newsletter

National Association of Boards of Pharmacy®

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January 2014 / Volume 43 Number 1

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the profession
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Upcoming Events

January 20-31, 2014
PARE Administration

January 21-22, 2014
Committee on Law Enforcement/Legislation
NABP Headquarters

February 27, 2014
ACE Meeting
NABP Headquarters

April 1-12, 2014
PARE Administration

April 24, 2014
PCOA Forum
NABP Headquarters

April 28, 2014
FPGEE Administration

May 17-20, 2014
NABP 110th Annual Meeting
Phoenix, AZ

State and Federal Regulators Consider Best Practices for Reducing Unused Medications, Expand Reuse and Disposal Programs

With medication non-adherence, prescription drug abuse and other public health issues at stake, health care regulators are concerned about the excessive amounts of unused medications accumulating in patients' medicine cabinets. Numerous factors, including some related to prescribing and dispensing practices, have an impact on the amount of unused medications; thus, NABP, the Federation of State Medical Boards, and the National Council of State Boards of Nursing have begun considering how to collaborate to minimize amounts of unused medications. Centers for Disease Control and Prevention (CDC) has also expressed concerns as unused medications may indicate non-adherence or noncompliance with treatment regimens. A build-up of drugs in consumer medicine cabinets has also been linked to the prescription drug abuse epidemic since over 50% of individuals abusing prescription drugs obtain them from family and friends for free. Modifying prescribing practices to reduce unused medications and implementing strategies for increasing patient adherence are among the potential solutions to the issue. Meanwhile, state regulators – including state boards of pharmacy – have implemented programs allowing for the redispensing of unused medications under certain circumstances. In addition, both federal and state agencies have initiated efforts to encourage proper, safe disposal of those unneeded drugs that may not be redispensed.

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Increasing Adherence, Reducing Quantities

Many factors that contribute to patient non-adherence and noncompliance were identified in a 2008 study on the accumulation of medications published in *Environment International*. Some patients stop taking prescribed medication when they perceive improvement in a condition, or because they believe the medication is ineffective. Some patients may simply forget to finish taking a medication, while others

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In This Issue. . .

The *NABP Newsletter* (ISSN 8756-4483) is published 10 times a year by the National Association of Boards of Pharmacy® (NABP®) to educate, to inform, and to communicate the objectives and programs of the Association and its 64 member boards of pharmacy to the profession and the public. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABP or any board unless expressly so stated. The subscription rate is $35 per year.

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Unused Medications

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may intentionally seek out more than they need. Other challenges identified in the study included disruptive side effects and non-standardized labels that make it difficult for patients to take medications as prescribed. Increased access to free or low-cost medications may also lead to stockpiling for future use.

The National Council on Patient Information and Education (NCPIE) provides recommendations for health care providers, including pharmacists and pharmacy providers, that can help improve patient adherence. For pharmacists, NCPIE's recommendations include proactive gathering and sharing of medication information with patients, increased patient/ pharmacist contact, and targeted compliance monitoring for at-risk patients. Patient education and counseling have been shown to improve adherence. For example, elderly patients who received pharmacist-led counseling before hospital discharge improved medication adherence by 43%, according to a study published in a 1994 issue of *The Gerontologist*, a journal of the Gerontological Society of America.

A study on unused first-fill medications provides additional insight into noncompliance habits. During the April 2013 Drug Enforcement Administration (DEA) National Prescription Drug Take-Back Day, researchers from the Lake Erie College of Osteopathic Medicine School of Pharmacy in Erie, PA, coordinated with law enforcement officials in charge of four Pennsylvania collection sites in order to collect and analyze 531 unused first-fill prescriptions. The researchers also conducted surveys in order to learn why the medications were unused; the study results are presented in an article published in the July/August 2013 *American Journal of Pharmacy Benefits.*

According to their analysis, opioids represented about 30% of first-fill prescriptions returned. The study additionally noted that 96% of these opioids were short-acting agents, and that 76% of the short-acting opioid prescriptions that were returned retained at least half of the original amount prescribed. The researchers expressed concern that "opioid analgesics might comprise a large amount of the controlled substance medications remaining in medicine cabinets throughout this country." As noted in the article, researchers suggested that additional regulations limiting the quantity of first-fill medications for acute conditions might help decrease the amount of unused pain medications accumulating in medicine cabinets while also minimizing opportunities for those who might be tempted to abuse the drugs.

Federal and state health care officials have taken notice of the problem with unused first-fill medications. For example, analysis of Centers for Medicare and Medicaid Services Prescription Drug Event data suggests that approximately 32% of first-fill prescriptions for chronic conditions under Medicare Part D are never refilled by enrollees. Numbers such as these have led to proposed changes to Medicare Advantage and the Medicare prescription drug benefit program that would require sponsors to create and utilize a cost-sharing rate, where an enrollee would be eligible to request a partial "trial fill" of a medication at a prorated cost.

Other limitations have also been enacted in some Medicaid programs. For example, in Maine, the Office of MaineCare Services has issued a 45-day supply limit on new narcotic prescriptions written for adults except for those receiving treatment for cancer or HIV/AIDS, or for those under hospice care. The same restriction also applies to patients receiving opioids for chronic pain for more than 12 months. One Massachusetts insurance provider has limited physicians to prescribing 15-day supplies of short-acting opioids with one additional refill within 60 days. For long-acting opioids, a cancer diagnosis must be present, the prescription must be written by an oncology prescriber, or the opioids must be used in end-of-life care. Outside of these guidelines, prior authorization is necessary.

While such policies may be enacted to address rising costs, they may also help reduce the amount of unused medications. At the same time, addressing exceptions to first-fill medication policies, such as for patients needing treatment for chronic pain associated with cancer or HIV, may help to balance the need to reduce unused medications with the need to help ensure

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Nominees for the 2014-2015 NABP Executive Committee Announced; Elections to Take Place at 110th Annual Meeting in Phoenix, AZ

NABP is pleased to announce the nominees for the open 2014-2015 NABP Executive Committee officer and member elections to be held in May 2014 during the 110th Annual Meeting in Phoenix, AZ. Open officer positions include president-elect and treasurer. The open member positions are for Districts 3, 4, and 8.

The treasurer serves a one-year term, while the individual selected as president-elect makes a three-year commitment to the Association. Following one year as president-elect, he or she serves one year as the NABP president before assuming the responsibilities of chairperson of the Executive Committee for the final year.

Officer Nominations

Individuals interested in running for an open **officer** position must submit written notification including a letter of intent, the expiration date for their term on the active member board, and a résumé or curriculum vitae to the NABP executive director/secretary at least 45 days prior **(by April 3, 2014)** to the Annual Meeting's First Business Session.

As of press time, NABP has received the following nominations for the open officer positions.

President-elect (one-year term)

- Edward G. McGinley, MBA, RPh

Treasurer (one-year term)

- Hal Wand, MBA, RPh

Member Nominations

Each district has the opportunity to nominate up to two candidates at the respective district meetings.

As of press time, the following nominations have been accepted for the Executive Committee member positions from the districts and the NABP Executive Committee.

District 3 (three-year term)

- Jack W. "Jay" Campbell IV, JD, RPh
- Mark T. Conradi, JD, RPh

District 4 (three-year term)

- Philip P. Burgess, MBA, RPh, DPh
- Patricia A. Smeelink, RPh

District 8 (three-year term)

- Richard Mazzoni, RPh
- Larry L. Pinson, PharmD

In addition to the nominations made by the districts and the NABP Executive Committee for the open district **member** positions, individuals may seek to become a candidate by providing written notice to the NABP executive director/secretary. The written notice must include a letter of intent, the expiration date for their term on the active member board, and a résumé or curriculum vitae, and must be submitted after the relevant district meeting, but received no later than 45 days prior **(by April 3, 2014)** to the Annual Meeting's First Business Session, as stated in Article IV, Section 3(c)(ii) of the NABP Constitution and Bylaws. Only those individuals who have been determined by NABP to meet all qualifications for the open member positions will be placed on the ballot.

Qualifications and Voting Procedures

District member and officer nominees must meet the following criteria:

- The individual must be an affiliated member (administrative officer or board member) of the Association currently serving on a board of pharmacy of an active member state at the time of nomination and election.
- The individual must not, in addition to his or her board of pharmacy activities, currently serve as an officer, official, or board or staff member for any national or state pharmacy organization.
- The individual must not have a conflict of interest with the purpose, mission statement, and operation of NABP.

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Executive Committee

Michael A. Burleson
Chairperson
One-year term

Karen M. Ryle
President
One-year term

Joseph L. Adams
President-elect
One-year term

Edward G. McGinley
Treasurer
One-year term

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

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

Mark T. Conradi
Member, District 3
Serving third year of a three-year term

William John Cover
Member, District 4
Serving third year of a three-year term

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

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

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

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

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

Fines Place Board in (Civil) Penalty Box

By Dale J. Atkinson, JD

It is imperative that boards of pharmacy have administrative jurisdiction over all persons, not just licensees and applicants. This jurisdiction or authority to pursue administrative remedies provides regulatory boards with the right to prosecute and sanction persons or entities for violations of the practice act and regulations. While criminal prosecutions may also be authorized by law, the criminal prosecution teams may have to prioritize which matters to pursue, taking into consideration the harm to the public and access to resources. Boards of pharmacy are keenly aware of the public protection benefits associated with administrative jurisdiction over persons alleged to have violated the act and/or regulations and are more likely to authorize the pursuit of administrative remedies.

Perhaps the issue of unlicensed practice best characterizes the need for regulatory board authority and the public protection benefits derived from such administrative actions. Individuals and entities engaging in the unlicensed practice of pharmacy should be subject to the authority of the board of pharmacy (in addition to the criminal penalties). The same is true of other regulatory boards that wish to administratively prosecute unlicensed persons infringing on the scope of practice. Indeed, such unlicensed persons may be licensed by other boards. Consider the following.

