that such includes a “professional license . . . provided by an agency of a State or local government or by appropriated funds of a State or local government.” The applicant argued that such language did not include a law license issued by the Court. However, the Court noted an exception in the federal law that “a State may provide that an alien who is not lawfully present in the United States is eligible for any State or local benefit . . . only through the enactment of a State law after August 22,

1966, which affirmatively provides for such eligibility.” Based upon this exception and in light of the newly enacted California legislation affirmatively recognizing licensure eligibility, the Court agreed with the applicant and held that federal law does not preclude licensure.

Turning its attention to state law, the Court next addressed whether there was any basis that state law precluded licensure. First, the Court noted that the new legislation clearly established that no state law or policy existed to justify the denial of qualified undocumented immigrants an opportunity to obtain admission to the bar. But the Court also stated that admission to the state bar is within the purview of the Court, not the legislature or governor. Regardless, the Court noted the necessity to give due respect to the judgment of the legislature. The Court rejected arguments of the opposition that the illegal presence of the applicant, the potential for deportation and thus, abandonment of clients, and the federal prohibition

of employment of undocumented immigrants support a finding of ineligibility of licensure.

First, the Court held that the presence of an undocumented immigrant in the US does not in and of itself involve moral turpitude or demonstrate a moral unfitness to justify exclusion from the state bar. Indeed, the Court noted that the applicant’s presence in the country, while posing the potential for civil sanctions, does not subject him to criminal sanctions under federal law. It further held that the likelihood of deportation was very remote under the circumstances.

Next, the Court rejected the argument of the potential for client abandonment through deportation, drawing a comparison to the possibility for any attorney to be subject to illness, death, loss of licensure, and the like.

Finally, the Court recognized the restrictions on employment under federal law. It believed that it would be inappropriate to deny a law license on an assumption that the applicant would not comply

with applicable restrictions on employment. Attorneys and their employers are presumed to comply with the law and anticipating noncompliance and using such as a basis for licensure denial is not justified. Using all of the above arguments, the Court applied such to the facts of the specific case and found the applicant to possess the necessary character to qualify for licensure. Numerous glowing character letters were submitted on his behalf. Thus, the motion of the Committee to admit the applicant to the state bar was granted.

The relevance of this opinion to boards of pharmacy has yet to be determined. The admission process to the state bar is governed under the judicial branch of government, as opposed to the legislative branch. However, the analyses contained in this opinion may be instructive in future cases of all professions, as well as in the potential for drafting and enactment of additional legislation.

*In re Sergio Garcia*, 2014 Cal. LEXIS 1 (CA 2014) ©



Newly Approved e-Advertisers

The following entities were granted approved e-Advertiser status through the NABP e-Advertiser Approval<sup>CM</sup> Program:

Iodine, Inc  
www.iodine.com

Klein’s Pharmacy and Klein’s Pharmacy & Orthopedic Appliances, Inc  
www.kleinspharmacy.com

A full listing of NABP approved e-Advertisers is available on the NABP website at [www.nabp.net](http://www.nabp.net). ©

## CPE Monitor Data and Examination Eligibility Functions Now Available Through Secure Board e-Profile Connect

Authorized board of pharmacy staff may now access licensees' CPE Monitor® data and easily approve candidates' North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®) eligibility using new features in the secure NABP Board e-Profile Connect. These added functions make Board e-Profile Connect a "one-stop shop" for access to NABP services offered in support of boards' licensure responsibilities.

In the summer of 2013, the Board e-Profile Connect system, sometimes referred to as the "board portal," was updated to provide NABP staff the ability to customize user access for board executive directors by assigning certain responsibilities and functions for use only by designated board staff. Access to license transfer information and NABP Clearinghouse data and reporting functions continue to support boards in the process of determining licensure, and Board e-Profile Connect will soon offer access to inspection reports and other licensure information online when Verified Pharmacy Program™ (VPP™) data is integrated into the board system. More information about forthcoming features related to VPP is

available in the cover story of this issue.

### Searchable CPE Data

Similar to the recently enhanced interface for accessing Clearinghouse data for specific licensees, Board e-Profile Connect now offers access to CPE Monitor data. Clicking on the "NABP CPE Monitor" link in the portal will display options that allow staff to query individual licensees, or to run reports with specific search parameters. For example, when a board needs to audit continuing pharmacy education (CPE), staff can select a date range and click options to audit all their licensees. Results returned will offer the option to review more closely particular licensees' CPE activity, and results can be exported in an Excel-compatible format for further analysis. CPE Monitor data currently includes all Accreditation Council for Pharmacy Education-accredited CPE activity records since January 1, 2013. Over 203,000 pharmacy technicians and 278,850 pharmacists have registered for the CPE Monitor service.

### NAPLEX and MPJE Information

Licensees' NAPLEX and MPJE eligibility may now be approved through Board e-Profile Connect. Designated users can eas-

ily filter results to review certain candidates, such as those whose eligibility needs to be determined. The system displays an overview for each candidate including the examination they have applied for, and how many times the candidate has attempted the examination in the past. A separate function allows staff to create reports on examination eligibility history.

### Additional Features

Board e-Profile Connect also continues to offer real-time reporting of NABP Clearinghouse data. Boards may easily update Clearinghouse data through the system,

and data on licensees is reported to other relevant boards in real-time. Staff may click on the "alert" tab to see an at-a-glance list of that state's licensees for whom disciplinary action has been reported by another state. The interface offers the ability to quickly access additional information such as links to board orders and a description of the action taken and the basis for action. The system also allows users to query a particular licensee.

Information on Foreign Pharmacy Graduate Examination Committee™ candidates is also available in the system.

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### Board e-Profile Connect Features

- ✓ NABP Clearinghouse data may be uploaded and is available in real-time
- ✓ License verification information may be accessed
- ✓ North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®) eligibility can be easily approved
- ✓ CPE Monitor® data may be accessed, including reports and searches for specific licensees
- ✓ Foreign Pharmacy Graduate Examination Committee™ Certification candidate information is available

Inspection reports are also available and Verified Pharmacy Program™ information will soon be available to authorized board staff through Board e-Profile Connect.

nabp newsletter

### Board e-Profile Connect

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### Training Support

When significant system enhancements are made, NABP offers boards of pharmacy the

opportunity to participate in training webinars reviewing new Board e-Profile Connect features. Information on upcoming webinars is sent to executive directors as trainings become available. In addition, a

Board e-Profile Connect user manual is available to assist board of pharmacy staff. To request training or additional information, contact Neal Watson, member liaison, by sending an e-mail to [nwatson@nabp.net](mailto:nwatson@nabp.net).

NABP will continue to partner with member boards of pharmacy, learning what functions will best support their licensure needs in order to continually enhance the Board e-Profile Connect system. 

## Customized NABP Service Offers CPE Data Integration into Board Applications

To assist member boards using third-party or board-developed applications for tracking continuing pharmacy education (CPE) credit requirements, NABP is developing a standardized data exchange system that will securely transmit CPE activity data for the board's licensees from the CPE Monitor® system to the board's database. This customized service will help boards ensure CPE data records are more complete, assisting in the licensure renewal process. Since the data will be integrated into a board's

existing licensure software, boards will be able to take advantage of CPE Monitor with little or no operational and procedural changes. Pilot efforts are underway with the North Carolina Board of Pharmacy and Florida Board of Pharmacy and should be ready for operational deployment later in 2014.

By providing the ability to synchronize CPE data, this NABP service will streamline the licensure renewal process in North Carolina. Currently, licensees are required to manually enter all continuing education information through a Board of

Pharmacy account before their renewal can be processed. In the future, when the data exchange is fully implemented by North Carolina, it will be possible to automatically synchronize any information in a licensee's NABP e-Profile, including all Accreditation Council for Pharmacy Education-accredited CPE credits. Synchronizing relevant CPE Monitor activity records with the Board's existing CPE data will assist the North Carolina Board in the auditing of CPE and in the automated licensure renewal process. The Florida Board of Pharmacy will implement a similar capability

through a third-party contractor.

Boards using this service will need to use the NABP e-Profile ID number as a common identifier for both systems in order to ensure proper matching of the information. Because of this requirement, NABP encourages member boards to require an NABP e-Profile ID number as part of its licensure process.

Boards who would like to learn more about this customized NABP service may contact Lawana Lyons, licensure programs manager, at [llyons@nabp.net](mailto:llyons@nabp.net). 



### Newly Accredited DMEPOS Facilities

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

**Hancock Pharmacy IV**  
Norwalk, CT

**Nanticoke Pharmacy, LLC**  
Seaford, DE

A full listing of over 500 accredited DMEPOS companies representing nearly 27,500 facilities is available on the NABP website at [www.nabp.net](http://www.nabp.net). 

