



# newsletter

National Association of Boards of Pharmacy®



January 2015 / Volume 44 Number 1

aid to government  
the profession  
the public  
1904 to 2015

## Boards of Pharmacy Face New Challenges as Medical Marijuana Programs Implemented

### Upcoming Events

**January 13, 2015**  
Working Group on Verified Pharmacy Program  
NABP Headquarters

**January 14-15, 2015**  
Uniform Inspection Process and Form Workshop  
Rosemont, IL

**January 20-21, 2015**  
Committee on Law Enforcement/Legislation Meeting  
NABP Headquarters

**February 17-27, 2015**  
PARE Administration

**April 20, 2015**  
FPGEE Administration

**April 23, 2015**  
PCOA Forum  
NABP Headquarters

**May 16-19, 2015**  
NABP 111<sup>th</sup> Annual Meeting  
New Orleans, LA

Since California became the first state to approve marijuana for therapeutic use in 1996, comprehensive medical marijuana programs have been created or authorized in at least 23 states and the District of Columbia. Medical marijuana referendums and related legislation continue to advance in several states, with at least five states passing new laws within the last two years. Generally, such programs are developed to offer an alternative therapy for treating pain patients with certain chronic disease states such as cancer, HIV/AIDS, glaucoma, and multiple sclerosis. Laws authorizing the programs typically require a physician to certify the patient's need for medical marijuana. How the drug is produced, distributed, and provided to the patient varies from state to

state, with two states now requiring dispensing by a pharmacist. With pharmacists' involvement in these new programs and additional states rolling out programs or considering new laws and regulations, boards of pharmacy across the country are likely to encounter questions and challenges with regard to pharmacists' role in medical marijuana treatment protocols.

Although laws allow pharmacists to dispense marijuana in at least two states, Drug Enforcement Administration (DEA) and other agencies have expressed continued concerns about the potential adverse health effects of marijuana. Such concerns include the risk of addiction, and evidence showing marijuana to be a "gateway" drug that could lead to abuse of other sub-



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stances. Under the Controlled Substances Act, DEA has the authority to change the way a particular substance is regulated. Currently, marijuana, along with other illegal substances deemed as highly addictive and not having any acceptable medical uses, is listed as Schedule I. However, in October 2009, the Obama administration issued a memo to federal prosecutors encouraging them not to prosecute people who distribute marijuana for medical purposes, provided they are acting in accordance with state law.

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**Medical Marijuana**

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In 2013, following the implementation of laws allowing for recreational use of marijuana in Washington and Colorado, the Department of Justice (DOJ) announced an update to their enforcement policy. The statement notes that while marijuana remains illegal federally, the DOJ expects states like Colorado and Washington to create “strong, state-based enforcement efforts” and also notes that the department defers “the right to challenge their legalization laws at this time.” The department also reserved the right to challenge the states at any time it believes action is needed. With the federal government seemingly content to defer to the states, for now, medical marijuana programs continue to be considered in legislatures across the nation.

**2014 Legislation and Referendums**

In 2014, at least 36 states considered bills to create new medical marijuana laws, three of which were passed. In Minnesota, Governor Mark Dayton signed SF 2470 into law, authorizing the creation of a medical cannabis patient registry under the Minnesota Department of Health. Under the new law, two medical cannabis manufacturers were approved in 2014, and eight distribution facilities will be located across the state by July 2016. The law places some restric-

tions on the use of medical marijuana. Most notably, it allows only use of cannabis in liquid, pill, or vaporized delivery methods that do not require the use of dried leaves, while authorizing the Minnesota Commissioner of Health to add other approved forms to the program in the future. Additionally, participating health care providers must agree to provide ongoing reports about patients’ health status and conditions to the department.

The Minnesota program will be the second to involve pharmacists in the dispensing of the drug, and in fact authorizes pharmacists to work with patients to determine an appropriate dose. Under the law, pharmacists would work directly for Minnesota’s cannabis manufacturers, with each manufacturer required to hire at least one. To provide guidance for these pharmacists, the Department of Health is compiling educational information regarding cannabis-based therapy.

New York’s medical marijuana program, which was authorized with the passage of the Compassionate Care Act, shares some similarities with Minnesota’s program. Like the Minnesota bill, New York’s program limits dosage delivery forms to those authorized by the Department of Health, with smoked cannabis notably prohibited. To receive prescribing authority for the drug, participating practitioners must complete a training

course and register with the New York State Department of Health. Patients who qualify for the program will be required to register with the department, and will receive registry cards that contain recommended dosing information from the health care provider. Only five registered organizations may manufacture and dispense marijuana, and each may only operate up to four dispensing facilities, allowing for a maximum of 20 dispensing facilities throughout the state. Patients are limited to a 30-day supply of the drug, and are required to keep the marijuana in the original packaging in which it was dispensed.

In Maryland, two bills (SB 923 and HB 881) were passed to amend 2013 legislation and allow for the creation of dispensaries and cultivators intended to provide medical marijuana directly to patients in a model similar to that adopted in other states. Maryland’s 2013 law (HB 1101) authorized academic medical centers to distribute medical marijuana to sick patients, under certain circumstances. However, none of the five qualifying teaching hospitals in Maryland participated in the program, prompting the new legislation.

In addition to state legislative developments, voter referendums continue to be placed on state ballots. A medical marijuana proposal in Guam was approved by voters in

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# Open Positions Announced for the 2015-2016 NABP Executive Committee; Elections to Take Place During 111<sup>th</sup> Annual Meeting

Officers and members of the new 2015-2016 NABP Executive Committee will be elected in May 2015 during the 111<sup>th</sup> Annual Meeting in New Orleans, LA. Open officer positions include president-elect and treasurer. The open member positions are for Districts 6 and 7.

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 2, 2015**) 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)

- Hal Wand, MBA, RPh, Arizona

### Treasurer (one-year term)

- Jeanne D. Waggener, RPh, Texas

## 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.

### District 6 (three-year term)

- John A. Foust, PharmD, DPh, Oklahoma

### District 7 (three-year term)

- Mark D. Johnston, RPh, Idaho

In addition to the nominations made by the districts 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 2, 2015**) 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.

During the First Business Session of the Annual Meeting on Sunday, May 17, NABP President Joseph L. Adams, RPh, will announce the open Executive Committee officer and member positions. The president will also announce any additional nominations of those candidates who have submit-

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## Executive Committee

**Karen M. Ryle**  
*Chairperson*  
One-year term

**Joseph L. Adams**  
*President*  
One-year term

**Edward G. McGinley**  
*President-elect*  
One-year term

**Hal Wand**  
*Treasurer*  
One-year term

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

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

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

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

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

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

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

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

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

## Orange You Glad I Didn't Say Apple

By Dale J. Atkinson, JD

Regulatory boards often are confronted with the question of what level of sanctions should be rendered against a person/licensee found to have violated the relevant statute and/or regulations. A frequent question asked is whether the board must be consistent in its sanctions, meaning it must treat similarly situated respondents in a similar manner relative to the sanctions. In most jurisdictions, state law does not mandate that regulatory boards administer sanctions in a consistent manner; however, such consistency may be advisable. Of course, societal views change over time, and may dictate differing sanctions for similar conduct. For example, consequences of DUI convictions, tax delinquencies, and non-payment of child support or alimony are viewed under a different scope today than in the recent past.

Boards sometimes employ disciplinary guidelines to assist in determining the appropriate sanction under identified circumstances. An additional question is whether to use and abide by such guidelines when determining the sanction(s) in a particular matter. Failure to follow such guidelines may provide fodder for disgruntled respondents to appeal the actions of the board. Consider the following.

In November 2007, the California State Board of Pharmacy (Board) filed an administrative complaint

against a licensed pharmacist (Licensee). The Licensee was doing business as Orange Pharmacy (Orange) under a permit also issued by the Board. The complaint contained five counts, four related to unlawful and improperly documented drug transfers to another pharmacy. The fifth count alleged the Licensee had engaged in dishonest, fraudulent, or deceitful conduct. Specifically, the complaint alleged that Orange was not entitled to receive payments from CalOptima, an entity administering Medi-Cal benefits for

qualified patients' drug prescriptions. However, Orange apparently received significant CalOptima payments through a covert arrangement with another pharmacy named Pacific Pharmacy (Pacific).

After a three-day hearing, the administrative law judge (ALJ) issued a proposed decision finding that Orange had engaged in dishonest conduct concerning CalOptima payments for which the Licensee was responsible. However, the ALJ found that the allegations of unlawful drug transfer and documentation violations were unsupported by the evidence. To support the findings of dishonest conduct, the ALJ cited the history of reimbursement from CalOptima. Prior to 2005, the Licensee had a contract with the pharmacy benefits manager (PBM) that processed prescriptions for CalOptima patients.

In 2005, CalOptima modified its conditions for eligibility, now requiring each pharmacy contracting with its PBM to allow on-site reviews of its operations as part of a fraud prevention program. The Licensee refused to renew his contract and entered into a "surreptitious arrangement" with Pacific's pharmacist-in-charge, whereby Orange would use Pacific's billing authority to obtain payment for CalOptima patients. Under this arrangement, Orange created a set of labels for its CalOptima patients and sent a record of having filled pre-

scriptions to Pacific, which would then create a duplicate record and submit such documents to CalOptima for reimbursement. Upon receipt of the money, Pacific would funnel the monies to Orange. Both pharmacies would maintain records of the prescriptions. “To foster an appearance of legitimacy for this arrangement, Orange and Pacific also created documents such as refill pharmacy contracts, purchased and borrowed logs, returned stock memoranda, and labels that incorrectly stated that prescriptions had been transferred.”

Evidence presented at the hearing showed invoices totaling over \$149,000 had been billed to CalOptima using this scheme. In his defense, the Licensee testified that the two pharmacies were acting as refill pharmacies for each other. He also testified, “we never believed that what we did was wrong or dishonest.” However, the Pacific pharmacist contradicted the Licensee and denied Orange acted as a refill pharmacy for Pacific. The ALJ recommended that the Licensee’s license and the Orange Pharmacy permit be revoked, with revocations stayed for five years and both placed on probation with certain conditions.

The Board issued an order of nonadoption and had the parties file additional briefs. Thereafter, the Board issued its decision revoking both the license and

facility permit, citing the commission of a Category III violation under the California disciplinary guidelines. Category III includes “fraudulent acts committed in connection with licensee’s practice” and identifies as a guideline a minimum of three to five years probation and 90 days suspension, and a maximum of revocation for both a license and facility permit. To justify its deviation from the ALJ recommendation, the Board noted the need to weigh and balance the violations, any justification, aggravation, and mitigating factors against the need for public protection. Among many other factors, the Board noted the lack of remorse and failure to accept responsibility as factors in its decision. The lower court denied a petition of the Licensee to deny enforcement of the Board order. The Licensee appealed.

