



newsletter

National Association of Boards of Pharmacy®



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aid to government
the profession
the public
1904 to 2015

.Pharmacy Registration Soon to Begin for VIPPS, Vet-VIPPS, and NABP e-Advertiser Sites

Twenty-Three .Pharmacy Domain Names Registered by Member Boards

Upcoming Events

March 5, 2015
ACE Meeting
NABP Headquarters

April 20, 2015
FPGEE Administration

April 23, 2015
PCOA Forum
NABP Headquarters

May 16-19, 2015
NABP 111th Annual Meeting
New Orleans, LA

August 6-8, 2015
NABP/AACP District 5 Meeting
 Fargo, ND

August 15-18, 2015
NABP/AACP District 3 Meeting
St Augustine, FL

September 14-17, 2015
NABP/AACP Districts 6, 7, & 8 Meeting
Incline Village, NV

The rollout of the new .pharmacy domain name is progressing, with the Trademark Clearinghouse (TMCH) Sunrise Registration Period scheduled to close in mid-March 2015. Currently, NABP is accepting .pharmacy domain name requests from entities that have been previously accredited through the NABP Verified Internet Pharmacy Practice Sites® (VIPPS®) or Veterinary-Verified Internet Pharmacy Practice Sites® (Vet-VIPPS®) programs, or approved through the NABP e-Advertiser Approval^{CM} Program. Organizations who receive authorization to obtain a requested domain name during this period will be able to register through an approved registrar beginning March 17, 2015.

To receive accreditation or approval under these

programs, VIPPS, Vet-VIPPS, and NABP e-Advertiser websites have undergone a thorough review process establishing their compliance with NABP standards for legitimate online practice. As such, all previously reviewed content is considered prequalified and is eligible for a .pharmacy domain name without the usual .pharmacy application and fee. However, domain name registration costs still apply.

NABP began accepting the first .pharmacy applications in December 2014 from trademark holders who had entered their trademarks into the Internet Corporation for Assigned Names and Numbers (ICANN) TMCH. Known as the Sunrise Registration Period, this phase is mandated by ICANN to protect intellectual prop-



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erty rights by allowing eligible trademark holders to apply for domain names that exactly match their trademark names in the TMCH prior to the general public. Response to the TMCH application period was strong, with trademark holders submitting requests for 25 names.

As these companies register their .pharmacy domain names, they will join the ranks of 23 boards of pharmacy in providing high-quality, trustworthy information available through .pharmacy domain names.

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NABP Announces Members of the 2015-2016 MPJE Review Committee

Introducing one new member and commending 12 returning members, NABP is pleased to announce the 2015-2016 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, 2015, are as follows:

MPJE Review Committee

- Vance Alexander, JD, RPh, Alabama State Board of Pharmacy
- C. Richard Allen, RPh, Athens, GA
- Mark Brown, MBA, RPh, Lahaina, HI
- Grace Cheung, RPh, Kenmore, WA



- Mark T. Conradi*, JD, RPh, Alabama State Board of Pharmacy
- Randy Jones, RPh, South Dakota State Board of Pharmacy
- Amy Mattila, PharmD, RPh, Washburn, WI
- Michael A. Moné, JD, RPh, Ohio State Board of Pharmacy
- Steve Morse, RPh, Dublin, OH
- Charles W. Sauer, JD, RPh, Sycamore, IL
- Alan M. Shepley, RPh, Mount Vernon, IA
- John D. Taylor, RPh, Tallahassee, FL
- David C. Young, PharmD, RPh, Utah Board of Pharmacy

*Denotes new member

.Pharmacy Registration

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Boards of pharmacy that have not yet requested a .pharmacy domain name may still send a request by email to info@safe.pharmacy. It is anticipated that these domain names will continue to be available at no cost to the boards.

NABP will begin accepting applications from all other dispensing pharmacies seeking to obtain a .pharmacy domain name on April 1.

General availability, when any company with a pharmacy or pharmacy-related website may apply and, if approved, register, begins on June 3, 2015. Those eligible to apply for names in the .pharmacy domain include pharmacies, pharmacy benefit management companies, prescription drug information and pharmacy referral sites, prescription drug-related patient advocacy and consumer education sites, medical professionals' offices, schools and colleges

of pharmacy, continuing pharmacy education providers, wholesale drug distributors, and pharmaceutical manufacturers.

More information about the .Pharmacy Top-Level Domain Program is available at 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 AWARE_XE® Prescription Drug Safety Program's website at www.AWAREX.ORG.

VPP Features Expanded to Enhance Support for Boards Making Nonresident Licensure Decisions

Verified data continues to be made available to authorized individuals through the Verified Pharmacy Program™ (VPP™) and the secure inspection sharing network. Recently, the system has been updated to include a new tagging feature that identifies whether a pharmacy is a VPP participant as well as a document categorization feature.

In the future, the VPP and inspection sharing network interface will continue to be updated with new features for boards of pharmacy to utilize when accessing important pharmacy data, including licensure, inspection, and disciplinary action information. In addition to existing VPP-specific inspection data, boards will soon be able to view state-specific inspection reports provided by their fellow states.

At press time, at least 229 pharmacies have applied to VPP and currently have verified data available for the boards to view. This verified data is provided to

the member boards in an effort to further support them in making informed licensure decisions for nonresident pharmacies.

Of the 229 VPP facilities:

- 98 pharmacies engage in nonsterile compounding;
- 26 pharmacies engage in sterile compounding;
- 75 pharmacies engage in both sterile and nonsterile compounding;
- 29 pharmacies are general retail or mail-order pharmacies; and
- 1 pharmacy is a nuclear pharmacy.

In January 2015, NABP convened a working group to further refine programmatic criteria and policies for VPP. The working group also thoroughly reviewed and provided input on a draft inspection blueprint. NABP is working with the states to build this inspection blueprint that will consist of a minimum set of standards/criteria states may use in their own inspection processes. Additional information related



to the VPP Working Group and Blueprint Workshop will be provided in future NABP communications.

Developed by NABP in partnership with member boards of pharmacy, VPP facilitates the communication of important inspection and licensure information between the state boards of pharmacy and serves as an information hub that provides verified data to support boards' licensure processes for nonresident pharmacies.

For more information about VPP or the inspection sharing network, contact the Member Relations and Government Affairs Department at GovernmentAffairs@nabp.net. Additional information is also available in the Programs section of the NABP website at www.nabp.net. 



Board of Pharmacy Representatives Gather for Inspection Blueprint Workshop

On January 14-15, 2015, board executive officers, compliance officers, and a few members attended a two-day Inspection Blueprint Development Workshop in Rosemont, IL, to develop a blueprint consisting of core inspection standards and criteria states may use as a tool in their inspection processes.