# NABP Clearinghouse Totals Increase in 2013; State Boards of Pharmacy Report 4,938 Disciplinary Actions

Consistent with the trend that began in early 2013, the Association’s year-end data results show an increase in the amount of disciplinary actions reported to the NABP Clearinghouse. In 2013, a total of 4,938 actions were reported, which represents an increase of about 21% when compared to the actions reported in 2012. Likely contributing to the influx of actions reported are the ongoing state and federal efforts being implemented to strengthen the regulation and inspections of compounding pharmacies in order to ensure the safety of compounded medications.

Of the 4,938 actions reported in 2013:

- 2,342 actions, or 47%, were taken on pharmacists;
- 1,393 actions, or 28%, were taken on pharmacies;
- 1,061 actions, or 21%, were taken on pharmacy technicians;
- 81 actions, or nearly 2%, were taken on pharmacy interns;
- 40 actions, or nearly 1%, were taken on wholesale distributors;
- 11 actions, or nearly 0.5%, were taken on manufacturers; and
- 10 actions, or nearly 0.5%, were taken on mail-order pharmacies.

The most common action reported to the Clearinghouse in 2013 was the category of publicly avail-

able fine/monetary penalty, comprising 29.5% of the total 4,938 actions. Following this category, probation of license was the second most reported action, representing 13.1% of the actions reported. The third most common action reported to the Clearinghouse in 2013 was reprimand or censure, making up 9.8% of the actions reported. (See Figure A for a full breakdown of the actions taken during 2013.)

The state boards of pharmacy also report the basis for all actions taken to the NABP Clearinghouse. In 2013, 25.5% were taken on the basis of a violation of federal or state statutes, regulations, or rules. In addition, 17.3% of actions

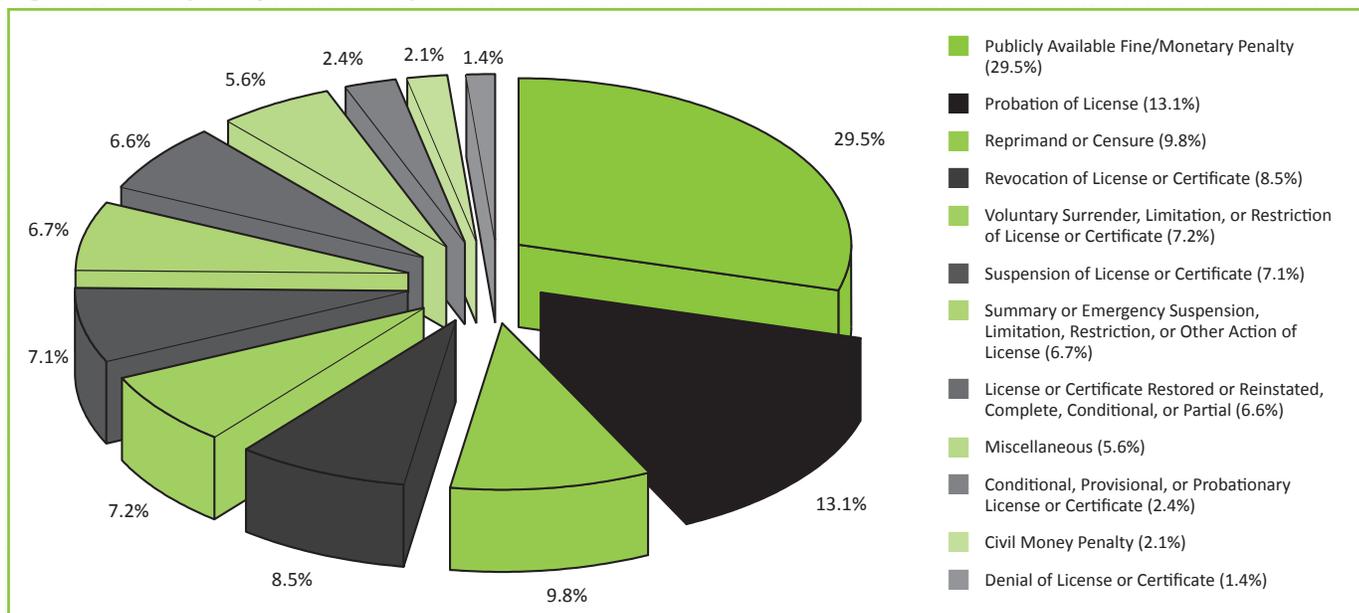
taken were due to those categories summed up in the miscellaneous category, including failure to meet licensing board requirements, failure to comply with patient consultation requirements, and inadequate security of controlled substances.

Another 11.4% of actions were taken based on the diversion of controlled substances. (See Figure B for a full breakdown of the basis for all actions taken in 2013.)

The Clearinghouse is regularly updated to serve as a comprehensive resource for the boards of pharmacy. Housing a tremendous amount of disciplinary data provided by the boards, the

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**Figure A: Disciplinary Actions Reported in 2013**



\*The miscellaneous category includes administrative fine/monetary penalty; directed in-service training; directed plan of correction; extension of previous licensure action; interim action; modification of previous licensure action; monitoring; other licensure action – not classified; publicly available negative action or finding; reduction of previous licensure action; and restrictions on admissions or services.

## Clearinghouse Numbers

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Clearinghouse is an important resource for the license transfer process as it tracks everything from the actions taken against pharmacists, pharmacy technicians, and pharmacies to the basis for these actions.

Reporting to the Clearinghouse is required by the NABP Constitution and Bylaws, and the Association continues to encourage the state boards of pharmacy to report disciplinary actions. Reports may now be submitted through Board e-Profile

Connect. Launched in April 2013, Board e-Profile Connect assists the boards by providing real-time access to adverse actions or statements of charges being reported to the Clearinghouse, and allowing the information to be communicated among all boards of pharmacy where a licensee may be practicing or doing business. This feature has benefited the boards over the past year as many boards implemented new rules for inspections related to nonresident pharmacies compounding sterile drugs. More information about

Board e-Profile Connect is available on pages 79 and 80.

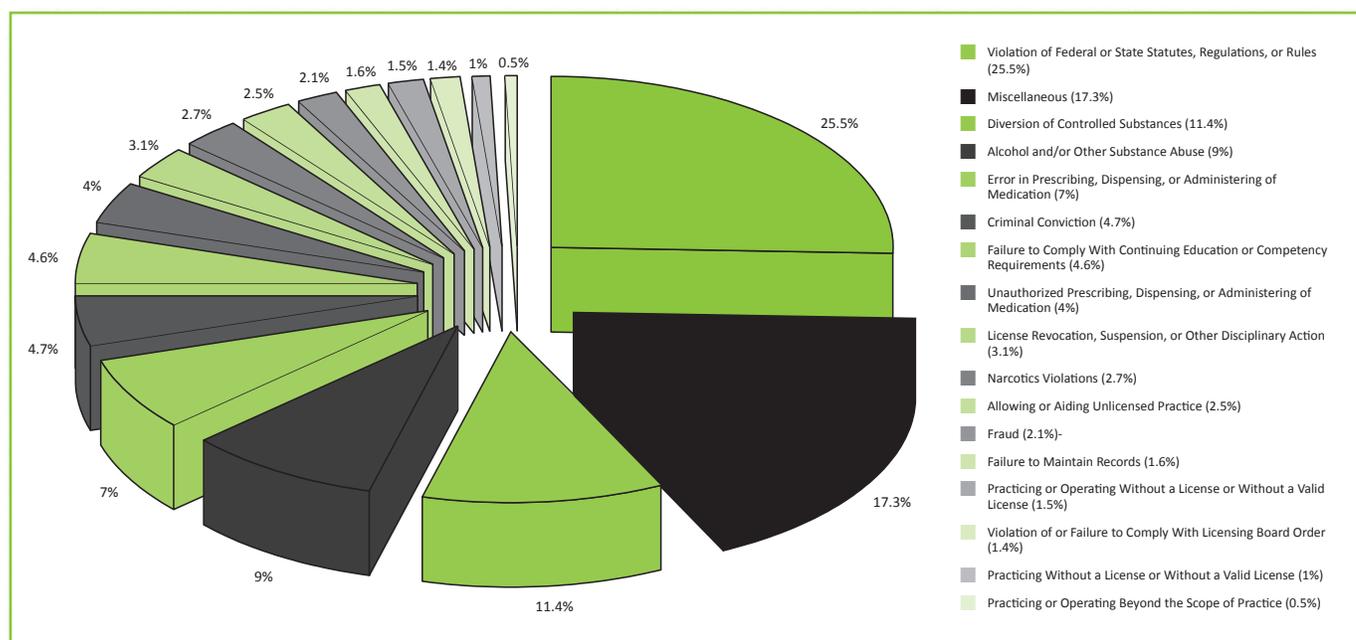
NABP also offers its services as a reporting agent for the National Practitioner Data Bank (NPDB), which now houses Healthcare Integrity and Protection Data Bank data. Boards that have designated NABP as their reporting agent for NPDB can utilize Board e-Profile Connect to transmit the disciplinary data directly to the federal data banks. Currently, 32 boards of pharmacy have designated NABP as their NPDB reporting agent.