The court of appeals outlined its standard of review, noting the bases for overturning the Board action. It also referenced the authority of the Board to enforce the practice act, conduct disciplinary hearings, and administer sanctions, up to and including revocation. Specific to the use of an ALJ, the court noted the process of an ALJ hearing the matter and the right of the Board to reject the proposed ALJ decision and decide the case upon the record.

On appeal, the Licensee argued in part that this process violated his due process

rights. Citing a previous California case, the court rejected this argument, stating, “there is no merit in petitioner’s claim that the administrative procedure prescribed by [citation] is unconstitutional because it authorizes respondent board to decide the case for itself if the proposed decision by the [ALJ] is not adopted. The requirements of due process of law are fully met where, as here, the licensee was accorded judicial review of the administrative decision in which the court weighed the evidence and rendered its independent judgment on the merits.” Finding the same conclusion, the court held that the Licensee was afforded due process of law and rejected his claim.

Next, the Licensee argued that the right to maintain his license and facility permit is a fundamental right. While the court agreed with this concept of a fundamental right, it held that the lower court reviews administrative appeals, affording a strong presumption of correctness to the Board and that the appealing party (Licensee) “bears the burden of convincing the court that the administrative findings are contrary to the weight of the evidence.” The Licensee argued that the evidence did not support the findings.

In rejecting these assertions, the court referenced that the Licensee repeatedly

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

## Medical Marijuana

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the territory. On November 4, 2014, voters in Florida rejected an amendment to the state constitution that would have legalized medical marijuana. The measure would have allowed for medical use of marijuana by a qualifying patient or caregiver and protected them from criminal or civil liability or sanctions under state law. Further, licensed physicians and registered medical marijuana treatment centers would also have been protected from criminal or civil liability or sanctions for issuing medical marijuana to patients diagnosed with debilitating medical conditions, as defined by the referendum. The measure would have protected health care providers, qualifying patients, and registered medical marijuana treatment centers from criminal or civil liability or sanctions related to prescribing, dispensing, and using marijuana for medical purposes under state law.

At the same time, voters in Oregon, Alaska, and the District of Columbia weighed in on proposals to allow for legal, recreational use of the drug. All three measures passed.

## Three States Begin Implementation

As one of two states to pass medical cannabis legislation in 2013, Illi-

nois's medical marijuana program went into effect at the beginning of 2014. The pilot program allows Illinois doctors to issue recommendation certifications to patients suffering from one of 35 chronic conditions. Approved patients may apply for a registry identification card that will be used to help keep track of how much of the drug has been purchased. Patients are limited to a maximum of 2.5 ounces within a 14-day period. When fully implemented, patients would be able to purchase the drug from up to 60 dispensing centers located across Illinois. The plants would be grown in up to 22 cultivation centers (one for each police district) that fall under the jurisdiction of the Illinois Department of Agriculture. Patients are prohibited from growing or cultivating their own supplies. As of December 2014, all patients and caregivers can apply for a registry identification card. Dispensaries and cultivation centers have yet to be approved.

The New Hampshire medical marijuana program, signed into law in July 2013, allows patients with qualifying medical conditions to register with the state Department of Health and Human Services, allowing them to possess up to two ounces of marijuana. Four "alternative treatment centers" will grow the marijuana plants. At press time, the department was not yet taking

applications for patient registry identification cards or alternative treatment center registration certificates.

Questions raised by the [Connecticut] program include: What training and guidelines would best support pharmacists practicing in a medical marijuana dispensary, and how should pharmacists and other health care providers determine appropriate dosing?

In Connecticut, the first state to require that medical marijuana be dispensed by licensed pharmacists, two years passed before the state's first dispensaries and four manufacturers were in business and patients could begin purchasing the drug. The initial phases of the program's launch have been met with some criticism, including from health care providers, who have indicated that existing research on medical marijuana is lacking and that a lack of federal guidelines makes it difficult to determine appropriate prescribing and dosing, according to an op-ed published in the *Hartford Courant*. In a letter to the editor responding to the op-ed, the president of the Connecticut Pharmacists Association (CPA) wrote in support of pharmacists'

role in the program, and noted that "Efforts are underway by the CPA in collaboration with dispensaries, producers and university researchers to conduct studies on outcomes to validate clinical claims regarding safety and effectiveness." He also states that "Treating marijuana as a medication and requiring pharmacists in the dispensaries was a bold policy statement. Patients have the benefit of a trusted health care professional in the key role of providing patient evaluations and consultations on all medicines the patient is taking." Questions raised by the program include: What training and guidelines would best support pharmacists practicing in a medical marijuana dispensary, and how should pharmacists and other health care providers determine appropriate dosing?

NABP continues to monitor developments involving medical marijuana that may be relevant to the state boards of pharmacy and the mission to protect the public health. The Association has provided opportunities for members to discuss recent developments in medical marijuana. Most recently, the topic was included on the agenda at the Interactive Executive Officer Forum in October 2014, and a continuing education session on the topic was also part of the NABP 110<sup>th</sup> Annual Meeting in May 2014. 

## NABP Member Boards Offered .Pharmacy Domain Names During Special Registration Phase; Sunrise Period to Follow

.Pharmacy domain name registration has kicked off, with NABP member boards of pharmacy having the first opportunity to register during a special window open from November 18 to December 16, 2014. During this period, member and associate member boards who wished to receive a .pharmacy domain name were able to register without needing to complete an application or submit the usual application fee. Boards that registered between December 4 and December 16 did so at no charge. After that, a fee may be charged by the registrar and boards can contact NABP about reimbursement through a grant.

Given the persistent dangers presented by rogue online drug sellers, NABP has provided this opportunity to its member boards to help raise public awareness about online dispensing of medication products over the Internet. By using a .pharmacy domain name, boards will provide an example to consumers of the type of high quality, trustworthy information that will be available on .pharmacy websites.

Board .pharmacy websites will also show solidarity with the global pharmacy community that supports the .pharmacy program.

Following the member board registration period, trademark holders who have entered their trademarks into the Internet Corporation for Assigned Names and Numbers (ICANN)-authorized Trademark Clearinghouse (TMCH) are able to apply to NABP for a .pharmacy domain name. Those meeting program standards are issued an electronic token indicating their eligibility to register the name. This phase, known as the TMCH Sunrise Registration Period, is an ICANN-mandated mechanism that is intended to protect intellectual property rights of trademark holders. During this registration period, eligible trademark holders may apply for .pharmacy domain names that exactly match their trademark names in the TMCH. The Sunrise application acceptance period began on December 19, 2014, and is scheduled to end on January 19, 2015. The TMCH Sunrise Registration

Period will begin January 15 and end March 16.

Between February 17 and April 1, .pharmacy domain names will be available to pharmacies that are accredited through the NABP Verified Internet Pharmacy Practice Sites® (VIPPS®) and Veterinary-Verified Internet Pharmacy Practice Sites<sup>CM</sup> (Vet-VIPPS®) programs. In addition, entities that have received approval through the NABP e-Advertiser Approval<sup>CM</sup> Program will also be able to register at this time. To receive accreditation or approval under these programs, VIPPS, Vet-VIPPS, and e-Advertiser websites have undergone a thorough review process and have already established their compliance with NABP standards for legitimate online practice. As such, these entities are considered prequalified and are eligible to request a .pharmacy domain name without paying the usual .pharmacy application fee. The annual domain name registration fee payable to approved registrars, however, will still apply.



Instructions for this process will be provided to eligible entities.

Applications from all other dispensing pharmacies seeking to obtain a .pharmacy domain name will be accepted during the month of April, and registration for these sites will run from April 30 to June 2. The application period for general availability registration is expected to begin on June 3, 2015, opening the .pharmacy domain to other members of the pharmacy community, including pharmacy benefit management companies, schools and colleges of pharmacy, and pharmaceutical manufacturers.

More information about the .Pharmacy Top-Level Domain Program is available in the November/December issue of the *NABP Newsletter* and at [www.safe.pharmacy](http://www.safe.pharmacy). NABP's most recent research on rogue online drug sellers is available on the Not Recommended page in the Safe Acquisition section of the *AWARxERx* website at [www.AWARxERx.ORG](http://www.AWARxERx.ORG).



### Newly Accredited VIPPS Facilities

The following Internet pharmacies were accredited through the NABP Verified Internet Pharmacy Practice Sites® (VIPPS®) program:

**Manifest Pharmacy, LLC**  
[www.manifestrx.com](http://www.manifestrx.com)

**Rx Outreach, Inc**  
[www.rxoutreach.org](http://www.rxoutreach.org)

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

## Summary Score Reports Will Soon Be Available to Schools and Colleges of Pharmacy Through NABP e-Profile Connect

Schools and colleges of pharmacy will soon be able to use NABP e-Profile Connect, the secure online portal that allows authorized users to access summary score reports for the North American Pharmacist Licensure Examination® (NAPLEX®)

and Multistate Pharmacy Jurisprudence Examination® (MPJE®). The new capability will allow NABP to communicate efficiently and securely with the schools and colleges, and allow pharmacy educators to evaluate their graduates' performance. In

addition, the same platform can be utilized in the future to expand information sharing with the schools and colleges of pharmacy.

Instructions for accessing score reports will be provided to the schools and colleges. 

### Legal Briefs

(continued from page 5)

asserted that he did nothing wrong and failed to provide a basis for why the evidence did not support the Board findings. The court noted the authority of the Board to revoke a license and the facts of the current case. "The penalty imposed by an administrative body will not be disturbed in mandamus proceedings unless an abuse of discretion is demonstrated." Regarding the disciplinary guidelines, the court noted that the guidelines themselves state that no single one or combination of the factors is required to justify the minimum or maximum penalty. Clearly, the evidence

supports a finding that the Licensee and Orange committed fraud on CalOptima and created false documents to cover up their scheme.

Finally, the court rejected arguments of the Licensee that revocation is reserved only for dangerous conduct that threatens the safety of the public. It stated "we are unwilling to hold, as [Licensee's] arguments would require, that the Board is precluded from revoking a person's license . . . absent a showing of actual harm to a client [ . . . ]. There is nothing in the law or in logic that requires the existence of a victim . . . before the Board may order a license revoked as part of its efforts to protect the people of Cali-

fornia from unscrupulous conduct." The court affirmed the actions of the Board and the revocation of licensure.