Executive Committee

Karen M. Ryle
Chairperson
One-year term

Joseph L. Adams
President
One-year term

Edward G. McGinley
President-elect
One-year term

Hal Wand
Treasurer
One-year term

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

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

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

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

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

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

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

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

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

Court Peers Into Peer Review By Peer Review Committee

Boards of pharmacy are government entities statutorily created and empowered to regulate the profession in the interest of public protection. As government entities, boards operate under open meetings and open records laws that are designed to provide transparency in operations and decision-making. Generally, most records maintained by the boards are subject to public disclosure unless there is an exception to the relevant open records laws. Exceptions to the disclosure rule involve confidential information such as Social Security numbers, certain demographic data, private information, and data related to the examination used for entry-level determinations.

A consistently perplexing question for boards is whether and the extent to which applications for licensure and the information contained therein are subject to open records requests. As regulatory boards are under increased governmental and media scrutiny to justify their existence, politicians and others may seek information on the efficiency and effectiveness of the board(s). Such information may include the number of applicants and those granted/denied admission to practice, the number of complaints and disposition thereof, the number of applications for renewal granted/denied, and the timelines for board action

in its operations. Boards are encouraged to have such information readily available at all times and to make this data part of every board meeting. Some boards render decisions that are deemed “private orders” and not subject to disclosure. Legitimately, a question may be asked as to how such private actions are promoting public protection and transparency in government. While private entities such as professional associations may have the authority to maintain confidentiality of information and actions, governmental boards perhaps should not have such authority. Consider the following.

An applicant (Applicant) applied for a license

to practice medicine in Colorado. She was denied a license to practice and appealed the ruling to the Office of Administrative Courts (OAC). During the discovery phase, the Applicant requested copies of certain letters of concern of other licensees that she considered relevant to her application. These “letters of concern” (letters) are private correspondence sent by the Colorado Medical Board (Board) to licensed physicians when there is an issue that “warrants discussion and warning, but not necessarily public disclosure and punishment.” The Board objected to the disclosure of the letters arguing that they were confidential records protected by the professional review privilege (sometimes referred to as the peer review privilege). Specifically, the Board stated it was “not willing to waive peer review confidentiality on all [Letters of Concern] even in a redacted form.”

The administrative law judge ordered the Board to produce the letters from the last five years that involved matters similar to the Applicant. In the order, the administrative law judge imposed a protective order to treat the letters as confidential and that all identifying information be redacted. The Board sought review of the administrative law judge ruling and requested the district court

enjoin the enforcement order. Citing specific Colorado statutes, the Board argued the letters are protected from disclosure under subpoena and discovery as they constitute “records” of a “professional review committee.” The district court concluded that the relevant statute only protected the Board’s records from subpoena or discovery in civil suits, but not administrative proceedings. Thus, the district court upheld the administrative law judge order and the production of the letters.

The Board petitioned the Colorado Supreme Court for review, arguing that the statute calls for the protection of the records from any form of subpoena and discovery. In addition, and separate and apart from the protection from subpoena and discovery, the Board argued that the records are protected from admission in a civil lawsuit. In response, the OAC, administrative law judge, and Applicant argued that the term “civil suit” modifies both the protection from subpoena and discovery and admission in a civil suit. Because the administrative proceeding is not a civil suit, the records must be turned over to the Applicant.

Colorado law provides that the “records of an authorized entity, its professional review committee, and its governing

board are not subject to subpoena or discovery and are not admissible in any civil suit.” Accordingly, the Supreme Court was confronted with the issue of statutory interpretation. In its introductory analysis, the Supreme Court noted that statutory interpretation is a question of law and, thus, review de novo; that is, without deference to the agency ruling. When interpreting statutory language, the court considers the intent of the General Assembly and reads such language as a whole to “accord consistent, harmonious, and sensible effect to all their parts.” If the language is unambiguous, the court recognizes the “plain and ordinary meaning and look[s] no further.” If the statute is ambiguous or unclear, the court will look beyond the language to ascertain the intended meaning.

First, the Supreme Court emphasized the fact that the Board was created to protect the public and that the statutory language is subject to liberal construction to effectuate this purpose. It further held that the Board is a professional review committee, noting that a previous judicial opinion held otherwise, resulting in a change to the statute. As a result of its status as a professional review committee, the Board is entitled to protect its records under the applicable law. As

cited above, records of the professional review committee are “not subject to subpoena or discovery and are not admissible in a civil suit.” The court noted the benefits of providing confidentiality to the professional review committee to promote open and honest review of the practitioners.

Turning its attention to the language under scrutiny, the Supreme Court found the phrase “are not subject to subpoena or discovery and are not admissible in any civil suit” to contain two distinct clauses. First, the records are not subject to any form of subpoena or discovery. Second, the records are not admissible in any civil suit. The court noted the use of the conjunction “and” demonstrated an intent to establish two distinct protections. Next, the court engaged in an interpretation of the words “subpoena or discovery” and held that the use of both terms indicated an intent to protect disclosure under both discovery and subpoena. Because subpoenas can be used in more than just discovery, the use of both terms provides a broader scope. Thus, the court held that the statutory language protects disclosure in all forms of subpoenas, not just subpoenas related to discovery.

Regarding the phrase “not admissible in any civil
(continued on page 62)



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

NABP Examination and Assessment Administrations Increased in 2014

NABP has announced the totals for the 2014 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 Evaluation® (PARE®). The results indicate an increase in NAPLEX, MPJE, FPGEE, PCOA, and PARE administrations, including all practice examinations.



Showing a consistent increase from year to year, the number of NAPLEX administrations rose in 2014. 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, 2014 to December 31, 2014, there were a total of 15,916 NAPLEX administrations compared to 15,031 administrations in 2013, representing an increase of 5.9%.

Likely contributing to the increase of NAPLEX administrations are the four pharmacy schools that had graduating classes for the first time in 2014. Currently, there are 125 Accreditation

Council for Pharmacy Education (ACPE)-accredited pharmacy schools in the US that have graduating classes. Of the candidates that sat for the 2014 administration, 90.7% were first-time test takers. As the number of NAPLEX administrations has increased, the pass rate has decreased slightly over the past two years. Thus, there are also more repeat test takers. In 2014, the overall passing rate for first-time attempts on the NAPLEX was 90.16%. The pass rate for graduates of ACPE-accredited schools that took the NAPLEX for the first time also showed a decrease, from 95.36% in 2013 to 94.35% in 2014.

In addition, although the demand for pharmacists in the US has leveled off in recent years, pharmacy still remains a growing and desired professional field. In December 2014, *Forbes* announced pharmacists as the top health care job for 2015.



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 9,885 administrations in 2014, an increase of 7.6% when compared to the 2013 administrations.