Boards of pharmacy that wish to request search

queries of the NABP Clearinghouse data may do so by contacting the NABP Licensure Programs Department. NABP is able to provide the boards of pharmacy with specified reports whenever needed. Boards may request a report by calling 847/391-4406 or by sending an e-mail to clearinghouse@nabp.net.

Additional information about the NABP Clearinghouse and designating NABP as a reporting agent is available under Member Services in the Programs Section of the NABP website at [www.nabp.net](http://www.nabp.net). 

**Figure B: Basis for Disciplinary Actions Reported in 2013**



\*The miscellaneous category includes conduct evidencing ethical unfitness; conduct evidencing moral unfitness; default on health education loan or scholarship obligations; deferred adjudication; disruptive conduct; diverted conviction; expired drugs in inventory; failure to comply with patient consultation requirements; failure to consult or delay in seeking consultation with supervisor/proctor; failure to cooperate with board investigation; failure to disclose; failure to maintain equipment/missing or inadequate equipment; failure to maintain supplies/missing or inadequate supplies; failure to meet licensing board reporting requirements; failure to obtain informed consent; failure to pay child support/delinquent child support; failure to take corrective action; immediate threat to health or safety; improper or abusive billing practices; improper or inadequate supervision or delegation; inadequate or improper infection control practices; inadequate security for controlled substances; incompetence; lack of appropriately qualified professionals; mental disorder; misappropriation of patient property or other property; misrepresentation of credentials; negligence; nolo contendere plea; other – not classified, specify; other unprofessional conduct; sexual misconduct; substandard or inadequate care; unable to practice safely; unable to practice safely by reason of physical illness or impairment; unable to practice safely due to psychological impairment or mental disorder; and unprofessional conduct.

# NABP-Developed PMP Software Now Benefits Over 8.5 Million Patients and Providers Across Three States for CS Reporting

With the assistance of Appriss, Inc, NABP has been able to successfully pilot a new generation of prescription monitoring program (PMP) software being accessed by thousands of prescribers and dispensers in three states – Kansas, Mississippi, and Nevada. This new NABP-developed software, PMP AWARD<sub>X</sub>E™, now serves over 8.5 million patients and providers for controlled substance (CS) reporting and is expected to grow as two additional states – Idaho and North Dakota – begin piloting the software.

PMP AWARD<sub>X</sub>E is a joint undertaking between NABP and Appriss, Inc, a leading technology provider that developed and hosts NABP PMP InterConnect®. The software was designed from the ground up with input from experienced PMP administrators and experts in the health care industry to provide greater flexibility and more services than standard PMP software systems currently on the market.

In addition, the software is highly configurable to each state's needs and is also designed to work seamlessly with NABP InterConnect for those states participating in the program to provide an even more comprehensive prescription history report.

## State Pilot Overview

With the newly developed software now configured for the state PMPs of Kansas, Mississippi, and Nevada, PMP administrators and requestors have taken notice of several improvements as shown through the number of registered users and the number of prescription history requests. Administrators have noted the ease of use of the software. In July 2013, the software pilots began with the Kansas PMP, known as K-TRACS (Kansas Tracking and Reporting of Controlled Substances). Prior to implementing PMP AWARD<sub>X</sub>E, K-TRACS had 6,237 in-state registered users and averaged 17,022 in-state report requests per month from July 1, 2012 through February 2, 2013. After going live with the new software, the number of registered users and report requests during the same time period increased. From July 1, 2013 through February 2, 2014, there were 6,885 in-state registered users. During that same period, K-TRACS received 256,319 requests, including 133,447 out-of-state requests through NABP InterConnect, which allows authorized users in participating states to query Kansas PMP data.

According to Marty Singleton, assistant direc-

## Twenty-Four States Now Live With NABP PMP InterConnect

NABP PMP InterConnect® participation continues to grow with Idaho and West Virginia's prescription monitoring programs (PMP) now live as of February 2014. As of press time,



- Authorized users in 24 states are sharing data through NABP InterConnect, which enables the secure transfer of PMP data among participating states: Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Mexico, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Virginia, West Virginia, and Wisconsin.
- Two additional states have signed memorandums of understanding (MOU) to participate.
- Four states have MOUs under review.
- Approximately 30 states will either be connected to or working toward a connection to NABP InterConnect in 2014. Since launching, the NABP InterConnect has processed more than 5 million requests, with an average wait time of 7.5 seconds for a consolidated multistate report.

The most up-to-date information about state PMP participation is available in the NABP InterConnect map, located in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net). 

tor and K-TRACS program director, Kansas State Board of Pharmacy, these numbers are expected to grow as additional PMP users are authorized to access the system via health information exchanges.

Singleton indicates that the PMP AWARD<sub>X</sub>E software offers several improvements for administration. For example, he highlighted the capability to monitor and query compliance, diversion

prevention, and statistical reports whenever needed as a significant benefit, particularly because he generates these reports on a quarterly basis.

The second state to pilot the new software was Mississippi, with a launch date of October 2013. Prior to implementing PMP AWARD<sub>X</sub>E, Mississippi's PMP averaged 3,700 registered users and 1,000 report requests per

(continued on page 84)

## New e-LTP Fees Effective July 1, 2014

Supporting ongoing efforts to protect the integrity of its licensure transfer programs and to support the expansion of new technologies that are being implemented to enhance the program, NABP is adjusting the fees for the Electronic Licensure Transfer Program® (e-LTP™).

Beginning July 1, 2014, the e-LTP fees will be adjusted as follows:

- The preliminary application and first state transfer fee will increase from \$350 to \$375
- Each additional state transfer will increase from \$50 to \$75

- Change of states will increase from \$50 to \$75
  - Time extensions will increase from \$50 to \$75
- The fees for e-LTP were last adjusted in 2010. More information about e-LTP is available in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net). Additional questions about



the fee adjustment may be directed to Neal Watson, member liaison, at [nwatson@nabp.net](mailto:nwatson@nabp.net). ☎

### PMP AWAR<sub>X</sub>E

(continued from page 83)

day. According to Deborah Brown, Mississippi PMP manager, Mississippi Board of Pharmacy, those numbers have seen significant growth. Brown noted, “it took us eight years to get 3,700 PMP users and average 1,000 queries per day. Since going live in October with PMP AWAR<sub>X</sub>E, we currently have 7,062 users registered to use the PMP. Our PMP requests per day now average more than 2,000. The paperless, online registration is fantastic and a big time saver for us.”

Nevada, the third state to implement the software, launched in December 2013. Since going live with PMP AWAR<sub>X</sub>E, the Nevada PMP has over 1,900 registered users

and averages about 2,900 requests per day. The Nevada PMP averaged about 2,900 requests prior to using the new system, but highlights several improvements with the implementation of PMP AWAR<sub>X</sub>E, including a reduction in the amount of time spent on assisting requestors, including phone queries received by PMP users for assistance.

Lisa Adams, program administrator, Nevada State Board of Pharmacy, states “The most dramatic improvement has been a 75-80% decrease in phone calls from users. PMP AWAR<sub>X</sub>E is a simple, user friendly program that requires minimal administrative intervention.”

In addition, Adams states that the new system makes differentiating between multiple patients in

a report easier for PMP users as the system automatically combines a patient’s history into one report.

As of press time, Idaho began piloting the software in late February 2014. North Dakota will launch the software in early April 2014. More information on these pilots will be forthcoming in future NABP communications.

### Additional State Use

NABP is currently piloting PMP AWAR<sub>X</sub>E free of charge to the five states mentioned. NABP has received word from additional states that are interested in licensing the software to replace their current PMP software from other vendors. These states must undergo a competitive procurement process in order to utilize the software. NABP is currently work-

ing with Appriss, Inc, to respond to several existing requests for proposals and soon intends to announce any additional states to begin using PMP AWAR<sub>X</sub>E. It is NABP’s hope that future revenues from NAR<sub>X</sub>CHECK®, the software tool that generates risk-based scores reflecting a patient’s CS prescription medication history, will allow NABP to make the software, as well as continue to make NABP InterConnect, available to additional PMPs without charge. More information about NAR<sub>X</sub>CHECK is available in the June-July 2013 NABP Newsletter.

