License Transfer Requests Show Steady, Modest Climb; e-LTP Service Offering Faster Processing of Requests

The number of license transfer requests submitted though the NABP Electronic Licensure Transfer Program® (e-LTP®) climbed modestly from 2010 to 2011, with a total of 14,221 requests in 2011. This number represents a 4.4% increase, or 607 requests more than the 2010 total of 13,614, and continues a steady trend from 2010 when the total number of requests climbed 3.6% compared with 2009 requests. These modest but steady climbs illustrate a continued high demand for license transfer requests that began in 2008 when the annual number of requests rose above 13,000.

Shifting employment trends, with the demand for pharmacists increasing and decreasing in particular states and regions, as well as opportunities for employment in border states and in the mail-order pharmacy environment, may be driving the demand for licensure in multiple states.

2011 e-LTP Requests by State

Texas once again saw the highest number of requests to transfer licensure to a state with 839 requests in 2011, despite a decrease from 2010, when requests totaled 985. In both 2010 and 2011, the states of Virginia and Florida were also among the four states with the highest number of requests to transfer licensure to a state. In 2011, Florida had the second highest number of requests, with 707 requests to transfer licensure to the state, and Virginia had the fourth highest number of requests, with 661 requests to transfer licensure to the state. The number of requests in 2010 for Florida and Virginia were 669 and 709, respectively. There were 672 requests to transfer licensure to Pennsylvania in 2011, up from 560 in 2010. All of these states, with the exception of Virginia, have a relatively higher number of licensed pharmacists when compared with other states, according to the NABP 2012 Survey of Pharmacy Law.

The 2011 request totals show some correlation (continued on page 58)
NABP Announces 2012-2013 MPJE Review Committee Members

Introducing three new members and commending 13 returning members, NABP is pleased to announce the 2012-2013 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 and the 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. The MPJE Review Committee members are listed below. Their terms began February 1, 2012.

**MPJE Review Committee**

- Vance Alexander, Birmingham, AL
- C. Richard Allen, Athens, GA
- Grace Cheung, Kenmore, WA
- James D. Coffey, Massachusetts Board of Registration in Pharmacy
- Denise M. Frank, Princeton, MN
- Christopher Gassen,* Colorado State Board of Pharmacy
- 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
- Vickie Seeger, Midlothian, VA
- Alan M. Shepley, Mount Vernon, IA
- John D. Taylor, Tallahassee, FL
- David C. Young, Utah Board of Pharmacy

*Denotes new members

Newly Accredited DMEPOS Facility

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

**Nick’s Pharmacy**
Brooklyn, NY

A full listing of the over 1,000 accredited DMEPOS companies representing more than 29,000 facilities is available on the NABP Web site at www.nabp.net.
NABP Moving to In-House Operation of Pre-NAPLEX and Pre-FPGEE Practice Exams

In March, NABP will move hosting of the Pre-NAPLEX® and Pre-FPGEE® registration and administrations in house, eliminating the need for a third-party vendor.

Currently, those wishing to sign up for the practice examinations do so through a link on the NABP Web site that takes candidates to a third party to register and take the examination. By the end of March, candidates will register through the NABP Web site and take the practice examination through the NABP-hosted server.

NABP’s goal with this change was for the Association to more closely oversee the overall quality and development of the Pre-NAPLEX and Pre-FPGEE. By eliminating its third-party test vendor for the practice examinations, NABP will be better able to obtain access to test data such as scoring and score reporting.

To ensure the practice examinations remain effective and of high quality, NABP has sought the assistance of Breakthrough Technologies, LLC, a software development firm with extensive experience in helping associations and businesses with business enterprise systems development, content management, and testing systems, among other applications. The firm has assisted NABP in developing a test driver to host the practice examinations.

In addition, by bringing the registration of the practice examinations in house, it will further NABP’s efforts in streamlining the registration process for all of its programs and services. Now, those who take practice examinations will be able to log in using the same username and password they use for other NABP programs and services, including CPE Monitor™, North American Pharmacist Licensure Examination® (NAPLEX®), NAPLEX Score Transfer, Multistate Pharmacy Jurisprudence Examination®, and NABP publication orders.

Although the practice examinations are to be hosted on NABP servers, the practice examination fees and format remain the same. Candidates will continue to have seven days to take the practice examination after registering. NABP will also continue offering its voucher program to schools and colleges of pharmacy and pharmacy associates for the Pre-NAPLEX.

With this change, candidates can expect a fresh, new look to the Pre-NAPLEX and Pre-FPGEE. The practice examination registration pages will have a new, user friendly layout and design, which will be rolled out to the other online registration pages throughout 2012.

For more information about the Pre-NAPLEX and Pre-FPGEE, visit the Programs section of the NABP Web site at www.nabp.net/programs.

A full listing of NABP approved e-Advertisers is available on the NABP Web site at www.nabp.net.
Legal Briefs

Retest Reasonable Reality for Recommended Reinstatement of Revoked Registration

By Dale J. Atkinson, JD

Under certain circumstances, boards of pharmacy may be placed in the position of reinstating the practice privileges of a fallen licentiate. Boards of pharmacy discipline licensees for a variety of reasons and are advised to draft the final order to include the conditions of reinstatement, if any. If allowed, the board must ultimately determine whether such sanctioned person will be subject to reinstatement of such license and under what conditions. Only a limited number of jurisdictions have the authority to permanently revoke a license; that is, deny such person from ever again practicing pharmacy in that state.

Boards of pharmacy (or a governmental entity empowered to determine the appropriate sanction) must be very careful in fashioning a sanction and should discuss and consider the differences between a licensure revocation and suspension. Differentiation may prove to be a critical factor. A logical starting point is to define and understand the consequences of a licensure revocation and suspension. Keep in mind that the consuming public will most certainly not understand these nuances and likely believes that revocation means that such sanctioned practitioner is removed from the practice permanently.

According to Black's Law Dictionary, Eighth Edition, revocation means "an annulment, cancellation or reversal of an act or power." Suspension means "the act of temporarily delaying, interrupting, or terminating something." Administrative jurisprudence also distinguishes between revocation and suspension, holding that when a license is revoked it is extinguished and the former possessor is returned to the same position occupied had the license never been issued. Regarding suspension, previous case law finds suspension as an act by which a party is deprived of the exercise of a right for a period of time, a temporary stop of a right, or a partial extinguishment for a time.

With these distinguishing factors in mind, consider the following. This article will not only include an analysis of the majority opinion, but also an overview of the dissenting opinion.

In 1984, the Commonwealth of Pennsylvania through its Bureau of Professional and Occupational Affairs, State Board of Pharmacy (Board) issued a license to a pharmacist (Licensee). In 1990, the Licensee purchased a pharmacy and thereafter acted as the pharmacy manager. In 1999, the Licensee pled guilty to a felony violation of the Controlled Substance, Drug, Device and Cosmetic Act (Act) for delivering a controlled substance in his capacity as a pharmacist without a legitimate prescription or order of a licensed physician or practitioner. As a result of his conviction and as provided for under Pennsylvania law, the Board automatically suspended the Licensee's license to practice pharmacy. The Licensee thereafter sold his pharmacy to his sister and continued to work for the store as the general manager for non-pharmacy matters.

During his suspension, the Licensee met all of his continuing education requirements as well as monitored changes in pharmacy practice. After the expiration of a 10-year
period (as provided in law), the Licensee petitioned for reinstatement in August 2009. In response to requests from the Board, the Licensee provided a verification of compliance and a criminal record check indicating no criminal records after the 1999 conviction. After a hearing whereby the Licensee presented unrefuted documentary evidence of his fitness to return to practice, the Board issued an adjudication and order reinstating his license on the basis that he had proven his rehabilitation and fitness to practice, but under the condition that he retake and pass the NAPLEX® and MPJE®. The Board also held that his license would remain on probation for a three-year period after reinstatement. The Licensee appealed the imposition of the conditions on his reinstatement.

On appeal, the Licensee argued that because the Board acknowledged that he had proven his fitness to resume active practice, the Board exceeded its statutory authority by requiring the successful completion of the NAPLEX and MPJE®. In its response, the court noted that in addition to requiring the Board to automatically suspend the license based upon the felony conviction, the Pharmacy Practice Act also empowered the Board to impose additional sanctions upon the Licensee, including revocation of his license. Based upon the statutory language, the authority vested in the Board through the practice act, and the public protection nature of the regulatory activity, the court held that the reinstatement conditions were not clearly erroneous nor did they constitute a manifest or flagrant abuse of its discretion.