The number of MPJE administrations also showed an increase in 2014. The MPJE had a total of 26,960 administrations, an increase of 8.6% compared to 2013. This increase is likely correlated with the increase in NAPLEX administrations as well as the increase in license transfers (see pages 60-61). In 2014, 48 jurisdictions required the MPJE for initial licensure and license transfer.



The FPGEE had a total of 1,677 candidates that sat for the 2014 administrations in the spring and fall, a 3.9% increase, when compared to 2013.

Also showing a positive change is the Pre-FPGEE®, the practice examination for the FPGEE, which showed an increase in the number of administrations in 2014. The Pre-FPGEE had a total of 719 administrations in 2014, an increase of 7% compared to 2013.



Over 5,200 students from 38 colleges of phar-

macy participated in the PCOA in 2014. The number of schools participating remained constant from 2013; however, the number of administrations rose 9.2% (5,214) when compared to the number of 2013 (4,776) administrations. Overall, participation remains consistent as schools and colleges continue to recognize the PCOA's value in supporting compliance with the ACPE assessment recommendations as it provides an objective, psychometrically sound, comprehensive assessment that allows for comparisons with peer institutions.



In 2014, there were 17 PARE administrations ordered by six boards of pharmacy. PARE was introduced to the state boards of pharmacy in 2012 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 NABP examinations and assessments is located in the Programs section of the NABP website at www.nabp.net. 

State Boards of Pharmacy Observers' Views Regarding the ACPE Site Visit Review and Accreditation Process

Reprinted from the November 2014 ACPE Update courtesy of Accreditation Council for Pharmacy Education

One of the Accreditation Council for Pharmacy Education's (ACPE) core values is collaborative leadership. This means that [ACPE] determines [its] direction after meaningful and collegial dialogue with those [it] accredit[s], professional organizations, and other stakeholders. A key stakeholder group in pharmacy accreditation is [the] state boards of pharmacy [that] license and regulate those individuals who have graduated from accredited doctor of pharmacy (PharmD) programs. NABP is one of ACPE's founders and is a cosponsor. ACPE engages directly with state boards of pharmacy by inviting their board members to serve as observers in the accreditation site review process for professional degree programs in pharmacy. Every year, state boards of pharmacy members observe approximately 90% of ACPE site review visits to colleges and schools of pharmacy. The [purpose of the] invitation to observe the visits [is] to help local boards understand the accreditation process and how ACPE standards support excellence in pharmacy education. The state boards of pharmacy members also serve as content expert[s] for state laws and regulations, such as student/preceptor ratios.

In June 2014, ACPE engaged Silver Pennies Consulting and PMM Consulting, independent communications companies, to study the impressions of state boards of pharmacy members who observed ACPE site visits under Standards 2007 in recent years. [The following] is the consultants' report of the study methods and findings:

"In June 2014, an online survey was conducted of 46 state boards of pharmacy members that had participated as observers on an ACPE site visit within the last four years. The survey received a 50% response rate. 74% of survey respondents agreed to participate in an additional structured phone interview process to gain additional feedback. The objectives of the study were to better understand the board members' experiences as observer[s] of an ACPE accreditation site review team, obtain suggestions for improving the ACPE accreditation site review process, identify ways to improve awareness and understanding of ACPE activities among state boards of pharmacy, and determine opportunities to improve relationships and communications between ACPE and state boards of pharmacy.

The study found that engaging state board members in the ACPE accreditation

site review process markedly changes their understanding and perceptions of the ACPE accreditation review. Prior to participating in an ACPE site review, 43% of state board of pharmacy members were unsure of the level of objectivity and consistency in applying the standards, while after participation in

The study found that engaging state board members in the ACPE accreditation site review process markedly changes their understanding and perceptions of the ACPE accreditation review.

at least one site visit, 96% characterized the process as substantially standardized and consistent. During follow-up telephone interviews of 33% of the online survey respondents, state board members reinforced that their perspectives on the rigor of the accreditation review and the standards to which all colleges and schools are held were positively influenced. Many state board members interviewed indicated that they knew relatively little about the inner workings and accreditation processes of ACPE prior to becoming

involved in their first site review. The major change in their perceptions resulted from direct exposure to the process and gaining a depth of understanding about how accreditation standards were reviewed and supported. Most board members who were interviewed expressed surprise at the level of preparation and review provided during accreditation reviews of the professional degree programs. Many individuals also indicated that the process was particularly valuable to help them appreciate the depth and breadth of professional accreditation reviews.

Participating as a member of an accreditation team was often noted as a state board of pharmacy member's first exposure to ACPE and its staff, processes, and the standards for the professional degree program. Because they are new to the process, many board members indicated that they would like to better understand the expectations for their role as an observer in an accreditation visit. They would also like to have more information on outcomes and next

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Editor's Note:

Minor edits for voice and NABP style are indicated in brackets.

NABP Reports 22.7% Increase in Licensure Transfer Requests in 2014

Representing an increase of 22.7% in license transfer application requests since 2013, a total of 19,868 requests were submitted through the NABP Electronic Licensure Transfer Program® (e-LTP™) in 2014. This is the second largest Annual increase since 2008 and may be driven by shifting employment trends, with the demand for pharmacists increasing and decreasing in particular states and regions, and numerous legislative efforts related to nonresident pharmacies.

As in 2013, Texas saw the highest number of requests to transfer licensure to the state, with a total of 1,027 requests submitted in 2014. Further, this is an 8.1% increase compared to the 950 requests

to transfer a license to Texas made in 2013. Of note, Texas reports having 30,167 licensed pharmacists, making it one of the states with the highest number of licensed pharmacists, according to census data in the NABP 2015 *Survey of Pharmacy Law*.

Showing the greatest difference in 2014 is the number of license transfer requests submitted to Alabama and West Virginia. Alabama recorded 1,015 requests, which is a 554.8% increase since 2013 when there were only 155 requests. Also showing a drastic change is West Virginia, which received 981 requests in 2014. This change represents an increase of 313.9% when

compared to the 237 requests made in 2013.

Possibly contributing to these new licensure trends are the legislative efforts relating to licensing and inspection of certain nonresident pharmacies. For example, the Alabama State Board of Pharmacy amended rules related to mail-order pharmacies, which went into effect June 1, 2014. Specifically, the Board revised their conditions and registration requirements and required all nonresident pharmacies to designate a supervising pharmacist who shall be licensed by the Board.