In 2004 and 2005, the Tennessee Board of Pharmacy (Pharmacy Board) received multiple complaints that a licensed pharmacist (Pharmacist) was providing medical advice and treatment to several patients. The Pharmacy Board investigated the complaints and determined that the Pharmacist was not operating a pharmacy or engaging in the practice of pharmacy. Thus, the Pharmacy Board dismissed the matter. However, the Pharmacy Board did refer the matter to the Tennessee Board of Medical Examiners (Medical Board), which filed a Notice of Charges against the Pharmacist in July 2006.

After a hearing, the Medical Board found that the Pharmacist was practicing both medicine and naturopathy without a license and in violation of the applicable Tennessee law. The Medical Board assessed a civil penalty against the Pharmacist of $1 million.

The Pharmacist appealed the ruling to the Chancery Court that entered an order remanding the case back to the Medical Board. In its order, the Chancery Court asked that the Medical Board enter a supplemental order and clarify the findings and statutory basis for the $1 million penalty. On remand, the Medical Board reiterated the unlicensed practice of medicine conclusion and noted the authority vested in the Medical Board via statute that permits a Type A civil penalty of not less than $500 but not more than $1,000 per violation. In its supplemental order, the Medical Board found 12,710 violations broken down by total patient contacts (10,400), and specified contacts with four specific patients (2,310).

The Medical Board noted the Type A civil penalty authorization of $500 per violation and assessed the Pharmacist with a civil penalty of $6,355,000.

The Chancery Court again reviewed that matter and upheld the findings of unlicensed practice of medicine and naturopathy but vacated the $6,355,000 penalty "because the penalty is unwarranted in law and/or without justification in fact." The Medical Board appealed the matter to the Court of Appeals.

The standard of review used by the Court of Appeals is whether a board finding is in violation of constitutional or statutory provisions, in excess of authority, made under unlawful procedure, arbitrary or capricious or unsupported by the record. The court, citing previous cases, also noted that the appropriate sanctions are "particularly within the discretion of the agency" and "subject to very limited judicial review."

Addressing the merits, the court noted that the Medical Board did not set forth any findings with respect to the factors contained in the applicable Tennessee statutes and regulations other than to conclude that the action was "taken by the [Medical] Board to protect the health, safety and welfare of the citizens of Tennessee." The statute allows for each day of continued violations to constitute a separate violation. The law also calls for the Medical Board to establish by rule a schedule designating the minimum and maximum penalties. Finally, the statute establishes factors to be considered when assessing civil penalties. Such factors include the following:

- whether the amount will be a substantial economic deterrent;
- the circumstances leading to the violation;
- the severity of the violation and the risk of public harm;
- the economic benefits gained by the violator; and
- the interest of the public.

The Court of Appeals noted the Chancery Court citation to numerous cases in determining the number of violations. It also reviewed the record to determine if the unchallenged evidence supported the number of violations cited. In agreeing with the Chancery Court, the Court of Appeals found that the record does not support the Medical Board's conclusion as to the number of violations. In part, the court held that the Medical Board findings of 10,400 patient contacts was based upon the Pharmacist's testimony that he had been in practice since 1998 and estimated that he saw 8 to 10 patients per day. Based upon such a number being vague and "not a reasonably certain basis" the court held such a determination to not be supported by the evidence. Further, the court found the patient specific numbers to be equally speculative as such were, in part, based upon using the number of days such patients were engaged with the Pharmacist. The court noted that the patient records did not support the figures related to the number of violations. Finally, the court held that the use of the Pharmacist's income tax information did not " . . . furnish a basis to sustain the penalty."

Accordingly, the Court of Appeals agreed with the lower court and upheld the remand of the findings related to the number of violations to the Medical Board. In addition, the court held that the record does not show the manner in which the Medical Board considered the factors contained in the statute. The court did make clear that it did not take issue with the Medical Board's concern over the "severity of conduct" engaged in by the Pharmacist. The holding was limited to the number of penalties and failure to articulate the factors considered in determining the

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Unused Medications

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that legitimate medical needs are met.

NABP Position

NABP has also recognized the importance in educating health care providers on prescribing and dispensing appropriate quantities of medications, particularly limiting quantities for acute therapy and the initiation of chronic therapy. On October 9-10, 2012, NABP convened the Task Force on Drug Return and Reuse Programs in response to Resolution 108-9-12.

At the recommendation of the task force, NABP revised its Position Statement on the Return and Reuse of Prescription Medications to encourage stakeholders to develop methods that will minimize the amount of unused medications. The revised position statement highlights the role of pharmacists as follows: "As today's pharmacists are taking a greater role in their patients' health care regimens, utilizing medication therapy management as a tool to closely monitor and control the use of automatic refills, as well as effectually interacting with patients to determine the appropriateness of whether a prescription should be automatically refilled, pharmacists can play a significant role in decreasing the amount of unused prescription medication that is dispensed."

The task force recommended that NABP assist in developing strategies that will minimize the quantities of unused medications by collaborating with health care provider stakeholders.

Redispensing Regulations

In addition to encouraging strategies to increase patient adherence and encouraging collaboration to discuss potential changes in prescribing practices, NABP's position statement was also amended to assist member boards tasked with developing regulations for return and reuse programs. The position statement notes that some member boards have already enacted such regulations, and encourages those developing regulations to require reuse/redispensing programs "to demonstrate that the integrity and stability of the medication is maintained, that the medication has not been tampered with, and that the process results in dispensing safe medications to patients."

As of 2013, legislatures in at least 40 states and the territory of Guam have established some variation of a return and reuse medication program, or have some type of drug repository, donation program, or both; however, the limitations on who can donate what drugs to whom in these states vary widely.

For example, Montana's SB 288, enacted in 2001, only allows donations from long-term care facilities and expressly forbids dangerous drugs or drugs designated as a precursor to a controlled substance from being accepted. In Ohio, HB 221, enacted in 2003, allows any person or entity to donate prescription drugs so long as they are still sealed in their original, tamper-evident unit-dose packaging. In an effort to ensure that redistributed medications have been properly stored, many programs will only accept returns from correctional facilities, long-term care facilities, nursing homes, and similar environments in which the medications have been under the supervision of health care providers.

At least 31 states have implemented a return or reuse program, as reported in the *2014 Survey of Pharmacy Law.* Of these, at least two states have recently enacted legislation to expand or replace existing prescription drug return and reuse programs.

- Rhode Island legislation (HB 5230) replaced the pilot program established as the "Utilization of Unused Prescription Drugs Act" with a permanent program established by "The Return or Exchange of Drugs Act." The law allows nursing and assisted living facilities to donate certain prescription medications to pharmacies for return and redispensing effective July 15, 2013.
- Washington reports that SSB 5418, passed in February 2013, directed the state's Department of Health to develop a program for return and redistribution of donated medications for the under- and uninsured. Donations may only be accepted under specific conditions, which include safety requirements such as the integrity of original, sealed, and tamper-evident packaging for any donated medications. The program will go into effect on July 1, 2014.

In addition to new laws and regulations for return and reuse programs, some states have also made changes to their drug donation program. For example, California's SB 1329 was signed into law on September 28, 2012, and eliminated county ordinances regarding drug donations, and expanded distribution to include not-for-profit clinics. The legislation also permits licensed physicians to collect and maintain medications in addition to pharmacists.

More information on state return and reuse programs implemented prior to March 2012 is included in the May 2012 issue of the *NABP Newsletter* available at *www.nabp.net/publications/nabp-newsletters.*

Proper Disposal to Prevent Abuse

According to Substance Abuse and Mental Health Services Administration's (SAMHSA) most recent data, nearly 6.8 million Americans over the age of 12 (2.6% of the population) are current nonmedical users of prescription drugs. With annual prescription drug overdose deaths climbing, CDC has declared prescription drug abuse to be an epidemic.

In response to the prescription drug abuse epidemic, DEA began coordinating with law enforcement agencies across the nation to organize semiannual National Prescription Drug Take-Back Days. The program aims to provide a safe, convenient, and respon-

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Task Force Review of Testing Standards Prompts Revision of TOEFL iBT Minimum Requirements for FPGEC Certification

Following analysis by the Task Force for the Test of English as a Foreign Language Internet-based Test (TOEFL iBT) and review by NABP's Advisory Committee on Examinations (ACE), two of the minimum passing standards for Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification candidates taking the TOEFL iBT have been increased. Effective March 1, 2014 for new candidates, and effective June 1, 2014 for current candidates who have not met certification requirements, the listening and reading minimum requirements will be increased to 21 and 22 (from 18 and 21), respectively; however, no change will be made to the standards in place for the writing and speaking sections of the test.

The task force met on July 9-10, 2013, at NABP Headquarters and accepted their charge to "conduct a standard setting exercise pursuant to a recommendation for the minimum passing scores required for the successful completion of the TOEFL iBT requirement of the FPGEC Certification."

The TOEFL iBT is the sole English language proficiency examination accepted for new candidates seeking FPGEC Certification. The exam is a four-hour test that measures four areas of English proficiency. The test is commonly used as a measure of English proficiency among non-native English speakers for college and university admissions officers, government agencies, licensing and certification agencies, and private businesses throughout the country.

Guidelines for educational and psychological testing advise administrators of programs that use standardized tests such as the TOEFL iBT to periodically re-evaluate required minimum standards. In adherence with these guidelines, and to ensure its testing standards are valid and accurate, NABP periodically reviews its internal testing standards for its own examinations and for the tests it relies on from other providers for programs such as the FPGEC. Changes are made as a result of a deliberate, responsive, and objective evaluation process conducted by a task force that issues recommendations regarding testing standards. The recommendations are then reviewed by ACE and the NABP Executive Committee.