Further, the court cited the practice act and the Board authority to exercise discretion to determine whether and when to reinstate a previously sanctioned license. Indeed, the practice act calls for the expiration of at least a 10-year period after the date of the felony conviction before a reinstatement petition will be considered. Under the statute, the Board “may” reinstate a license if certain conditions are met, including the personal rehabilitation since the conviction, taking into consideration the health and safety of the patients and public. Finally, the court noted the authority of the Board to restore or reissue a suspended license and impose “any disciplinary or corrective measure which it might have originally imposed.”

Addressing the imposition of the exam requirements, the court noted the practice act and that reinstatement can be conditioned upon not only rehabilitation, but meeting the act’s licensing requirements. Because the practice act calls for successful completion of the required examinations as a prerequisite to licensure, the court determined that conditioning a reinstatement petition on passing such exam(s) is within the discretion of the Board.

The Licensee also argued that his constitutional rights were violated by the placement of his reinstated license on probation for a three-year period with a right to immediate suspension without a hearing in the event of a violation of his probation. He argued that this authority was not clearly articulated and his right to understand what is expected of him was violated due to vagueness in the law. In rejecting this argument, the court held that the authority and discretion of the Board to impose wide variety of sanctions was contained in the statute and had already been articulated by the court. Thus, there was no need to repeat such legal justification. In short, the due process rights (continued on page 54)
NABP Reports on Intensified Efforts by Regulators and Other Groups as Rogue Internet Drug Outlets Persist

With prescription drug counterfeiters and illegal online drug sellers demonstrating their persistence throughout 2011, regulators have been forced to step up their efforts in deriving new methods and partnerships to protect public health. As reviewed in the NABP Internet Drug Outlet Identification Program Progress Report for State and Federal Regulators: January 2012, multiple groups have undertaken these intensified efforts to help educate health care professionals and consumers, establish policies that further protect patient health, and better understand and contain the risks posed by rogue sites.

To assist in protecting the public health, NABP remains committed to reviewing online drug sites and listing those that are out of compliance with state and federal laws and NABP patient safety and pharmacy practice standards. As of December 31, 2011, NABP has assessed 8,789 Internet drug outlets selling prescription medications and has found 8,456 (96.21%) of them to be out of compliance with state and federal pharmacy laws and practice standards. These sites are listed as Not Recommended in the “Buying Medicine Online” section, under Consumers, on the NABP Web site as well as on the AWAREX Web site at www.AWAREX.ORG. Of these Not Recommended sites:

- 7,230 do not require a valid prescription
- 3,845 offer foreign or non-Food and Drug Administration-approved drugs
- 2,156 are located outside the United States and sell drugs illegally to patients in the US

Of the total 8,789 sites reviewed, 266 (3.03%) appear to be potentially legitimate in that they meet program criteria, based on information obtained by looking at the sites.

Sixty-seven (0.76%) sites have been accredited through NABP’s VIPPS® (Verified Internet Pharmacy Practice Sites™) or Vet-VIPPS® programs, or approved through the NABP e-Advertiser Approval™ Program.

The Internet Drug Outlet Identification Program quarterly progress report is available on the NABP Web site at www.nabp.net/programs/assets/IDOI_Report_01-12.pdf.

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of notice and opportunity to be heard were met, thus satisfying the constitutional criteria. Accordingly, the majority court held in favor of the Board and affirmed the conditions of reinstatement, including the successful completion of the NAPLEX and MPJE.

Interestingly, a written dissent was filed in this case that disagreed with the majority. The dissenting judge argued that pursuant to the statutory language, the Board only had the authority to impose re-examination conditions on the reinstatement of a revoked license and did not have the authority to require such conditions on the reinstatement of a suspended license. In short, the judge distinguished between a suspension and revocation of a license, citing the language of the practice act. In relevant part, the Pennsylvania Pharmacy Practice Act states:

“[A]ny person whose license, certificate or registration has been revoked may apply for reinstatement, after a period of at least five years, but must meet all of the licensing qualifications of this act for the license applied for, to include the examination requirement, if he or she desires to practice at any time after such revocation.” (Emphasis added.)

Conversely, and as an example of the legislative intent to empower a regulatory board to impose re-examination conditions, both the Pennsylvania Medical Practice Act and Certified Public Accountants Act specifically reference that persons with a revoked or suspended license may, as a condition of reinstatement, be required to successfully complete the licensing examinations. According to the dissenting judge, in order for a regulatory board to act, it must have the legislative authority to do so and such authority is lacking in the Pharmacy Practice Act. While not binding, dissenting opinions can be instructive.

Boards of pharmacy are encouraged to understand the distinguishing factors between licensure suspension and revocation and to clearly articulate in final orders not only the sanctions, but the rights to reinstatement, if any. Complicating the current case was the automatic suspension of the pharmacist’s license based upon the criminal conviction. Perhaps such automatic suspensions should also clearly articulate the discretionary nature and parameters of a reinstatement petition and provide notice to the licensee of the board authority to impose conditions upon any future petition for reinstatement.

Marijuana: A Balancing Act for the States

Marijuana has been used for thousands of years for a variety of purposes ranging from fiber for textiles to medicine. In the 1600s, Puritans introduced marijuana to New England. For many years thereafter, marijuana was used in the United States for household and medical purposes. As early as the 1850s, marijuana was listed as a medicinal drug in the United States Pharmacopoeia (USP), and medical use of marijuana continued to be recognized, and legally permitted, through the 1930s.

Removal of marijuana from the USP in 1941 was a harbinger of marijuana regulation under the federal government. Marijuana was categorized as a Schedule I controlled substance upon the enactment of the federal Controlled Substances Act (CSA) in 1970. Today, marijuana remains a Schedule I drug under the CSA, meaning the federal government has determined that it has no currently accepted medical use in treatment in the US, and cannot be legally prescribed, dispensed, or administered in the US.

View from Law Enforcement

In January 2011, Drug Enforcement Administration (DEA) released an official position paper on marijuana, The DEA Position on Marijuana, stating “The clear weight of the currently available evidence supports this [Schedule I] classification, including evidence that smoked marijuana has a high potential for abuse, has no accepted medicinal value in treatment in the United States, and evidence for a general lack of accepted safety for its use even under medical supervision.”

From the law enforcement perspective, marijuana is often viewed as a gateway drug, having been found to be a frequent precursor to the use of more dangerous drugs such as heroin and cocaine. In its January report, DEA explained that long-term studies on patterns of drug usage among young people show that very few of them use other drugs without first starting with marijuana.

Moreover, DEA states that, unlike modern medicine, marijuana has no standardized dosage or appropriate prescribing information; there is no quality control or accountability for the product; and there is no safe regulation or insurance coverage for use of the Schedule I substance as a medicine. Maintaining consistency in the chemical composition of marijuana plants and their growing conditions, which may include exposure to pesticides or other toxic substances, further fuels regulators’ concerns about use of marijuana as a medical remedy.

Likewise, the question remains: Who are the primary medical marijuana users? It appears that some individuals who seek marijuana for “medical” purposes may, in fact, be diverting the controlled substance in order to get high. Such individuals abuse states’ medical marijuana programs by feigning illnesses or misleading physicians about use of marijuana as a gateway drug, hereby, be diverting the controlled substance in order to get high. Such individuals abuse states’ medical marijuana programs by feigning illnesses or misleading physicians about use of marijuana as a medical remedy.

States’ Perspectives

Despite the Schedule I designation of marijuana under CSA and the accompanying federal laws and regulations, states are increasingly forging their own regulatory paths. Currently, 17 US jurisdictions officially recognize marijuana for medical use, namely Alaska, Arizona, California, Colorado, Delaware, District of Columbia, Hawaii, Maine, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington. In addition, 14 states – Alabama, Illinois, Indiana, Iowa, Kansas, Massachusetts, Maryland, New Hampshire, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, and Wisconsin – have pending bills permitting marijuana to be used for medical purposes.

State medical marijuana programs are typically operated by departments of public health and share a number of characteristics. For example, programs commonly establish patient registries, the medical conditions for which marijuana can be recommended, who can recommend marijuana, and the requirements for such recommendations, as well as location, business model, and operations of medical marijuana providers. Acceptable diseases and medical conditions for marijuana use typically include AIDS, cancer, glaucoma, multiple sclerosis, chronic pain, anorexia, and severe nausea and vomiting.

