



newsletter

National Association of Boards of Pharmacy®

January 2008 / Volume 37 Number 1

aid to government
the profession
the public
1904 to 2008

Upcoming Events

January 24-25, 2008
Committee on Law
Enforcement/Legislation
Meeting
NABP Headquarters
Mount Prospect, IL

April 4, 2008
Committee on
Constitution and Bylaws
Meeting
(Conference Call)

May 17-20, 2008
NABP 104th Annual
Meeting
Baltimore Marriott
Waterfront
Baltimore, MD

June 28, 2008
FPGEE Administration
New York City, NY
Northlake, IL
San Mateo, CA

New Act Seeks to Streamline Emergency Response

Emergency planning – whether for natural disasters, terrorist attacks, or other circumstances – was, is, and will continue to be a high priority on both the state and federal levels. Responding quickly in an emergency, however, requires both planning and a carefully thought out regulatory structure to ensure the appropriate resources are available immediately when needed. This is particularly true with health professionals eager to respond to an emergency across state lines, but who may not be licensed to practice in the state where the emergency exists.

The Uniform Emergency Volunteer Health Practitioners Act (UEVHPA) may help states with this difficult issue. Approved in the fall 2007 by its drafting organization, the National Conference of Commissioners on Uniform State Laws

(NCCUSL), the UEVHPA in essence allows state governments to automatically grant temporary licensure to health care practitioners licensed in other states. It also provides for uniform civil liability protection and workers' compensation benefits for volunteer health care providers.

While acknowledging the many valuable efforts made by state and federal governments toward emergency preparedness, the UEVHPA seeks to fill in gaps exposed during the devastating Gulf Coast hurricanes of 2005, at least where volunteer health care professionals are concerned.

Both the states and the federal government have recognized, for example, the need for widespread interstate licensure reciprocity during states of emergency. However, as the NCCUSL stated in its prefatory comments to



the UEVHPA, hurricanes Katrina and Rita pointed out “deficiencies in federal and state programs to facilitate the interstate use of volunteer health practitioners not employed by state or federal agencies . . . no uniform and well-understood system existed to effectively link the various public and private sector programs.” Small differences between state programs, compounded by disaster-related breakdowns in communications and lack of information on the operation of the state

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New Act

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emergency declarations, caused confusion and, ultimately, delays in the deployment of badly needed health care practitioners to the disaster areas.

Interstate Licensure Recognition

Much of the UEVHPA deals with the recognition and scope of practice of health care practitioner volunteers. According to the prefatory note to the UEVHPA, the act would enable states to “establish a robust and redundant system to quickly and efficiently facilitate the deployment and use of licensed practitioners to provide health and veterinary services in response to declared emergencies. The act (1) establishes a system for the use of volunteer health practitioners capable of functioning autonomously even when routine methods of communication are disrupted; (2) provides reasonable safeguards to assure that health practitioners are appropriately licensed and regulated to protect the public’s health; and (3) allows states to regulate, direct, and restrict the scope and extent of services provided by volunteer health practitioners to promote disaster recovery operations.” It is meant to supplement, not replace, existing systems for coordinating and delivering emergency response services, and allows disaster relief organizations and health care facilities in affected areas to

use volunteer professionals quickly and easily, relying upon a registration system to confirm appropriate licensure.

The UEVHPA envisions a series of public and/or private registration systems capable of determining that volunteers have been licensed and are in good standing with their principal jurisdiction of practice. Volunteers would be encouraged to register with these systems ahead of time, although registration during an emergency would also be possible.

Section 5 of the UEVHPA authorizes various types of registration systems, including not only those created under federal or state laws, but also systems established by such entities as disaster relief organizations, associations of state licensing boards, associations of health professions, and major tertiary care hospital systems. In its comments to the relevant section of the act, the NCCUSL states, “This act allows each of these various types of organizations to establish and operate registration systems without explicit governmental approval because they have demonstrated the resources, competence and reliability to review and communicate information regarding the professional qualifications of health practitioners.”

“NABP supports the UEVHPA,” says NABP President Oren M. Peacock, Jr, RPh. “NABP, under the UEVHPA, can develop and

implement a registry of pharmacists who volunteer to provide services in declared emergencies. This effort will fulfill a mandate given by the NABP Executive Committee to put forth efforts related to assisting the state boards of pharmacy in preparing for declared emergencies and will provide a mechanism by which pharmacists will be quickly and efficiently deployed to areas of emergency.”

In developing an emergency-volunteer registration system, NABP would be able to tap into the Association’s existing resources. The NABP Task Force on Emergency Preparedness, Response, and the US Drug Distribution System, which met in November 2006, noted in its report that the NABP Disciplinary Clearinghouse, which primarily contains pharmacist disciplinary information shared by the boards of pharmacy and is used to assist the boards of pharmacy in processing licensure transfer requests, could be expanded “to include ‘real time’ licensure data for pharmacists, pharmacy technicians, and pharmacy interns with information continuously obtained from the boards of pharmacy. In the event of an emergency or disaster, this information can be quickly and easily used to verify licensure of pharmacists and support staff.”

Indeed, through its Electronic Licensure Transfer Program®, NABP

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California Board of Pharmacy Activates Emergency Response Due to Wildfires

Emergency response plans buzzed into action this fall, as residents were evacuated from their homes, and pharmacies were closed in portions of southern California due to rampaging wildfires. Fortunately, however, the overall impact on the distribution of prescription medications to patients in the state was relatively minor, reported Virginia Herold, MS, executive officer of the California State Board of Pharmacy.

The California Board activated its emergency response provisions, authorized under Business and Professions Code §4062, in late October. The section states that, during a federal, state, or local emergency, pharmacists may, “in good faith,” furnish prescription medications “in reasonable quantities” without a prescription. Pharmacists must keep appropriate records of such transactions and, as soon as possible, communicate the information to the patients’ physicians. The section also permits the Board to waive a rule or regulation if doing so “will aid in the protection of public health or the provision of patient care.” As an example of permitted emergency waivers, the Board invited pharmacists licensed in other states to help provide pharmacy services to affected patients in California.

In the message alerting California licensees that the Board was implementing emergency procedures, Herold announced that “[i]t is the expectation of the Board that patients in or from affected areas will continue to receive prescription medicine. The priority of the Board is patient care first.” The message also advised pharmacists to notify the Board of any exceptions made to the state’s pharmacy law in the course of emergency response efforts.

California’s emergency provision is consistent with the recommendation of the 2006-2007 Task Force on Emergency Preparedness, Response, and the US Drug Distribution System, which is also reflected in the current version of *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)*. Described in §201, “Designation,” the provision gives the boards of pharmacy leeway in the event of a declared state of emergency to waive the requirements of the *Model Act* “in order to protect the public health, safety, or welfare of its citizens and to facilitate the provision of Drugs, Devices, and Pharmacist Care services to the public.”

To help pharmacists and other health care professionals obtain health records for patients displaced by the fires, the In Case of

Emergency Prescription (ICERx.org) history service and secure Web portal was activated for the first time on October 24, after President Bush declared a federal state of emergency on October 23 for the California counties of Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, and Ventura.

Established in the spring of 2007 in response to the lessons learned in the aftermath of Hurricane Katrina, ICERx.org is an online resource that provides licensed prescribers and pharmacists caring for disaster victims with secure access to patients’ comprehensive medication history. The prescription history information is pooled from a variety of sources participating in ICERx.org, including community pharmacies, pharmacy benefit managers, and state Medicaid programs. Access to this information enables health care professionals to safely refill prescriptions for evacuees and assist in the coordination of care, while avoiding harmful prescription errors and potential drug interactions.

