newsletter
National Association of Boards of Pharmacy®

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aid to government
the profession
the public
1904 to 2014

Upcoming Events

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

July 15-26, 2014
PARE Administration

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

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

September 21-24, 2014
NABP/AACP Districts 6, 7, & 8 Meeting
Whitefish, MT

October 5-7, 2014
NABP/AACP Districts 1 & 2 Meeting
Williamsburg, VA

DEA to Review Public Comments on Proposed Rule to Reschedule Hydrocodone Combination Products; NABP Expresses Support for New Rule

Drug Enforcement Administration (DEA) is now in the process of reviewing public comments regarding the agency's proposed new rule for hydrocodone combination products (HCPs). The proposed rule would move the controlled substance (CS) medications from Schedule III to Schedule II. If adopted, the change would impose Schedule II regulatory controls and sanctions on anyone handling HCP's.

NABP Comments Submitted

DEA accepted public comment on the proposed rule through April 28, 2014, and is now reviewing the comments. On behalf of its member boards, NABP submitted comments stating that the Association supports the proposed rescheduling of HCPs "in order to prevent diversion and abuse while still allowing for their legitimate use." In its comments, the Association noted that NABP and member boards recognize the problem of prescription drug abuse and have been working on several fronts to combat the issue, including launching the NABP PMP InterConnect® program. In addition, NABP noted that while some opponents of the proposed rule cite concerns over accessibility due to illegality of refills for Schedule II CS, these concerns are addressed by a rule allowing for the issuance of multiple prescriptions for the same Schedule II CS to be filled sequentially.

FDA Recommendations

The comments also cited the review of the Food and Drug Administration (FDA), which issued a statement in October 2013 indicating that the agency would be recommending the reclassification of the medications. Janet Woodcock, MD, director, Center for Drug Evaluation and Research, FDA, stated that while "the value of and access to these drugs has been a consistent source of public debate," the agency was "challenged with determining how to balance the need

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(continued on page 98)

In This Issue. . .

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 64 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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Hydrocodone

(continued from page 97)

to ensure continued access to those patients who rely on continuous pain relief while addressing the ongoing concerns about abuse and misuse."

In issuing the statement, FDA considered the recommendation of the FDA Drug Safety and Risk Management Advisory Committee to reclassify HCPs as Schedule II controlled substances. The committee met January 24-25, 2013, and voted 19 to 10 in favor of the recommendation after discussing the potential for abuse of drugs containing hydrocodone, either combined with other analgesics or as an antitussive, compared with current Schedule II drugs. The committee also discussed the potential impact of rescheduling the drug products on prescribing patterns, health care delivery, patients, and abuse and misuse of the drug. DEA had requested FDA to undertake the review and make a recommendation regarding the rescheduling of the drug.

Additional Resources

More information about the DEA proposed rule and FDA's recommendation is available in the following resources:

- DEA Proposed Rule for Rescheduling of Hydrocodone Combination Products From Schedule III to Schedule II, *www.deadiversion.usdoj.gov/fed_regs/rules/2014/fr0227.htm*
- Statement on Proposed Hydrocodone Reclassification from Janet Woodcock, MD, Director, FDA, Center for Drug Evaluation and Research, *www.fda.gov/Drugs/DrugSafety/ucm372089.htm*
- FDA Drug Safety and Risk Management Advisory Committee January 24-25, 2013, Meeting Briefing Document, *www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/DrugSafetyandRiskManagementAdvisoryCommittee/UCM334276.pdf*
- FDA Drug Safety and Risk Management Advisory Committee January 24-25, 2013, Meeting Minutes, *www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/DrugSafetyandRiskManagementAdvisoryCommittee/UCM344674.pdf*

NABP will continue to provide updates on this issue to its member boards.

NABP Brings .Pharmacy Domain Program Closer to Launch, Educational Website Soon to Be Live

NABP's proposal for providing consumers worldwide with an easy way to identify legitimate Internet pharmacies and resources has taken a major step forward. In February, NABP was approved to enter contract negotiations with the Internet Corporation for Assigned Names and Numbers (ICANN) to become the registry operator for the .pharmacy domain. The resulting Registry Agreement between the two organizations will serve as a framework for operating the .pharmacy domain.

The Registry Agreement with ICANN will include a number of safeguards intended to protect consumers and the public health. For example, NABP, as the registry operator, will require that registrars approved to sell .pharmacy domain names notify registrants, such as Internet pharmacies, that they must comply with all applicable laws, and provide proof that they are licensed to operate a pharmacy and to practice pharmacy.

Next steps in the pre-launch process include performance of pre-delegation testing, which ensures that NABP and its technical partners have the capacity to operate the new .pharmacy generic Top-Level Domain (gTLD). A gTLD refers to an Internet address's suffix, with well-known examples being .com, .org, and .net. Additionally, as the registry operator, NABP will contract with registrars that agree to ensure compliance with the established .pharmacy standards.

To help inform potential registrants and the general public about the .pharmacy initiative, NABP launched in April an informational website at *dotpharmacy.net*. The site provides program updates and explains .pharmacy's mission. Through an interactive narrative, the website presents the goals of .pharmacy to serve as an indicator to consumers that Internet pharmacies and related online entities that use .pharmacy are vetted and trustworthy.

In 2012, NABP submitted an application to ICANN to become the registry operator for the new .pharmacy gTLD. The Association passed ICANN's initial evaluation in May 2013, and since then has been laying the groundwork to operationalize the .Pharmacy gTLD Program. An advisory committee convened in February 2013 to work with coalition stakeholders to develop policies and a governance structure for the program. The committee is scheduled to reconvene July 21-22, 2014, at NABP Headquarters.

The .Pharmacy gTLD Program stemmed in part from NABP's long-time work of monitoring websites selling prescription medications through the Internet Drug Outlet Identification Program. As of April 2014, NABP has evaluated over 10,750 Internet drug outlets and found 97% of them to be out of compliance with pharmacy laws and practice standards established in the United States to protect the public health. The .pharmacy program will help consumers quickly and easily identify legitimate Internet pharmacies and related services and information.

Newly Accredited Vet-VIPPS Facility

The following veterinary Internet pharmacy was accredited through the NABP Veterinary-Verified Internet Pharmacy Practice Sites℠ (Vet-VIPPS®) program:

MWI Veterinary Supply Co, dba Animal Rx Pharmacy
www.mwivet.com

A full listing of the accredited Vet-VIPPS sites is available on the NABP website at *www.nabp.net*.

Executive Committee

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Hal Wand
Member, District 8
Serving third year of a second three-year term

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

An Education in ADA

By Dale J. Atkinson, JD

The Americans with Disabilities Act (ADA) and Rehabilitation Act are comprehensive legislation intended to provide persons with disabilities, as defined, with equal access to virtually all government benefits as well as certain delineated benefits provided by the private sector. Numerous judicial opinions have been rendered under the ADA and Rehabilitation Act since their adoption. Many such cases involve employment questions and the obligations of employers to accommodate persons with disabilities. In addition, several judicial opinions address the rights of disabled applicants for licensure related to access to the uniform examination used by relevant state boards in assessing entry-level competence as one criterion of eligibility.

These examination cases generally focus on what accommodations must be provided to allow such candidates an opportunity to demonstrate the knowledge, skills, and abilities being tested. The ADA and Rehabilitation Act also affect the rights of students seeking admission to and participating in educational programs. Again, these cases generally address accommodations provided by the educational program to allow such candidates an opportunity to matriculate through such program. In some professions, the complexities of the program, including the necessity to complete an internship or experiential component, further provide difficulties in assessing and providing any requested accommodations. Consider the following.

A student entered the University of Kansas as a freshman in fall 2006. Born in 1988, the student was diagnosed at age three with an inherited condition of spinal muscular atrophy, type III. Spinal muscular atrophy affects the motor neurons that send signals to innervate the muscles. When muscles are not properly innervated, they atrophy resulting in muscle wasting and weakness in the arms and legs. By 2002, the student began using a wheelchair exclusively as she was no longer able to stand or walk. While at the university, the student requested and was granted accommodations, including a handicap accessible room in student housing, parking accommodations, and accessible seating in the laboratories and classrooms. In 2010, she graduated with a bachelor of general studies degree in psychology and a bachelor of science degree in biology with an emphasis in neurobiology, which is the study of the brain and nervous systems in humans and other animals.

The student filed for admission to multiple medical schools and did not receive invitations for interviews. However, following her application for admission to the class of 2011, she did receive an interview with the Kansas City University of Medicine and Biosciences (KCUMB), an osteopathic college of medicine. The student received an invitation for interview that is designed to evaluate her capacity to meet the technical standards for the medical program. Technical standards include an assessment of motor skills and strength and mobility. Specifically, the motor skills assessment measures whether an applicant has sufficient motor function to execute movements reasonably required to provide general care and emergency treatment to patients. Strength and mobility assessments

measure whether an applicant possesses the necessary lower extremity and body strength to perform maneuvers and provide medical care such as CPR.

