



newsletter

National Association of Boards of Pharmacy®



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aid to government
the profession
the public
1904 to 2014

Medication Synchronization Shown to Improve Adherence for Patients on Multiple Drug Regimens

Regulations Allowing Quantity Changes May Assist Implementation

Upcoming Events

April 1-12, 2014
PARE Administration

April 24, 2014
PCOA Forum
NABP Headquarters

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

April 28, 2014
FPGEE Administration

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

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

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

Medication synchronization programs, an emerging trend in pharmacy practice, may significantly improve adherence rates for patients taking multiple medications over an extended period of time. According to estimates by the Centers for Disease Control and Prevention (CDC), medication adherence rates in the United States are about 50%. At the same time, studies and best practice guidelines emphasize that adherence is a key factor in maximizing the effectiveness of all medication therapies, with some studies noting that adherence is particularly important for patients with chronic conditions. For example, one study found that diabetes patients who obtained less than 80% of their prescriptions for oral hypoglycemics, antihyper-tensives, and statins were at

increased risk for all-cause hospitalization and death. In response, many organizations, including CDC and the American College of Preventive Medicine, have recommended health care provider strategies to improve rates of medication adherence. These strategies include simplified medication regimens, increased education, and a patient-centered approach to medication therapy. Appointment-based medication synchronization (ABMS) programs – now available at pharmacies in several states – are one means of implementing all three of these strategies. However, non-uniform state regulations concerning pharmacists' authority to adjust the quantities of prescribed medications for the purpose of synchronizing dosing regimens and improving



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adherence may present an obstacle to implementation across practice settings. In a 2013 survey of adults over age 40, one-third of respondents who missed a dose or who stopped taking a medication without consulting a doctor said they did so because they ran out. The survey, *Medication Adherence in America: A National Report Card*, provided by the National Community Pharmacists Association showed that other self-reported reasons for non-ad-

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Medication Synchronization

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herence included complaints about side effects, concerns about costs, and a perception that the medication was no longer needed.

Services provided by ABMS programs help patients to stay adherent by making it easier to refill prescriptions and by providing regular opportunities to discuss concerns about side effects or the effectiveness of their medications. At the most basic level, medication synchronization programs allow pharmacists to coordinate a patient's medications to ensure his or her recurring prescriptions may all be refilled at the same time – usually once per month. This convenience allows patients taking multiple medications for chronic conditions such as diabetes or hypertension to minimize the number of times they need to visit a pharmacy. Additionally, many medication synchronization programs utilize an appointment-based model that gives pharmacists the opportunity to set aside more time for patient counseling.

ABMS Contributes to Higher Adherence

A recent study assessed the impact of ABMS programs and found that the programs have a significant impact on adherence rates. Analysis of research conducted on patients of Thrifty White Pharmacy, a chain of community pharmacies with locations in several Midwestern states, found that patients who participated in an experimental

medication synchronization program were more likely to be adherent than the study's control patients. The study, published in the November/December 2013 issue of the *Journal of the American Pharmacists Association*, categorized patients based on the type of medications being refilled: ACEIs/ARBs (angiotensin-converting enzyme inhibitors/angiotensin receptor blockers), beta blockers, DCCBs (dihydropyridine calcium channel blocker), thiazide diuretics, metformin, and statins. For patients in all six categories, those participating in the medication synchronization program had higher adherence rates compared to patients in the control group. Adherence was defined as "the extent to which a patient acts in accordance with the prescribed interval and dose of a dosing regimen." Adherence rates for the six categories were:

- ACEI/ARBs – Control: 40.8%, ABMS: 79.5%
- Beta blockers – Control: 38.3%, ABMS: 71.8%
- DCCBs – Control: 40.3%, ABMS: 68.9%
- Thiazide diuretics – Control: 37%, ABMS: 66.1%
- Metformin – Control: 40.2%, ABMS: 76.6%
- Statins – Control: 37.4%, ABMS: 76.2%

The study also examined whether patients in an ABMS program were less likely to stop taking their medications prescribed for chronic conditions over the long-term. This was measured as the hazard rate for non-persistence. Patients were labeled "non-persistent" when they stopped

taking their medication for 30 days or more. "Compared with patients in the program, patients who were not enrolled in the ABMS program had a 52% to 73% greater hazard of non-persistence, depending on drug class."

In addition to synchronized refills for prescription medications, people who participated in Thrifty White Pharmacy's program benefited from scheduled monthly phone calls to review their medications, discussion of medication delivery options, and the availability of a monthly appointment. The authors emphasized the importance of the monthly appointments, noting that it "allows pharmacists to educate, engage, and solve problems," and that it "provides an opportunity for pharmacists and patients to engage in mutual problem solving about issues such as physical impairments, lack of affordability, low literacy, and lack of social support." Overall, the authors concluded that ABMS programs show promise as a strategy for pharmacists to serve the needs of patients and that more research is needed to understand the program's impact on health outcomes.

Regulatory Changes May Support ABMS Delivery

To synchronize a patient's medications, pharmacists are often required to dispense a special synchronization quantity of a medication that may be more or less

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Pharmacists' Expertise Needed to Assist With Updates to NAPLEX Competency Statements

Pharmacists are invited to participate in a pharmacy practice analysis survey available in spring 2014, at <https://www.nabp.net/pharmacy-practice-analysis-survey>. Participating in the survey is a unique opportunity to give back and share one's expertise in pharmacy practice by assisting NABP in updating and validating the current North American Pharmacist Licensure Examination® (NAPLEX®) competency statements. Pharmacist practitioners in all areas of practice as well as pharmacy academicians are encouraged by NABP to participate.

Approximately every five years, NABP conducts a survey of pharmacy practice in accordance with examination development standards and recommendations from the testing industry to ensure the NAPLEX maintains its position as a valid and relevant licensing examination. The responses from this year's pharmacy practice analysis survey will be carefully analyzed and weighted and will be presented to the NAPLEX Review Committee, Advisory Committee on Examinations, and NABP Executive Committee for policy recommendations



and final approval. The approved competencies and blueprint are expected to be implemented in the NAPLEX during 2015, and all schools and colleges of pharmacy, as well as state boards of pharmacy will be notified of these revisions.

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

Pre-NAPLEX Test Items to Expand, Fees to Increase Beginning March 1, 2014

Effective March 1, 2014, NABP will be implementing changes to the Pre-NAPLEX® for candidates preparing to take the North American Pharmacist Licensure Examination® (NAPLEX®), including an adjustment to the number of test items and fees.

In an effort to provide candidates additional practice, the number of test items included in the Pre-NAPLEX will increase from 50 to 100. The Pre-NAPLEX fees will be adjusted as follows:

- Pre-NAPLEX fee will increase from \$50 to \$65

- Pre-NAPLEX fee for vouchers purchased by schools and colleges of pharmacy will increase from \$50 to \$55 (Note: a 10% discount is available for purchases of 100 or more vouchers.)

Fees for the Pre-NAPLEX have not been adjusted since the practice examination was launched in 2003. The Pre-NAPLEX will still be available in two forms, so that candidates opting to take the practice examination twice will receive two different sets of practice examination ques-



tions. The Pre-NAPLEX, the only practice examination for the NAPLEX written and developed by NABP, is intended to familiarize students with the NAPLEX testing experience. More information about the Pre-NAPLEX is available in the Programs section of the NABP website at www.nabp.net.

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

JK on the 120 Days

By Dale J. Atkinson, JD

To the consumer (and perhaps the legislature), the time it takes to process, investigate, formally charge, and adjudicate an administrative complaint (or negotiate a consent order) can appear to be lengthy. Many factors come into play when assessing the abilities and efficiencies of regulatory boards and administrative adjudications, including budgets, staffing, bureaucratic processes, access to legal counsel, uncooperative complainants and respondents, scheduling issues, defense counsel, and so on. Regardless, expectations exist that administrative adjudications should be resolved within a reasonable period. In fact, some states have mandates within the law that call for complaints to be resolved within a specified period of time. Consider the following.

In August 2010, the Connecticut Department of Public Health (Department) filed charges against a physician (Licensee) related to inadequate record keeping, inadequate patient examinations, failure to review medical regimens, prescribing controlled substances that were contraindicated, failure to keep patients informed, and failure to coordinate treatment with other health care professionals.

Specifically, the Licensee prescribed increasingly high doses of oxycodone, Suboxone®, benzodiazepine, and other opiates without addressing toler-

ance and potential lethal toxicity. He also prescribed these substances in excessive amounts and in inappropriate combinations, did so in spite of obvious signs of abuse or criminal behavior on the part of multiple patients, and failed to legibly record assessments of such patients. These activities occurred with at least 10 patients, as established in the record, and prescriptions occurred in excessive amounts. Some patients showed signs of dependence, yet were still prescribed controlled substances, sometimes without physical examinations of such

patients. The record also reflected that the Licensee failed to adequately inform his patients of the risks inherent in the use of prescribed substances. At least one patient died due to opiate toxicity while another died due to hypertrophic dilated cardiomyopathy.

