



newsletter

National Association of Boards of Pharmacy®



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aid to government
the profession
the public
1904 to 2014

Upcoming Events

October 5-7, 2014
NABP/AACP Districts 1 & 2 Meeting
Williamsburg, VA

October 8-9, 2014
Task Force on Medication Synchronization
NABP Headquarters

October 7-18, 2014
PARE Administration

October 14-15, 2014
NABP Interactive Executive Officer Forum
Northbrook, IL

October 22-23, 2014
Task Force to Examine Strategies for Preventing and Reacting to Pharmacy Robberies and Thefts
NABP Headquarters

December 2-3, 2014
NABP Interactive Member Forum
Northbrook, IL

Online Medication Safety Advances with Launch of .Pharmacy Domain

In spring 2015, consumers seeking to order medications via the Internet will be able to find legitimate, safe online pharmacies by choosing one with an address ending in ".pharmacy." The NABP-operated .pharmacy generic Top-Level Domain (gTLD) registry is scheduled to begin registering its first applicants this fall.

As the Internet, fraught with rogue drug outlets, remains a hazardous place for patients to find medications, the .pharmacy gTLD was launched as a tool for consumers worldwide seeking safe online pharmacies. Earlier this year, the Association reported its findings that almost 97% of more than 10,700 Internet outlets reviewed by NABP and selling prescription medications to United States consumers operate out of compliance with state and federal laws and/or NABP patient safety

and pharmacy practice standards. This percentage has remained consistent over the six years that the Association has been reviewing websites as part of its Internet Drug Outlet Identification program. Most of the identified sites do not require a valid prescription, and more than 90% appear to have ties to rogue affiliate networks of Internet drug outlets. These networks offer unscrupulous dealers an ideal opportunity to supply credulous consumers with unapproved, substandard, and fake medications. Indeed, experts giving testimony at a February 2014 Congressional committee hearing noted that the majority of counterfeit prescription medications entering the US are obtained through the Internet.

The problem is by no means confined to the US. During just a few days in May 2014, as part of the seventh



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annual INTERPOL-sponsored International Internet Week of Action (also referred to as Operation Pangea VII), the US Food and Drug Administration and Customs and Border Protection examined packages at US-based international mail facilities, detaining or seizing nearly 600 packages containing illegal prescription medications ordered from online sources. Internationally, during the same operation, authorities seized more than 19,600 packages with unapproved or suspected counterfeit drugs.

The US Immigration and Customs Enforcement testified to Congress that

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.Pharmacy Launch

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public education, demand reduction, and global collaboration were all necessary elements in combatting rogue drug outlets. NABP's actions over the years have shown its concurrence with this assessment. The Association's Verified Internet Pharmacy Practice Sites® program has helped point consumers to safe Internet pharmacies for the last 15 years. NABP's AWARxE® Prescription Drug Safety Program, through its website and social media messaging, has taken a lead role in educating consumers about safely purchasing medications online and the risks of counterfeit drugs received from illegal online sellers. Now, with support from a coalition of international and domestic stakeholders, the Association is launching the .Pharmacy gTLD Program.

.Pharmacy gTLD policies have been developed to support the program's goal to provide patients and consumers around the world a means for identifying safe, legal, and ethical online pharmacies and related resources. The intuitive nature of the domain name offers an advantage to consumers seeking pharmacy-related sites. In addition, the global coalition of stakeholders that has collaborated with NABP throughout the domain registry application process, and remains an integral part of the program's governance and operation, makes the .pharmacy

domain relevant to consumers around the world.

.Pharmacy Vetted Websites

The anonymous and fluid nature of the Internet poses many problems for law enforcement and regulators. As registry operator of the .pharmacy domain, however, NABP will only register those pharmacy-related entities that successfully complete the application and approval process, proving that they meet all applicable regulatory standards not only in the jurisdiction where the entity is located, but also the jurisdictions where its patients or customers reside. NABP will also be able to suspend or cancel the domain names of any entities that are deemed abusive or noncompliant. In fact, the Association will perform active post-registration monitoring on registrants to ensure continued compliance with .Pharmacy gTLD Program standards. Registrants will also need to be re-approved annually. These measures will help to ensure the legitimacy of sites in the .pharmacy domain and achieve NABP's goal of keeping public safety at the forefront of this endeavor.

Launching .Pharmacy

NABP began the process of becoming the .pharmacy domain registry operator in 2012, when the Association, with the support of an international coalition of stakeholders, submitted an application to the Internet Corporation for Assigned Names and Numbers (ICANN). In contrast to most would-be domain registry

operators, NABP did not seek the role for commercial gain, but rather to protect public health on a global scale.

In May 2013, NABP cleared a major hurdle in its path toward becoming the .pharmacy registry operator when the Association's application passed ICANN's initial approval process. In June of this year, NABP and ICANN executed a registry agreement that made NABP the official registry operator for the .pharmacy domain. Since then, the Association has been operationalizing policies to ensure that all website operators within the .pharmacy domain will be legitimate and adhere to pharmacy laws within the jurisdictions where they and their customers are located. The .Pharmacy Supporter Advisory Committee, an international coalition of institutions and organizations that has worked with NABP in support of the .pharmacy application, met in July 2014 to discuss issues such as the international operationalization of the program, the program's governance structure, and registration policies and procedures.

The Association launched the .pharmacy domain on September 5, 2014, after completing the registry "on-boarding" process, which encompassed the steps between ICANN contract signing and opening up the domain for general registration. These steps included, among others, performing Pre-Delegation Testing to ensure that a domain registry operator is technologically capable of running the registry, and

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Interactive Forum Provides Collaboration and Networking Opportunities for Board Members

As part of the 2014 NABP Interactive Forum series, themed "Revitalizing Partnerships for Collaboration," NABP will be hosting a forum December 2-3, 2014, tailored specifically to board of pharmacy members. As with the October 2014 forum that will be held for board of pharmacy executive officers, the NABP Interactive Member Forum will offer opportunities for dialogue, presentations, and networking.

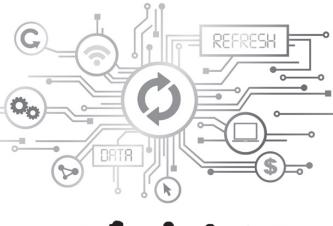
The Interactive Member Forum will take place over two half-day sessions. During the forum, attendees will have the chance to meet with peers to discuss regulatory trends and challenges faced by their boards. In addition, the meeting will include presentations on timely and relevant topics developed directly from suggestions submitted by attendees in advance of the meeting.

Executive officers are invited to select one mem-

ber from their board to attend the Interactive Member Forum. Participation requests will be sent in October. Expenses, including travel, hotel accommodation, and meals will be paid by NABP and there is no registration fee for the forum. The meeting will be held at the Hilton Northbrook in Northbrook, IL.

The forums were first announced in 2010 at the 106th Annual Meeting, as part of an initiative to provide additional support and resources to the member boards of pharmacy. The first NABP Interactive Member Forum was held in September 2010, and has taken place each even numbered year, rotating with the NABP Interactive Compliance Officer

2014 NABP Interactive Forums



Revitalizing Partnerships for Collaboration

The NABP Interactive Forum series returns this fall 2014 to provide an opportunity for collaboration and networking for the boards of pharmacy. Executive Officers will meet on October 14-15, 2014, and members will gather on December 2-3, 2014.

and Legal Counsel Forum, which takes place each odd numbered year.

With the success of the first seven forums and the eagerness of boards of pharmacy staff and members to reconvene with their peers, the series returns this year to continue a partnership to protect public health through collaboration. ☐



Newly Accredited VIPPS Facility

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

Foundation Care, LLC
www.foundcare.com

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

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.