The Task Force for the TOEFL iBT that met in 2013 included members of state boards and pharmacist practitioners from across the country. Members began the evaluation process by participating in a series of exercises designed to provide them with the tools and information needed to evaluate the writing, speaking, listening, and reading components of the TOEFL iBT. Educational Testing Services (ETS), the organization which develops the TOEFL iBT, supplied learning materials, including audio and video aids, in order to simulate the testing experience and to evaluate a variety of examples in English proficiency.

For example, to evaluate the reading proficiency section requirements, ETS submitted a number of passages and associated questions for the task force members to read. Members were then instructed to estimate what proportion of candidates – with their conceptualization of an acceptable reading level for a pharmacist – would answer each question correctly.

For the speaking section, members listened to responses to questions posed to individuals whose primary language was not English. These were recorded from real TOEFL iBT examinations and included examples of poor, adequate, and good speakers in terms of how they were scored on the real TOEFL iBT. Task force members were then asked to rate these examples against the criteria for an acceptable level of speaking for a pharmacist. Throughout the process, the task force had opportunities to discuss ratings and to come to a consensus.

After evaluating the results of these exercises along with the results of an impact analysis on FPGEC scores, members of the task force ultimately agreed to recommend an adjustment to the minimum passing scores. These recommendations were later reviewed by ACE and approved by the NABP Executive Committee.

More details about the TOEFL iBT requirements and FPGEC can be found at *www.nabp.net/programs/examination/fpgec/toefl-ibt*. The task force report is available in the Members section of the NABP Web site.

Newly Accredited VAWD Facilities

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

DXE Medical, Inc
Brentwood, TN

Medline Industries, Inc
Tolleson, AZ

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

Volunteers Sought for 2014-2015 Committees and Task Forces

NABP is seeking volunteers from its active member boards of pharmacy to serve on the 2014-2015 committees and task forces. Executive officers and board members interested in serving on a committee or task force are encouraged to submit a letter of interest and a current résumé or curriculum vitae. Board of pharmacy staff interested in volunteering for NABP task forces are also encouraged to apply.

All submissions must be sent to NABP Executive Director/Secretary Carmen A. Catizone at NABP Headquarters or exec-office@nabp.net by **Friday, June 6, 2014.** 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 Joseph L. Adams, RPh, who will make the appointments when he becomes NABP president following the Association's 110th Annual Meeting in Phoenix, AZ.

2014–2015 Elections

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During the First Business Session of the Annual Meeting on Sunday, May 18, NABP President Karen M. Ryle, MS, RPh, will announce the open Executive Committee officer and member positions. The president will also announce any additional nominations of those candidates who have submitted the required materials to run for office by the specified deadlines and have been qualified by NABP. The final ballot for the Executive Committee will include those individuals nominated at the district meetings, as well as those candidates announced during the First Business Session.

During the Annual Meeting, time will be designated for candidate speeches and/or speeches given on the candidates' behalf for open Executive Committee officer and member positions. Individuals giving candidate speeches must be affiliated members of NABP, and a maximum of two speeches may be given for each candidate, including the candidate's own speech. Individuals giving speeches must limit their remarks to two minutes.

Voting will take place during the Final Business Session on Tuesday, May 20. Candidates, whether running opposed or unopposed, must receive a majority of the delegate votes present in order to be elected to office. If more than two candidates are slated for office, the candidate(s) receiving the fewest votes will be eliminated from subsequent ballots. The results of the election will be announced immediately and an installation ceremony will be conducted for the new officers and members of the 2014-2015 Executive Committee. Terms commence immediately following the Annual Meeting.

More information about the procedures for nominating and electing Executive Committee officers and members is available in Article IV, Sections 3(b) and 3(c) of the NABP Constitution and Bylaws.

Updates to the list of nominations will be posted in the Meetings section of the NABP Web site at *www.nabp.net/meetings.*

More information on the 110th Annual Meeting is available on pages 12-16.

Unused Medications

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sible means of disposing of unwanted or unneeded prescription drugs, while educating the general public about the abuse potential associated with some medications. Response to the program has grown. Following the October 26, 2013 event, DEA reported it has removed more than 3.4 million pounds of prescription medications from circulation.

Regulations being developed to implement the Secure and Responsible Drug Disposal Act, signed into law by President Obama in 2010, promise to offer consumers additional means for safely disposing of unused medications.

In addition to national efforts, there are a growing number of local disposal programs throughout the states. These programs allow consumers to safely drop off unwanted, expired, or unused medications at locations such as community drop-box programs and police stations; however, generally only police station drop boxes may accept controlled substances. Many of these drop-box locations are listed on the AWAR$_X$E® Web site at *www.AWARERX.ORG.*

As NABP continues to pursue collaborative solutions for minimizing the amount of unused prescription drugs, the Association will update its member boards. The report of the Task Force on Drug Return and Reuse Programs, and NABP's revised Position Statement on the Return and Reuse of Prescription Medications, are available in the Members section of the NABP Web site at *www.nabp.net/members.*

NABP to Use Pharmacy Practice Survey Results to Update, Validate NAPLEX Competency Statements

To ensure the North American Pharmacist Licensure Examination® (NAPLEX®) maintains its position as a valid and relevant licensing examination, NABP will conduct a survey of pharmacy practice in March 2014.

Approximately every five years, NABP conducts a survey of pharmacy practice in accordance with examination development standards and recommendations from the testing industry. The analysis of practice supports the relevancy of the NAPLEX competency statements, which define the content for the examination, ensuring that they are in line with pharmacy practice standards and measure the knowledge, skills, and abilities of entry-level pharmacists. As part of this analysis, NABP conducts a survey among pharmacists in all areas of pharmacy practice in order to obtain the information necessary to validate the NAPLEX competency statements. Pharmacist practitioners in all areas of practice as well as pharmacy academicians will be solicited by NABP to participate.

The survey responses will be carefully analyzed and weighted. The results of the analysis will be presented to the NAPLEX Review Committee, Advisory Committee on Examinations, and NABP Executive Committee for policy recommendations and final approval. The approved competencies and blueprint are expected to be implemented in the NAPLEX during 2015, and all schools and colleges of pharmacy, as well as the state boards of pharmacy will be notified of these revisions.

The NAPLEX competency statements undergo periodic reviews by a committee of subject matter experts. The reviews support the NABP mission to protect the public health by providing the state boards of pharmacy with an examination that assists them with licensure decisions that will result in safe and effective practice.

The current version of the NAPLEX blueprint is located in the Programs section of the NABP Web site at *www.nabp.net.*

NABP to Seek Pharmacists' Assistance in March 2014

Pharmacists in all areas of pharmacy practice will soon be invited to participate in a pharmacy practice analysis survey that will be available in March 2014 on the NABP Web site. Participating in the survey is a unique opportunity to give back and share one's expertise in pharmacy practice by assisting NABP in updating and validating the current North American Pharmacist Licensure Examination® competency statements. More information about this survey will be forthcoming in future NABP communications.

Over Five Million CPE Activities Tracked in CPE Monitor

CPE Monitor® has reached a milestone with over five million continuing pharmacy education (CPE) activity records now stored in the CPE Monitor system, as announced in a joint news release from NABP and Accreditation Council for Pharmacy Education (ACPE) in October 2013. ACPE-accredited providers are now actively transmitting CPE data to support CPE Monitor, and require pharmacists and pharmacy technicians to submit their NABP e-Profile ID and date of birth in order to obtain ACPE-accredited CPE credit.

Currently, more than 272,000 pharmacists and 190,000 pharmacy technicians have created NABP e-Profiles and registered for the CPE Monitor service, allowing them to electronically track CPE activity from participating providers.

Boards of pharmacy may now verify their licensees' and registrants' compliance with CPE requirements by logging in to the secure Board e-Profile Connect system. The ability to access CPE activity records electronically streamlines the verification process for boards of pharmacy, and will eventually eliminate the need for boards to collect printed statements of credit for ACPE-accredited CPE.

To obtain an e-Profile ID, licensees may visit *www.MyCPEmonitor.net,* create an e-Profile, and register for CPE Monitor. Once registered, pharmacists and pharmacy technicians can view and print CPE transcripts as well as individual statements by logging in to their NABP e-Profile.

Next PARE Testing Window Will Be January 20-31, 2014

The next available Pharmacist Assessment for Remediation Evaluation℠ (PARE℠) testing window is scheduled during the two-week time period of **January 20-31, 2014.**

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 or they may contact the NABP Competency Assessment Department at NABP_comp_assess@nabp.net.

Future PARE testing windows for 2014 will also be available during the following dates:

- April 1-12, 2014
- July 15-26, 2014
- October 7-18, 2014

More information about the PARE may be found on the NABP Web site at *www.nabp.net/programs/assessment/pare.*

Legal Briefs

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penalties. Thus, the matter was remanded back to the Medical Board for "reconsideration of the penalty, if any, to be imposed."

Cooperation among and between regulatory boards is essential to coordinated efforts to protect the public. The referral of the matter by the Pharmacy Board to the Medical Board not only encourages collaboration and clarifies the role of each respective board, it also enhances public protection. One lingering issue may be whether the unlicensed practice of medicine by a licensed pharmacist constitutes a violation of the pharmacy practice act.