Based upon the severity of the charges, the Connecticut Medical Examining Board (Board) issued a summary suspension of the Licensee's license. Thereafter, a hearing was held before a panel of the Board that issued a proposed final decision. The Board approved. In addition to the above facts, the Board declared the charges had been proven by the Department under a preponderance of evidence standard. The Board stated:

"Although the burden of proof is a preponderance of evidence, the Board finds that the Department provided overwhelming credible evidence the [Licensee] practiced medicine significantly below the standard of care for physicians in Connecticut. The [Licensee's] testimony was not reliable or credible and specifically it was not reliable or credible regarding his explanations for his treatment and prescribing of controlled substances to his

patients. The Department presented reliable and credible evidence that clearly demonstrated that [the Licensee's] treatment of his patients . . . was clearly below the standard of care for physicians in Connecticut. The Board agrees with [expert witness] that there is a 'clear pattern of substandard medical care . . . that is grossly below' the standard of care."

The Board held that the evidence clearly demonstrated that the Licensee posed "a serious threat in his practice of medicine to the health and safety of his patients." Finding that his conduct constituted illegal, incompetent, or negligent practice, the Board revoked the physician's license and assessed a \$5,000 civil penalty for each of the 10 cases, resulting in a \$50,000 total fine.

The Licensee appealed the Board ruling to the Connecticut Superior Court. The Licensee argued that the Board applied the wrong standard of proof to the administrative matter. He argued that the Board erred in rejecting a "clear and convincing" standard of proof and by applying a preponderance of the evidence standard. The Superior Court issued a stay of proceedings on November 9, 2012, pending the determination by the Connecticut

Supreme Court of a case where one of the issues was the appropriate burden of proof.

In *Jones v. Connecticut Medical Examining Board* 72 A. 3d 1034, 2013 Conn. LEXIS 270 (CT 2013), the Connecticut Supreme Court addressed the issue of whether the preponderance of the evidence standard, rather than the clear and convincing standard, applied to a physician disciplinary proceeding. In *Jones*, a physician was found by the Board to have violated the standard of care with respect to treatment of two children for what was misdiagnosed as Lyme disease. The physician, licensed in Connecticut, had consulted by telephone in December 2003, with the mother of the two children who were living in Nevada. He took several actions without physically examining the patients, including prescribing doxycycline and Zithromax®. It was not until May 2004 that the physician actually examined the patients. Further, the physician prescribed antibiotics for nearly one year without repeat physical examinations and made an educational recommendation for a child he did not know and had never examined.

In *Jones*, the Board ordered a reprimand of the physician, imposed fines totaling \$10,000,

and placed him on probation for two years. Jones appealed the matter to the Superior Court, which found that one of the findings by the Board was not supported by substantial evidence but affirmed the remaining findings. The physician appealed the Superior Court findings and argued, in part, that the lower court erred in holding the applicable standard of proof to be a preponderance of the evidence (rather than a clear and convincing standard). The appellate court affirmed the findings of the lower court and an appeal was made to the Connecticut Supreme Court.

The Connecticut Supreme Court held that a preponderance standard of proof was not only supported by the state legislative scheme, but did not offend the due process notions surrounding administrative prosecutions. Noting that the due process considerations of previous United States Supreme Court jurisprudence have not technically addressed the applicable burden of proof in an administrative proceeding against a physician, many "sister states" have indeed concluded that the preponderance of the evidence standard satisfies the due process requirements. Persuaded by the prevailing state cases, the

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Medication Synchronization

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than the original prescribed amount. This ensures that the number of doses being dispensed matches the remaining doses for another prescription. For example, if a patient wanted to synchronize a newly prescribed statin, written for a 30-day supply, with his or her existing metformin prescription, his or her pharmacist would dispense enough of the statin to match the doses remaining in the patient’s metformin prescription.

As demand for medication synchronization programs increases, some states have started reviewing regulations, that may grant pharmacists the ability to adjust the quantity of some prescribed medications under certain conditions. Most regulations allow pharmacists to reduce the quantity of dosage units dispensed to fill a prescription, but may not allow a pharmacist to increase the quantity prescribed for a single filling. In the hypothetical situation

above, this would allow the pharmacist to synchronize the two medications as long as the remaining supply of metformin was less than the prescribed quantity of the new statin.

However, if the patient was only 15 days into a 90-day supply of his or her metformin, many state regulations could make it difficult to increase the statin quantity to a 75-day supply in order to synchronize the two medications. Additionally, the synchronization of a prescription for a controlled substance (CS) is not something supported by NABP and may be directly prohibited by federal or state law.

As of October 30, 2013, at least 11 states – California, Idaho, Illinois, Indiana, Kansas, New Mexico, North Carolina, Oregon, Texas, Utah, and Washington – have approved regulations that authorize pharmacists to increase the quantity of a prescription beyond the written amount prescribed. These regulations allow pharmacists to introduce

more patients to medication synchronization programs, but each regulation has its own unique rules that could complicate the process. Some of these differences are illustrated in the chart below.

In some jurisdictions, state laws and board regulations have come into conflict with those from other agencies. For example, Alabama Medicaid Rule Number 560-X-16-.20(5) Quantity Limitations states that Medicaid recipients can obtain a three-month supply of some maintenance medications if the patient has demonstrated stability for at least 60 days; however, the Alabama Medicaid Agency recently provided guidance reminding pharmacists that Alabama Law prohibits “the quantity of a prescription to be changed without prescriber approval.”

NABP has been working with its member boards to revise its *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to provide the boards of pharmacy with model lan-

guage that defines medication synchronization as a service under medication therapy management. The draft language also provides additional background for states to consider when reviewing whether to allow medication synchronization programs.

A draft of the revised language, which includes commentary on the effectiveness of medication synchronization, was reviewed by NABP’s Committee on Law Enforcement/Legislation on January 21-22, 2014. Once finalized, the revisions will be sent to the Executive Committee in May for additional review and possible approval. More information about the *Model Act*, including the most recent revisions, may be found in the Publications section of the NABP website at www.nabp.net.

NABP will continue to assist its member boards to protect the public health by providing information about medication synchronization programs and other developments in pharmacy practice that may require regulatory consideration. ①

State Regulations That Authorize Pharmacists to Increase Prescription Quantities

	CA	ID	IL	IN	KS	NM	NC	OR	TX	UT	WA
Limit to authorized quantity, including refills	●	●	●		●		●	●	●	●	●
Limit to three-month supply*	●			●	●	●			●	●	●
Explicitly disallows controlled substances or psychotherapeutics	●				●	●	●	●	●	●	
Requires 30-day initial fill	●			●							●
Requires prescriber authorization				●			● †		●		

*90 days, 100 days, or three months

† For controlled substances/psychotherapeutics only

Mississippi Board's Survey Finds Few States Permit Compounding for Resale by Physicians; New Federal Law May Require Outsourcing Facility Registration With FDA

The Mississippi Board of Pharmacy, concerned about health care payer policies that encourage pharmacies to violate state regulations, partnered with NABP to survey other boards of pharmacy about their laws or regulations surrounding compounding for resale by physicians. The Board had observed for example that some pharmacists were being asked to sell compounded sterile preparations based on a patient-specific prescription to prescribers, who would, in turn, resell them to patients or bill a patient's insurance provider. The prescribers would then use the solution to refill an implanted infusion pump so that the medication could be administered to the patient over 30 to 180 days. In Mississippi this practice is a violation of state regulations for pharmacy practice.

Survey Results

In order to better understand the differences in state regulations, and to seek clarity on the question of compounding for resale by a physician, the Mississippi Board of Pharmacy conducted its survey.

The Mississippi Board's two-question survey asked each board of pharmacy whether their state permitted compounding for resale and, whether the same

practice was permitted for controlled substances. Responses were received from 34 of the 51 state boards surveyed.

Of the state boards who responded:

- Twenty reported that neither practice was allowed.
- Three said that both practices were allowed in their jurisdictions.
- Two reported that compounding for resale by physician was allowed, but not for controlled substances. One of these boards indicated that the practice is allowed under a shared pharmacy services agreement.
- Five reported that regulations in their states allowed the practice for controlled substances, but three specified that the drug must be administered to the patient in the office rather than resold.

In addition, three boards noted that Drug Enforcement Administration regulations may or did prohibit the practice.

Several boards included comments regarding state regulations on both compounding for physician resale and, for comparison, compounding "for office use" based on a non-patient specific prescription.

The issue of "for office use" compounding has been further complicated by the recently passed Drug Quality and Security Act (DQSA), which preempts state laws that may allow for compounding for office use.

Prior to Congress passing DQSA, many state lawmakers and boards of pharmacy worked quickly to create or to reinforce regulations to ensure the circumstances leading up to the fungal meningitis outbreak linked to contaminated drugs compounded by the New England Compounding Center would not be repeated. Among many compounding practices that came under scrutiny was the practice of compounding medications for prescriber use in a hospital or practice (in office) without a patient-specific prescription, particularly when such compounding was done in very large quantities. Many regulators argued that this practice was more in line with manufacturing and wholesaling than pharmacy.

For Office Use Under DQSA

With the rollout of the DQSA, the amended and reaffirmed Section 503A of the Federal Food, Drug, and Cosmetic Act (FD&C Act) provides exemptions

from certain other provisions of the FD&C Act, such as drug approval processes and labeling requirements, for a product that is compounded pursuant to or in anticipation of a patient-specific prescription. It does not provide exemptions for the compounding of drug products for office use. This suggests that any compounded products provided to a practitioner's office or a health care facility intended for administration to a non-specific patient (without receipt of a patient-specific prescription) must meet all labeling and approval requirements of the FD&C Act unless done pursuant to Section 503B as a registered outsourcing facility. This also suggests that state laws and regulations allowing for compounding for office use may conflict with federal law.