Last Board Standing

By Dale J. Atkinson, JD

The issue of “standing” is an important legal principle that provides persons or entities (collectively referred to as “person”) with an avenue to the judiciary to have a dispute resolved. In short, a person with a direct stake in a dispute may have standing to be heard by the court and have a matter adjudicated. One significant element in determining if a person has standing is whether such person seeking to be involved in the dispute has been injured or has suffered a claim that is justiciable. In most circumstances, the judicial inquiry is whether there has been, or will be, an injury in fact.

Questions of standing infiltrate the administrative community and boards of pharmacy. Numerous cases in multiple professions have been decided concerning the issue of whether a complainant who is dissatisfied with the board disposition of a matter has standing to appeal such matter to the judiciary. These cases have held that such complainants do not have standing to adjudicate an administrative matter through an appeal process of the board/agency ruling. Of course, consumers harmed by the actions of a licensee have the right to commence civil litigation under various theories of tort and/or contract.

In an interesting recent case, the issue of standing was front and center to a

board of pharmacy and did not involve a consumer alleged to have been directly injured by a licensee. In fact, the entity was arguing that the board of pharmacy should not grant (or renew) a license. Consider the following.

New Hampshire Right to Life (NHRTL) is a non-profit organization that opposes medical clinics that provide abortion services through government support via taxpayer subsidies. The New Hampshire Board of Pharmacy is the statutorily created and empowered state agency that protects the public through the enforcement of the pharmacy practice act (Act). Under the Act, the Board issues and renews limited retail drug distributor licenses to qualified entities. Planned

Parenthood of Northern New England (PPNNE) is a limited retail drug distributor licensed by the Board. PPNNE operates in New Hampshire as a licensed limited retail drug distributor pursuant to a contract with the New Hampshire Department of Health and Human Services (Department). As a limited retail drug distributor, PPNNE must apply annually to renew its licenses, whose terms run from July 1 through June 30.

In April 2012, NHRTL sent a written complaint to the Board, alleging that PPNNE did not have a state contract with the Department and was, thus, illegally dispensing drugs at its clinics. Specifically, the April 2012 letter alleged that the contract between the Department and PPNNE expired in June 2011. In June 2012, PPNNE submitted to the Board renewal applications for its six clinics. In return correspondence, the Board acknowledged receipt of the renewal applications and notified PPNNE that such applications would not be reviewed until the August 15, 2012 Board meeting. The notices also stated that the Board had “ministerially” renewed the licenses through September 1, 2012.

In August 2012, NHRTL sent a second letter to the Board opposing the renewal of the PPNNE

licenses, citing a variety of reasons. The Board tabled the PPNNE applications until its September meeting and received a third letter from NHRTL prior to the September 2012 meeting. At such meeting, the Board approved the renewal applications of PPNNE. In response, NHRTL filed a motion for a rehearing asking that the Board reconsider its grant of licensure renewal of PPNNE. The executive director/secretary of the Board denied the request for a rehearing in an October 2012 letter, citing the fact that NHRTL was “neither a party nor an aggrieved person in the license renewal proceeding.” The letter also stated that NHRTL could not intervene in the licensure renewal process because it had not complied with the applicable statutory provisions to be granted intervenor status. The Board ratified this denial of a request for a rehearing, stating that NHRTL lacked standing to appeal this licensure decision. NHRTL appealed this denial to the judiciary.

On appeal, NHRTL argued that the Board erred in denying its motion for a rehearing, in that the applicable statute grants standing to intervene in licensure proceedings to “any person” who files a written complaint alleging misconduct by a licensee.

The court noted that the facts of the matter are not in dispute and, therefore, the decision is based solely on statutory interpretation. Such a review is *de novo*, as if the matter has not yet been decided. Further, the court stated that the statute is interpreted as a whole and not in isolation, and is done so harmoniously and to effectuate the underlying intent of the legislation.

Under the Act, the Board may take disciplinary action against any licensee upon written complaint of any person that alleges misconduct within the purview of the Board. However, nothing in the law related to disciplinary actions pertains to licensing requirements or licensure renewal. Statutory authority “focuses upon when the Board may take disciplinary action, the type of misconduct sufficient to support disciplinary action, and appropriate actions the Board may take in response to licensee misconduct,” but an entirely different section of the statute addresses the licensing of limited retail drug distributors. Such section of the law describes qualifications for eligibility of licensure.

Linking the rights of “any person” to file a written complaint and affect the licensure renewal process was found by the court to be “strained.” Based upon the plain language

of the statute, the court refused to find that the complaint process empowers Board action in the licensure renewal process. Alternatively, the court found that even if the statute were to be interpreted to allow for complainants to be eligible to intervene, such a right would not be automatic. Indeed, the statute provides latitude to the Board regarding the enforcement of the statute, taking into consideration many factors. This permissive authority does not mandate Board action, nor require intervention on the part of every requesting party. “Thus, the act of lodging a complaint does not deprive the Board of discretion to conclude that the complaint warrants no further action, nor does it give the complainant the right to challenge such a decision.”

Under the statute, only when the Board determines that a complaint warrants an adjudicatory hearing does the statute allow for a complainant to intervene. Through its rulemaking, the Board clarified that a person filing a complaint which becomes the subject of a disciplinary hearing has the right to petition to intervene in the proceeding. Further, the court rejected the arguments of NHRTL that the Administrative Procedure Act provides

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

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.Pharmacy Launch

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finalizing a launch plan. The launch plan includes elements such as a sunrise period – a time window in which eligible trademark or brand name owners may submit an application for a .pharmacy domain name matching their trademark or brand name – and other limited registration periods taking place before general registration opens.

Earlier this year, NABP established the *dotpharmacy.net* website, introducing the .pharmacy domain and allowing prospective registrants to notify NABP of their interest in the program. Application information will also become available on the website once the first registration period opens. In addition, NABP is planning a consumer outreach campaign that will accompany the .pharmacy domain launch. Through a variety of traditional, digital, and social media outlets, NABP will educate consumers about how the .pharmacy domain takes the uncertainty out of finding a legitimate, safe online pharmacy. The public awareness campaign will include multi-media news releases, television and radio public service announcements, website banners that link to *www.dotpharmacy.net*, blogger outreach, and a satellite media tour by NABP Executive Director/Secretary Carmen Catizone, MS, RPh, DPh.

Registrant Benefits

Legitimate online pharmacies will contribute to protecting the public

health by seeking a .pharmacy domain name, and they, too, will benefit. Being able to use the .pharmacy designation puts an online pharmacy into an elite group, enhancing its brand, and distancing it from the thousands of rogue websites using .com or another unrestricted registry.

The current predominance of unsafe online drug sellers harms more than the public. In an arena where rogue sites promote low prices using sophisticated-looking templates and empty assurances to convince consumers of their legitimacy, and counterfeit pills look identical to their real counterparts, legitimate pharmacies may find it difficult to compete for business. But because the .pharmacy designation will give consumers an easy way to separate legitimate from rogue pharmacies, the new domain will facilitate consumers' search for safe online pharmacies and draw more business to those entities playing by the rules.

Registrants may also benefit from NABP's focus on the .pharmacy domain. Because .pharmacy is the only gTLD for which NABP applied, the Association is able to concentrate on the program goals. In addition, NABP's knowledge of pharmacy practice and its experience with pharmacy accreditation provide the Association with the background to effectively distinguish between rogue sites and those companies looking to provide safe and reliable services via the Internet.

VIPPS Celebrates 15 Years of Helping Consumers Identify Safe Internet Pharmacies

For over 15 years, the Verified Internet Pharmacy Practice Sites® (VIPPS®) accreditation has served as the gold standard for Internet pharmacies, helping consumers recognize the safest websites for purchasing prescription medications online.



Responding to concern regarding the safety of pharmacy practices on the Internet, NABP developed VIPPS in 1999. To be VIPPS-accredited, an Internet pharmacy must comply with the licensing requirements of their state and each state to which they dispense prescription drugs or devices. In addition, pharmacies displaying the VIPPS Seal have demonstrated compliance with VIPPS criteria, including those addressing patient privacy and authentication and security of prescription orders and undergo an on-site survey every three years. Thirty-four companies representing more than 12,000 pharmacy sites have received VIPPS accreditation.