Due to her muscle atrophy, the student was unable to successfully perform chest compressions for CPR and was also unable to perform the Heimlich maneuver with the necessary force to dislodge an airway obstruction. The KCUMB admissions committee determined that the student could not meet the technical standards and she could not be reasonably accommodated without substantially altering the educational program. As a result, her application for admission was denied. The student filed a complaint with the United States Department of Health and Human Services Office for Civil Rights alleging that the KCUMB had discriminated against her based upon her disability. The Office for Civil Rights issued a decision finding no probable cause and declined to pursue the complaint. Thereafter, the student filed a complaint in United States District Court for the District of Kansas against KCUMB and its dean alleging discrimination under the ADA and Rehabilitation Act.

The Rehabilitation Act prohibits the exclusion of any "otherwise qualified person with a disability" from participation in any program receiving federal assistance. For purposes of an educational program, an otherwise qualified person is an individual who, despite a disability, "meets the academic and technical standards requisite to admission or participation in the school's education program or activity." It is not disputed that KCUMB receives federal funding. Similarly, the ADA prevents discrimination against any disabled person who is "qualified with or without reasonable accommodations to perform the essential functions" of the position desired. Pursuant to jurisprudence, schools must reasonably accommodate persons with disabilities, but a school is not required to make fundamental or substantial modifications to its program or standards. Numerous judicial opinions support the notion that neither the ADA nor the Rehabilitation Act requires a graduate school to admit a disabled student who cannot, with reasonable accommodations, otherwise meet the academic standards of the program.

The defendants filed a motion for summary judgment asking the court to rule on the legal basis of the complaint. Summary judgment allows courts to rule on legal issues and avoid the necessity of a trial if there are no material facts in dispute. The court noted the fact that the student's initial burden includes demonstrating the existence of a reasonable accommodation that would permit her to meet the school's essential eligibility requirements. Essential eligibility requirements are those that "bear more than a marginal relationship to the program at issue."

In its summary of the facts, the court provided a thorough review of the school of medicine. The court noted the fact that entry into the program involves a selective process whereby admission is only offered to qualified applicants that possess a demonstrated record of educational success as well as the requisite skills and abilities to be successful in the program. The court referenced the fact that the school curriculum is designed to prepare students to practice as physicians and meet the requirements for accreditation of the Liaison Committee on Medical Education. In addition, the program assists in preparing students to pass the requisite United States Medical Licensing Examination (USMLE), a series of competence exams used by the states as one criterion toward licensure eligibility. The USMLE is administered in parts throughout the medical education of students. The court explored the content areas of the examinations and the clinical and didactic portions of the school curriculum, including the required clinicals and clerkships. The court noted the technical standards of the program and

(continued on page 102)

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Legal Briefs

(continued from page 101)

the use of a motor component by students, including the need for fine motor skills and that such skills are "essential to the learning process for medical students and are skills necessary to becoming a competent, successful clinical practitioner." In short, the court noted the importance of the technical standards and the need for students to have the capacity to perform head-to-toe physical examinations that require strength and mobility. Finally, the court noted that the standards address the requirement for mobility and the need to freely and expeditiously attend to patients, especially in an emergency situation.

The student argued that certain previous applicants granted admission to the school exhibited limited strength as well as the use of prosthetics. The court rejected these arguments finding that her arguments failed to controvert the evidence cited by the school. Indeed, such previous applicants continued to show the requisite strength after amputation and use of prosthetics.

The court next turned its attention to the fact that the student was granted admission to the program, but such admission was contingent upon her meeting the technical standards. It reviewed the correspondence and requested accommodations and found that the student failed to meet her burden. The court held that the evidence shows that the student does not have the physical, motor capacity "to execute movements reasonably required to provide general care and emergency treatment." In fact, the court found the evidence is uncontroverted and that the lack of motor capacity to execute movements would "create a danger for . . . patients."

Focusing on the student's burden to establish that she met the school's essential eligibility requirements, the court noted her requested accommodations, including the use of a staff aide or surrogate to perform necessary physical movements of patients would fundamentally alter the education provided. It held that the technical standards were adopted as part of the accreditation procedures and that those standards serve to ensure that medical students can execute physical movements that are reasonably required to provide general care and emergency treatment. As such, these standards were deemed to be mandatory as part of the essential eligibility requirements.

The court found in favor of the school and dean and granted their motion for summary judgment. Citing a Supreme Court opinion, it stated, "one may admire [plaintiff's] desire and determination to overcome her handicap" yet the rule of law does not force the school to abandon "reasonable physical qualifications for admission to a clinical training program."

The schools and colleges of pharmacy play an important role in assessing the qualifications of all applicants seeking admission into a program. At times, there may be circumstances where an applicant fails to meet specified standards and will be denied admission into the program. Of course, students that successfully matriculate through the program may, eventually, seek licensure by a board of pharmacy. It is at this point that an applicant's physical and mental capabilities may also be deemed relevant to licensure eligibility by the licensing board, assuming state law allows such scrutiny.

McCulley v. The University of Kansas School of Medicine, 2013 U.S. Dist. LEXIS 156233 (District Court Kansas 2013)

Next PARE Testing Window Will Be Open July 15-26, 2014

The next available Pharmacist Assessment for Remediation Evaluation℠ (PARE℠) testing window is scheduled during the two-week time period of **July 15-26, 2014.**

Member boards of pharmacy are encouraged to take advantage of this web-based assessment that was created to assist the boards as part of their decision-making process when considering cases of remediation or brief departures from practice. To pre-register an individual for the PARE, boards of pharmacy may use the NABP Clearinghouse via Board e-Profile Connect or they may contact the NABP Competency Assessment Department at NABP_comp_assess@nabp.net.

An additional PARE testing window for 2014 is scheduled during the two-week period of October 7-18, 2014. More information about the PARE, including future testing windows, may be found in the Programs section of the NABP website at *www.nabp.net.*

Board of Pharmacy Staff Invited to Attend Annual Program Review and Training to Learn About NABP Programs and Services

Board of pharmacy staff members interested in learning about NABP programs and services are invited to come to NABP Headquarters on July 22-23, 2014, for an informational session.

Tailored for board of pharmacy staff, the NABP Annual Program Review and Training will provide information about NABP's examinations, licensure transfer, accreditation programs, and more. New board of pharmacy staff, as well as those seeking a refresher course, are invited to attend.

To assist the boards of pharmacy with travel expenses, NABP offers to cover travel, one night's hotel accommodation, and three meal expenses for one participant per board.

The event will begin with a group dinner on July 22, giving board of pharmacy staff the opportunity to network with one another and NABP representatives. On July 23, attendees will convene for breakfast, then begin the educational portion of the session. This portion of the event will provide attendees with an overview of the following programs and services:

- Electronic Licensure Transfer Program® (e-LTP™), license verification, e-mail, and data transfer functions
- NABP Clearinghouse/ National Practitioner Data Bank
- Verified Pharmacy Program™ (VPP™)
- Application and certification processes for the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification Program, including information on the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) and the Pre-FPGEE®
- North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®), including eligibility and score reporting and the Pre-NAPLEX®
- Pharmacist Assessment for Remediation Evaluation℠ (PARE℠)
- Pharmacy Curriculum Outcomes Assessment® (PCOA®)
- CPE Monitor® service and board access through Board e-Profile Connect
- AWAR$_X$E® Prescription Drug Safety Program
- Verified Internet Pharmacy Practice Sites℠ (VIPPS®), Vet-VIPPS®, Verified-Accredited Wholesale Distributors® (VAWD®), durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) accreditation programs, and the NABP e-Advertiser Approval℠ Program
- Internet Drug Outlet Identification program and .pharmacy generic Top-Level Domain program
- PMP InterConnect®
- NAR$_X$CHECK®
- Professional Affairs
- Member Relations and Government Affairs
- Communications

Last year, 17 participants representing 17 state boards of pharmacy attended the Annual Program Review and Training session. Invitations with details about the 2014 event were sent to board of pharmacy executive officers via e-mail in early April 2014. Interested state boards of pharmacy are encouraged to RSVP for the event early to ensure a seat for staff members, as space is limited to 20 participants.

To participate in the session or for more information about future training sessions, please contact the Customer Service Department at 847/391-4406 or custserv@nabp.net.

NAPLEX Review Committee Members Convene at NABP Headquarters

Committee members convened at NABP Headquarters in winter 2014 to discuss and review items for the North American Pharmacist Licensure Examination® (NAPLEX®). Pictured from left to right: Ariane Conrad, PharmD, BCACP, Xavier University of Louisiana and Mark Decerbo, PharmD, BCNSP, BCPS, Roseman University of Health Sciences.

Task Force Addresses Complexities of Regulating Pharmacy Benefit Managers, Reviews Relevant *Model Act* Language

While not all issues involving pharmacy benefit managers (PBMs) fall within state pharmacy boards' scope of authority, a number of their activities do qualify as the practice of pharmacy and should therefore be regulated as such by the states, notes the Task Force on the Regulation of Pharmacy Benefit Managers. The task force met October 22-23, 2013, and discussed many regulatory aspects of the complex field of PBMs, such as the status of current state regulation, actions recommended by previous NABP task forces, and public awareness of the issues. The task force issued five recommendations, including suggesting minor changes to the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)*, encouraging support for state regulation of PBMs, establishing a data collection program, and educating consumers and licensees about PBMs.