The United States Food and Drug Administration has made implementation information on Title I of the DQSA (the Compounding Quality Act) available on the "Guidance, Compliance, & Regulatory Information" page of its website at www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm. NABP will continue to support its member boards by sharing new information as it becomes available.®

nabp newsletter

Legal Briefs

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Connecticut Supreme Court affirmed the appellate court and upheld the preponderance of the evidence standard.

Armed with the August 2013 Connecticut Supreme Court ruling, the Superior Court cited the *Jones* case and held in favor of the Board’s application of the preponderance standard.

The Licensee next argued that the Board failed to decide his case by a specified date set forth in statute. Applicable law states that the full Board decide a matter not later than 120 days after receipt of the issuance of the notice of hearing. According to the Licensee, the 120-day period expired on December 11, 2010, but the decision was not rendered until July 28, 2011, and after the Board had twice extended the deadline. The court rejected this argument noting that the

Licensee had a remedy under the statute to apply to the Superior Court for an order requiring the entry of a final order. Failing to utilize this remedy results in a waiver of the argument by the Licensee.

In addition, the court noted that not all procedural lapses by an agency are grounds for reversal. There must be a showing of prejudice by the respondents complaining of failure to comply with the adjudication resolution time frames. As noted by the court, the Licensee failed to substantiate such prejudice.

Importantly, the court also concluded that the deadline set in statute is directory, not mandatory. The test to be applied in determining whether a statute is directory or mandatory is “whether the prescribed mode of action is essence of the thing to be accomplished, or in other words, whether it relates to a matter of

substance or a matter of convenience.” Matters of substance are mandatory, but matters intended to “secure order, system and dispatch in the proceedings” are generally held to be directory. Directory matters are also stated in the affirmative and unaccompanied by negative words. Under this test and based upon the fact that there is no statutory language that expressly invalidates any action taken after noncompliance, the court held that the argument of the Licensee must fail.

Finally, the court rejected arguments by the Licensee that materials used in the summary suspension proceedings were misleading in that the summary suspension was not at issue. Further, the court rejected arguments of the Licensee that the Board expert witness relied upon evidence in the summary suspension materials. The court

noted that the panel of the Board had the discretion to decide what evidence to believe or reject. As pointed out by the Board, the evidence was strong that the Licensee failed to meet the standards of acceptable practice.

Accordingly, the court dismissed the appeal and affirmed the decision of the Board to revoke the physician’s license. While the time frames set forth in the statute were determined by the court to be directory (rather than mandatory), boards of pharmacy are cautioned to understand and comply with any time limits set forth in statute, rule, or policy. To the extent additional time is needed, there will be a procedural mechanism to seek permission to exceed such limits.

Sternstein v. Connecticut Medical Examining Board, 2013 Conn. Super LEXIS 2136 (Superior Court CT 2013) ©



Newly Accredited DMEPOS Facilities

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

Careplus Pharmacy
Chicago, IL
Century Pharmacy
Los Angeles, CA

Forest Pharmacy
Wytheville, VA
Germaine Pharmacy and Compounding
Tampa, FL
Norwalk Pharmacy LLC
Norwalk, CT

NVR Pharmacy Inc
Bronx, NY
Olmsted Medical Center NW Pharmacy
Rochester, MN
Robert Jacobson Pharmacy
Yonkers, NY

Sharif Pharmacy Inc
Chicago, IL
Vivo Health Pharmacy at Manhasset
Manhasset, NY

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

NABP Accreditation Programs Support Pharmacy and Wholesale Distributor Efforts to Provide Quality Products and Services

In keeping with the Association's mission to protect the public health, each of the NABP accreditation and approval programs includes requirements to help ensure that patients and beneficiaries receive quality care and products. In 2013, entities including durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) providers, Internet pharmacies, and wholesale distributors continued to seek the appropriate accreditation or approval status to comply with state and federal requirements and to distinguish their company as a provider of high quality products and services.

2013 Accreditation Programs Overview



As a means to help protect the public from the threat of counterfeit drugs infiltrating

the United States medication supply chain, VAWD, launched in 2004, verifies suppliers' compliance with state and federal laws for wholesale distributors. By December 31, 2013, over 540 wholesale facilities had been accredited by the VAWD® (Verified-Accredited Wholesale Distributors®) program. As several entities continue to seek VAWD accreditation or reaccreditation to comply with state requirements, the total number of accreditations has steadily climbed from only 32 in 2006 to 549 in 2013.



Since 2006, the DMEPOS accreditation program has assisted numerous pharmacies seeking to meet the Centers for Medicare and Medicaid Services DMEPOS requirements. At the program's peak in 2009, the DMEPOS program had accredited over

1,000 companies representing over 30,000 facilities. Despite legislative changes made in 2010 that exempt certain pharmacies from having to obtain DMEPOS accreditation, the DMEPOS program continues to receive a steady number of applications, resulting in 45 new accreditations and 103 reaccreditations in 2013. Today, the program has over 500 accredited DMEPOS companies representing nearly 27,500 facilities.



Since 1999, the VIPPS® (Verified Internet Pharmacy Practice Sites^{CM}) program has accredited Internet pharmacies that meet a comprehensive set of criteria, including compliance with state and federal laws and regulations. As patients' use of the Internet to obtain prescription medications continues to

increase, NABP consistently monitors the VIPPS program standards to keep pace with rapid technological advancements in medication access.



In 2013, VIPPS and Vet-VIPPS® (Veterinary-Verified Internet Pharmacy Practice Sites^{CM}) accredited five and six Internet pharmacies, respectively. In addition, two VIPPS Internet pharmacies were reaccredited. By the end of 2013, a total of 34 Internet pharmacy sites were VIPPS accredited and 24 Internet pharmacies were Vet-VIPPS accredited.



The NABP e-Advertiser Approval^{CM} Program targets Internet advertisers that offer only limited pharmacy services or other prescription drug-related services online. A total of 41 entities sought and obtained NABP e-Advertiser Approval since the launch of this program in 2010, with 23 newly approved entities and nine reappraised entities in 2013.

More information on the NABP accreditation programs can be found under Accreditation in the Programs section of the NABP website at www.nabp.net. 

Accreditations and Approvals by NABP Program

NABP Program	2012 Accreditations*	2013 Accreditations*	Total Current Accreditations as of December 31, 2013
VAWD®	100	129	549
DMEPOS**	340	148	510
VIPPS®	4	7	34
Vet-VIPPS®	3	6	24
NABP e-Advertiser Approval ^{CM} Program	19	32	41

* Total accreditations for a given year include entities accredited for the first time and entities reaccredited.

** Chain pharmacies are counted as a single DMEPOS accreditation, and represent multiple locations. 2012 was a peak year for DMEPOS reaccreditations because of the 2009 initial CMS accreditation deadline and the program's triennial accreditation cycle. 2015 will be the next peak year for DMEPOS reaccreditations.

Number of Requests for Licensure Transfer Rise in 2013; NABP Reports Largest Increase Since 2008

Representing the largest annual increase in license transfer requests since 2008, and the second largest increase in 10 years, a total of 16,191 requests were submitted through the NABP Electronic Licensure Transfer Program® (e-LTP™) in 2013. This number is a 14.3% increase, or 2,028 requests more than the 2012 total of 14,163. Shifting employment trends, with the demand for pharmacists increasing and decreasing in particular states and regions, and numerous legislative efforts related to nonresident pharma-

cies may be driving the demand for pharmacist licensure in multiple states.

In 2013, Texas saw the highest number of requests to transfer licensure to a state, with a total of 950 requests completed. This is a 23.4% increase compared to the 770 requests made in 2012.

Possibly contributing to this large increase in requests is the state's legislative efforts relating to the licensing and inspection of certain nonresident pharmacies. Effective September 1, 2013, Senate Bill 1100,