Vet-VIPPS Celebrates Five Years of Distinguishing Safe Veterinary Internet Pharmacies

Developed in response to boards of pharmacy concerns about websites selling pet medications, the Veterinary-Verified Internet Pharmacy Practice Sites™ (Vet-VIPPS®) program has accredited facilities dispensing prescription drugs and devices for companion and non-food producing animals for more than five years. Pharmacies displaying the Vet-VIPPS Seal have demonstrated compliance with Vet-VIPPS criteria, including those addressing client privacy and authentication and security of prescription orders. Applicants must also demonstrate adherence to a recognized quality assurance policy and provision of meaningful consultation between clients and pharmacists, and must undergo an on-site survey every three years. Twenty-three pharmacy sites have received Vet-VIPPS accreditation. ☺



The launch of the .pharmacy domain marks a significant step forward in patient safety worldwide, as well as a successful foray for NABP into a project of global scope, involving an international, interdisciplinary approach among many

stakeholders. By working with regulators, industry, the health professions, public health professionals, and others on the international level, NABP and its partners are able to address dangers to the public health the world over. ☺

President Adams Appoints Members to Serve on 2014-2015 Committees and Four Single-Issue Task Forces

NABP provides guidance on current topics of interest to the state boards of pharmacy through the commissioning of single-issue task forces. When an issue arises that requires special expertise or a commitment of time and funds, a task force is appointed to address an explicit charge and to report its findings to the NABP Executive Committee. When finalized, task force reports are published on the NABP website. For 2014-2015, NABP has commissioned four single-issue task forces pertaining to the following topics:

- standards for use of prescription monitoring program (PMP) data;
- prescription drug abuse;
- medication synchronization; and
- strategies for preventing and reacting to pharmacy robberies and thefts.

NABP President Joseph L. Adams, RPh, has finalized his appointments for the following task forces and standing committees for this year.

2014-2015 Task Forces

The Task Force on Standards for the Use of PMP Data met on September 9-10, 2014, at NABP Headquarters. The task force was established in response to Resolution No. 110-4-14,

passed at the NABP 110th Annual Meeting, which called for its creation. The resolution states that the goal of the task force is to "develop standards to ensure regular, consistent, and appropriate use of PMP data, which will increase utilization beyond that encouraged through voluntary usage."

The task force is charged with the following objectives:

1. Review existing current state laws and regulations addressing the use of PMP data.
2. Review and, if necessary, recommend amending the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to ensure regular, consistent, and appropriate use of PMP data.

Chairperson of this task force is M. Joseph Fontenot, RPh, assistant executive director, Louisiana Board of Pharmacy.

Individuals appointed to serve as members include:

- Debra Billingsley, JD, Kansas
- Lee Ann Bundrick, RPh, South Carolina
- Susan DelMonico, JD, RPh, Rhode Island
- Carl Flansbaum, RPh, New Mexico
- Mark Hardy, PharmD, RPh, North Dakota
- Virginia Herold, MS, California

- David Schoech, RPh, Kansas
 - Laura Schwartzwald, RPh, Minnesota
 - Joanne Trifone, RPh, Massachusetts
- The Executive Committee liaison is Jack W. "Jay" Campbell IV, JD, RPh.

The Task Force on Prescription Drug Abuse also met on September 9-10, 2014, at NABP Headquarters. In response to the prescription drug abuse epidemic, NABP and 12 stakeholder organizations met in October and December 2013, and April and July 2014, to create a consensus document on collaborative steps to be taken to help ensure the delivery of responsible and effective patient care as it relates to the prescribing and dispensing of controlled substances (CS).

The task force is charged with the following objectives:

1. Review the Stakeholders' consensus documents on the prescribing and dispensing of CS challenges and identified warning flags for practitioners.
2. Identify actions pharmacists might take in their efforts to determine whether a questionable prescription has been written for a legitimate medical purpose.
3. Review Stakeholders' actions document intended to improve in-

terprofessional dialogue in addressing warning flags and delivering the most appropriate patient care.

4. Recommend further actions to combat prescription drug abuse. Chairperson of this task force is John Foust, PharmD, DPh, executive director, Oklahoma State Board of Pharmacy.

Individuals appointed to serve as members include:

- Thomas F.X. Bender, Jr, RPh, New Jersey
 - Christopher Dembny, RP, Texas
 - Patty Gollner, PharmD, RP, Nebraska
 - Edith Goodmaster, Connecticut
 - Diane Halvorson, RPhTech, CPhT, North Dakota
 - Janet Hart, RPh, Pennsylvania
 - Richard Indovina, Jr, MBA, RPh, Louisiana
 - Brandon Robinson, JD, Arkansas
 - Phyllis Stine, BS, Texas
 - Bill Winsley, MS, Ohio
- The Executive Committee liaison is Jeanne D. Waggener, RPh.

The Task Force on Medication Synchronization is scheduled to meet October 8-9, 2014, at NABP Headquarters. This task force was established in response to this emerging trend in pharmacy practice that helps patients stay adherent to medication therapies by allowing

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Committees, Task Forces

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pharmacists to coordinate a patient's prescription refills to occur at the same time.

The task force is charged with the following objectives:

1. Review existing state laws and regulations pertaining to the provision of medication synchronization services within the legal scope of pharmacy practice.
2. Identify circumstances where medication synchronization services should be offered and/or provided.
3. Identify factors that may impact access to medication synchronization services.
4. Review and, if necessary, recommend amending the *Model Act* language addressing medication synchronization.

Chairperson of this task force is Richard Palombo, RPh, member, New Jersey State Board of Pharmacy.

Individuals appointed to serve as members include:

- Todd Barrett, RPh, Mississippi
- Gayle A. Cotchen, MBA, PharmD, RPh, Pennsylvania
- Don Johnson, RPh, Colorado
- Michael Lonergan, RPh, Kansas
- Suzanne Neuber, RPh, Ohio
- Tejal Patel, PharmD, RPh, Delaware
- Patti Smeelink, RPh, Michigan

- Joyce Tipton, MBA, RPh, FASHP, Texas
The Executive Committee liaison is Gary Dewhirst, RPh.
The Task Force to Examine Strategies for Preventing and Reacting to Pharmacy Robberies and Thefts is scheduled to meet on October 22-23, 2014, at NABP Headquarters. The task force was formed in response to Resolution No. 110-2-14, passed at the NABP 110th Annual Meeting, calling for its development. The resolution acknowledges an increase in the diversion of CS through armed robberies and related injuries and deaths in recent years, and notes that "the boards of pharmacy are responsible for establishing minimum criteria for controlling and safeguarding against the diversion of drugs and protecting public health and safety."

The task force is charged with the following objectives:

1. Review actions taken by member boards to prevent the diversion of CS by armed robberies and internal and external thefts, as well as actions taken to mitigate potential harm to pharmacy personnel and the public.
2. Review and, if necessary, recommend amending the minimum security standards for pharmacies found in the *Model Act*.

Chairperson of this task force is Anthony Rubinacio, RPh, executive director,

New Jersey State Board of Pharmacy.

Individuals appointed to serve as members include:

- Jody Allen, PharmD, RPh, FASHP, Virginia
- Mindy Ferris, RPh, Ohio
- Cathy Lew, RPh, Oregon
- Edward Maier, RPh, Iowa
- Jeenu Philip, BPharm, Florida
- Pam Reed, RPh, Louisiana
- Nona Rosas, CPhT, Arizona
- Gary Schnabel, RN, RPh, Oregon
- Rebecca Thornbury, JD, RPh, Virginia
- Stuart Williams, JD, Minnesota

The Executive Committee liaison is Richard B. Mazzoni, RPh.