Rawdon v. Tennessee Board of Medical Examiners, 2013 Tenn. App. LEXIS 715 (App. Ct. TN 2013)

Executive Officers Share Insight and Experiences With Colleagues During September 2013 Interactive Forum

During the NABP Interactive Executive Officer Forum, held September 24-25, 2013, in Northbrook, IL, board of pharmacy executive officers convened to share and collaborate among peers on timely and relevant topics. During the final session of the forum, "Finishing Touches," expert panelists shared their experiences with practitioner dispensing and fines and citations. More information about the interactive forum may be found in the November-December 2013 *NABP Newsletter.* Pictured from left to right: session moderator Mark D. Johnston, RPh, NABP Executive Committee member; Lee Ann Bundrick, RPh, administrator, South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy; and Gary A. Schnabel, RN, RPh, former executive director, Oregon State Board of Pharmacy.

DMEPOS Suppliers, Including Two of the Nation's Largest Chain Pharmacies, Continue to Seek Reaccreditation by NABP

Among pharmacies seeking reaccreditation, two of the nation's largest chain pharmacies elected to reapply for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) accreditation through NABP and were reaccredited this year – CVS/pharmacy and Walgreens. Currently, NABP has granted DMEPOS accreditation to nearly 550 companies, representing close to 27,500 facilities, and NABP continues to receive both new accreditation applications as well as reaccreditation applications. This growth has continued even as federal provisions and exemptions have removed the requirement for some pharmacies to obtain DMEPOS accreditation, illustrating the value entities place on holding the accreditation.

Over the past few years, the accreditation landscape has changed in light of competitive bidding programs and the option for pharmacy accreditation exemption, made possible by The Patient Protection and Affordable Care Act, should pharmacies meet certain criteria and elect to apply for accreditation exemption. Despite the industry's changes, however, DMEPOS accreditation remains a priority for many pharmacies that continue to reap the benefits of accreditation through NABP.

Of the 25 suppliers who obtained accreditation from NABP in 2007, when the program's first accreditations were awarded, many have opted for reaccreditation. In addition, some of these pharmacies are on their third accreditation cycle, including CVS/pharmacy and Walgreens.

> Earning DMEPOS accreditation through NABP demonstrates a pharmacy's commitment to quality health care and its shared mission with NABP to protect the public health.

Some pharmacies opt to continue with DMEPOS accreditation to demonstrate a high level of standards among competitors. NABP DMEPOS accreditation helps pharmacies stand out as leaders in the practice of pharmacy and distinguishes their business.

With more than 100 years experience being associated with pharmacy regulators, NABP understands the complexities of pharmacy practice and the necessity for continued protection of public health, which is demonstrated through its rigorous accreditation processes. The NABP DMEPOS accreditation process is an in-depth, three-step process: (1) a thorough screening to verify pharmacy licensure and appropriate staff licenses, (2) meticulous review of a pharmacy's DMEPOS policies and procedures, and (3) an unannounced on-site survey to confirm the policies and procedures submitted have been implemented and are evident in the pharmacy's day-to-day operation.

As an added benefit to pharmacies, surveys are designed with pharmacy in mind. NABP surveyors are mindful of a pharmacy's primary purpose – to assist patients – and work to minimize disruption of business operation.

Earning DMEPOS accreditation through NABP demonstrates a pharmacy's commitment to quality health care and its shared mission with NABP to protect the public health.

NABP surveyors who conduct on-site surveys also play a key role in the accreditation process. NABP surveyors represent a vast array of knowledge and experience and bring diverse backgrounds to DMEPOS surveys, ranging from pharmacy practice experience, to background in fraud, waste, and abuse prevention, to expertise in state and federal regulatory compliance. Their collective skills and expertise are instrumental in helping NABP assure the fair and objective assessment of compliance with Centers for Medicare and Medicaid Services (CMS) Quality Standards for each survey conducted.

NABP carries an extensive portfolio of accredited suppliers including those of national and regional pharmacies, supermarket chains, and independent operators. The NABP DMEPOS accreditation program focuses only on pharmacy suppliers and is able to accredit 24 product categories including diabetic equipment and supplies, canes and crutches, and surgical dressings. NABP continues to work with DMEPOS suppliers and CMS to help ensure that Medicare beneficiaries receive the appropriate products, services, and patient care associated with DMEPOS. More information about the program, including how to apply for DMEPOS accreditation, is available on the NABP Web site at *www.nabp.net/programs/accreditation/dmepos.*

Sunny Phoenix to Welcome Boards of Pharmacy for the NABP 110th Annual Meeting

NABP invites its members and other pharmacy stakeholders to experience America's sunniest metropolis for the NABP 110th Annual Meeting in Phoenix, AZ. Set in a city named after a mythical rising and rebirth, Phoenix provides an ideal setting for this year's Annual Meeting, *"A Partnership Reborn:* Revitalized and Reunited – Boards of Pharmacy and NABP." After participating in important business sessions and timely continuing pharmacy education sessions, attendees will have the opportunity to explore the city's diverse, ancient culture, colorful deserts, and mountainous views. The Annual Meeting will be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel.

Known for its ancient roots, Phoenix was first inhabited as early as 300 BC by the Hohokam people who sought use of the desert land and created the first major urban civilization in the Salt River Valley. A resourceful and industrious people, the Hohokam developed an irrigation system made up of more than 100 miles of canals that is still in use today. The fate of these ancient people is a mystery, but anthropologists believe they faced a prolonged drought that led to their civilization's destruction. According to legend, it was pioneer Darrell Duppa who saw the ruins and canals the Hohokam left behind and believed another civilization would soon rise from the ashes, giving the city its name, Phoenix.

In the second half of the 19th century, settlers such as John W. "Jack" Swilling of Wickenburg moved into the valley and began farming the land and reusing the canals created by the Hohokam. Swilling organized the first successful, modern irrigation project. He founded and developed the Swilling Irrigation Canal Company that started a large farming community that brought new life back to Phoenix.

Today, Phoenix is being reborn again, reinventing itself as a booming metropolis attracting travelers from all over the nation. With the recent development of new hotels, the new Phoenix Convention Center, and its thriving entertainment district, downtown Phoenix lives up to the story of its name.

Local Sites

Whether you are a recreational outdoors person, a nature enthusiast, or appreciate ancient history, Phoenix has something for every traveler. The city's most famous landmark, Camelback Mountain, challenges hikers with a 2,700-foot trek to traverse the mountain's hump. The landmark is said to resemble a camel in repose. The Desert Botanical Garden is also a sightseeing landmark in the city. The 50-acre garden features desert plants from all over the world.

For visitors wishing to immerse themselves in the Phoenix culture, the city is full of historic museums to suit every taste. The Phoenix Art Museum has been a vibrant destination for over 50 years and showcases art collections including European, Asian, Latin American, Western American, and contemporary pieces. The museum also features live performances, independent art films, and educational programs. Additional cultural hot spots include the Musical Instrument Museum and the Pueblo Grande Museum Archaeological Park.

Those visitors looking for unique shopping and dining experiences should head over to the Biltmore Fashion Park, a fashionable shopping destination located near the famed Arizona Biltmore Hotel. Also in Phoenix is Heritage Square. This hot spot is home to the Arizona Science Center and famous food landmarks, including Pizzeria Bianco, which was featured on the Food Net-

work and named by a *New York Times* food critic as the best pizza in the country.

Just steps away from the Sheraton Phoenix Downtown Hotel, visitors can check out Phoenix's newest addition, CityScape Phoenix, a two-block concentration of restaurants, bars, and fashion retailers.

Optional Tour

Attendees of the Annual Meeting will have the opportunity to take in the sites of Phoenix during the optional tour, "The Spirit of Phoenix Tour – Native Culture and Urban Sophistication," which will be held Monday, May 19, from 1:30 to 5:30 PM. The cost of the tour is $60 per person. Advanced payment and registration is required.

The motor coach tour will take attendees to the world famous Heard Museum: American Indian Art and History. At the Heard, attendees will have the unique opportunity to visit the moving and powerful exhibit, "Remembering Our Indian School Days: The Boarding School Experience," which memorializes a time in United States history when the federal government forced Native Americans to attend residential boarding schools located miles from home. Celebrating the spirit of survival, the exhibit draws on first-person recollections, memorabilia, and the writings of four generations of Indian School alumni.

Later in the tour, attendees will visit the world's first, five-star hotel – the Arizona Biltmore Hotel. Designed by Albert Chase McArthur, with a Frank Lloyd Wright-influenced design, the historic hotel opened its doors in 1929 and has hosted every president since Herbet Hoover, European royalty, and hundreds of movie stars and musicians including Marilyn Monroe and Irving Berlin.

Getting Around

The Sheraton Phoenix Downtown Hotel is conveniently located in the epicenter of the city and just six miles away from the Phoenix Sky Harbor International Airport. Individuals arriving from the airport can get to downtown Phoenix best by using the city's new METRO light rail, which offers fares for $2 each way, or $4 for an all-day pass. The light rail is a 20-mile line with 28 stops that runs for 20 hours a day, seven days a week, and comes every 12 minutes. Attendees may purchase light rail fare on board or at fare vending machines located at every light rail station. The nearest METRO light rail station by the airport is located at 44th St/Washington and is accessible via the PHX Sky Train shuttle service. This free shuttle is available 24 hours a day and can be accessed by airport travelers from Terminal 4 on Level 3 near the gates and security checkpoints.

The sculpture "Intertribal Greeting" by artist Doug Hyde (Nez Perce, Assiniboine, and Chippewa) stands outside the Steele Auditorium of the Heard Museum: American Indian Art and History. This popular Phoenix destination features the collections of Native American artwork, pottery, books, textiles, and jewelry. Photo courtesy of Greater Phoenix Convention and Visitors Bureau.

Taxis are also an affordable option from the airport to downtown. Taxi fares to and from the airport range in price from $15 to $25. Limousine services range in price from $35 to $85. Rental car services are also available at the airport. Reservations are recommended for attendees planning on renting a car at the airport as vehicles are limited for walk-up customers. Valet parking at the hotel is $27 per night and self-parking is available at $17 per night.