Many important issues were addressed by the court in this opinion relating to the authority of the Board to reject the ALJ recommendation, the application of disciplinary guidelines, deference to the Agency decisions, and no need to substantiate actual harm to patients. Boards of pharmacy are created and authorized to protect the public and deference to such authority and expertise is essential to fulfill such responsibilities.

*Hoang v. California State Board of Pharmacy*, 2014 Ca. App. LEXIS 902 (CA. App. Ct. 2014) 

### EC Open Positions

(continued from page 3)

ted 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 19. 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 cer-

emony will be conducted for the new officers and members of the 2015-2016 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 website at [www.nabp.net](http://www.nabp.net).

More information on the 111<sup>th</sup> Annual Meeting is available on pages 18-21. 

## NABP Issues Policy Statement Supporting Pharmacists' Role in Increasing Access to Opioid Overdose Reversal Drug

As the opioid overdose epidemic continues to take hundreds of lives each week, NABP has issued a policy statement promoting an active role for pharmacists in expanding access to the opioid overdose reversal drug, naloxone. Nearly 17,000 people died from an overdose involving an opioid analgesic in 2011, four times the number of prescription opioid-related deaths in 1999. State-approved naloxone programs prepare laypersons and emergency responders to administer naloxone to individuals who are experiencing an overdose, with many state laws now allowing pharmacists to dispense the drug to family and friends of a person at risk.

Recognizing that pharmacists can play an important role in such programs, NABP has issued a policy statement (see sidebar).

At least 25 states have passed legislation to expand naloxone access and availability, with varied requirements for who may prescribe, dispense, and administer the drug. Of these 25, at least three states have passed laws granting pharmacists authority to prescribe naloxone or dispense the drug without a prescription under certain conditions. In use since the 1970s, naloxone is a drug that can be administered as an injection or via nasal spray to a victim experiencing a heroin or prescription opioid overdose and quickly reverses the respiratory-depressing effects that can be fatal. In fact, Centers for Disease Control and Prevention reports that naloxone programs for drug users and their caregivers reversed over 10,000 overdoses from 1996 to 2010.

Equipping first responders with naloxone expanded access to the life-saving

### NABP Naloxone Policy Statement

The National Association of Boards of Pharmacy® (NABP®) resolves to address the drug overdose epidemic crippling our nation by engaging with state and federal officials and representatives from national associations to support programs that involve an active role for pharmacists in expanding access to the opioid overdose reversal drug, naloxone. NABP com-

mends the success of municipalities such as Quincy, MA, whose first responders have successfully reversed over 200 opioid overdoses by initiating the nation's first municipal naloxone program. NABP recognizes the value of pharmacists in assuring optimal medication therapy and promotes the pharmacist's role in delivering opioid overdose reversal therapy.

drug in Quincy, MA, and similar naloxone programs have been established in Illinois, Maryland, New Jersey, and New York, with more programs emerging nationwide.

In addition to issuing the new policy statement, NABP has held several task forces on issues related to prescription drug abuse, including the

most recent held on September 9-10, 2014. NABP also has been active in educating consumers about prescription drug abuse and prevention through the AWARE® Prescription Drug Safety Program. Information and educational resources on these topics are available on the program's website at [www.AWAREX.ORG](http://www.AWAREX.ORG).<sup>®</sup>

## VPP Continues to Support Boards of Pharmacy

Important pharmacy data, including licensure, inspection, and disciplinary action information, continues to be made available through the Verified Pharmacy Program™ (VPP™) and secure inspection sharing network to authorized individuals at the state boards of pharmacy. This verified data is provided to members in an effort to support the boards in making informed licensure decisions for their nonresident

pharmacies. As of press time, at least 208 pharmacies have applied to VPP and currently have, or will soon have, verified data available for the boards to view.

Of the 208 VPP facilities:

- 91 pharmacies engage in nonsterile compounding;
- 21 pharmacies engage in sterile compounding;
- 70 pharmacies engage in both sterile and nonsterile compounding;

- 25 pharmacies are general retail or mail-order pharmacies; and
- 1 pharmacy is a nuclear pharmacy

Developed by NABP in partnership with member boards of pharmacy, VPP facilitates the communication of important inspection and licensure information between the state boards of pharmacy.

For more information about VPP or the inspection



sharing network, contact the Member Relations and Government Affairs Department at [GovernmentAffairs@nabp.net](mailto:GovernmentAffairs@nabp.net). Additional information is also available in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net).<sup>®</sup>

# Updates to NAPLEX Competency Statements Announced; Revised Blueprint to Be Implemented in November 2015

Following the review of the spring 2014 NABP Pharmacy Practice Analysis Survey results, the Association has announced plans to revise the current North American Pharmacist Licensure Examination® (NAPLEX®) competency statements. The new NAPLEX competency statements are expected to go into effect on November 1, 2015.

In addition to the competency statement updates, a standard setting study will be conducted in March 2015 to evaluate the current

NAPLEX passing standards and to determine if any adjustments will be recommended. The study will help to ensure that the performance standard is valid and appropriate for contemporary practice standards.

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

support safe and effective practice. As part of this process and in accordance with examination development standards and recommendations from the testing industry, NABP conducts a survey of pharmacy practice approximately every four to five years. Pharmacists in all areas of practice from across the United States and Canada are invited to participate. The analysis of the survey of pharmacy practice supports the relevancy of the NAPLEX competency statements, which define the content for the examina-



tion. The review of practice standards validates that the statements are representative of and effectively measure the knowledge, skills, and abilities of entry-level pharmacists.

The new NAPLEX competency statements will soon be available in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net).

## NABP Seeks Members for 2015-2016 Committees and Task Forces

NABP is seeking volunteers from its active member boards of pharmacy to serve on the 2015-2016 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](mailto:exec-office@nabp.net) by **Friday, June 5, 2015**. 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 Edward G. McGinley, MBA, RPh, who will make the appointments when he becomes NABP president following the Association’s 111<sup>th</sup> Annual Meeting in New Orleans, LA.



### Newly Accredited DMEPOS Facilities

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

**B&T West Brighton Pharmacy, Inc**  
Staten Island, NY

**Baba Pharmacy, Inc**  
Yonkers, NY

**Pharmacy Care Centre**  
Anamosa, IA

**Remedies Pharmacy**  
Brooklyn, NY

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

## Executive Officers Convene, Collaborate on Key Issues Affecting Boards of Pharmacy During 2014 NABP Interactive Forum

Reinforcing the partnership between the boards of pharmacy and NABP and the shared mission to protect the public health, 39 board of pharmacy executive officers and other board representatives gathered for the Interactive Executive Officer Forum held October 14-15, 2014, in Northbrook, IL, near NABP Headquarters. Themed “Revitalizing Partnerships for Collaboration,” this meeting provided an open forum for discussion on common challenges faced by the state boards.

To ensure that the forum focused on issues of special interest, a survey was sent to invitees prior to the meeting asking them what current topics they would like to discuss. The format of the meeting was divided into two days of sessions with “collaboration topics” designed to provide executive officers an opportunity to hear from experts and discuss specific topics. Throughout the forum, attendees posed challenging questions and offered a variety of relevant experiences, perspectives, and information. Panelists on each topic included board of pharmacy executive officers and NABP staff. Each panelist provided a brief overview of the topic and then the floor was opened up for discussion from all attendees.

Also taking place the first day of the forum was the New Executive Officer

Orientation Program, which convened the morning of October 14 before the events of the forum began. This program allows new executive officers to get acquainted with NABP membership and governance.

### Forum Overview

Day one of the interactive forum kicked off with NABP President Joseph L. Adams, RPh, welcoming all executive officers to the event. Adams emphasized the importance that interaction and discussion have in the success of the meeting. He encouraged all board of pharmacy executive officers to discuss issues freely and honestly with their colleagues to help better understand and create solutions to the challenges faced by the boards.

The safety of compounding still remains a top priority among the state boards of pharmacy, and the first session at the forum – “Collaborating on Compounding Safety” – delved into this timely topic. With the implementation of Title I of the Drug Quality and Security Act (DQSA) of 2013, which created a new section in the Federal Food, Drug, and Cosmetic Act that allows a compounder to become an outsourcing facility, many state boards are working through the challenges of licensing these facilities. Executive officers from two state boards of pharmacy served as panelists to discuss

how the DQSA changes are affecting the licensing of outsourcing facilities in their states, including what reporting is required of the boards for these facilities. In addition, executive officers shared insight on their experiences and challenges with using the Food and Drug Administration Form 483.

Focusing on another timely issue surrounding pharmacy practice was the second collaboration topic – “Medical Cannabis – Collaborating to Ensure Patient Safety.” During this session, executive officers from two states shared their experiences with the regulation of medical cannabis. Following this session were the shared discussion topics that were suggested and submitted through a survey by attendees prior to the meeting. Shared discussion topics included durable medical equipment distributors and retailers, new board member trainings, sister-state disciplines, and additional information about the DQSA, including wholesale distribution laws, licensing of virtual manufacturers, and third-party logistics provider licensing.

The first day of the forum ended with a group dinner, which provided an opportunity for networking. NABP President-Elect Edward G. McGinley, MBA, RPh, greeted and thanked attendees for their participation in the day’s discussions.

Day two of the meeting began with an update on NABP programs and services

that were developed to assist boards of pharmacy in setting uniform standards that serve to protect the public health. NABP staff served as panelists for this collaboration topic titled “Collaborating with Boards of Pharmacy – NABP Update.” NABP staff presented the results from the latest administration of the Pharmacist Assessment for Remediation Evaluation®, which serves as an auxiliary tool for the boards to use when making decisions regarding pharmacist practice deficiencies that are due to noncompliance with pharmacy practice standards, laws, or regulations, and result in compromises to patient safety. In addition, attendees were asked to complete a survey on the Multi-state Pharmacy Jurisprudence Examination® competency statements including new proposed content areas addressing regulatory updates being considered for the examination. The last program update covered during this session was on the Verified Pharmacy Program™, which was created to support the boards in making informed licensure decisions for their nonresident pharmacies. Attendees were asked to provide feedback about what features will make the program useful for their board.

Following these NABP updates was “Interprofessional Collaboration,” which covered discussions on the challenges of

(continued on page 14)

## Panelists Lead Discussions to Help Boards Approach Common Challenges During NABP Interactive Executive Officer Forum

During the two-day NABP Interactive Executive Officer Forum themed “Revitalizing Partnerships for Collaboration,” panelists provided their expertise and experiences on current issues facing the boards of pharmacy. Encouraging participation from attendees, panelists focused on important topics developed from suggestions requested by attendees prior to the meeting. More details on the forum are available on pages 11 and 14 of this *Newsletter*.

