



# newsletter



National Association of Boards of Pharmacy®

March 2016 / Volume 45 Number 3

aid to government  
the profession  
the public  
1904 to 2016

## e-LTP Requests Increase Slightly in 2015; Totals Indicate Shifting Licensure Trends Throughout US

### Upcoming Events

**April 1, 2016**  
FPGEE Administration

**April 6, 2016**  
Committee on Constitution and Bylaws Meeting

**May 14-17, 2016**  
NABP 112<sup>th</sup> Annual Meeting  
San Diego, CA

**June 7-18, 2016**  
PARE Administration

**June 28-29, 2016**  
NABP Program Review and Training  
NABP Headquarters

**July 20-21, 2016**  
NABP PMP InterConnect Steering Committee Meeting  
Northbrook, IL

**August 4-6, 2016**  
NABP/AACP District 5 Meeting  
Lincoln, NE

The number of license transfer requests submitted through the NABP Electronic Licensure Transfer Program® (e-LTP™) increased slightly from 2014 to 2015, with a total of 20,492 requests in 2015. This number represents a 3.1% increase compared to the 19,868 requests made in 2014. Shifting employment trends, with the demand for pharmacists increasing and decreasing in particular states and regions, and numerous legislative efforts related to nonresident pharmacies, likely contributed to this modest increase.

### Transfers to the State

Continuing the trend from the past two years, Texas had the highest number of requests to transfer licensure to the state, with a total of 1,179 requests submitted in 2015. This is a 14.8% increase compared to the 1,027 requests to trans-

fer a license to Texas made in 2014. This continuous increase is consistent with overall licensure trends reported in the NABP 2016 *Survey of Pharmacy Law*.

According to the 2016 *Survey*, Texas reported a total of 31,473 licensed pharmacists, making it one of the top five states in terms of the number of licensed pharmacists. Other states with high numbers of licensed pharmacists include California (42,483), Florida (30,212), New York (25,534), and Pennsylvania (22,604).

Showing the greatest difference in 2015 is the number of license transfer requests submitted to Oklahoma, which ranked second in the number of requests to the state. Oklahoma recorded 925 requests, which is a 221.2% increase since 2014 when there were only 288 requests.

Possibly contributing to this significant increase is



the state's recent legislative efforts related to the licensing of nonresident pharmacies that perform sterile compounding. Effective November 1, 2015, Oklahoma requires all nonresident pharmacies that perform sterile compounding to have an Oklahoma-licensed pharmacist-in-charge (PIC).

Additional states with the highest number of license transfer requests to the state in 2015 include:

- Florida – 866 requests, a 2.4% increase when compared to the 846 requests in 2014;
- Michigan – 824 requests, an increase of 47.7% when compared to the 558 requests in 2014; and

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## 2016-2017 MPJE Review Committee Members Announced; Three New Members and 12 Returning



The *NABP Newsletter* (ISSN 8756-4483) is published 10 times a year by the National Association of Boards of Pharmacy® (NABP®) to educate, to inform, and to communicate the objectives and programs of the Association and its 66 member boards of pharmacy to the profession and the public.

The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABP or any board unless expressly so stated. The subscription rate is \$35 per year.

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Introducing three new members and commending 12 returning members, NABP is pleased to announce the 2016-2017 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, 2016, are as follows:

### MPJE Review Committee

- Vance Alexander, JD, RPh, Birmingham, AL
- Mark Brown, MBA, RPh, Lahaina, HI
- Katie Busroe, RPh, Kentucky Board of Pharmacy
- Grace Cheung, RPh, Kenmore, WA

- Mark T. Conradi, JD, RPh, Clanton, AL
- Randy Jones, RPh, Sioux Falls, SD
- Amy Mattila, PharmD, RPh, Washburn, WI
- Susan McCoy, RPh, Brandon, MS
- Michael A. Moné, JD, RPh, State of Ohio 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
- Dean Wright, RPh, Arizona State Board of Pharmacy
- David C. Young, PharmD, RPh, Salt Lake City, UT 

Color denotes new member

## Coming Soon! NABP Newsletter Gets New Name, New Look

NABP is pleased to announce the upcoming launch of its newly redesigned printed newsletter, which will be called *Innovations*. The goal of the redesign was to provide readers with a contemporary and visually captivating look, making for a more engaging and reader-friendly publication. In addition, the new name fully encompasses the publication's mission to educate, inform, and communicate the objectives and programs of NABP and its 66 member boards of pharmacy to the profession and the public. The updated publication will retain all of the original *NABP Newsletter's* informative feature articles and Association news, but will now include more attention-grabbing images, a full color printout, and overall modern design. NABP members and monthly subscribers can look for their copy of *Innovations* in the mail, which will debut with the April 2016 issue. 



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## New NAPLEX to Launch in November 2016

The North American Pharmacist Licensure Examination® (NAPLEX®) will make a progressive transition to a new administration model in November 2016, including an increase in the number of questions and length of examination, and a new test form assembly process. These changes are being implemented following evaluations of the NAPLEX content and test specifications, test design and assembly, administration processes, scoring, and passing standard.

The following is a summary of the NAPLEX program changes that will go into effect on November 1, 2016.

- The number of examination items will increase from 185 to 250. Of the 250 delivered questions, 200 are operational and will be used to calculate a score for the NAPLEX. The remaining 50 will be non-scored or pretest items.
- The testing time for the examination will increase from four hours and fifteen minutes to six hours. The appointment time with the vendor, Pearson VUE, will be six and a half hours to allow for time to read and agree to the confidentiality/non-disclosure agreement, and to take the tutorial and post-exam survey.

- The registration fee will increase from \$505 to \$575 to account for the additional seat time.
- The examination assembly format will change from a computer adaptive exam (test assembled as candidate is taking the exam) to a linear form exam (pre-assembled exam form).

As part of an ongoing development process, the NAPLEX is continuously reviewed and evaluated to ensure the examination tests the necessary knowledge, skills, and abilities expected of an entry-level pharmacist. In 2014, NABP conducted the national NABP Pharmacy Practice Analysis Survey, which resulted in the recommendation to increase the depth and breadth of content tested on the NAPLEX. Over 4,700 respondents to the survey (pharmacy regulators, practitioners, and academicians) recognized the value in testing entry-level candidates on a variety of patient-centered, clinically based topics necessary for safe and effective practice. Following the survey, a standard setting meeting was conducted to evaluate the passing standard for the NAPLEX. The panel that participated in the standard setting study was composed of members of the NABP Executive Committee,



members of the NABP Advisory Committee on Examinations (ACE), the NAPLEX Review Committee, and pharmacist practitioners/academicians recruited from respondents to the 2014 survey. Panel members participated in active discussion framed by the test blueprint or competency statements prior to making its recommendation. The recommendation was reviewed by the NAPLEX Review Committee and ACE, and approved by the NABP Executive Committee. The new NAPLEX competency statements and revised passing standard were implemented in November 2015. A detailed overview of the standard setting process is available in the June-July 2015 *NABP Newsletter*.

Memos detailing the changes to be implemented in November 2016 were sent to the boards of pharmacy and schools and colleges of pharmacy on March 3, 2016.

If there are any questions regarding the updates to the NAPLEX program, please contact the competency assessment senior manager at [NABP\\_Comp\\_Assess@nabp.net](mailto:NABP_Comp_Assess@nabp.net) or 847/391-4406. ☎

### Executive Committee

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

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

**Hal Wand**  
*President-elect*  
One-year term

**Jeanne D. Waggener**  
*Treasurer*  
One-year term

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

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

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

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

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

**John A. Foust**  
*Member, District 6*  
Serving first year of a three-year term

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

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

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

## Show Me the Relevance

By Dale J. Atkinson, JD

Licensed professionals are expected (perhaps required) to act in a manner consistent with the bounds of society as a condition of maintaining their license to practice their profession. Many practice acts contain language authorizing the regulatory board to enforce these moral character requirements. The practice acts refer to “moral character” and/or “moral turpitude” as well as other terms subject to significant interpretations. Of course, licensees have a property interest in their professional license and are entitled to due process of law as a prerequisite to an adverse action against the governmentally issued credential. Numerous judicial cases debate the relevance of activities outside of professional practice to the qualifications of licensure or continued licensure. Consider the following.

A licensed registered nurse (Licensee) was arrested, and in 2009 eventually pled guilty to a Class B misdemeanor of driving while intoxicated (DWI). In the criminal proceeding, the court sentenced the Licensee to 60 days in jail, but suspended the sentence and placed her on probation for a period of two years. Thereafter, the Missouri State Board of Nursing (Board) filed an administrative complaint against the Licensee alleging that the DWI conviction was an offense involving moral turpitude and an offense reasonably related to the qualifications,

functions, or duties of a nurse.

The facts revealed at the administrative hearing included police officers arriving at the scene of the accident whereby the Licensee’s car was parked “on top of” another vehicle. The officer observed that the Licensee was confused, unable to understand his inquiries, and had her clothes on “inside out and backwards.” A prescription bottle of medication containing carisoprodol was found in plain view in the Licensee’s car. The muscle relaxer was duly prescribed to the nurse and was filled the day pri-

or to the accident with 90 pills. However, the bottle only contained 37 pills. The Licensee admitted to taking more pills than the prescription stated and that she was feeling dizzy right before the accident.

In addition, the Licensee failed to report the DWI conviction on her 2011 and 2013 licensure renewal applications. When questioned on this failure to report, the Licensee stated she was scared and had never been in trouble with the Board before. Further, the licensee also admitted that she had previously been licensed as a practical nurse and that license was revoked because she stole \$50 from a coworker.