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Marijuana
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Physicians are designated as “recommenders” of marijuana in states that operate medical marijuana programs; however, physician assistants and advanced practice nurses may make marijuana recommendations in some states. Medical marijuana dispensaries are commonly prohibited from operating near schools or parks, and must operate as non-profit organizations in a number of states.

On the other hand, there are important differences among state medical marijuana programs. Delaware, New Jersey, and the District of Columbia prohibit patients from growing marijuana at home for medical purposes, unlike most jurisdictions. Few states require education or training for dispensary owners or staff. Notably, the District of Columbia established comprehensive training mandates for dispensary staff addressing compliance with law, medical marijuana use, security, and theft prevention. Maine established rules requiring dispensaries to provide medical marijuana educational materials to patients.

More significant are the disparities among state standards for recommending marijuana for medical use. Colorado broadly permits physicians to recommend marijuana if the patient “might benefit” from it. California requires physicians to perform a risk/benefit analysis to determine if medical marijuana is as good as, or better than, other medications that could be used for the patient.

In contrast, New Mexico promulgated a much more stringent standard: before recommending marijuana, other medical therapies must be utilized for a patient’s qualifying medical condition, these therapies must have failed, and the patient must have current, unrelieved symptoms for which the benefits of the medical use of marijuana outweigh its health risks. Similarly, the District of Columbia requires a comprehensive assessment before a physician can recommend medical marijuana. Specifically, after reviewing “other approved medications and treatments that might provide the qualifying patient with relief,” the physician must then determine that medical marijuana “is necessary” in order to recommend it.

Medical Marijuana Program Challenges

Medical marijuana programs are increasingly facing challenges, sometimes caused by the state itself. Two communities in California recently won court battles to control the number of operating medical marijuana dispensaries. New Jersey delayed implementation of its program due to disagreement between the legislative and executive branches and concerns that state department of health employees may be subject to federal prosecution for facilitating access to marijuana. In January 2012, a federal court denied a request for declaratory judgment filed by the Arizona attorney general concerning the validity of the state’s own medical marijuana program and whether compliance with its program provided a safe harbor from federal prosecution under the CSA.

Reports of crime involving medical marijuana dispensaries continue to worry law enforcement officials. The California Police Chiefs Association issued a White Paper in 2009 recounting sobering details of murders, burglaries, shootings, and theft related to dispensaries, their operators, and patients. Other states such as Washington, Arizona, and New Mexico experienced robberies and murders related to medical marijuana in 2011. Montana tightened its medical marijuana program requirements in response to increasing concerns about marijuana diversion for abuse.

Moreover, use of marijuana as a drug of choice is generally not supported by clinical research. Lack of evidence is due, in part, to difficulties in obtaining marijuana from the federal government for approved research purposes. In other instances, traditional drug regimens demonstrate superiority over marijuana, such as current medications used to prevent and treat chemotherapy-induced nausea and vomiting.

Marijuana poses many public policy and regulatory issues. Striking a balance between law enforcement obligations to prevent diversion and the desire to meet the medical needs of seriously ill patients continues to challenge state medical marijuana programs, and will likely do so for the foreseeable future.
NAPLEX and MPJE Administrations Continue to Rise; NABP Reports Examination Totals for 2011

NABP has announced the totals for the 2011 administrations of the North American Pharmacist Licensure Examination® (NAPLEX®), the Multistate Pharmacy Jurisprudence Examination® (MPJE®), the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®), and the Pharmacy Curriculum Outcomes Assessment® (PCOA®). The results indicate a consistent increase in NAPLEX and MPJE administrations, while showing a slight decrease in FPGEE administrations.

Likely contributing to the increase of NAPLEX administrations are the six pharmacy schools that had graduating classes for the first time in 2011. Currently, there are 101 pharmacy schools in the US that have graduating classes. Eighty-four percent of the candidates that sat for the 2011 administration were first-time test takers.

Like the NAPLEX, there was 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 8,324 administrations in 2011, an increase of 12.6% when compared to the 2010 administrations.

NAPLEX

Showing a consistent increase from year to year, NAPLEX administrations continue to rise. 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, 2011 to December 31, 2011, there were a total of 14,208 NAPLEX administrations compared to 13,894 administrations in 2010, representing an increase of 2.3%.

MPJE

The number of MPJE administrations showed an increase in 2011. The MPJE had a total of 22,026 administrations in 2011, an increase of 8.5% compared to 2010. This increase likely correlated with the increase in NAPLEX administrations and the increased number of electronic licensure transfer requests received.

In 2011, 48 jurisdictions required the MPJE for licensure and 44 jurisdictions required pharmacists to pass the MPJE as a condition of license transfer.

FPGEE

The FPGEE showed a decrease in administrations in 2011. The FPGEE had a total number of 1,983 candidates that sat for the 2011 administrations in the spring and fall, a 4.8% decrease, when compared to 2010.

This slight decrease may be related to the changes in the requirements for applicants wishing to obtain Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification. In 2003, the FPGEC changed the curriculum requirement for foreign-educated pharmacists to earn their professional degree from a school that provided a four-year program to a five-year program. Since many of the foreign pharmacy schools do not have five-year programs, or are still in the process of transitioning to one, fewer foreign-educated graduates are eligible for the FPGEC program, and therefore, cannot sit for the FPGEE.

In addition to the program curriculum requirement changes, the decrease in the number of FPGEE administrations for 2011 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.

The Pre-FPGEE®, the practice examination for the FPGEE, demonstrated an increase in administrations in 2011. The Pre-FPGEE had a total of 583 administrations in 2011, an increase of approximately 17.3% compared to 2010.

PCOA

The number of schools that participated in the 2011 PCOA administration remained consistent with 2010 as 19 schools again participated. However, PCOA administrations increased 44.6% in 2011 when compared to the administrations in 2010. A total of 2,812 students participated in the PCOA program in 2011 compared to 1,945 in 2010.

More information on the NABP examinations is located in the Programs section on the NABP Web site at www.nabp.net.
License Transfer
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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 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 2011, with a national average at that time of 3.32, indicating a slight demand for pharmacists nationwide. Two of four states with high numbers of license transfer requests in 2011 had October 2011 ADI rankings above or just short of this national average – Texas (3.75) and Virginia (3.13) – with the other two of four having ADI rankings indicating a surplus of pharmacists in their state – Florida (2.71) and Pennsylvania (2.88). Each of these states had higher peaks at certain points during 2011, which may correlate with the high numbers of requests to transfer licensure to the states in 2011. For example, Texas, which was ranked at 3.88 in September 2011, also saw a peak in demand during the month of May 2011, with an ADI ranking of 4.25. And while October 2011 ADI rankings for Florida, Pennsylvania, and Virginia showed an average of 2.9, indicating a balance in the supply and demand of pharmacists in these states, each state had a peak in May 2011 with ADI rankings of 3.43, 3.38, and 3.89, respectively, that could correlate with the high number of e-LTP requests during 2011.

With the fifth highest number of requests to transfer licensure to the state, Mississippi saw a 317% increase compared with 2010 e-LTP data for the state, with 626 requests in 2011 compared with 150 in 2010. This increase may be due to recent changes in the Mississippi Pharmacy Practice Act and regulations that required the pharmacist-in-charge of all nonresident pharmacies to be licensed as a pharmacist in the state of Mississippi by January 1, 2012. While the demand for pharmacists in Mississippi seemed to be balancing out by October 2011

2011 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.
as indicated by an ADI ranking of 3.43 at that time, Mississippi’s ADI ranking hit a peak of 4.17 in January 2011, a month when the national average ADI had fallen to one of its lowest points at 3.41. Additional states and jurisdictions with significant proportionate growth in requests to transfer licensure to the state or jurisdiction were Guam with a 300% increase (2 to 8 requests), South Dakota with a 51% increase (43 to 65 requests), and Montana with a 48% increase (50 to 74 requests).

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. Also, some of these opportunities for pharmacists – such as employment in a border state, or opportunities in telepharmacy – may require licensure in multiple states.

Florida, New Jersey, Pennsylvania, and Texas had the highest number of requests to transfer originating from their state with 638, 549, 504, and 503 requests, respectively. Florida, Pennsylvania, and Texas were also among the states with the highest requests to transfer to the state, and New Jersey also had an above average number of requests at 342 requests to transfer licensure to the state.