### Panelists Share Experiences With the Impact of Title I of the DQSA

The forum began with panelists leading a discussion on the recent implementation of Title I of the Drug Quality and Security Act (DQSA) of 2013 during the collaboration topic “Collaborating on Compounding Safety.” Panelists shared how the DQSA changes are affecting the licensing of outsourcing facilities in their states and shared experiences using the Food and Drug Administration Form 483. Pictured from left to right: David Sencabaugh, RPh, Massachusetts Board of Registration in Pharmacy; and session moderator James T. DeVita, RPh, NABP Executive Committee member.



### States Weigh in on the Regulation of Medical Cannabis and Attendee-Provided Topics

During the collaboration topic “Medical Cannabis – Collaborating to Ensure Patient Safety,” executive officers from two states with medical cannabis laws served as panelists and shared their experiences on how their states are regulating medical marijuana. Following the session, panelists opened the floor to an open microphone discussion on additional timely and relevant topics including those submitted through a pre-meeting survey. Pictured from left to right: Marcie Bough, PharmD, RPh, executive director, Montana Board of Pharmacy; session moderator (medical cannabis) Gary Dewhirst, RPh, NABP Executive Committee member; Jay Stewart, division director, Illinois Department of Financial and Professional Regulation, Division of Professional Regulation – State Board of Pharmacy; and session moderator (shared topics) Mark D. Johnston, RPh, NABP Executive Committee member.



**NABP Staff Share Latest Program and Services Updates**

NABP programs and services were highlighted during the collaboration topic “Collaborating with Boards of Pharmacy – NABP Update.” NABP staff provided updates on the Pharmacist Assessment for Remediation Evaluation®, Multistate Pharmacy Jurisprudence Examination®, and the Verified Pharmacy Program™. Pictured from left to right: Josh Bolin, BA, member relations and government affairs director, NABP; Maria Incrocci, MS, RPh, competency assessment senior manager, NABP; and session moderator Jack W. “Jay” Campbell, JD, RPh, NABP Executive Committee member.

**Panelists Address Challenges of Regulating Team-Based Care and Telepharmacy**

During the session “Interprofessional Collaboration,” panelists addressed experiences and challenges with establishing and regulating team-based care and regulating telepharmacy. Pictured from left to right: Mark Hardy, PharmD, RPh, executive director, North Dakota State Board of Pharmacy; session moderator Susan Ksiazek, RPh, NABP Executive Committee member; and Ray Joubert, registrar, Saskatchewan College of Pharmacists.



**Collaborating on Efforts to Decrease Prescription Drug Abuse**

During the session “Collaborating to Decrease Prescription Drug Abuse,” panelists discussed efforts being made by the boards of pharmacy and national medical organizations to combat the growing issue. Back row pictured from left to right: John A. Foust, PharmD, DPh, executive director, Oklahoma State Board of Pharmacy; John Clay Kirtley, PharmD, executive director, Arkansas State Board of Pharmacy; and Michael A. Burleson, RPh, executive director, Kentucky Board of Pharmacy. Front row pictured from left to right: session moderator Jeanne D. Waggener, RPh, NABP Executive Committee member; Caroline Juran, RPh, executive director, Virginia Board of Pharmacy; and Danna Droz, JD, RPh, PMP liaison, NABP.

## FDA Publishes ‘Purple Book’ of Licensed Biological Products and Interchangeable Biosimilars

Food and Drug Administration (FDA) has released the new “Purple Book” that lists biological products, including all biosimilar and interchangeable biological products licensed by FDA. The lists include the date a biological product was licensed and whether FDA evaluated the biological product for reference product

exclusivity, as defined under the Public Health Service Act. The Purple Book will also list whether a licensed biological product has been determined to be biosimilar to or interchangeable with a reference biological product. Separate lists for those biological products regulated by the Center for Drug Evaluation and Research and the Center for

Biologics Evaluation and Research will be updated periodically. The Purple Book can be downloaded from FDA’s website at [www.fda.gov/drugs/developmentapprovalprocess/howdrugsaredevelopedandapproved/approvalapplications/therapeuticbiologicapplications/biosimilars/ucm411418.htm](http://www.fda.gov/drugs/developmentapprovalprocess/howdrugsaredevelopedandapproved/approvalapplications/therapeuticbiologicapplications/biosimilars/ucm411418.htm).<sup>Ⓜ</sup>

### Forum Overview

(continued from page 11)

establishing and regulating team-based care and the challenges in regulating telepharmacy. At the end of this session, additional shared discussion topics were addressed, including compounding pharmacy pain creams and communications and social media used by the boards of pharmacy.

The next topic – “Collaborating to Decrease Prescription Drug Abuse” – discussed recent efforts being made by the boards of pharmacy and national medical organizations to

help combat the prescription drug abuse epidemic. Discussion topics included an update on prescription monitoring programs, an update from the stakeholders coalition and the development of the “red flags” document, and educational strategies being used to help raise awareness about the problem.

NABP Treasurer Hal Wand, RPh, ended the meeting with some additional information about NABP programs and services that are available to the attendees. In addition, attendees were encouraged to volunteer to be a member of a

committee or task force, as well as encouraged to submit nominations for the awards to be presented at the NABP 111<sup>th</sup> Annual Meeting. Attendees were also reminded about free, online sterile compounding trainings available to the boards of pharmacy through the State Board Assist program provided by CriticalPoint, LLC.

### Future Collaboration

Continuing the theme, “Revitalizing Partnerships for Collaboration,” the second forum held this year was the NABP Interactive Member Forum, which took place on

December 2-3, 2014. This interactive, two-day event provided an opportunity for dialogue, presentations, and networking among board of pharmacy members. More information about this forum will be provided in future NABP communications. A forum for board of pharmacy compliance officers and legal counsel will be held in 2015, as well as another forum for board executive officers.

For more information about the NABP Interactive Forums and future meetings, visit the Meetings section of the NABP website at [www.nabp.net](http://www.nabp.net).<sup>Ⓜ</sup>



### New Executive Officers Attend Orientation

The New Executive Officer Orientation Program, held the morning of Tuesday, October 14, 2014, prior to the Interactive Executive Officer Forum, provided newly appointed executive officers the opportunity to get acquainted with NABP membership and governance. Pictured from left to right: David Sencabaugh, RPh, Massachusetts Board of Registration in Pharmacy; Patrick Kennedy, MA, Florida Board of Pharmacy; Edward G. McGinley, MBA, RPh, NABP president-elect; and Marcus Watt, RPh, Oregon State Board of Pharmacy. <sup>Ⓜ</sup>

## Third Quarter 2014 NABP Clearinghouse Totals Announced

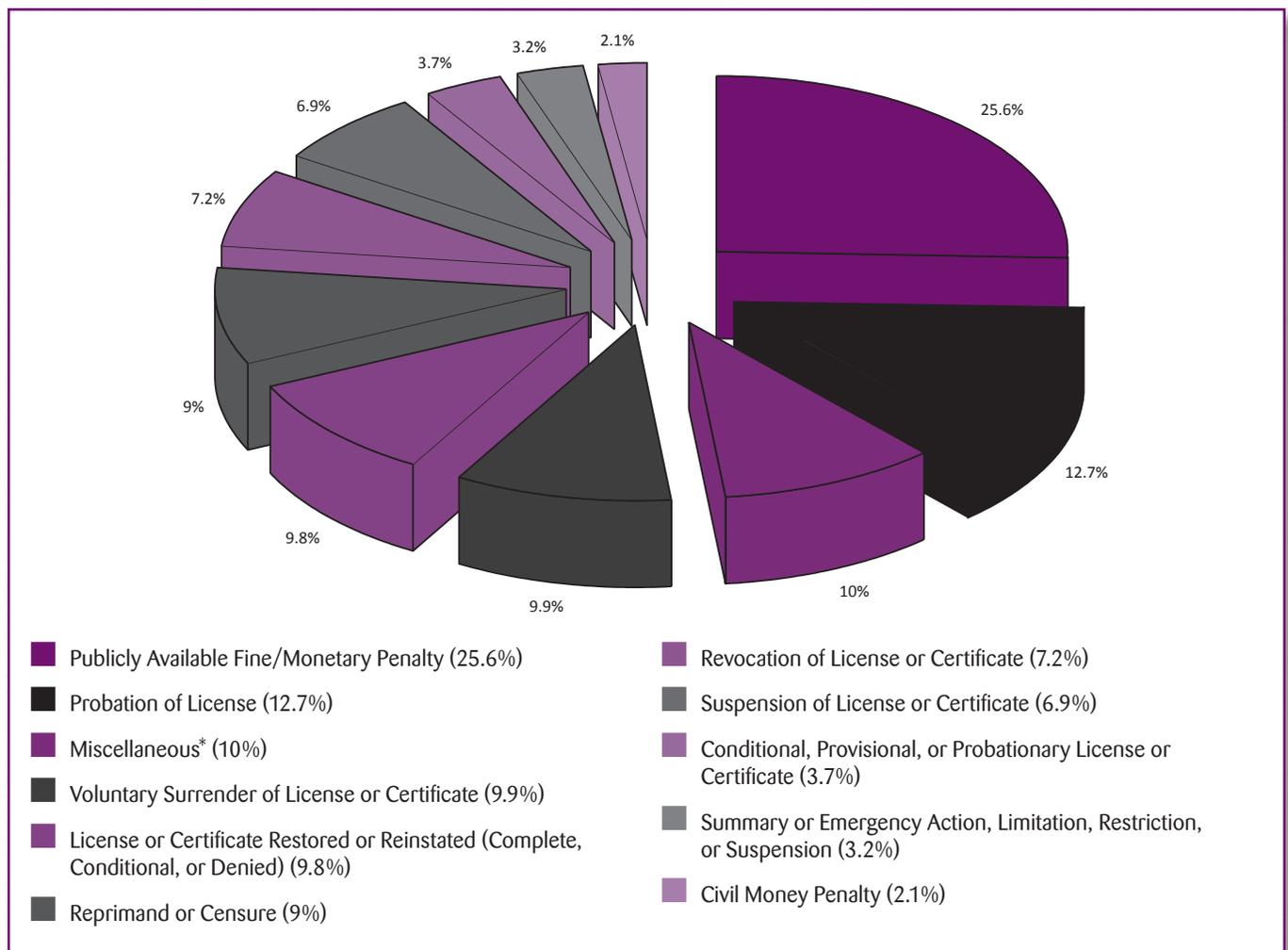
During the third quarter of 2014, the state boards of pharmacy reported a total of 1,195 disciplinary actions to the NABP Clearinghouse, including actions taken against pharmacists, pharmacy interns, pharmacies, wholesalers and manufacturers, and other licensees. Of the 1,195 actions:

- 627 (52.4%) actions were taken on pharmacists;
- 326 (27.3%) actions were taken on pharmacy technicians;
- 191 (16%) actions were taken on pharmacies;
- 23 (1.9%) actions were taken on wholesalers and manufacturers;
- 15 (1.3%) actions were taken on pharmacy interns;

- 2 (0.2%) actions were taken on other licensees;
- 1 (0.1%) action was taken on a mail order pharmacy; and
- 1 (0.1%) action was taken on a controlled substance licensee.