After the hearing, the Board found cause to act and revoked the nurse’s license holding that the DWI was an offense involving moral turpitude and an offense reasonably related to the qualifications, functions, or duties of a registered nurse. It found that revocation of her license was justified “in order to safeguard the health of the public.” While the Board stated in its findings of fact that the nurse failed to report the conviction on her renewal applications in 2011 and 2013, it did not find that such failures were an independent basis for discipline.

The Licensee appealed the ruling to the Circuit Court which reversed the decision to revoke the license. The Board appealed this reversal to the Court of Appeals. On appeal, the court noted the standard of review as well as the procedural authority of the Board to make determinations regarding cause to discipline. Specifically, the statute authorizes the Board to impose administrative discipline against a licensee based upon a criminal prosecution for any offense reasonably related to the qualifications, functions, or duties of a licensed professional or for any offense involving moral turpitude.

On appeal, the Licensee argued that the DWI conviction was not a crime of moral turpitude nor was it a crime reasonably related to her ability to practice nursing as required by the applicable Missouri statute. As noted by the court, moral turpitude is defined as: “An act of baseness, vileness, or depravity in the private and social duties which a man owes to his fellow man or to society in general, contrary to the accepted and customary rule of right and duty between man and man; everything ‘done contrary to justice, honesty, modesty, and good morals.’” The court also engaged

in an analysis of the types of crimes that likely involve moral turpitude (such as fraud) or other petty crimes that carry no suggestion of moral turpitude (such as illegal parking) or “crimes that may be saturated with moral turpitude yet do not involve it, such as willful failure to pay income taxes . . . ”

Based upon its analysis, the court found that in this case nothing in the crime of a DWI suggests that the Licensee committed an act of baseness, vileness, or depravity. While the court agreed that driving while intoxicated is irresponsible, it did not find the actions to give rise to the level of classification as a crime of moral turpitude. In support of this position, the court cited multiple cases from other states holding that DWI-related convictions are not crimes of moral turpitude.

Turning its attention to whether the DWI conviction involved the qualifications, functions, or duties of a nurse, the court again did not find a nexus between the criminal offense and such nurse responsibilities. In rejecting the Board arguments that the nurse was abusing prescription drugs and overmedicated on carisoprodol on her way to work as a nurse,

the court found that the relevant statute did not support the necessary link. It held that the statute is concerned with whether the offense itself involved the qualifications, functions, or duties of a nurse. In this case, the Licensee pled guilty of operating a motor vehicle while under the influence of carisoprodol. “Nothing within the offense of driving while intoxicated relates to or is connected or linked to the qualifications, functions, or duties of a nurse.” As emphasized by the court, the Licensee’s actions before or after the offense is committed are not the focus of the statute.

Finding that the DWI in this case is not an offense involving moral turpitude nor is it an offense related to the qualifications, functions, or duties of a nurse, the court affirmed the lower court reversal of the licensure revocation. However, the court noted that it does not mean to suggest that a DWI offense can never constitute grounds for administrative discipline of a nurse. The court suggested that other provisions of the practice act may constitute grounds for discipline.

Finally, the court noted that the Board did not

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

## 2015 e-LTP Results

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- Virginia – 818 requests, a decrease of 4.2% when compared to the 854 requests in 2014.

Like Oklahoma, Michigan also recently began requiring all nonresident pharmacies that perform sterile compounding to have a Michigan-licensed PIC as of September 30, 2014.

In addition, some states, while not among those with the greatest number of license transfer requests in 2015, did show significant change in overall percentage growth when compared to 2014 data. For example,

Massachusetts reported 533 requests in 2015, which is an increase of 70.3% when compared to 2014 data (313). Other states with significant percentage growth from 2014 to 2015 include Vermont (58.9%), Wyoming (37.3%), and Rhode Island (36.9%).

## Transfers From the State

The e-LTP data also show the trends in requests to transfer originating from states, with Florida, Pennsylvania, Texas, and New Jersey showing the highest number of such requests. The total number of requests to transfer licenses from these states is as follows:

- Florida – 911 requests, a 1.6% decrease since 2014 when there were 926 requests
- Pennsylvania – 770 requests, a 2.4% decrease since 2014 when there were 789 requests
- Texas – 641 requests, a 5% decrease over 2014 when there were 675 requests
- New Jersey – 621 requests, a 4.7% increase when compared to the 593 requests in 2014

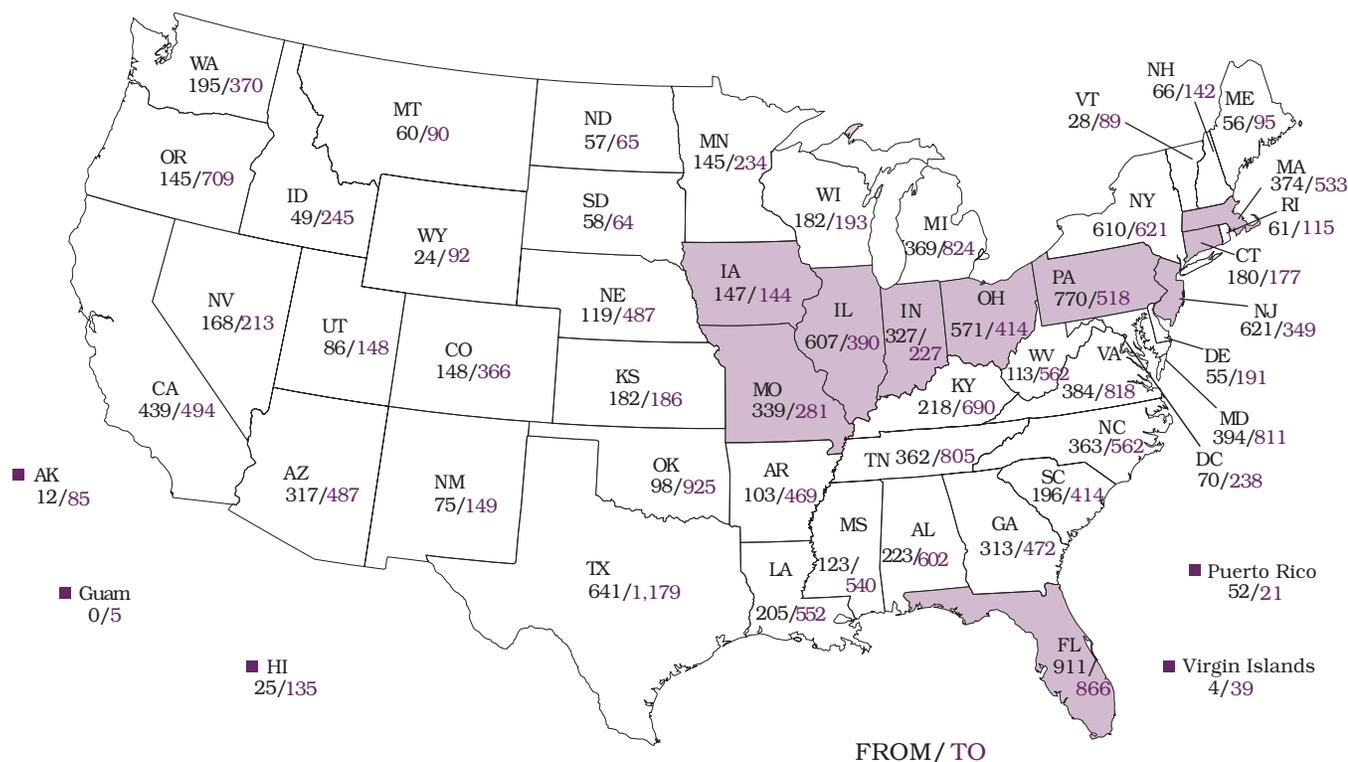
New York was fifth among states with the largest number of requests to transfer from the state in 2015 with a 15.3% increase when compared to 2014. In

2015, New York had a total of 610 requests completed compared to the 529 requests made in 2014.

## National Trends

The 2015 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 diffi-

## 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.

culty in filling pharmacist positions. A ranking of 3 indicates that the demand for pharmacists is in balance with the supply.

Pharmacy Manpower Project data through October 2015 reported a national average at that time of 3.43, indicating a slight demand for pharmacists nationwide. Further, two of five states with high numbers of license transfer requests in 2015 had October 2015 ADI rankings above this national average – Texas (4) and Oklahoma (4.17).

However, ADI report data indicates that the demand for pharmacists nationwide remains relatively stable when comparing data from October 2014 to data from October 2015. In October 2014, the national average at that time was also 3.43, indicating no percentage growth or decline.