ICERx.org was updated to active mode, enabling registered health care professionals to search for prescription histories for patients from zip codes in any of the affected counties. As changes are made to an emergency declara-

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Executive Committee

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The NABP Executive Committee is elected each year at the Association’s Annual Meeting.

Abstention Makes the Board More Immuner

By Dale J. Atkinson, JD

Disgruntled licensees and others subject to administrative discipline by a board of pharmacy may attempt to exercise rights in federal or state court seeking declaratory relief and/or monetary damages alleging violations of certain constitutional rights. Various legal principles exist to protect boards of pharmacy and their members, as well as address the authority of federal courts to adjudicate these matters. In general, individuals subject to administrative discipline must present these legal arguments before the administrative tribunal to preserve the right to argue such issues in appeals to the judiciary. Consider the following:

In May 2005, the Vermont Board of Pharmacy summarily suspended the license of a pharmacist. The Board alleged unprofessional conduct on the part of the licensee in that he distributed Oxycontin® and other drugs without a prescription; held himself out to the public as “Dr Myer” without having a degree or license entitling him to use such a designation; and removed medications from the residence of a customer who recently died. A hearing on the summary suspension was scheduled for early June 2005.

The licensee did initially not appear at the June 2005 hearing. However, on that day, the prosecuting attorney called the licensee and informed him of the hearing taking place. The licensee subsequently arrived at the hearing and protested his

lack of notice, the receipt of hearsay evidence, and the inability to prepare an adequate defense to the charges. The licensee participated in the hearing from that point forward. The Board found that the licensee was not credible on several points and that the public health, safety, and welfare required the emergency suspension. The licensee’s pharmacy was closed immediately thereafter.

In August 2005, a three-day hearing was conducted to consider the merits of the several claims against the licensee for unprofessional conduct in addition to the charges resulting in the summary suspension. While finding that certain allegations were not sustainable, the Board held that the licensee had engaged in unprofessional conduct by claiming to have a doctoral

degree, dispensing regulated drugs without a prescription, making dispensing errors, having unregistered individuals perform tasks reserved for licensees/registrants, and failure to disclose misdemeanor conviction from Pennsylvania on application for licensure. The Board imposed a one-year suspension (retroactive to the date of summary suspension), the necessity to obtain certain education, and a requirement to work under supervision for the first year after reinstatement.

The licensee appealed the Board decision regarding the summary suspension and the final order sanctioning his license, both which were affirmed by the Office of Professional Regulation (OPR). Both decisions were appealed to the superior court, which affirmed the Board’s final order, but the summary suspension order appeal remains pending. The Board’s final order was also affirmed by the Vermont Supreme Court.

Thereafter, the licensee instituted litigation in federal district court seeking declaratory and monetary relief in the form of actual and punitive damages. In his complaint, the licensee alleged that the unprofessional conduct laws of Vermont were void for vagueness. In addition, the licensee alleged that the suspension of his license violated his due process and equal protection rights, that the Board committed libel and slander by charging that he was a

threat to the public safety and welfare, and intentional interference with business relations by suspending his license and closing his pharmacy. The licensee brought such charges against the prosecuting attorney, the OPR investigator, the presiding officer and Board counsel, and five members of the Board, in their individual and official capacities.

The defendants filed a motion to dismiss based on the doctrine of *Younger* abstention, on issue and claim preclusion, on sovereign, absolute and qualified immunity, and for failure to state a claim upon which relief can be granted. The *Younger* abstention doctrine basically precludes litigation in federal court on matters that will or could have been determined in state court. The *Younger* abstention doctrine applies to administrative proceedings where:

1. there is an ongoing state judicial proceeding;
2. the proceeding implicates important state interests; and
3. there is an adequate opportunity in the state proceeding to raise constitutional challenges.

Noting that the licensee bears the burden of substantiating his allegations, the court stated that the licensee failed to specify how the state proceedings were inadequate to address his constitutional defenses. The licensee alleged, without substantiation, that the complaint and investi-

gation were prompted by individuals with a grudge and that the investigator and prosecutor became unreasonably biased. Further, with the exception of the pending appeal of the summary suspension, there was no longer an ongoing state proceeding. The matter had been affirmed by the superior court and Supreme Court. Thus, the court held that it would not entertain the licensee's claims for equitable relief in that they are barred by the *Younger* abstention doctrine.

Regarding his claim for damages, the court turned its attention to the doctrine of sovereign immunity. It noted that state officials cannot be sued in their official capacities for retrospective relief where they may be entitled to absolute or qualified immunity. To determine the extent to which such immunity principles protect state officials, the court must examine the specific action for which the official seeks immunity protection.

In finding that the agency officials who participate in formal adjudatory proceedings are absolutely immune from suits for damages, the court held in favor of the Board and its members. In addition, the court held that the proceedings of the Board, even at the summary suspension stage, were functionally comparable to that of a court, with considerable procedural protections in place. Thus, the allegations against the

Board and members related to the summary suspension were also entitled to absolute immunity.

Regarding allegations against the investigators, the court assessed the qualified immunity protections available to such state officials. Rejecting a violation of his substantive and procedural due process rights, the court recognized the important role investigators play in enforcing the practice act. No allegations substantiated, or even suggested wrongdoing that may give rise to due process violations. Indeed, the fact that post summary suspension investigation revealed facts that resulted in an additional 29 charges does not indicate bias on the part of the investigators. Accordingly, the court rejected the arguments of the licensee.

Based upon its findings, the court dismissed the litigation in favor of the Board and the additional named defendants.

Numerous legal doctrines exist intended to protect the boards of pharmacy and their members from liability. Such protections are triggered by the board and its staff acting within the scope of authority. This case illustrates how litigation may be dismissed through motions to avoid the necessity of protracted litigation and disruption of board business.

Myer v. Backus, 2007 WL 2908307 (US District Ct VT 2007) 



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

Studies Show Increased Methadone-Associated Mortality Related to Pain Management

The increased use of methadone to treat pain in recent years is largely responsible for a surge in methadone-associated mortality, studies show. The use of methadone to treat addiction, however, has remained relatively stable, as has mortality related to this use.

NABP attended a Drug Enforcement Administration (DEA) meeting on methadone-associated mortality on September 20, 2007. Also attending were representatives of the Substance Abuse and Mental Health Services Administration (SAMHSA), Virginia Board of Medicine, Food and Drug Administration (FDA), National Association of State Controlled Substances Authorities, American Pharmacists Association, and Healthcare Distribution Management Association, as well as pharmaceutical manufacturers and wholesale distributors. Participants discussed various proposals to decrease methadone-related adverse events.

One outcome of this discussion is that, as of January 1, 2008, methadone manufacturers have voluntarily agreed to restrict distribution of 40 mg dispersible methadone hydrochloride tablets to only those facilities authorized for detoxification and maintenance treatment of opioid addiction, and hospitals. Manufacturers will discontinue supplying this formulation to any facility not meeting these

criteria. The 5 mg and 10 mg formulations indicated for the treatment of pain will continue to be available to all authorized registrants, including retail pharmacies. The 40 mg methadone formulation is indicated for the treatment of opioid addiction; it is not FDA-approved for use in the management of pain.