**e-LTP Efficiency Increases**

In 2011, the average processing time for e-LTP requests was under seven days. Approximately 8,185 applications were processed in 2011. The United States Department of Labor predicts a high growth rate, projected at 17%, in the employment of pharmacists from 2008 to 2018, and the e-LTP process continues to facilitate the need for license transfer and multistate licensure created by such occupational demand.

“While ensuring that the e-LTP service continues to support the boards of pharmacy as they provide the essential function of granting licensure, NABP has made improvements allowing for even greater efficiency in processing requests,” stated NABP President Malcolm J. Broussard, RPh. “Additional system improvements will continue to streamline the e-LTP process in 2012, facilitating efficiency, supporting boards and pharmacists, and protecting the public health.”

**e-LTP Requests by Year, 10-year Trend**

A total of 14,221 licensure transfer requests were submitted in 2011, which is an increase of 122.1%, or 7,818, when compared to the 6,403 requests submitted in 2002.
New NABP PMP InterConnect Function to Encourage Use of PMP Data Among Authorized Users in Health Care Settings

With successful implementation by five state prescription monitoring programs (PMPs), the NABP PMP InterConnectSM has addressed the significant public health and safety issue of inter-state PMP data sharing, and a new NABP InterConnect functionality is under development with the aim of increasing PMP use among authorized health care providers. Specifically, to encourage utilization of PMPs by authorized pharmacists, physicians, and other prescribers, the Association is now leveraging the advanced functionality of the NABP InterConnect by integrating PMP data into pharmacy dispensing systems, electronic medical records, and emergency room departments via health information exchanges. As of press time, NABP has a pilot under development and is looking to expand this new feature of the NABP InterConnect throughout 2012.

More than 20 state PMPs are anticipated to be sharing data using the NABP InterConnect by the end of 2012. The NABP InterConnect facilitates the transfer of PMP data across state lines to authorized users, providing a more effective means of combating drug diversion and drug abuse nationwide. The system was developed to facilitate efficient implementation by state PMPs. NABP is paying for all costs associated with the development and implementation of the NABP InterConnect, as well as five years of annual participation fees for each participating PMP.

Participating State PMPs Continue to Go Live

As of press time,

- NABP InterConnect has been deployed to authorized PMP users by PMPs in the states of Connecticut, Indiana, Michigan, Ohio, and Virginia.
- PMPs in North Dakota, South Carolina, and West Virginia plan to go live by the end of first quarter 2012, while Arizona and Kansas are scheduled to go live by the end of the second quarter.
- PMPs in the following states have executed a memorandum of understanding (MOU) with NABP to participate in the NABP InterConnect: Mississippi, New Mexico, and Utah.
- The following PMPs intend to sign on to use the NABP InterConnect and have MOUs under review: Delaware, Louisiana, Montana, Nevada, North Carolina, Rhode Island, and South Dakota.

The most up-to-date information about state PMP participation is presented in the NABP PMP InterConnect map, available in the NABP PMP InterConnect section of the NABP Web site at www.nabp.net/programs. Additional information about NABP InterConnect development, governance, and funding is also available on the Web site.

Newly Accredited VAWD Facilities

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

- A & Z Pharmaceutical, LLC
  Pittsburgh, PA
- Butler Animal Health Supply, LLC dba Butler Schein Animal Health Supply
  Elizabethtown, PA
- Camber Pharmaceuticals, Inc
  Piscataway, NJ
- CAO Group, Inc
  West Jordan, UT
- Kinney Drugs, Inc
  Gouverneur, NY
- McKesson Medical-Surgical, Inc
  Northborough, MA
- MDR Specialty Distribution Corporation, Inc
  Williamsburg, VA
- UPS Supply Chain Solutions, Inc
  Mira Loma, CA
- Walgreen Eastern Co, Inc
  Bethlehem, PA
- Woodfield Distribution, LLC
  Boca Raton, FL

A full listing of more than 500 accredited VAWD facilities is available on the NABP Web site at www.nabp.net.
Association News

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 include requirements to help ensure patients and beneficiaries receive quality care and products. In 2011, entities including durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers, Internet pharmacies, and wholesale distributors continued to seek the appropriate accreditation or approval to comply with state and federal requirements or to distinguish their company as a provider of high quality products and services.

By December 31, 2011, over 500 wholesaler facilities had been accredited by the VAWD® (Verified-Accredited Wholesale Distributors®) program since its launch in 2004. Contributing to this milestone, at least 20 states recognize VAWD accreditation, with some requiring VAWD as a prerequisite for licensure. 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 512, with 123 new accreditations and 82 reaccreditations in 2011.

The DMEPOS accreditation program has assisted numerous pharmacies seeking to meet Centers for Medicare and Medicaid Services DMEPOS requirements. Since 2006, the DMEPOS program has accredited over 1,000 companies representing more than 29,000 facilities. DMEPOS continues to receive a steady number of applications, resulting in 75 new accreditations and four reaccreditations in 2011. The enactment of the Patient Protection and Affordable Care Act, which extended the deadline for pharmacies to be accredited to January 1, 2011, likely contributed to the higher number of accreditations in 2010.

For over 12 years, 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. Further, in 2011, several print, Internet, and prime time television news stories including 60 Minutes, Dr Oz, and The Doctors, have raised awareness about rogue Internet drug outlet risks and highlighted the value of the VIPPS Seal, which represents the gold standard for Internet pharmacies, for a wider consumer audience.

In 2011, VIPPS and Vet-VIPPS® (Veterinary-Verified Internet Pharmacy Practice Sites®) newly accredited six and eight Internet pharmacies, respectively. In addition, one VIPPS Internet pharmacy was reaccredited. By the end of 2011, a total of 29 Internet pharmacy sites representing more than 12,000 pharmacies were VIPPS accredited and 16 Internet pharmacies were Vet-VIPPS accredited.

The NABP e-Advertiser Approval® Program targets Internet advertisers that offer only limited pharmacy services or other prescription drug-related services online. A total of 21 entities sought and obtained NABP e-Advertiser Approval since the launch of this program in 2010, with seven newly approved entities and eight reapproved entities in 2011.

Accreditations and Approvals by NABP Program

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* Total number of accreditations for a given year includes entities accredited for the first time and entities reaccredited in that year. Reaccreditation occurs every three years for the VAWD, DMEPOS, VIPPS, and Vet-VIPPS programs, while reapproval for the NABP e-Advertiser Approval Program occurs annually.

** Chain pharmacies, though each counted as a single DMEPOS accreditation, have multiple locations.
DMEPOS Accreditation Program Celebrates Five Years

This year, NABP celebrates the fifth anniversary of the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) program. With the dynamic nature of the DMEPOS program, NABP has dedicated countless hours over the past five years to keep pharmacies abreast of the various deadlines and requirements. The Association was first granted deeming authority to serve as an accrediting organization by the Centers for Medicare and Medicaid Services (CMS) in 2006. Since then, NABP has accredited over 1,000 companies representing more than 29,000 facilities through its DMEPOS program.

Although there are 10 approved accrediting organizations, NABP is the optimal fit for pharmacies seeking DMEPOS accreditation because of its more than 100 years of experience in pharmacy regulation. The Association understands the complexities of pharmacy practice and the necessity for continued protection of public health.

History

Initial developments of the DMEPOS accreditation program began as early as 2005, when CMS started to craft a new set of quality standards for DMEPOS suppliers as required by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. After consulting with stakeholders, conducting focus groups, significantly revising the initial quality standards, and shortening the document from 100 pages to 14, in August 2006 CMS issued a final rule establishing accreditation requirements for DMEPOS suppliers.

It was also determined that a competitive bidding program would be held in conjunction with the accreditation requirements, which would mandate that only those suppliers who submitted bids and contracted with CMS would be eligible to provide select DMEPOS items to Medicare beneficiaries. In order for these suppliers to participate in the CMS competitive bidding program, they would first need to seek DMEPOS accreditation from an approved accrediting organization.

With this in mind, Round 1 of the competitive bidding process began in 2007 for the first 10 Metropolitan Statistical Areas (MSAs). MSAs are areas that include major cities and the suburban areas surrounding them. In addition, during this time CMS announced that all DMEPOS suppliers wishing to maintain or obtain their Part B enrollment National Supplier Clearinghouse (NSC) numbers must be DMEPOS accredited by September 30, 2009.