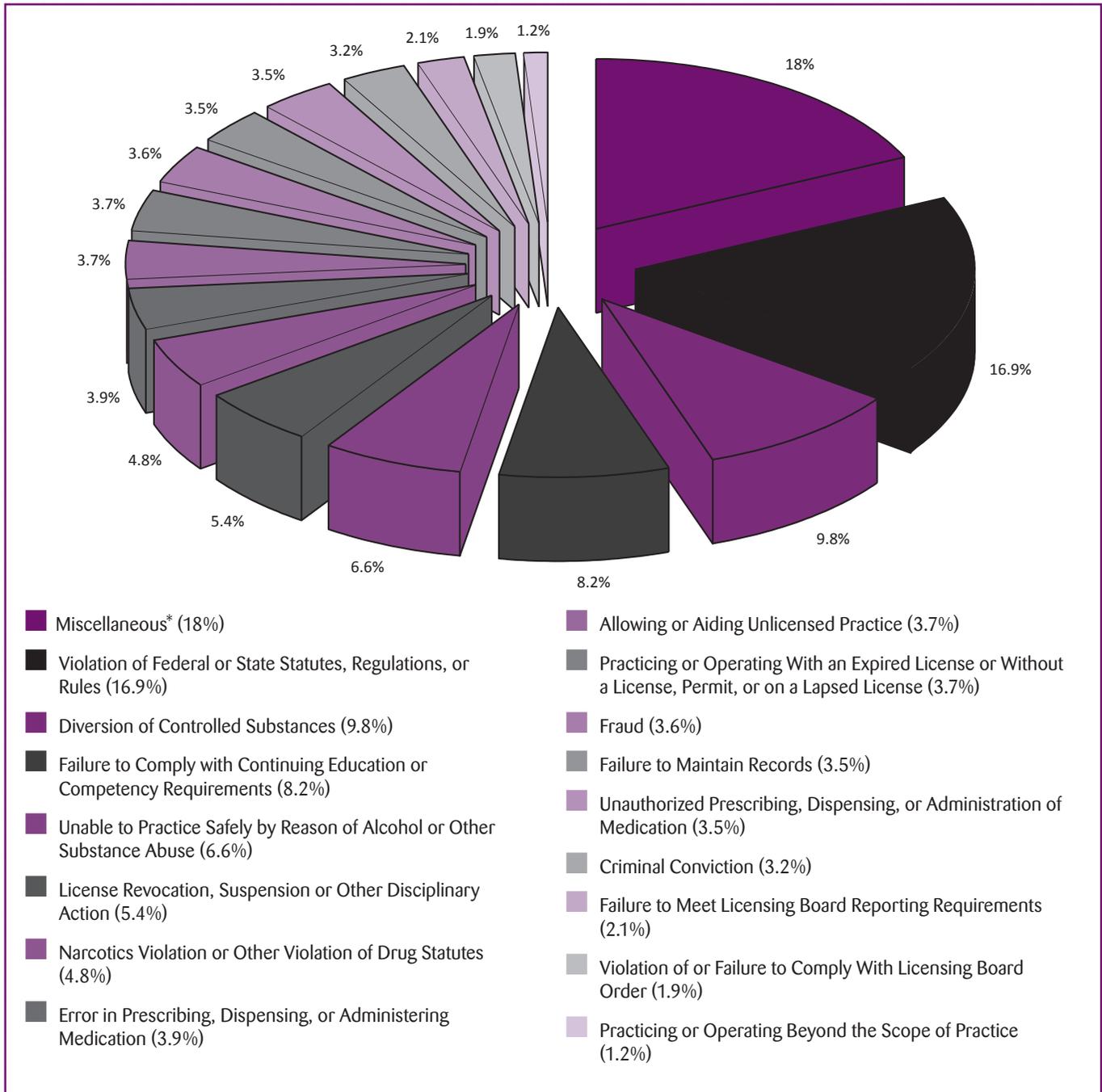
For a full breakdown of the actions taken and the bases for actions taken during third quarter 2014, see Figure A (below) and Figure B (see page 16 for Figure B). Additional information about the NABP Clearinghouse is available under Member Services in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net). 

Figure A: Disciplinary Actions Reported in Third Quarter



\*The miscellaneous category includes closure of facility; denial of initial license; denial of license renewal; directed in-service training; directed plan of correction; extension of previous licensure action; interim action; limitation or restriction on license; modification of previous licensure action; on-site monitoring; other licensure action – not classified; publicly available negative action or finding; reduction of previous licensure action; restrictions on admissions or services; and voluntary limitation or restriction on license.

Figure B: Bases for Disciplinary Actions Reported in Third Quarter



\*The miscellaneous category includes conduct evidencing ethical unfitness; conduct evidencing moral unfitness; deferred adjudication; expired drugs in inventory; failure to comply with patient consultation requirements; failure to cooperate with board investigation; failure to maintain supplies/missing or inadequate supplies; failure to pay child support/delinquent child support; failure to take corrective action; immediate threat to health or safety; improper or abusive billing practices; improper or inadequate supervision or delegation; inadequate or improper infection control practices; inadequate security for controlled substances; incompetence; lack of appropriately qualified professionals; misappropriation of patient property or other property; misbranding drug labels/lack of required labeling on drugs; misleading, false, or deceptive advertising or marketing; misrepresentation of credentials; negligence; nolo contendere plea; other action – not classified; unprofessional conduct; sexual misconduct; substandard or inadequate care; unable to practice safely; unable to practice safely by reason of physical illness or impairment; and unable to practice safely due to psychological impairment or mental disorder.

# First Health Information System Using PMP Gateway; NABP Maintains Commitment to Security, National Interoperability

Since the inception of NABP PMP InterConnect®, NABP has remained committed to supporting state efforts to reduce the risk of prescription drug abuse by creating a means for secure, national interoperability to increase prescription monitoring program (PMP) usage. As part of this effort, NABP and Appriss, Inc, finalized the establishment of PMP Gateway – a third-party translation service that works with PMP InterConnect to facilitate the integration of state PMP data into the workflow of health care providers’ electronic health information systems, including pharmacies and hospital systems.

With the service now available to health care providers, NABP is pleased to announce its first PMP Gateway client – the Wisconsin Statewide Health Information Network (WISHIN).

## First PMP Gateway Client Goes Live

As of September 2014, WISHIN is now live with the PMP Gateway service. Health care providers with access to WISHIN will be able to access prescription data from the Wisconsin Prescription Drug Monitoring Program. NABP and Appriss continue to work with WISHIN to support the new integration. To further enhance the service, NABP hosted a subcommittee conference

call on October 28, 2014, to discuss this integration and other actions related to PMP Gateway. The subcommittee also discussed new developments to the service.

More information about PMP Gateway is available in the October 2014 *NABP Newsletter*.

## Security: Top Priority

NABP has executed memorandums of understanding (MOUs) with 29 PMPs to participate in PMP InterConnect. In executing these agreements, state PMPs have entrusted NABP with ensuring the security of encrypted data that pass through InterConnect. In addition, NABP has put in place the requisite control, safeguards, and governance to ensure that PMPs remain in complete control of their data and with whom they share their data. PMP InterConnect participants are accountable to one another and have responsibilities that they must uphold as part of executing the MOU with the Association.

These responsibilities and security measures also extend to any agreements executed with non-PMP entities, such as WISHIN, for purposes of interoperability of PMP data through the use of the PMP Gateway service. All agreements must clearly define the responsibilities of the

third party, as well as clear ownership, liability, and legal structure to ensure secure and legal access to, and usage of PMP data. It is important to note that no third-party entity will be able to access a state’s data through PMP Gateway without that state’s permission. At the direction of the NABP PMP InterConnect Steering Committee, NABP continues to evaluate the best paths from both



the legal and technical perspective to achieve national interoperability and integration with other electronic health information systems.

## Looking Ahead

As an added benefit of PMP Gateway, the service has the ability to provide  
(continued on page 21)

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

NABP PMP InterConnect® participation continues to grow with Rhode Island’s prescription monitoring program (PMP), now live as of November 2014. As of press time:

- Authorized users in 27 states are sharing data through PMP InterConnect, which enables the secure transfer of PMP data among participating states: Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, and Wisconsin.
- Two additional states have signed memorandums of understanding (MOU) to participate and it is anticipated that they will be live by first quarter 2015.
- Six states and jurisdictions have MOUs under review.
- Six additional states will either be connected to or working toward a connection to PMP InterConnect in 2015, bringing total program participation to 35. Since launching, PMP InterConnect has processed more than 7 million requests, with an average wait time of 7.5 seconds for a consolidated multistate report.

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

## Annual Meeting Attendees Can ‘Let the Good Times Roll’ in New Orleans

**K**nown for jazz bands, rich architecture, flavorful cuisine, and its yearly Mardi Gras festival, New Orleans, LA, offers a unique backdrop for the NABP 111<sup>th</sup> Annual Meeting. NABP invites its members and other pharmacy stakeholders to experience the lively culture and history of New Orleans after participating in important business sessions and timely continuing pharmacy education sessions. The Annual Meeting will be held May 16-19, 2015, at the Roosevelt New Orleans hotel.

New Orleans was founded in 1718 by Jean-Baptiste Le Moyne de Bienville. The site was located on the first crescent of the high ground above the Mississippi River’s mouth, and was named *La Nouvelle-Orléans* after the regent of France at the time. In 1763, France signed the Treaty of Paris, which ceded Louisiana to Spain. In the early 1800s, Louisiana reverted back to the French, who then sold it to the United States in the Louisiana Purchase. New Orleans quickly became the wealthiest and third largest city in the US, even as the majority of its residents still spoke French. It became a popular cotton port, and shipped goods to the Caribbean, South America, and Europe. All of these cultural influences shaped New Orleans into a vibrant city unlike any other in the country.