Despite the lower incidence of its use compared to other opioids, methadone far out-ranks other opioids in the rate of drug-related poisoning deaths, according to a July 2007 report, "Background Information for Methadone Mortality – a Reassessment," issued by SAMHSA, a division of the US Department of Health and Human Services.

The report cites Centers for Disease Control and Prevention data showing that, between 1998 and 2006, the number of poisoning deaths related to opioids such as hydrocodone and oxycodone increased by 90%. By contrast, the number of poisoning deaths related to methadone increased by 390% in the same time period.

Data indicate that "the increase in methadone-related deaths is primarily associated with increased use of the drug for the treatment of pain rather than in the treatment of addiction," the SAMHSA report states. This assessment is based on the fact that the increased mortalities have accompanied an increased incidence of methadone prescriptions being written and dispensed for pain.

As an analgesic, methadone is most often dispensed by pharmacies, generally in tablet form. Opioid treatment programs (OTPs), on the other hand, typically dispense methadone in oral liquid formulations. According to DEA, which regulates methadone under Schedule II of the federal Controlled Substances Act, distribution of methadone tablets has far surpassed that of the oral liquid formulation. The volume of methadone distributed through pharmacies increased five-fold from 1998 through 2002, whereas the volume distributed through OTPs increased only 1.5-fold during the same time period. More recently, IMS Health, which tracks pharmaceutical market trends, found that prescriptions dispensed for methadone increased by nearly 700% from 1998 to 2006.

The sharp rise in methadone-related poisoning deaths, coupled with the marked increase

in methadone distribution through pharmacies, indicates a correlation between the two trends. This correlation “supports the hypothesis that the growing use of oral methadone, prescribed and dispensed for the outpatient management of chronic pain, explains the dramatic increases in methadone consumption and the growing availability of the drug for diversion to abuse,” the report states.

One of the risks inherent with methadone use is that methadone’s elimination half-life (approximately 8 to 59 hours) is longer than the duration of its effects as an analgesic (approximately 4 to 8 hours). Thus, using methadone to alleviate chronic pain potentially could lead to toxic blood drug levels, FDA warns in a public health advisory. In November 2006 FDA updated labeling requirements for methadone-containing medications to include a boxed warning stating that most cases of methadone overdose involve patients being treated for pain with large, multiple daily doses of methadone. “Methadone’s peak respiratory depressant effects typically occur later, and persist longer than its peak analgesic effects, particularly in the early dosing period. These characteristics can contribute to cases of iatrogenic overdose, particularly during

treatment initiation and dose titration,” the label warns.

The SAMHSA 2007 “Reassessment” report explores current knowledge on methadone-associated mortality and progress made since 2003, when SAMHSA convened a National Assessment of Methadone-Associated Mortality.

One of the problems in tackling this public health concern, stakeholders have found, is the inconsistent use of nomenclature, case definitions, and standards for toxicological testing involving methadone. States historically have measured methadone-associated mortality somewhat differently. Taking this variation into account, the 2007 SAMHSA report considers methadone-associated mortality to mean fatalities in which methadone is detected during postmortem analysis or is otherwise implicated in a death. “Defining methadone’s role in such deaths is an unsettled area, complicated by inconsistencies in methods of determining and reporting causes of death, the presence of other central nervous system (CNS) drugs, and the absence of information about the decedent’s mortem physical or mental condition and level of opioid tolerance,” the report states.

Results of a survey conducted by the National Association of State Alcohol and Drug Abuse Directors found that many states’ medical examiners did not

distinguish between deaths *caused by* methadone and deaths in which methadone was a contributing factor or was found to be present in the body at the time of death. This broad range of circumstances defined in similar terms begs standardization of the nomenclature and measurement of methadone-associated mortality.

Several groups have put forth efforts to do just that. For example, American Pain Society, American Academy of Pain Medicine, and American Society of Addiction Medicine have jointly developed a model nomenclature, which has been disseminated via the groups’ journals and Web sites. Mallinckrodt (now Covidien Ltd) is considering a proposal to fund research that would help clarify issues involved in characterizing deaths attributed to methadone. In addition, SAMHSA has been collecting information on case definitions currently in common use and is in the process of drafting a model policy statement on uniform case definitions for use by relevant professional bodies.

Since the 2003 National Assessment, several federal and private-sector organizations have answered the call to collect, monitor, and analyze data related to the use of and adverse events associated with methadone. Groups including the American Association for

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already performs the licensure-verification functions required by the UEVHPA. And, as the task force noted in its report, “Currently, NABP offers expedited licensure transfer and verification services to allow boards to swiftly register and recognize non-resident pharmacists and pharmacy technicians . . . [I]t is hoped that more services can be offered in the near future.”

NABP provided similar assistance to the state boards of pharmacy in the aftermath of Hurricane Katrina. The Association served as a centralized information source for the issuance of temporary licenses to pharmacists from several states who volunteered to help in the

storm-torn region. In some cases, these volunteers needed temporary licenses to dispense medication in states directly affected by Hurricane Katrina and, in others, they needed licenses for states in which evacuees were relocated. NABP obtained lists of volunteer pharmacists and verified through the Disciplinary Clearinghouse that the volunteers had no current disciplinary action on their records. In addition to providing the boards with verification of good standing, NABP quickly posted the names of verified volunteer pharmacists on the NABP Web site.

State Activity

During his presentation at the NABP 2007 Fall Legislative Conference, Raymond Pepe, JD, a partner in the law firm K&L Gates and

a member of the NCCUSL, responsible for the UEVHPA’s development, told attendees that multiple states are expected to consider the final version of the act during their 2008 legislative sessions. Three states – Colorado, Kentucky, and Tennessee – enacted the UEVHPA in its earlier form during their 2006-2007 legislative sessions; this version did not include the uniform provisions addressing civil liability and workers’ compensation.

The legislation’s impact on the boards of pharmacy may differ by state. In Tennessee, for example, Board of Pharmacy Executive Director Kevin K. Eidson, PharmD, reported no immediate impact on the Board from UEVHPA. In Kentucky, on the other hand, Board of Pharmacy Executive Director Michael

A. Burleson, RPh, says, “We will have to come up with regulations.” The statute, he says, provides the broad picture; the regulations developed by the Kentucky Board give specifics. At press time, the Kentucky Board was slated to begin its discussions on the topic shortly, though finalized regulations were not expected immediately.

In addition, discussion of regulations pertaining to the UEVHPA might provide an opportunity for the Kentucky Board to discuss other issues related to emergencies and disaster planning, says Burleson, increasing general Board preparedness. While no one knows what form the next emergency will take, clearly the UEVHPA and the discussions surrounding it will help ensure a more effective and timely response. Ⓢ

NEWLY ACCREDITED VAWD FACILITIES

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

Anda Pharmaceuticals, Inc
Groveport, OH
Accredited October 15, 2007

Anda, Inc
Weston, FL
Accredited October 15, 2007

Astellas Pharma Manufacturing, Inc
Grand Island, NY
Accredited October 15, 2007

Atlantic Biologicals Corporation
Goodlettsville, TN
Accredited October 31, 2007

Bio Rx, LLC dba Bio Rx
Cincinnati, OH
Accredited October 19, 2007

Cedardale Distributors, LLC
Carlstadt, NJ
Accredited November 2, 2007

Corporate Mailings, Inc
Fairfield, NJ
Accredited October 29, 2007

Dispensing Solutions, Inc
Santa Ana, CA
Accredited October 19, 2007

DRxPharmaceutical Consultants, Inc dba DRx – The Doctors’ Dispensing Network
Skokie, IL
Accredited October 15, 2007

Healix Infusion Therapy
Sugar Land, TX
Accredited November 19, 2007

Jace Pharmaceuticals, Inc
Paramus, NJ
Accredited November 19, 2007

Mallinckrodt, Inc
Maryland Heights, MO
Accredited October 29, 2007



MMS – A Medical Supply Company
Carmel, IN
Accredited November 19, 2007

Reliance Wholesale, Inc
Cordova, TN
Accredited October 29, 2007

Vedco, Inc
Joseph, MO
Accredited November 11, 2007

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

New Internet-based ELTP Application Accelerates Processing, Eliminates Incomplete Applications

Applicants to the Electronic Licensure Transfer Program® (ELTP®) may now apply for licensure transfer online via the Internet-based *Preliminary Application for Transfer of Pharmacist Licensure*, which provides a user-friendly and accelerated application process.