2014-2015 Standing Committees

As authorized by the NABP Constitution and Bylaws, the Association's standing committees annually perform specific responsibilities that are essential to the success of NABP's programs. Once a committee has explored its assigned issues, the members submit recommendations or resolutions to the NABP Executive Committee for consideration.

The Committee on Law Enforcement/Legislation will meet on January 20-21, 2015, at NABP Headquarters. The committee is charged with the following tasks:

1. Review and comment on existing legislation and rules for the practice of pharmacy, legal distri-

bution of drugs, and related areas within pharmacy, including impaired pharmacists.

2. Develop model regulations for pharmacy as assigned by the Executive Committee, or from resolutions adopted by the members of the Association, or from reports of the other committees of the Association.
3. Recommend to the Executive Committee areas where model regulations are needed in pharmacy for improving the public health.

Patricia Donato, RPh, member, New York State Board of Pharmacy, will serve as the committee chairperson. Committee members include:

- Jeannine Dickerhofe, MS, RPh, Colorado
- Dorothy Gourley, DPh, Oklahoma
- Chris Jones, PharmD, RPh, Georgia
- Caroline Juran, RPh, Virginia
- Joli Martini, PharmD, RPh, Delaware
- Alice Mendoza, RPh, Texas
- Bradley Miller, PhTR, Texas
- Lenora Newsome, PD, RPh, Arkansas
- Joel Thornbury, RPh, Kentucky
- Dennis Wiesner, RPh, Texas

The Executive Committee liaison is Susan Ksiazek, RPh.

The Committee on Constitution and Bylaws will meet in April 2015.

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NABP PMP InterConnect Steering Committee Convenes; Plans to Enhance, Streamline Access to Prescription Drug Data Underway

As a benefit to the 26 state prescription monitoring programs (PMPs) participating in NABP PMP InterConnect®, NABP, in conjunction with Appriss, Inc, its technology provider for NABP InterConnect, is offering several expanded features that will serve as significant enhancements to the program. In July 2014, the NABP PMP InterConnect Steering Committee convened at NABP Headquarters to discuss these enhancements and other related action items.

NABP InterConnect Version Upgrades

Appriss continues to work closely with NABP and participating state PMPs to provide ongoing technical

support and advancements to the service. As part of this effort, Appriss is working on upgrading the current software version utilized by all NABP InterConnect participants, and presented the new features to members of the Steering Committee at the July meeting. Appriss highlighted several upgrades being added to the new software version – NABP InterConnect Application Programming Interface (API) Version 4. These new upgrades were made based on recommendations from state participants to meet user needs. Such upgrades include new role-based permissions for requesting patient data and new response codes that give PMP users more specific

details about the status of their PMP request. Appriss noted that the upgraded system will be mapped to the older system so that data sharing between states can continue uninterrupted. States may continue to customize their rules and requirements in the program, including who can access patient prescription drug data via NABP InterConnect.

NABP anticipates that Version 4 will be released into production during fourth quarter 2014 after testing is complete, and states will have time to convert over to the new system to allow their PMP software vendors sufficient time to implement changes.



During the July meeting, the Steering Committee also discussed metric features they would like to see with the future NABP InterConnect Version 5. Several members expressed interest in having access to various charts and analytics directly within the console.

PMP Gateway

In addition to the software upgrades that will help streamline and enhance prescription drug data sharing, NABP and Appriss finalized the establishment of a third-party translation service to NABP InterConnect,

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Verified Pharmacy Program Continues to Provide Support as Boards Make Nonresident Licensure Decisions

Important pharmacy data including licensure, inspection, and disciplinary action information, continues to be made available through the Verified Pharmacy Program™ (VPP™) and secure information sharing network to authorized individuals at the state boards of pharmacy. 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. As of press time, at least 175 pharmacies have applied to VPP and currently have verified data available for the boards to view.

Of the 175 VPP facilities:

- 81 pharmacies are non-sterile compounding;
- 17 pharmacies are sterile compounding;
- 57 pharmacies are both sterile and nonsterile compounding; and

- 20 pharmacies are general retail or mail order pharmacies.

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.

PMP InterConnect

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known as PMP Gateway. PMP Gateway is a service that facilitates integration of PMP data into the health care workflow of third-party entities. For example, PMP data will be easier to access through availability within electronic health record systems of large hospital systems. PMP Gateway will:

- Simplify integration of controlled substance (CS) history into health systems;
 - Create a single-point access;
 - Deliver a multi-state picture for each patient without compromising performance; and
 - Continue to enforce permissions and authorizations of each states' unique laws and regulations related to PMP use.

As an additional benefit, PMP Gateway will provide a mechanism for other programs and services to be deployed within NABP InterConnect, including NAR_xCHECK®, the software tool that generates a risk-based score reflecting

a patient's CS prescription medication history. This integration has the potential to further streamline the process of evaluating PMP information.

As PMP Gateway evolves, NABP plans to reinvest any net revenues from the systems back into the PMPs for future enhancements and functionality. PMP Gateway was launched in September 2014 as a service available to third-party entities, including pharmacies and hospital systems.

As certain state legislatures have enacted laws requiring various forms of mandatory PMP review prior to prescribing CS, comprehensive reports and ease of access to PMP data have become imperative for many health care entities, and NABP InterConnect, PMP Gateway, and NAR_xCHECK have all been developed to further assist in these efforts. Additionally, to ensure regular, consistent, and appropriate use of PMP data, which will increase utilization in instances where it is not mandatory, NABP convened the Task Force on Standards for the Use of PMP Data on September 9-10, 2014. The

charges of this task force are available on page 191 of this *Newsletter*.

NABP InterConnect Steering Committee

Composed of representatives of PMPs that participate in the NABP InterConnect program, the Steering Committee serves as the governing advisory body of the program. The committee is tasked with discussing and making recommendations related to the operation of the program, including dispute resolution procedures, entry and exit requirements for participation, data security, recommendations for best practices for state PMPs to facilitate interstate sharing, and other policy matters. The committee meets at least once per calendar year, in person or by teleconference.

North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, and Wisconsin. Additional members will join as they agree to participate and execute a memorandum of understanding (MOU) with NABP. It is anticipated that participation in NABP InterConnect will continue to grow in 2014, as two additional states have executed MOUs to participate and several states are currently reviewing their MOUs.

Additional information about NABP 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 NABP InterConnect may contact NABP Member Relations and Government Affairs staff at Government Affairs@nabp.net or by calling 847/391-4406. In addition, participating states that wish to obtain statistical data and reports about their PMP may also contact the Member Relations and Government Affairs Department for this information. 

Legal Briefs

(continued from page 189)

intervener status to any person who files a complaint. But even if it did, the party seeking to intervene must submit a petition identifying

the specific rights and interests. In the current case, NHRTL merely wrote letters opposing the licensure renewal. Based upon the foregoing, the court denied NHRTL's request to intervene and upheld the decision of the Board.

This case presents an interesting issue of whether a complaint can be interpreted to challenge the licensure renewal of an entity. Perhaps the complaint could have been propounded in a manner that prompted a disciplin-

ary process to unfold, rather than challenging the renewal process itself.