Once in downtown Phoenix, transportation to local attractions is available by the METRO light rail, taxi cab, or by utilizing the city's pedal cab services. For more details on getting around Phoenix, visit *www.visitphoenix.com/getting-around/index.aspx*.

Additional information about the 110th Annual Meeting is available on the NABP Web site at *www.nabp.net/meetings*.

Additional Phoenix Links

Arizona Science Center
www.azscience.org

Biltmore Fashion Park
www.shopbiltmore.com

Desert Botanical Garden
www.dbg.org

Downtown Phoenix Guide
www.downtownphoenix.com

Heard Museum
www.heard.org

Heritage Square
http://phoenix.gov/parks/parks/heritagepk.html

Musical Instrument Museum
http://mim.org

Phoenix Art Museum
www.phxart.org

Pueblo Grande Museum Archaeological Park
www.pueblogrande.com

Members Encouraged to Apply for Annual Meeting Travel Grant

The NABP Foundation will once again offer active member state boards of pharmacy travel grant opportunities to attend the NABP 110th Annual Meeting to be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ. One grant will be awarded to a current board member or administrative officer of each active NABP member board of pharmacy, as designated by the board's administrative officer.

In years past, the travel grant was provided only for voting delegates. Although that restriction no longer applies, in order to receive reimbursement, active member boards of pharmacy still must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions.

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

The NABP Annual Meeting Travel Grant program lessens the costs for qualified individuals by providing funds for travel expenses, including travel, hotel rooms, meals, taxis, parking, and tips. Eligible individuals can receive up to $1,500 in grant monies to attend the NABP 110th Annual Meeting. The grant does not include Annual Meeting registration fees.

Grant applications may be obtained from NABP upon the direct requests of executive officers of the state boards of pharmacy. Applications can be submitted by mail to the NABP Executive Office, at NABP Headquarters or via e-mail at exec-office@nabp.net. NABP requests that applications be submitted prior to the Annual Meeting. All applicants will be informed of whether or not they have qualified for the grant. Last year, 44 state boards of pharmacy applied and were approved for the NABP 109th Annual Meeting Travel Grant.

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

Sponsorship and Educational Grant Opportunities for NABP 110th Annual Meeting Now Available

Organizations have an opportunity to gain exposure through numerous sponsorship and educational grant opportunities available at the NABP 110th Annual Meeting to be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ. Contributing organizations help NABP provide quality programs designed to assist board of pharmacy members, executive officers, and compliance staff to meet their responsibilities for safeguarding the public health while creating visibility for the sponsoring organization.

Contributing organizations will be recognized from the podium by session or event, and will also be identified in meeting program materials, the *NABP Newsletter,* and on the NABP Web site at *www.nabp.net*. In addition, sponsoring organizations contributing $5,000 or more to the meeting are entitled to two complimentary meeting registrations valued at $575 each. Contributions of $1,000 to $4,999 entitle the donors to one complimentary meeting registration.

For more details on sponsorship and grant opportunities, organizations may contact NABP via e-mail at custserv@nabp.net or via phone at 847/391-4406.

Online Registration Coming Soon for the 110th Annual Meeting

Online registration will be available in February 2014, for the NABP 110th Annual Meeting to be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ. Attendees are encouraged to register early to receive reduced registration rates. In order to receive the early registration rate, attendees must register **on or before April 7, 2014.** Once available, registration may be accessed via the Meetings section of the NABP Web site at *www.nabp.net/meetings*.

NABP offers attendees three payment options:

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

More information about the 110th Annual Meeting is available in the Meetings section of the NABP Web site at *www.nabp.net/meetings*.

Proposed Resolutions to Be Distributed to Boards in March 2014

Proposed resolutions received at NABP Headquarters by Friday, March 7, 2014, will be distributed to state boards of pharmacy on the following **Thursday, March 13, 2014,** for review prior to the NABP 110th Annual Meeting, where the resolutions will be presented and voted upon. This mailing will constitute the only preconference distribution of proposed resolutions. All resolutions – those distributed for early review as well as those received after March 7 – will be presented to the voting delegates during the Annual Meeting on Monday, May 19, 2014, 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, which states the following:

> (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 submitted within such time limitations, but which are submitted within a timeframe set by the Executive Committee, may be presented during the Annual Meeting (pursuant to Section 6 (c)) and will be considered for adoption by the Association upon the affirmative vote of three-fourths (3/4) of those active member boards presented and constituting a quorum.

Questions regarding resolution procedures should be directed to the NABP Executive Office via e-mail at exec-office@nabp.net.

Network and Share Your Knowledge: NABP Seeking Poster Session Participants for the 110th Annual Meeting

NABP is currently seeking Poster Session participants for its Annual Educational Poster Session. This year the Poster Session will focus on "Partnering to Protect the Public Health," and will be held during the NABP 110th Annual Meeting, May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ.

The Poster Session will be held Sunday, May 18, from 8:30 to 11:30 AM and will offer those displaying posters the opportunity to share information about their organization's latest legislative issues, technology, policy development, and/or disciplinary cases as they relate to "Partnering to Protect the Public Health" with other pharmacy professionals. State board of pharmacy members and staff, as well as schools and colleges of pharmacy, are invited to participate.

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

Posters must coincide with the Poster Session theme, "Partnering to Protect the Public Health." Participating boards and schools and colleges of pharmacy will be provided with one four-foot by six-foot bulletin board, which should be manned by a qualified representative, such as a registered pharmacist, during display times. Assembly time will be available on Sunday, May 18, from 7:30 to 8:15 AM. Student presenters are welcome and must be accompanied by a licensed pharmacist.

Pharmacy school students will receive a free voucher valued at $50 to take the Pre-NAPLEX®, a practice examination for students preparing for the North American Pharmacist Licensure Examination®.

Those interested in participating should contact NABP Professional Affairs Senior Manager Eileen Lewalski via e-mail at elewalski@nabp.net by **March 7, 2014.**

Guidelines for Submitting a Poster

For those interested in participating, the following is a list of suggestions on preparing a poster:

- Poster topics must adhere to the theme "Partnering to Protect the Public Health."
- Keep the poster title short, highlighting the topic.
- Make the font size at least 14 point and double space paragraph lines to ensure readability from a distance of two to four feet.
- Enlist the help of students and/or interns on rotation in your office to prepare the poster.
- Prepare handouts to provide an overview of the poster and/or additional information, including contact names, should attendees have questions.

The display should be manned by a qualified representative, such as a registered pharmacist, throughout the duration of the session. Student presenters must be accompanied by a licensed pharmacist.

Meeting Program

May 17-20, 2014 Sheraton Phoenix Downtown Hotel Phoenix, AZ

Saturday, May 17, 2014

10 AM - 6 PM
Registration/Information Desk Open

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

4 - 4:30 PM
Pre-District Meeting Orientation

4:30 - 5:30 PM
Annual Meeting Orientation

6 - 9 PM
President's Welcome Reception
Honoring NABP President
Karen M. Ryle, MS, RPh
Dinner will be served
Dress: business casual

Sunday, May 18, 2014

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

7:30 - 8:30 AM
NABP AWAR$_X$E Fun Run/Walk

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

8:30 - 11:30 AM
Joint CPE
Educational Poster Session – Partnering to Protect Public Health

Noon - 3:15 PM
First Business Session

12:30 - 1:30 PM
Keynote Address
Captain Mark Kelly

3:30 - 4:30 PM
Joint CPE

Monday, May 19, 2014

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

7:30 - 8:45 AM
NABP/USP Breakfast

8:45 - 10:15 AM
Joint CPE

10:30 AM - Noon
Second Business Session

Noon - 12:30 PM
Informal Member/Candidate Discussion

1:30 - 5:30 PM
Optional Tour
The Spirit of Phoenix Tour – Native Culture and Urban Sophistication
Reservation Required

Tuesday, May 20, 2014

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

7:45 - 8:45 AM
Continental Breakfast

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

8:45 - 10:15 AM
Compliance Officer CPE

10:30 AM - Noon
Joint CPE

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

1:30 - 4 PM
Final Business Session

5:45 - 6:45 PM
Awards Dinner Reception

7 - 10 PM
Annual Awards Dinner
Dress: semiformal

Note: The 110th Annual Meeting schedule is subject to change.

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

Continuing Legal Education (CLE) Policy: NABP staff will be available to assist attendees on an individual basis to apply for CLE credit for attending CPE sessions. To apply for CLE credit, attendees must initiate the program approval process in their own states by completing and submitting the appropriate application materials and forms. NABP will provide documentation as necessary.

Third Quarter Clearinghouse Data Provides Insight on Disciplinary Trends as Database Celebrates 30 Years of Support

Housing a tremendous amount of disciplinary data from the state boards of pharmacy, the NABP Clearinghouse celebrates its 30-year milestone of collecting disciplinary information and assisting the boards in making confident, informed licensure transfer decisions.

30 Years of Support

Since its initial launch in 1984, the database has seen tremendous growth and change as new technologies emerged and new regulations were implemented to protect public health. In 1996, the Electronic Licensure Transfer Program (e-LTP) was implemented, giving boards another way to access Clearinghouse data. The Clearinghouse has its own communication tool that immediately reports a disciplinary action when it is reported by a state. With the launch of e-LTP, the Clearinghouse was able to electronically feed this reported disciplinary information directly to an applicant's electronic profile. This Clearinghouse capability further assisted the boards by streamlining the license transfer process, eliminating the need to sift through pages of printed reports.

The Clearinghouse's capabilities further grew as NABP stepped in to assist the boards with reporting actions to the Healthcare Integrity and Protection Data Bank (HIPDB) following the implementation of this federal requirement in 1996. This service, which is still provided today, began with over 20 participating states. Today, 32 boards utilize NABP as their HIPDB reporting agent.