The number of inquiries directed to the boards of pharmacy is expected to significantly decrease with the implementation of a new logon feature that enables applicants to check the

status of their applications online. In addition, application processing times have been shortened via use of an automatic error message feature, programmed to alert applicants to any missed or incorrectly completed fields. Along with the error alerts, a number of questions contain a drop-down menu, allowing the applicants to choose items such as their schools or examinations directly from a list. Historically, incomplete or incorrect applications resulted in longer processing time

frames; however, with the Internet-based application, applicants must complete every required field in order to continue to the next portion of the application. As a result, the expedited processing times allow for quicker receipt of the *Official Application for Transfer of Pharmacist Licensure*, which will be issued to the applicant once NABP has processed the *Preliminary Application*.

Additionally, the Internet-based application features a “save” attribute, which allows applicants

to return to their applications at another time if they are unable to complete them all at once. This feature also proves useful for applicants wishing to transfer their licenses to another state at a later date. Applicants can simply logon to retrieve their previously completed applications and make the applicable changes.

The *Preliminary Application* is accessible under Licensure Transfer in the Licensure Programs section of the NABP Web site, www.nabp.net 

DMEPOS Accreditations

The Centers for Medicare and Medicaid Services (CMS) recently announced that the accreditation deadline for all suppliers of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) is September 30, 2009. Those suppliers who are not accredited by the deadline will lose their National Supplier Clearinghouse DMEPOS billing privileges.

In November 2006, CMS named NABP one of 10 organizations to accredit pharmacies that supply DMEPOS products. Since then, NABP has accredited roughly 11,000 pharmacies. NABP will continue to work rapidly to complete the accreditation process for all suppliers by the set deadline, while ensuring that all pharmacies meet the quality standards set by CMS.

The following facilities were recently accredited through the DMEPOS program:

Medicine Shoppe #8372

Harrisburg, NC
Accredited October 15, 2007

The Corner Drugstore

Hemet, CA
Accredited October 31, 2007

Medicine Shoppe #1788

Deer Park, WA
Accredited October 23, 2007

A full listing of accredited DMEPOS suppliers is available on the NABP Web site at www.nabp.net.



Baltimore Provides Scenic Backdrop for NABP 104th Annual Meeting Attendees to Network

Site of the NABP 104th Annual Meeting, Baltimore, MD, provides an ideal setting for attendees to participate in important business sessions and pertinent continuing pharmacy education (CPE) sessions, while offering both an innovative and historical environment. From notable monuments to waterside shopping and entertainment, there is much to explore in “Charm City.”

Named after Lord Baltimore, the founding proprietor of Maryland, Baltimore was created at the demands of local farmers and tobacco growers who longed for the development of a customs house in a convenient location rather than having to transport their goods to previously established ports. With a natural harbor on the Chesapeake Bay and several potential mill sites along nearby streams, Baltimore was the perfect location for trade, and quickly became one of the country’s largest ports.

During the mid to late 1700s, Baltimore’s population grew exponentially, nearly quadrupling in size by 1800. As the city developed from a small town to a small city, Baltimore made a major historical mark, playing a crucial role in the War of 1812 when soldiers, stationed at Fort McHenry, successfully defeated the British. As the 12-hour battle at Fort McHenry raged on, an American doctor,

Francis Scott Key, observed the battle from his location aboard a British vessel, having been detained while inquiring about a patient. His view of the American flag as it soared high above the fort inspired Key to write “The Star-Spangled Banner,” the poem that later became lyrics to the United States National Anthem.

As thriving trade and development moved westward, Baltimore focused its efforts on developing an overland link in the form of the Baltimore and Ohio (B&O) Railroad, distinguishing Baltimore as “The Birthplace of American Railroading.” The city continued to flourish in trade and population until 1904, when a fire consumed most of its business district and historical structures.

Bouncing back quickly, much of the destroyed areas of the city were rebuilt by 1906, but Baltimore was devastated once again when the Great Depression hit. It was not until after World War II that the city

began to thrive again as the population’s consumer spending increased. Baltimore experienced another decline during the “suburban flight” as much of the city’s population expanded to the surrounding areas of Baltimore; however, the redevelopment of the Inner Harbor, Baltimore’s crown jewel, in the late 1970s promoted additional growth. Today, Baltimore attracts more than 11 million visitors for business and leisure each year.

History and Local Attractions

As a city of many “firsts,” Baltimore is positioned at the crossroads of history and innovation. Among a few of its historic firsts within the US are

- the first formal monument to George Washington, located in Mount Vernon, the cultural hub of Baltimore;
- the first American umbrella factory;
- the first telegraph line;
- the first commercial ice cream factory; and
- the first scheduled water taxi transportation system.

In addition to its numerous firsts, Baltimore contains several noteworthy sites and neighborhoods, many within walking distance of each other. The Inner Harbor, the founding location of Baltimore and the heart of the city, provides a whirlwind of entertainment and shopping

offering such attractions as HarborPlace, a waterside mall; the National Aquarium; the Maryland Science Center; and the USS Constellation, the last all-sail ship built by the Navy. Just east of the Inner Harbor lies Fells Point, the oldest section of Baltimore displaying cobblestone streets and colorful attractions. Often referred to as a lively entertainment district, Fells Point maintains the feel of an old English neighborhood. Nestled between the Inner Harbor and Fells Point, Little Italy, home to the nationally recognized Italian Film Festival, offers a warm and welcoming environment with more than 20 of Maryland's best Italian restaurants. Additional sites of interest include the Babe Ruth Birthplace and Museum; Lexington Market, the world's largest continuously running open-stall food market, operating since 1782; and the Flag House and Star-Spangled Banner Museum.

Attendees will have the opportunity to explore a few of these sites as well as others during the optional "Baltimore Charm City Tour," which will take place Monday, May 19 at 1:30 PM.

Not only known for its historic sites and quaint neighborhoods, Baltimore is often considered the "Gastronomic Capital of the Universe." The city is most well known for its crabs, but Chesapeake Bay cuisine offers an assortment of international and ethnic cuisine, catering to all taste buds.



The NABP 104th Annual Meeting will take place May 17-20, 2008, at the Baltimore Marriott Waterfront, in Baltimore, MD.

Transportation

Baltimore has the oldest public water-based transportation system in the US. The water shuttles provide service to many of Baltimore's neighborhoods and sites including the National Aquarium, HarborPlace, Little Italy, Fells Point, and Fort McHenry. All day passes cost \$8 per adult and \$4 per child (cash only). Visit the Baltimore Water Taxi Web site at www.thewatertaxi.com for schedules and route maps.