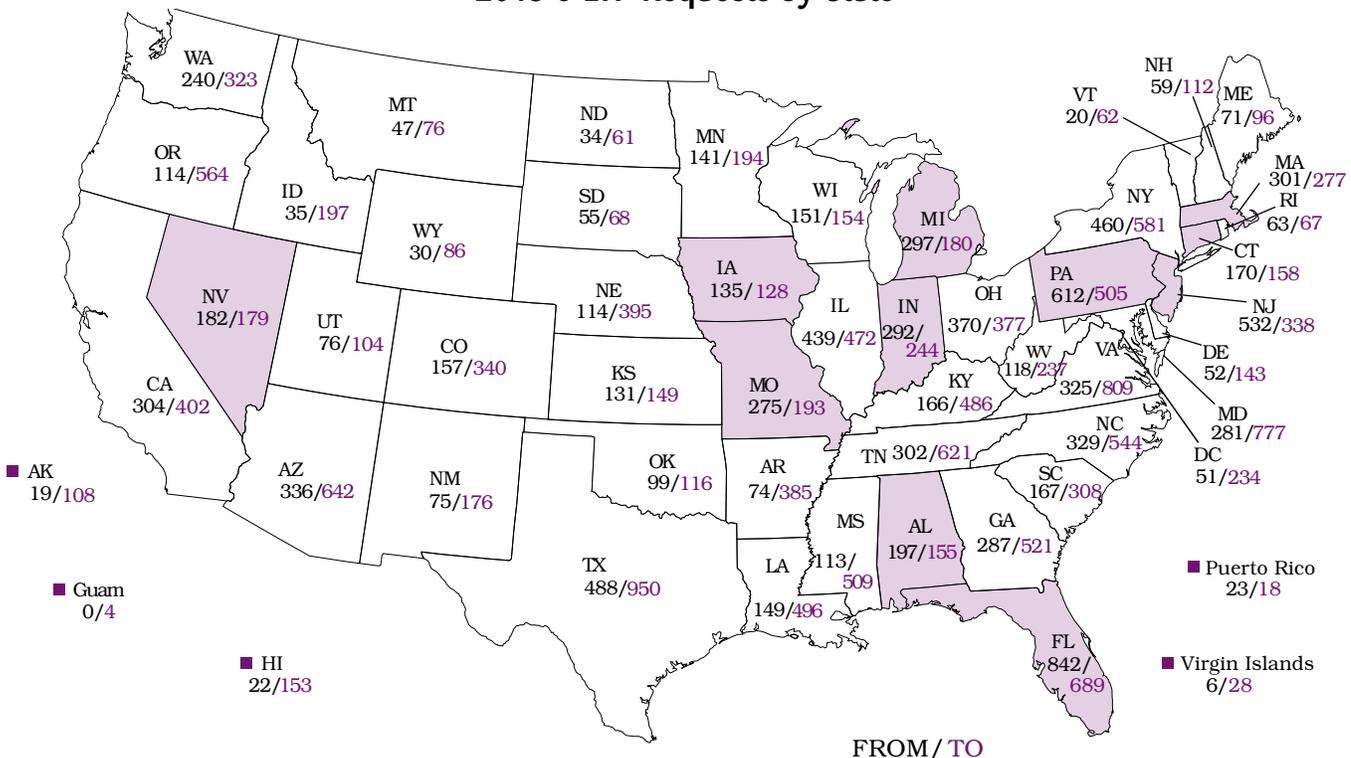
prohibits a pharmacy from compounding and dispensing a sterile preparation in Texas unless the pharmacy is licensed by the Texas State Board of Pharmacy. In addition, at least one pharmacist must also be licensed by the Board. Additionally, SB 1100 authorizes the Board to inspect a nonresident pharmacy that engages in compounding of sterile preparations to ensure compliance with safety standards and other state and Board rules.

As in 2012, Virginia, Maryland, and Florida

were among the states with the highest number of requests to transfer licensure to the state. The total number of requests to these states in 2013 is as follows:

- Virginia – 809 requests, a 25.8% increase since 2012 when there were 643 requests
 - Maryland – 777 requests, a 12.6% decrease compared to 889 requests in 2012
 - Florida – 689 requests, a 13.9% increase when compared to the 605 requests in 2012
- Arizona was fifth among states with

2013 e-LTP Requests by State



Shaded areas denote states where the number of applications for transfer from the state is greater than the number of applications requesting transfer to the state.

the largest number of requests to transfer licensure to the state in 2013 after seeing a 31.6% increase in requests when compared to 2012. In 2013, Arizona had a total of 642 requests completed compared to the 488 requests made the previous year.

Some of these top five states, with the exception of Arizona and Maryland, have a relatively high number of licensed pharmacists when compared with other states, according to the *NABP 2014 Survey of Pharmacy Law*.

In addition, the 2013 request totals show a slight correlation with trends in data on the

demand for pharmacists nationally and in certain states, as tracked by the Pharmacy Manpower Project Inc. This project tracks the data through the monthly Aggregate Demand Index (ADI) report, with a ranking of 1 indicating little need or a surplus of pharmacists, and a ranking of 5 indicating a great need for and difficulty in filling pharmacist positions. A ranking of 3 indicates that the demand for pharmacists is in balance with the supply.

As of press time, Pharmacy Manpower Project Inc had released data through October 2013, with a national average at that time of

3.37, indicating a slight demand for pharmacists nationwide. However, comparing ADI report data from November 2012 to October 2013 indicates that while the demand for pharmacists nationwide is still relatively balanced, the demand has had a slight increase of 4% since November 2012.

Keeping with this balanced trend, four of five states with high numbers of license transfer requests in 2013 had October 2013 ADI rankings above or just short of this national average – Maryland (3.22), Virginia (3.29), Arizona (3.5), and Texas (3.71) – with only one state

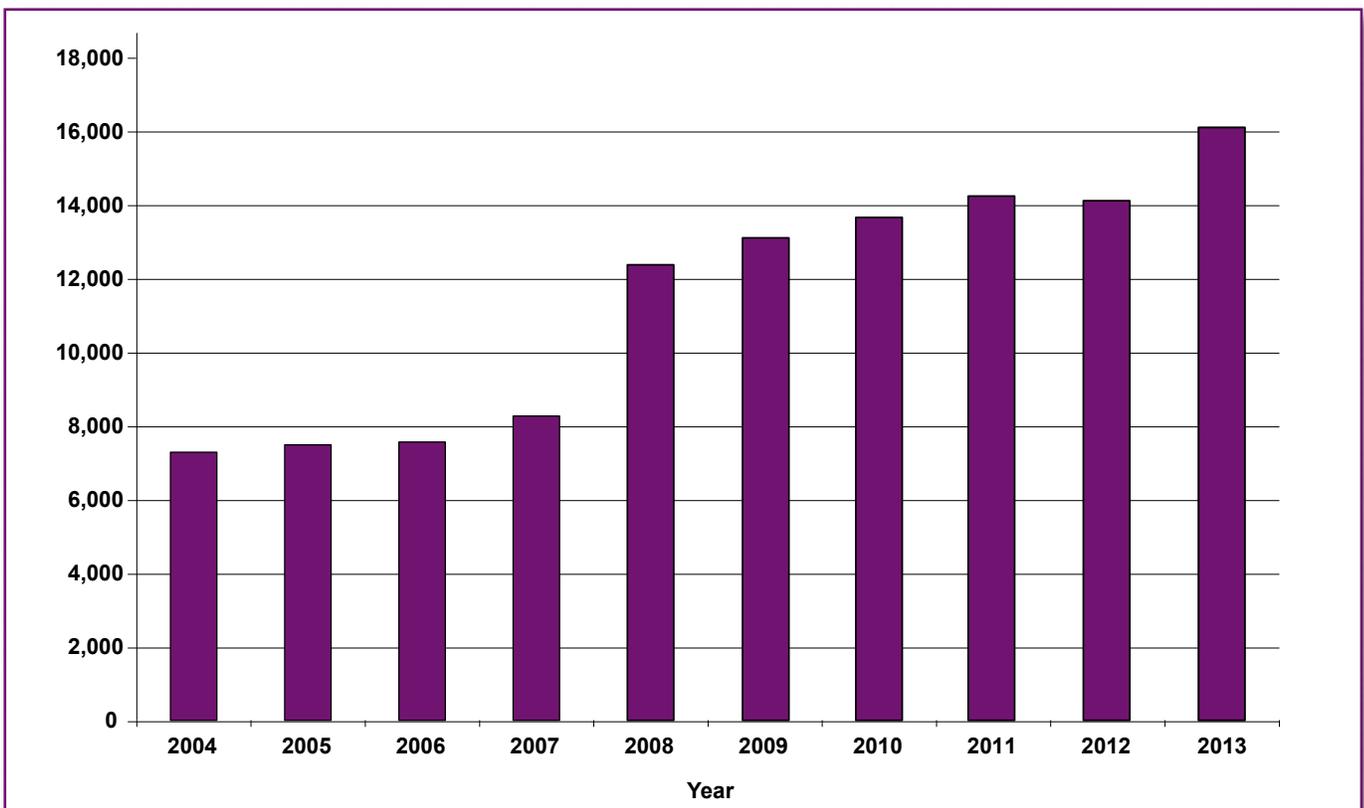
having an ADI ranking indicating a surplus of pharmacists in their state – Florida (2.86).

Additional states and jurisdictions with significant proportionate growth in requests to transfer licensure to the state include West Virginia with a 144% increase (97 to 237), and Louisiana with a 54% increase (322 to 496).

Also consistent with 2012, Florida, Pennsylvania, New Jersey, and Texas had the highest number of requests to transfer originating from their state. The total number of requests from these states is as follows:

(continued on page 60)

e-LTP Requests by Year, 10-Year Trend



Volunteers Appointed to Serve on 2014-2015 MPJE Review Committee; One New and 12 Returning Members Announced

Introducing one new member and commending 12 returning members, NABP is pleased to announce the 2014-2015 Multistate Pharmacy Jurisprudence Examination® (MPJE®) Review Committee.

Dedicated to reviewing and safeguarding the integrity and validity of the MPJE, the committee is composed of pharmacists, pharmacist attorneys, and regulatory authorities who are representative of the diversity of pharmacy practice and share the responsibility for developing and reviewing the items in the MPJE. This team of dedicated volunteers acts under the policy and planning guidance of the Advisory Committee on Examinations (ACE) and the NABP Executive Committee.

Responsibilities include reviewing the examination questions to ensure compliance with pharmacy law as it applies to contemporary practice, and participating in meetings.