Appeal of New Hampshire Right to Life (New Hampshire Board of Pharmacy), 2014 NH LEXIS 52 (NH 2014) 

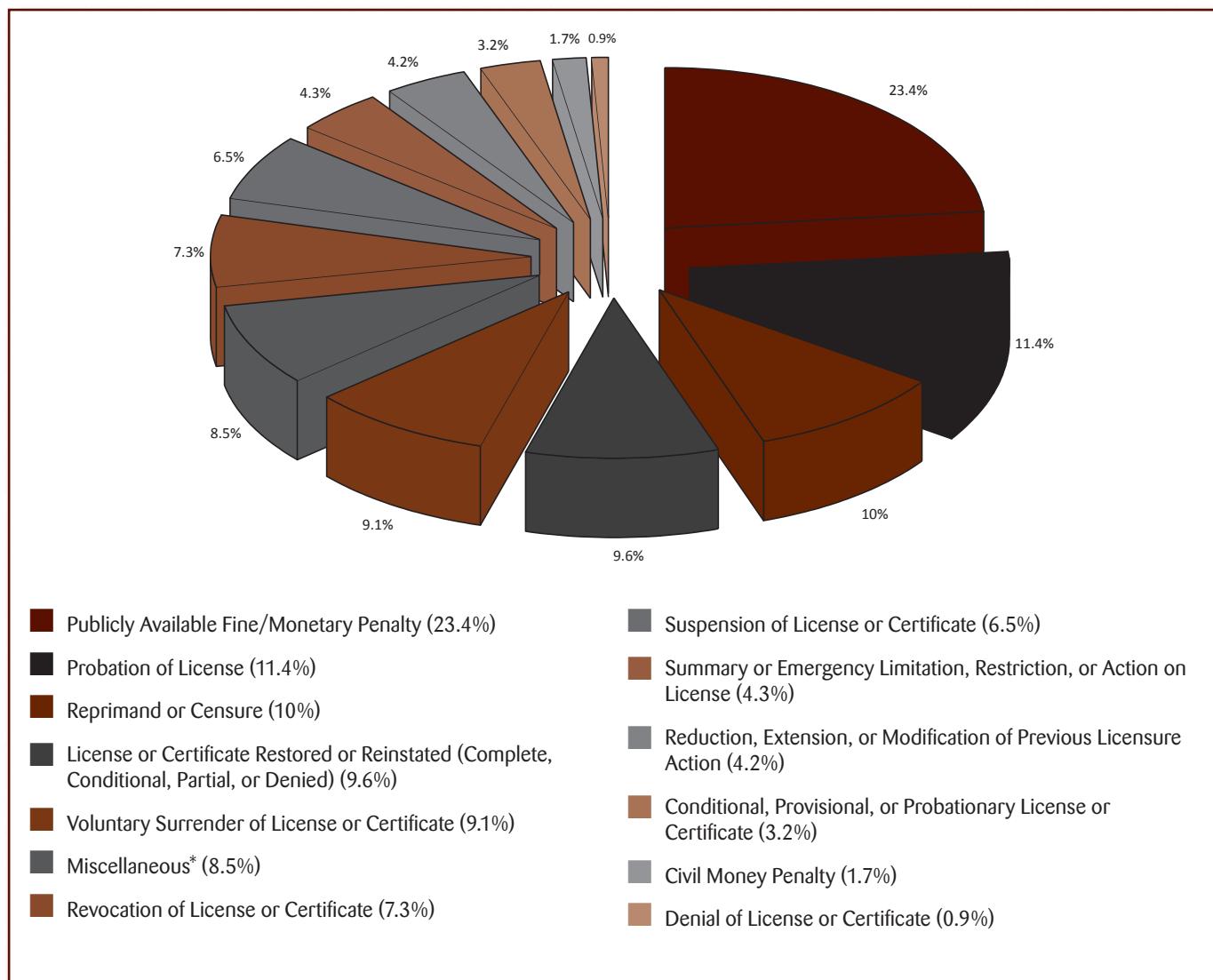
Second Quarter 2014 NABP Clearinghouse Totals Announced

During second quarter 2014, the state boards of pharmacy reported a total of 1,390 disciplinary actions to the NABP Clearinghouse, including actions taken against pharmacists, pharmacy interns, pharmacies, wholesalers and manufacturers, and other licensees. Of the 1,390 actions:

- 766 actions or 55.1% were taken on pharmacists;
- 378 actions or 27.2% were taken on pharmacy technicians;
- 159 actions or 11.4% were taken on pharmacies;
- 40 actions or 2.9% were taken on wholesalers and manufacturers;
- 20 actions or 1.4% were taken on pharmacy interns; and
- 18 actions or 1.3% were taken on other licensees;
- 8 actions or 0.6% were taken on mail order pharmacies;
- 1 action or nearly 0.1% was taken on a controlled substance licensee.

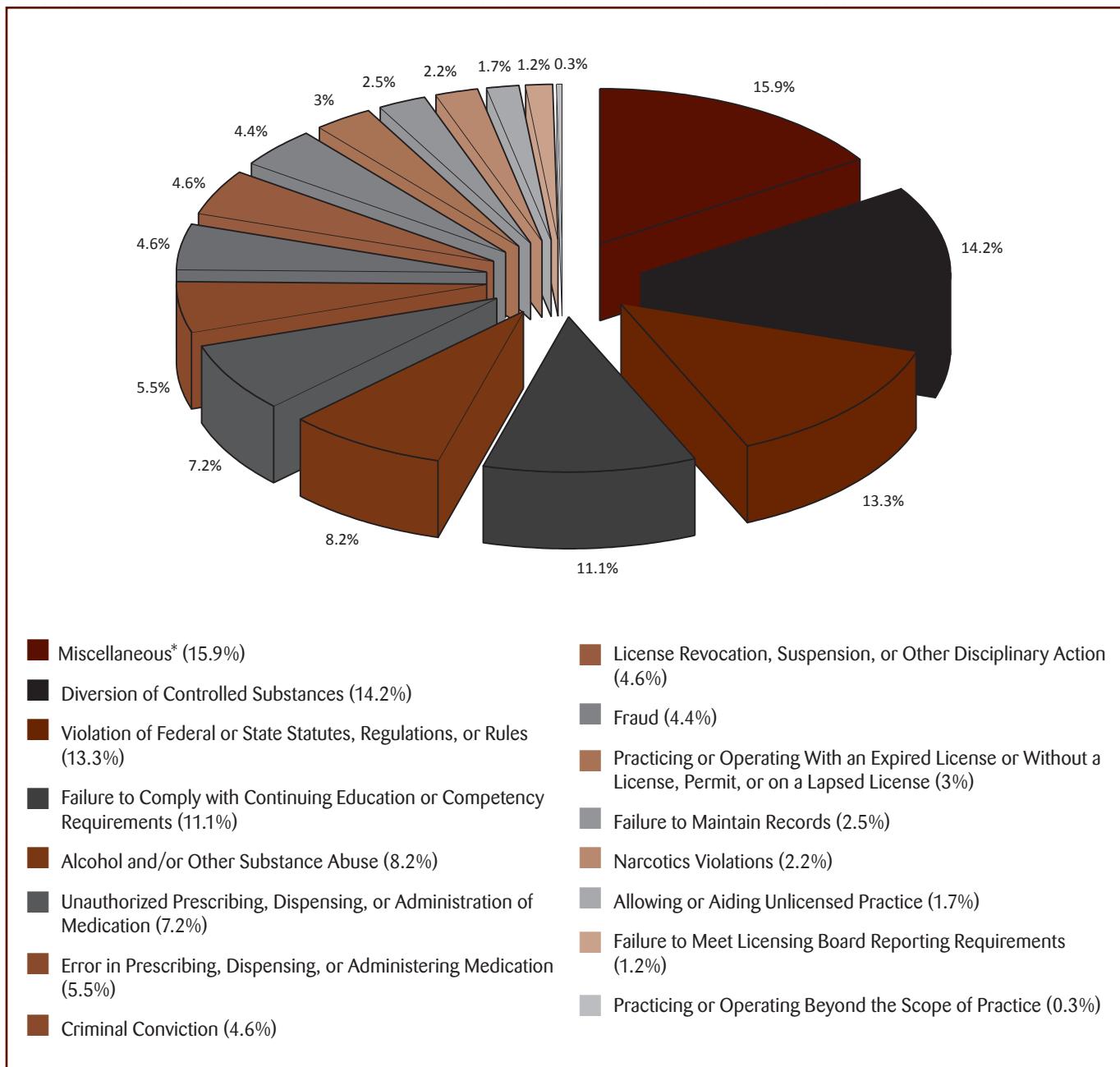
For a full breakdown of the actions taken and the bases for actions taken during second quarter 2014, see Figure A below and Figure B on page 196. Additional information about the NABP Clearinghouse is available in the Programs section under Member Services on the NABP website at www.nabp.net. 