Noting that many concerns regarding PBMs – including such issues as payment, coverage, or contracts – fall outside the purview of the boards of pharmacy, the task force agreed, as a ground rule, to limit its discussions and recommendations to those PBM activities that fall within the scope of the practice of pharmacy and the protection of public health.

The task force began by reviewing two previous task force reports, including the 1999 Task Force on Licensing of Pharmacy Benefit Managers and the 2000 Task Force on Model Guidelines for Formulary Development. Task force members largely agreed with the existing *Model Act* language pertaining to PBMs, created by the 1999 task force. The current task force did recommend generalizing some language in the related comment section, broadening language related to formularies to include all aspects of formulary management, and adding "direction and design of clinical programs for pharmacies" to the list of PBM activities that might constitute the practice of pharmacy.

Following a thorough discussion of PBMs' current impact on the practice of pharmacy, the task force issued its second recommendation that NABP should remind boards of pharmacy of the PBM-related language in the *Model Act*, and encourage those states that have not already adopted this language in their state pharmacy practice acts to do so. The 2013 task force reaffirmed the 1999 task force's recommendation that PBMs engaging in the practice of pharmacy should be licensed and regulated by the state boards of pharmacy.

The task force then tackled the thorny issue of regulatory jurisdiction, noting that some PBM-related issues, such as patient access, formulary changes, and medication restrictions, while they relate to the practice of pharmacy, also relate to areas not under the purview of the boards of pharmacy. While some states, such as Mississippi, regulate PBMs through the state board of pharmacy, many others do not. In order to better assess the situation and determine the effects of regulatory approaches, the task force recommended that NABP monitor the states' efforts to regulate PBMs in relation to the practice of pharmacy and, eventually, help to determine the appropriateness of an expansion of the boards' authority. NABP should support the expansion of the authority of state and federal agencies overseeing PBM activities, the task force recommended, to ensure the primary focus on patients' health and safety.

For states that wish to pursue new regulations, the task force noted, NABP should remind member boards that the Association's Member Relations and Government Affairs staff is available to assist in drafting rules and regulations, by providing support and education, and by testifying before legislative committees. As a final part of its third recommendation and in further recognition of the complex nature of PBM regulation, the task force suggested that states appoint an ombudsman to help consumers in resolving questions and complaints related to PBM services.

After further discussion of PBM activities that may fall under the definition of the practice of pharmacy and impact pharmacists' ability to provide patient care, including prior authorization and formulary decisions, the task force recommended that NABP

(continued on page 106)

Task Force Charge

The **Task Force on the Regulation of Pharmacy Benefit Managers** met at NABP Headquarters, and accepted the following charge:

1. Review existing current state laws and regulations addressing the regulation of pharmacy benefit managers (PBMs).
2. Identify activities in which PBMs engage that may be construed to fall under the definition of the Practice of Pharmacy.
3. Review and, if necessary, recommend amending the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* to address appropriate regulation of PBMs.

Task Force on Pharmacy Licensure Standards Develops Standardized Inspection Form, Recommends *Model Act* Changes

As recommended by the Task Force on Pharmacy Licensure Standards, NABP has developed a standardized inspection form that is currently available as part of the Verified Pharmacy Program™.

The task force met October 14-15, 2013, and discussed the desirability of uniformity in pharmacy inspections, along with issues related to establishing a standardized inspection form. The task force discussed how a standardized pharmacy inspection form used by all state boards of pharmacy and NABP would allow for consistent, uniform inspection content and quality without infringing upon the states' individual decision-making authority. During the October meeting, the task force made eight recommendations, including several changes to the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* in order to update and clarify language related to pharmacy licensure and inspections, and to further clarify state boards' authority regarding licensure and regulation of resident and nonresident pharmacies.

Task force members strongly agreed on the desirability of uniformity in pharmacy inspections, and agreed that a standardized pharmacy inspection form would facilitate a consistent inspection process across states. At the time of the meeting, the task force's review showed state pharmacy inspection forms demonstrated a diversity of inspection protocols. By ensuring consistency from state to state, a standardized inspection form would allow boards of pharmacy to rely on one another's inspections in evaluating licensure applications for nonresident pharmacies.

The task force emphasized that a standardized inspection form would not infringe upon each board's decision-making authority. Rather, a standardized form would create a core set of inspection standards common to all states, serving as a means to gather and record inspection data and observations. The relevant board of pharmacy would continue to determine a given pharmacy's compliance with state laws and regulations.

The task force's second recommendation was that the Association convene workgroups to develop supplementary standardized inspection forms to address the more specialized needs of particular facility categories. The workgroups would consist of members with expertise in specific practice settings. The task force specified initial priorities for supplemental forms as sterile compounding, nonsterile compounding, nuclear pharmacy/radiopharmaceutical, mail order, hospital/institutional, and central fill/central services. Any need for additional forms should be assessed after the completion of supplemental forms for these categories, the task force suggested.

The public availability of a standardized inspection form would bring several advantages, the task force noted, including pharmacies' ability to use the form for self-inspections, and allowing pharmacies to view assessment criteria and proactively address any deficiencies. The task force therefore directed NABP to work with the boards of pharmacy to obtain consensus on making the form an open-access document.

The task force also discussed some factors related to quality inspections and recommended that NABP train pharmacy inspectors to perform due diligence, such as background checks for pharmacy personnel and reviewing relevant NABP Clearinghouse information, prior to making a site visit. Such advance preparation would help inspectors identify particular areas of focus for the inspection. In addition, the task force recommended that NABP support the practice of unannounced pharmacy inspections to ensure that inspectors are able to observe routine operations of a facility. Because unannounced visits hold potential to disrupt the normal workings of a facility, the task force suggested that inspectors' training include strategies to minimize such disruptions. Also as part of this recommendation, the task force noted that inspectors paying a site visit to a nonresident pharmacy should notify the facility's state board of pharmacy prior to the inspection, as a professional courtesy.

The task force also noted the benefits incurred by sharing inspection infor-

(continued on page 106)

Task Force Charge

The **Task Force on Pharmacy Licensure Standards** met at NABP Headquarters, and accepted the following charge:

1. Review existing state pharmacy inspection forms.
2. Compile requirements that are consistent across the states with the possible purpose of structuring a uniform inspection form that may assist states with the inspection of resident and nonresident pharmacies.
3. Review relevant language from the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* and recommend amendments, if necessary, to address pharmacy licensure standards.

PBM Task Force

(continued from page 104)

acknowledge that PBMs' activities and medication therapy decisions may impact the practice of pharmacy and require accountability and protecting public health.

Finally, the task force addressed some of the regulatory jurisdiction-related concerns pertinent to PBMs, and noted that concrete, statistical data documenting consumers' experiences and concerns with PBMs would be of material use to legislators debating whether to take action on this issue or increase regulatory oversight of PBMs. The task force also discussed consumers' and licensees' lack of awareness of PBMs' operations and how those affect such issues as medication coverage and access. The task force accordingly recommended that NABP, with participation from the states, establish a program to collect and analyze consumer concerns involving PBM activities related to the practice of pharmacy. After sufficient data collection and analysis, a future task force should review the information and consider recommendation of further actions. The task force recommended that, to publicize this information-gathering project and to increase consumers' and licensees' understanding of PBMs, NABP should leverage its AWAR$_X$E® program, as well as using other communication outlets, including newsletters and electronic mailings; the Association should also encourage the boards of pharmacy to assist by informing their licensees about these efforts.

The Task Force on the Regulation of Pharmacy Benefit Managers was established in response to Resolution 109-3-13, which was passed at the Association's 109th Annual Meeting in May 2013, calling for an assessment of current state regulations and interstate collaboration in regard to PBMs and possible amendment of the *Model Act*. Task force members included Patricia Donato, RPh, chair; Buford Abeldt, Sr, RPh; Julia Eaton, RPh; Suzan Kedron, JD; LuGina Mendez-Harper, PharmD; Jeffrey Mesaros, PharmD, JD; Steve Parker; Richard Palombo, DPh, RPh; Laura Schwartzwald, RPh; Brenda Warren, DPh, CHC; Cindy Warriner, RPh; Stuart Williams, JD; and Hal Wand, MBA, RPh, Executive Committee liaison.

The task force's recommended revisions to the *Model Act* were reviewed and amended by the Committee on Law Enforcement/Legislation in January 2014, and will be reviewed by the NABP Executive Committee during its May 2014 meeting. The task force report was approved by the Executive Committee during its February meeting and is available in the Members section of the NABP website at *www.nabp.net.*

Task Force, Inspection Form

(continued from page 105)

mation, and recommended that NABP encourage the sharing of inspection reports with inspected facilities, state boards of pharmacy, and the NABP inspection sharing network. Sharing inspection results with the relevant facility, the task force noted, allows the pharmacy to review the report and correct any deficiencies. Sharing results with other state boards of pharmacy and the NABP inspection sharing network, meanwhile, allows boards to evaluate applicants for nonresident pharmacy licensure, eliminating duplication in inspection efforts, and reducing costs associated with inspections. The task force suggested that the Association work with the state boards to reach agreement on this issue.