NABP appreciates the assistance of these committee members as they evaluate examination content and ensure that it meets the specified competency assessment statements, which, in essence, determine the question pool. ACE recommends appointments to the committee and the NABP Executive Committee approves the appointments. Committee members, whose terms began February 1, 2014, are as follows:

MPJE Review Committee

- Vance Alexander, Alabama State Board of Pharmacy
- C. Richard Allen, Athens, GA
- Mark Brown,* Lahaina, HI
- Grace Cheung, Kenmore, WA
- Randy Jones, South Dakota State Board of Pharmacy
- Amy Matilla, Washburn, WI
- Michael A. Moné, Ohio State Board of Pharmacy
- Richard Morrison, Bothell, WA
- Steve Morse, Dublin, OH
- Charles W. Sauer, Sycamore, IL
- Alan M. Shepley, Mount Vernon, IA
- John D. Taylor, Tallahassee, FL
- David C. Young, Utah Board of Pharmacy

*Denotes new member



e-LTP Totals

(continued from page 59)

- Florida – 842 requests, a 7.9% increase since 2012 when there were 780 requests
- Pennsylvania – 612 requests, a 21.9% increase since 2012 when there were 502 requests
- New Jersey – 532 requests, a 0.9% increase when compared to the 527 requests in 2012

- Texas – 488 requests, a 16.7% increase over 2012 when there were 418 requests

New York was fifth among states with the largest number of requests to transfer from the state in 2013 after seeing a 16.5% increase when compared to 2012. In 2013, New York had a total of 460 requests completed compared to the 395 requests made in 2012.

Overall, e-LTP state statistics and correlations with ADI data suggest that pharmacists, supported by the e-LTP process, continue to have the chance to follow opportunities as they arise in certain states or regions. According to the October 2013 ADI report, the West Coast states continue to have the highest level of unmet demand at

3.66. Following the West Coast is the Midwest with a demand of 3.44, the South with 3.41, and the Northeast with the least demand at 2.83.

In 2013, the average processing time for e-LTP requests was nine days. Approximately 8,173 applications were processed in 2013. For more information about e-LTP, visit the NABP website at www.nabp.net.

NABP Announces 2013 Examination and Assessment Totals: Consistent Increase in NAPLEX, MPJE, and PCOA Administrations

NABP has announced the totals for the 2013 administrations of the North American Pharmacist Licensure Examination® (NAPLEX®), the Multistate Pharmacy Jurisprudence Examination® (MPJE®), the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®), the Pharmacy Curriculum Outcomes Assessment® (PCOA®), and the Pharmacist Assessment for Remediation EvaluationSM (PARESM). The results indicate a consistent increase in NAPLEX, MPJE, and PCOA administrations, while showing a decrease in FPGEE administrations.



Showing a consistent increase from year to year, the number of NAPLEX administrations rose in 2013. The increase of pharmacy school graduates throughout the United States continues to positively impact the number of candidates who sit for the NAPLEX annually. From January 1, 2013 to December 31, 2013, there were a total of 15,031 NAPLEX administrations compared to 14,578 administrations in 2012, representing an increase of 3.1%.

Contributing to the increase of NAPLEX administrations are the six pharmacy schools that had graduating classes for the

first time in 2013. Currently, there are 121 pharmacy schools in the US that have graduating classes. Of the candidates that sat for the 2013 administration, 88% were first-time test takers.

There was also an increase in the number of Pre-NAPLEX® administrations. The Pre-NAPLEX, which serves as the practice examination for the NAPLEX, had a total of 9,188 administrations in 2013, an increase of 4.9% when compared to the 2012 administrations.



The number of MPJE administrations also showed an increase in 2013. The MPJE had a total of 24,813 administrations, an increase of 6.4% compared to 2012. This increase is likely correlated with the increase in NAPLEX administrations as well as the increase in license transfers (see page 58). In 2013, 48 jurisdictions required the MPJE for licensure and 48 jurisdictions required pharmacists to pass the MPJE as a condition of license transfer.



The FPGEE had a total number of 1,614 candidates that sat for the 2013 ad-

ministrations in the spring and fall, a 4.7% decrease, when compared to 2012.

This decrease may be related to the changes in the requirements for applicants wishing to obtain Foreign Pharmacy Graduate Examination Committee™ Certification.

The decrease in the number of FPGEE administrations for 2013 may also relate to the decreased demand for pharmacists from other countries. As the pharmacist shortage in the US has leveled off, companies are no longer aggressively recruiting foreign-educated pharmacists.

Showing a different trend is the Pre-FPGEE®, the practice examination for the FPGEE, which showed an increase in administrations in 2013. The Pre-FPGEE had a total of 672 administrations in 2013, an increase of approximately 22.9% compared to 2012.



The number of PCOA administrations rose in 2013 as did the number of schools participating. For 2013, PCOA administrations rose 11% when compared to the 2012 administrations. A total of 4,776 students participated in the PCOA in 2013 compared

to 4,304 in 2012. In addition, the number of schools that participated in the PCOA showed a significant increase with 35 schools participating, compared to 28 schools in 2012. The number of administrations may be increasing as schools and colleges recognize the PCOA's value in assisting compliance with the Accreditation Council for Pharmacy Education assessment recommendations as it provides an objective, psychometrically sound, comprehensive assessment that allows for comparisons with peer institutions.



Also reported in 2013 is the number of PARE administrations. In 2013, there were 10 administrations, ordered by five boards of pharmacy, for the PARE. PARE was introduced in 2012 to the state boards of pharmacy for use as an auxiliary tool 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.

More information on the NABP examinations is located in the Programs section on the NABP website at www.nabp.net. 

Meeting Program

May 17-20, 2014

Sheraton Phoenix Downtown Hotel

Phoenix, AZ

Saturday, May 17, 2014

10 AM - 6 PM

Registration/Information Desk Open

1:30 - 3:30 PM

Pre-Meeting CPE

4 - 5 PM

From District Meeting to Annual Meeting – Learning About NABP

6 - 9 PM

President's Welcome Reception

Honoring NABP President

Karen M. Ryle, MS, RPh

Dinner will be served

Dress: business casual

Sunday, May 18, 2014

7 AM - 4:30 PM

Registration/Information Desk Open

7:30 - 8:30 AM

NABP AWAR_XE Fun Run/Walk

Sponsored by Rite Aid Corporation

8:30 - 11:30 AM

Hospitality Brunch

Sponsored by Omnicare, Inc

Educational Table Top Displays

8:30 - 11:30 AM

Joint CPE

Educational Poster Session –

Partnering to Protect the Public Health

Sponsored by Pearson VUE

Noon - 3:15 PM

First Business Session

12:30 - 1:30 PM

Keynote Address

Captain Mark Kelly

Sponsored by Humana Pharmacy

Solutions

3:30 - 4:30 PM

Joint CPE

Monday, May 19, 2014

7:30 AM - 1 PM

Registration/Information Desk Open

7:30 - 8:45 AM

NABP/USP Breakfast

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

12:30 - 2 PM

ACPE Open Forum

1:30 - 5 PM

Optional Tour

The Spirit of Phoenix Tour – Native

Culture and Urban Sophistication

Reservation required

Tuesday, May 20, 2014

7:30 AM - 4 PM

Registration/Information Desk Open

7:45 - 8:45 AM

Continental Breakfast

8:45 - 10:15 AM

Executive Officer and Board

Member CPE

8:45 - 10:15 AM

Compliance Officer CPE

10:30 AM - Noon

Joint CPE

Noon - 1:30 PM

Lunch Break

(On your own)

1:30 - 4 PM

Final Business Session

5:45 - 6:45 PM

Awards Dinner Reception

7 - 10 PM

Annual Awards Dinner

Dress: semiformal

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



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

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

Expand Your Network in Sunny Phoenix! Attend the NABP 110th Annual Meeting's Optional Events

Looking for opportunities to share information with fellow state board of pharmacy members and other pharmacy professionals at the NABP 110th Annual Meeting? Look no further than the optional events taking place throughout the meeting. Set for May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ, the Annual Meeting offers attendees the opportunity to participate in the Optional Tour, the AWA_RX_E Fun Run/Walk, Hospitality Brunch, Educational Poster Session, and an orientation on processes and procedures for District meetings and the Annual Meeting.

Group Tour Explores the Spirit of Phoenix

NABP invites attendees to get out and explore the city that surrounds the 110th Annual Meeting during the "Spirit of Phoenix Tour – Native Culture and Urban Sophistication," which will be held Monday, May 19, from 1:30 to 5 PM. The motor coach tour will take attendees to the world famous Heard Museum: American Indian Art and History. At the Heard, attendees will have the unique experience to visit the moving and powerful exhibit, "Remembering Our Indian School Days: The Boarding School Experience," which memorializes a time in United States history when the federal government forced Native Americans to

attend residential boarding schools located miles from home. Celebrating the spirit of survival, the exhibit draws on first-person recollections, memorabilia, and the writings of four generations of Indian School alumni.

