Anderson Presents VIPPS at FIP Congress

As the Verified Internet Pharmacy Practice Sites™ (VIPPS™) program continues to grow, so does its reputation. Proof of this is NABP Chairman Dyke F. Anderson’s presentation at the 60th International Congress of the Federation Internationale Pharmaceutique (FIP), held in Vienna, Austria, in August. Upon the request of FIP President Peter Kielgast, and with the assistance of John Gans, executive vice president of the American Pharmaceutical Association (APhA), Anderson addressed the members of the FIP Council, which is composed of at least one representative from each of FIP’s 60 member nations. Entitled “VIPPS and the Regulation of Online Pharmacy Practice,” Anderson’s remarks outlined the VIPPS program and illustrated how the program could translate internationally.

At a press conference held at the August meeting, Kielgast

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Applications/Database Management Department Launched

NABP has launched a new applications and database management department to better serve the state boards of pharmacy.

“Centralizing the data entry function will create more consistent procedures, data definitions, and database management across NABP’s programs,” says Carmen A. Catizone, NABP executive director/secretary. “This will allow data collected and processed by the Applications/Database Management department to be available to state boards in real time and organized for research, publications, and all of NABP’s programs.”

The Application/Database Management department’s primary function is data entry, database management, and data analysis. The department processes and controls data entering the databases through multiple media, including scannable registration and application forms; electronic submissions from boards and testing vendors; manual data entry; and data editing. The department is expected to process more than 30,000 applications and submissions next year. NABP’s testing programs, licensure programs,

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Anderson Presents VIPPS at FIP Congress (continued from page 125)

announced FIP’s interest in the VIPPS certification program. There, he noted that the VIPPS program lends itself well to Anglo-Saxon countries. FIP, headquartered in The Hague, is the umbrella organization for pharmacy worldwide.

“The presentation was received overwhelmingly beyond my expectations,” says Anderson. “In the time remaining after the speech I was able to answer a number of questions, although there were more that I could not get to because of time constraints. I also received wonderful comments after the speech from people who came to me with questions or wanting additional information.” He added that throughout the conference attendees approached him, wanting to know more about VIPPS and complementing him on the VIPPS certification program.

Anderson says it is very important to introduce other countries to the VIPPS program. “As a national association, NABP can assist state boards in regulating the pharmacy sites within the borders of the United States. However, international sites that are prescribing and selling drugs illegally require cooperation with other countries throughout the world in order to fully protect consumers.”

There is no need to reinvent the wheel, Anderson adds, and other pharmacy regulators realize that VIPPS can be modified to fit their countries’ needs, making pharmacy sites safer for consumers around the world.

“As a national association, NABP can assist state boards in regulating the pharmacy sites within the borders of the United States. However, international sites that are prescribing and selling drugs illegally require cooperation with other countries throughout the world in order to fully protect consumers.”

— Dyke F. Anderson, NABP chairman

Currently, NABP is helping Australia and Canada implement the VIPPS certification program. “If all goes well,” says NABP President Jerry Moore, “the VIPPS system will be in place internationally by the end of the year.”

An international VIPPS program would be based upon the same principles that guide the original VIPPS program. International sites wishing to be considered for VIPPS certification must be appropriately licensed or registered in all jurisdictions in which they practice pharmacy, and they must meet criteria review and on-site inspection by a VIPPS accredited team of inspectors.

Anderson’s speech included general and background information about the VIPPS program, as well as information from the NABP Executive Committee’s May meeting, when approval to expand the VIPPS program internationally was granted.

Anderson will also be giving a presentation on VIPPS at the Drug Information Association Workshop on October 24 in Washington, DC.

For additional information about the VIPPS program, please contact NABP at 847/698-6227, or visit the Association’s Web site at www.nabp.net.
Survey Finds Nutraceuticals Being Added to Pharmacy Curriculum

Consumer interest in herbal products and nutraceuticals continues to grow. But are pharmacy schools equipping students with the tools to effectively counsel patients regarding alternative medicines? NABP surveyed 81 US schools and colleges of pharmacy to find out if the study of nutraceuticals has reached the classroom.

Of the 58 schools that responded to the survey, 41 include the teaching of herbal products as either part of another course (ie, over-the-counters and therapeutics) or as a required course solely dedicated to herbal products and/or nutraceuticals. A further breakdown shows that nearly 40% of responding schools have required herbal or nutraceutical courses; 31% have both elective and required courses; approximately 28% of schools offer only elective herbal or nutraceutical courses; and, of those schools that responded, less than 2% offer no type of herbal or nutraceutical course.