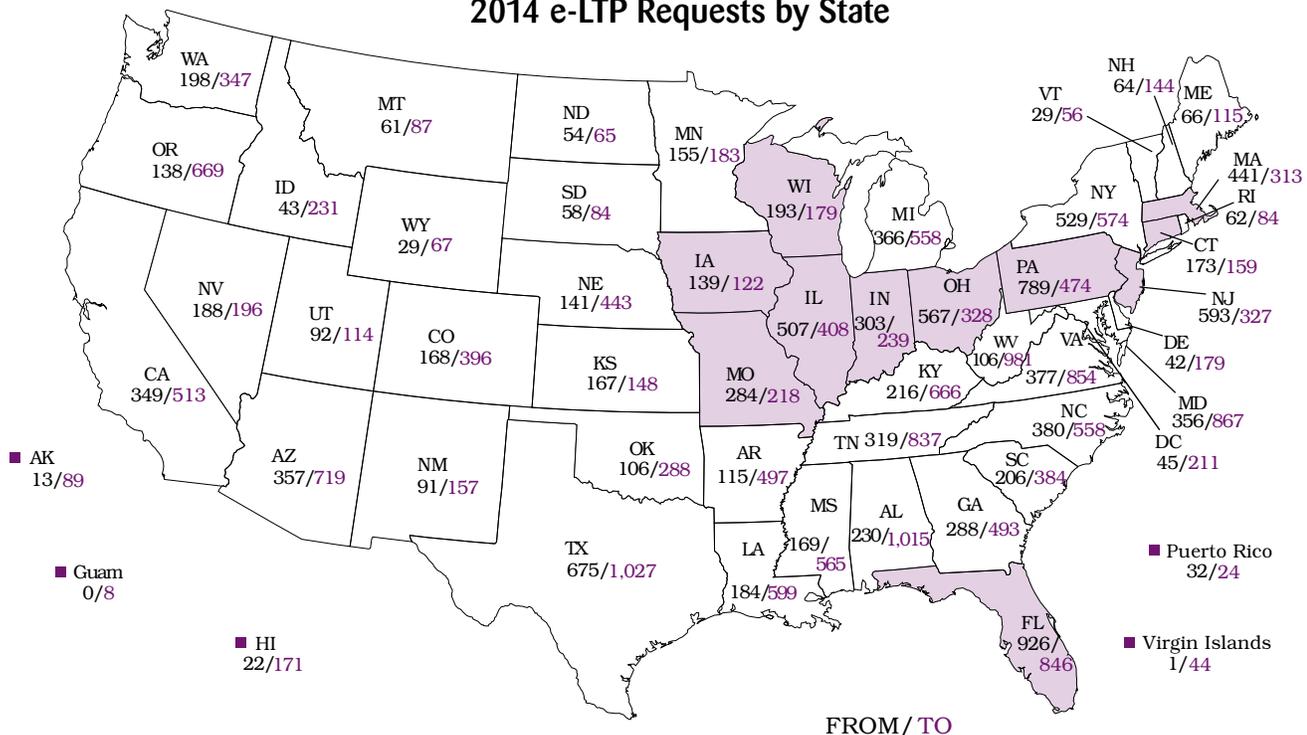
Keeping up with similar trends reported in 2013 are Maryland and Virginia, which round out the top five states with the highest

number of license transfer requests to the state. The total number of requests to these states in 2014 is as follows:

- Maryland – 867 requests, an 11.6% increase when compared to the 777 requests in 2013
- Virginia – 854 requests, a 5.6% increase when compared to the 809 requests in 2013.

In addition, some states, while not among those with the greatest number of license transfer requests in 2014, did show significant change in overall percentage growth when compared to 2013 data. For example, Oklahoma reported 288 requests in 2014, which is an increase of 148.3% when compared to

2014 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.

2013 data (116). Other states with significant percentage growth from 2013 to 2014 include the Virgin Islands (57.1%), Kentucky (37%), Tennessee (34.8%), and Puerto Rico (33.3%).

The 2014 request totals also 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 had released data through

November 2014, with a national average at that time of 3.4, indicating a slight demand for pharmacists nationwide. However, comparing ADI report data from November 2013 to November 2014 indicates that while the demand for pharmacists nationwide is still relatively balanced, the demand has had a slight increase of 4.9% since November 2013.

Further, three of five states with high numbers of license transfer requests in 2014 had November 2014 ADI rankings above or just short of this national average – Texas (3.5), West Virginia (3.83), and Alabama (3.5).

Also consistent with 2013 data, Florida, Pennsylvania, Texas, and New Jersey had the highest number of requests to transfer originating from their state. The total number of requests to transfer licenses from these states is as follows:

- Florida – 926 requests, a 10% increase since 2013 when there were 842 requests
- Pennsylvania – 789 requests, a 28.9% increase since 2013 when there were 612 requests
- Texas – 675 requests, a 38.3% increase over 2013 when there were 488 requests
- New Jersey – 593 requests, an 11.5% increase when compared to the 532 requests in 2013

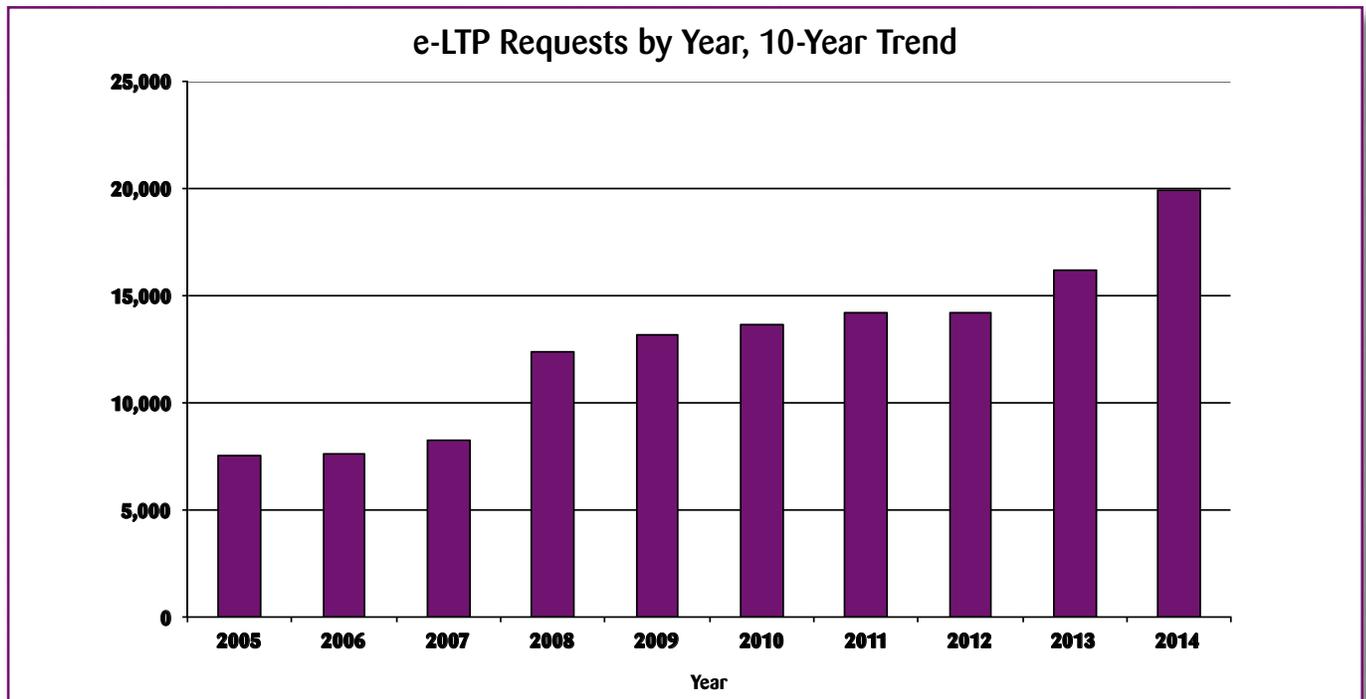
Ohio was fifth among states with the largest number of requests to transfer from the state in 2014 with a 53.2% increase when compared to 2013. In 2014, Ohio had a total of 567 requests completed compared to the 370 requests made in 2013.