By the 1900s, new levees, drainage canals, and pump

technology began the ambitious draining of New Orleans’ low-lying swampland between the city’s riverside crescent and Lake Pontchartrain. For the first time, residents could live below sea level. Hurricanes in the early to mid-1900s damaged the city, but never catastrophically. In August 2005, however, Hurricane Katrina, a Category 5 hurricane, breached four levees, flooding 80% of the city, resulting in hundreds of deaths and millions of dollars in damage. New Orleans would rebuild, however, and its recovery and restoration continues today. Residents and volunteers continue to work hard to bring New Orleans back to its glory. Walking along the city’s streets, *Laissez les bons temps rouler!* can still be heard – Let the good times roll!

### Local Sites

New Orleans is home to many cultural attractions,

historical locations, delicious eateries, and an array of shopping options. The city is divided into several distinct neighborhoods, 17 of which have been designated National Historic Districts by the National Register of Historic Places. The most famous neighborhood is *Vieux Carré* – The French Quarter – which is the heart of the city. Its narrow streets are lined with colorfully painted Creole cottages, Creole townhouses, and shotgun houses. The French Quarter is known for the Riverwalk, the French Market, and a vibrant nightlife.

The Garden District is divided into two sections that were subdivided from plantations. It features beautiful Greek-, Revival-, and Victorian-style cottages; double gallery houses; and mansions with lavish gardens. The Garden District is also home to Magazine Street, named after the French word for “shop,” which is a popular destination for boutiques and trendy stores.

New Orleans is also known for its “cities of the dead.” Due to the high water table, New Orleans follows the Spanish tradition of using vaults. Wealthy families built elaborate mausoleums, some with gardens or gates, and the stone tombs line the cemeteries like streets. New Orleans residents honor the lives of the deceased with flowers, votive candles, and hoodoo money, as well as a Catholic mass on Good

Friday. For safety, attendees should only venture through the cities of the dead with an arranged group tour and guide.

Attendees can also take a tour of the city's delicious food offerings. New Orleans was named one of the Top 10 Tastiest Cities in the South by *Southern Living* magazine in 2012. Aside from the famous gumbo and jambalaya, New Orleans offers crawfish étouffée, a thicker, spicier version of gumbo; muffuletta, a sandwich filled with classically Italian flavors and coated with an olive spread; and Oysters Rockefeller, which is oysters topped with capers, parsley, parmesan cheese, and a rich, white sauce. Of course, guests should have the classic New Orleans po-boy: a long, submarine-style sandwich on French bread that is piled high with meat topped with gravy, or filled with fried seafood mixed with a specialty white sauce.

## Cultural Attractions

New Orleans offers a variety of sightseeing options, including gardens and parks, museums, and steamboat tours. Rather than the usual NABP-guided optional tour, Annual Meeting attendees will have the opportunity to take in the sights of their choice during a free afternoon on Monday, May 18. In addition to the sites mentioned here, attendees may contact the hotel concierge for sug-

gestions of attractions to visit and things to do while in New Orleans.

Many attendees will be excited to visit the New Orleans Pharmacy Museum. The museum is located in the apothecary of Louis J. Dufilho, Jr, the first licensed pharmacist in the US. The museum showcases a glimpse into 19<sup>th</sup> century pharmacology, with historical surgical instruments; hand-blown bottles filled with opium, potions, and medications; and a look back at early prescriptions and compounding.

History buffs can visit The National WWII Museum, which opened in 2000, with exhibits that highlight world leaders and the everyday men and women who fought in the war. The Audubon Nature Institute offers a variety of attractions across the city, including the Audubon Butterfly Garden and Insectarium; the Audubon Aquarium of the Americas, which offers the opportunity to dive into the aquarium's Great Maya Reef; and the Audubon Zoo.

Nature lovers can explore City Park, which is one of the nation's oldest urban parks. City Park is home to the open-air Sydney and Walda Besthoff Sculpture Garden at the New Orleans Museum of Art, as well as the New Orleans Botanical Garden. City Park is best known for its historic live oaks. The live oak tree is a coastal plain tree with a distinctive low spread and



Pictured is an alley view from the French Quarter, a popular spot in the city known for its Riverwalk, the French Market, and vibrant nightlife. Photo courtesy of the New Orleans Convention and Visitors Bureau.

## Additional New Orleans Links

**Audubon Nature Institute**  
[www.auduboninstitute.org](http://www.auduboninstitute.org)

**Mardi Gras World**  
[www.mardigrasworld.com](http://www.mardigrasworld.com)

**New Orleans City Park**  
[www.neworleanscitypark.com](http://www.neworleanscitypark.com)

**New Orleans Convention and Visitors Bureau**  
[www.neworleanscvb.com](http://www.neworleanscvb.com)

**New Orleans Culinary History Tours**  
[www.noculinarytours.com](http://www.noculinarytours.com)

**New Orleans Jazz National Historical Park**  
[www.nps.gov/jazz/index.htm](http://www.nps.gov/jazz/index.htm)

**New Orleans Museum of Art**  
[www.noma.org](http://www.noma.org)

**New Orleans Official Guide**  
[www.neworleansonline.com](http://www.neworleansonline.com)

**New Orleans Pharmacy Museum**  
[www.pharmacymuseum.org](http://www.pharmacymuseum.org)

form. Many of the older trees have a branch spread that is twice as wide as their height. The most famous live oak trees are Dueling Oak, Suicide Oak, McDonogh Oak, and Anseman Oak.

No trip to New Orleans would be complete without a look into New Orleans Carnival and Mardi Gras

culture. Even though the Annual Meeting takes place in May, Mardi Gras World offers a year-round behind-the-scenes look into Mardi Gras. Guests will have the opportunity to view Mardi Gras floats, try on costumes, and have a slice of King Cake, which is a popular

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## Poster Session Participants Sought for NABP 111<sup>th</sup> Annual Meeting

NABP is currently seeking Poster Session participants for its Annual Educational Poster Session. This year the Poster Session will be held Sunday, May 17, from 8:30 to 11:30 AM, during the NABP 111<sup>th</sup> Annual Meeting, May 16-19, 2015, at the Roosevelt New Orleans in New Orleans, LA.

The Poster Session will offer those displaying posters the opportunity to share information about their organization's latest legislative issues, technology, policy development, and/or disciplinary cases with other pharmacy professionals as they relate to the Poster Session's theme that will be announced soon. 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. Participating boards and schools and colleges of pharmacy will be provided with one four-foot by six-foot bulletin board, which should be staffed by a qualified representative, such as a registered pharmacist, during display times. Assembly time will be available on Sunday, May 17, from 7:30 to 8:15 AM. Student presenters are

### 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.
- 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 staffed by a qualified representative, such as a registered pharmacist, throughout the duration of the session. Student presenters must be accompanied by a licensed pharmacist.

welcome and must be accompanied by a licensed pharmacist. Pharmacy school students will receive a free voucher valued at \$65 to take the Pre-NAPLEX®, a practice examination for students preparing for the North American Pharma-

cist Licensure Examination® (NAPLEX®).

Those interested in participating should contact NABP Professional Affairs Senior Manager Eileen Lewalski via e-mail at Prof-Affairs@nabp.net by **Friday, March 6, 2015.** ☺

### Annual Meeting Location

(continued from page 19)

custom of baking a special cake honoring the three wise men from the Christian faith.

### Getting Around

The Roosevelt New Orleans is located in the Central Business District, just one block away from the French Quarter, and 16 miles from the Louis Armstrong New Orleans International Airport. Individuals arriving from the airport may take the

Airport Shuttle New Orleans for a cost of \$20 per person one way, or \$38 roundtrip. Reservations can be made in advance by calling 866/596-2699 or by visiting [www.airportshuttleneworleans.com](http://www.airportshuttleneworleans.com). Arrangements can also be made at the ticket booths located on the lower level in the baggage claim area. Taxis can be arranged from outside the lower level baggage claim area. Taxicabs cost \$33 for one or two people to the Central Business District, and \$14 per passenger for

groups of three or more. Guests choosing to rent a vehicle can select one of nine rental agencies located on the lower level of the airport. The Roosevelt New Orleans only offers valet parking, which is \$44 overnight for registered hotel guests and \$19 for day visitors.

Once in New Orleans, local transportation is available by RTA buses and streetcars. The RTA offers the Jazzy Pass, an all-day unlimited transportation pass. Jazzy Passes are available for \$3 for a one-day pass and \$9

for a three-day pass. Passes may be purchased from the bus driver or streetcar conductor with cash, or they may be purchased in advance with a credit card at [www.norta.com](http://www.norta.com). The pass will then be mailed within five to seven business days. Transportation to local attractions is also available via the city's taxicab and pedalcab services.

Additional information about the 111<sup>th</sup> Annual Meeting is available in the Meeting section of the NABP website at [www.nabp.net](http://www.nabp.net). ☺

## NABP Encourages Member Boards of Pharmacy to Apply for 111<sup>th</sup> Annual Meeting Travel Grant

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

In order to receive reimbursement, active member boards of pharmacy must

have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions.

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

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

Grant applications may be obtained from NABP upon the direct requests of executive officers of the state boards of pharmacy.

Applications can be submitted by mail to NABP Headquarters or via e-mail at [exec-office@nabp.net](mailto:exec-office@nabp.net). NABP requests that applications be submitted prior to the Annual Meeting. All applicants will be informed of whether they have qualified for the grant. Last year, 42 state boards of pharmacy applied and were approved for the NABP 110<sup>th</sup> Annual Meeting Travel Grant.

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

## Online Registration Coming Soon for the 111<sup>th</sup> Annual Meeting

Online registration will be available in February 2015 for the NABP 111<sup>th</sup> Annual Meeting, which will be held May 16-19, 2015, at the Roosevelt New Orleans in New Orleans, LA. 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 6, 2015**. Once available, registration may be accessed via the Meetings section of the NABP website.

NABP offers attendees three payment options:

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

More information about the 111<sup>th</sup> Annual Meeting is also available in the Meetings section of the NABP website at [www.nabp.net](http://www.nabp.net). ☎

### PMP InterConnect

(continued from page 17)

a mechanism for other programs and services to be deployed within PMP InterConnect, including NAR<sub>x</sub>CHECK®, the software tool that generates risk-based scores reflect-

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

As PMP Gateway evolves, NABP plans to reinvest any net revenues

from systems back into the state PMPs for future enhancements and functionality.

Additional information about PMP InterConnect, including the most up-to-date information on state participation, is available in the Programs section of the

NABP website at [www.nabp.net](http://www.nabp.net).