More information about PMP AWAR<sub>X</sub>E may be obtained from the Member Relations and Government Affairs Department at [GovernmentAffairs@nabp.net](mailto:GovernmentAffairs@nabp.net). ☎

# Positive Correlations in Content Areas Continue to Demonstrate PCOA's Effectiveness as Pharmacy Curricula Assessment Tool

Five years of Pharmacy Curriculum Outcomes Assessment® (PCOA®) data shows a step progression in knowledge as students advance in their studies, and continues to demonstrate that PCOA score results provide reliable and valid information about students' abilities and knowledge. With over 19,400 assessments administered across 56 colleges and schools of pharmacy, the PCOA has provided an external measure of student performance for use as a curricular evaluation tool. Now in its sixth year, the PCOA remains the only independent, objective, and national assessment that enables schools and colleges of pharmacy to assess their curriculum, measure their students' knowledge, and compare their results to other schools and colleges throughout the United States.

## Scores Increase as Students Advance

Continuing a trend from 2009, PCOA data obtained from 2010 to 2013 shows that overall scores increase as students advance from the first year through fourth year of the professional curriculum (see Chart A). This step progression of knowledge reflected in the five-year score result trends, provides evidence that the PCOA is a valid measure of the knowledge in US pharmacy school curricula.

## Content Validity

Also demonstrating the validity of the PCOA, inter-scale correlations among the assessment's four content areas (basic biomedical sciences, pharmaceutical sciences, social/behavioral/administrative pharmacy sciences, and clinical sciences) shows that scores in all areas are positively correlated with one another. This correlation provides evidence that the assessment measures a uni-dimensional construct. Additionally, for each content area the score increases from P1 to P4 years (see Chart B).

The content validity argument for the PCOA is also supported by the assessment's rigorous and representative content development process. The design, development, administration, and scoring of the PCOA aligns with US pharmacy curricula and

also aligns with professional standards for test development and psychometrics used in education and high-stakes test development. The assessment's content is developed and revised by US pharmacy school faculty, practitioners, and other pharmacy education specialists. These subject matter experts are screened through their academic and professional credentials and are also routinely evaluated in terms of their geographic location, college of pharmacy characteristics, academic specialization, and demographics. The PCOA test questions and examination forms are written and reviewed by subject matter experts from more than 60 accredited colleges of pharmacy.

## Reliability

The PCOA's reliability measure represents the consistency of scores across ad-

ministrations. The higher the reliability measure, the less random error contributes to an individual's score and thus the more confidence can be had in the scores. Each year of administration, the PCOA's reliability measure meets professional testing industry standards for high-stakes examinations such as the North American Pharmacist Licensure Examination® (NAPLEX®) or the Multistate Pharmacy Jurisprudence Examination®.

## Assisting the Schools and Colleges

As part of the schools and colleges of pharmacy's efforts to ensure the highest quality of education for their doctor of pharmacy students, the PCOA may be used to:

- Evaluate whether curricula meet the desired outcomes of their programs,

(continued on page 86)

**Chart A.**

Data from 2010 to 2013 indicates that there is a progression of student scores across program years P1 through P4.



## PCOA

(continued from page 85)

- Measure the overall performance of pharmacy students and to compare their scores to a representative national sample,
- Evaluate the strengths and weaknesses of students,
- Track scores from year to year in order to track student growth,
- Monitor improvements in student performance after curricula have been modified or updated, or to
- Conduct research studies, such as comparing academic proficiency (eg, grade point average or completion of the

PharmD program) with PCOA and NAPLEX scores to provide insight into performance measures and trends. (Note that while the PCOA does not measure the same information as the NAPLEX, there is some overlap in content. The NAPLEX measures the student's ability to apply his or her knowledge and skills necessary for entry-level pharmacy practice while the PCOA measures a student's mastery of pharmacy knowledge in US pharmacy curriculum.)

The PCOA can also help the schools and colleges to

track and maintain compliance with the Accreditation Council for Pharmacy Education (ACPE) standards and to compare results with peer institutions.

## PCOA Forum

As in years past, NABP will host a forum on April 24, 2014, to further cultivate a communicative, educational, and collegial environment for current PCOA users, prospective users, stakeholders, and developers to convene and share their own perspectives and experiences with the assessment. This interactive event also provides attendees a unique networking opportunity to join representatives

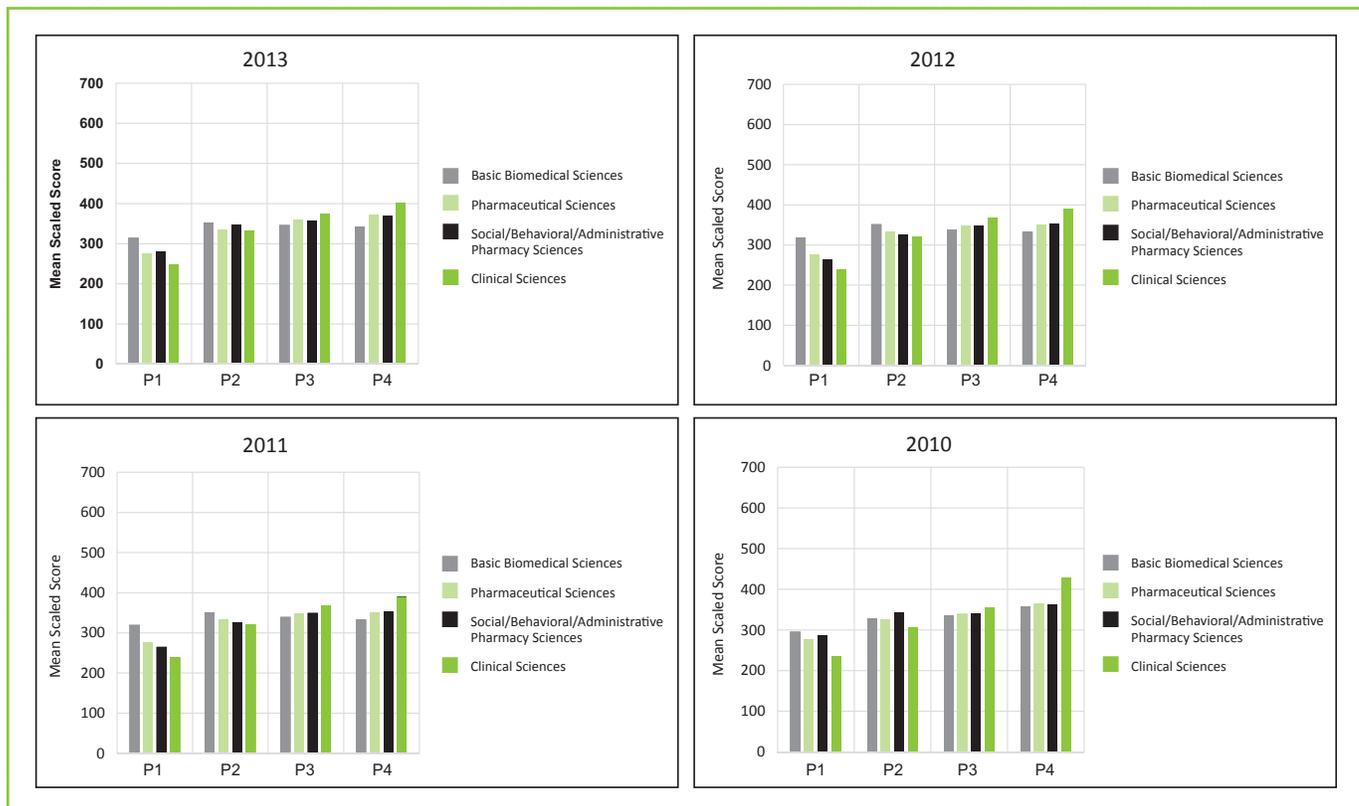
from schools and colleges of pharmacy, the American Association of Colleges of Pharmacy, and the ACPE.

The next available testing window for the 2014 PCOA is August 18 to September 12, 2014. Registration for this testing window ends May 20, 2014. The winter 2014 PCOA administration had 23 participating schools. More information about the PCOA is available in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net).

For information about the 2014 PCOA Forum, please contact Maria Boyle, competency assessment senior manager, by sending an e-mail to [mboyle@nabp.net](mailto:mboyle@nabp.net). 

## Chart B.

The four charts below show the 2010 to 2013 mean scaled scores over all four content domains across each of the professional years.



## 2014-2015 NAPLEX Review Committee Members Announced

NABP is pleased to announce the members of the 2014-2015 North American Pharmacist Licensure Examination® (NAPLEX®) Review Committee, introducing one new member and commending 23 returning members.