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 November 2014 ADI report, the West Coast states have the highest level of unmet demand at 3.59. Following the West Coast is the South with a demand of 3.53, the Midwest with 3.5, and the Northeast with the least demand at 2.78.

The reported data mentioned in this article includes all applications for license transfers to and from the states in 2014, including requests that may not have been completed or fulfilled.

In 2014, the average processing time for e-LTP requests was seven days. Approximately 10,515 applications were processed in 2014. For more information about e-LTP, visit the NABP website at www.nabp.net. 



Legal Briefs

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suit” the court examined the word “civil,” which is defined as “of or relating to private rights and remedies that are sought by action or suit, as distinct from criminal proceedings.” The court also defined an administrative proceeding or hearing as a “hearing, inquiry, investigation, or trial before an administrative agency, usually adjudicatory in nature.” It held that nothing suggests that an administrative hearing is not a civil suit. Finally, from a common sense perspective, the court noted that it makes little sense to allow for the records to be used in an administrative proceeding but not allowed in a civil

adjudicatory proceeding. Accordingly, the Supreme Court concluded that civil suit includes administrative proceedings and the Board records are protected from disclosure. Thus, the district court’s order requiring the production of the records for use by the Applicant was in error and reversed by the Colorado Supreme Court.

The dichotomy of regulatory boards created and empowered to protect the public through the regulation of the profession, yet statutorily recognized as a professional (or peer) review committee illustrates the unique nature of the regulatory community. In the wake of the *North Carolina State Board of Dental Examiners v. Federal Trade Commission*

case whereby a state board was found to be a “private actor” for purposes of the application of antitrust laws, boards of pharmacy are cautioned to remain stewards of the public and not to act as a professional association. This case presents an interesting perspective whereby the state through statute designates the board as a professional review committee for purposes of protecting certain records from disclosure. Is such confidentiality consistent with the public protection mission? Of course, this case involved an applicant for licensure seeking information, rather than a consumer.

Colorado Medical Board v. Office of Administrative Courts, 2014 CO 51; 2014 Colo. LEXIS 504 (CO 2014) ©

ACPE Site Review Process

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steps following their site visit participation. Several members suggested that ACPE consider making board participation more formal in the accreditation site visit process.

More generally, board members would like ACPE to collaborate more directly with NABP and provide information to help all members of state boards better understand accreditation activities, continuing pharmacy education (CPE) initiatives, and other ACPE programs and projects. Most board members who responded expressed an interest in having ACPE increase its interface and communications with state boards of pharmacy. Periodic attendance of an ACPE staff person to address individual state board

meetings was deemed ideal. Noting the limited resources for staff visits, some board members suggested that ACPE conduct webinars or produce a short video to help provide updates and information to state board of pharmacy members where there are emerging issues of interest or concern. Others asked for ACPE to develop short newsletter articles on accreditation and CPE topics that could be easily incorporated into state board newsletters and email communications to their licensed pharmacists.”

As noted, ACPE is committed to enhancing collaboration and communication with all of [its] stakeholders. Part of this improvement process is engaging stakeholders and seeking their feedback and input. Although the vast majority of participating

board members expressed satisfaction with the process and their involvement, the survey and the subsequent stakeholder interviews uncovered a number of ways that ACPE could improve its communications with state boards of pharmacy members. While attending large numbers of state board meetings may be challenging, ACPE senior staff often are present or participate in NABP national meetings or the NABP/American Association of Colleges of Pharmacy district meetings. The ideas proposed regarding the use of other methods of communication with state board members (eg, webinars, videos) will be explored. More importantly, ACPE is always open to working individually with state boards of pharmacy when there is a specific

issue or concern where our expertise may be helpful.

In summary, ACPE values and appreciates the feedback that state boards of pharmacy member observers of site teams have provided. ACPE will continue to evaluate our communications with state boards of pharmacy and work to enhance the information provided to these state leaders. [ACPE] would also like to express [its] recognition and appreciation of all the state board members who work with ACPE on an ongoing basis to help ensure thorough and quality accreditation site reviews each year. Moreover, the ideas offered by the state board members who were surveyed and interviewed on enhancing [ACPE] communications will offer new opportunities for improved communications with all ACPE stakeholders. ©

NABP Accreditation Programs Continue to Support Distributors, Pharmacies, and Other Entities in Protecting the Public Health

With the Association’s mission to protect the public health at the forefront, NABP’s accreditation and approval programs help to ensure that patients and beneficiaries receive quality care and products. In 2014, 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 companies as providers of high quality products and services.

2014 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® (Verified-Accredited Wholesale Distributors®), launched in 2004, verifies suppliers’ compliance with state and federal laws for wholesale distributors. By December 31, 2014, a total of 534 wholesale facilities were actively accredited by the VAWD program. As several entities continue to seek VAWD accreditation or reaccreditation to comply with state requirements, the total number of accreditations has increased from only 32 in 2006.



Since 2006, the DMEPOS accreditation program has assisted numerous pharmacies seeking to meet the Centers for Medicare & 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 27 new accreditations and 41 reaccreditations in 2014. By the end of 2014, the program had over 509 accredited DMEPOS companies representing nearly 28,000 facilities.



Since 1999, the VIPPS® (Verified Internet Pharmacy Practice Sites®) 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 2014, VIPPS and Vet-VIPPS® (Veterinary-Verified Internet Pharmacy Practice Sites®) accredited 11 and six Internet pharmacies, respectively. In addition, four VIPPS Internet pharmacies were reaccredited. By the end of 2014, a total of 39 Internet pharmacy sites were VIPPS accredited and 23 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 112 entities sought and obtained NABP e-Advertiser Approval since the launch of this program in 2010, with 53 newly approved entities and 24 reapproved entities in 2014.