In 2008, after two weeks of implementing contracts obtained from the first round bidding competition, the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) modified the program, mandating limited changes, but maintaining the competitive bidding program. MIPPA called for a Round 1 Rebid in 2009, removing Puerto Rico from the original MSAs.

In the meantime, while CMS began the contracting process from the Round 1 Rebid, on March 23, 2010, The Patient Protection and Affordable Care Act health care reform bill was enacted. This bill extended the deadline for all pharmacies to obtain DMEPOS accreditation to January 1, 2011, while also exempting pharmacies that met specific criteria from DMEPOS accreditation requirements altogether. (See page 31 of the February 2011 NABP Newsletter for details.) Although the full impact of this exemption is not likely to be seen until 2012, when most of the Association’s accredited suppliers are eligible to seek reaccreditation, NABP has retained the majority of its accredited suppliers through the end of 2011. Compelling reasons for pharmacies to seek full reaccreditation despite the option to pursue DMEPOS pharmacy exemption include:

- Participation in the competitive bid
- Enhanced negotiations with third-party insurance providers
- Retention of the NSC number necessary to bill for Medicare Part B

The Round 1 Rebid of the competitive bidding process was implemented January 1, 2011, with the intent to set more appropriate payment amounts for DMEPOS items to result in reduced beneficiary out-of-pocket expenses and savings to taxpayers and the Medicare program.

Round 2 of the competitive bidding process began in late 2011 with the announcement of the bidding schedule, bidder education programs, and the bidder registration period. The second round of bidding expands to 91 MSAs, as directed by the Patient Protection and Affordable Care Act of 2010, and is currently underway with the 60-day bid window closing March 30, 2012. According to the CMS timeline, Round 2 contracts are scheduled to be implemented July 1, 2013.

Coinciding with the second round of competitive bidding, CMS will also hold a national mail-order competitive bid. This competitive bidding process will be held separate from Round 2, but will adhere to the same timelines and serve as a nationwide bid for mail-order diabetic supplies.

The Process Continues

NABP continues to work with DMEPOS suppliers and CMS to help ensure that Medicare beneficiaries receive the appropriate products, services, and patient care associated with DMEPOS products.

Currently, NABP provides accreditation for the following DMEPOS products:

(continued on page 71)
Participate in Exciting Networking Opportunities in Philly! Attend the NABP 108th 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 108th Annual Meeting? Look no further than the optional events held throughout the meeting. Held May 19-22, 2012, at the Sheraton Philadelphia Downtown Hotel in Philadelphia, PA, the Annual Meeting provides attendees with numerous networking opportunities including the Optional Tour, the NABP AWARxE Fun Run/Walk, Hospitality Brunch, Educational Poster Session, and the Annual Meeting and District Meeting Orientation.

Group Tour Explores Philadelphia

NABP invites attendees to get out and explore the city that surrounds the 108th Annual Meeting during the Philadelphia History and Architecture Optional Tour, which will be held Monday, May 21, 2012, from 1:30 PM to 5:15 PM. The tour begins with a motor coach tour of Society Hill and the surrounding historic area where a guide will provide commentary on Georgian, Federal, and Greek Revival architecture. Along the tour, attendees will take in the sites of the Pennsylvania Academy of the Fine Arts, Logan Circle, the new site for The Barnes Foundation, and the Rodin Museum at which the participants can get a quick view of the Burghers of Calais and The Thinker.

In addition to these sites, participants will take a walking tour of the City Hall where they will have the opportunity to see the Mayor’s Reception Room and City Council Chambers as well as hear about the architecture and many sculptures located outside of the building.

During the tour, attendees will also visit the world’s first true “penitentiary,” Eastern State Penitentiary, designed in 1829 to inspire true regret in the hearts of convicts. Once the most famous and expensive prison in the world, Eastern State held many of America’s most notorious criminals including bank robber Willie Sutton and gangster Al Capone.

The cost of the tour is $49 per person. Advanced payment and registration is required by Tuesday, May 1, to hold a spot on the tour, as space is limited. Please note, no other functions are scheduled during this time.

NABP AWARxE Fun Run/Walk

Rebranded in support of the AWARxE™ consumer protection program, the NABP AWARxE Fun Run/Walk, sponsored by Rite-Aid, will be held Sunday, May 20, from 7:30 AM to 8:30 AM. The Fun Run/Walk will begin just outside the hotel’s doors where attendees will then head south on 17th Street to the Benjamin Franklin Parkway toward the Philadelphia Museum of Art, home to two of Philly’s most famous tourist attractions – the Rocky Statue and the Rocky Steps. The Rocky Statue is located at the bottom of the stairs of the museum that depicts the fictionalized, heroic boxer Rocky Balboa from the 1976 movie, Rocky, which recently celebrated its 35th anniversary. As famous as the statue itself, the Rocky Steps that actor Sylvester Stallone famously ran up in the movie lead to the east entrance of the museum.

Participants will also pass the Basilica of Saints Peter and Paul, the Swann Memorial Fountain at Logan Circle, the Free Library of Philadelphia, the Franklin Institute, Moore College of Art and Design, and the Academy of Natural Sciences.

In addition, attendees will pass the new home of The Barnes Foundation, which houses the world’s finest private collections of Post-Impressionist and early French modern art, including works of Monet and Picasso. Continuing on the run/walk, attendees will pass the Rodin Museum – which features the largest collection of Rodin sculpture outside of Paris – Eakins Oval, and the Philadelphia Museum of Art.

Preregistered participants will receive a Run/Walk t-shirt, displaying the AWARxE 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. Participants are asked to register (at no charge) by Tuesday, May 1.

Hospitality Brunch

Attendees of the 108th Annual Meeting will have another chance to network during the Hospitality Brunch, sponsored by Omnicare, Inc, on Sunday, May 20. From 8 AM 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 by NABP, federal regulatory agencies, and other associations will highlight important issues and programs. During this time, attendees will also have the opportunity to meet members of the Pennsylvania State Board of Pharmacy and get a local perspective on the must-see sites of Philly at the host state table top display.

Educational Poster Session

Just a few steps away from the brunch is the NABP 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 “Embracing Knowledge for Public Protection.” 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 (continued on page 71)
Meeting Program

May 19-22, 2012

Sheraton Philadelphia Downtown Hotel

Philadelphia, PA

Saturday, May 19, 2012

9 AM - 7 PM
Registration/Information Desk Open

2 - 4 PM
Pre-Meeting CPE

ONDCP – National Drug Plan to Combat Prescription Drug Abuse
Sponsored by CVS Caremark
ACPE #205-000-12-001-L03-P
(0.2 CEUs – 2 contact hours)

5 - 6 PM
Annual Meeting and District Meeting Orientation

7 - 10 PM
President’s Welcome Reception
Honoring NABP President
Malcolm J. Broussard, RPh
Sponsored by Medco Health Solutions, Inc
Dinner will be served.
Dress: business casual

Sunday, May 20, 2012

6:30 AM - 5:15 PM
Registration/Information Desk Open

7:30 - 8:30 AM
NABP AWARxE Fun Run/Walk
Sponsored by Rite Aid Corporation

8 - 11:30 AM
Hospitality Brunch
Sponsored by Omnicare, Inc

Educational Table Top Displays

8 - 11:30 AM
Joint CPE

Educational Poster Session – Embracing Knowledge for Public Protection
Sponsored by Pearson VUE
ACPE #205-000-12-002-L04-P
(0.1 CEU – 1 contact hour)

Monday, May 21, 2012

7 AM - 2 PM
Registration/Information Desk Open

7 - 8:15 AM
NABP/USP Breakfast
Sponsored by United States Pharmacopeial Convention

8:15 - 10:15 AM
Joint CPE

Advancing Online Drug Safety: How Public-Private Partnerships Thwart Illicit Online Drug Sales
Sponsored by Walgreen Co
ACPE #205-000-12-004-L03-P
(0.2 CEUs – 2 contact hours)

10:30 AM - noon
Second Business Session

Noon - 12:30 PM
Informal Member/Candidate Discussion

1:30 - 5:15 PM
Optional Tour
Philadelphia History and Architecture
Reservation required.