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 developing new test questions. Acting under the policy and planning guidance of the Advisory Committee on Examinations and the NABP Executive Committee, these dedicated volunteers share the task of safeguarding the integrity and validity of the Association's examination. NABP appreciates the assistance of these committee members as they evaluate examination content and ensure that it meets the specified competency assessment statements, which, in essence, determine the question pool.

The following NAPLEX Review Committee members began their new terms on February 1, 2014.

### NAPLEX Review Committee Members

- Marie Abate, West Virginia University
- Jennifer Beall, Samford University
- Christopher Betz, Sullivan University
- Michael Cockerham, University of Louisiana – Monroe
- Ariane Conrad,\* Xavier University of Louisiana
- Mark Decerbo, Roseman University of Health Sciences
- Betty Dong, University of California – San Francisco
- Darla Gallo, pharmacist, Philadelphia, PA
- W. Franklin Gilmore, professor emeritus, Montana Tech of The University of Montana
- Robert P. Henderson, Samford University
- William A. Hopkins, Jr, pharmacist, Big Canoe, GA
- Tom M. Houchens, pharmacist, London, KY
- Arthur I. Jackowitz, professor emeritus, West Virginia University
- William Kehoe, Jr, University of the Pacific
- Susan C. Lutz, pharmacist, Altoona, IA
- David W. Newton, Shenandoah University
- Roy Parish, University of Louisiana – Monroe
- Benjamin Prewitt, pharmacist, Lebanon, OH
- David B. Roll, professor emeritus, University of Utah
- Eric F. Schneider, University of Waterloo
- Cynthia Sieck, pharmacist, Vancouver, WA
- John L. Szarek, The Commonwealth Medical College
- Neal F. Walker, pharmacist, Hibbing, MN
- Siu-Fun Wong, Chapman University ☉

\*Denotes new members

## Pharmacy Practice Analysis Survey Now Available

NABP would like to remind all pharmacists that the pharmacy practice analysis survey is available from now until mid-May 2014, at [www.nabp.net/pharmacy-practice-analysis-survey](http://www.nabp.net/pharmacy-practice-analysis-survey).

Pharmacist practitioners in all areas of practice as well as pharmacy academicians are encouraged to participate. Participating in the survey is a unique opportunity to give back and share one's expertise in pharmacy practice by assisting NABP in updating and validat-

ing the current North American Pharmacist Licensure Examination® (NAPLEX®) competency statements.

The responses from this year's pharmacy practice analysis survey will be carefully analyzed and weighted and will be presented to the NAPLEX Review Committee, Advisory Committee on Examinations, and NABP Executive Committee for policy recommendations and final approval. The approved competencies and blueprint are expected to be implemented in the NAPLEX during



2015, and all schools and colleges of pharmacy, as well as state boards of pharmacy, will be notified of these revisions.

More information about the survey is available in the January 2014 *NABP Newsletter*. ☉

# Deadline Approaching to Designate Official Voting Delegates for the 110<sup>th</sup> Annual Meeting in Phoenix, AZ

The deadline for active member boards to designate official voting delegates and alternate voting delegates for the NABP 110<sup>th</sup> Annual Meeting is **Thursday, April 17, 2014**.

Pursuant to policies set forth by the NABP Executive Committee, each executive officer of an active member board shall provide credentials for the delegate and alternate delegates and return them to NABP no later than 30 days prior to the Annual Meeting.

Voting delegates are responsible for voting at the business sessions dur-

ing the NABP Annual Meeting and transmitting the board's position on all matters brought before the convention. Only current board of pharmacy members or chief administrative officers qualify to serve as delegates or alternate delegates. Only one individual may serve as the official voting delegate; however, there is no limit on how many individuals may serve as an alternate delegate.

Active member boards are encouraged to submit their signed Official Delegate Certificates by the April 17 deadline in order to qualify for the Annual Meeting Travel Grant.

Associate member boards are not eligible to vote during the Annual Meeting per the NABP Constitution; however, associate member boards are encouraged to also submit their signed Official Delegate Certificates.

Executive officers of the boards may submit their signed Official Delegate Certificate to Lisa Braddy, Executive Office coordinator, at NABP Headquarters via fax at 847/391-4500 or may scan and e-mail the certificate to [exec-office@nabp.net](mailto:exec-office@nabp.net).

For more information, please contact the NABP Executive Office at [exec-office@nabp.net](mailto:exec-office@nabp.net). ☎

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## Time Still Available for Active Member State Boards of Pharmacy to Apply for Annual Meeting Travel Grant

The NABP Foundation™ is offering active member state boards of pharmacy travel grant opportunities to attend the 110<sup>th</sup> Annual Meeting to be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ. The opportunity to apply is still available. 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 years past, the travel grant was provided only for voting delegates. Although that restriction no longer applies, in order to receive reimbursement, active member boards of pharmacy still 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 del-

egates 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 110<sup>th</sup> 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. Applica-



tions can be submitted by mail to the NABP Executive Office at NABP Headquarters or via e-mail at [exec-office@nabp.net](mailto:exec-office@nabp.net). NABP requests that applications be submitted prior to the Annual Meeting. All applicants will be informed of whether or not they have qualified for the grant. Last year, 41 state boards of pharmacy applied and were approved for the NABP 109<sup>th</sup> Annual Meeting Travel Grant.

For more information on the Annual Meeting Travel Grant, contact the NABP Executive Office at [exec-office@nabp.net](mailto:exec-office@nabp.net). ☎

## NABP 110<sup>th</sup> Annual Meeting Offers Participants Opportunity to Earn 8.5 Hours of Continuing Pharmacy Education Credit

The NABP 110<sup>th</sup> Annual Meeting, “*A Partnership Reborn: Revitalized and Re-united – Boards of Pharmacy and NABP*,” to be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ, offers attendees the chance to earn up to 8.5 contact hours (0.85 continuing education units (CEUs)) of Accreditation Council for Pharmacy Education-accredited continuing pharmacy education (CPE) credit. The CPE is designed to address current issues affecting the regulation of pharmacy practice. All Annual Meeting participants will have the opportunity to attend four 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 one pre-meeting CPE session.

### Saturday, May 17

#### Pre-Meeting CPE

*DQSA Title II: Drug Supply Chain Security and Federal-State Cooperation*

Everyone has been talking about Title I of the Drug Quality and Security Act (DQSA) and how it is affecting pharmacy compounding, but how will Title II impact drug distribution in the United States? The provisions of Title II concerning track and trace, pedigree, and licensure requirements have generated a myriad of questions concerning implementation, federal preemption,

and federal-state cooperation. During this session, representatives from Food and Drug Administration (FDA) will provide participants with valuable information about Title II of the DQSA. Participants will earn 2 contact hours (2 CEUs) of CPE credit.

### Sunday, May 18

#### Joint CPE

*Educational Poster Session – Partnering to Protect the Public Health*

Continuing to be an annual favorite, the Educational Poster Session offers an opportunity for participants to learn, network, and earn CPE credit. Boards of pharmacy and schools and colleges of pharmacy representatives will present various poster displays as they relate to this year’s Poster Session theme, “Partnering to Protect the Public Health.” CPE is earned in this session through interactive participation with presenters for one hour during the three-hour offering and passing a post-session test. Participants will earn 1 contact hour (0.1 CEU) of CPE credit.

#### Joint CPE

*Compounding for Office Use and Outsourcing Facilities*

The DQSA was passed to address issues identified by the 2012 compounding tragedy that claimed the lives of a number of patients and injured hundreds of patients. Compounding for office use and the regulation of outsourcing facilities through

a voluntary process with FDA are of concern to pharmacists, regulators, and patients. Participants will learn about the legality of compounding for office use and the appropriate regulation of outsourcing facilities. Participants will earn 1 contact hour (0.1 CEU) of CPE credit.

### Monday, May 19

#### Joint CPE

*Cannabis Is Here to Stay – Regulatory Update*

While a very controversial topic less than 10 years ago, medical and recreational cannabis laws of varying degrees have since been enacted by 20 states, with some laws placing oversight of dispensaries under the board of pharmacy. Attendees will gain information regarding which states have the most stringent laws and regulations including how boards of pharmacy are involved and what the future holds. Participants will earn 1.5 contact hours (0.15 CEUs) of CPE credit.

### Tuesday, May 20

#### Executive Officer and Board Member CPE

*Emerging Paradigms – Physician Dispensing and Pharmacist Compounding in Physician Offices*

What do we know and what should we know about physician dispensing? Attendees will learn about the findings of a physician dispensing study performed by the University of Utah and funded by the Utah Department of Commerce.

Additionally, the discovery of a new evolving “practice” will be discussed that involves pharmacists compounding in physicians’ offices. Should these offices be licensed as pharmacies? Attendees will hear from a board of pharmacy executive about the legality of this practice. Participants will earn 1.5 contact hours (0.15 CEUs) of CPE credit.