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

Accreditations and Approvals by NABP Program

NABP Program	2013 Accreditations*	2014 Accreditations*	Total Current Accreditations as of December 31, 2014
VAWD®	129	144	534
DMEPOS**	148	68	509
VIPPS®	7	11	39
Vet-VIPPS®	6	6	23
NABP e-Advertiser Approval ^{CM} Program	32	77	91

* 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.

Additional State Connects to PMP InterConnect; NABP Continues to Facilitate Secure, National Interoperability Among the State PMPs

NABP PMP InterConnect® participation continues to grow with Oklahoma now live and additional states working toward a connection. As of January 2015, 28 states are able to securely exchange prescription data between the following participating states: Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, and Wisconsin.

It is anticipated that 35 states will either be connected to or working toward a connection to PMP InterConnect in 2015 as three additional states have signed memorandums of understanding (MOUs) to

participate and four states/jurisdictions have MOUs under review.

Maintaining Security

State prescription monitoring programs (PMPs) have entrusted NABP with ensuring the security of encrypted data that passes through PMP InterConnect. As the Association executes MOUs with other state PMPs, and as Appriss, Inc, works through legal agreements with interested non-PMP entities, NABP has put in place the requisite control, safeguards, and governance to ensure that each state PMP remains in complete control of its data and with whom data is shared. PMP InterConnect participants are accountable to one another and have responsibilities that they must uphold as part of executing an MOU with NABP.

These security measures and responsibilities

also extend to any agreements executed with electronic health information systems for purposes of interoperability of PMP data through the use of the PMP Gateway service. Of important note, no agreements will be made if they put the integrity and security of PMP InterConnect participants at risk. PMP Gateway is a third-party translation service that works with PMP InterConnect to facilitate the integration of PMP data into the workflow of non-PMP third-party entities' electronic health information systems, including pharmacies and hospital systems.

At the direction of the NABP PMP InterConnect Steering Committee, NABP continues to evaluate the best paths from both the legal and technical perspectives to achieve national interoperability.



The Steering Committee will meet next via conference call in March 2015 to discuss these updates and other information as it relates to PMP InterConnect.

PMP InterConnect is a highly secure communications exchange platform that facilitates the transmission of PMP data across state lines to authorized requestors, while ensuring that each state's data-access rules are enforced. The system does not house any data and it does not inhibit the legitimate prescribing or dispensing of prescription drugs.

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. ©



Newly Accredited VAWD Facilities

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

INO Therapeutics, LLC
Sacramento, CA

Southern Anesthesia & Surgical, Inc
Reno, NV

Value Drug Company
Duncanville, PA

VaxServe, Inc, a Sanofi Pasteur Company
Reno, NV

A full listing of more than 530 accredited VAWD facilities is available on the NABP website at www.nabp.net. ©

Participate in Exciting Networking Opportunities in New Orleans During the NABP 111th Annual Meeting's Optional Events

Looking for opportunities to share information and network with fellow state board of pharmacy members and other pharmacy professionals at the NABP 111th Annual Meeting? Look no further than the optional events taking place throughout the meeting. Set for May 16-19, 2015, at the Roosevelt New Orleans hotel in New Orleans, LA, the Annual Meeting offers attendees the opportunity to participate in 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.

Exploring New Orleans

New Orleans offers a variety of sightseeing options, including gardens, public parks, shopping centers, 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 on their own during a free afternoon on Monday, May 18. Several cultural and historical attractions were highlighted in the January 2015 issue of the *NABP Newsletter*, including the New Orleans Pharmacy Museum, Audubon Nature Institute, Mardi Gras World, and other local sites. Attendees may also contact the hotel concierge for

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

Please note, no other functions are scheduled on Monday afternoon.

NABP AWA_RX_E Fun Run/Walk

The NABP AWA_RX_E Fun Run/Walk will be held again this year; however, a \$20 fee will be charged per participant. All proceeds from the Fun Run/Walk will go to a charity selected by the Louisiana Board of Pharmacy. Held Sunday, May 17, from 7:30 to 8:30 AM, the 17th annual Fun Run/Walk will give participants the opportunity to see some of the popular sights in New Orleans.

Attendees will run/walk down Canal Street, where they will pass the Audubon Aquarium of the Americas before turning onto the riverfront pathway. As attendees run/walk through Woldenberg Park alongside the Mississippi River, they will be traveling alongside the deepest section of the entire river where, depending on the time of year, the depth is 185 to 210 feet. The run/walk route also passes by the historical Steamboat Natchez, the last authentic steamboat on the Mississippi River; the St Louis Cathedral, where General Andrew Jackson defended New Orleans from the British troops in 1815; and Café Du Monde coffee shop, where participants can take



Pictured above is the popular New Orleans' eatery, Café Du Monde, known for its famous French beignets. Photo courtesy of the New Orleans Convention and Visitors Bureau and Pat Garin.

a glimpse of the beignet cooking process through its side picture window. Finally, attendees will pass alongside the historic French Market before turning back toward the hotel. 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.

The Fun Run/Walk is sponsored by Rite Aid Corporation.

Advanced payment and registration is required by **May 1, 2015** to hold a spot in the event. Attendees may preregister for the event when registering for the Annual Meeting online, and additional Fun Run/Walk t-shirts will also be available for purchase at that time (\$20 per t-shirt). Registered participants will receive one Fun Run/Walk t-shirt displaying the AWA_RX_E® logo when they check in for the meeting at the NABP Registration/Information Desk.

All proceeds from registrations and t-shirt sales will go to charity.

Hospitality Brunch

Attendees of the 111th Annual Meeting will have another chance to network during the Hospitality Brunch on Sunday, May 17. 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.

In addition, educational table top displays with representatives from NABP, NABP/American Association of Colleges of Pharmacy Districts, the NABP Executive Committee and NABP Past Presidents, 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 oppor-

(continued on page 66)

Deadline Approaching Fast to Present at 111th Annual Meeting's Educational Poster Session: Reserve a Spot by Friday, March 20

The deadline to reserve a spot as a presenter for the NABP 111th Annual Meeting Educational Poster Session is **Friday, March 20, 2015**. 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 "Protecting the Public Together," will be held Sunday, May 17, from 8:30 to 11:30 AM during the NABP 111th Annual Meeting, May 16-19, 2015, at the Roosevelt New Orleans in New Orleans, LA.

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 "Protecting the Public Together" 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 complete 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 staffed by a qualified representative, such as a registered pharmacist,



Student presenters Jessica Kopp (left) and Abby Woiwode (right) share their poster topic with participants at last year's 110th Annual Meeting.

during the display time. Assembly time will be available on Sunday, May 17, 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 \$65 to take the Pre-NAPLEX®, a practice examination for

students preparing for the North American Pharmacist Licensure Examination® (NAPLEX®).