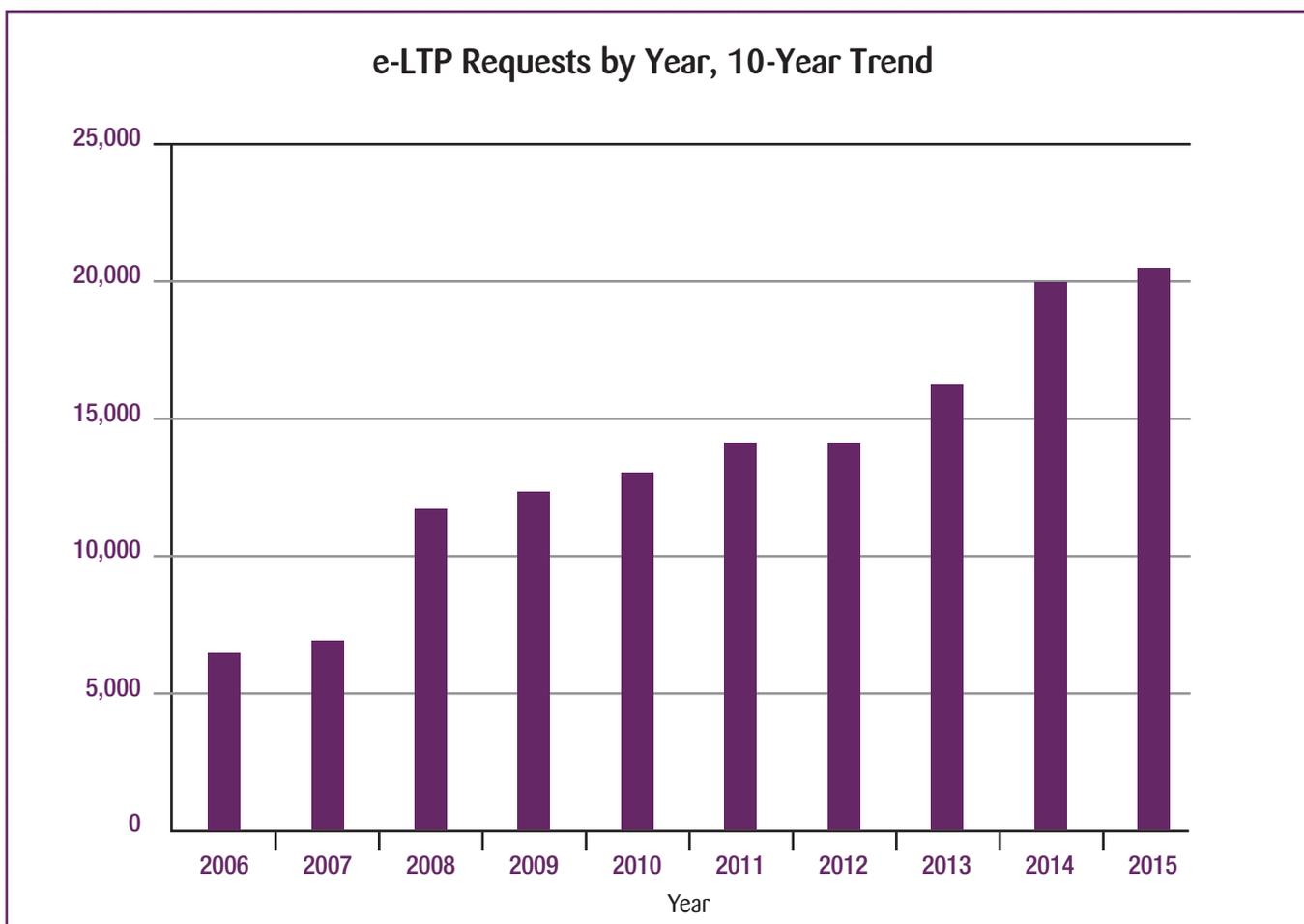
Overall, e-LTP state statistics and correlations with ADI data suggest that pharmacists, supported by the e-LTP process, continue to have the chance to follow opportunities as they arise in certain states

or regions. According to the October 2015 ADI report, states in the Midwest have the highest level of unmet demand at 3.56. Following the Midwest is the South with a demand of 3.54, the West Coast with 3.51, and the Northeast with the least demand at 2.96. These statistics are consistent with trends seen in the top five states with the highest number of requests to transfer licensure to the state. Specifically, Michigan is located in the Midwest, and Texas, Oklahoma, Florida, and

Virginia, are located in the South.

The reported data mentioned in this article includes all applications for license transfers to and from the states in 2015, including requests that may not have been completed or fulfilled.

In 2015, the average processing time for e-LTP requests was six days. Approximately 10,515 applications were processed in 2015. For more information about e-LTP, visit the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net). 



The above graph illustrates the total number of Electronic Licensure Transfer Program® (e-LTP™) requests received over a 10-year period. Since 2012, a steady climb in requests has been reported.

## NABP Report Stresses Need to Fight Rogue Online Drug Sellers, Educate Consumers as Association’s List of Not Recommended Sites Grows

In January 2016, NABP issued a report discussing the continued need to fight against illegal online drug sellers, as they contribute to the nation’s prescription opioid epidemic. As noted in the *Internet Drug Outlet Identification Program Progress Report for State and Federal Regulators: January 2016*, the total number of websites classified as Not Recommended by NABP has grown to 10,668 due to the fact that the websites are selling prescription medications out of compliance with state and federal laws and/or NABP patient safety and pharmacy practice standards. The Association has been collecting data on websites selling medicine in the United States since 2008.

The need to educate consumers about the dangers of purchasing prescription drugs without a valid prescription is growing. Prescription opioid pain relievers are involved in more overdose deaths than

any other opioid overdose deaths, according to the Centers for Disease Control and Prevention. In addition, prescription drugs remain common drugs of abuse. A recent study showed that Twitter, which is used by a third of teenagers and young adults, has become a popular way for rogue online drug sellers to share links to their websites. A significant percentage of the youth population has used prescription drugs non-medically; thus the Twitter connection is worrisome.

Of the 10,668 Internet drug outlets identified by NABP as Not Recommended, just over 60% do not have a location posted on the website. It is important to note that many rogue pharmacies that do not post an address sell potentially dangerous counterfeit medications. More than 50% of rogue websites offer drugs that are either foreign or not approved by the US Food and Drug Administra-

tion. Further, 90% appear to have affiliations with rogue networks of Internet drug outlets.

A recent study showed that Twitter, which is used by a third of teenagers and young adults, has become a popular way for rogue online drug sellers to share links to their websites.

NABP strives to uphold the integrity of the practice of pharmacy – in any practice setting – to ensure that patients worldwide have access to safe and effective prescription drugs. The Association’s .Pharmacy Top-Level Domain (TLD) Program shows NABP’s commitment to making it easy for consumers to identify safe, legitimate online pharmacies. Simply looking at online drug seller websites and seeing .pharmacy in the

web address will confirm that the information on the website is valid. Unlike a .com, only legitimate Internet pharmacies and pharmacy-related websites qualify for .pharmacy domains. As of December 31, 2015, NABP has granted approval for 351 domain names, and 230 have been registered, including such high-profile pharmacies as CVS, Express Scripts, PetMed Express, Target, and Rite-Aid. The .pharmacy registered domains are made up of 185 pharmacies, 33 boards of pharmacy and regulatory agencies, six resource sites, four manufacturers, and two professional sites.

More information about the .pharmacy TLD is available on page 67 of this *Newsletter* and at [www.safe.pharmacy](http://www.safe.pharmacy).

For the full report with detailed findings on the characteristics of rogue websites and the list of Not Recommended sites, visit the Acquire Safely section at [www.AWAREx.pharmacy](http://www.AWAREx.pharmacy).<sup>®</sup>

### Legal Briefs

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find that cause existed to discipline the Licensee based upon her failure to report her DWI offense on multiple renewal applications. As a result, any arguments by the Licensee regarding this issue were without merit and not in need of analysis.

There are numerous cases from other jurisdictions that find a nexus between DWI convictions and the relevant characteristics to practice a profession, including cases specific to nursing. Each case may turn on not only the facts, but also on the language of the statute. While specific statutes that address qualifications of

nurses may not be linked to DWI convictions under certain circumstances, numerous other statutes may be relevant. These other grounds may include unprofessional conduct, specific references to “any” criminal convictions, fraud in obtaining or renewing a license, and others. Readers are encouraged to review additional cases

related to DWI convictions and their relevance to licensure eligibility and continued eligibility. Indeed, one might question whether a DWI conviction prior to licensure is relevant to making such an eligibility determination.

*Owens v. Missouri State Board of Nursing*, 2015 Mo. App. LEXIS 1185 (App. Ct. MO 2015)<sup>®</sup>

## NABP Examination and Assessment Administrations Increased in 2015

NABP has announced the totals for the 2015 administrations of the North American Pharmacist Licensure Examination® (NAPLEX®), the Multistate Pharmacy Jurisprudence Examination® (MPJE®), the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®), the Pharmacist Assessment for Remediation Evaluation® (PARE®), and the Pharmacy Curriculum Outcomes Assessment® (PCOA®). The results show an increase in NAPLEX, MPJE, PARE, and PCOA administrations, as well as the Pre-NAPLEX®.



Showing a consistent increase from year to year, the number of NAPLEX administrations rose again in 2015. 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, 2015, to December 31, 2015, there were a total of 16,661 NAPLEX administrations compared to 15,031 administrations in 2014, representing an increase of 4.7%.

Currently, there are 129 Accreditation Council for Pharmacy Education (ACPE)-accredited pharmacy schools in the US that have graduating classes. Of the candidates who sat for the 2015 administration, 86% were first-time test

takers. The pass rate for the NAPLEX has decreased slightly over the past three years, resulting in more repeat test takers. From January 1 to October 31, 2015, the overall passing rate for first-time attempts on the NAPLEX was 89.1%. The pass rate for graduates of ACPE-accredited programs who took the NAPLEX for the first time also showed a decrease, from 94.6% in 2014 to 92.6% in 2015.



There was a slight increase in the number of Pre-NAPLEX administrations between 2014 and 2015. The Pre-NAPLEX, which serves as the practice examination for the NAPLEX, had a total of 10,013 administrations in 2015, an increase of just under 1% when compared to the 2014 administrations.