#### Compliance Officer CPE

*Diversion Prevention Tools – Working Together to Prevent Loss*

With prescription drug monitoring programs making it more difficult for doctor and pharmacy shoppers to obtain controlled substances, these types of drug abusers must turn to other methods of diversion. What can boards of pharmacy do to educate their licensees to keep their pharmacies safe? Experts will provide board compliance officers with tools to help prevent diversion and keep controlled substances where they belong and not in the hands of those who attempt to obtain them for non-therapeutic use. Participants will earn 1.5 contact hours (0.15 CEUs) of CPE credit.

#### Joint CPE

*Medication Synchronization – Boards’ Role in Helping Pharmacists Increase Adherence*

Medication synchronization programs – an emerging trend in pharmacy practice

(continued on page 91)

## Meeting Program

May 17-20, 2014

Sheraton Phoenix Downtown Hotel

Phoenix, AZ

### Saturday, May 17, 2014

10 AM - 6 PM

#### Registration/Information Desk Open

1:30 - 3:30 PM

Pre-Meeting CPE

#### DQSA Title II: Drug Supply Chain Security and Federal-State Cooperation

ACPE #0205-0000-14-001-L03-P  
(0.2 CEUs – 2 contact hours)

4 - 5 PM

#### From District Meeting to Annual Meeting – Learning About NABP

6 - 9 PM

#### President's Welcome Reception

Sponsored by Express Scripts  
Honoring NABP President  
Karen M. Ryle, MS, RPh  
*Dinner will be served*  
*Dress: business casual*

### Sunday, May 18, 2014

7 AM - 4:30 PM

#### Registration/Information Desk Open

7:30 - 8:30 AM

#### NABP AWARDS Fun Run/Walk

Sponsored by Rite Aid Corporation

8:30 - 11:30 AM

#### Hospitality Brunch

Sponsored by Omnicare, Inc  
**Educational Table Top Displays**

8:30 - 11:30 AM

Joint CPE

#### Educational Poster Session – Partnering to Protect the Public Health

Sponsored by Pearson VUE  
ACPE #0205-0000-14-002-L04-P  
(0.1 CEU – 1 contact hour)

Noon - 3:15 PM

#### First Business Session

Presiding: Karen M. Ryle, MS, RPh,  
NABP President

- Welcome Remarks  
Carmen A. Catizone, MS, RPh,  
DPh, NABP Executive Director/  
Secretary

- Presentation of Colors
- National Anthem
- Keynote Address  
Sponsored by Humana  
Pharmacy Solutions  
Captain Mark Kelly
- Call to Order
- Greetings from the Host State  
Senator Nancy Barto, Arizona  
State Legislature, District 7,  
and Jim Foy, MBA, PharmD,  
President, Arizona State Board  
of Pharmacy
- Recognition of Sponsors
- Report of the Executive  
Committee  
Michael A. Burleson, RPh,  
Chairperson, NABP Executive  
Committee
- President's Address  
Karen M. Ryle, MS, RPh,  
NABP President
- Report of the Treasurer  
Edward G. McGinley, MBA,  
RPh, NABP Treasurer
- Announcement of Candidates  
for Open Executive Committee  
Officer and Member Positions
- Open Microphone Session  
(Time permitting.)

12:30 - 1:30 PM

#### Keynote Address

Captain Mark Kelly  
Sponsored by Humana Pharmacy  
Solutions

3:30 - 4:30 PM

Joint CPE

#### Compounding for Office Use and Outsourcing Facilities

Sponsored by Walgreen Co  
ACPE #0205-0000-14-003-L03-P  
(0.1 CEU – 1 contact hour)

### Monday, May 19, 2014

7:30 AM - 1 PM

#### Registration/Information Desk Open

7:30 - 8:45 AM

#### NABP/USP Breakfast

Sponsored by United States  
Pharmacopeial Convention

8:45 - 10:15 AM

Joint CPE

#### Cannabis is Here to Stay – Regulatory Update

ACPE #0205-0000-14-004-L03-P  
(0.15 CEUs – 1.5 contact hours)

10:30 AM - Noon

#### Second Business Session

Presiding: Karen M. Ryle, MS, RPh,  
NABP President

- Report of the Executive Director/  
Secretary  
Carmen A. Catizone, MS, RPh,  
DPh, NABP Executive Director/  
Secretary
- Report of the Committee on  
Resolutions  
Joseph L. Adams, RPh, NABP  
President-elect and Chairperson,  
Committee on Resolutions  
- First Reading of Resolutions
- Report of the Committee on  
Constitution and Bylaws  
Gay Dodson, RPh, Chairperson,  
Committee on Constitution and  
Bylaws  
- Presentation of Proposed  
Amendments to the  
Constitution and Bylaws
- Candidate Speeches for Open  
Executive Committee Officer and  
Member Positions

Noon - 12:30 PM

#### Informal Member/Candidate Discussion

12:30 PM - 2 PM

#### Accreditation Council for Pharmacy Education Open Forum

1:30 - 5 PM

#### Optional Tour

#### The Spirit of Phoenix Tour – Native Culture and Urban Sophistication

*Reservation required*

## Tuesday, May 20, 2014

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

### Emerging Paradigms – Physician Dispensing and Pharmacist Compounding in Physician Offices

ACPE #0205-0000-14-005-L03-P  
(0.15 CEUs – 1.5 contact hours)

8:45 - 10:15 AM

Compliance Officer CPE

### Diversion Prevention Tools – Working Together to Prevent Loss

Sponsored by DaVita Rx  
ACPE #0205-0000-14-006-L03-P  
(0.15 CEUs – 1.5 contact hours)

10:30 AM - Noon

Joint CPE

### Medication Synchronization – Boards' Role in Helping Pharmacists Increase Adherence

Sponsored by Walgreen Co  
ACPE #0205-0000-14-007-L03-P  
(0.15 CEUs – 1.5 contact hours)

Noon - 1:30 PM

### Lunch Break

(On your own)

1:30 - 4 PM

### Final Business Session

Presiding: Karen M. Ryle, MS, RPh,  
NABP President

- Election of 2014-2015 Executive Committee Officers and Members
- Remarks of the Incoming President Joseph L. Adams, RPh, NABP President-elect
- Installation of 2014-2015 Executive Committee Officers and Members
- Final Report of the Committee on Constitution and Bylaws  
Gay Dodson, RPh, Chairperson, Committee on Constitution and Bylaws
  - Discuss and Vote on Proposed Amendments to the Constitution and Bylaws
- Final Report of the Committee on Resolutions  
Joseph L. Adams, RPh, NABP President-elect and Chairperson, Committee on Resolutions
  - Discuss and Vote on Resolutions

- Invitation to the 2015 Annual Meeting in New Orleans, LA  
Carl W. Aron, RPh, President,  
Louisiana Board of Pharmacy

5:45 - 6:45 PM

### Awards Dinner Reception

7 - 10 PM

### Annual Awards Dinner

Presiding: Joseph L. Adams, RPh,  
2014-2015 NABP President

- Presentation to 2014 Honorary President
- Presentation to Karen M. Ryle, MS, RPh, 2014-2015 Chairperson, NABP Executive Committee
- Presentation of the 2014 Fred T. Mahaffey Award
- Presentation of the 2014 Henry Cade Memorial Award
- Presentation of the 2014 John F. Atkinson Service Award
- Presentation of the 2014 Lester E. Hosto Distinguished Service Award

*Dress: semiformal*

Note: The 110<sup>th</sup> 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 (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.

## Annual Meeting CPE

(continued from page 89)

– may significantly improve adherence rates for patients taking multiple medications over an extended period of time. Attendees will learn how the

appointment-based model, also known as medication synchronization, improves patient adherence by synchronizing all of a patient's chronic fill medications to come due on a single day of the month and whether medication synchronization can be performed within existing

pharmacy acts and regulations. Participants will earn 1.5 contact hours (0.15 CEUs) of CPE credit.

Additional information about the 110<sup>th</sup> Annual Meeting is available in the Meeting section of the NABP website at [www.nabp.net](http://www.nabp.net).