Although much of Baltimore can be accessed on foot, the city also offers several alternatives for transportation. The Maryland Transit Administration (MTA) provides three main modes of transportation within Baltimore including nearly 50 bus lines; the metro subway, operating every eight minutes during rush hour, 10 minutes during the day, and 11 minutes during evenings, weekends, and holidays; and the light rail, which operates at street level. Basic fares for the local bus, metro subway, and light rail are \$1.60 one-way, \$3.20 round trip, and \$3.50 for a day pass.

Annual Meeting attendees may also use the light rail to travel from the Baltimore Washington International Airport (BWI) to the Baltimore Marriott Waterfront, site of the Annual Meeting, by taking the northbound line to Penn Station. From there it is a five-minute taxi ride (approximately \$5) or a 20-minute walk to the hotel.

Shuttles and taxis are also available from BWI to the hotel. The SuperShuttle's main desk is located on the lower level of BWI near the baggage claim. The shuttles run every 15 to 20 minutes from BWI to the hotel, and it may take anywhere from 30 to 45 minutes to arrive at the hotel depending on traffic. The shuttle costs \$13 per person and reservations can be made by calling 1-800/258-3826. Taxis are also available near the baggage claim and cost between \$40 and \$45.

Registration and additional information about the 104th Annual Meeting are available in the Meetings section of the NABP Web site, www.nabp.net. 

Baltimore Attractions

Additional information on the Baltimore sites and attractions mentioned in this article is available at the following Web sites and phone numbers.

Babe Ruth Birthplace and Museum

410/727-1539, www.baberuthmuseum.com

Baltimore and Ohio Railroad Museum

410/752-2490, www.borail.org

Fells Point

410/675-6750, www.fellspoint.us

Flag House and Star-Spangled Banner Museum

410/837-1793, www.flaghouse.org

HarborPlace and The Gallery

410/332-4191, www.harborplace.com

Lexington Market

410/685-6169, www.lexingtonmarket.com

National Aquarium

410/576-3800, www.aqua.org

Science Center

410/685-5225, www.mdsci.org

USS Constellation Museum

410/539-1797, www.constellation.org

104th Annual Meeting

nabp newsletter

May 17-20, 2008

Baltimore Marriott Waterfront

Baltimore, MD

Saturday, May 17, 2008

10 AM - 7 PM

Registration/Information Desk Open

2 - 4 PM

Pre-Meeting Compliance Officer CPE Programming

Teen Addiction – Prescription Medications: The New Heroin?

ACPE #205-000-08-001-L04-P
(0.2 CEU – 2 contact hours)

5 - 6 PM

Annual Meeting Orientation

7 - 10 PM

President's Welcome Reception

*Dinner will be served.
Dress: business casual*

Sunday, May 18, 2008

6:30 AM - 5:15 PM

Registration/Information Desk Open

6:30 - 7:30 AM

Fun Run/Walk

Sponsored by Pfizer Inc

8 - 11:30 AM

Hospitality Brunch

8 - 11:30 AM

Joint CPE Programming

Educational Poster Session
ACPE #205-000-08-002-L04-P
(0.1 CEU – 1 contact hour)

12 - 4 PM

First Business Session

- Welcome Remarks
Call to Order
Presentation of Colors
National Anthem
Greetings from the Host State
- Keynote Address
- Report of the Executive Committee
- President's Address
- Report of the Treasurer
- Report of the Committee on Constitution and Bylaws
-Reading of Proposed Amendments
- Announcement of Candidates for Open Executive Committee Officer and Member Positions

4 - 5 PM

Joint CPE Programming

Legislative and Regulatory Update
ACPE #205-000-08-003-L03-P
(0.1 CEU – 1 contact hour)

Monday, May 19, 2008

7 AM - 2 PM

Registration/Information Desk Open

8:15 - 10:15 AM

Joint CPE Programming
Pedigree Update: RFID and Diversion from Common Carriers

ACPE #205-000-08-004-L04-P
(0.2 CEU – 2 contact hours)

10:30 AM - noon

Second Business Session

- Report of Executive Director/Secretary
- Report of the Committee on Resolutions
-First Reading of Resolutions
- Vote on Proposed Amendments to the Bylaws
- Candidate Speeches for Open Executive Committee Officer and Member Positions

Noon - 12:30 PM

Informal Member/Candidate Discussion

1:30 - 5 PM

Optional Tour

Baltimore Charm City
(Afternoon free.)

Tuesday, May 20, 2008

7:30 AM - 4:15 PM

Registration/Information Desk Open

8 - 9 AM

Continental Breakfast

9 - 10:30 AM

Executive Officer and Board Member CPE Programming

Medicaid Fraud: Tamper-Resistant Prescription Pads and Beyond
ACPE #205-000-08-005-L04-P
(0.15 CEU – 1.5 contact hour)

9 - 10:30 AM

Compliance Officer CPE Programming

Case Strategy: How to Investigate an Internet Pharmacy
ACPE #205-000-08-006-L04-P
(0.15 CEU – 1.5 contact hour)

10:45 AM - 12:15 PM

Joint CPE Programming

Compounding Update: Where is USP 797?
ACPE #205-000-08-007-L04-P
(0.15 CEU – 1.5 contact hour)

12:15 - 1:30 PM

Lunch Break

On your own.

1:30 - 4 PM

Final Business Session

- Election of 2008-2009 Executive Committee Officers and Members
- Remarks of the Incoming President
- Installation of Executive Committee Officers and Members
- Final Report of the Committee on Resolutions
-Discuss and Vote on Resolutions
- Invitation to the 2009 Annual Meeting

7 - 10:30 PM

Annual Awards Dinner

Dress: semiformal

Program subject to change.



NABP and the NABP Foundation are approved by the Accreditation Council for Pharmacy Education (ACPE) as providers of continuing pharmacy education. ACPE Provider Number: 205. Participants may earn up to nine hours of ACPE-approved continuing pharmacy education credit from NABP. Participants in continuing pharmacy education programs will receive credit by completing a "Statement of Continuing Pharmacy Education Participation" and submitting it to NABP. A validated Statement of Continuing Pharmacy Education Credit will be sent as proof of participation within approximately six weeks. Full attendance and completion of a program evaluation form for each session are required to receive continuing pharmacy education credit and a Statement of Continuing Pharmacy Education Credit.

Continuing Legal Education (CLE) Policy: NABP staff will be available to assist attendees on an individual basis to apply for CLE credit for attending conference 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.

NABP Annual Meeting Travel Grant Enables More Board Members to Converge, Share Knowledge, Experience

Many decisions of the state boards of pharmacy are influenced by budgetary concerns. The decision to send representatives to the NABP Annual Meeting does not have to be one of them. The NABP Annual Meeting Travel Grant Program removes this obstacle for many boards each year, enabling more members to converge and share their knowledge and experience at this annual event.

“Pharmacy is changing faster than ever in many ways – especially with technology,” notes Peter J. Orzali, Jr, RPh, president of the Kentucky Board of Pharmacy and a recipient of the Travel Grant in 2007. “At the meeting we are able to meet face-to-face with officials of other states who may have experience addressing certain challenges that we are now facing,” he says. At the same time, Kentucky board members share their experience with other members seeking input on common issues.

This exchange of information empowers the boards to make better decisions, as each board does not have to “re-invent the wheel,” Orzali says. “To protect the public, it is increasingly important to share knowledge and

experience among all of the state boards. The NABP Annual Meeting affords the best format for this information exchange.”