Also impacting the direction of the NABP Clearinghouse, the United States Department of Health and Human Services Health Resources and Services Administration Division of Practitioner Data Banks began requiring the state boards of pharmacy to also report adverse actions to the National Practitioner Data Bank (NPDB) in 2010. During this time, the Clearinghouse experienced a dramatic increase in reporting volume that was likely in response to this new federal requirement.

Beginning with its March 2010 *Newsletter,* NABP began providing quarterly updates on trends seen through practice violations submitted by the state boards of pharmacy. Today, these updates continue to provide valuable insight in determining disciplinary trends nationwide.

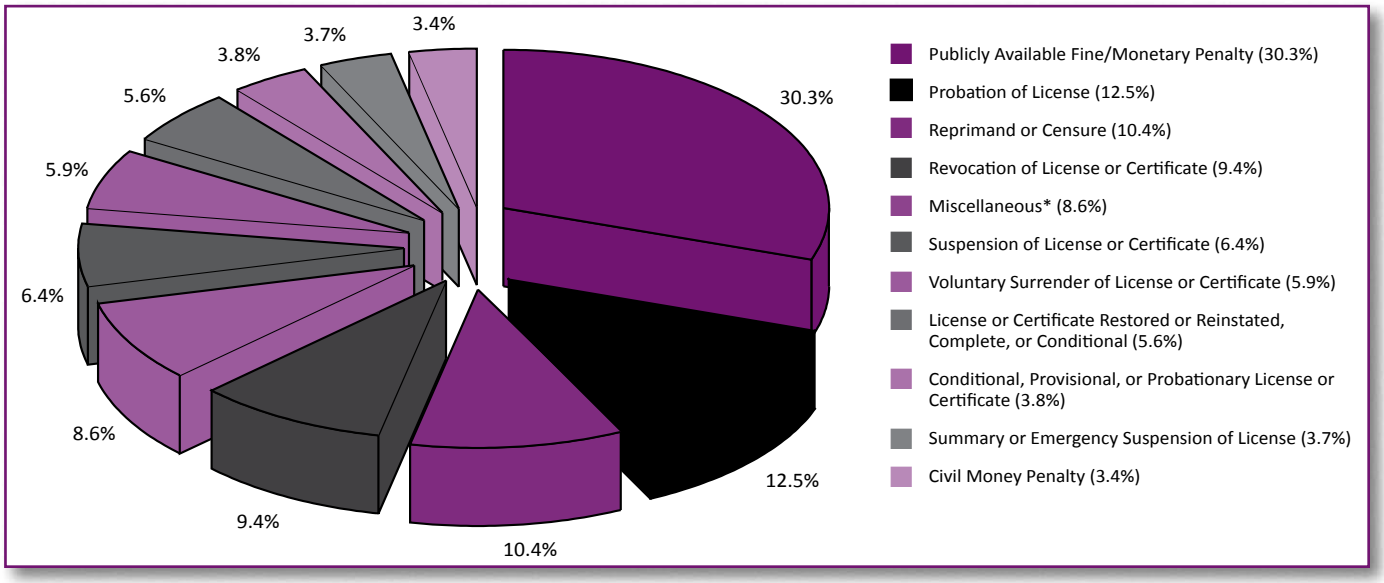
Recently, Clearinghouse capabilities have been expanded to collect and report information taken on pharmacies, wholesalers, and manufacturers.

Third Quarter Data

In third quarter 2013, the state boards of pharmacy reported a total of 1,095 disciplinary actions to the NABP Clearinghouse,

(continued on page 18)

Figure A: Disciplinary Actions Reported in Third Quarter 2013



*The miscellaneous category includes administrative fine/monetary penalty; denial of initial license or certificate; denial of license renewal; directed plan of correction; extension of previous licensure action; interim action; license restoration or reinstatement denied; limitation or restriction on license; modification of previous licensure action; other licensure action – not classified; publicly available negative action or finding; reduction of previous licensure action; and summary or emergency limitation or restriction on license.

Clearinghouse

(continued from page 17)

including actions taken against pharmacists, pharmacy technicians, pharmacy interns, pharmacies, wholesalers, manufacturers, and other licensees. Of the 1,095 actions taken in third quarter:

- 473 actions or 43% were taken on pharmacists;
- 335 actions or 31% were taken on pharmacies;
- 235 actions or 21% were taken on pharmacy technicians;
- 22 actions or approximately 2% were taken on wholesalers and manufacturers;
- 21 actions or nearly 2% were taken on pharmacy interns; and
- 9 actions or 1% were taken against other licensees, including mail-order pharmacies and controlled substance licenses.

Of all the actions reported in third quarter to the NABP Clearinghouse, publicly available fines/monetary penalties accounted for the most actions reported comprising of 332, or 30.3%, of the total 1,095 actions. Following this category, probation of license was the second most reported action with 137, or 12.5%, of the actions reported. The third most common action reported to the Clearinghouse is reprimand or censure, with 114, or 10.4%, of the actions reported. (See Figure A for a full breakdown of the actions taken during third quarter 2013.)

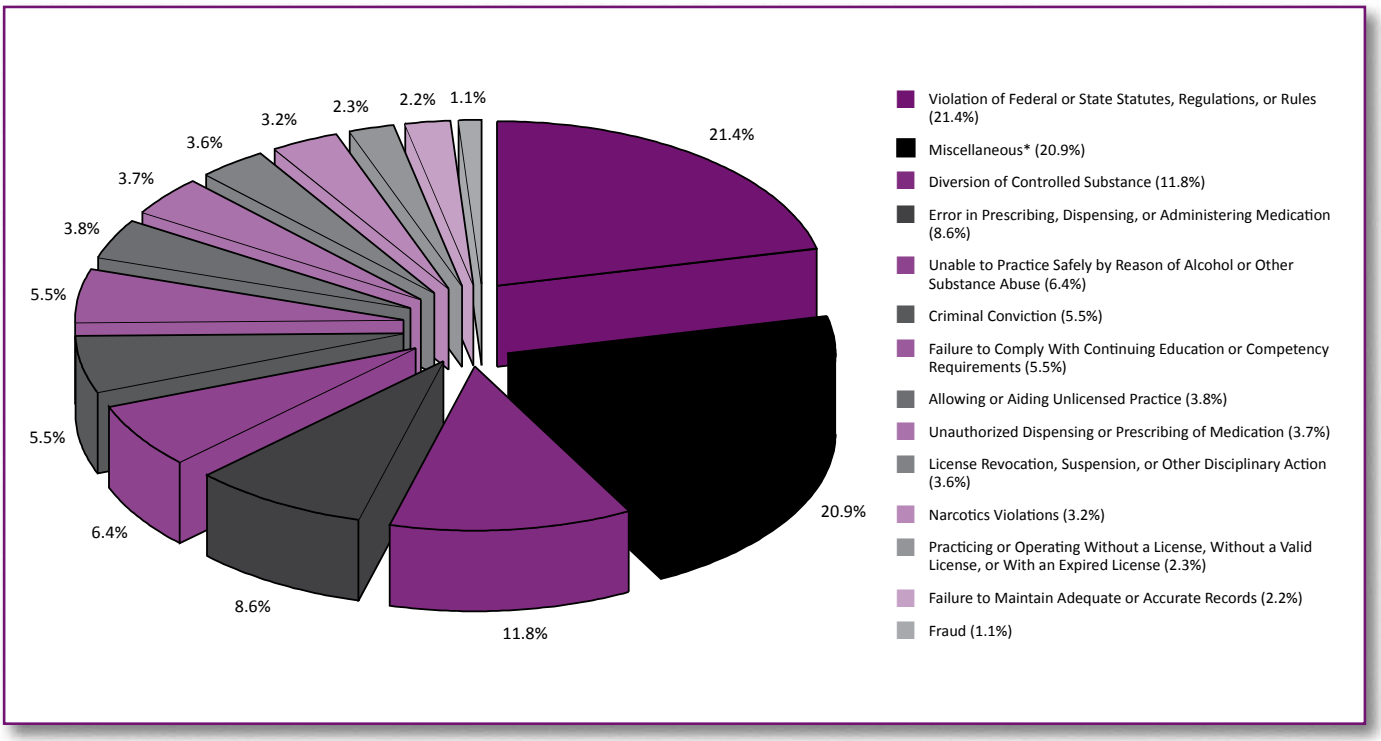
The state boards of pharmacy also report the basis for all actions taken to the Clearinghouse. In third quarter, 234, or 21.4%, of the actions were taken on the basis of a violation of federal or state statutes, regulations, or rules.

Following this category are actions taken on the basis of issues included in the miscellaneous category including failure to comply with health and safety regulations, deferred adjudication, and failure to disclose. The category accounted for 20.9% (229) of the actions. Another 11.8% (129) of the actions reported during the third quarter were taken on the basis of diversion of controlled substances. (See Figure B for a full breakdown of the basis for actions taken during third quarter 2013.)

NABP continues to encourage the state boards of pharmacy to report disci-

(continued on page 20)

Figure B: Basis for Disciplinary Actions Reported in Third Quarter 2013



*The miscellaneous category includes breach of confidentiality; conduct evidencing ethical unfitness; conduct evidencing moral unfitness; deferred adjudication; diverted conviction; drug screening violation; expired drugs in inventory; failure to comply with health and safety regulations; failure to comply with patient consultation requirements; failure to cooperate with board investigation; failure to disclose; failure to meet licensing board reporting requirements; failure to pay child support/delinquent child support; immediate threat to health or safety; 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; misrepresentation of credentials; negligence; nolo contendere plea; operating beyond scope of license; other unprofessional conduct; practicing beyond the scope of practice; sexual misconduct; unable to practice safely; unprofessional conduct; and violation of or failure to comply with licensing board order.