The number of MPJE administrations showed an increase in 2015. The MPJE had a total of 28,317 administrations, an increase of 5% compared to 2014. This increase is likely associated with the increase in the number of students graduating in the US as well as the increase in license transfers (see cover story of this *Newsletter*). In 2015, 48 jurisdictions required the MPJE for initial licensure and license transfer.



The FPGEE had a total of 1,496 candidates who sat for the 2015 spring and fall administrations, an 11% decrease when compared to 2014.

The Pre-FPGEE®, the practice examination for the FPGEE, had a total of 665 administrations in 2015, a decrease of 8% compared to 2014.



In 2015, there were 30 PARE administrations ordered by 10 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](http://www.nabp.net).

### 2015 PCOA Results Announced; 2016 Administrations Expected to Increase

For the 2015 testing windows, over 7,843 students from 55 colleges of pharmacy participated in the Pharmacy Curriculum Outcomes Assessment® (PCOA®). With the new Accreditation Council for Pharmacy Education (ACPE) *Standards 2016* requirement, registrations for the PCOA have increased.

Estimates for the first two testing windows of 2016 are as follows:

#### Window 1: January 18, 2016, to February 12, 2016

- 60 participating schools/colleges
- 8,700 participating students

#### Window 2: April 11, 2016, to May 13, 2016

- 73 participating schools/colleges to date
- 8,800 participating students to date

The third testing window for the PCOA is August 22,



2016, to September 16, 2016. Registration for this window ends May 20, 2016.

The updated PCOA Administration Highlights (PDF) document is available in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net).

## PMP InterConnect Participation Expected to Grow in 2016 as Additional States Work Toward Connecting to the Interstate Data Sharing Platform

Since its inception in 2011, participation in the NABP PMP InterConnect® program has grown steadily and a number of additional state prescription monitoring programs (PMPs) have expressed interest in joining the program in order to have access to the secure exchange of interstate PMP data.

### Participation Summary

From December 2015 to February 2016, one state went live, five additional states have signed a memorandum of understanding (MOU) to participate, and two states began reviewing an MOU. These additions have brought the total number of states that have signed an MOU to 37 and the total number of states/jurisdictions reviewing an MOU to four.

Currently, 31 states are fully connected and securely sharing PMP data with certain states through PMP InterConnect: Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, 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.

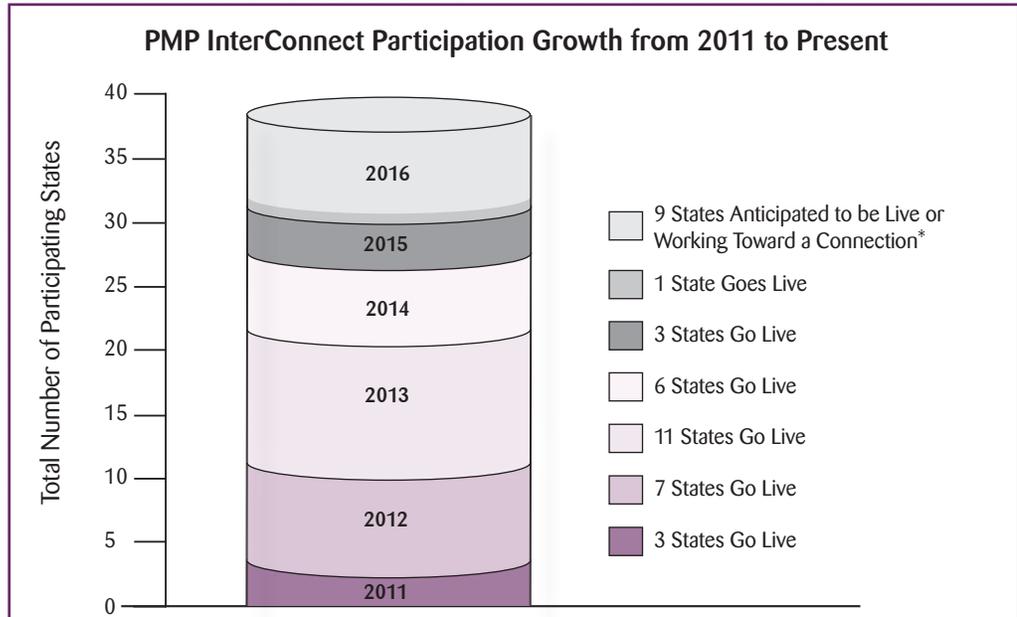
Alaska was the most recent state to connect to PMP InterConnect, and became operational in February 2016. NABP anticipates that at least 40 states will either be connected to or working toward a connection to PMP InterConnect in 2016. However, the ultimate goal of PMP InterConnect is to achieve national interoperability among all state PMPs in order to fulfill the mission of improving patient safety, curbing drug diversion, and saving lives. To view the progress NABP has made in successfully connecting 31 out of 51 state/jurisdiction PMPs to PMP InterConnect from 2011 to present, see the chart below.

### NEHI Forum Highlights PMP InterConnect

Shedding some light on the importance that ease of access to interstate data has on protecting the public health, the Network for Excellence in Health Innovation (NEHI) held a forum in June 2015. The forum convened physician leaders and pharmacy experts to address the challenges that health care providers face in incorporating use of PMPs into clinical practice. As a means to enhance the integrity of PMP data, forum participants discussed how PMP InterConnect is critical to obtaining a comprehensive profile of a patient's prescription drug history.



PMP InterConnect was developed in January 2011 at the request of several PMP administrators to create a low cost, easy to implement, and highly enhanced solution to facilitate interstate PMP data sharing. The program first became operational in August 2011 with data exchanges in Indiana and Ohio. More information about PMP InterConnect, including the most up-to-date participation information, is available in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net). ©



The above chart represents the NABP PMP InterConnect® program's participation growth from 2011 to present. Currently, there are 31 states connected to PMP InterConnect out of a total of 51 states/jurisdictions. \*In 2016, NABP anticipates that at least 40 states/jurisdictions will either be connected to or working toward a connection.

## NABP Accreditation Programs Continue to Support Pharmacies, Distributors, 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 2015, entities including durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) providers, pharmacies with an Internet presence, 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.

### 2015 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, 2015, a total of 560 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 (CMS) 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 235 new accreditations and reaccreditations in 2015. Today, the program has nearly 450 accredited DMEPOS companies representing almost 28,500 facilities.



Since 1999, the VIPPS® (Verified Internet Pharmacy Practice Sites®) program has accredited pharmacies offering a full range of pharmacy services over the Internet 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 2015, VIPPS and Vet-VIPPS® (Veterinary-Verified Internet Pharmacy Practice Sites®) accredited nine new pharmacies total. In addition, seven VIPPS pharmacies were reaccredited. By the end of 2015, a total of 44 pharmacy sites were VIPPS accredited and 23 pharmacies were Vet-VIPPS accredited.



The NABP e-Advertiser Approval<sup>CM</sup> Program targets Internet advertisers that offer only limited pharmacy services or other prescription drug-related services online. A total of 149 entities sought and obtained NABP e-Advertiser Approval since the launch of this program in 2010, with 56 newly approved entities and 68 reapproved entities in 2015.

More information on the NABP accreditation programs can be found under Accreditation in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net).



### Newly Accredited DMEPOS Facility

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

**Home Infusion Services, LLC**  
Houston, TX

A full listing of nearly 450 accredited DMEPOS companies representing almost 28,500 facilities is available on the NABP website at [www.nabp.net](http://www.nabp.net).

## AWARxE National Advertising Campaign Ends 2015 on a High Note

Year-end results were strong for the AWARxE® Prescription Drug Safety Program's 2015 monthly educational campaigns, with initiatives reaching consumers through a variety of formats and themes. From March to May 2015, AWARxE reached a national audience with digital banner ads about safe medication disposal, a radio public service announcement about securely storing medications while selling one's home, and advertising on Facebook about the dangers of prescription drug misuse and abuse during teenage milestones like prom, graduation, and finals.

In June, Pandora Internet Radio was used to promote medication safety during summer break when children and teenagers are sometimes at home unattended. The digital ads and accompanying audio directed consumers to the AWARxE home page to learn more about proper medication disposal, secure storage, and safe usage of medicine. The ads/audio were streamed 350,030 times, accounting for 1,166,771 impressions and a 0.99% click-through rate (CTR) (0.27% above Pandora network average).

You may have seen the program's infographic on traveling safely with medications; it had an impressive reach of nearly 60 million impressions (59,760,241). The digital imagery walked consumers through things to consider

when traveling, including flying with medicine, adjusting dosing schedules when changing time zones, and having documentation that may be needed to travel internationally with prescription medications. The infographic was picked up by 979 radio, TV, and newspaper websites, for an ad value of \$717,123.

During August and September, AWARxE focused on educating parents about peer pressure that children may experience in regard to medication misuse and abuse upon return to school. NABP worked with bloggers to write articles about the topic. The articles reached 28,474 readers in the *Mommy Perks*, *Motherhood Moment*, and *Mini Van Dreams* blogs.

October heralded American Pharmacists Month and the return of digital banner ads, this time promoting all of the services that pharmacists can provide to patients beyond filling prescriptions. The ads drove traffic to the Ask Your Pharmacist web page and received 4,015,858 impressions. The CTR of 0.10% was above the banner ad CTR average of 0.07%, showing that the topic was timely and helpful.