Finally, the task force recommended a number of revisions and updates to the *Model Act;* these changes would update and clarify language related to pharmacy licensure standards and pharmacy inspections, and would delineate the boards' authority to license and regulate resident and nonresident pharmacies.

The Task Force on Pharmacy Licensure Standards was established in response to the NABP Executive Committee's recommendation to explore the possibility of creating a standardized form to assist states with the inspection of resident and nonresident pharmacies. Task force members included Joanne Trifone, RPh, chair; Gayle Cotchen, MBA, PharmD; Mark Hardy, PharmD; Virginia "Giny" Herold, MS; Donna Horn, RPh, DPh; Doug Lang, RPh; Stephanie McAntee, CPhT; Michael Podgurski, RPh; Ken Saunders, PharmD, RP, TTS; Cody Wiberg, MS, PharmD; and William John Cover, RPh, Executive Committee liaison.

The task force's recommended revisions to the *Model Act* were reviewed and amended by the Committee on Law Enforcement/Legislation in January 2014, and will be reviewed by the NABP Executive Committee during its May 2014 meeting. The task force report was approved by the Executive Committee in February 2014, and is available in the Members section of the NABP website at *www.nabp.net.*

As recommended by the task force during its October meeting, NABP will continue to regularly review the current standardized inspection form and update it when necessary, to ensure that the form remains current with all practice standards and meets the needs of its users.

NABP Committees Convene to Review *Model Act* and Examinations

Committee on Law Enforcement/Legislation Met at NABP Headquarters in January 2014

On January 21-22, 2014, the 2014-2015 Committee on Law Enforcement/Legislation met at NABP Headquarters to review, develop, and recommend proposed edits to the model regulations for pharmacy.

Back row pictured from left to right: Michael A. Moné, JD, RPh, member, Ohio State Board of Pharmacy (chair); Alice Mendoza, RPh, member, Texas State Board of Pharmacy; Susan DelMonico, JD, RPh, member, Rhode Island Board of Pharmacy; Chris Humberson, executive director, Washington State Pharmacy Quality Assurance Commission; Susan Ksiazek, RPh, NABP Executive Committee liaison; and Penny Reher, RPh, member, Oregon State Board of Pharmacy. Front row pictured from left to right: Jody Allen, PharmD, RPh, FASHP, member, Virginia Board of Pharmacy; Dennis McAllister, RPh, FASHP, member, Arizona State Board of Pharmacy; Patricia D'Antonio, MS, MBA, RPh, CGP, executive director, District of Columbia Board of Pharmacy; and Caroline Juran, RPh, executive director, Virginia Board of Pharmacy.

2014-2015 ACE Members Gathered at NABP Headquarters in February 2014

On February 27, 2014, members of the 2014-2015 Advisory Committee on Examinations (ACE) met at NABP Headquarters to oversee the development and administration of the Association's examination and certification programs. During the meeting, several members that are serving their last term on ACE were presented with certificates of recognition for their dedication and contributions as members, including David Todd Bess, PharmD, BCPS, University of Tennessee Health Science Center College of Pharmacy; Tom Houchens, RPh, FASCP, Laurel Housing, Inc; John D. Taylor, RPh, Florida Department of Health; Neal F. Walker, RPh, University Medical Center – Mesabi; and Dale Eric Wurster, Jr, PhD, University of Iowa College of Pharmacy.

Pictured above from left to right: Mark D. Johnston, RPh, NABP Executive Committee liaison; Walker; Bess; David C. Young, PharmD, member, Utah Board of Pharmacy; Wurster; Sara St Angelo, PharmD, member, Indiana Board of Pharmacy; Houchens; and Taylor.

NABP PMP InterConnect Participation Expected to Grow; 24 States Now Live With Additional States Moving Toward a Connection

NABP PMP InterConnect® participation is anticipated to grow in 2014, with 24 states now live and other state prescription monitoring programs (PMP) moving toward making interstate PMP data accessible to authorized users.

Twenty-four state PMPs are currently connected to NABP InterConnect and securely sharing data. These live state PMPs include: Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Mexico, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Virginia, West Virginia, and Wisconsin.

Several other states plan to go live in 2014, with some states having executed a memorandum of understanding (MOU) to participate and some states currently reviewing their MOUs. In addition, legislative changes in some jurisdictions have recently opened the gate for more prospective NABP InterConnect participants in the future. For example, the District of Columbia passed legislation in late February 2014 that requires the jurisdiction to adopt and implement a state PMP.

The NABP InterConnect Steering Committee will convene at NABP Headquarters in July 2014 to discuss these recent state participation updates and other information as it relates to the administration and function of the program. More information about the meeting will be available in future NABP Communications.

States that seek further information about NABP InterConnect may contact NABP Member Relations and Government Affairs staff at GovernmentAffairs@nabp.net or by calling 847/391-4406. Additional information about NABP InterConnect, including the most up-to-date information on state participation, is available in the Programs section of the NABP website at *www.nabp.net.*

PMP Software Update

With the assistance of Appriss, Inc, a leading technology provider that developed and hosts NABP InterConnect, NABP has successfully launched pilots of the new NABP-developed PMP software system, PMP AWAR$_X$E™ in five participating states – Kansas, Mississippi, Nevada, Idaho, and North Dakota. Kansas, Mississippi, and Nevada began their pilots in July, October, and December of 2013, respectfully. More information about the three pilots is available in the April 2014 *NABP Newsletter.*

Idaho was the fourth state to pilot the software with a launch date of February 2014. The fifth state to launch the pilot software was North Dakota in early April 2014. Additional information about Idaho and North Dakota's pilot launches will also be available in future NABP communications.

NABP is currently piloting PMP AWAR$_X$E free of charge to the five states mentioned. NABP has received word from additional states that are interested in licensing the software to replace their current PMP software vendors. These states must undergo a competitive procurement process in order to utilize the software. NABP is currently working with Appriss, Inc, to respond to several requests for proposals and soon intends to announce any additional states to begin using PMP AWAR$_X$E. It is NABP's hope that future revenues from NAR$_X$CHECK®, the software tool that generates risk-based scores reflecting a patient's controlled substance prescription medication history, will allow NABP to make the software, as well as continue to make NABP InterConnect, available to additional PMPs free of charge. More information about PMP AWAR$_X$E may be obtained from the Member Relations and Government Affairs Department at GovernmentAffairs@nabp.net.

Newly Approved e-Advertisers

The following entities were granted approved e-Advertiser status through the NABP e-Advertiser Approval℠ Program:

Giant Eagle, Inc
www.gianteagle.com

SV Bhatt, LLC, dba Drug Mart
www.njpharmacy.com

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

Leaders at the Forefront of Public Health Protection to Be Honored During 110th Annual Meeting in Phoenix

NABP will honor leaders in the practice of pharmacy whose support and initiatives have furthered the Association's mission of protecting the public health during the NABP 110th Annual Meeting, which will be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ. The 2014 awards that will be presented on Tuesday, May 20, during the Annual Awards Dinner will include the NABP Lester E. Hosto Distinguished Service Award, the Honorary President Award, the Fred T. Mahaffey Award, the Henry Cade Memorial Award, and the John F. Atkinson Service Award.

Lester E. Hosto Distinguished Service Award

The Lester E. Hosto Distinguished Service Award, which was named in honor of the late 1990-1991 NABP President Lester E. Hosto, is the highest honor bestowed by NABP. Receiving the 2014 award is Howard C. Anderson, Jr, RPh, for his commitment to protecting the public health, his significant involvement with NABP, and his dedication to the practice of pharmacy and patient care. A strong and active supporter of the NABP mission, Anderson is currently the NABP District 5 secretary/treasurer, served as the NABP Honorary President in 2010, and served on the NABP Executive Committee from 2001 to 2004. He has also served on numerous committees and task forces, including serving as chairperson of the 2007 Task Force on Prescription Drug Diversion from Common Carriers and the 1999 Task Force to Examine the Quality and Standards of Internship Requirements.

Anderson retired in April 2014 from his position as the executive director of the North Dakota State Board of Pharmacy, a position he held since 1997. Anderson also serves as District 8 Senator in the North Dakota Legislature. Anderson has had an active and influential career as a pharmacist, pharmacy owner, and pharmacy association executive leader. He has been a pioneer in the area of telepharmacy, a practice that now brings pharmacy services to patients in rural North Dakota communities. In addition, he has been a staunch supporter of the registration and education of pharmacy technicians and for innovative services to enhance patient care.

Anderson is a member of several state and national pharmacy-related organizations including the North Dakota Pharmaceutical Association, where he served as executive vice president from 1991 to 1997; the North Dakota Pharmacy Service Corporation, where he served as executive vice president from 1993 to 1997; the American Pharmacists Association (APhA); and the American Society of Health-System Pharmacists (ASHP). He has also co-authored several publications on the subjects of telepharmacy and rural health.

Anderson obtained his bachelor of science degree in pharmacy from North Dakota State University in 1968.