## AWARE<sub>rx</sub>.ORG Updated With Additional Resources to Encourage Safe Medication Practices

New resources – including expanded information for pharmacists and details on AWAR<sub>x</sub>E<sup>®</sup> resources for community groups – are now available on the AWAR<sub>x</sub>E website. As the primary communication channel of the AWAR<sub>x</sub>E Consumer Protection Program, AWARE<sub>rx</sub>.ORG aims to be a vital resource for consumers seeking information on medication safety, prescription drug abuse, medication disposal, and safely buying medications on the Internet. The new resources expand AWAR<sub>x</sub>E offerings to support pharmacists in patient care efforts and to support community outreach and educational programs. Highlights of the new content include:

- **Pharmacist Resources:** The Pharmacists section has been updated to include more information about how pharmacists can help to increase consumer safety and includes:
  - **NABP Resources:** Added resources include updated information about NABP programs including the .pharmacy initiative, NAR<sub>x</sub>CHECK<sup>®</sup>, and the NABP PMP InterConnect<sup>®</sup>.
  - **Patient Resources:** The Pharmacists section

- of the website now includes additional information about tools such as Verified Internet Pharmacy Practice Sites<sup>CM</sup> (VIPPS<sup>®</sup>) and Veterinary-Verified Internet Pharmacy Practice Sites<sup>CM</sup> (Vet-VIPPS<sup>®</sup>) that pharmacists can share with consumers. The resources listed can help consumers learn how to protect themselves and their families through responsible acquisition, use, and disposal of prescription and over-the-counter medications.
- **Community Resources:** The Get Active page has been expanded to include instructions for schools and community groups who want to organize an AWAR<sub>x</sub>Eness campaign. Through this page, organizations can get access to AWAR<sub>x</sub>E flyers, presentations, and medication safety tips to help them educate their communities. Visitors to this page are also encouraged to share their personal stories about medication safety and prescription drug abuse in order to help others learn from their experiences.

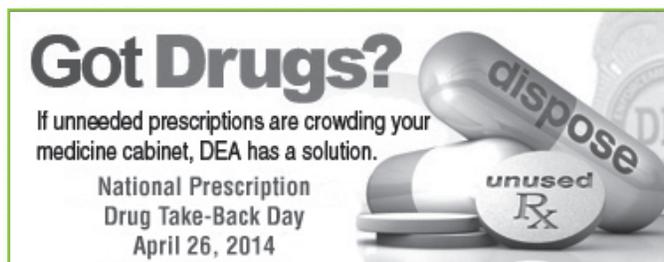
- **Student Resources:** In addition to the information already included for grade school, middle school, and high school students, this page has been updated to include resources for college students. Additionally, the site has been enhanced with new content, images, and links to make it easier for visitors to locate pertinent information.

### DEA Take-Back Day

To alert consumers about the importance of drug disposal in preventing abuse, the AWAR<sub>x</sub>E website always provides the latest information about Drug Enforcement Administration (DEA) National Prescription Drug Take-Back Days. The next scheduled DEA Take-Back Day is April 26, 2014. On this day from 10 AM to 2 PM, consumers may dispose of unneeded drugs, including controlled sub-

stances, at one of thousands of collection sites throughout the country. Since the events began in October 2010, DEA Take-Back Days have collected more than 3 million pounds of unwanted prescription medications from consumers in every state.

Throughout April, AWAR<sub>x</sub>E will be conducting an Internet social media and radio public service announcement (PSA) campaign to stress the importance of opportunities – such as DEA Take-Back Days – to rid the home of unneeded medications, and to prevent abuse and diversion. In addition to radio PSAs, Pandora PSAs, and online banner advertisements, this campaign will include an Internet media tour, featuring video interviews with Carmen A. Catizone, MS, RPh, DPh, executive director/secretary of NABP. ©



**Next DEA National Prescription Drug Take-Back Day**  
The next Drug Enforcement Administration (DEA) National Prescription Drug Take-Back Day will take place **Saturday, April 26, 2014**, from 10 AM to 2 PM. A list of disposal sites will be available after April 1.

## New Jersey Compounding Regulations Updated

The New Jersey State Board of Pharmacy has provided an overview of recodified and revised regulations for compounding sterile and non-sterile preparations in retail and institutional pharmacies, which are now in effect.

NJAC 13:39-11.12 of the sterile compounding regulations, which describe the responsibilities of the pharmacist-in-charge (PIC), has been recodified from the old NJAC 13:39-11.5.

Among other requirements, rules recodified address the PIC's responsibilities for storage of materials; establishing policies and procedures for audit trails; and ensuring that sterile preparations are compounded by licensed pharmacists with appropriate training.

New rules require the PIC to ensure personnel that compound sterile products are trained and evaluated and designate the PIC as responsible for the selection of the appropriate risk level for all compounded sterile preparations, the appropriate method of sterilization where indicated, and the appropriate placement of equipment, devices, and other objects within the compounding and/or buffer areas.

The New Jersey Board provides a summary of all the rule changes, as well as a link to the regulations in its January 2014 *New Jersey State Board of Pharmacy Newsletter* available in the Publications section of the NABP website at [www.nabp.net](http://www.nabp.net).

## Louisiana Reports Rule Updates for Compounding and Collaborative Drug Therapy

The Louisiana Board of Pharmacy has provided information on rules pertaining to compounding for prescriber use and collaborative drug therapy management.

The Board has republished the emergency rule that places limits on the amount of compounding for prescriber use a pharmacy may prepare without a patient-specific prescription. The Board's Regulation Revision Committee is working on a proposal that includes new legislative language and includes some of the comments and testimony from the public hearing. Clients may follow the progress of that proposal in the Public Notices section of the Board's website at [www.pharmacy.la.gov/index.cfm?md=pagebuilder&tmp=home&pid=79](http://www.pharmacy.la.gov/index.cfm?md=pagebuilder&tmp=home&pid=79).

In addition, rules were amended to streamline the administrative burden placed on physicians and pharmacists engaging in collaborative drug therapy management. Further, by amending some definitions, the amended rule deletes the limited list of conditions that were eligible for collaborative drug therapy management. Physicians and pharmacists now may collaborate on the drug therapy for any medical condition. The requirement for a separate collaborative practice agreement requiring advance approval from the Board was also deleted. In

its place is a requirement for collaborating pharmacists to notify the Board of the nature of the medical conditions for which the pharmacist is collaborating with a physician to manage the drug therapy. Written protocols identifying the patient and describing the actions to be taken by pharmacists are still required. The final rule was scheduled for publication in the December 20, 2013 edition of the *Louisiana Register*.

## North Carolina's Automated Dispensing Rules Now in Effect

Amendments to North Carolina Board of Pharmacy rules governing automated dispensing devices went into effect on December 1, 2013. The amended rules, which may be downloaded at [www.ncbop.org/LawsRules/rules.3400.pdf](http://www.ncbop.org/LawsRules/rules.3400.pdf), accomplish two primary changes: (1) all automated dispensing devices are now subject to a single, uniform set of standards; separate standards no longer govern "centralized" and "decentralized" automated dispensing devices and (2) the restocking provisions now allow, in certain circumstances, a registered nurse trained and authorized by the pharmacist manager to conduct restocking tasks provided that a quality assurance validated electronic verification process is in place.

## Minnesota Sets 2014 Legislative Initiatives

During the 2014 Legislative Session, the Minnesota Board of Pharmacy will be seeking changes to Minne-

sota's Pharmacy Practice Act and the Minnesota Controlled Substance Act related to several issues, including legislative initiatives related to compounding and the new federal legislation.

The Board is proposing changes to the Pharmacy Practice Act that are designed to align Minnesota law with provisions of the recently enacted federal law known as the Drug Quality and Security Act (DQSA) of 2013. DQSA allows certain compounding facilities to register with Food and Drug Administration as "outsourcing facilities." The Board's proposed changes would require those facilities to also be licensed by the Board, to provide copies of inspection reports to the Board, and to provide evidence that any deficiencies noted during inspections have been adequately corrected. The Board is also proposing definitions for the terms "compounding," "extemporaneous compounding," and "anticipatory compounding." Finally, the Board is proposing a new section, modeled after Section 503A of the Federal Food, Drug, and Cosmetic Act, that exempts compounders from the requirement to be licensed as manufacturers, as long as certain conditions are met.

A summary of other legislative initiatives in Minnesota is included in the January 2014 issue of the *Minnesota Board of Pharmacy Newsletter*, available in the Publications section of the NABP website at [www.nabp.net](http://www.nabp.net).

## Around the Association

### Executive Officer Change

- **Jason Richard** is now serving as interim executive secretary/business administrator of the New Hampshire Board of Pharmacy, replacing James “Jay” Queenan, MBA, RPh.

### Board Member Appointments

- **David Stephen Darby, RPh**, has been appointed a member of the Alabama State Board of Pharmacy. Darby’s appointment will expire December 31, 2018.
- **Debbie Chisolm, RPh**, has been appointed a member of the Connecticut Commission of Pharmacy. Chisolm is serving at the discretion of the appointing body.
- **Tejal Patel, RPh**, has been appointed a member of the Delaware State Board of Pharmacy. Patel’s appointment will expire November 1, 2016.
- **Bonnie Wallner, RPh**, has been appointed a member of the Delaware State Board of Pharmacy. Wallner’s appointment will expire September 10, 2016.