NAR$_X$CHECK Tools, NABP PMP InterConnect Offer Valuable Workflow Solutions as States Move Toward Mandatory PMP Use

Several states are now mandating that providers access prescription monitoring program (PMP) data prior to prescribing or dispensing a controlled substance in certain circumstances. To assist providers in meeting these requirements, NABP offers NAR$_X$CHECK® and NABP PMP InterConnect®, valuable tools and services developed as part of the Association's mission to protect public health.

Currently, 49 states have a PMP in place. Of those 49, 16 states have some form of regulation mandating prescribers and dispensers to access PMP data for prescribing and dispensing decisions. For example, in New York, practitioners are required, with limited exceptions, to check the PMP registry for a controlled substance prescription in Schedules II, III, and IV. PMP users that fail to meet state requirements may face a monetary fine and/or other disciplinary action against a license.

Even with these state requirements in place, most PMP users find it difficult to incorporate regular PMP use into their daily routine. According to the Office of the National Coordinator for Health Information Technology (ONC), PMPs are one of the key areas in the fight against the prescription drug abuse epidemic; however, most providers and pharmacies are not accessing PMPs regularly. "Forty-nine states have monitoring programs in place, but most of their providers and pharmacies are not accessing them regularly because it doesn't fit in with their workflow," noted ONC in an October 2013 article of *Governing* magazine.

These challenges were highlighted in results of a statewide survey, conducted by the Oregon Health and Science University, which sought information on the trends of registered and nonregistered PMP users among different demographics and health care professionals. The survey polled registered, frequent PMP users, and asked how much of a barrier were certain factors that prevent them from accessing their state PMP for prescribing and dispensing decisions. These results are highlighted in the chart below.

The survey also highlighted motivating factors for accessing a state PMP when making prescribing and dispensing decisions. According to the survey, 36% of users access their state PMP when considering a prescription for a controlled substance; 48% access their state PMP for new patients; and only 4% access a PMP for every patient. To view the complete survey, visit *https://www.acumentra.org/assets/PDMP-Presentation_Survey_Focus-Groups.pdf*.

These survey statistics outline the need to increase PMP adoption and provide an easy-to-use system. Responding to the need for a solution, NABP continues its efforts to integrate analyzed PMP data into electronic health record systems through NAR$_X$CHECK, the software tool that generates risk-based scores reflecting a patient's controlled substance history. First developed to assist emergency department physicians in making the most appropriate treatment decisions for patients, the NAR$_X$CHECK application analyzes PMP data and provides a report on narcotic, sedative, and stimulant usage including a three-digit, risk-based NAR$_X$CHECK Score™ that indicates to a physician whether there is a low probability that a patient is abusing a drug or a high probability warranting caution or concern regarding a patient's prescription drug use. Currently, this software has been configured to operate in 23 hospitals, medical centers, and clinics in Indiana and Ohio, and this number is expected to rise. In its November-December 2013 *NABP Newsletter,* NABP highlighted data received from these state health care settings that shows the clinical adoption rate of NAR$_X$CHECK increases in use over time as health care providers continue to use and see value in the software.

According to the Oregon survey, 82% of PMP users believe that linking state PMP systems would be more beneficial to PMP use. Assisting in these efforts is NABP InterConnect, which facilitates the secure transfer of PMP data across state lines to authorized users. NABP InterConnect provides an effective means for physicians and pharmacists in participating states to more easily identify patients with prescription drug abuse and misuse problems, especially those patients that cross state lines to obtain drugs. Currently, more than 20 states participate in the program and exchange prescription data with one another. (See page 20 for current state participation information.)

NAR$_X$CHECK is currently only configured to work with select state PMPs. Testing is underway on the software modifications needed for NAR$_X$CHECK to obtain data directly from NABP InterConnect, in

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How Much of a Barrier Are the Following Factors for Using the PMP?	
Barrier	**%**
Time constraints	60%
Cannot delegate access	47%
Not easy to access	35%
Not easy to navigate	28%
Concern about scrutiny by law enforcement or licensing board	less than 5%
Lack of training on PMP use	4%

Results taken from the Oregon Health and Science University survey.

NABP PMP InterConnect Participation Continues to Climb as States Launch Pilots of NABP-Developed PMP Software

NABP PMP InterConnect® participation continues to grow, with Nevada's prescription monitoring program (PMP) soon to be securely sharing data by early 2014, as states continue to pilot the new NABP PMP software system.

Once Nevada goes live with NABP InterConnect, authorized users in 22 states will be sharing interstate data. Nevada will join PMPs in the states of Arizona, Arkansas, Colorado, Connecticut, Delaware, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, New Mexico, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Virginia, and Wisconsin. Several other states are expected to go live in early 2014, with some having executed a memorandum of understanding (MOU) to participate, and other states currently reviewing the MOU.

As NABP InterConnect participation expands, five states continue efforts to pilot the new PMP software system, PMP AWAR$_X$E™, which includes all the connections for InterConnect. To ensure the software meets the needs of state PMPs, Kansas, Mississippi, and Nevada have already begun using the new software, with launch dates of July 2013, October 2013, and December 2013, respectively. The next states to launch the software will be Idaho and North Dakota. Idaho is expected to launch the software in late January 2014. North Dakota's launch date is expected to follow in February 2014.

As with the previous pilots, NABP is working to apply additional improvements to the software for the upcoming pilot states. NABP is currently piloting the software free of charge to the aforementioned five states, and it is the ultimate goal to make this software available to all states at no cost in the future.

States that seek further information about NABP InterConnect may contact NABP Member Relations and Government Affairs staff at GovernmentAffairs@nabp.net, or by calling 847/391-4406. Additional information is also available on the NABP Web site at *www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect.*

Clearinghouse

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plinary actions to the NABP Clearinghouse, which is accessed through the Board e-Profile Connect. Required by the NABP Constitution and Bylaws, reporting these actions is an essential component to maintaining the integrity of licensure transfer among the states.

Utilizing the Board e-Profile Connect, boards reporting disciplinary information to the Clearinghouse are able to notify and share in real time with other states when actions have been taken against a licensee. In addition, those boards that have designated NABP as their reporting agent for NPDB, which now houses HIPDB data, can utilize the Board e-Profile Connect to transmit disciplinary data directly to the federal data banks.

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

More information on reporting to the NABP Clearinghouse, as well as designating NABP as a reporting agent for NPDB, is available on the NABP Web site at *www.nabp.net/programs/member-services/nabp-clearinghouse.*

NAR$_X$CHECK

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order to streamline deployment nationwide and to ultimately lead to the capability to provide NAR$_X$CHECK scoring based on multistate PMP data. This integration will allow NAR$_X$CHECK the potential to access PMP data from all NABP InterConnect participants, resulting in a NAR$_X$CHECK Score that is based on a more complete patient controlled substance medication history, yet still directly integrated into the workflow. This should remove obstacles and allow for the effective use of the PMP data.

NAR$_X$CHECK is currently available as a subscription-based service to health care providers either registered with PMPs in participating NABP InterConnect states, or agreeing to ensure compliance with PMP laws and regulations when providing access to users. Subscription revenues are intended to be used to continue support to state PMPs to enable their participation in the NABP InterConnect, and to support PMPs in achieving the mission to protect the public health.

More information about NAR$_X$CHECK may be found at *www.narxcheck.com.*

Around the Association

Board Member Appointments

- **Sajal Roy, PharmD, CGP, CPSO,** has been appointed a member of the Maryland Board of Pharmacy. Roy's appointment will expire April 30, 2017.
- **Charmaine Rochester, PharmD, BCPS, CDE,** has been appointed a member of the Maryland Board of Pharmacy. Rochester's appointment will expire April 30, 2017.
- **Jermaine Smith, RPh,** has been appointed a member of the Maryland Board of Pharmacy. Smith's appointment will expire April 30, 2016.
- **David Jones, RPh, FASHP,** has been appointed a member of the Maryland Board of Pharmacy. Jones' appointment will expire April 30, 2016.

Board Officer Changes

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

- **Lenna Israbian-Jamgochian, PharmD,** President
- **Mitra Gavgani, PharmD,** Treasurer
- **Harry Finke, Jr, PD,** Secretary

Tennessee Amends CS Dispensing and Reporting Laws

Tennessee has implemented amended laws relating to the amount of opioids or benzodiazepines that may be dispensed to patients as well as reporting requirements for these and other controlled substances (CS). Specifically as of October 1, 2013, "… No prescription for any opioids or benzodiazepines may be dispensed in quantities greater than a thirty (30) day supply …" (Public Chapter 430, Section 4, Tennessee Code Annotated, Section 53-11-308(3)).

The Tennessee Board of Pharmacy notes that this statute states "dispensed" as opposed to "prescribed." Therefore, Tennessee licensed prescribing practitioners and pharmacists that "dispense" medications (in- and out-of-state mail-order pharmacies with Tennessee licenses included) will only be allowed to do so for a 30-day supply "in or into Tennessee" for opioids and benzodiazepines. The Board also notes that nothing in this statute prohibits a prescribing practitioner from "prescribing" more than a 30-day supply of opioids or benzodiazepines, nor does it prohibit a patient from presenting a prescription for more than 30 days to be dispensed by an out-of-state pharmacy site.

Provisions related to prescription monitoring program reporting requirements for physicians, wholesalers, and manufacturers are available at *www.nabp.net/system/redactor_assets/documents/695/TN092013.pdf.*

Vermont Adopts Laws to Fight Abuse of Opioids and Methamphetamine

In response to increased rates of opioid addiction and methamphetamine abuse in the state, the 2013 Vermont General Assembly passed and Governor Peter Shumlin signed Act 75 (formerly known as House Bill 522).