Honorary President

Gay Dodson, RPh, has been named 2014 Honorary President for her strong commitment to protecting public health and her active commitment to the Association's initiatives. Dodson has shown ongoing dedication to NABP by participating as a member on numerous NABP committees and task forces including serving as chairperson of the 2011 Miscellaneous Topics Subgroup of the Task Force to Review and Recommend Revisions to the Controlled Substances Act and serving on the Committee on Law Enforcement/Legislation in 2012 and in 2005 when she served as chairperson. Dodson also served as chairperson of the Task Force on Prescription Monitoring Program Standards; the 2007 Constitution and Bylaws Committee; and the Task Force on Standardizing Student Pharmacist Experiential Requirements. Dodson was the recipient of the 2007 NABP Lester E. Hosto Distinguished Service Award, honoring her commitment to the public health, safety, and welfare. She is also an active member of District 6, and coordinated the 1998 and 2004 District 6 meetings.

An employee of the Texas State Board of Pharmacy since 1982, Dodson is currently the executive director. In her position as executive director, Dodson serves as the chief executive officer of the agency and an ex officio member and secretary of the Texas Board. Prior to becoming executive director in 1997, she held various po-

(continued on page 110)

Award Winners to Be Honored at Annual Meeting

Lester E. Hosto Distinguished Service Award
Howard C. Anderson, Jr, RPh

Honorary President
Gay Dodson, RPh

Fred T. Mahaffey Award
New Jersey State Board of Pharmacy

Henry Cade Memorial Award
Kate Douglass, MS, RN, APN, C, CRNI

Eric S. Kastango, MBA, RPh, FASHP

John F. Atkinson Service Award
David W. Dryden, JD, RPh

Award Winners

(continued from page 109)

sitions with the Texas Board including senior compliance field officer, senior enforcement officer, acting director of operations and administrative services, and director of compliance. Dodson began her career as a community pharmacist and has remained an active member of local, state, and national pharmacy associations including APhA; ASHP; the Texas Health Professions Council, where she served as chair from 2011 to 2014; the Texas Pharmacy Association; and the Capital Area Pharmacy Association.

Dodson earned her bachelor of science degree in pharmacy from the University of Texas at Austin College of Pharmacy in 1969.

Fred T. Mahaffey Award

For their contributions to the regulation of the practice of pharmacy and their substantial efforts to ensure the safety of compounded medications and to prevent the diversion of controlled substances, the members of the New Jersey State Board of Pharmacy will be receiving the 2014 Fred T. Mahaffey Award.

The New Jersey State Board of Pharmacy, in conjunction with the New Jersey Division of Consumer Affairs (NJDCA), spearheaded compounding pharmacy inspections in order to protect the health, safety, and welfare of the public. As noted in a May 2013 NJDCA press release, New Jersey Board regulations hold compounding pharmacies "to stringent compounding standards, mirroring those of the [United States Pharmacopeial (USP) Convention], to protect public health by ensuring the sterility and efficacy of" compounded sterile products. The pharmacy surveys, conducted with the assistance of NABP surveyors, expanded the NJDCA's already robust inspections of compounding pharmacies.

In addition, the New Jersey State Board of Pharmacy is being recognized for its *Pharmacy Security Best Practices* document. The New Jersey Board and NJDCA are working diligently to address the diversion of controlled dangerous substances (CDS), and created the document in order to provide pharmacists and pharmacies recommended guidelines and tools to help reduce medication theft and illegal prescription drug diversion. As noted in the April 2013 *New Jersey State Board of Pharmacy Newsletter,* the *Pharmacy Security Best Practices* document "is the result of close collaboration among the NJDCA, the Board, and representatives from community pharmacy (both independent and chain), law enforcement, pharmaceutical manufacturers, pharmacy educational institutions, institutional pharmacy, multiple state pharmacy associations, and the New Jersey Division of Law." The best practices guidelines include recommendations for physical security controls of CDS; general security for pharmacy; CDS inventory, including ordering and verification of CDS; annual registered pharmacist-in-charge self-assessment; as well as for interfacing with prescribers and customers.

Accepting the award on the Board's behalf is New Jersey State Board of Pharmacy Executive Director Anthony Rubinaccio.

Henry Cade Memorial Award

Receiving the 2014 Henry Cade Memorial Award are Kate Douglass, MS, RN, APN, C, CRNI, and Eric S. Kastango, MBA, RPh, FASHP, for their dedication to supporting NABP's mission to protect the public health.

Douglass is the vice president of CriticalPoint, LLC, where she is responsible for managing all curriculum development and operations for both self-directed and instructor-led training product lines including CriticalPoint's Sterile Compounding Boot Camp; Sterile Compounding eLearning; webinars; and other development outputs. Prior to that, Douglass was the president of Performance Strategies, LLC, a company focused on best practice sterile compounding and drug administration assisting hospitals, alternate site, manufacturing, and commercial health care market segments. Along with Eric Kastango, she co-directs the ongoing USP <797> Compliance Study and is a clinical review committee member for the Infusion Nurses Society.

Kastango is the president of Clinical IQ, LLC, a health care consulting firm based in New Jersey. Kastango is an active member and fellow of ASHP and over the years has served as a compounding subject matter expert and held committee positions in the organization. Kastango developed ASHP's 797 Compliance Advisor self-assessment tool to ensure the safety of pharmacists' compounding practices. He served on the USP Sterile Compounding Committee from 2005 to 2010 and served on the 2010-2015 USP Council of Experts, Compounding Expert Committee from 2010 to 2013. He is currently an expert consultant to the USP. Douglass and Kastango are both faculty members for CriticalPoint, LLC's Sterile Compounding Boot Camp, which provides pharmacists and other compounding professionals with practical experience and resources regarding current sterile compounding best practices in order to ensure compliance with USP. Together, they have co-written numerous articles on sterile compounding and training.

Douglass received her bachelor of nursing degree from Villanova University in 1979, and a master of science in nursing from Rutgers, The State University of New Jersey. Kastango received his bachelor of pharmacy degree from the Massachusetts College of Pharmacy and Health Sciences in 1983, and his master of business adminis-

(continued on page 111)

Award Winners

(continued from page 110)

tration from the University of Phoenix in 2001.

John F. Atkinson Service Award

David W. Dryden, JD, RPh, will be receiving the John F. Atkinson Service Award for his service in protecting the public health and his commitment to advancing the regulation of pharmacy practice. Dryden is currently the executive secretary of the Delaware State Board of Pharmacy and the director of the Delaware Office of Controlled Substances. He was also the director of the Office of Narcotics and Dangerous Drugs from 1996 to 2005. Prior to his service to the state of Delaware, Dryden worked as a pharmacist from 1993 to 1996 and worked in the pharmaceutical industry with SmithKline Beecham Pharmaceuticals Company and Merck Sharp & Dohme Corporation.

Dryden shares his knowledge of pharmaceuticals and drug law through many speaking engagements and publications. Many of his speaking engagements focus on controlled substances, the Delaware Prescription Monitoring Program, and regulatory and statutory updates. In addition, he was an adjunct professor for Widener University School of Law, Delaware Technical Community College, and Philadelphia College of Pharmacy at the University of the Sciences. His professional affiliations include Food and Drug Administration Commission, the National Association of State Controlled Substances Authorities, the International Narcotic Enforcement Officers Association, and the Consumer Product Safety Commission. In 2013, the Delaware Pharmacists Society selected Dryden as the recipient of the Bowl of Hygeia Award for outstanding community service. He has received numerous other awards and recognitions including the Cardinal Health Generation Rx Champions Award, the Merck Outstanding Achievement in the Profession of Pharmacy, the Bristol-Meyers Squibb Leadership Award, and the National Association of Retail Druggists Leadership Award.

Dryden received his bachelor of science degree in pharmacy from the Philadelphia College of Pharmacy at the University of the Sciences in 1981, and his juris doctor degree from the Widener University School of Law in 1989.

These leaders have shown their dedication to protecting public health by exemplifying the Association's mission, and will be honored at the NABP Annual Awards Dinner to be held Tuesday, May 20, 2014, from 7 to 10 PM.

For more information on the NABP 110th Annual Meeting, *"A Partnership Reborn:* Revitalized and Reunited – Boards of Pharmacy and NABP," visit the Meetings section of the NABP website at *www.nabp.net.*

NABP Annual Meeting Award History

Fred T. Mahaffey Award

This award is named after the late NABP Executive Director Emeritus Fred T. Mahaffey, who held the executive director position from 1962 to 1987. Known as "the Father of the NABPLEX®," Mr Mahaffey organized a process for constructing and administering the profession's national licensure examination, which is now known as the North American Pharmacist Licensure Examination®. His leadership established NABP as one of the leading pharmacy organizations.

Henry Cade Memorial Award

This award is named in honor of the late Henry Cade, who served as NABP president from 1987 to 1988. Tireless in his efforts on behalf of NABP and the Illinois State Board of Pharmacy, Mr Cade was loved and respected by all. Mr Cade received many awards during his career, including the National Pharmaceutical Association's 1988 Distinguished Contributions Award and the Harold W. Pratt Award in 1990.

John F. Atkinson Award

This award is in honor of former NABP general counsel John F. Atkinson. Mr Atkinson retired after serving as NABP legal counsel for more than 40 years. In the spirit of Mr Atkinson's commitment to advancing the efforts of NABP and the state boards of pharmacy, this award will recognize exceptional accomplishments related to pharmacy law and compliance.