NABP is once again offering the Annual Meeting Travel Grant Program to qualified state board of pharmacy voting delegates. This year, delegates may receive up to \$1,200 in grant monies to attend the NABP 104th Annual Meeting, scheduled for May 17-20, 2008, at the Baltimore Marriott Waterfront in Baltimore, MD.

NABP Annual Meetings provide the forum in which resolutions are voted upon, Executive Committee officers and members are elected, and members attend educational sessions regarding current issues facing pharmacy regulators. The Annual Meeting Travel Grant Program was created to defray costs for designated voting delegates by providing funds for travel expenses, including airfare, hotel rooms, meals, taxis, parking, and tips. The Grant does not include Annual Meeting registration fees.

Twenty-seven state boards of pharmacy utilized the Grant to attend the NABP 103rd

“To protect the public, it is increasingly important to share knowledge and experience among all of the state boards. The NABP Annual Meeting affords the best format for this information exchange.”

Peter J. Orzali, Jr,
President, Kentucky
Board of Pharmacy

Annual Meeting in May 2007.

Marilyn Barron, MSW, public member of the Massachusetts Board of Registration in Pharmacy, agrees that attending the Annual Meeting fosters an exchange of information and ideas with delegates and board members from other states on pertinent issues facing the boards. Barron, who also received the Travel Grant to attend the Annual Meeting in 2007, notes that the Massachusetts Board’s travel funds are limited, as are those of many state boards of pharmacy. She stresses the importance, however, of having

representation from as many states as possible at the meeting, without local budget limitations deterring attendance.

Elwin D.H. Goo, PharmD, a member of the Hawaii State Board of Pharmacy, says he would not have been able to attend the 2007 Annual Meeting without having received the Travel Grant. Attending the meeting, he says, afforded an opportunity to hear informative presentations on pedigree requirements and compounding standards, as well as the chance to network with members of other boards.

Orzali says receiving the Travel Grant in 2007 enabled more members of the Kentucky Board to attend the Annual Meeting than otherwise would have been feasible. “This is important, as we all hear the information first hand,” he said. “Having multiple informed members leads to improved decision making and better outcomes for patient safety.”

Grant applications must be obtained from state board executive officers and submitted to NABP Headquarters prior to the Annual Meeting. NABP will inform applicants whether or not they have qualified for the Grant. ①

Call for Annual Poster Session Participants

What: Educational Poster Session themed “Protecting the Public Health”

When: Sunday, May 18, 2008, from 8 to 11:30 AM

Where: Baltimore Marriott Waterfront, Baltimore, MD – Site of the NABP 104th Annual Meeting

Who: State boards of pharmacy and schools and colleges of pharmacy

Why: Great opportunity to share ideas on protecting the public health, network with colleagues, and view other educational poster displays

How: Contact NABP Professional Affairs Manager Eileen Lewalski via e-mail at elewalski@nabp.net

Poster Topic Deadline: Monday, March 3, 2008

New this year, Poster Session attendees will have the opportunity to earn up to one contact hour (0.1 CEU) of continuing pharmacy education (CPE) credit by actively participating in the Educational Poster Session. Interested participants are asked to have their poster topics coincide with the Poster Session theme “Protecting the Public Health,” enabling the attendees to earn CPE credit in accordance with Accreditation Council for Pharmacy Education standards. Ⓢ

Registration Begins for NABP 104th Annual Meeting

Registration is now available for the NABP 104th Annual Meeting, which will be held May 17-20, 2008, at the Baltimore Marriott Waterfront in Baltimore, MD. Attendees can register directly online by visiting the Meetings section of the NABP Web site at www.nabp.net. A printable registration form is also available to download. Both types of registration offer attendees three payment options: (1) mailing in the payment, (2) using a credit card, or (3) paying on site. Those individuals eligible for the board of pharmacy group rate may also take advantage of online registration; for the payment option simply choose “Mail in Payment.”

During the Annual Meeting attendees will have the opportunity to assist in defining the direction of NABP

by participating in business sessions during which officers and members of the NABP Executive Committee will be elected and resolutions will be voted upon. In addition, the Annual Meeting offers timely and exciting continuing pharmacy education sessions led by educators, regulators, and others who will share their knowledge, experience, and insight of the pharmacy profession.

NABP has confirmed a special meeting rate at the Baltimore Marriott Waterfront of \$199 single/double occupancy plus 13.5% state and local tax. Rooms may be reserved online by visiting the Meetings section of the NABP Web site and clicking on the hotel special group page link created specifically for attendees of the Annual Meeting. Attendees may also

make their room reservations by calling the hotel directly at 410/385-3000 or by utilizing the central reservations number at 1-800/228-9290. Attendees are asked to mention that they will be attending the NABP 104th Annual Meeting. To ensure accommodations, reservations must be received by the Baltimore Marriott Waterfront no later than **Thursday, April 17**. Please note that the last event of the 104th Annual Meeting is the Annual Awards Dinner, which takes place from 7 - 10:30 PM on Tuesday, May 20.

Special airfare and car rental rates are available through the NABP official travel agency, Options Travel, at 1-800/544-8785. When calling Options Travel, mention the NABP meeting code number, NABP104. Ⓢ

Deadline Set for Advance Distribution of Proposed Resolutions

Those proposed resolutions received at NABP Headquarters by March 13, 2008, will be distributed to state boards of pharmacy on March 20 for review prior to the 104th Annual Meeting, where they will be presented and voted upon. This mailing will constitute the only pre-conference distribution of proposed resolutions. All resolutions – those distributed for early review as well as those received after March 13 – will be presented to the delegates during the Annual Meeting on Monday, May 19,

by the chair of the Committee on Resolutions.

To be considered during the Annual Meeting, resolutions must adhere to the requirements of Article IV, Section 6, Part (d) of the NABP Constitution and Bylaws.

(d) Any active member board, district, or committee of the Association may submit resolutions to the Association. Except as otherwise provided in subparagraph (c) of this section, all resolutions submitted in writing to

the Association at least twenty (20) days prior to the date of the Annual Meeting shall be presented at the Annual Meeting for consideration. Resolutions not presented within such time limitations may be presented during the Annual Meeting and will be considered for adoption by the Association upon the affirmative vote of three-fourths (3/4) of those Association members present and constituting a quorum.

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NABP Holds Task Force Meetings



Safeguarding Public Health

On December 6-7, 2007, the Task Force on Continuous Quality Improvement, Peer Review, and Inspecting for Patient Safety convened at NABP Headquarters. Pictured from left to right: Kevin J. Mitchell, RPh, Ohio State Board of Pharmacy; Joseph L. Adams, RPh, Louisiana Board of Pharmacy; Executive Committee Liaison Richard A. “Rich” Palombo, RPh, New Jersey Board of Pharmacy; Rebecca R. Poston, RPh, CPh, Florida Board of Pharmacy; Ex Officio Member Charles R. “Chuck” Young, RPh, CFE; Randall Knutsen, RPh, Colorado; Chairperson Kim Caldwell, RPh, Texas State Board of Pharmacy; Amy S. Buesing, RPh, New Mexico Board of Pharmacy; James T. DeVita, RPh, Massachusetts Board of Registration in Pharmacy; Alice Mendoza, RPh, Texas State Board of Pharmacy; Vernon H. Benjamin, RPh, Iowa Board of Pharmacy; and Paul N. Limberis, RPh, Colorado State Board of Pharmacy.