Tuesday, May 22, 2012

7:30 AM - 4:15 PM
Registration/Information Desk Open

7:45 - 8:45 AM
NABP Breakfast

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

OIG, NPDB, and HIPDB – What Everyone Should Know
ACPE #205-000-12-005-L03-P
(0.15 CEUs – 1.5 contact hours)

8:45 - 10:15 AM
Compliance Officer CPE

CSI Philadelphia – How to Conduct a Pharmacy Investigation
ACPE #205-000-12-006-L03-P
(0.15 CEUs – 1.5 contact hours)

10:30 AM - noon
Joint CPE

Freedom for Consumers or Freedom from Meth – Point-Counterpoint
ACPE #205-000-12-007-L03-P
(0.15 CEUs – 1.5 contact hours)

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 - 11 PM
Annual Awards Dinner
Dress: semiformal

Note: The 108th 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 to NABP. Full attendance and completion of the program evaluation and learning assessment for each session are required to receive CPE credit and a Statement of Continuing Pharmacy Education Credit.

Continuing Legal Education (CLE) Policy: NABP staff will be available to assist attendees on an individual basis to apply for CLE credit for attending 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.
Online Annual Meeting Registration Now Available at NABP.net
Register Before April 9, for the 108th Annual Meeting to Obtain the Early Registration Rate

Online registration is now available for the NABP 108th Annual Meeting, “State Boards of Pharmacy and NABP – Empowering Liberty with Knowledge and Responsibility,” to be held May 19-22, 2012, at the Sheraton Philadelphia Downtown Hotel in Philadelphia, PA. To maintain the accuracy of attendee information and streamline the registration process, all registration will be handled electronically. Attendees are encouraged to register early to receive reduced registration rates. In order to receive the early registration rate, attendees must register on or before April 9, 2012. Registration may be accessed via the Meetings section of the NABP Web site at www.nabp.net/meetings.

NABP offers attendees three payment options:
1. Mailing in the payment
2. Using a credit card (American Express, MasterCard, or Visa)
3. Paying in Philadelphia
   Attendees who do not have access to a computer may contact the NABP Customer Service Department at 847/391-4406. More information about the 108th Annual Meeting is available in the Meetings section of the NABP Web site at www.nabp.net/meetings.

Annual Meeting Travel Grants Available to Board Members, Administrative Officers, or Voting Delegates

Annual Meeting Travel Grant opportunities are still available for active member boards of pharmacy to attend the 108th Annual Meeting to be held May 19-22, 2012, at the Sheraton Philadelphia Downtown Hotel in Philadelphia, PA. New this year, the travel grant is no longer restricted to the board’s voting delegate. Now, a grant may 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 regardless of whether or not they are a voting delegate. In the past, only the voting delegate of each board was qualified to apply for the grant.

One individual per active member board of pharmacy is eligible to receive the grant. Though the individual applying for the travel grant need not be the voting delegate, his or her board of pharmacy must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions in order to receive reimbursement.

The Association established the grant 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 members and officers, 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 airfare, hotel rooms, meals, taxis, parking, and tips. Eligible individuals can receive up to $1,500 in grant monies to attend the NABP 108th Annual Meeting. The grant may not be applied to 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 Sarah Fowle, at NABP Headquarters or via fax at 847/391-4500. 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, NABP provided 41 state boards of pharmacy with grants to attend the NABP 107th Annual Meeting.

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

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With the projection that the majority of Accreditation Council for Pharmacy Education (ACPE)-accredited continuing pharmacy education (CPE) providers will have completed integration of CPE Monitor™ into their systems by December 2012, pharmacists and pharmacy technicians are strongly encouraged to set up their NABP e-Profiles if they have not done so already. A national, collaborative effort by NABP, ACPE, and ACPE providers, CPE Monitor will provide an electronic system to pharmacists and pharmacy technicians to easily track their completed CPE credits.

After registering with CPE Monitor, individuals will receive an e-Profile ID number. This ID number, along with the licensee’s date of birth (MMDD), will be required in order for that licensee to receive ACPE-accredited CPE credit. In fact, many ACPE-accredited CPE providers have begun the process of integrating their systems with CPE Monitor and are already requiring these two identifiers when a licensee registers for CPE or submits a request for credit. Though it is anticipated that the bulk of the providers will have their systems integrated by mid-year, ACPE has set a final deadline for all accredited providers to begin electronic transmission of their CPE data through CPE Monitor no later than December 31, 2012.

Since the initial launch of CPE Monitor, more than 117,000 pharmacists and 49,000 pharmacy technicians have set up their e-Profiles and obtain additional information on the service at www.MyCPEmonitor.net.

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**Educational Poster Session Deadline Approaching Fast:**

**Reserve a Spot to Present by March 9**

The deadline to reserve a spot as a presenter for the NABP Annual Educational Poster Session “Embracing Knowledge for Public Protection,” is **March 9, 2012**. State boards of pharmacy members and staff, as well as schools and colleges of pharmacy, are invited to participate.

Sponsored by Pearson VUE, the Poster Session will take place on Sunday, May 20, from 8 AM to 11:30 AM, during the NABP 108th Annual Meeting, May 19-22, 2012, at the Sheraton Philadelphia Downtown Hotel in Philadelphia, PA.

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 the theme “Embracing Knowledge for Public Protection,” 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 manned by a qualified representative, such as a registered pharmacist, during display times. Posters must coincide with the Poster Session theme, “Embracing Knowledge for Public Protection.” Assembly time will be available on Sunday, May 20, from 6:30 AM to 7:45 AM. Student presenters are welcome and must be accompanied by a licensed pharmacist. Pharmacy school students will receive a free voucher valued at $50 to take the Pre-NAPLEX®, a practice examination for students preparing for the North American Pharmacist Licensure Examination®.

Those interested in participating should contact NABP Professional Affairs Manager Eileen Lewalski via e-mail at elewalski@nabp.net by the **March 9** deadline.
AWARxE Educational Initiatives Continue to Inform Public About Prescription Drug Abuse and Counterfeit Dangers

While teen awareness of certain prescription drug abuse dangers seems to have risen in 2011, rates for teen abuse of drugs such as OxyContin®, Vicodin®, Adderall®, and sedatives, show the need for continued efforts to alert teens, parents, grandparents, and other caregivers to the dangers and prevalence of prescription drug abuse and the steps they can take to protect their loved ones. The Monitoring the Future Survey released December 14, 2011, by the University of Michigan and the National Institute on Drug Abuse indicated, for example, that 2011 rates of 12th-grade students reporting non-medical use of any prescription drug remained stable compared with 2010 rates. The annual Survey, with 2011 findings from a survey of almost 47,000 8th, 10th, and 12th-graders, did however indicate a drop in abuse of Vicodin among 8th and 10th-graders. The Survey authors surmise that media stories and related efforts to raise awareness about prescription drug abuse dangers have had an impact among teens, possibly resulting in slightly lower rates of abuse.

In response to such statistics, the AWARxE™ consumer protection program continues efforts to inform all consumers – parents, grandparents, teens, and young adults – about steps they can take to protect family and friends. AWARxE encourages secure storage of needed medications and safe, appropriate disposal of unneeded medications to avoid unintentional misuse and intentional abuse of prescription drugs. Such efforts to encourage proper storage and disposal may also be starting to demonstrate a positive impact, as the Survey shows that teens’ perceived availability of narcotics other than heroin, which would include prescription drugs such as Vicodin, has declined. AWARxE also informs consumers about the risks of buying medications from fake Internet pharmacies, and how these sites fuel prescription drug abuse, as well as the distribution of dangerous counterfeit drugs.

Boards of pharmacy and community organizations have partnered with the Association to share AWARxE resources and to educate the public, including the Oregon State Board of Pharmacy, which recently developed an educational display. (See sidebar.) In Illinois, a community group is helping to raise consumer awareness about preventing prescription drug misuse and abuse. Specifically, the Wilmington Coalition for a Healthy Community (WCHC), Wilmington, IL, is distributing AWARxE bookmarks at educational events. In addition to educating the Wilmington community about the dangers of prescription drug abuse, the organization has partnered with the Wilmington Police Department to establish a permanent medication disposal drop box program. The WCHC was also provided with an AWARxE middle school presentation.

To order AWARxE bookmarks for distribution through board mailings or at board or community events, you may send an e-mail to AWARE@nabp.net.

Oregon Board Highlights AWARxE in Informational Display at State Building

As part of an Oregon State Board of Pharmacy consumer education initiative, the Board provided AWARxE information for visitors to the Portland State Office Building during the month of February 2012.

The Board developed a consumer education display that highlighted AWARxE facts on the dangers of Internet drug outlets and counterfeit drugs, and raised awareness about prescription drug abuse trends. The display included AWARxE flyers and bookmarks informing consumers about these public health threats and steps they can take to protect their families.