States that seek further information about PMP InterConnect may contact NABP Member Relations and Government Affairs staff at Government Affairs@nabp.net or by calling 847/391-4406. ☎

## Meeting Program

May 16-19, 2015

Roosevelt New Orleans

New Orleans, LA

### Saturday, May 16, 2015

10 AM - 6 PM

Registration/Information Desk Open

1:30 - 3:30 PM

Pre-Meeting CPE

4 - 5 PM

From District Meeting to Annual Meeting – Learning About NABP

6 - 9 PM

President's Welcome Reception

Sponsored by Express Scripts

Honoring NABP President

Joseph L. Adams, RPh

*Dinner will be served*

*Dress: business casual*

### Sunday, May 17, 2015

7 AM - 4:30 PM

Registration/Information Desk Open

7:30 - 8:30 AM

NABP AWAR<sub>X</sub>E Fun Run/Walk

Sponsored by Rite Aid Corporation

8:30 - 11:30 AM

Hospitality Brunch and Educational Table Top Displays

8:30 - 11:30 AM

Joint CPE

Educational Poster Session

NOON - 3:15 PM

First Business Session

12:30 - 1:30 PM

Keynote Address

Lt General Russel L. Honoré (Ret)

Sponsored by Humana Pharmacy Solutions

3:30 - 4:30 PM

Joint CPE

### Monday, May 18, 2015

7:30 AM - 1 PM

Registration/Information Desk Open

7:30 - 8:45 AM

NABP/USP Breakfast

Sponsored by United States

Pharmacopeial Convention

8:45 - 10:15 AM

Joint CPE

10:30 AM - NOON

Second Business Session

NOON - 12:30 PM

Informal Member/Candidate Discussion

Free Afternoon

*(No programming)*

### Tuesday, May 19, 2015

7:30 AM - 4 PM

Registration/Information Desk Open

7:45 - 8:45 AM

NABP Breakfast

8:45 - 10:15 AM

Executive Officer and Board Member CPE

8:45 - 10:15 AM

Compliance Officer CPE

10:30 AM - NOON

Joint CPE

NOON - 1:30 PM

Lunch Break

*(On your own)*

1:30 - 4 PM

Final Business Session

5:45 - 6:45 PM

Awards Dinner Reception

7 - 10 PM

Annual Awards Dinner

*Dress: semiformal*

Note: The 111<sup>th</sup> Annual Meeting schedule is subject to change.



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

## Proposed Resolutions Will Be Distributed to Boards in March 2015

Proposed resolutions received at NABP Headquarters by Friday, March 6, 2015, will be distributed electronically to state boards of pharmacy on the following Thursday, March 12, 2015, for review prior to the NABP 111<sup>th</sup> 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 dis-

tributed for early review as well as those received after March 6 – will be presented to the voting delegates during the Annual Meeting on Monday, May 18, 2015, by the chair of the Committee on Resolutions.

To be considered during the Annual Meeting, resolutions must adhere to the requirement 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 time

frame 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 present and constituting a quorum.”

Questions regarding resolution procedures should be directed to the NABP Executive Office via e-mail at [exec-office@nabp.net](mailto:exec-office@nabp.net). ☎

## Next PARE Testing Window Will Be February 17-27, 2015

The next available Pharmacist Assessment for Remediation Evaluation® (PARE™) testing window is scheduled during the two-week time period of February 17-27, 2015.

Member boards of pharmacy are encouraged to take advantage of

this web-based assessment that was created to assist the boards as part of their decision-making process when considering cases of remediation or brief departures from practice.

To pre-register an individual for the PARE, boards of pharmacy may use the NABP Clearinghouse or

they may contact the NABP Competency Assessment Department at [NABP\\_comp\\_assess@nabp.net](mailto:NABP_comp_assess@nabp.net).

Future PARE testing windows for 2015 will also be available during the following dates:

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



More information about the PARE may be found on the NABP website at [www.nabp.net](http://www.nabp.net). ☎



## Newly Approved e-Advertisers

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

**GenScripts, LLC dba  
GenScripts Pharmacy**  
[www.genscripts.com](http://www.genscripts.com)

**Koshland Pharmacy, Inc dba  
Koshland Pharm**  
[www.koshlandpharm.com](http://www.koshlandpharm.com)

**MyWebGrocer, Inc**  
[www.mywebgrocer.com](http://www.mywebgrocer.com)

**PeopleFirst Pharmacy, LP**  
[www.peoplefirstpharmacy.com](http://www.peoplefirstpharmacy.com)

**Sorkin's Rx, LTD dba CareMed  
Pharmaceutical Services**  
[www.caremedps.com](http://www.caremedps.com)

**TABcom, LLC**  
[www.dog.com](http://www.dog.com)  
[www.horse.com](http://www.horse.com)  
[www.petsupplies.com](http://www.petsupplies.com)  
[www.statelinetack.com](http://www.statelinetack.com)

**Vet Aerie, PC dba Eagle's  
Landing Veterinary Hospital**  
[www.eagleslandingvet.com](http://www.eagleslandingvet.com)

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



## AWAR<sub>x</sub>E Promotes Prescription Drug Abuse Prevention Measures During Winter Social Media Campaign

For the third consecutive year, the AWAR<sub>x</sub>E® Prescription Drug Safety Program ran a social media campaign to educate consumers about prescription drug safety during the holidays. As in years past, the campaign was focused on reminding consumers to remove prescription drugs from medicine cabinets and other easy-to-access locations and to securely store medications, particularly during holiday events, when family and friends may be visiting. Since over half of abusers obtain drugs from family and friends, safe and secure storage is key in preventing abuse, misuse, and accidental ingestion of prescription drugs.

The campaign kicked off with an AWAR<sub>x</sub>E Twitter party held on November 12, 2014, where 89 interested users of the popular social media platform participated in a discussion on prescription drug abuse dangers and prevention efforts. The event generated more than 2,000 Tweets on topics such as secure storage, proper disposal, and abuse prevention of prescription drugs. With retweets, in the end, the hour-long event resulted in more than 2.4 million Tweets

and more than 112,000 users being reached.

In addition to the Twitter party, the campaign included an audio public service announcement on Pandora Internet Radio highlighting resources to learn about safely disposing of unneeded medications. Banners displayed on Pandora.com raised awareness and linked back to the AWAR<sub>x</sub>E website so that consumers could learn more.

To further spread information about prescription drug abuse, AWAR<sub>x</sub>E continued its blogger outreach efforts, offering interview opportunities to popular bloggers who focus on parenting, senior living, and caregiving.

According to Substance Abuse and Mental Health Services Administration's 2013 National Survey on Drug Use and Health report, 6.5 million people over the age of 12 admitted to non-medical use of prescription drugs within the last month. Prescription drugs continue to be among the most abused controlled substances. Further, an estimated 10,000 children under the age of six are hospitalized each year for symptoms related to accidental ingestion of prescription drugs, accord-

ing to a study published in the September 2014 issue of *Pediatrics*. With these facts in mind, AWAR<sub>x</sub>E will continue to promote safe and secure storage of prescription medications to avoid unintentional use or misuse by family or visitors. Through its social media outlets, including the AWAR<sub>x</sub>E Facebook

page, the @AWARErx Twitter handle, and the AWAR<sub>x</sub>E YouTube channel, AWAR<sub>x</sub>E will also continue to promote all aspects of prescription drug safety. Direct links to these pages and additional information about how to safely store medications is available at [www.AWARERX.ORG](http://www.AWARERX.ORG). ®



### AWAR<sub>x</sub>E Reaches Consumers on Pandora Internet Radio

The above AWAR<sub>x</sub>E® public service announcement (PSA) ran from November 2014 to December 2014 on Pandora.com radio, and linked to an audio PSA that highlighted resources to learn about safely disposing of unneeded medications and the AWAR<sub>x</sub>E website.

## NABP Report Reveals Proliferation of Rogue Online Drug Sellers Helps Feed the Prescription Drug Abuse Epidemic

In October 2014, NABP issued a report highlighting a connection between the proliferation of rogue online drug sellers and the prescription drug abuse epidemic. As detailed in the *Internet Drug Outlet Identification Program Progress Report for State and Federal Regulators: October 2014*, many illegal online drug sellers offer dangerous and addictive prescription drugs without a valid prescription, contributing to the incidence of misuse and abuse and endangering the lives of people who order them.

To explore the current scope of the problem, NABP conducted a key word Internet search for commonly abused prescription drugs such as Vicodin®, Percocet®, and OxyContin®. Revealing just how

easy it is to obtain controlled substances (CS) with the click of the mouse, the research concluded that three out of five search results led to rogue Internet drug outlets selling these types of CS without a valid prescription.

To protect consumers buying medications online, NABP launched the .Pharmacy Top-Level Domain (TLD) program as a means for identifying safe, legal, online pharmacies and pharmacy resources. Only legitimate Internet pharmacies and related entities will qualify for .pharmacy domain names, giving consumers an easy way to distinguish safe sites from rogue sites. NABP began accepting applications for .pharmacy domains in late 2014. After a series of special registration periods in the first

half of 2015, .pharmacy domain names will be generally available to eligible pharmacy community members starting in mid-2015.

As indicated in the October 2014 report, NABP has reviewed more than 10,860 Internet drug outlets, and 96% (10,473) of the sites reviewed operate out of compliance with United States pharmacy laws and practice standards and are listed as Not Recommended on NABP's AWARxE® Prescription Drug Safety website, [www.AWAREX.ORG](http://www.AWAREX.ORG). Of the 10,473 sites, 88% do not require a valid prescription, 12% dispense CS, and 91% appear to have affiliations with rogue networks of Internet drug outlets.

For the full report with detailed findings on the characteristics of rogue websites, visit the Not Recommended page in the Safe Acquisition section of the AWARxE website at [www.AWAREX.ORG](http://www.AWAREX.ORG).

To find the safest sources for purchasing medicine online, consumers are encouraged to look for the Verified Internet Pharmacy Practice Sites® Seal on an accredited site and check NABP's list of accredited sites on its prescription drug safety website, [www.AWAREX.ORG](http://www.AWAREX.ORG). In addition, .pharmacy sites will be posted at [www.safe.pharmacy](http://www.safe.pharmacy) as organizations register .pharmacy domain names. More information about the .pharmacy TLD is also available at [www.safe.pharmacy](http://www.safe.pharmacy). Ⓢ

## NABP e-Advertiser Approval Program Fees Increase

NABP has implemented an application fee increase for the NABP e-Advertiser Approval<sup>CM</sup> Program. The new fee went into effect for new applicants on December 16, 2014, and will begin for existing approved e-Advertisers whose current approval cycle ends on or after January 1, 2015.