Figure A: Disciplinary Actions Reported in Second Quarter



*The miscellaneous category includes directed in-service training; directed plan of correction; interim action; other licensure action – not classified; publicly available negative action or finding; and restrictions on admissions or services.

Figure B: Basis for Disciplinary Actions Reported in Second Quarter



*The miscellaneous category includes conduct evidencing ethical unfitness; conduct evidencing moral unfitness; default on health education loan or scholarship obligations; deferred adjudication; diverted conviction; expired drugs in inventory; failure to comply with patient consultation requirements; failure to cooperate with board investigation; failure to maintain equipment/missing or inadequate equipment; failure to maintain supplies/missing or inadequate supplies; failure to meet the initial requirements of a license; failure to pay child support/delinquent child support; failure to 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; lack of appropriately qualified professionals; misappropriation of patient property or other property; misbranding drug labels/lack of required labeling on drugs; negligence; nolo contendere plea; other – not classified; other unprofessional conduct; patient abandonment; unable to practice safely; unable to practice safely by reason of physical illness or impairment; unable to practice safely due to psychological impairment or mental disorder; and violation of or failure to comply with licensing board order.

NABP Seeks Nominations for Association's 2015 Awards to Be Presented at the 111th Annual Meeting in New Orleans, LA

NABP is currently accepting nominations for individuals or boards of pharmacy who represent NABP's mission to protect the public health. The awards will be presented at the Association's 111th Annual Meeting, to be held May 16-19, 2015, in New Orleans, LA.

Nominations are currently being accepted for the following awards: 2015 Lester E. Hosto Distinguished Service Award (DSA), 2015 NABP Honorary President, 2015 Fred T. Mahaffey Award, and 2015 John F. Atkinson Service Award.

Lester E. Hosto DSA

The highest honor bestowed by the Association, this award was originally known as the Distinguished Service Award. NABP renamed the award to serve as a memorial to the 1990-1991 NABP President Lester E. Hosto, whose motivating presence in the practice of pharmacy was recognized by practitioners of his state, pharmacy leaders across the nation, and former United States President Bill Clinton.

The Lester E. Hosto DSA recognizes those individuals whose efforts to protect the public health greatly furthered the goals and objectives of NABP. Any individual who meets these criteria may be nominated for the DSA, regard-

less of his or her member affiliation with NABP.

Honorary President

To be considered for the position of honorary president, nominees must meet the following criteria:

- service on one or more NABP committee or task force;
- participation in NABP/American Association of Colleges of Pharmacy District Meetings and NABP Annual Meetings;
- exemplary services for, or on behalf of NABP;
- strong commitment to NABP, the mission of the Association to protect the public health, and the practice of pharmacy; and
- affiliation (either current or past) as a board member or as an administrative officer of an active or associate member board.

Individuals submitting nominations for the Honorary President must be from an active or associate member board.

Fred T. Mahaffey Award

This award was named after the late NABP Executive Director Emeritus Fred T. Mahaffey, who held the executive director position from 1962 to 1987. His leadership and contributions to NABP, state boards of pharmacy, and the protection of the public health were significant and estab-

lished NABP as one of the leading pharmacy organizations. The award recognizes boards of pharmacy that have made substantial contributions to the regulation of the practice of pharmacy over the past year.

Boards considered for this award must have contributed to protecting the public health and welfare through the enforcement of state and federal laws and regulations, and to the advancement of NABP goals and objectives as specified in the Association's Constitution and Bylaws.

John F. Atkinson Service Award

Recipients of the John F. Atkinson Service Award are individuals who have provided NABP with exemplary service in protecting the public health and have shown significant involvement with the Association related to pharmacy law and compliance. This award was named in honor of former NABP general counsel John F. Atkinson, who served the Association for more than 40 years.

How to Submit Nominations

Individuals interested in submitting nominations are asked to complete a nomination form, which may be accessed by visiting the Meetings section on the NABP website, www.nabp.net. Directions for electronic and hard copy

submission of the fillable PDF are included on the form.

Nominations for these awards must be received no later than **December 31, 2014**. The NABP Executive Committee will review the nominations and select the honorary president and award recipients.

For more information, please contact NABP Executive Office via e-mail at exec-office@nabp.net

Henry Cade Memorial Award

In addition to the aforementioned awards, the Henry Cade Memorial Award will also be presented during the Annual Meeting. The NABP Executive Committee selects recipients for this award who have supported the goals and objectives of the Association and the state boards of pharmacy to protect the public health and advanced the need to maintain the safety and integrity of the distribution and dispensing of medications. *Nominations are not accepted for this award.*

The Henry Cade Memorial Award is named in honor of the late Henry Cade, who served as NABP president from 1987 to 1988. Tireless in his efforts on behalf of NABP and the Illinois Division of Professional Regulation – State Board of Pharmacy, Cade was also a long-time pharmacy practitioner. ☺

nabp newsletter

FPGEE Review Committee Members Convene; Volunteer Time and Expertise to Review Examination Questions

In August 2014, Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) Review Committee members convened at NABP Headquarters to discuss and review examination questions. The FPGEE Review Committee was developed in order to ensure the integrity and validity of the examination as well as the Pharmacy Curriculum Outcomes Assessment® (PCOA®) and acts under the policy and planning guidance of the NABP Advisory Committee on Examinations and the NABP Executive Committee. This group of volunteers dedicate their time and expertise to review, verify, and develop test questions for both the FPGEE and PCOA. ☺



Pictured above from left to right: Karen Nagel-Edwards, PharmD, PhD, RPh, Midwestern University Chicago College of Pharmacy; Carolyn Friel, PhD, RPh, Massachusetts College of Pharmacy and Health Sciences; Matthias Lu, Professor Emeritus, PhD, University of Illinois at Chicago College of Pharmacy; and Bruce Waldrop, PhD, Samford University McWhorter School of Pharmacy.



Pictured below from left to right: Kem P. Krueger, PharmD, PhD, University of Wyoming College of Health Sciences; and Holly L. Mason, PhD, Purdue University College of Pharmacy.

Upcoming 2015 PARE Testing Windows Announced

The 2015 testing windows for the Pharmacist Assessment for Remediation Evaluation™ (PARE™) will be as follows:

- February 17-27, 2015
- June 15-26, 2015
- August 10-21, 2015
- November 2-13, 2015



Member boards of pharmacy are encouraged to take advantage of this web-based assessment that was created to assist the boards as part of their decision-making process when considering cases of remediation or brief departures from practice. To pre-register an individual for the PARE, boards of pharmacy may use the NABP Clearinghouse via Board e-Profile Connect, or they may contact the NABP Competency Assessment Department via e-mail at NABP_Comp_Assess@nabp.net.

More information about PARE may be found in the Programs section of the NABP website at www.nabp.net. ☺

Individuals Sought to Safeguard Integrity and Validity of NABP Examination Programs as Members of ACE

NABP is currently accepting letters of interest from individuals wishing to serve on the NABP Advisory Committee on Examinations (ACE). Established by NABP in 1912, this standing committee was created to safeguard the integrity and validity of NABP examinations.

ACE typically convenes three to four times per year to oversee the development and administration of all NABP examination and certification programs. In addition, ACE considers policy matters, evaluates

long-range planning strategies, and recommends appropriate action to the NABP Executive Committee.

To be considered for ACE, an individual must hold an active, unrestricted pharmacist license in any state or territory of the United States and meet at least one of the following criteria:

- be a member or administrative officer of an active member board of pharmacy;
- have served within the last five years as

a member or administrative officer of an active member board of pharmacy;

- be a practicing pharmacist; or
- serve as pharmacy school faculty.