Reining in Drug Diversion

Members of the Task Force on Prescription Drug Diversion from Common Carriers met on November 8-9, 2007, at NABP Headquarters. Pictured from left to right: Edward G. McGinley, RPh, New Jersey Board of Pharmacy; John R. Dorvee, Jr, PharmD, Vermont Board of Pharmacy; Executive Committee Liaison Lloyd K. Jessen, RPh, JD, Iowa Board of Pharmacy; Edith G. “Edie” Goodmaster, Connecticut Commission of Pharmacy; Chairperson Howard C. Anderson, Jr, RPh, North Dakota State Board of Pharmacy; Wendy L. Anderson, RPh, Colorado State Board of Pharmacy; Peter J. Orzali, Jr, RPh, Kentucky Board of Pharmacy; Frank A. Whitchurch, RPh, Kansas State Board of Pharmacy; William Harvey, RPh, New Mexico Board of Pharmacy; and Jack William “Jay” Campbell IV, RPh, JD, North Carolina Board of Pharmacy (not pictured).

Call for Committee and Task Force Volunteers

NABP is seeking volunteers from its active member boards of pharmacy to serve on the Association’s 2008-2009 committees and task forces. Each interested executive officer, board member, and board staff member is encouraged to submit a letter of interest and a current resume or curriculum vitae to NABP Executive Director/Secretary Carmen A. Catizone by **Friday, May 23, 2008**.

Letters should outline the volunteer’s applicable experiences and accomplishments, along with the reasons he or she wishes to be considered for appointment to a committee or task force.

All materials will be forwarded to NABP President-elect Richard A. “Rich” Palombo, RPh, who will make the appointments when he becomes NABP president following the Association’s 104th Annual Meeting. 



NAPLEX Item-writing Workshop

Pictured above from left to right during the North American Pharmacist Licensure Examination™ Item-writing Workshop, held November 9-11, 2007, at NABP Headquarters are William Kehoe, PharmD, MA, professor of clinical pharmacy and psychology and chairman, Department of Pharmacy Practice, University of the Pacific Thomas J. Long School of Pharmacy and Health Sciences; Janene M. Rigelsky, PharmD, director of admissions and student services and assistant professor of pharmacy practice, Lake Erie College of Osteopathic Medicine School of Pharmacy; Joy Matthews-Lopez, PhD, consulting psychometrician; Tom M. Houchens, RPh, FASCP, Laurel Heights Nursing and Rehabilitation; and Rosalie Baran, MA, practicum director, Ferris State University College of Pharmacy.

Around the Association

Remembrance

Alvin Glen “Mike” McLain, past executive director of the Oregon State Board of Pharmacy and NABP president from 1968-1969, passed away on September 18, 2007. McLain was first appointed to the Oregon Board in 1960, serving as executive director until 1976. He was also a member of the Oregon State Board of Health and the Oregon Pharmacists Association, serving as president of the association in 1958. McLain received the

Bowl of Hygeia award for outstanding community service to pharmacy in Oregon in 1962. He graduated from the Oregon State University School of Pharmacy and served in the United States Navy Hospital Corps during World War II. He is survived by his daughter and son-in-law, son and daughter-in-law, and four grandchildren.

New Executive Officer

Ronald J. Huether, RPh, assumed the position of executive secretary of the South Dakota State Board of Pharmacy on October 24, 2007. Prior to his position as executive secretary, Huether

served as the pharmacy inspector of the Board since 2004. In addition, he was president of both the South Dakota Pharmacists Association (1980-1981) and the South Dakota Society of Health-System Pharmacists (1985). He received numerous awards including the Outstanding Achievement in the Professional Practice of Hospital Pharmacy; Pharmacist of the Year; and the Bowl of Hygeia Award for Community Service. Huether obtained his bachelor of science degree in pharmacy from South Dakota State University.

Survey Luncheon Drawing Winner

Congratulations to the Nevada State Board of Pharmacy for winning the 2008 *Survey of Pharmacy Law* Luncheon Drawing. Qualifying for the drawing by returning its revised *Survey* data by the deadline, the Board was awarded \$125 to defray the cost of a Board member and staff luncheon.

Board Member Appointments

- **Charles Smith, MA**, has been appointed a public member of the Wyoming State Board

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Beijing Drug Administration, NABP Discuss Pharmacy Regulation

The Beijing Drug Administration delegation met with NABP executives and senior management on November 19, 2007, at NABP Headquarters in Mount Prospect, IL, to discuss how pharmacy is regulated in the United States. Topics included supervision, management, and regulation of retail pharmacies; regular inspection, confiscation, and discipline to control counterfeit medications; and laws and regulations on medication production, brand advertising, and other manufacturer issues. Pictured above from left to right: Carmen A. Catizone, MS, RPh, DPH, executive director/secretary, NABP; Hong Liang, deputy department chief, Department of Drug Registration, Beijing Drug Administration; and Moira Gibbons, PharmD, JD, legal affairs senior manager.

Around the Association

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of Pharmacy. Smith's appointment expires on March 1, 2013.

● **Holly Henggeler, PharmD**, has been appointed a member of the Idaho Board of Pharmacy, replacing Richard Jones. Henggeler's appointment expires on June 30, 2010.

● **Terry Carr, RPh**, has been appointed a member of the Wyoming State Board of Pharmacy. Carr's appointment expires on June 30, 2013.

● **Gerard Dabney** has been appointed a public member of the Virginia Board of Pharmacy. Dabney's appointment expires on June 30, 2011.

● **Steve Wilson, PharmD, MBA**, was appointed a member of the

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Emergency Response Plan

(continued from page 3)

tion, ICERx.org is updated to allow searches for patient prescription histories from additional zip codes as applicable.

Despite the temporary setbacks, California's normal pharmaceutical supply system continued to operate effectively, according to Rx Response, a collaborative effort designed to help support the continued delivery of medi-

cines during a severe public health emergency. Given that, the members of the Rx Response team determined that activation of the system would be unnecessary. On its Web site, Rx Response stated that, "[o]n the whole, pharmacies are open, very few hospital systems have been ordered to evacuate and our Rx Response members are not reporting product shortages." Meanwhile, Rx Response continued to "operate in alert mode and monitor the situation."

While effects of the fires cannot be understated – some 4,400 individuals flocked to 28 emergency shelter sites, and more than 1,580 patients were evacuated from 26 medical facilities, news sources reported – relatively few pharmacies were forced to close, and local relief efforts ensured that patients received the medications they needed. All in all, Herold remarked, "I was very impressed with the

smoothness with which the situation was met."

By November things seemed to be back to normal, Herold says. "We are not aware of any permanent closures of pharmacies, wholesalers, or clinics. As of October 29, 22 of the 26 facilities evacuated due to potential fire hazards were able to resume operations, and patients returned. . . . I believe things have returned to normal." ☺

Around the Association

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Georgia State Board of Pharmacy, replacing Eddie Madden. Wilson's appointment expires on November 21, 2011.

- **Mary Inguanti, RPh, MPH, FASCP**, was appointed a member of the Connecticut Commission of Pharmacy, replacing Robert S. Guynn. Inguanti's appointment expires on December 31, 2010.
- **Patrick Adams, RPh**, was appointed a member of the Hawaii State Board of Pharmacy replacing Janet Williams. Adams' appointment expires on June 30, 2008.
- **Stanley Chow** was appointed a public member of the Hawaii State Board of Pharmacy replacing Dulce Tomi Onaga. Chow's appointment expires on June 30, 2011.