Materials distributed also alerted consumers to the AWARxE Web site resources such as links to the list of VIPPS® (Verified Internet Pharmacy Practice Sites) accredited Internet pharmacies and links to information on local medication disposal programs. Along with the handouts, two AWARxE posters encouraged consumers to visit www.AWAREx.org for more information.

The Oregon Board’s display also included consumer targeted information about NABP, the Oregon State Board of Pharmacy, its Prescription Identification Label (PIL), and the importance of carefully reading prescription labels. Oregon is one of a few states that require a description of the medication to be listed on the dispensed prescription label.

In addition, NABP representatives will be available at Booth 1012 during the American Pharmacists Association Annual Meeting and Exposition, March 9-12, 2012, in New Orleans, LA, to provide information about AWARxE, and other NABP programs. Please stop by to learn more about AWARxE educational efforts and to discuss how your board of pharmacy or community organization can become involved.
nv supreme court rules state's pharmacists have duty to warn in cases of known patient-specific risks

Based upon a ruling issued by the Nevada Supreme Court, November 23, 2011, it is now common law in Nevada that if a pharmacist knows of a patient-specific risk with respect to a prescribed medication, the pharmacist has a duty to exercise reasonable care in warning the patient or the prescribing doctor of the risk.

The case, Klasch v Walgreens, involved the dispensing of the drug Bactrim® to a patient whose profile on record at the pharmacy indicated a sulfa allergy. In addition, the pharmacy’s computer system flagged the risk for allergic reaction to the drug. A pharmacy employee spoke to plaintiff Klasch, who stated she had previously taken Bactrim and did not experience a reaction. The dispensing pharmacist did not consult the prescribing physician; however, the doctor was aware of the allergy and had discussed it with the patient before prescribing the drug. The patient took the dispensed drug, resulting in a fatal allergic reaction.

The court based its ruling on common law principles, and specifically on a modified interpretation of the learned intermediary doctrine, which has traditionally insulated drug manufacturers from responsibility in products liability lawsuits involving patient injury. Over the years, the doctrine has been expanded to immunize pharmacists from liability under the premise that the doctor is in the best position to warn a patient of a given medication’s general risks. Although the court affirmed the basic concept of the doctrine, that pharmacists have no duty to warn patients of the generalized risks inherent in the prescriptions they fill, the court limited the scope of the doctrine when a pharmacist has knowledge of a patient-specific risk.

In its opinion, the court cited the 2002 Illinois Supreme Court decision in Happel v Wal-Mart Stores, Inc, as particularly instructive. In Happel, an aspirin-allergic patient suffered injuries after taking Tora-dol®, despite the dispensing pharmacy having a record of the patient’s allergy and knowledge of the contraindication. NABP filed an amicus curiae brief on behalf of the plaintiff in the Happel case, supporting the position that pharmacists are educated, trained, health care practitioners whose pharmacy practice laws impose a duty to warn patients of medication-allergy contraindications. In Klasch, neither party to the case addressed whether the state’s pharmacy practice law applied, therefore, the Nevada Supreme Court did not address the potential applicability of such law in its opinion. The Nevada Supreme Court stated that because factual issues remain as to breach of duty and causation of injury, the court reversed the district court’s summary judgment in favor of the defendant pharmacy and remanded the case to the district court for further proceedings.

The court’s decision is available on the Nevada Supreme Court Web site at www.nevadajudiciary.us/index.php/advancedopinions/1334-klasch-v-walgreen-co.

DEA final rule places carisoprodol in schedule IV

Drug Enforcement Administration (DEA) issued a final rule, placing carisoprodol into Schedule IV of the Controlled Substances Act, effective January 11, 2012. The DEA notice regarding the final rule includes a summary of the background and procedural history of the final rule and a detailed review of the data considered in determining whether the drug should be scheduled. The notice, published in the Federal Register on December 12, 2011, is available for download at www.gpo.gov/fdsys/pkg/FR-2011-12-12/pdf/2011-31542.pdf.

Counterfeit phentermine HCI tablets found in United States

In November 2011, Actavis Elizabeth LLC warned consumers and health care providers that counterfeit phentermine HCI Tablets (USP 37.5 mg) that contain fenfluramine, a dangerous ingredient, had been found in the United States. The manufacturer explained that phentermine is an appetite suppressant medicine that Actavis has not distributed in the US since 2008. Further, Actavis noted that it did not intend to market phentermine HCI Tablets (USP 37.5 mg) until at least 2012, and that Actavis does not distribute phentermine to online sellers. For these reasons, Actavis stressed that at the time of the news release any product sold in the US reporting to be Actavis’s phentermine HCI Tablets (USP 37.5 mg) was counterfeit.

Actavis advises that the counterfeit tablets are a white oval-shaped bisected tablet with blue speckles with an “A” and “159” embossed on the tablet. The counterfeit tablets contain fenfluramine, which was withdrawn from the US market in 1997 because it can cause heart damage, known as valvular heart disease.

Actavis advises that anyone who has the counterfeit version should stop taking the product, and they are encouraged to make a report on any adverse events or side effects that may be related to the use of this product to Food and Drug Administration’s (FDA) MedWatch Adverse Event Reporting Program using the online form available at www.fda.gov/MedWatch/report.htm, or by following the FDA instructions for submitting a report by fax or mail available at www.fda.gov/MedWatch/getforms.htm. The Actavis news release is available at www.actavis.us/en/news/Counterfeit_Phentermine.htm.
KS Board Promulgates Rules to Permit Telepharmacy Use in a Remote Hospital Setting

The Kansas State Board of Pharmacy promulgated regulations, which will allow a licensed Kansas pharmacist at a central location to supervise a registered pharmacy technician or student at a remote Kansas hospital pharmacy communicating face to face in real time through audio and video computer links. These regulations will permit rural or underserved citizens to have their hospital pharmacy services restored or retained to the same level as those hospitals with an in-house pharmacist. In addition, this process ensures the delivery of safe, high quality pharmacy services that can be at risk when the pharmacist is left out.

Under the new regulations, the pharmacist-in-charge of the medical care facility that wishes to use remote supervision must fill out an application with the Board prior to using electronic supervision. The Board will issue a permit to the remote location. The Kansas-licensed pharmacist that is supervising a technician or pharmacy student remotely can be employed by the medical care facility or have a contractual relationship with the hospital. The licensed pharmacist may supervise only one individual at the remote hospital site.

The regulations also include the requirements for the pharmacy technician or pharmacy student that is under supervision at the remote site, and other related requirements. The full text of the regulations is available in the Board’s December Newsletter at www.nabp.net/publications/assets/KS122011.pdf.

ND Adds Soma and Propofol to Schedule IV CS List

During the 2011 North Dakota Legislative Session, SB 2119 was enacted in law, which added Soma® and propofol to the list of substances as a Schedule IV controlled substance (CS). The law took effect on August 1, 2011.

ND Legislature Expands Scope of Practice for Pharmacists Providing Immunizations

The North Dakota Legislature supported SB 2035, related to pharmacist administered immunizations and vaccinations, which removed the 18 or older age restriction of patients for pharmacists in providing immunizations. The legislation lowers the age restrictions to at least 11 years of age for all immunizations and vaccinations. The legislation also provides for the administration of influenza vaccination by injection or by “live” intranasal administration for an individual who is at least five years of age.

The North Dakota Legislature indicated that improving the immunization rate is a goal for North Dakota and the North Dakota State Board of Pharmacy believes it is essential for its pharmacists to capitalize on this opportunity and show that they are a crucial part of the health care team.

NM Adds Synthetics and Other Drugs to Schedule I CS List

New Mexico regulations were updated to add synthetic cannabinoids, substituted cathinones, Salvia Divinorum, and Salvinorin A to the state’s Schedule I CS List. These items are typically sold in smoke shops and head shops around the country. Synthetic cannabinoids are known by such names as “Spice” or “K-2” and substituted cathinones are commonly called “bath salts.” A full listing of New Mexico’s scheduled CS is available in Section 16.19.20 of the state’s administrative code and can be accessed on the New Mexico Board of Pharmacy Web site, www.rld.state.nm.us/Pharmacy, under Rules and Laws.