NABP Executive Director/Secretary Carmen A. Catizone, MS, RPh, DPh, gave live interviews for November's radio media tour. Nearly 8 million listeners (7,957,000) were directed to the redesigned

AWARxE website to learn more about the dangers of counterfeit drugs. A total of 13 news/talk radio stations scheduled interviews to get the word out about ways to spot counterfeit medications and how to find safe online pharmacies using programs like the .Pharmacy Top-Level Domain Program.

The year was rounded out with two campaigns in December: a Twitter party and Pandora ads/audio about medication safety during the holidays. Using the StayAWARxE hashtag, Twitter followers were prompted to respond to questions about how they keep their loved ones from misusing or abusing prescription drugs during the busy holiday season. At a time when guests are in and out of one's home, it is essential to store medications securely and dispose of drugs safely. During the hour-long party, 57 contributors posted 2,192 related Tweets yielding 3,148,611 impressions.



The holiday safety Pandora ads were refreshed with the redesigned branding and friendlier tone of voice, providing a vibrant look. Campaign results for this initiative will be provided in upcoming communications.

Be sure to take a look at the new AWARxE website ([www.AWARxErx.pharmacy](http://www.AWARxErx.pharmacy)) to find information about the topics discussed in the aforementioned campaigns. The website covers a variety of topics, such as acquiring medication safely, proper disposal, using medicine safely, and preventing abuse. Whether you are looking for information for yourself or hoping to spread the word about preventing the misuse and abuse of prescription drugs to your family or community, resources are available to help. 

**International Travel with Medication**



Contact that country's embassy to verify that you can bring your prescription medication into the country.



Get documentation about your medications from your doctor or pharmacist, in case questions are asked by customs officials.



Are you covered by your health insurance if you are outside of the country?

**AWARxE Campaign on Traveling Reaches 60 Million**

In June 2015, the AWARxE® Prescription Drug Safety Program focused its attention on consumers traveling with medications. The above infographic walked consumers through things to consider in order to travel abroad safely with medication. The infographic was picked up by 979 radio, television, and newspaper websites, reaching nearly 60 million consumers.

## Boards Use CPE Monitor to Conduct Continuing Pharmacy Education Audits, Supporting the Licensure Renewal Process

Launched in March 2011, the CPE Monitor® service, a national, collaborative effort between NABP, the Accreditation Council for Pharmacy Education (ACPE), and ACPE providers, provides a streamlined reporting and compliance verification process for participating state boards of pharmacy. Participating state boards of pharmacy may access CPE Monitor data through NABP e-Profile Connect to assist them in ensuring that pharmacists and pharmacy technicians have completed state-mandated continuing pharmacy education (CPE) requirements for relicensure, recertification, or reregistration.

In addition to using NABP e-Profile Connect to access data, some boards are using CPE Monitor reports produced by licensees and custom reports provided by NABP to assist with CPE audits.

### Use of Reports During Pharmacy Inspections

The West Virginia Board of Pharmacy is using CPE Monitor data to audit compliance of licensees, and to save time during inspections, as reported in the December 2015 issue of the *West Virginia Board of Pharmacy Newsletter*. To aid in the review of individual CPE records, the inspectors recommend that each pharmacist leave a printed copy of his or her CPE Monitor report showing the CPE records associated

with the most recent license renewal with the pharmacist-in-charge (PIC) of every pharmacy in which he or she works a shift. By having the CPE Monitor reports available from the PIC, the inspector is presented with a one- or two-page document that shows all the information on CPE for a pharmacist's latest license renewal.

### Accessing Data Through e-Profile Connect

Idaho State Board of Pharmacy staff completed an audit of CPE by accessing CPE Monitor data using NABP e-Profile Connect, and determined which pharmacists did not complete the minimum legal CPE requirements for the state. As noted in the December 2015 issue of the *Idaho State Board of Pharmacy Newsletter*, CPE Monitor increases the efficiency with which Board staff can audit CPE completion.

Other boards of pharmacy have used CPE Monitor data from NABP e-Profile Connect in order to conduct an audit of continuing education (CE) requirements for registered technicians. As reported in the December 2015 issue of the *North Dakota State Board of Pharmacy Newsletter*, the North Dakota State Board of Pharmacy used CPE Monitor to conduct a random audit of CE compliance for registered technicians and was able to determine which technicians were compliant, and which were compliant with additional documentation. The audit also helped determine which technicians did not have adequate CE hours.

### Customized Reports

Boards of pharmacy also have the option of requesting customized reports on licensees' CPE data. For instance, a custom report generated for the District of Columbia Board of Pharmacy included data records



indicating compliance with the total hours requirement, the live hours requirement, AIDS/HIV training requirement, medication errors requirement, and vaccine/immunization requirement for those authorized to immunize. This customized report also included a spreadsheet with data for all audited pharmacists.

In addition, NABP is currently working with the Colorado State Board of Pharmacy to summarize and report the CPE achievements for all pharmacists licensed with the Board from November 2013 through October 2015 to determine compliance with the total CPE hours requirement in Colorado.

For information on customized CPE reporting, boards may email [GovernmentAffairs@nabp.net](mailto:GovernmentAffairs@nabp.net). ☎



### Newly Accredited VAWD Facilities

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

**J.T. Posey Company**  
Elk Grove Village, IL

**McKesson Medical-Surgical, Inc**  
Salt Lake City, UT

**Sanofi Pasteur, Inc**  
Reno, NV

A full listing of more than 560 accredited VAWD facilities is available on the NABP website at [www.nabp.net](http://www.nabp.net). ☎

## Verified Pharmacy Program Offers Boards of Pharmacy Tools and Resources for Inspection Training Specific to Each State

In addition to providing an information network for sharing pharmacy licensure and inspection data, the Verified Pharmacy Program® (VPP®) serves as a mechanism to provide educational and training tools to assist state boards of pharmacy. Through utilization of VPP processes and inspection forms, NABP has provided hands-on inspection training for state inspectors at the request of state boards of pharmacy.

Idaho and Vermont are two states that utilized this inspection training. The training was delivered via both webinars and live on-site training with NABP staff and surveyors. In Idaho, after participating in a webinar to review the inspection processes and forms, three state inspectors were accompanied by an NABP surveyor to perform nonsterile and sterile compounding training inspections at three pharmacies. Idaho State Board of Pharmacy Deputy

Executive Director Berkeley Fraser, RPh, said the inspection training provided the team of state inspectors with added insight to the sterile compounding field.

Similarly, in Vermont, inspection training consisted of a webinar as well as on-site inspection training of 12 facilities that engage in a variety of activities, including nonsterile compounding and sterile compounding, as well as the practice of nuclear pharmacy. Two surveyors accompanied one inspector and the executive director on the 12 inspections in

Vermont. The inspection training provided by VPP inspectors concluded with a follow-up session and a debriefing in each state. Currently, VPP inspection forms remain available for use to all state inspectors.

At press time, at least 400 pharmacies have applied to VPP and currently, or soon will, have verified data available for the boards to view, and of these, more than 45 have been inspected through VPP more than once (see table below for inspection totals). This verified data is provided to the member



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

For more information about VPP or the inspection sharing network, contact the NABP Accreditation department at [vpp@nabp.net](mailto:vpp@nabp.net). Additional information is also available in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net). ©

| VPP Inspections*                             | 2015 | Total Since Inception (2013) |
|--|------|------------------------------|
| General Retail Pharmacy Only                 | 17   | 48                           |
| General and Nonsterile Compounding Only      | 60   | 201                          |
| General and Sterile Compounding Only         | 27   | 53                           |
| General, Nonsterile, and Sterile Compounding | 43** | 143**                        |
| Nuclear                                      | 1    | 2                            |

\*Numbers include both completed and scheduled inspections nationwide as of press time since the program began in 2013.

\*\*One of which was also an outsourcing facility at the time of inspection (two total since program inception). Note: VPP inspection reports only include inspection of the compounding activities related to patient-specific compounding and compliance with United States Pharmacopeia standards, not compliance with current Good Manufacturing Practices (cGMPs).



### Item Writers Convene to Develop Test Questions for PARE

In November 2015, volunteer item writers convened at NABP Headquarters to assist in developing test questions to be used for the Pharmacist Assessment for Remediation Evaluation® (PARE®). Pictured from left to right: Matthew Lee, MD, MS, RPh, eLEETe Physicians, LLC, and Gary Gonza, RPh, St Joseph's Hospital Health Center in Syracuse, NY.

## .Pharmacy Executive Board Convenes to Address TLD Program, Strategies and Standards for the Best Interest of Global Public Health

Addressing matters of strategy and national and international standards pertaining to the .pharmacy Top-Level Domain (TLD), the NABP .Pharmacy Executive Board convened via webinar on October 20, 2015. Topics of discussion included the tracking and reporting of .pharmacy domain name registrations, international partnerships, professional and educational outreach, endorsement opportunities, and term clarification.

### .Pharmacy Tracking and Reporting

As NABP continues to track and report .pharmacy domain name registration activity, it was recommended by the Executive Board that NABP consider indicating how many physical pharmacies are represented by chain pharmacy registrants to better reflect the breadth of the .pharmacy TLD's adoption in the pharmacy community. The Executive Board also recommended that NABP report the total number of .pharmacy registrants that actively use their .pharmacy domain name as their primary website since these registrants provide a better reflection of actual implementation of the .pharmacy TLD.

Also during its October meeting, the Executive Board expressed interest in knowing more about the experiences of pharmacies that have registered .pharmacy domain names. For

example, board members advised determining what kind of activity entities have observed on their sites after implementing a .pharmacy domain, or if they are tracking website visits. To determine such activity, the Executive Board members recommended that NABP survey these pharmacies. Executive Board members also noted that a survey could be used to investigate why registrants that have inactive domains have not yet put them to use, or why those registrants that redirect their .pharmacy domain name to their .com website opt not to use the .pharmacy domain name as their primary website.