In service to its applicants, NABP has worked hard over the years to keep the program's costs flat, and applicants have enjoyed no fee increases since the program's inception in 2010. Recently, however, NABP has found it necessary to reassess fees

associated with the e-Advertiser Approval Program due to the growing complexities of Internet websites, business models, and affiliate networks, all of which have increased the time it takes to review each website. As a result, the following program changes have been implemented:

- Approved businesses whose current approval cycle **ends on or after January 1, 2015**, will be assessed a flat \$2,000 re-approval fee, regardless of services offered or differing business models.
- Any existing applicants seeking to maintain or in-

clude additional domains in their approval must submit an additional fee of \$2,000 per domain with the application or upon notification to NABP of the applicant's desire to add the domains.

NABP notified new applicants and existing approved e-Advertiser customers in November 2014 about these program changes and also announced the launch of the .Pharmacy Top-Level Domain Program. As a benefit to entities that hold e-Advertiser Approval status, NABP is offering pre-approval for a .pharmacy domain name, pending availability of the

name(s) requested, at no cost. Domain name registration fees to an approved registrar will still apply, however. In addition to the TMCH Sunrise registration period, NABP is offering a special registration period to approved or accredited e-Advertisers, Verified Internet Pharmacy Practice Sites® (VIPPS®), and Vet-VIPPS®, allowing these entities to obtain a .pharmacy domain name prior to its availability to the general pharmacy community.

More information about the e-Advertiser Approval Program fees is available in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net). Ⓢ

## Louisiana Passes Laws Affecting CS

The 2014 Louisiana State Legislature adopted a number of new laws affecting pharmacy practice. Below is a summary of some of the new laws, all of which became effective on August 1, 2014.

Act 397 (SB 618) re-scheduled carisoprodol products (with the exception of the combination product with codeine) from Schedule IV to Schedule II on the state list of controlled substances (CS).

Act 865 (SB 496) amended the state CS law to impose three new requirements, including a 90-day expiration on prescriptions for Schedule II drugs, mandatory prescription monitoring program (PMP) checks before prescribing Schedule II drugs, and limitations on the quantity of opioid Schedule II and Schedule III opioid derivatives a pharmacist may dispense when prescribed by practitioners not licensed in Louisiana.

Act 472 (SB 556) amended the PMP law to change the deadline by which pharmacies are required to report their eligible prescription transactions to the PMP database. Pharmacies are required to report their transactions no later than the end of the next business day after the date of dispensing.

Act 353 (HB 754) authorizes certain first responders to obtain naloxone with a prescription and

administer it to any person they find experiencing an opioid-related drug overdose without the necessity of obtaining a prescription or medical order for that patient in distress.

## Minnesota Legislature Passes ‘Steve’s Law’

The Minnesota State Legislature passed a bill during its 2014 legislative session known as “Steve’s Law.” Named after Steve Rummler, who died of a heroin overdose in July 2011 after years of struggling with an addiction to prescribed opioid pain relievers, this new law provides some immunity from prosecution to individuals who, acting in good faith, seek medical assistance for another person who is experiencing a drug-related overdose, and allows properly trained personnel of basic life-support ambulances to administer opiate antagonists. Additional provisions of the law are detailed in the October 2014 issue of the *Minnesota Board of Pharmacy Newsletter*, which can be downloaded from the Publications section of the NABP website at [www.nabp.net](http://www.nabp.net).

The Minnesota Board of Pharmacy notes that Steve’s Law provides opportunities for pharmacists to get involved in efforts that can save the lives of individuals who are addicted to prescription drugs. The Board has been contacted by individuals who have asked if there have been any discussions to remove prescribing

restrictions from naloxone to allow pharmacists to dispense under a restricted protocol.

The Board explains that Minnesota law regarding collaborative practice agreements and protocols allows medical doctors, physicians’ assistants, or advanced practice registered nurses to enter into a protocol with one or more pharmacists that allows the pharmacists to prepare a legally valid prescription for naloxone. In this case, notes the Board, the practitioner is still considered to be the prescriber of record. Further, “since pharmacists can administer drugs in emergency situations, the pharmacist could even administer the naloxone to a patient who was experiencing an overdose.”

Additional information about Steve’s Law is available on the Board’s website at <http://mn.gov/health-licensing-boards/pharmacy/resources/faqs/faqs/naloxone.jsp>.

## New Jersey Reminds Licensees of New Compounding Rules

The New Jersey State Board of Pharmacy provides the following overview of the sterile compounding regulations N.J.A.C. 13:39-11.18-20, describing compounded sterile preparations for prescriber practice use; stability criteria and beyond-use dating; documentation; and audit trail.

- A new rule permits a pharmacy to prepare

compounded sterile preparations for a licensed prescriber for use in the prescriber’s practice without a prescription, consistent with state and federal laws pertinent to the prescriber’s health care practice. Pharmacies in New Jersey that intend to compound medications for office use should also review the Drug Quality and Security Act (21 USC §353a and §353b) to determine whether they should register with Food and Drug Administration as a wholesaler, manufacturer, or outsourcing facility.

- New rules relating to stability criteria and beyond-use dating for compounded sterile preparations are in effect.
- Rules relating to the documentation that a pharmacist must complete and audit trail requirements for sterile preparations are also in effect.

Additional information on these rule changes is available in the October 2014 issue of the *New Jersey State Board of Pharmacy Newsletter*, which can be downloaded on the Publications section of the NABP website at [www.nabp.net](http://www.nabp.net). The updated pharmacy regulations are available on the Board’s website at [www.njconsumeraffairs.gov/pharm/phar\\_rules.htm](http://www.njconsumeraffairs.gov/pharm/phar_rules.htm), which was last revised on June 3, 2013. ©

### FDA Warns of Growing Wholesale Distributors Network

Food and Drug Administration (FDA) is warning pharmacists and other health care providers to watch for counterfeit and unapproved drugs through a new educational program known as Know Your Source. Aimed at protecting patients from unsafe and ineffective drugs, the program advises providers to only purchase drugs from wholesale drug distributors licensed in their state. Further, FDA offers tips to providers to protect patients, including being wary of offers too good to be true, and ensuring all drugs received are FDA-approved medications. Another way that pharmacies can be assured of the legitimacy of a wholesale distributor is to look for NABP's Verified-Accredited Wholesale Distributors® (VAWD®) Seal.

Those wholesale distributors that achieve VAWD accreditation are in compliance with state and federal laws as well as NABP's VAWD criteria. Wholesale distributors that display the VAWD Seal as part of their accreditation have undergone a criteria compliance review, including a rigorous review of their operating policies and procedures, licensure verification, survey of facility and operations, background checks, and screening through the NABP Clearinghouse. Accredited facilities are reviewed annually and undergo an on-site survey every three years. Created in 2004, the accreditation pro-

gram plays a pivotal role in preventing counterfeit drugs from entering the United States drug supply.

Additional information about the VAWD program is available in the Programs section of NABP website. Know Your Source is available at [www.fda.gov/Drugs/Resources/ForYou/HealthProfessionals/ucm389121.htm](http://www.fda.gov/Drugs/Resources/ForYou/HealthProfessionals/ucm389121.htm).

### PTCB Implements Changes to CE Requirements

In 2015, the Pharmacy Technician Certification Board (PTCB) will implement two changes in recertification requirements for Certified Pharmacy Technicians (CPhTs) in accordance with its Certification Program changes announced in 2013. First, any continuing education (CE) hours earned by a CPhT will need to be pharmacy technician-specific to qualify toward recertification. Second, PTCB will reduce the number of allowable "in-service" CE hours from 10 to five. PTCB's Certification Program changes are intended to support and advance improved patient care and safety throughout pharmacy practice, a PTCB press release indicates. The changes are the result of a

PTCB initiative that began with a 2011 summit on future directions for pharmacy technicians. Additional information can be accessed at the PTCB website at [www.ptcb.org](http://www.ptcb.org).

### FDA Resource Provides Inspection and Compliance Data

FDA has released a new resource that provides access to comprehensive data on FDA inspections, warning letters, seizures and injunctions, and recall-related statistics. The FDA Data Dashboard, available at <http://govdashboard.fda.gov>, is a cloud-based tool that allows users to view, analyze, and download data from 2009 to 2013. The tool was developed in response to a Presidential Memorandum on Regulatory Compliance that was released in January 2011. The memo directed federal agencies to make publicly available compliance information easily accessible, downloadable, and searchable online to the extent feasible and permitted by law, according to an FDA Voice blog entry. Feedback, including comments, questions, and concerns about the program can be e-mailed to FDA at [FDADashboard@fda.hhs.gov](mailto:FDADashboard@fda.hhs.gov).

### Patient Satisfaction Higher With More Communication

Patient satisfaction is higher when a pharmacist works with a patient to increase adherence and to thoroughly explain the risks and side effects of medications using multiple communication channels, a report from JD Power indicates. The JD Power 2014 US Pharmacy Study also found that pharmacist and staff interactions with customers are increasingly important drivers of satisfaction for both brick-and-mortar and mail-order pharmacies, while the speed of delivery and ease of ordering medication also increases satisfaction with mail-order pharmacies. In addition, pharmacies that collaborate with patients to create a plan to help ensure that the patient does not miss a medication, particularly those with a 30-day supply, provided higher satisfaction for patients. The study is based on responses from nearly 14,000 pharmacy customers who filled a new prescription or refilled a prescription during the three months prior to the survey period, a JD Power news release notes. A copy of the study may be downloaded online at [www.jdpower.com/resource/jd-power-2014-us-pharmacy-study](http://www.jdpower.com/resource/jd-power-2014-us-pharmacy-study). ©

### Errata

In the November-December 2014 *NABP Newsletter*, the Association incorrectly identified two task force members in the photo on page 216 for the Task Force on Standards for the Use of PMP Data. Please note, the names of Ralph Orr of the Virginia Prescription Monitoring Program and M. Joseph Fontenot, RPh, of the Louisiana Board of Pharmacy (chairperson) were inadvertently switched in the photo caption. An updated photo caption is posted on the NABP website. NABP regrets the error.



## nabp newsletter

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

First Class  
U.S. POSTAGE  
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Permit #583  
Schaumburg, IL 60173



### Newly Accredited VAWD Facilities

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

**Albertsons, LLC dba  
Albertsons, LLC, Distribution  
Center #8720**  
Ponca City, OK

**Genco I, Inc**  
Tobyhanna, PA

**Midwest Veterinary Supply, Inc**  
Lakeville, MN  
**Ritedose Pharmaceuticals, LLC**  
Columbia, SC

**The Harvard Drug Group,  
LLC dba Expert Med, First  
Veterinary Supply**  
Memphis, TN

A full listing of more than 530 accredited VAWD facilities is available on the NABP website at [www.nabp.net](http://www.nabp.net). 