Lester E. Hosto Award

This award was first simply known as the Distinguished Service Award (DSA), but was renamed by NABP to serve as a memorial to the 1990-1991 NABP president, the late Lester E. Hosto. Mr Hosto was recognized by practitioners of his state, pharmacy leaders across the nation, and former President Bill Clinton. Mr Hosto received the DSA in 1994 for his achievements as executive director of the Arkansas State Board of Pharmacy, his national efforts as a member of President Clinton's Health Professionals Review Group, and his work on behalf of NABP. This award is the highest honor bestowed by the Association.

Meeting Program

May 17-20, 2014 **Sheraton Phoenix Downtown Hotel** **Phoenix, AZ**

Saturday, May 17, 2014

10 AM - 6 PM
Registration/Information Desk Open

1:30 - 3:30 PM
Pre-Meeting CPE
DQSA Title II: Drug Supply Chain Security and Federal-State Cooperation
ACPE #0205-0000-14-001-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
Sponsored by Express Scripts
Honoring NABP President
Karen M. Ryle, MS, RPh
Dinner will be served
Dress: business casual

Sunday, May 18, 2014

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

7:30 - 8:30 AM
NABP AWAR$_X$E Fun Run/Walk
Sponsored by Rite Aid Corporation

8:30 - 11:30 AM
Hospitality Brunch
Sponsored by Omnicare, Inc
Educational Table Top Displays

8:30 - 11:30 AM
Joint CPE
Educational Poster Session – Partnering to Protect the Public Health
Sponsored by Pearson VUE
ACPE #0205-0000-14-002-L04-P
(0.1 CEU – 1 contact hour)

Noon - 3:15 PM
First Business Session
Presiding: Karen M. Ryle, MS, RPh, NABP President

- Welcome Remarks
  Carmen A. Catizone, MS, RPh, DPh, NABP Executive Director/ Secretary
- Presentation of Colors
- National Anthem
- Keynote Address
  Captain Mark Kelly
  Sponsored by Humana Pharmacy Solutions
- Call to Order
- Greetings from the Host State
  Senator Nancy Barto, Arizona State Legislature, District 15, and Jim Foy, MBA, PharmD, president, Arizona State Board of Pharmacy
- Recognition of Sponsors
- Report of the Executive Committee
  Michael A. Burleson, RPh, Chairperson, NABP Executive Committee
- President's Address
  Karen M. Ryle, MS, RPh, NABP President
- Report of the Treasurer
  Edward G. McGinley, MBA, RPh, NABP Treasurer
- Announcement of Candidates for Open Executive Committee Officer and Member Positions
- Open Microphone Session
  (Time permitting.)

3:30 - 4:30 PM
Joint CPE
Compounding for Office Use and Outsourcing Facilities
Sponsored by Walgreen Co
ACPE #0205-0000-14-003-L03-P
(0.1 CEU – 1 contact hour)

Monday, May 19, 2014

7:30 AM - 1 PM
Registration/Information Desk Open

7:30 - 8:45 AM
NABP/USP Breakfast
Sponsored by United States Pharmacopeial Convention

8:45 - 10:15 AM
Joint CPE
Cannabis Is Here to Stay – Regulatory Update
ACPE #0205-0000-14-004-L03-P
(0.15 CEUs – 1.5 contact hours)

10:30 AM - Noon
Second Business Session
Presiding: Karen M. Ryle, MS, RPh, NABP President

- Report of the Executive Director/ Secretary
  Carmen A. Catizone, MS, RPh, DPh, NABP Executive Director/ Secretary
- Report of the Committee on Resolutions
  Joseph L. Adams, RPh, NABP President-elect and Chairperson, Committee on Resolutions
  - First Reading of Resolutions
- Candidate Speeches for Open Executive Committee Officer and Member Positions

Noon - 12:30 PM
Informal Member/Candidate Discussion

Noon - 1 PM
Compounding Session

12:30 PM - 2 PM
Accreditation Council for Pharmacy Education Draft Standards 2016 Open Forum

1:30 - 5 PM

Optional Tour
The Spirit of Phoenix Tour – Native Culture and Urban Sophistication
Reservation required

Tuesday, May 20, 2014

7:30 AM - 4 PM

Registration/Information Desk Open

7:45 - 8:45 AM

NABP Breakfast

8:45 - 10:15 AM

Executive Officer and Board Member CPE
Emerging Paradigms – Physician Dispensing and Pharmacist Compounding in Physician Offices
ACPE #0205-0000-14-005-L03-P
(0.15 CEUs – 1.5 contact hours)

8:45 - 10:15 AM

Compliance Officer CPE
Diversion Prevention Tools – Working Together to Prevent Loss
Sponsored by DaVita Rx
ACPE #0205-0000-14-006-L03-P
(0.15 CEUs – 1.5 contact hours)

10:30 AM - Noon

Joint CPE
Medication Synchronization – Boards' Role in Helping Pharmacists Increase Adherence
Sponsored by Walgreen Co
ACPE #0205-0000-14-007-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
Presiding: Karen M. Ryle, MS, RPh, NABP President

- Election of 2014-2015 Executive Committee Officers and Members
- Remarks of the Incoming President
  Joseph L. Adams, RPh, NABP President-elect
- Installation of 2014-2015 Executive Committee Officers and Members
- Final Report of the Committee on Resolutions
  Joseph L. Adams, RPh, NABP President-elect and Chairperson, Committee on Resolutions
  - Discuss and Vote on Resolutions
- Invitation to the 2015 Annual Meeting in New Orleans, LA
  Carl W. Aron, RPh, President, Louisiana Board of Pharmacy

5:45 - 6:45 PM

Awards Dinner Reception

7 - 10 PM

Annual Awards Dinner
Presiding: Joseph L. Adams, RPh, 2014-2015 NABP President

- Presentation to 2014 Honorary President
- Presentation to Karen M. Ryle, MS, RPh, 2014-2015 Chairperson, NABP Executive Committee
- Presentation of the 2014 Fred T. Mahaffey Award
- Presentation of the 2014 Henry Cade Memorial Award
- Presentation of the 2014 John F. Atkinson Service Award
- Presentation of the 2014 Lester E. Hosto Distinguished Service Award

Dress: semiformal

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

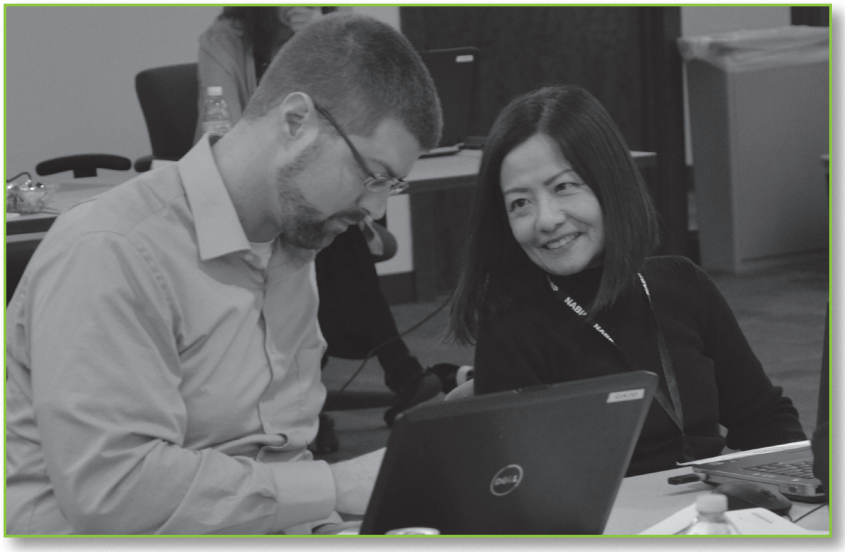
NABP and the NABP Foundation is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). ACPE Provider Number: 0205. Participants may earn ACPE-accredited CPE credit by completing a Statement of Continuing Pharmacy Education Participation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

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

Committee Members and Item Writers Dedicate Time and Expertise to Development of NABP Examinations and Assessments

Item Writers Convene for MPJE Item-Development Workshop

In March 2014, 40 item writers gathered at NABP Headquarters for a Multistate Pharmacy Jurisprudence Examination® (MPJE®) Item-Development Workshop. Pictured from left to right: Minnesota Board of Pharmacy staff members Candice Fleming, RPh, pharmacy surveyor and associate director of compliance; Beth D. Ferguson, PharmD, deputy director; and Michele L. Mattila, RPh, pharmacy surveyor.



NAPLEX Item Writers Provide Expertise to Develop Questions for Examination at NABP Headquarters

Siu-Fun Wong, PharmD, FASHP, FCSHP, professor, Loma Linda University School of Pharmacy (right) shares insights on questions pertaining to the North American Pharmacist Licensure Examination® (NAPLEX®) with fellow item writer Trent Towne, PharmD, associate professor of pharmacy practice, Manchester University College of Pharmacy.