Additionally, the Executive Board requested that NABP compile a document examining the various modes in which registrants may use a .pharmacy domain name. Several options were discussed, including redirecting the .pharmacy domain to the registrants' existing .com or .gov website or vice versa, and transitioning the existing domain to make .pharmacy their primary domain name.

### International Partnerships

The Executive Board also discussed NABP's outreach to establish partnerships with regulators in other countries. During the meeting, it was noted that NABP is working with attorneys who specialize in interna-

tional efforts and will move forward on partnerships that the NABP Executive Committee deems appropriate. NABP has relationships with regulators in Canada, Great Britain, Ireland, Spain, Australia, and Hong Kong to evaluate .pharmacy applicants located or doing business in those countries. NABP also continues to monitor the European Union's implementation of a mandatory "common logo" for legally operating online pharmacies/retailers and to explore potential relationships with regulators in the EU member states.

### Professional and Educational Outreach

Following a summary of the professional outreach efforts that NABP has undertaken in 2015 and proposed for 2016, the Executive Board also recommended that NABP consider including a presentation during the next Tri-Regulator Symposium to educate health care practitioners on the problem of illegal online drug sellers and how the .Pharmacy TLD Program works to combat these rogue entities. Because health care practitioners have the opportunity to educate patients about safe acquisition of medications in their daily practice, the Tri-Regulator Symposium is an ideal setting for this information as the meeting gathers the regulatory boards for medicine, nursing, and pharmacy for interprofessional coop-



eration. The Executive Board also suggested that NABP reach out directly to other health care organizations to share this information with practitioners.

With illegal online drug sellers also threatening the medication supply chain, the Executive Board recommended that NABP consider reaching out to major pharmaceutical wholesale distributors as well as virtual chains/service providers to independent pharmacies, to encourage their awareness, support, and adoption of the .Pharmacy TLD Program.

Also during the October meeting, a summary of NABP's international consumer education efforts was provided as well as proposed plans for 2016. In response, the Executive Board recommended that NABP determine a minimum number of registrants needed in a given country before proceeding with marketing. Since multiple factors may affect the uptake of the .Pharmacy TLD Program in various geographic regions, the Executive Board advised taking a measured approach to future international outreach.

### Additional Recommendations

The Executive Board recommended that NABP consider seeking endorse-  
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### nabp newsletter

#### **.Pharmacy Update**

(continued from page 67)

ments from national organizations in the US and other countries to help raise awareness, enhance credibility, and connect NABP with the .pharmacy TLD in the public eye.

In addition, the Executive Board discussed the term “Internet pharmacy,” and explained that the term is not clearly understood

and is often used interchangeably in reference to websites of licensed brick-and-mortar pharmacies and unapproved websites that sell medications illegally. Therefore, the Executive Board requested that the term Internet pharmacy be clarified in messaging about the .Pharmacy TLD Program.

The .Pharmacy Executive Board was established by the NABP Executive

Committee in accordance with NABP’s contractual agreement with the International Corporation for Assigned Names and Numbers. Informed, in part, by the expertise and strategic input provided by the .pharmacy supporter advisory committees, the Board makes recommendations for review and approval by the NABP Executive Committee to ensure that strategy and standards are

consistent with the mission and purpose of the .pharmacy TLD and the interests of the global public health.

The NABP Executive Committee approved the above-mentioned recommendations during its February 2016 meeting.

Additional details about the .Pharmacy TLD Program, including a list of approved .pharmacy sites, are available at [www.safe.pharmacy](http://www.safe.pharmacy). 



### Newly Approved e-Advertisers

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

**AWAR<sub>x</sub>E<sup>®</sup> Prescription Drug Safety Program (NABP)**

[www.AWARErx.pharmacy](http://www.AWARErx.pharmacy)

**Clear Skin Concierge Medical Corporation, dba Clear Skin Concierge**

[www.clearskinconcierge.com](http://www.clearskinconcierge.com)

**Biofit, Inc, dba Biofit Medical Group**

[www.biofitmedical.com](http://www.biofitmedical.com)

**Blink Health, Ltd, dba Blink Health Core, Ltd**

[www.blinkhealth.com](http://www.blinkhealth.com)

**Global Life Rejuvenation, Inc**

[www.globalliferejuvenation.com](http://www.globalliferejuvenation.com)

**Guiribitey Cosmetic and Beauty Institute, Inc, dba CG Cosmetic Surgery**

[www.cgcosmetic.com](http://www.cgcosmetic.com)

**Haggen Operations Holding, LLC**

[www.haggen.com](http://www.haggen.com)

**Mule Road Pharmacy, LLC, dba Mule Road Pharmacy**

[www.muleroadpharmacy.com](http://www.muleroadpharmacy.com)

**Patterson Companies, Inc, dba Patterson Dental**

[www.pattersondental.com](http://www.pattersondental.com)

**Restoration and Wellness, PLLC, dba Cedar Recovery Center of Middle Tennessee**

[www.cedarrecovery.com](http://www.cedarrecovery.com)

**Rx Unlimited, LLC, dba Rx Unlimited**

[www.rxunlimited.com](http://www.rxunlimited.com)

**Smart Pharmacy, Inc, dba Smart Pharmacy**

[www.smartpharmacy.com](http://www.smartpharmacy.com)

**Ultra Lab Tests, LLC**

[www.ultalabtests.com](http://www.ultalabtests.com)

**Valley Side I, Inc, dba Valley Side I**

[www.vetdepot.com](http://www.vetdepot.com)

**Westchester Eye Associates**

[www.cosmeticeyelids.com](http://www.cosmeticeyelids.com)

**Zipdrug, Inc**

[www.zipdrug.com](http://www.zipdrug.com)

Since 2010, NABP has offered the e-Advertiser Approval Program for Internet advertisers that offer only limited pharmacy services or other prescription drug-related services online. A full listing of NABP-approved e-Advertisers is available on the NABP website at [www.nabp.net](http://www.nabp.net). 

## Participate in Exciting Networking Opportunities in San Diego During the NABP 112<sup>th</sup> 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 112<sup>th</sup> Annual Meeting? Look no further than the optional events taking place throughout the meeting. Set for May 14-17, 2016, at the Hilton San Diego Bayfront Hotel in San Diego, CA, the Annual Meeting, themed "All Hands on Deck – Forging Ahead to a New Regulatory World," offers attendees the opportunity to participate in the Hospitality Brunch, Educational Poster Session, and an orientation on processes and procedures for district meetings and the Annual Meeting.

### Hospitality Brunch and Table Top Displays

Attendees of the 112<sup>th</sup> Annual Meeting will have a chance to network during the Hospitality Brunch on Sunday, May 15. 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 Phar-

macy 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 opportunity to meet members of the California State Board of Pharmacy and get a local perspective on the must-see sites of San Diego at the host state table top display.

### Educational Poster Session

Also taking place on Sunday, just a few steps away from the brunch, is the annual NABP Educational Poster Session themed "Surfing the Web, Personal Safety Devices Required."

This year's poster session, focused on the theme of patient safety, features a contest that invites poster presenters to create a poster showcasing a web page, website, or other online content that encourages patient safety by educating consumers about the .Pharmacy Top-Level Domain Program. Board staff as well as schools and colleges of pharmacy are invited to display posters. Information on displaying a poster is available on page 71 of this *Newsletter*. Poster presenters and participating attendees of the Poster Session can earn up to one



Pictured above is a view of the USS Midway Museum, which honors the legacy of those who served aboard the USS Midway, as well as those who serve in uniform. The USS Midway is the most visited floating ship museum in the world, and is the longest-serving Navy aircraft carrier of the 20<sup>th</sup> century. Photo courtesy of USS Midway Museum and *SanDiego.org*.

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 14, from 4 to 5 PM. During this session, attendees will learn about the role of the district meetings in NABP busi-

ness 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.

### Exploring San Diego

San Diego offers a variety of attractions, museums, and gardens that range from leisurely beach activities to adventurous mountain hiking.

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 16. Several cultural and historical attractions were

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## Members Encouraged to Apply for 112<sup>th</sup> Annual Meeting Travel Grant

The NABP Foundation® is once again offering active member state boards of pharmacy travel grant opportunities to attend the NABP 112<sup>th</sup> Annual Meeting to be held May 14-17, 2016, at the Hilton San Diego Bayfront Hotel in San Diego, CA. 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 112<sup>th</sup> Annual Meeting. The grant does not include Annual Meeting registration fees.

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

macy. Applications can be submitted by mail to NABP Headquarters or via email at [exec-office@nabp.net](mailto:exec-office@nabp.net). NABP requests that applications be submitted prior to the Annual Meeting. All applicants will be informed of whether they have qualified for the grant. Last year, 40 state boards of pharmacy applied and were approved for the NABP 111<sup>th</sup> Annual Meeting Travel Grant.

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

### Optional Events

(continued from page 69)

highlighted in the January 2016 issue of the *NABP Newsletter*, including the USS Midway Museum, Balboa Park, which contains 15 major museums as well as the San Diego Zoo, and other local sites. Attendees may also contact the hotel concierge for recommendations of attractions to visit and things to do while in San Diego.