Those interested in participating should contact NABP Professional Affairs Manager Maureen Schanck via email at ProfAffairs@nabp.net by the Friday, March 20 deadline. ☎

Optional Events

(continued from page 65)

tunity to meet members of the Louisiana Board of Pharmacy and get a local perspective on the must-see sites of New Orleans at the host state table top display.

Educational Poster Session

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

most noteworthy legislative issues, policy development, disciplinary cases, and research results that fall within the Poster Session's theme, "Protecting the Public Together." 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 16, from 4 to 5 PM. During this session, attendees will learn about the role of the

District meetings in NABP business proceedings, Annual Meeting processes for discussion 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 network with their fellow district members.

Registration and more information about the 111th Annual Meeting are available in the Meetings section of the NABP website at www.nabp.net. ☎

Annual Meeting Travel Grant Opportunities Still Available; NABP Encourages Members to Apply

The NABP Foundation™ is once again offering active member state boards of pharmacy travel grant opportunities to attend the NABP 111th 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 111th 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 email at exec-office@nabp.net. NABP requests that appli-



cations 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 110th Annual Meeting Travel Grant.

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

Online Registration Now Available for the 111th Annual Meeting

Register by April 6 to Obtain the Meeting's Reduced Registration Rate

Online registration is now available for the NABP 111th Annual Meeting, which will be held May 16-19, 2015, at the Roosevelt New Orleans hotel in New Orleans, LA, with new fees now in effect. The last fee change was in 2010. The fees for students remain at \$125 for early registration and \$150 for standard registration.

Attendees are encouraged to register on or before April 6, 2015, to

receive reduced registration rates.

NABP offers attendees three payment options:

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

Registration is available in the Meetings section of the NABP website at www.nabp.net. More information about the 111th Annual Meeting is also available, including information about the Roosevelt New

Orleans hotel with a link to the NABP special group

page for attendees to reserve and book a room. ☎

New Meeting Registration Fees

Registrant Type	Early Registration (On or before 4/6/15)	Registration (After 4/6/15 or on site)
NABP Member, Compliance Officer, or Staff	\$425	\$450
Non-NABP Member	\$600	\$625
Spouse/Guest	\$175	\$200

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_XE 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 –

Protecting the Public Together

Sponsored by Pearson VUE

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 - 9 AM

NABP/USP Breakfast

Sponsored by United States

Pharmacopeial Convention

9:15 - 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 111th Annual Meeting schedule is subject to change.



NABP and the NABP FoundationTM 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[®] 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.

Around the Association

Executive Officer Changes

- **Steven Schierholt, JD**, is now serving as executive director of the Ohio State Board of Pharmacy. Prior to this position, Schierholt served for more than 20 years with the Ohio Attorney General's Office. Most recently, he served as assistant superintendent in the Bureau of Criminal Investigation. He also served as executive director of the Ohio Peace Officer Training Commission, assistant state attorney general, and special agent. Schierholt received his bachelor of arts degree and juris doctorate degree from Capital University.

Board Member Appointments

- **Christina Ferguson, PharmD, RPh**, has been appointed a member of the Missouri Board of Pharmacy. Ferguson's appointment will expire December 3, 2019.
- **Robert Frankil, RPh**, has been appointed a member of the Pennsylvania State Board of Pharmacy. Frankil's appointment will expire October 14, 2020. 

Tennessee Provides CS Audit Guidance

Pharmacists are realizing that it is difficult to obtain an accurate loss count for controlled substances (CS) and other high-risk diverted medications when simply following the Drug Enforcement Administration Code of Federal Regulations, which only requires an inventory every two years (biennial inventory). Even then, the audit only requires a count, and does not require that the pharmacy reconcile a surplus or loss of medication. Therefore, the Tennessee Board of Pharmacy advises pharmacies to at least pick the most highly dispensed CS in the pharmacy and audit those items more frequently.

The Board stresses that when auditing, it is important to remember to run a drug usage report correctly. If the audit was performed on January 2, 2014, after the end of the day, do not forget to run the usage report from January 3, 2014 (beginning of the day) to the current time. The Board also stresses to remember to count invoice orders from all wholesalers/distributors and not to forget to account for any previous losses/thefts or returns for destruction in the count, or it will certainly cause an inaccuracy.

The Board also states that if the count is off considerably, it may be prudent to contact the wholesaler/distributor for a complete order during the audited time period, as invoices may

have been misplaced, lost, or stolen to help hide the diversion. Also, it may be helpful to request the documentation with the medications listed together as opposed to by date ordered.

For additional information or questions, contact the Tennessee Board of Pharmacy office or an area pharmacy investigator.

New Mexico PMP Awarded Harold Rogers Grant

The New Mexico Board of Pharmacy was awarded the Bureau of Justice Assistance Fiscal Year 2014 Harold Rogers Prescription Drug Monitoring Program (PDMP) grant for use in enhancing the New Mexico Prescription Monitoring Program (PMP). This award will be used for a variety of enhancements and innovative initiatives, with the goal of making the PMP of greater value and providing better ease of use for prescribers and pharmacists.

One of the enhancements affecting pharmacists specifically is the expansion of unsolicited reports. Currently, email notices are sent out quarterly to prescribers with patients who have prescriptions written by more than five different prescribers and filled at more than five different pharmacies within a six-month period (considered the threshold value).

The enhancement will expand this to include pharmacist-in-charge (PIC) accounts that will be tied to the PIC at each retail

pharmacy. In addition, when running a PMP report, if the patient matches the threshold value, an alert will be presented to the PMP user.

The PMP will also implement the inclusion of the NAR_xCHECK[®] report as an optional request report format within the PMP itself; New Mexico will be the first state to do this. The software provides a NAR_xCHECK Score as well as graphical representations of prescription history. The Board hopes that this will help users' ability to quickly digest the sometimes dense PMP information on their patients.

North Dakota Encourages PDMP Registration

The North Dakota State Board of Pharmacy took comments and made modifications during the North Dakota Pharmacists Association Annual Convention in Fargo, ND, on the rule requiring use of the North Dakota PDMP in certain circumstances.

For North Dakota licensees that do not have a PDMP account, it is time to create one to view patient reports. The Board notes that pharmacy technicians, technicians-in-training, and interns may sign up and look up reports as delegates under the pharmacist's discretion. The Board recommends that pharmacists utilize the PDMP and determine the policies and procedures for its use in their practice to meet the standards set in the rule. 



AWAR_xE Search Tool Provides User-Friendly Way to Find Medication Disposal Locations

In December 2014, the AWAR_xE® Prescription Drug Safety Program launched an easy-to-use online search tool for locating medication disposal sites. Safe disposal of unwanted, unneeded, and expired prescription drugs is now considered a key part of increasing medication safety and reducing the risk of abuse or accidental ingestion. Of the estimated 6.5 million Americans who are current non-medical users of prescription drugs, more than half continue to report getting them from family or friends for free. Between 2010 and 2014, Drug Enforcement Administration (DEA) held nine prescription drug take-back events, during which nearly 5 million pounds of unwanted medication were collected for safe and secure disposal, and at the final event, nearly 5,500 sites participated. The success of this national program demonstrates a growing public need for convenient medication disposal options and information about how to locate these permanent drop boxes.