Under the new law, all prescriptions for regulated drugs shall be made to the order of an individual patient, dated as of the day of issue, and signed by the prescriber. The prescription shall bear the full name, address, and date of birth of the patient. In the event the prescription is for an animal, the name and address of the owner of the animal and the species of the animal must be included.

All prescriptions shall also bear the full name, address, and registry number of the prescriber. If the prescription is written, it shall be in ink, indelible pencil, or typewritten and shall be signed by the prescriber. A written prescription for a CS shall contain the quantity of the drug written both in numeric and word form.

Only a patient for whom a prescription was written, the owner of an animal for which a prescription was written, or a bona fide representative of the patient or animal owner may pick up a prescription for a Schedule II, III, or IV CS. Prior to dispensing a Schedule II, III, or IV CS, a pharmacist shall require the individual receiving the drug to provide a signature and show valid and current government-issued photographic identification as evidence that the individual is the patient for whom the prescription was written, the owner of the animal for which the prescription was written, or the bona fide representative of the patient or animal owner. If the patient does not have valid, current government-issued photographic identification, the pharmacist may request alternative evidence of the individual's identity, as appropriate.

The legislation requires the Vermont Board of Pharmacy to adopt rules to define which persons shall be considered bona fide representatives of a patient.

The proposed definitions are available at *www.nabp.net/system/redactor_assets/documents/688/VT092013.pdf.*

Delaware to Use NPLEx for Reporting PSE Sales

Delaware House Bill 130 establishes new requirements related to sales of products containing nonprescription pseudoephedrine (PSE) or ephedrine. These requirements, which go into effect on January 1, 2014, add Delaware to the growing list of states that participate in the National Precursor Log Exchange (NPLEx) system, a multistate PSE sales blocking system. The new requirements appear in 16 Del. C. §4740, Sale of pseudoephedrine and ephedrine. Additional details are available at *www.nabp.net/system/rich/rich_files/rich_files/000/000/020/original/de092013r.pdf.*

DEA Threat Assessment Survey Results Highlight Need for AWARxE Message

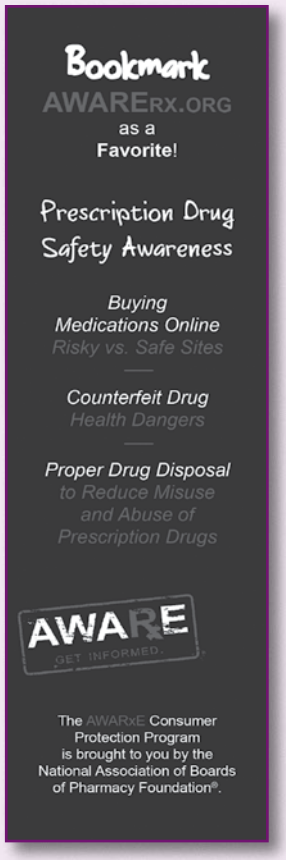
Prescription drug abuse continues to be the nation's fastest growing drug threat, stresses the Drug Enforcement Administration (DEA) in the 2013 National Drug Threat Assessment Summary. Nearly 30% of law enforcement agencies that responded to the 2013 National Drug Threat Survey (NDTS) reported controlled substance (CS) prescription medications as the greatest drug abuse threat within their jurisdictions, up from 9.8% in 2009. The report also indicated that the amount of prescription drugs disbursed to pharmacies, hospitals, practitioners, and teaching institutions has increased steadily over the last five years, thereby rendering more of the drug available for illegal diversion. The percentage of NDTS respondents reporting high availability of CS prescription drugs increased from 40.7% in 2007 to 75.4% in 2013. The information in this report emphasizes the continued importance of the AWARxE® Consumer Protection Program's efforts to educate consumers about the dangers of prescription drug abuse.

The NDTS included an overview of nationwide steps being taken in order to reduce prescription drug diversion and abuse. First, the creation and continued implementation of DEA National Prescription Drug Take-Back Days. Second, policies implemented at top search engines, including Google, Bing, and Yahoo! to only accept paid advertising from Internet pharmacies in the United States that are accredited by the NABP Verified Internet Pharmacy Practice Sites℠ (VIPPS®) program.

AWARxE continues efforts to raise consumer awareness about both these important steps, encouraging participation in DEA Take-Back Days as well as education about the safest ways to buy medications online. Through its Web site, social media, and biweekly electronic newsletter, AWARxE provides information and resources on prescription drug abuse prevention and other medication safety issues.

At the local level, AWARxE provides information about disposal of unwanted medications through the Get Local section of its Web site, available at *www.AWARERx.org/get-local*. The Get Local pages provide users with community-specific information about medication disposal locations and drug awareness events for each state. AWARxE continually updates the Get Local section to provide the most comprehensive information about permanent medication disposal drop box programs. AWARxE invites those with information about additional medication drop-box disposal programs to e-mail the information to AWARERx@NABP.NET.

Additionally, AWARxE continues to provide bookmarks, posters, flyers, brochures, and slideshows to state board of pharmacy members and staff who seek to educate about prescription drug abuse dangers at schools, community events, or health organizations. These resources present the latest data from government reports on the prescription drug abuse epidemic and information on the importance of secure medication storage and safe disposal, and are tailored for the needs of specific audiences: middle school and high school students, seniors and members of community organizations, and health care providers. The slideshows also include talking points. For more information or to obtain a slideshow, contact AWARERx@NABP.NET.



Boards of pharmacy members and staff can request AWARxE® bookmarks and other materials to help them teach consumers about prescription drug abuse dangers and prevention, and medication safety issues by contacting AWARERx@NABP.NET. In addition to the consumer-focused bookmark (pictured), bookmarks focused on students and pharmacy customers are also available.

FDA Requires Changes to Fentanyl Pain Patches

To reduce the risk of accidental exposure, Food and Drug Administration (FDA) has announced new requirements that change the color of the writing on fentanyl pain patches to make it more visible. The change will also require new language in the warning that emphasizes the risk of death from accidental exposure, particularly in children. The announcement coincided with a Consumer Update that stressed the potential danger of improperly discarded fentanyl patches to children and pets. FDA reminded consumers of the agency's previous advice for securely storing unused patches and disposing of used fentanyl patches by folding the sticky sides together and then flushing them down the toilet. The agency also advises patients to cover in-use patches with an adhesive film to keep them from coming loose, and to regularly check patches to ensure they are securely in place. FDA offers additional information for health care providers on the "Fentanyl Transdermal System (marketed as Duragesic) Information" page, available at *www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm114961.htm*. Consumer information about safe drug disposal methods is also available on the AWAR$_X$E© Web site at *www.AWARERx.org*.

DEA Provides Guidance for Pharmacists on CS II Prescriptions

Recognizing that pharmacists are sometimes presented with prescriptions for Schedule II controlled substances (CS) that are missing information required by law, Drug Enforcement Administration (DEA) provides guidance for pharmacists regarding allowed changes or additions to such prescriptions. First, DEA reminds pharmacists of the corresponding responsibility to ensure that CS prescriptions are in compliance with federal law and regulations, and specifically that they must be dated as of and signed on the day when issued and must include the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address, and registration number of the practitioner.

DEA advises that whether a pharmacist may make changes to a CS II prescription – such as adding the practitioner's DEA number, or correcting the patient's name or address – varies case by case based on the facts present. Thus, "DEA expects that when information is missing from or needs to be changed on a schedule II controlled substance prescription, pharmacists use their professional judgment and knowledge of state and federal laws and policies to decide whether it is appropriate to make changes to that prescription."

DEA also reminds pharmacists and other health care providers to be mindful of dispensing-related activities that violate the Controlled Substances Act (CSA). For example, DEA notes, the following activities are unlawful:

- Intentionally furnishing false or fraudulent material information, or omitting material information from documents required under CSA
- Dispensing a CS prescription in violation of requirements for CS Schedule II prescriptions (21 USC 829)
- Knowingly or intentionally using a registration number that is fictitious, revoked, suspended, expired, or issued to another person

NABP Task Forces to Review and Recommend Revisions to the Controlled Substances Act, which met January 25-26, 2011, and on January 24-25, 2012, made recommendations related to CSA-required prescription elements and allowable changes. The reports of the two task forces are available in the Members section of the NABP Web site. The letter from DEA is available at *https://www.nabp.net/system/rich/rich_files/rich_files/000/000/054/original/attachment-20cdea-20-20cii-20changes-20-20letter-20from-20rannazzisi-20aug242011.pdf*

CPPA Developing Specialty Pharmacy Accreditation Program

The Center for Pharmacy Practice Accreditation® (CPPA) has announced the development of a new accreditation program for specialty pharmacy practices. Noting that the market for specialty pharmaceuticals is increasing, CPPA Executive Director Lynnae Mahaney, MBA, RPh, FASHP, VHA-CM, indicates that CPPA will be able to develop the new specialty pharmacy standards quickly and efficiently with CPPA existing standards, development methodology, infrastructure, and network of specialty pharmacy expertise.

CPPA is a partnership between the American Pharmacists Association, the American Society of Health-System Pharmacists, and NABP. CPPA develops and implements comprehensive programs of pharmacy practice site accreditation, including the promotion, development, and maintenance of principles, policies, and standards. CPPA offers the general public and users of pharmacy services a means of identifying those pharmacies that satisfy the accreditation criteria and are focused on advancing patient care, safety, and quality.

More information may be found on the CPPA Web site at *www.pharmacypracticeaccredit.org/news/2013/10/cppa-to-develop-specialty-pharmacy-accreditation-program*.

nabp newsletter

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