Open positions on ACE are determined by the current composition of the committee and in accordance with NABP policy. Each ACE appointment is for a three-year term beginning June 1, 2015.

Interested individuals are asked to submit

a written statement of interest and a current résumé or curriculum vitae to NABP Executive Director/Secretary Carmen A. Catizone at NABP Headquarters, 1600 Feehanville Drive, Mount Prospect, IL 60056, or via e-mail to exec-office@nabp.net no later than December 31, 2014.

Please contact the NABP Competency Assessment Department at NABP_Comp_Assess@nabp.net with any questions regarding ACE. ☰



2014-2015 Advisory Committee on Examinations Convenes at NABP Headquarters

On August 28, 2014, members of the 2014-2015 Advisory Committee on Examinations (ACE) convened at NABP Headquarters to oversee the development and administration of the Association's examination and certification programs. Pictured above from left to right: Michael Duteau, RPh, member, New York State Board of Pharmacy; Mark Decerbo, PharmD, RPh, BCNSP, BCPS, Roseman University of Health Sciences (ex-officio member); Amy Mattila, RPh, Wisconsin Pharmacy Examining Board (ex-officio member); Holly L. Mason, PhD, Purdue University College of Pharmacy (ex-officio member); David C. Young, PharmD, RPh, member, Utah Board of Pharmacy; Neal F. Walker, RPh, University Medical Center – Mesabi; Kay L. Hanson, RPh, Minnesota Board of Pharmacy; and Philip P. Burgess, MBA, DPh, RPh, NABP Executive Committee liaison.



AWARxE Provides Resources for Educating About Prevention of Prescription Drug Abuse and Safe Disposal

AWARxE® Prescription Drug Safety Program makes available to community leaders, educators, and employers materials such as slideshow presentations and communication kits in support of efforts to educate about prescription drug abuse.

AWARxE's presentations help to facilitate discussion and feature stories highlighting the dangers of prescription drug abuse, AWARxE facts, and information about the link between prescription drug abuse and heroin use. AWARxE presentations are updated regularly to include the most up-to-date information, and content can be tailored to specific audiences such as students, community members, or corporate employees. Slideshows may also contain talking points or scripts to help groups deliver an effective presentation.

The corporate communication kit includes AWARxE artwork, facts, and medication safety tips that can be used in campaigns to educate employees. Topics include dangers of abusing prescription and over-the-counter drugs, prescription drug abuse trends, and safe disposal of unused prescription

medications. The corporate communication kit also contains information about the dangers of Internet drug outlets and how to safely purchase medication online. All graphics and content included in the kit are designed to be easily implemented into print and electronic newsletters, Intranet and Internet sites, and other corporate communication vehicles. Other AWARxE-branded items, including t-shirts, hats, and pill boxes, are also available.

Details on the aforementioned resources are available in the Resources section of the AWARxE website. In addition, flyers featuring information about rogue Internet drug sites and proper disposal of medications are available for download. To request AWARxE materials or for more information, e-mail AWARERX@NABP.NET.

Community Outreach

Through outreach efforts and new resources, AWARxE continues to deliver information about prescription drug safety, including the dangers of prescription drug abuse and the risks associated with misbranded and counterfeit medications often sold by illegal online

drug sellers. NABP staff has shared AWARxE resources with hundreds of attendees at prescription drug abuse awareness events. These resources are also available to a national audience through the AWARxE website and social media platforms.

In partnership with local law enforcement agencies, educational leaders, and community awareness groups, AWARxE supplies prescription drug safety resources at local drug abuse and overdose awareness events. NABP staff provided attendees with flyers, posters, and bookmarks, and answered questions about prescription drug safety topics such

as medication disposal programs, safe and secure drug storage, and how to safely purchase medications online.

Through the summer and into the fall of 2014, AWARxE has participated in several events in northern Illinois. These include:

- **Take a Stand's 80's Themed 5k Walk**
Lake Zurich, IL
July 26, 2014
- **Stop Overdose IL Kick-Off Event**
La Grange Park, IL
August 22, 2014
- **Stop Overdose IL Overdose Awareness Day**
Elk Grove Village, IL
August 30, 2014



Are You AWARxE?

Educating Patients on Proper Drug Disposal Helps Prevent Misuse and Abuse

Follow Us During Our Next Twitter Party Event!

As part of the fall 2014 awareness campaign, AWARxE® is hosting a Twitter party in November 2014 about using prescription drugs safely. The event will give consumers and health care providers the opportunity to discuss prescription drug safety with an emphasis on safely storing and disposing of medication. The date, time, and RSVP link will be posted on the AWARxE Facebook and Twitter feeds closer to the event.



Like us on Facebook!



Follow us on Twitter!

New Jersey Board Issues Guidance for Pharmacists Naloxone Dispensing

A statute signed by Governor Chris Christie in May 2013 allows health care providers to prescribe or dispense naloxone, or similarly-acting drugs, not only to patients who may be in danger of overdosing, but also to first responders, family members, caregivers, or peers who are not at risk for an opioid overdose, but who, "in the judgment of a physician, may be in a position to assist another individual during an overdose."

The New Jersey State Board of Pharmacy will draft regulations to implement this new law. Until those regulations are published, the Board is issuing guidance for licensees who are presented with a prescription for naloxone or another similarly-acting drug.

When presented with a prescription for naloxone, New Jersey pharmacists should:

1. Ask if the prescription is for use by the person whose name is on the prescription.
2. Document on the prescription that the question was asked, along with the answer.
3. If the prescription is for the end user, fill as any usual prescription, including the offer of counseling.

4. If the prescription is for a person who "may be in a position to assist another individual during an overdose," then set up a separate profile, similar to a veterinary prescription, for "caregiver" or "first responder" so that it is readily retrievable. You can place notes in the profile if you wish, but the prescription should not be included in any drug utilization review. These prescriptions should not be processed through insurance.

Counseling need not be provided, as the statute provides that the patient will receive information from the physician or other sources.

The Board recognizes that, in accordance with the new law, pharmacists filling a prescription for naloxone or other opioid antidote may rely upon the judgment of the physician and be assured that the requisite information was provided.

Virginia Pharmacists May Allow Delegates to Access PMP

Pharmacists in Virginia may authorize delegates to make requests for prescription histories to the prescription monitoring program (PMP) on their behalf. In addition to any prescriber, effective July 1, 2014, HB 539 authorizes any dispenser

who is authorized to access the PMP to delegate his or her authority to health care professionals who are (i) licensed, registered, or certified by a health regulatory board within the Virginia Department of Health Professions or in another jurisdiction, and (ii) employed at the same facility and under the direct supervision of the dispenser.

Pharmacists who wish to authorize a delegate to access the PMP, such as a registered pharmacy technician, may do so by using the form found on the Virginia PMP website at www.dhp.virginia.gov/dhp_programs/pmp/pmp_forms.asp and submitting it to the PMP for review and approval. The delegate will receive his or her own username and password to access the PMP, and pharmacists will be able to view reports requested by their delegates.

HB 539 may be accessed at <http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0072>.

For more information, please visit www.dhp.virginia.gov.

Recent Arizona Bills May Affect Pharmacy Practice

The Arizona State Legislature has passed several bills that may impact pharmacy practice and the Arizona State Board of Pharmacy. The

bills became law on July 24, 2014.

Senate Bill 1043 allows naturopathic physicians to prescribe any drug that is reclassified from Schedule III to Schedule II after January 1, 2014. Other changes require applicants for an initial pharmacist, intern, or technician license to submit a full set of fingerprints to the Board, and allow the Board to exchange fingerprints with state and federal agencies for criminal records checks.

Additional information on this bill is available in "Arizona Legislature Passes Bill 1043" in the June-July 2014 issue of the *NABP Newsletter* (page 141).