Committee Members Discuss and Review Questions for FPGEE and PCOA

William Kolling, PhD, assistant professor of pharmaceutical sciences, Southern Illinois University Edwardsville School of Pharmacy (left), discusses items on the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) and Pharmacy Curriculum Outcomes Assessment® (PCOA®) with fellow review committee members.

NABP Announces 2014-2015 FPGEE Review Committee Members

NABP is pleased to announce 23 returning members of the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) Review Committee for 2014 and 2015. This group of dedicated volunteers contributes their time and expertise to review and verify the examination questions and assist with the development of new test questions for the FPGEE and Pharmacy Curriculum Outcomes Assessment® programs. The FPGEE Review Committee was developed in order to ensure the integrity and validity of the examination programs and acts under the policy and planning guidance of the NABP Advisory Committee on Examinations and the NABP Executive Committee. The FPGEE Review Committee is comprised of pharmacists and academicians who are representative of the diversity of pharmacy education, including the areas of clinical, pharmaceutical, and basic biomedical sciences, and social, behavioral, and administrative pharmacy sciences. 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 pool of items. The FPGEE Review Committee members serve a three-year term.

Members

- Barbara Adamcik, Professor Emeritus, Idaho State University Office of Academic Affairs
- Sally A. Arif, Midwestern University Chicago College of Pharmacy
- Kimberly Burns, Lake Erie College of Osteopathic Medicine School of Pharmacy
- Carolyn Friel, Massachusetts College of Pharmacy and Health Sciences
- Brian Hemstreet, Regis University School of Pharmacy
- Brian M. Hodges, West Virginia University School of Pharmacy
- Sheldon G. Holstad, American College of Clinical Pharmacy
- William Kolling, Southern Illinois University Edwardsville School of Pharmacy
- Karen Kopacek, University of Wisconsin School of Pharmacy
- Kem P. Krueger, University of Wyoming College of Health Sciences
- Matthias Lu, Professor Emeritus, University of Illinois at Chicago College of Pharmacy
- Holly L. Mason, Purdue University School of Pharmacy
- David "Dave" McCaffrey, University of Mississippi School of Pharmacy
- Karen Nagel-Edwards Midwestern University Chicago College of Pharmacy
- Philip Proteau, Oregon State University College of Pharmacy
- Ralph Raasch, Professor Emeritus, University of North Carolina at Chapel Hill Eshelman School of Pharmacy
- Kevin Rynn, Rosalind Franklin University College of Pharmacy
- Kelly M. Shields, Ohio Northern University Raabe College of Pharmacy
- Timothy J. Smith, University of the Pacific School of Pharmacy
- Bruce Waldrop, Samford University McWhorter School of Pharmacy
- Ronald Worthington, Southern Illinois University Edwardsville School of Pharmacy
- Sister Margaret Wright, Pharmacist Consultant, Arlington Heights, IL
- Dale Eric Wurster, Jr, University of Iowa College of Pharmacy

Registration Deadline Approaching to Participate in August 18 to September 12 PCOA Testing Window

The deadline for schools and colleges of pharmacy to register their students for the next available Pharmacy Curriculum Outcomes Assessment® (PCOA®) testing window (August 18 to September 12) is **May 20, 2014.**

Interested schools and colleges that would like to participate in the August 18 to September 12 testing window are encouraged to contact Gene Johannes, PCOA program operator, at 847/391-4429 or via e-mail at gjohannes@nabp.net.

For future planning purposes, schools and colleges of pharmacy should note that the August 18 to September 12 PCOA is the last time the assessment will be offered in the paper-based format. Beginning in 2015, the PCOA will only be administered by computer.

Appropriate for administration to students in all professional years, the PCOA is an excellent resource for pharmacy educators as they review pharmacy curricula and assess student performance. More information about the PCOA, including registration materials and future testing windows, is available in the Programs section of the NABP website at *www.nabp.net.*

AWARXE Continues Educational Efforts at Local Community and National Events

AWARXE® is continuing efforts to educate consumers at both the community and national level.

National Efforts

Nationally, AWARXE's spring social media and public service announcement (PSA) campaign helped to promote the April 26, 2014 Drug Enforcement Administration (DEA) National Prescription Drug Take-Back Day. Campaign efforts included video interviews provided to bloggers, banner ads, and Pandora radio ads. More information about this campaign will be available in the June/July 2014 issue of the *NABP Newsletter*.

AWARXE PSAs will also be returning to the Indianapolis 500 in May, where prescription drug safety information will be shared with racing fans over Memorial Day weekend, and to the Brickyard 400 in July. Last year, four PSAs displayed at the main gates of the Indianapolis Motor Speedway warned viewers about the dangers of buying medications from rogue online sellers, counterfeit drugs, and prescription drug abuse.

Local Outreach

In the communities surrounding NABP's national headquarters in Mount Prospect, IL, AWARXE has forged relationships with local law enforcement officers, educational leaders, and other awareness groups to promote prescription drug safety at local events.

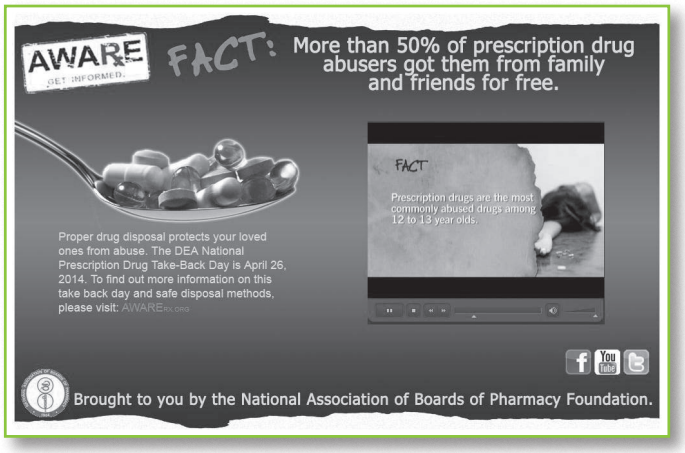
AWARXE provided resources and assisted organizers in preparing for a prescription drug abuse vigil for students at the University of Illinois at Chicago (UIC) on April 8, 2014. At the event, AWARXE resources were provided to attendees, including flyers that ask "Does a drug dealer lurk in your medicine cabinet?" The resource table also gave attendees an opportunity to ask their own questions about the safe disposal of unneeded, unwanted, or expired prescription drugs and at-home medical waste such as syringes and lancets. About 25 students and staff attended the event, which was organized by members of UIC's Pharmacy Leadership Society and by the UIC Wellness Center.

In addition, NABP attended an event to share AWARXE information with more than 170 attendees at the Gorton Community Center in Lake Forest, IL. At the "Truth About Heroin" event, multiple speakers shared personal stories about prescription drug abuse and how, for some, it served as a gateway to heroin use. Attendees included representatives from the county government and DEA.

AWARXE attended and provided resources at several other events through the first half of 2014, including:

- "Heroin – The Suburban Secret"
  Westmont High School,
  Westmont, IL
  January 22, 2014
- "It Couldn't Happen Here . . . The Realities of Heroin Addiction in Our Community"
  Willowbrook High School,
  Villa Park, IL
  March 11, 2014
- Heroin Awareness Event
  Elgin High School,
  Elgin, IL
  April 2, 2014
- Will County HERO and HELPS
  Romeo Athletic and Events Center, Romeoville, IL
  May 17, 2014

Additionally, AWARXE provides flyers, bookmarks, posters, and other educational aids to community leaders and educators in support of their community efforts to combat prescription drug abuse. AWARXE materials for a board of pharmacy or community event may be requested by sending an e-mail to AWARERX@NABP.NET.



AWARXE PSAs Promote DEA Take-Back Day During Spring Campaign on Pandora Internet Radio

During a spring social media and public service announcement (PSA) campaign, the AWARXE® prescription drug safety program provided facts about prescription drug abuse and encouraged consumers to take advantage of the eighth Drug Enforcement Administration (DEA) National Prescription Drug Take-Back Day on April 26, 2014. The PSAs, like the one shown above, were featured on Pandora Internet Radio.

Consumers Aware of Acetaminophen Safety, New Research Shows

Results of a 2013 survey found that a growing number of consumers know how to safely use medicines with acetaminophen in order to avoid accidental overdose and liver damage. The national survey on consumer attitudes and understanding of acetaminophen safety was conducted by the Consumer Healthcare Products Association (CHPA) Educational Foundation, in conjunction with its work on the Acetaminophen Awareness Coalition's Know Your Dose campaign, and included responses from 1,000 consumers.

Of the participating respondents, 98% indicated that it was important to check the label to find out the maximum daily dose of pain medications. In 2010, only 93% agreed. Further, 87% of respondents agreed that exceeding the recommended daily dose of acetaminophen could lead to liver damage, compared to 78% in 2010.

Consumer information on safe acetaminophen use is available on the Know Your Dose website, *www.knowyourdose.org*. Additional information about safe use of prescription and over-the-counter medications is available in the Appropriate Use section of the AWAR$_X$E® Prescription Drug Safety Program's website at *www.AWARERX.ORG*.