NM Adds Rule to Allow Drug Donation, Redistribution

New Mexico has added a rule that will allow participating practitioners and clinics in the state to accept by donation certain previously dispensed medications and redistribute them to patients. The Board notes that only eligible medications, defined as an unused prescription drug stored in a tamper-evident container, or by a tamper-evident process preventing unauthorized access, and has an expiration date of six months or greater listed on the packaging, may be accepted. Participating practitioners and clinics may only accept donated drugs originally prescribed for established patients of that participating practitioner or licensed clinic. Practitioners may not accept donated drugs prescribed by other practitioners. Clinics may not accept donated drugs prescribed at other clinics. Practitioners and clinics wishing to participate must register with the New Mexico Board of Pharmacy. Donated medications must be stored in compliance with manufacturer’s directions and separately from all other medication stock. More details are available in the New Mexico Drug Donation Guide, available on the New Mexico Board of Pharmacy Web site, www.rld.state.nm.us/pharmacy.

TN Board Reminds Licensees to Consult Applicable Rules if Ordering From Other Registrants Due to Drug Shortages

Due to many drug shortages, the Tennessee Board of Pharmacy notes that pharmacists and other wholesaler, manufacturer, and distributor licensees may find the need to order from other registrants to complete prescription orders. As licensees search for an additional source, the Board encourages licensees to review the Tennessee Board of Pharmacy rule, which states that all registrants, before engaging in the sale or distribution of prescription drugs and prescription devices in Tennessee, must be licensed by the Board. The Board also advises licensees to obtain a copy of the license and to verify the license using the listing on the Board’s Web site.®
**Around the Association**

Kyle Parker, MBA, RPh, is now serving as the executive director of the Ohio State Board of Pharmacy. Prior to this he served as the licensing administrator and director of internship for the Board where he supervised all activities of licensing, equating to over 35,000 licensees for interns, pharmacists, terminal distributors, and wholesalers, in Ohio and nationally. In addition, Parker is the Board’s emergency preparedness and EMS contact and a Board representative for the electronic prescribing committee’s reviewers in charge of approving electronic prescribing systems. His past experience includes both community and hospital pharmacy. Parker also lectures to health professionals, universities, and associations on compliance with Ohio and federal drug law. He obtained his bachelor of science degree in pharmacy from Ohio Northern University and his master of business administration degree from Thomas More College.

**Board Member Appointments**

- **Anil Badlani, RPh,** has been appointed a member of the California State Board of Pharmacy. Badlani’s appointment will expire on June 1, 2012.

- **Tony Moye, BS,** has been appointed a member of the Georgia State Board of Pharmacy. Moye’s appointment will expire on November 1, 2015.

- **Levis “Al” McConnell III,** has been appointed a member of the Georgia State Board of Pharmacy. McConnell’s appointment will expire on November 1, 2014.

- **Katherine Orr, PharmD,** has been appointed a member of the Rhode Island Board of Pharmacy. Orr’s appointment will expire on November 21, 2014.

- **Dinny Li, BA,** has been appointed a public member of the Virginia Board of Pharmacy. Li’s appointment will expire on June 30, 2015.

- **Larry Labor, RPh,** has been appointed a member of the Vermont Board of Pharmacy. Labor’s appointment will expire on December 31, 2015.

- **Judith Wernecke** has been appointed a public member of the Vermont Board of Pharmacy. Wernecke’s appointment will expire on December 31, 2015.

- **Thaddeus Schumacher, PharmD,** has been appointed a member of the Wisconsin Pharmacy Examining Board. Schumacher’s appointment will expire on July 1, 2015.

- **Charlotte Rasmussen** has been appointed a public member of the Wisconsin Pharmacy Examining Board. Rasmussen’s appointment will expire on July 1, 2014.

**Board Member Reappointments**

- **Lenna Israbian-Jamgochian, PharmD,** has been reappointed a member of the Maryland Board of Pharmacy. Israbian-Jamgochian’s reappointment will expire on April 30, 2015.

- **Kamlesh Gandhi** has been reappointed a member of the Nevada State Board of Pharmacy. Gandhi’s reappointment will expire on October 31, 2014.

- **John Navarra, RPh,** has been reappointed an extended member of the New York State Board of Pharmacy. Navarra’s reappointment will expire on September 30, 2016.

- **Susan DelMonico, RPh, JD,** has been reappointed a member of the Rhode Island Board of Pharmacy. DelMonico’s reappointment will expire on November 21, 2014.

- **Richard Hathaway** has been reappointed a public member of the Rhode Island Board of Pharmacy. Hathaway’s reappointment will expire on May 31, 2013.

- **Michael Cacchiotti, RPh,** has been reappointed a member of the Rhode Island Board of Pharmacy. Cacchiotti’s reappointment will expire on February 1, 2013.

- **David Young, PharmD,** has been reappointed a member of the Utah Board of Pharmacy. Young’s reappointment will expire on June 30, 2015.

- **Derek Garn, RPh,** has been reappointed a member of the Utah Board of Pharmacy. Garn’s reappointment will expire on June 30, 2015.

(continued on page 71)
Optional Events
(continued from page 63)
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 complete a post-session test in order to earn CPE credit. See page 66 for more information on the Poster Session.

Orientation
Recently appointed board of pharmacy members attending their first NABP Annual Meeting are encouraged to attend the Annual Meeting and District Meeting Orientation on Saturday, May 19, from 5 PM to 6 PM, where information will be provided regarding the procedures followed during the Annual Meeting.

DMEPOS
(continued from page 62)
• Diabetic equipment and supplies
• Enteral and parenteral nutrients, equipment, and supplies
• Off-the-shelf, non-custom products and supplies including orthotics, mobility aids, wound care supplies, urological aids, medical supplies, and respiratory aids

More recently, the Association submitted an application to CMS requesting to expand its scope of accreditation for the DMEPOS program. To expand the services NABP currently provides to DMEPOS suppliers, the Association hopes to include a more complex panel of products, such as hospital beds, tracheotomy supplies, wheelchairs, and other DMEPOS product lines accredited pharmacies will seek to provide going forward in service to CMS beneficiaries nationwide.

More information on the NABP DMEPOS program is available at www.nabp.net/programs.

Around the Association
(continued from page 70)
The Nebraska Board of Pharmacy has elected the following officers to the Board:

- Kevin Borcher, RP, Chairperson
- Patty Gollner, PharmD, RP, Vice Chairperson
- Kenneth Saunders, RP, PharmD, TTS, Secretary

The New Hampshire Board of Pharmacy has elected the following officers to the Board:

- Vahrij Manoukian, RPh, President
- Charles Fanaras, RPh, Vice President
- Gary Merchant, RPh, Treasurer

The New Mexico Board of Pharmacy has elected the following officer to the Board:

- Richard Mazzoni, RPh, Chairperson

The New York State Board of Pharmacy has elected the following officers to the Board:

- Daniel Molino, RPh, Chairperson
- Michael Duteau, RPh, Vice Chairperson

The North Dakota State Board of Pharmacy has elected the following officer to the Board:

- Bonnie Thom, RPh, President

The Ohio State Board of Pharmacy has elected the following officers to the Board:

- Donald Casar, RPh, President
- Brian Joyce, RPh, Vice President

The Oklahoma State Board of Pharmacy has elected the following officers to the Board:

- Gordon Richards, DPh, President
- Dorothy Gourley, DPh, Vice President

The Rhode Island Board of Pharmacy has elected the following officers to the Board:

- Jonathan Mundy, MBA, RPh, Chairperson
- Chris Albanese, RPh, Secretary

The South Carolina Board of Pharmacy has elected the following officers to the Board:

- Joseph Bushardt, Jr, RPh, Chairperson
- Dock Rose, RPh, Vice Chairperson

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

- Gill Abernathy, MS, RPh, Chairperson
- David Kozera, RPh, Vice Chairperson

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

- Julia Eaton, RPh, Chairperson
- Jeffrey Firlik, RPh, Vice Chairperson

The Washington State Board of Pharmacy has elected the following officers to the Board:

- Albert Linggi, RPh, Chairperson
- Christopher Barry, RPh, Vice Chairperson

The Wisconsin Pharmacy Examining Board has elected the following officer to the Board:

- Charlotte Rasmussen, Secretary
Save the Date

NABP 108th Annual Meeting
May 19-22, 2012
Sheraton Philadelphia Downtown Hotel
Philadelphia, PA

See pages 63-66 for more details.
Quick and easy registration is available in the Meetings section of the NABP Web site, www.nabp.net/meetings.