- **Susan Esposito, RPh**, has been appointed a member of the Delaware State Board of Pharmacy. Esposito’s appointment will expire October 25, 2015.

- **Kenneth Sellers** has been appointed a public member of the Delaware State Board of Pharmacy. Sellers’ appointment will expire September 10, 2016.

- **Jeenu Philip, BPharm**, has been appointed a member of the Florida Board of Pharmacy. Philip’s appointment will expire October 31, 2017.

- **Mark Mikhael, PharmD**, has been appointed a member of the Florida Board of Pharmacy. Mikhael’s appointment will expire October 31, 2016.

- **Robert Warnock, DPh, CGP**, has been appointed a member of the Georgia State Board of Pharmacy. Warnock’s appointment will expire November 1, 2018.

- **James Bracewell** has been appointed a public member of the Georgia State Board of Pharmacy. Bracewell’s appointment will expire July 6, 2018.

- **Kevin Desmond, RPh**, has been appointed a member of the Nevada State Board of Pharmacy. Desmond’s appointment will expire October 31, 2016.

- **Megan Marchal, PharmD**, has been appointed a member of the Ohio State Board of Pharmacy. Marchal’s appointment will expire June 30, 2017.

- **Melinda Ferris, RPh**, has been appointed a member of the Ohio State Board of Pharmacy. Ferris’s appointment will expire June 30, 2017.

- **Stephanie Ibey, PharmD**, has been appointed a member of the Vermont Board of Pharmacy. Ibey’s appointment will expire December 31, 2018.

- **Robert Carpenter, RPh**, has been appointed a member of the Vermont Board of Pharmacy. Carpenter’s appointment will expire December 31, 2018.

- **Maureen Sparks, CPhT**, has been appointed a member of the Washington State Pharmacy Quality Assurance Commission. Sparks’ appointment will expire January 19, 2017.

- **Timothy Lynch, MS, PharmD**, has been appointed a member of the Washington State Pharmacy Quality Assurance Commission. Lynch’s appointment will expire January 19, 2018.

- **Maura Little** has been appointed a public member of the Washington

State Pharmacy Quality Assurance Commission. Little’s appointment will expire January 19, 2017.

### Board Member Reappointment

- **Garrett Lau, RPh**, has been reappointed a member of the Hawaii State Board of Pharmacy. Lau’s appointment will expire June 30, 2017.

### Board Officer Changes

The Florida Board of Pharmacy has elected the following officers to the Board:

- **Jeffrey Mesaros, PharmD, JD**, Chairperson
- **Michele Weizer, PharmD**, Vice Chairperson

The Hawaii State Board of Pharmacy has elected the following officers to the Board:

- **Todd Inafuku, RPh**, Chairperson
- **Garrett Lau, RPh**, Vice Chairperson

The Vermont Board of Pharmacy has elected the following officers to the Board:

- **Jeffrey Firlik, RPh**, Chairperson
- **Larry Labor, RPh**, Vice Chairperson
- **Judith Wernecke**, Secretary

## New USP Web Page Answers Common Questions About USP Chapters 795 and 797

In response to questions concerning United States Pharmacopeia-National Formulary (USP-NF) General Chapters <795> and <797>, USP has created a new frequently asked questions (FAQ) page on its website. The FAQs answer questions related to the Revision Bulletin for Chapter <795> that was issued on November 22, 2013, and became official on January 1, 2014. Among other topics, the FAQs address common questions regarding beyond-use-dating, and the differences between testing stability with strength (potency) or stability-inducing methods. The FAQs can be accessed on [www.usp.org/support-home/frequently-asked-questions/compounding](http://www.usp.org/support-home/frequently-asked-questions/compounding). Question four on the page includes a link to a USP article, "Strength and Stability Testing for Compounded Preparations."

## Two Sterile Products Recalled

### Abrams Royal Compounding Pharmacy

Abrams Royal Compounding Pharmacy of Dallas, TX, and Food and Drug Administration (FDA) have announced a voluntary recall of all unexpired lots of sterile products after a report of an adverse event involving mineral IV injection, Lot Number 11142013@74. According

to an FDA news release, a patient who received this product was admitted to a hospital in California and had blood cultures that tested positive for *Stenotrophomonas maltophilia*, a gram-negative bacterium that can cause many types of infections. All recalled products are labeled with the name and phone number of the pharmacy in addition to the lot number. The recalled products were distributed to health care facilities, health care providers, and patients from June 17, 2013 through December 17, 2013.

To return a product, to find out the expiration date of a product if it is not included on the label, or to request assistance related to this recall, customers should call Abrams Royal at 214/349-8000, Monday through Friday, between 9 AM and 5 PM CST. Concerned patients who were administered any sterile products produced by Abrams Royal should contact their health care provider. The FDA news release is available on the FDA website at [www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm379634.htm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm379634.htm).

### Rohto Eye Drops Products

The Mentholatum Company of Orchard Park, NY, has issued a voluntary recall of some Rohto® eye drop products due to a manufacturing review at the production facility in Vietnam involving sterility controls. The recall has been issued at the retail level and includes Rohto Arctic, Rohto Ice,

Rohto Hydra, Rohto Relief, and Rohto Cool eye drops that were manufactured in Vietnam. Products made in other facilities are not affected by the recall. To date, there has been no evidence indicating the recalled products do not meet specifications.

The recalled products are sold over the counter at pharmacies and retail stores throughout the US, and can be identified by the words "Made in Vietnam" on the side carton panel under the company name and address information, as well as on the back label of the bottle. Lot numbers for the recalled products contain the letter "V." Distributors and retailers are being notified by letter to stop distributing the products and to follow the recall instructions provided by the company. Questions about the recall can be directed to the company at 877/636-2677, Monday through Friday, 9 AM to 5 PM EDT. FDA urges consumers and health care providers to report any adverse events or side effects related to the use of these products to FDA's MedWatch Safety Information and Adverse Event Reporting Program. More information is available at [www.fda.gov/Safety/Recalls/ucm382076.htm](http://www.fda.gov/Safety/Recalls/ucm382076.htm).

## Facility Prohibited from Producing, Distributing APIs for US Market

FDA decree has prohibited Ranbaxy Laboratories,

Ltd, from manufacturing and distributing active pharmaceutical ingredients (APIs) from the company's facility in Toansa, India, for use in FDA-regulated drug products. An inspection of the facility on January 11, 2014, identified significant current Good Manufacturing Practice violations, including retesting of raw materials, intermediate drug products, and finished APIs in order to produce acceptable findings after items failed analytical testing and specifications. The facility is now subject to certain terms of a consent decree of permanent injunction entered against Ranbaxy in January 2012.

Under the decree, FDA has issued an order prohibiting Ranbaxy from:

- Distributing drugs manufactured using APIs from Toansa in the US, including drugs made by Ranbaxy's Ohm laboratories in New Jersey;
- Manufacturing APIs at its Toansa facility for FDA-regulated drug products;
- Exporting APIs from Toansa to the US for any purpose; and
- Providing APIs from Toansa to other companies, including other Ranbaxy facilities, making products for American consumers.

More information is available in an FDA press release, available at [www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm382736.htm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm382736.htm). 



## nabp newsletter

National Association of Boards of Pharmacy  
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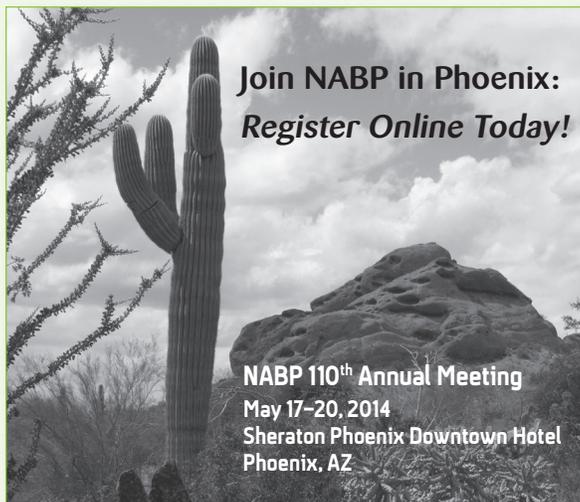


Photo courtesy of Greater Phoenix Convention and Visitors Bureau and ©DBG, Adam Rodriguez

Online registration is available for the NABP 110<sup>th</sup> Annual Meeting, “*A Partnership Reborn: Revitalized and Reunited – Boards of Pharmacy and NABP*,” to be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ.

NABP offers attendees three payment options:

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

More information about the 110<sup>th</sup> Annual Meeting, including registration, is available in the Meetings section of the NABP website at [www.nabp.net](http://www.nabp.net). 