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

### Navy's 30<sup>th</sup> Bay Bridge Run/Walk

May is National Military Appreciation Month, and one option for attend-

ees wishing to show their support is participating in the Navy's 30<sup>th</sup> Bay Bridge Run/Walk, which is open to the public. Held on Sunday, May 15, runners start at 8 AM and walkers start at 8:10 AM. The annual Run/Walk will give participants the opportunity to take great photos of San Diego and Coronado from on top of the bridge. The four-mile Run/Walk has a panoramic view as participants run/walk to Coronado's Tidelands Park from downtown San Diego over the Coronado Bay Bridge.

The four-mile course starts at One Park Boulevard at Harbor Drive between the Hilton San Diego Bayfront and the San Diego Convention Center,

and travels south along Harbor Drive to Cesar E. Chavez Parkway. Participants will head east to National Avenue, then up and over the Coronado Bay Bridge. The race finishes in Coronado's Tidelands Park. Participants should expect flat streets as well as an incline up the bridge and a decline down the bridge. Participants must be on the bridge by 8:45 AM, approximately one mile into the race, to allow for the reopening of traffic lanes.

Advanced registration and payment are required by April 30. Runners will receive a special finisher's medal and a t-shirt to commemorate the event's 30<sup>th</sup> year.

Participants have three free transportation choices

to return to the race start area. The options include a race ferry, public ferry, and buses.

Participation in this event provides support for the Morale, Welfare and Recreation programs that serve the military by providing quality of life programs for the more than 500,000 active duty and retired military, reservists, their family members, and civilian employees in San Diego.

For additional information and to register, visit <http://navylifesw.com/bridgerun>.

Registration and more information about the 112<sup>th</sup> Annual Meeting is available in the Meetings section of the NABP website at [www.nabp.net](http://www.nabp.net). ☺

## Annual Meeting Educational Poster Session Deadline Extended; Reserve a Spot to Present by March 18, 2016

The deadline to reserve a spot as a presenter for the NABP 112<sup>th</sup> Annual Meeting Educational Poster Session has been extended to **Friday, March 18, 2016**. The Poster Session will be held Sunday, May 15, from 8:30 to 11:30 AM, during the Annual Meeting, at the Hilton San Diego Bayfront Hotel in San Diego, CA.

Posters must reflect the overall theme of patient safety.

New this year, the Poster Session will feature a contest inviting poster presenters to create online content that will encourage patient safety by educating consumers about the .Pharmacy Top-Level Domain (TLD) Program. To qualify for the contest, those display-

ing posters must create or plan a web page, website, or other online content that focuses on educating patients about the dangers of purchasing medications online from unknown sources, and how to look for a safe, trusted pharmacy-related website via the .Pharmacy TLD Program. The Poster Session presenter(s) that best demonstrates the .pharmacy patient safety initiative will win the contest and be awarded a \$100 American Express gift card.

State board of pharmacy members and staff, as well as schools and colleges of pharmacy, are invited to participate, and boards are encouraged to partner with the schools on posters as well.

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 regis-

tered pharmacist, during the display time. Assembly time will be available on Sunday, May 15, 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 the NABP Professional Affairs Manager via email at Prof-Affairs@nabp.net by the Friday, March 18 deadline. ☎

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## Register Now for the 112<sup>th</sup> Annual Meeting at *NABP.net*

Online registration is now available for the NABP 112<sup>th</sup> Annual Meeting.

New this year, NABP launched an improved online registration system in an effort to simplify and streamline the registration process for attendees.

Registration is available on the NABP 112<sup>th</sup> Annual Meeting website, which can be accessed via the Meetings section of the NABP website. Attendees are encouraged to register early to receive reduced meeting registration and hotel reservation rates. In order to receive the early

registration rate, attendees must register on or before April 8, 2016. NABP offers attendees three payment options:

- Using a credit card (American Express, MasterCard, or Visa)
- Mailing in the payment
- Paying on site in San Diego

The deadline to receive the early hotel reservation rate is April 21, 2016.

More information about the meeting is also available on the NABP 112<sup>th</sup> Annual Meeting website, which can be accessed by visiting the Meetings section of the NABP website at [www.nabp.net](http://www.nabp.net). ☎

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## Sponsorship and Educational Grant Opportunities Are Available

NABP is offering numerous sponsorship and educational grant opportunities for organizations seeking to support public protection efforts during the NABP 112<sup>th</sup> Annual Meeting. Contributing organizations help NABP provide quality programs designed

to assist board of pharmacy members, executive officers, and compliance staff to meet their responsibilities for safeguarding the public health, while creating visibility for the sponsoring organization.

Annual Meeting sponsors will be recognized appro-

priately in various materials and aspects of the Annual Meeting. In addition, sponsoring organizations contributing \$5,000 or more to the meeting are entitled to two complimentary meeting registrations valued at \$575 each. Contributions of \$1,000

to \$4,999 entitle the donors to one complimentary meeting registration.

For more details on sponsorship and grant opportunities, organizations may contact NABP via email at Prof-Affairs@nabp.net or via phone at 847/391-4406. ☎

## Meeting Program

May 14-17, 2016

Hilton San Diego Bayfront Hotel

San Diego, CA

### Saturday, May 14, 2016

10 AM - 6 PM

**Registration/Information Desk Open**

1:30 - 3:30 PM

Pre-Meeting CPE

**Telepractice – Smooth Sailing or Tsunami?**

ACPE #0205-0000-16-001-L03-P  
(0.2 CEUs – 2 contact hours)

4 - 5 PM

**From District Meeting to Annual Meeting – Learning About NABP**

6 - 9 PM

**President's Welcome Reception**

Honoring NABP President

Edward G. McGinley, MBA, RPh, DPh  
*Dinner will be served.*

*Dress: business casual*

### Sunday, May 15, 2016

7:30 AM - 4:30 PM

**Registration/Information Desk Open**

8:30 - 11:30 AM

**Hospitality Brunch and Educational Table Top Displays**

8:30 - 11:30 AM

Joint CPE

**Educational Poster Session – Surfing the Web, Personal Safety Devices Required**

ACPE #0205-0000-16-002-L04-P  
(0.1 CEU – 1 contact hour)

NOON - 3:15 PM

**First Business Session**

12:15 - 1:15 PM

**Keynote Address**

Boris Brott

Motivational Speaker and  
Symphony Conductor

3:30 - 4:30 PM

Joint CPE

**Charting the Course of the DSCSA – State Updates**

ACPE #0205-0000-16-003-L03-P  
(0.1 CEU – 1 contact hour)

### Monday, May 16, 2016

7:30 AM - 1 PM

**Registration/Information Desk Open**

7:30 - 9 AM

**USP Update and Breakfast**

*(Breakfast served plated from 7:30 - 8 AM)*

9:15 - 10:15 AM

Joint CPE

**Status of Pharmacy Technicians – First Mates or Stowaways?**

ACPE #0205-0000-16-004-L03-P  
(0.1 CEU – 1 contact hour)

10:30 AM - NOON

**Second Business Session**

NOON - 12:30 PM

**Informal Member/Candidate Discussion**

**Free Afternoon**

*(No programming)*

### Tuesday, May 17, 2016

7:30 AM - 4 PM

**Registration/Information Desk Open**

7:45 - 8:45 AM

**NABP Breakfast**

8:45 - 10:15 AM

Joint CPE

**Prescription Drug Abuse – Batten Down the Hatches!**

ACPE #0205-0000-16-005-L03-P  
(0.15 CEUs – 1.5 contact hours)

8:45 - 10:15 AM

Open Networking Forum

**Networking and State Board of Pharmacy Regulatory Issues**

**Open Discussion**

10:30 AM - NOON

Joint CPE

**Sailing to New Horizons – Pharmacist Prescriptive Authority – Point-Counterpoint**

ACPE #0205-0000-16-006-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 - 10 PM

**Annual Awards Dinner**

*Dress: semiformal*

Note: The 112<sup>th</sup> Annual Meeting schedule is subject to change.



NABP and the NABP Foundation® 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 for the credit to be recorded in the CPE Monitor® system. If you do not submit your CPE claim within 60 days of the date you completed the CPE activity, you will be unable to receive credit, as this is the maximum amount of time allowed for providers to transmit CPE claims to ACPE for credit. Please submit your claim as soon as possible to ensure that you receive 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.

## Glades Drugs Recalls Compounded Vitamins Due to High Vitamin D3 Levels

On November 25, 2015, Glades Drugs of Pahokee, FL, issued a voluntary recall of compounded multivitamin capsules containing high amounts of vitamin D3 (cholecalciferol), which were distributed nationwide. Food and Drug Administration (FDA) has received reports of several adverse events potentially associated with these compounded capsules made by Glades Drugs. Consuming this product may result in vitamin D toxicity, which may be severe and may lead to life-threatening outcomes if left untreated, indicates an FDA safety alert. Patients who have received these compounded capsules should stop taking this medication and immediately seek medical attention.

The agency notes further that patients suffering adverse effects from high vitamin D levels may not initially show symptoms. Symptoms of short-term vitamin D toxicity are due to high calcium levels (hypercalcemia) and include confusion, increased urination, increased thirst, loss of appetite, vomiting, and muscle weakness. Acute hypercalcemia may intensify tendencies for heart arrhythmias and seizures, and may increase the

effects of certain heart drugs. Long-term toxicity may cause kidney failure, increase in calcium deposits in the blood and soft tissue, bone demineralization, and pain. Patients with conditions such as liver disease or chronic kidney failure may be at increased risk for developing vitamin D toxicity. Health care providers should quarantine and return the recalled products to Glades Drugs, using the information in the safety alert. FDA recommends health care providers report adverse events or side effects to FDA's MedWatch Safety Information and Adverse Event Reporting Program at [www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home](http://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home). Further details are available in a recall notice posted to the FDA website at [www.fda.gov/Drugs/DrugSafety/ucm474552.htm](http://www.fda.gov/Drugs/DrugSafety/ucm474552.htm).