To help address this need, AWAR_xE launched a location-based search tool in December 2014, allowing visitors to the AWAR_xE website to enter search criteria such as an address, city and state, or zip code to find a list and

map of the closest medication disposal sites. During the first 15 days the tool was available on the AWAR_xE website, more than 2,500 unique users visited the page.

In 2014, DEA announced that the agency would be ending the national prescription drug take-back program to avoid competing with newly authorized local disposal programs. Community-based collection sites in the AWAR_xE search tool include law enforcement organizations, civic centers, and pharmacies. While many pharmacy-based collection sites still accept non-controlled substance (CS) drugs for disposal, new federal disposal rules allow pharmacies to modify their DEA registrations to become authorized collectors of CS. To implement such programs, pharmacies need to follow several DEA requirements. Further, in some states, laws will need to be updated to harmonize with the federal changes.

At locations where CS collection is not possible, most drop boxes are able to collect unscheduled prescription drugs and over-the-counter drugs, as well as unwanted or expired vitamins and dietary supplements. To supplement the drug disposal program search tool with the most current information, AWAR_xE

invites those with knowledge of additional medication drop box disposal programs to email the information to AWAR_xERX@NABP.NET. Additional information about DEA's new regulations and related issues is available in a feature article printed in the February 2015 issue of the *NABP Newsletter*.

In addition to this new resource, the AWAR_xE website continues to provide educational information and resources for a variety of audiences, including pharmacists and patients. For pharmacists, AWAR_xE provides information about NABP programs, including the .Pharmacy Top-Level Domain Program and

NABP PMP InterConnect®, and educational materials such as flyers and bookmarks that pharmacists can share with patients.

For community organizations, AWAR_xE provides the Get Active page, which includes instructions for groups who want to organize a medication safety event. Additionally, AWAR_xE provides flyers, bookmarks, posters, and other educational materials to community leaders and educators in support of efforts to combat prescription drug abuse. AWAR_xE materials for board of pharmacy community events may be requested by sending an email to AWAR_xERX@NABP.NET. 

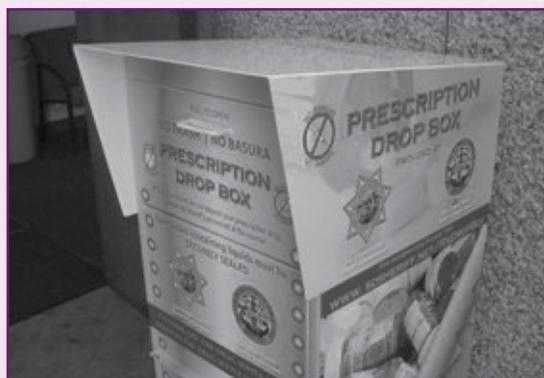


Photo courtesy of the San Diego County Sheriff's Department

Medication Disposal Sites Just a Click Away Using New AWAR_xE Search Tool

AWAR_xE's new medication disposal site search tool allows users to enter their zip code or a city to find a convenient medication drop box. Pictured above, medication drop box in San Diego County, CA.

Northstar Label Gabapentin Capsules Recalled

On November 21, 2014, Aurobindo Pharma USA, Inc, of Dayton, NJ, issued a voluntary recall of one lot (lot number GESB14011-A) of gabapentin capsules, USP 300 mg, 100-count bottles to the consumer level after finding that some capsules were empty. Empty capsules could result in missed doses and adverse health consequences that may include short-term reduction in efficacy, short-term withdrawal effect, or status epilepticus that could be life-threatening, a firm press release posted to the Food and Drug Administration (FDA) website indicates. The product was distributed through the Northstar label to retail outlets nationwide. The company is notifying distributors and customers via recall letters and is arranging for return of the product. Adverse reactions may be reported to FDA's MedWatch Safety Information and Adverse Event Reporting Program.

New Drug Labeling Requirements to Benefit Pregnant, Breastfeeding Women

FDA announced new prescription drug labeling requirements that will clarify how medications might affect women who are pregnant or breastfeeding and men and women of reproductive potential. The final "Content and Format of

Labeling for Human Prescription Drug and Biological Products; Requirements for Pregnancy and Lactation Labeling Rule" removes the previously used pregnancy letter categories – A, B, C, D, and X – and places information into three main categories:

- **Pregnancy:** Labor and delivery guidelines now fall under this category, which also now includes information for pregnancy exposure registries. Such registries track data on the effects of certain approved medications on pregnant and breastfeeding women.
- **Lactation:** Previously labeled "Nursing Mothers," this category provides information such as how much drug is secreted through breast milk and the potential effects on a breastfed infant.
- **Females and Males of Reproductive Potential:** This is a new category that includes information on how a certain medication might affect pregnancy testing, contraception, and infertility.

The new labeling changes go into effect on June 30, 2015. Over-the-counter

medication labels will not be affected. The new rules are available for download through the *Federal Register* at <https://s3.amazonaws.com/public-inspection.federalregister.gov/2014-28241.pdf>.

FDA Announces Pharmacy Compounding Advisory Committee

FDA has announced the names of the 14 members of the Pharmacy Compounding Advisory Committee. These individuals will serve as advisors on scientific, technical, and medical issues concerning drug compounding under sections 503A and 503B of the Federal Food, Drug, and Cosmetic Act, as amended by the Drug Quality and Security Act of 2013. Donna S. Wall, PharmD, member, Indiana Board of Pharmacy and NABP past president was selected as a voting member of the committee. The committee also includes a voting member representing the United States Pharmacopeial Convention, and two non-voting members representing the pharmacy compounding industry and the pharmaceutical manufactur-

ing industry. Additional information is available in a news release on the FDA website available at www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm427005.htm.

FDA Approves New Abuse-Deterrent Hydrocodone Product

FDA has approved a new opioid analgesic medication with abuse-deterrent properties that make the drug difficult to crush, break, or dissolve. The new medication, Hysingla® ER (hydrocodone bitartrate) is an extended-release medication intended to treat pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The abuse-deterrent properties are expected to reduce, but not entirely prevent, abuse of the drug when chewed and then taken orally, or crushed and snorted or injected, indicates an FDA press release. The agency notes, however, that abuse of Hysingla ER by these routes is still possible, and that taking too much can still lead to an overdose that may result in death. Ⓢ



Newly Accredited VIPPS Facility

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

BI-LO, LLC
www.bi-lo.com
www.winndixie.com

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