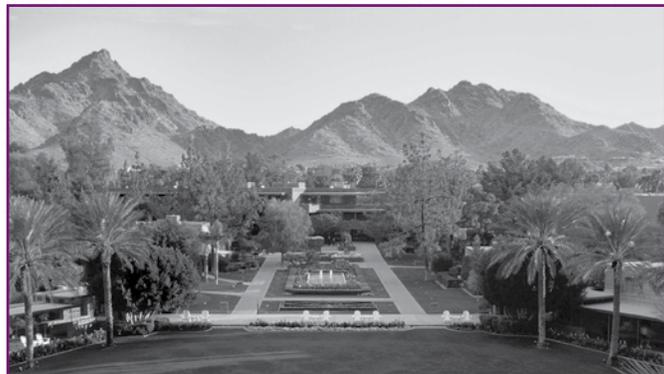
Later in the tour, attendees will visit the world's first, five-star hotel – the Arizona Biltmore Hotel. Designed by Albert Chase McArthur, with a Frank Lloyd Wright-influenced design, the historic hotel opened its doors in 1929 and has hosted every president since Herbert Hoover, European royalty, and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

The cost of the tour is \$60 per person. Advanced payment and registration is required by **Friday, April 18**, to hold a spot on the tour, as space is limited. Attendees may purchase and register a spot for the tour when registering for the Annual Meeting online.

NABP AWA_RX_E Fun Run/Walk

The NABP AWA_RX_E Fun Run/Walk, sponsored by Rite Aid Corporation, will be held Sunday, May 18, from 7:30 to 8:30 AM. The 16th annual Fun Run/Walk will give participants the opportunity to see some of downtown Phoenix's popular sights.

Attendees will run/walk around Margaret T. Hance Park, home to the Japanese



Pictured above is a view of the Squaw Peak Terrace at the Arizona Biltmore Hotel. The large hexagon-shaped area is a popular ceremony site for special events that features manicured lawns, flowers, a fountain in the center, and a breathtaking backdrop of the Phoenix Mountain Preserve. Photo courtesy of the Arizona Biltmore Hotel.

Friendship Garden, and by the Irish Cultural Center, which has a full-scale replica of an Irish farm cottage. The run/walk route also passes by the Burton Barr Central Library, one of the 31 Points of Pride in Phoenix. The library architecture is inspired by Monument Valley and resembles a curving copper mesa split by a stainless steel canyon.

Pre-registered participants will receive a Fun Run/Walk t-shirt, displaying the AWA_RX_E® logo, when they check in for the meeting at the NABP Registration/Information Desk. The morning of the event, participants will meet in the hotel lobby at 7:15 AM and bottled water and granola bars will be provided at the end of the activity. Participants are asked to pre-register (at no charge) by **Thursday, May 1**, to participate and receive a t-shirt. Attendees may pre-register for the event when register-

ing for the Annual Meeting online.

Hospitality Brunch

Attendees of the 110th Annual Meeting will have another chance to network during the Hospitality Brunch on Sunday, May 18. From 8:30 to 11:30 AM, attendees will be able to gather with colleagues supportive of the objectives of the boards of pharmacy, while partaking in a full buffet brunch sponsored by Omnicare, Inc.

In addition, educational table top displays with representatives from NABP, NABP/American Association of Colleges of Pharmacy Districts, federal regulatory agencies, and other associations highlighting important issues and programs will be set up in the area. During this time, attendees will also have the opportunity to meet members of the Arizona

(continued on page 64)

Educational Poster Session Deadline Approaching Fast: Reserve a Spot to Present by Friday, March 21, 2014

The deadline to reserve a spot as a presenter for the NABP 110th Annual Meeting Educational Poster Session has been extended to **Friday, March 21, 2014**. Board of pharmacy members and staff as well as schools and colleges of pharmacy are invited to participate.

The Poster Session, which will focus on the theme “Partnering to Protect the Public Health,” will be held Sunday, May 18, 2014, from 8:30 to 11:30 AM during the NABP 110th Annual Meeting, May 17-20, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ.

The 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 as they relate

to “Partnering to Protect the Public Health” with other pharmacy professionals.

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 pass a post-session test.

Participating boards and schools and colleges of pharmacy will be provided with one four-foot by six-foot bulletin board, which should be manned by a qualified representative, such as a registered pharmacist, during the display



Student presenter Jim Hok from Southern Illinois University Edwardsville School of Pharmacy presents a poster to participants at last year’s 109th Annual Meeting.

time. Assembly time will be available on Sunday, May 18, from 7:30 to 8:15 AM. Student presenters are welcome and must be accompanied by a licensed pharmacist. Pharmacy school student presenters will receive a free voucher valued at \$55 to take the Pre-NAPLEX®, a practice

examination for students preparing for the North American Pharmacist Licensure Examination®.

Those interested in participating should contact NABP Professional Affairs Senior Manager Eileen Lewalski via e-mail at elewalski@nabp.net by the Friday, March 21 deadline. ⑧

Optional Events

(continued from page 63)

State Board of Pharmacy and get a local perspective on the must-see sites of Phoenix at the host state table top display.

Educational Poster Session

Just a few steps away from the brunch is the annual Educational Poster Session, sponsored by Pearson VUE. Displays will contain information such as a board of pharmacy’s best or most

noteworthy legislative issues, policy development, disciplinary cases, and research results that fall within the Poster Session’s theme “Partnering to Protect the Public Health.” Universities and colleges of pharmacy will also display posters. Participants of the Poster Session can earn up to one contact hour (0.1 CEU) of Accreditation Council for Pharmacy Education-accredited continuing pharmacy education (CPE) credit. Attendees will need to spend at least 60 minutes in the Poster Session area

discussing the displays with presenters and pass an online post-session test in order to earn CPE credit.

Orientation Session

Attendees, as well as recently appointed board of pharmacy members attending their first NABP Annual Meeting, are encouraged to attend “From District Meeting to Annual Meeting – Learning About NABP,” which will be held Saturday, May 17, from 4 to 5 PM. During this session, attendees will learn about the role of the district meetings

in NABP business proceedings, and Annual Meeting processes for discussing and voting on resolutions, amendments to the NABP Constitution and Bylaws, and Executive Committee open member and officer positions. In addition, attendees will have the opportunity to meet and network with their fellow district members.

Registration and more information about the 110th Annual Meeting are available in the Meetings section of the NABP website at www.nabp.net. ⑧

Annual Meeting Online Registration Now Available at NABP.net

Register by April 7 to Obtain the Early Registration Rate for the 110th Annual Meeting

Online registration is now available for the NABP 110th Annual Meeting, “A Partnership Reborn: Revitalized and Reunited – Boards of Pharmacy and NABP,” to be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ. Attendees are encouraged to register **on or before April 7, 2014**, to receive reduced registration rates. Registration is available in the Meetings section of the NABP website at www.nabp.net.

NABP offers attendees three payment options:

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

More information about the 110th Annual Meeting is available in the Meetings section of the NABP website.

Information about the Sheraton Phoenix Downtown Hotel is also available, including a link to



Photo courtesy of Greater Phoenix Convention and Visitors Bureau and ©peterjordanphoto.com

the NABP special group page for attendees to

reserve and book a room online. 

Members Encouraged to Apply for Annual Meeting Travel Grant; Funds Support Members Participation in Shaping Future Direction of NABP

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

In years past, the travel grant was provided only for voting delegates. Although that restriction no longer applies, in order to receive

reimbursement, active member boards of pharmacy still must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions.

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

issues facing pharmacy regulators.

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

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

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

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

More Participating States Working Toward Connection to PMP InterConnect; Last State to Pilot NABP-Developed PMP Software

NABP PMP InterConnect® participation continues to grow, with the Nevada Prescription Monitoring Program live as of February 2014 and several states working toward a connection by second quarter 2014. In addition, the PMP AWARD_XE™ pilots near completion with the last state to soon begin testing the NABP-developed prescription monitoring program (PMP) software system.

NABP InterConnect Update

With the recent addition of Nevada, authorized users in 22 states are now sharing data through NABP InterConnect, which enables the secure interstate transfer of PMP data among participating states. Nevada joins PMPs in the states of Arizona, Arkansas, Colorado, Connecticut, Delaware, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michi-

gan, Minnesota, Mississippi, New Mexico, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Virginia, and Wisconsin. Several other states are expected to go live this year, with one new state having recently executed a memorandum of understanding (MOU) to participate, and other states currently reviewing MOUs.

Recently, the NABP InterConnect Steering Committee held a telephone conference to discuss these updates as well as revisions to the Participant Worksheet, which provides information about authorization, access, and roles for fellow PMPs in order to assist with connectivity and interoperability. In addition, the Steering Committee reviewed the NABP InterConnect console including the ability of states to allow or restrict access to third-party vendors. Composed of representatives of PMPs that participate in the NABP InterConnect pro-

gram, the Steering Committee serves as the governing and advisory body as it relates to the administration and function of the program.

States seeking further information about NABP InterConnect may contact NABP Member Relations and Government Affairs staff at GovernmentAffairs@nabp.net, or by calling 847/391-4406.

PMP Software Update

As NABP InterConnect participation grows, the pilots of the new PMP software, PMP AWARD_XE, are successfully concluding. Kansas, Mississippi, Nevada, and Idaho have already piloted the software. North Dakota will soon launch the software in early April 2014. NABP provided this software free of charge to the aforementioned five states. NABP has received interest in the



software from additional states; however, some states must undergo a competitive procurement process in order to utilize the software. NABP is currently working with its technology provider, Appriss, Inc, to respond to several existing requests for proposals and soon intends to announce any additional states to begin using PMP AWARD_XE. The ultimate goal to make this software available to all states at no cost in the future.

More information about the PMP AWARD_XE pilots will be forthcoming in future NABP communications.