## FDA Approves Naloxone Nasal Spray to Prevent Opioid Overdose Deaths

FDA has approved Narcan nasal spray, a life-saving medication that can stop or reverse the effects of an opioid overdose. Prior to this approval, naloxone was only approved in injectable forms, most commonly delivered by syringe or auto-injector, explains FDA in a news release.

Narcan nasal spray does not require assembly and delivers a consistent, measured dose when used as directed. This prescription product can be used on adults or children and is easily administered by anyone, even those without medical training. The drug is sprayed into one nostril while the patient is lying on his or her back, and can be repeated if necessary. However, it is important to note that it is not a substitute for immediate medical care, and the person administering Narcan nasal spray should seek further immediate medical attention on the patient's behalf. The use of Narcan nasal spray in patients who are opioid dependent may result in severe opioid withdrawal characterized by body aches, diarrhea, increased heart rate (tachycardia), fever, runny nose, sneezing, goose bumps (piloerection), sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. Narcan nasal spray is distributed by Adapt Pharma, Inc, of Radnor, PA.

## Consumers Warned About Unsafe Dietary Supplement

On November 9, 2016, Inaffit, LLC, of Bethesda, MD, voluntarily recalled all lots of Natureal light

green and dark green capsules to the consumer level after FDA laboratory testing confirmed Natureal contains sibutramine. The recalled product is used as a weight loss dietary supplement and is packaged in a clear bottle. The affected lots have a manufacture date of March 12, 2015, and an expiration date of March 11, 2017, and were distributed nationwide to consumers via the Internet.

Sibutramine is an appetite suppressant that was withdrawn from the United States market in October 2010. This undeclared ingredient makes Natureal an unapproved drug for which safety and efficacy have not been established. The product may also interact in life-threatening ways with other medications a consumer may be taking. Sibutramine is known to substantially increase blood pressure and/or pulse rate in some patients, and may present a significant risk for patients with a history of coronary artery disease, congestive heart failure, arrhythmias, or stroke.

Consumers are advised to stop using the recalled Natureal capsules and to discard the product. FDA recommends that consumers who have experienced any problems related to taking or using this drug product should contact their physician or health care provider. Adverse reactions or quality prob-

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### FGEE/PCOA Review Committee Convenes to Evaluate, Develop New Test Questions

In January 2016, members of the Foreign Pharmacy Graduate Equivalency Examination® (FGEE®)/Pharmacy Curriculum Outcomes Assessment® (PCOA®) Review Committee convened at NABP Headquarters to review and verify examination questions and assist with the development of new test questions for the FGEE and PCOA. Pictured from left to right: Jean Carter, PharmD, PhD, RPh, University of Montana Skaggs School of Pharmacy and Kem P. Krueger, PharmD, PhD, University of Wyoming College of Health Sciences.



### Newly Accredited VIPPS Facilities

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

**AssuredRx, LLC**  
[www.assuredrx.com](http://www.assuredrx.com)

**NoviXus, LLC, dba NoviXus  
Pharmacy Services**  
[www.novixus.com](http://www.novixus.com)

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

### Professional Affairs

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lems may be reported to FDA's MedWatch Safety Information and Adverse Event Reporting Program at [www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home](http://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home). Photos of the recalled Natureal can be found in the FDA press release, along with contact

information for Inaffit, available at [www.fda.gov/Safety/Recalls/ucm471921.htm](http://www.fda.gov/Safety/Recalls/ucm471921.htm).

### FDA Provides Training Video on Breakthrough Therapy

FDA Drug Info Rounds, a series of online videos, provides important and timely drug

information to practicing clinical and community pharmacists so they can help patients make better decisions. In a recent Drug Info Rounds video, "Breakthrough Therapy," pharmacists discuss the breakthrough therapy designation program, which is intended to expedite the development and review of drugs for serious or life-threaten-

ing conditions. Drug Info Rounds is developed with contributions from pharmacists in FDA's Center for Drug Evaluation and Research, Office of Communications, Division of Drug Information. All Drug Info Rounds videos can be viewed on the FDA website at [www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm](http://www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm). 

## New Online Map Shows Iowa Drug Take-Back Locations

The Iowa Governor's Office of Drug Control Policy (ODCP) has created a new map showing all of the permanent controlled substance (CS) drop-off locations at law enforcement offices throughout the state of Iowa. This map can be found by visiting the ODCP website at [www.iowa.gov/odcp/drug\\_information/takebacks.html](http://www.iowa.gov/odcp/drug_information/takebacks.html) and clicking on the "site closest to you" link located in the subsection titled "Take Back Kiosks."

Additionally, any manufacturer, distributor, reverse distributor, narcotic treatment program, hospital/clinic with an on-site pharmacy, and retail pharmacy with the authority to handle Schedule II CS may modify their registration with Drug Enforcement Administration (DEA) to become an "authorized collector." Registration modification with DEA is free and can be done online at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov). Once the registration is authorized by DEA, the entity may begin collecting CS in accordance with DEA rules. Currently, no additional registration or notification is required through the Iowa Board of Pharmacy. Rules pertaining to the operation and record-keeping requirements for entities registered with DEA as CS take-back sites may be found at [www.deadiversion.usdoj.gov/fed\\_regs/rules/2014-20926.pdf](http://www.deadiversion.usdoj.gov/fed_regs/rules/2014-20926.pdf).

## Montana Issues Final Rule on Immunizations by Pharmacists

On September 24, 2015, the Montana Board of Pharmacy issued a final rule adopting exactly as proposed Montana Administrative Register Notice No. 24-174-66, effective September 25, 2015, as part of the Administrative Rules of Montana (ARM). The final rule amends ARM 24.174.503, Administrations of Vaccines by Pharmacists, to clarify and align the rule with statute (37-7-105, Montana Code Annotated) regarding administration of certain vaccines without a collaborative practice agreement.

The proposed and final rule notices are located on the Board's website at [www.pharmacy.mt.gov](http://www.pharmacy.mt.gov) under Regulations.

## North Dakota Health Information Network Established

The North Dakota Health Information Technology Advisory Committee (HITAC), in collaboration with the North Dakota Information Technology Department, is charged with expanding the secure exchange of health information in the state of North Dakota. To meet this charge, HITAC has established the North Dakota Health Information Network (NDHIN).

The NDHIN connects providers to other providers through a secure, online network to share their patients' electronic health records. The NDHIN creates a roadmap of data for a more thorough understanding of patients' conditions, allowing for up-to-the-minute decisions and faster

diagnoses. The NDHIN helps reduce patient intake time, minimize duplication of tests and paperwork, provide access to the most recent updates to health records, and cut costs while increasing mobility. The network ensures that patients' data are protected and confidential. The goals of the NDHIN are to connect to a national network to accommodate patients everywhere, regardless of their home state, and to improve health care.

More information about NDHIN is available in the *North Dakota State Board of Pharmacy Newsletter* at [www.nabp.net/system/rich/rich\\_files/rich\\_files/000/001/206/original/nd122015.pdf](http://www.nabp.net/system/rich/rich_files/rich_files/000/001/206/original/nd122015.pdf).

## Idaho Pharmacist Prescriptive Authority for Opioid Antagonists

Idaho currently ranks as the fourth highest state in the country with respect to the non-medical use of prescription medications. Opioid antagonists, such as naloxone, are an increasingly important tool in combating drug overdoses. According to the Centers for Disease Control and Prevention, the use of naloxone administered by laypersons has resulted in over 26,000 drug overdose reversals between 1996 and 2014.

In an effort to facilitate greater access to opioid antagonists, Governor Butch Otter signed House Bill 108 into law in 2015, which allows Idaho pharmacists to prescribe an opioid antagonist to the following individuals:

- A person at risk of experiencing an opiate-related overdose;

- A person in a position to assist a person at risk of experiencing an opiate-related overdose;
- A person who, in the course of his or her official duties or business, may encounter a person experiencing an opiate-related overdose; or
- A person who in the opinion of the prescriber or pharmacist has valid reason to be in the possession of an opioid antagonist.

Further, a pharmacist acting in good faith and exercising reasonable care may administer an opioid antagonist directly to another person who appears to be experiencing an opiate-related overdose. Under Idaho law (Idaho Code 54-1733B), pharmacists who prescribe or administer opioid antagonists shall not be liable in a civil or an administration action or subject to criminal prosecution.

The Idaho State Board of Pharmacy encourages pharmacists to consider offering this important public health service in their communities. To assist pharmacists, a toolkit made available by the College of Psychiatric and Neurologic Pharmacists may be found at [https://cpnp.org/\\_docs/guideline/naloxone/naloxone-access.pdf](https://cpnp.org/_docs/guideline/naloxone/naloxone-access.pdf). In addition, the Idaho Office of Drug Policy provides videos on appropriate naloxone administration on its website, [www.odp.idaho.gov](http://www.odp.idaho.gov).

Idaho Medicaid has released guidance for pharmacy billing. Additional information about this is available in the *Idaho State Board of Pharmacy Newsletter*, available at [www.nabp.net/system/rich/rich\\_files/rich\\_files/000/001/202/original/id122015.pdf](http://www.nabp.net/system/rich/rich_files/rich_files/000/001/202/original/id122015.pdf). 



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