In addition, amendments to the bill by the Arizona House Committee on Health outline requirements regarding the application for a permit to operate a pharmacy, drug manufacturing facility, or wholesale facility outside of the state that will dispense, sell, transfer, or distribute drugs into Arizona, and remove the requirement for having an Arizona-licensed pharmacist for nonresident pharmacies and manufacturers. Additional changes codify current authority under the practice of pharmacy relating to collaborative agreements and immunizations, and establish that pharmacists are health care professionals. ☀

Around the Association

Executive Officer Changes

- **Marlene Carbullido, MSN, RN**, is now serving as acting administrator of the Guam Board of Examiners for Pharmacy, replacing Eugene Santos.

Board Member Appointments

- **Daniel Ashby, MS, RPh, FASHP**, has been appointed a member of the Maryland Board of Pharmacy. Ashby's appointment will expire April 30, 2015.
- **Roderick Peters, RPh**, has been appointed a member of the Maryland Board of Pharmacy.

Peters' appointment will expire May 1, 2018.

- **Bruce Zagnit, RPh**, has been appointed a member of the Maryland Board of Pharmacy. Zagnit's appointment will expire April 30, 2017.
- **Kathleen Burgess** has been appointed a public member of the Michigan Board of Pharmacy. Burgess' appointment will expire June 30, 2018.
- **Nabil Fakih, RPh**, has been appointed a member of the Michigan Board of Pharmacy. Fakih's appointment will expire June 30, 2018.
- **Jonathan Pignataro** has been appointed a public member of the Michigan Board of Pharmacy. Pignataro's appointment will expire June 30, 2018.

- **Kate James, RPh**, has been appointed a member of the Oregon State Board of Pharmacy. James' appointment will expire June 30, 2018.
- **Craig DeFranco** has been appointed a public member of the Pennsylvania State Board of Pharmacy. DeFranco's appointment will expire June 11, 2018.

following officers to the Board:

- **Holly Henggeler, PharmD, RPh**, Chairperson
- **Richard de Blaquier, PharmD, RPh**, Vice Chairperson

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

- **Kenneth Wells, RPh**, President
- **Roberto Linares, RPh**, Vice President

The South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy has elected the following officers to the Board:

- **Addison Livingston, PharmD, RPh**, Chairperson
- **Robert Hubbard, RPh**, Vice Chairperson

Committees, Task Forces

(continued from page 192)

The charge of this committee, as defined by the NABP Constitution and Bylaws, is to review proposed amendments to the Constitution and Bylaws, suggest changes where appropriate, and issue a recommendation for each proposed amendment.

LuGina Mendez-Harper, PharmD, RPh, member, New Mexico Board of Pharmacy will be the committee chairperson. Committee members also include:

- **Laura Forbes, RPh**, Virgin Islands

- **L. Suzan Kedron, JD**, Texas
- **Kishor Mehta, MBA**, Pennsylvania
- **Charles Wetherbee, JD**, Texas
Robert Carpenter, RPh, of Vermont and Megan Marchal, PharmD, RPh, of Ohio will serve as alternates. The Executive Committee liaison is Mark D. Johnston, RPh.

Working Group

On January 13-14, 2015, NABP will convene the **Working Group on Verified Pharmacy Program™ (VPP™)**. The charge of the working group will be to:

1. Examine and assess the current needs of the states in relation to VPP.
 2. Recommend support that NABP can provide through the VPP program to assist states with the inspection of pharmacies and sharing of inspection information.
- Chairperson of this committee is Reggie Dilliard, DPh, executive director, Tennessee Board of Pharmacy.

Individuals appointed to serve as members include:

- **Mark Conradi, JD**, RPh, Alabama
- **Becky Deschamps, RPh**, Montana

- **Gay Dodson, RPh**, Texas
 - **Tim Koch, RPh**, Arkansas
 - **Dennis McAllister, RPh, FASHP**, Arizona
 - **Brenda McCrady, RPh**, Arkansas
 - **Larry Mokhiber, MS, RPh**, New York
 - **Mike Podgurski, RPh**, Pennsylvania
 - **Tony Qi, PharmD, RPh**, New Jersey
 - **Larry Ross, MSEd**, Arkansas
 - **Ed L. Sperry**, Idaho
 - **Barbara Ellen Vick, RPh**, North Carolina
- The Executive Committee Liaison is James T. DeVita, RPh.

DEA Classifies Tramadol as Controlled Substance

Under a final rule published in the *Federal Register*, the pain reliever tramadol is now classified as a Schedule IV controlled substance (CS). As of August 18, 2014, Drug Enforcement Administration (DEA) requires manufacturers to print the "C-IV" designation on all labels that contain 2-[(dimethylamino)methyl]-1-(3-methoxyphenyl) cyclohexanol (tramadol), including its salts, isomers, and salts of isomers. The agency reminded DEA registrants who possessed any quantity of tramadol on the effective date of this final rule that they were required to "take an inventory of all stocks of tramadol on hand as of August 18, 2014, pursuant to 21 U.S.C. 827 and 958, and in accordance with 21 CFR 1304.03, 1304.04, and 1304.11 (a) and (d)." In addition, all "prescriptions for tramadol or products containing tramadol must comply with 21 U.S.C. 829, and be issued in accordance with 21 CFR part 1306

and subpart C of 21 CFR part 1311 as of August 18, 2014." National Association of State Controlled Substances Authorities notes that several states have already classified tramadol as a CS. The announcement is available on the *Federal Register* website at www.federalregister.gov/articles/2014/07/02/2014-15548/schedules-of-controlled-substances-placement-of-tramadol-into-schedule-iv.

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 medication decisions. In the latest Drug Info Rounds video, pharmacists discuss how the Food and Drug Administration (FDA) Safety and Innovation Act provides the agency new authorities for managing drug shortages. Drug Info Rounds is developed with contributions from pharmacists in FDA's Center

for Drug Evaluation and Research, Office of Communications, and Division of Drug Information.

ACHC Now Handling PCAB Accreditation Program

In July 2014, the Accreditation Commission for Health Care (ACHC) announced that, under a new agreement, it will administer the Pharmacy Compounding Accreditation Board (PCAB) accreditation program. According to a press release, ACHC will honor the accreditation status of all pharmacies that are currently accredited through PCAB or those that are undergoing the accreditation process. PCAB is a nonprofit organization that offers a voluntary accreditation program for compounding pharmacies nationwide. ACHC is a nonprofit organization that offers accreditation for a variety of products and services. More information is available on a press release on the ACHC website, www.achc.org/press_releases/ACHC_PCAB_PR.pdf.

JCPP Patient Care Document Aims to Promote Consistency

The Joint Commission of Pharmacy Practitioners (JCPP) has released a resource document aimed at promoting consistency in pharmacists' process of patient care service delivery. "Pharmacists' Patient Care Process" was developed by examining key source documents on pharmaceutical care and medication therapy management. The document describes the process in five parts: collect, assess, plan, implement, and follow-up.

JCPP brings together the chief executive officers and elected officers of national pharmacy associations, including NABP, to create a forum for discussion and opportunity for collaborative work on issues and priorities of pharmacy practice. The document can be downloaded from the American Pharmacists Association website at www.pharmacist.com/sites/default/files/JCPP_Pharmacists_Patient_Care_Process.pdf. ☐



Newly Accredited VAWD Facilities

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

Foundation Care, LLC
Earth City, MO

McKesson Drug Company
Santa Fe Springs, CA

Millstone Medical Outsourcing, LLC
Olive Branch, MS

A full listing of more than 540 accredited VAWD facilities is available on the NABP website at www.nabp.net. ☐



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Newly Approved e-Advertisers

The following entities were granted approved e-Advertiser status through the NABP e-Advertiser Approval^{CM} Program:

KVAT Food Stores, Inc
www.foodcity.com/pharmacy

Pace Pharmacy And Compounding Experts
www.pacepharmacy.com

Shoppers Drug Mart, Inc
www.shoppersdrugmart.ca

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



Newly Accredited DMEPOS Facility

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

Safa Pharmacy, Inc
Jamaica, NY

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