Additional information about NABP InterConnect, including the most up-to-date information about state participation, is available in the Programs section of the NABP website at www.nabp.net. ③



Newly Approved e-Advertisers

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

Delray Shores Pharmacy
www.delrayshorespharmacy.com

Katz Group Canada Ltd dba Rexall Pharma Plus Drugstore
www.rexall.ca

MedSavers, Inc, dba MedSavers Pharmacy
www.medsaverspharmacy.com

Paradise Medspa & Wellness
www.paradisemedspa.com

Sea Bright Pharmacy, Inc, dba Bayshore Pharmacy
www.bayshorepharmacy.com

The Prescription Shop, Inc
www.theprescriptionshop.org

A full listing of NABP approved e-Advertisers is available on the NABP website at www.nabp.net. ③

NABP Begins Collaborative Research Projects on NAR_xCHECK Software Tools to Gain Insight for Future Enhancements

In an effort to ensure NAR_xCHECK® software tools are providing the most value to health care providers accessing prescription monitoring program (PMP) data to assist with appropriate prescribing and dispensing decisions, NABP initiated research projects in partnership with several hospitals and universities.

NABP recently surveyed over 30 physicians in Ohio to assess the use and value that current users are gaining from the NAR_xCHECK software. Questions in the survey sought to find out how often these physicians were using NAR_xCHECK, their understanding of NAR_xCHECK scores and reports, whether they find the software easy to use, and whether they find value in using the product.

A portion of the survey allowed each respondent to rank each question as whether they strongly agreed, agreed, were undecided, disagreed, or strongly disagreed. Overall, survey participants responded positively regarding their experience using the tool. All respondents agreed that NAR_xCHECK is intuitive and simple to use. Additional highlights from participant responses included the following:

- 88% agreed that NAR_xCHECK saves a significant amount of time during clinical practice;
- 94% agreed that NAR_xCHECK improves the quality of care for patients; and
- 65% preferred the use of the NAR_xCHECK Report compared to 19%

preferring their state PMP for prescribing and dispensing decisions. Only 15% had no preference.

Taking into account these survey statistics, NABP will soon begin a collaborative research project with a large metropolitan hospital where NAR_xCHECK will be implemented in the first quarter of 2014. The research conducted will review clinical and administrative outcomes including a pre- and post-NAR_xCHECK analysis of controlled substance prescribing rates, quality of care metrics, and cost savings.

In addition to this research project, NABP will soon collaborate with a college of pharmacy on similar research, including possible future enhancements to the NAR_xCHECK Report based upon information in

the PMP data. This research project is also expected to begin in first quarter 2014.

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

More information about NAR_xCHECK may be found at www.narxcheck.com. 

NABP to Offer Funding for Qualified Board Members and Staff to Attend the University of Utah's Annual Substance Abuse Training

Once again this year, NABP Foundation travel grants will be available to help underwrite some of the costs associated with attending the University of Utah School on Alcoholism and Other Drug Dependencies. The grants will be available to qualified board of pharmacy members and staff for up to 10 states (one individual per state) on a first-come, first-served basis.

Held annually on the University of Utah campus in Salt Lake City, UT,

the school is recognized internationally and provides training on current issues and trends in substance abuse education, prevention, and treatment. The school continually expands its scope to keep pace with increased awareness of the health and social problems of alcoholism and other drug dependencies. Group sections, including those for pharmacists, provide specialized information and techniques for working effectively

with substance abuse problems in various disciplines. The next session is scheduled to take place June 15-20, 2014.

Additional information about the Utah School on Alcoholism and Other Drug Dependencies is available at <http://medicine.utah.edu/uas>. For more information about the travel grant program, please contact the NABP Executive Office at exec-office@nabp.net. 



AWAR_xE Promotes Internet Pharmacy Safety and Safe Acquisition of Medications

Since NABP began investigating websites that sell drugs to consumers, it has examined more than 10,500. Of those, 97% have been classified as “Not Recommended.” Many Americans turn to the Internet in search of medications, and, in 2012, unknowingly received an estimated \$75 billion in counterfeit drugs, according to an investigation from an Ohio news team. In an effort to increase consumer awareness of the risks of purchasing and using medication from illegally operating online drug sellers, and to encourage safe acquisition practices, AWAR_xE® continues to provide information to consumers and health care providers through its website, social media, bi-weekly electronic newsletter, and community outreach.

The proliferation of counterfeit and unapproved drugs is also concerning to Food and Drug Administration (FDA), and in October 2013, the agency promoted a consumer video called “Know Your Online Pharmacy.” The video featured FDA National Health Fraud Coordinator Gary Coody explaining the dangers of buying medications from online drug sellers that are not legitimate pharmacies and those that claim to be legitimate foreign pharmacies. The video

stresses that consumers who buy medications from such fraudulent websites – which often use deceptive practices to appear legitimate – put their health at risk because the products may contain the wrong ingredients, too little or too much of the active ingredient, or harmful substances.

In January 2014, an FDA Consumer Update included information about the activities of the agency’s Cybercrimes Investigations Unit, a special team created in March 2013, within FDA’s Office of Criminal Investigations. As part of the annual Operation Pangea, FDA worked with other regulatory and law enforcement agencies to seize and shut down 1,677 rogue drug seller websites in June 2013, many of which were operated by a criminal network that represented itself as various Canadian pharmacies. AWAR_xE continues to share this information about regulatory actions against illegal online drug sellers through its website and bi-weekly electronic newsletter.

Another new initiative that NABP has undertaken in order to help consumers find safe online pharmacies and avoid illegal online drug sellers is the .PHARMACY initiative. Consumers will be able to

quickly identify whether a website selling prescription medications is a legitimate pharmacy. Only legitimate website operators that adhere to pharmacy laws in the jurisdictions in which they are based and to which they sell medicine will be able to register domain names in .PHARMACY. As the initiative moves forward, AWAR_xE will use its resources to facilitate consumer education about finding legitimate Internet pharmacies and pharmacy information through the program.

In October 2013, NABP released the most recent version of its *Internet Drug Outlet Identification Program Progress Report for State and Federal Regulators*. The report notes that of the 10,288 Internet drug outlets currently listed as Not Recommended, 49% offer foreign or non-FDA-approved drugs, 88% do not require a valid prescription, 23% have a physical address located outside of the United States (62% post no address whatsoever), and 16% do not have secure sites. To help raise consumer awareness of these findings, the full report and an infographic are available for download on the AWAR_xE website at www.AWARERX.ORG/get-informed/safe-acquisition/not-recommended-sites.



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Through its various outreach efforts, AWAR_xE encourages consumers to look for the VIPPS® (Verified Internet Pharmacy Practice Sites^{CM}) Seal on an accredited site and to check the list of accredited sites available on the AWAR_xE website. The website also provides information to help consumers find safe and affordable prescription medications on its “Safe Acquisition” page. Tips include questions to ask health care providers, including prescribers and pharmacists, and information about prescription medication discount programs.

To assist boards of pharmacy in directing consumers to this valuable information, AWAR_xE materials, including ads, bookmarks, flyers, and communication toolkits, are available for use. For more information, or to request materials for educational events, contact AWAR_xE via e-mail at AWARERX@NABP.NET. 

FDA Provides Compounding Law Implementation Information

Food and Drug Administration (FDA) has provided implementation information on Title I of the recently passed Drug Quality and Security Act – known as the Compounding Quality Act – through its website.

Of note, FDA specifies that compounding entities may register as an outsourcing facility, which, under certain conditions, may be exempt from the Federal Food, Drug, and Cosmetic Act's (FD&C Act) approval and labeling requirements. Drugs produced by compounders that are not registered as outsourcing facilities must meet the conditions of Section 503A of the FD&C Act (which was amended by the new law) to qualify for certain exemptions. The document adds, "If a compounded drug does not qualify for exemptions under either section 503A or 503B of the [FD&C Act], the compounded drug would be subject to all of the requirements of the [FD&C Act] that are applicable to drugs made by conventional manufacturers, including the new drug approval and adequate directions for use requirements." FDA also notes it will provide additional information about how the agency will interpret certain provisions of Section 503A at a later date.

The information may be viewed at www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm.

FDA Issues Alert on Acetaminophen Products

In light of all the recent news alerts and warnings about the use of acetaminophen and acetaminophen-containing products, FDA issued a recommendation of importance to pharmacists, prescribers, and patients.

FDA recommends that health care providers consider prescribing combination drug products that contain 325 mg or less of acetaminophen. FDA also recommends that when a pharmacist receives a prescription for a combination product with more than 325 mg of acetaminophen per dosage unit that he or she contacts the prescriber to discuss a product with a lower dose of acetaminophen. A two-tablet or two-capsule dose may still be prescribed, if appropriate. In that case, the total dose of acetaminophen would be 650 mg (the amount in two 325 mg dosage units). When making individual dosing determinations, health care providers should always consider the amounts of both the acetaminophen and the opioid components in the prescription combination drug product.

FDA, in its Medwatch Safety Alert, reports that "There are no available data to show that taking more than 325 mg of acetaminophen per dosage unit provides additional benefit that outweighs the added risks for liver injury. Further, limiting the amount of acetaminophen per dosage unit will reduce the risk of severe liver injury from inadvertent acetaminophen overdose, which can lead to liver failure, liver transplant, and death."