Board Member Reappointments

- **Edward J. Bechtel, RPh**, has been reappointed as a member of the Pennsylvania State Board of Pharmacy. Bechtel's appointment expires on September 18, 2013.
- **Rebecca W. Chater, RPh**, and **Betty H. Dennis, PharmD**, have been reappointed

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NABP Testifies in Support of Proposed BTC Class of Drugs

NABP testified at the Food and Drug Administration (FDA) meeting November 14, 2007, stating its support for the proposed creation of a behind-the-counter (BTC) class of drugs. The meeting was held to solicit input on the public health benefits of certain medications being available BTC without a prescription but only after intervention by a pharmacist.

A long-time advocate of this measure, NABP passed a resolution in 1993 advocating a third class of drugs that would be dispensed without a prescription only by licensed health care professionals authorized to prescribe and/or dispense prescription drugs. Continuing its support of this concept, NABP passed a resolution in 1995 stating that medications being converted from prescription-only to over-the-counter status that pose serious risks and require patient education for effective use should be placed in a special class requiring sale only by licensed health care professionals after counseling the patients on proper use.

More information is available in the *Federal Register* (Docket No. 2007N-0356) at www.regulations.gov.

FDA Study: Meds Sought Online to Avoid Rx Rules

FDA recently announced the results of a year-long investigation, which suggest that consumers are buying drugs

online to avoid the need for prescriptions from their physicians.

The investigation, comprising surveys conducted from September 2006 to August 2007 in international mail and courier facilities across the country, found 88% of the 2,069 drug packages examined appeared to be prescription medicines available in the United States. More than half (53%) of the products sampled have FDA-approved generic versions, likely sold at lower costs, according to earlier studies that have shown generics in the US to be generally less expensive than comparable drugs in Canada or western Europe. Other products included dietary supplements, foreign products with "illegible or incomprehensible" labeling, and medications not available in the US.

FDA warns that products from unregulated Internet drug sellers may contain the wrong ingredients or toxic substances. Earlier this year, FDA learned that 24 apparently related Web sites operating outside the US may be involved in the distribution of counterfeit prescription drugs.

IL, WI Adopt Laws to Protect Rx Distribution Systems

Illinois Senate Bill (SB) 509 was approved by Governor Rod Blagojevich on October 29, 2007. The bill, in part, increases licensing requirements for wholesale

drug distributors and also establishes pedigree requirements for prescription drugs that leave the normal distribution channel.

Wisconsin SB 40, the Budget Bill, was approved by Governor Jim Doyle on October 26. The bill contains provisions that increase the licensing requirements for wholesale drug distributors, require pedigrees for prescription drugs that leave the normal distribution channel, and recognize inspections by Board-approved third parties, which may include the NABP Verified-Accredited Wholesale Distributors® program.

US House Passes Dextromethorphan Distribution Act

The House of Representatives voted in October 2007 to pass the Dextromethorphan Distribution Act of 2007 (HR 970). The legislation amends the Federal Food, Drug, and Cosmetic Act such that any unfinished dextromethorphan that is possessed, received, or distributed in violation of this act is deemed to be adulterated.

It prohibits individuals from: (1) possessing or receiving unfinished dextromethorphan unless the person is registered with the Secretary of Health and Human Services as a producer of a drug or device; or (2) distributing unfinished dextromethorphan to anyone other than a registered person. The prohibition does not apply to common carriers that possess, receive, or distribute unfinished

dextromethorphan between registered persons.

As of press time, the bill (as S 1378) had been referred to the Senate Committee on Health, Education, Labor, and Pensions.

More information is available on the Library of Congress Web site at <http://thomas.loc.gov>.

Proposed Rule Modifies Combat Meth Act

The Drug Enforcement Administration (DEA) recently posted a *Federal Register* notice proposing a self-certification fee for sellers of scheduled listed chemical products who are not registered with DEA.

The Combat Methamphetamine Epidemic Act of 2005 requires “regulated

sellers,” or persons and entities selling scheduled listed chemical products at retail locations, to self-certify with DEA, relative to certain requirements of the act.

Under the Controlled Substances Act, the Diversion Control Program is required to recover the full costs of the certification process. DEA is proposing a self-certification fee for regulated sellers who are not DEA registrants as a means of recovering those costs.

More information is available in the *Federal Register* (Docket No. DEA-298P) at www.regulations.gov.

FDA Acts to Ensure Thyroid Drugs Maintain Potency until Expiration Date

FDA is tightening the potency specifications for

levothyroxine sodium to ensure the medication retains its potency over its entire shelf life. FDA is taking this action in response to concerns that the potency of the drug may deteriorate prior to its expiration date.

The revised potency specifications require levothyroxine sodium drug products to maintain 95% to 105% potency until their expiration date. Previously, these products were allowed a potency range of 90% to 110%. FDA has given manufacturers and marketers two years to comply with the revised specification.

More information is available on the FDA Web site at www.fda.gov/cder/drug/infopage/levothyroxine/default.htm. 

Methadone-Associated Mortality

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the Treatment of Opioid Dependence and SAMHSA, among others, have systems in place to collect and monitor data on methadone-associated deaths. State prescription monitoring programs also facilitate the collection, analysis, and reporting of information on the prescribing, dispensing, and use of controlled substances, including methadone. To further reduce methadone-related adverse events, several organizations are providing training for health care professionals on the proper use and inherent risk of methadone.

Also in progress, and informed by the growing pool of relevant data, are efforts to establish public policy regarding the use of opioid medications to address the needs of law enforcement and regulatory agencies, professional education, pain management, and addiction treatment providers.

More information on prescription pain medications and associated regulatory issues will be forthcoming in the February issue of the *NABP Newsletter*. 

Proposed Resolutions

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Questions regarding resolution procedures should be directed to NABP Executive Director/Secretary Carmen A. Catizone at NABP Headquarters by e-mailing exec-office@nabp.net. 

Around the Association

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as members to the North Carolina Board of Pharmacy. Both appointments expire on April 30, 2012.

- **Karl Miyamoto** has been reappointed as a member to the Hawaii State Board of Pharmacy. Miyamoto's appointment expires on June 30, 2011.

- **Bill Osborn, DPh**, has been reappointed as a member to the Oklahoma State Board of Pharmacy. Osborn's appointment expires on June 30, 2012.

Board Officer Changes

Virginia Board of Pharmacy:

- **Bobby Ison, RPh**, Chairperson
- **David C. Kozera, RPh**, Vice Chairperson

Kansas State Board of Pharmacy:

- **Mike Coast, RPh**, President
- **Shirley Arck, PharmD**, Vice President

Georgia State Board of Pharmacy:

- **Judy Gardner, PharmD**, President

New Hampshire Board of Pharmacy:

- **George L. Bowersox, RPh**, President/Chairperson

- **Ronald L. Petrin, RPh**, Vice President
- **Margaret E. Hayes, RPh**, Treasurer

Oklahoma State Board of Pharmacy:

- **Diane E. Hampton, MD**, President

North Carolina Board of Pharmacy:

- **Wallace E. Nelson, RPh**, President
- **J. Parker Chesson, Jr**, Vice President

Hawaii State Board of Pharmacy:

- **Mark E. Brown**, Vice Chairperson

Pharmacy Board of New South Wales:

- **Gerard McInerney, PHC, MPS, FACPP**, President 

Reminder

Online registration for
the NABP 104th Annual
Meeting is available at
www.nabp.net.



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