ACPE *Draft Standards 2016* Available for Public Comment

The Accreditation Council for Pharmacy Education (ACPE) has released *Draft Revised Standards for the Professional Program Leading to the Doctor of Pharmacy Degree* (*Draft Standards 2016*) and a *Guidance Document to Standards 2016* for public review and comment. The *Draft Standards 2016* aim to ensure pharmacy education program graduates are "prepared to directly provide patient care in collaboration with other healthcare providers," indicates ACPE. *Draft Standards 2016* were developed over the past three years with input from a broad range of stakeholders. ACPE encourages further feedback on *Draft Standards 2016* from stakeholders. NABP plans to submit comments on the draft standards on behalf of its member boards of pharmacy.

NABP will host an open forum session to discuss the draft standards at the Association's Annual meeting in Phoenix, AZ, on Monday, May 19, 2014, from 12:30 to 2 PM. Both the *Draft Standards 2016* and the *Guidance Document to Standards 2016* are available on the ACPE website at *https://www.acpe-accredit.org/deans/StandardsRevision.asp*.

Arth-Q Supplement Contains Hidden Ibuprofen, FDA Warns

Consumers should not purchase or use Arth-Q, a product promoted and sold as a dietary supplement for joint, muscle, and arthritic pain, Food and Drug Administration (FDA) warns in a public notification. Arth-Q contains undeclared ibuprofen, and the agency is warning consumers of the potential for drug-drug interactions and the increased risk of adverse events. FDA also notes that ibuprofen may cause increased risk of cardiovascular events, such as heart attack and stroke, as well as serious gastrointestinal damage including bleeding, ulceration, and fatal perforation of the intestines.

Arth-Q is sold on the Internet and in retail stores. The product is labeled in English, and is also promoted to the Korean-speaking community. FDA advises consumers to stop using this product immediately. Consumers experiencing negative side effects such as unusually dark stools or urine, stomach pain, increased bruising, or other signs of bleeding should contact their health care providers as soon as possible. The FDA consumer information flyer "Tainted Products Marketed as Dietary Supplements," includes a list of the potential warning signs of products marketed as dietary supplements that contain undeclared or deceptively labeled ingredients. The flyer is available at *www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM236998.pdf*.

More information about Arth-Q is included in an FDA notice at *www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/MedicationHealthFraud/ucm385888.htm*.

Health care providers and patients are encouraged to report any adverse events or side effects to FDA's MedWatch Safety Information and Adverse Event Reporting Program using the online form available at *www.fda.gov/Safety/MedWatch/HowToReport/DownloadForms/default.htm*.

L-Citrulline Products Recalled Due to Lack of Active Ingredient, Undeclared Ingredient

Medisca, Inc, has initiated a voluntarily recall of several lots of L-Citrulline products after testing confirmed they did not contain the active ingredient; subsequently, FDA also confirmed the presence of N-acetyl-leucine. Medisca urges health care providers to examine their stocks and to immediately discontinue dispensing any products from the following lots:

- 95482/A, 95482/B, 95482/C, 95482/D
- 96453/A, 96453/B, 96453/C, 96453/D

Instructions for returning the products are available in a Medisca press release available at *http://files.medisca.com/pdfs/en-us/RECALL-notification-Final.pdf*. Health care providers, patients, and caregivers are encouraged to report any adverse events or quality problems associated with L-Citrulline to FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Around the Association

Executive Officer Change

- **Marcus Watt, RPh,** is now serving as executive director of the Oregon State Board of Pharmacy, replacing Gary A. Schnabel, RN, RPh, who retired in November 2013. Watt served as a Board member from 2000 to 2008. He brings more than three decades of experience, having worked in various positions such as a staff pharmacist, supervisor of pharmacy systems, buying coordinator, and regional manager. In addition, Watt was named as the 2009 Pharmacist of the Year by the Oregon State Pharmacy Association.

Board Member Appointments

- **Kevin Holland, RPh,** has been appointed a member of the Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation – Board of Pharmacy. Holland's appointment will expire November 30, 2015.
- **Kirsten Martin** has been appointed a public member of the Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation – Board of Pharmacy. Martin's appointment will expire November 30, 2016.
- **Jennifer King, PharmD,** has been appointed a member of the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit. King's appointment will expire November 30, 2018.
- **Laura Forbes, BSPharm,** has been appointed a member of the Virgin Islands Board of Pharmacy. Forbes' appointment will expire December 2, 2018.

Board Member Reappointments:

- **Daphne Bernard, PharmD,** has been reappointed a member of the District of Columbia Board of Pharmacy. Bernard's appointment will expire March 12, 2016.
- **Michele Weizer, PharmD,** has been reappointed a member of the Florida Board of Pharmacy. Weizer's appointment will expire October 31, 2016.
- **Ed Sperry** has been reappointed a public member of the Idaho State Board of Pharmacy. Sperry's appointment will expire June 30, 2018.
- **Joanne Trifone, RPh,** has been reappointed a member of the Massachusetts Board of Registration in Pharmacy. Trifone's appointment will expire November 29, 2017.
- **Donald Watson, RPh,** has been reappointed a member of the Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation – Board of Pharmacy. Watson's appointment will expire November 30, 2016.
- **Shane Savage, RPh,** has been reappointed a member of the Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation – Board of Pharmacy. Savage's appointment will expire November 30, 2016.

Board Officer Changes

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

- **Nicole Chopski, PharmD,** Chairperson
- **Holly Henggeler, PharmD,** Vice Chairperson

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

- **Stuart Williams, JD,** President
- **Karen Bergrud, RPh,** Vice President

The Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit has elected the following officers to the Board:

- **Robert Marshall, PharmD,** Chairperson
- **Patricia Gollner, PharmD,** Secretary
- **Jennifer King, PharmD,** Vice Chairperson

The Puerto Rico Board of Pharmacy has elected the following officer to the Board:

- **Maria Dueño Palmer,** Vice President

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

- **Katherine Orr, PharmD,** Chairperson
- **Leo Lariviere, RPh,** Secretary

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

- **Jason Kizer, PharmD,** President
- **Nina Smothers, MBA, DPh,** Vice President

Alabama Proposes Rule Amendment Regarding Mail-Order Pharmacies

The Alabama State Board of Pharmacy is reviewing comments on proposed amendments to a rule regarding mail-order prescriptions (Alabama Rule 680-X-2-.07).

The proposed amendment would add the following requirement under Section 4, "Conditions of Registrations."

(f) Designate a supervising pharmacist who shall be licensed by the Alabama State Board of Pharmacy. The supervising pharmacist shall be responsible for ensuring that the holder of the permit referenced herein complies with the requirements of this rule and all applicable statutory provisions and rules;

The amendment would also add that the requirements apply to renewals if applicable. A public hearing to amend the rule was held on February 19, 2014, at the Alabama State Board of Pharmacy office in Birmingham, AL, and written comments were also accepted.

Missouri Sterile Compounding Survey Underway

During the spring of 2014, the Missouri Board of Pharmacy will be conducting a survey of all pharmacies that hold a Class H sterile compounding pharmacy permit. The goal of the survey is to assist the Board in identifying sterile compounding activities in the state and in allocating inspection resources. Surveys will be mailed in early spring and may be completed electronically or by returning the paper survey forms.

Compounded Drug Testing Program Continues in Missouri

The Missouri Board of Pharmacy began testing preparations compounded by pharmacies in 2003. All preparations are tested by an outside laboratory for potency, sterility, and endotoxins, when applicable. Pursuant to §338.150.2, RSMo, pharmacies are required to allow inspectors to collect samples during inspections and investigations. This includes both batch and patient-specific compounds present in the pharmacy at the time of the inspector's visit. The Board pays all testing costs and will reimburse the pharmacy reasonable, usual, and customary prices for samples collected. Program summaries are published in the Board's *Annual Report,* available at *http://pr.mo.gov/pharmacists-annual-reports.asp.*

New Alabama Rule Allows Return of Drugs to Pharmacies for Destruction

Alabama requirements for the return and destruction of drugs became effective on December 30, 2013.

This rule (Alabama Rule 680-X-2-.42) shall apply only to unused or expired non-controlled legend drugs. The Board notes that return of controlled drugs shall not be authorized until the adoption of applicable regulations pursuant to the Secure and Responsible Drug Disposal Act of 2010, at which time there must be compliance with the provisions of any such regulations or any subsequent amendments thereto.

The following requirements shall apply whenever an individual desires to return unused or expired drugs to a pharmacy and if the pharmacy agrees to accept the return.

- Drugs may only be returned for the sole purpose of destruction.
- It shall be the pharmacist(s) responsibility to ensure compliance with the requirements of this rule.
- The pharmacy shall maintain a separate log of all returned drugs, which shall include the following information:
  - General description of returned drugs.
  - Date of return.
  - Date and method of destruction of drugs.
  - The above referenced log shall be available for inspection in the same manner as set forth in the Code of Alabama 1975, §3 4-23-70(k).
- Any returned drug must be maintained and stored in an area within the pharmacy that is separate and apart from the regular inventory of the pharmacy.
- No returned drugs shall be dispensed for any purpose.
- Any returned drugs shall be destroyed within 180 days of their return to the pharmacy.

Newly Accredited VAWD Facility

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

McKesson Medical-Surgical, Inc
Chino, CA

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

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