In January 2011, FDA asked manufacturers of prescription combination drug products containing acetaminophen to limit the amount of acetaminophen to no more than 325 mg in each tablet or capsule by January 14, 2014. FDA requested this action to protect consumers from the risk of severe liver damage, which can result from taking too much acetaminophen. More than half of manufacturers have voluntarily complied with FDA's request. However, some prescription combination drug products containing more than 325 mg of acetaminophen per dosage unit remain available. In the near future, FDA intends to institute proceedings to withdraw approval of prescription combination drug products containing more than 325 mg of acetaminophen per dosage unit that remain on the market.

Boards of pharmacy have received inquiries from pharmacists about remaining stock of the higher dose acetaminophen and what procedures should be followed. The FDA recommendation notes that pharmacists are advised to contact prescribers and request a change in the prescription. If the prescriber is not willing to make the change in the prescription, unfortunately, there is no clear cut recommendation at this point as to whether to dispense the higher dose acetaminophen product. It would appear that the higher dose acetaminophen-containing products will be regarded by FDA as unapproved and delisted from FDA's *Approved Drug Products With Therapeutic Equivalence Evaluations* ("Orange Book"). Until this occurs, pharmacists must make a judgment regarding continu-

ing to dispense the higher dose acetaminophen-containing products in light of the FDA recommendation and concern for patient safety.

USP Adopts Labeling Standards for Cap Overseals and Ferrules

United States Pharmacopeial Convention (USP) labeling standards for ferrules and cap overseals that require warning messages with vital information aimed to prevent imminent life-threatening situations became official on December 1, 2013. "The standards explicitly state that warning messages – such as 'Warning – Paralyzing Agent' or 'Dilute Before Using' – are the only markings that should appear on ferrules and cap overseals subject to General Chapter <1> *Injections*, providing an additional layer of protection for healthcare practitioners prior to administering an injectable drug to a patient," as indicated in a USP press release. The press release also indicated that the new standards will ensure that health care providers who see a warning on a ferrule or cap overseal will have immediate knowledge of "vital, possibly life-saving information that must be observed and acted upon" before a drug is administered to a patient.

The standard is now located in General Chapter <1> *Injections* to General Chapter <7> *Labeling*. This new general chapter was proposed in the November-December 2013 issue of *Pharmacoepial Forum*. A press release with more information is available for download at www.usp.org/sites/default/files/video/fy1419_caps_ferrules_final1.pdf.

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Around the Association

Executive Officer Changes

- **Tammy Collins** is now serving as acting executive director of the Florida Board of Pharmacy.

Board Member Appointments

- **Janet Hart, RPh**, has been appointed

a member of the Pennsylvania State Board of Pharmacy. Hart's appointment will expire November 18, 2019.

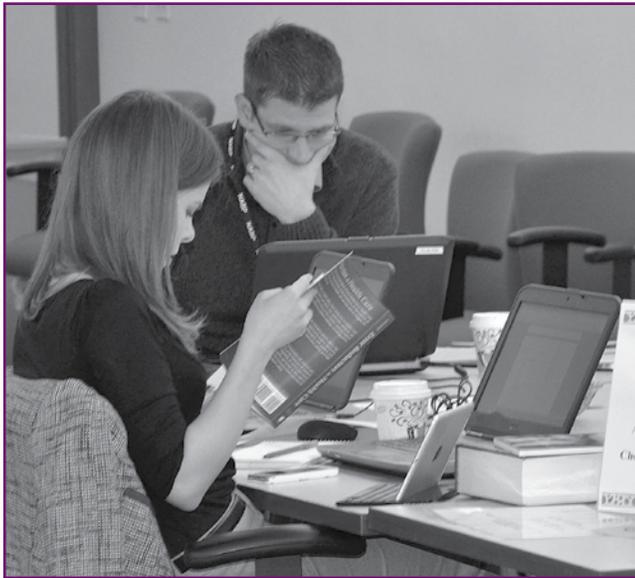
- **Nancy Hecox, PharmD, CDP**, has been appointed a member of the Washington State Pharmacy Quality Assurance Commission. Hecox's appointment will expire January 19, 2015.

- **Steven Anderson, RPh**, has been appointed a member of the Washington State Pharmacy Quality Assurance Commission. Anderson's appointment will expire January 19, 2018.

- **Albert "Al" Linggi, MBA, RPh**, has been appointed a member of the Washington State Pharmacy Quality Assurance Commission.

Linggi's appointment will expire January 19, 2016.

- **Kristina Logsdon** has been appointed a public member of the Washington State Pharmacy Quality Assurance Commission. Logsdon's appointment will expire January 19, 2015. ☺



PARE Item Writers Convene at NABP Headquarters to Develop New Questions

Adrienne Drucker, PharmD, BCPS, Massachusetts General Hospital; T. Michael Farley, PharmD, BCPS, University of Iowa College of Pharmacy (left); and Muhammad Bhatti, RPh, CVS Caremark Corporation (right), along with six other experts convened at NABP Headquarters to develop questions that could potentially be used for the Pharmacist Assessment for Remediation EvaluationSM (PARESM). PARE is a multidimensional assessment that the boards of pharmacy may use as an auxiliary tool 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.

Unsolicited CS Reports Increase Prescriber PMP Registration in Idaho

In fiscal year 2013, nearly 2.8 million controlled substance (CS) dispensings were reported to the Idaho State Board of Pharmacy. The data was collated into patient and prescriber profiles, which are made available for use by authorized users. Although the Board has not traditionally studied the data it receives, it is statutorily allowed to provide prescription monitoring program (PMP) data to appropriate law enforcement agencies, Medicaid and Medicare agencies, and licensing boards for further investigation. Beginning on July 1, 2013, the Board was authorized to expand the provision of unsolicited PMP reports.

Each month since July 1, 2013, the Board has sent a cover letter and a patient history to each prescriber who prescribed CS to a patient that was also prescribed CS by at least four other prescribers that month. In fiscal year 2013, the average number of letters sent per month was 377, and an average of 329 prescribers received letters each month, indicating that an average of 48 prescribers received multiple letters. Prior to the provision of unsolicited reports, 65% of the prescribers who received unsolicited reports were registered for online PMP access. This has increased to 82%. Prior to the provision of unsolicited reports, 9% of prescribers who received an unsolicited report checked the PMP prior to prescribing and

still prescribed, indicating a true need, such as a cancer patient. This has increased to 18%. Currently, 38% of the prescribers who hold CS registrations are registered for online PMP use.

In May 2013, the Board mailed a letter to all prescribers encouraging PMP use, signed by several agencies, boards, associations, and legislators. The two-year average number of new online PMP users per month was 64, and the four-month average since the mailing is 127; a 98.4% increase. The two-year average number of monthly profiles generated was 11,285, and the four-month average since the mailing is 21,156; an 87.5% increase.

West Virginia Board Submits PMP Recommendations to Legislature

The West Virginia Controlled Substances Monitoring Program (CSMP) Advisory Committee has issued some recommendations for the West Virginia CSMP. At its September 2013 meeting, the West Virginia Board of Pharmacy took action on these recommendations, and made one of its own regarding pseudoephedrine. All of the recommendations will be communicated to the West Virginia Legislature for the upcoming 2014 session.

Recommendations from the committee included:

a. Make tramadol a Schedule IV CS. Alternatively, it should be required to be reported to the CSMP as a drug of concern. The Board approved.

- b. Make pseudoephedrine products prescription-only. The Board agreed and approved. In addition, the Board passed a motion as an alternative position that over-the-counter sales of pseudoephedrine should be limited to no more than one box of 3.6 grams or less per month, and annually to 24 grams per year.
- c. Expand CSMP to track Schedule V drugs. This is a national recommendation and 29 states already track Schedule V drugs. The Board agreed.
- d. The Board implemented two new rules clarifying that a prescriber or dispenser may run a patient profile report prior to accepting that individual as a patient once that patient has requested to come under the practitioner's care (as a new patient, by referral, etc), and that it is permissible for a prescriber or dispenser to access the patient profile of the mother for purposes of treating a newborn child or child being breastfed. The Board approved.
- e. Clarify West Virginia Code §60A-9-4a to confirm that the person whose identity must be verified under that provision is the person picking up a CS prescription at the pharmacy, whether on his or her own behalf of the patient, or on behalf of another person. The Board agreed.

Wyoming Board Encourages Use of WyIR Immunization Database

Noting that record keeping of vaccinations is now required by state law, and can be completed using the Wyoming Immunization Registry (WyIR) system, the Wyoming State Board of Pharmacy is reminding pharmacists of the importance of their role in ensuring that patients are current with their vaccinations. Pharmacists can help improve the rate of immunization in young adults by both giving immunizations and through patient education, notes the Board. The Board also indicates that while diseases such as polio and diphtheria are becoming rare in the United States, it is still important that pharmacists continue to vaccinate against these and other diseases to ensure the safety of public health. Accurate records are also important, as they help officials determine how many people have been vaccinated, and can also help a patient keep track of the immunizations he or she has received.

WyIR is a secure immunization database that allows health care providers in Wyoming to keep track of vaccination records of Wyoming residents. The system also has the ability to help providers manage their vaccine inventory. More information about the WyIR system is available in the December issue of the *Wyoming State Board of Pharmacy Newsletter*, available for download at www.nabp.net/publications/state-newsletters.[®]



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