The survey results indicate there is a definite, growing trend to include the study of herbal products in pharmacy curricula. According to the survey, many schools currently changing their curricula to the entry-level PharmD degree will be incorporating herbal and nutraceutical information into their programs. Colleges and schools of pharmacy recognize the need to educate future pharmacists about alternative medicines.

Herbal and nutraceutical product courses cover many topics, including the role of the Food and Drug Administration (FDA) in regulating drugs versus dietary supplements, clinical efficacy studies for herbs, product standardization issues, and documented drug interactions. Also, many schools cover the top 10-20 herbal products offered on the market, discussing advocated uses, efficacy, ineffectiveness, side effects, known drug interactions, and clinical “pearls” for practice.

Information about herbas and nutraceuticals is widely available, but the amount of information from critical studies is limited. The NABP survey shows that the academic world understands the need for students to become more knowledgeable about this topic.

Applications/Database Management Department Launched (continued from page 125)

and communications department, which were previously responsible for entering and maintaining their own data, are supported by the new department, which began functioning in June.

Currently, the department processes NAPLEX® (North American Pharmacist Licensure Examination™) and Multistate Pharmacy Jurisprudence Examination™ (MPJE™) registration forms; NAPLEX score transfer requests; and Foreign Pharmacy Graduate Equivalency Examination™ (FPGEE®) applications. The department receives and processes disciplinary information for the NABP Clearinghouse and for the Healthcare Integrity and Protection Data Base (HIPDB) program. Verified Internet Pharmacy Practice Sites™ (VIPPS™) certified pharmacy information and Pharmacist and Pharmacy Achievement and Discipline® (PPAD®) information is posted to NABP’s Web site and the department has begun processing NABP meeting registrations.

Once fully staffed and operational, the department will assume responsibility for data analysis and synchronization of data across all of NABP’s databases. Also this new department will soon be generating standard and ad hoc reports and supporting research projects for NABP programs as well as the state boards of pharmacy.
As has been stressed on numerous occasions, regulatory boards must understand the parameters under which they may operate. Boards of pharmacy are statutorily created and empowered through a legislatively enacted practice act. It is within this statutory authority that boards must carry out their duties and responsibilities. Actions outside the scope of authority will be considered ultra vires acts, or acts beyond the scope of authority. The consequences of acting outside the scope of authority can be severe, ranging from the removal or limitation of the immunity protections granted to boards and board members to a judicial reversal or prohibition from enforcing important regulatory board decisions.

Consider the following facts. A licensed osteopathic physician and surgeon who practiced family medicine became addicted to narcotics and alcohol. The physician struck up a relationship with a laboratory technician in the hospital where the physician was on staff. The technician became his patient shortly thereafter. For several years, the physician prescribed and administered excessive amounts of Demerol to the technician. He also prescribed medication for severe headaches, antidepressant medications, antianxiety agents, and migraine medication as well as the analgesics Stadol and Nubain.

Eventually, the technician transferred to another medical center for consultation with a physician regarding her drug dependence and mental health. At her own insistence, the technician was discharged. Her discharge diagnosis and analysis included depression; drug seeking behavior; previous history of intravenous and intramuscular Stadol drug abuse; psychogenic purpura; cephalalgia; history of ulcerative skin lesions, probably self-inflicted; and suspected history of childhood sexual abuse. The evaluating physician notified the prescribing physician of the technician’s drug problem. The evaluator wrote, “Because of her history of drug seeking behavior and the out-of-hospital use of Stadol without a physician’s prescription, I think it is very important to minimize any narcotics or other dependency inducing drugs that this patient could come in contact with.” In spite of this analysis, the physician continued to prescribe Demerol to the technician. He also prescribed 70 tablets of a Schedule II drug containing hydrocodone and two prescriptions for Stadol. Shortly thereafter, the technician died of an overdose of morphine.

In an unrelated case, and within a few months of the death of the technician, the same physician pleaded guilty to a Class D felony of fraudulently attempting to obtain Demerol. Based upon this guilty plea, the State Board of Registration for the Healing Arts ordered the physician to appear for a hearing. One of the grounds for discipline for the hearing included a citation to a specific statute which stated:

The license of a physician shall be automatically revoked at such time as the final trial proceedings are concluded whereby a physician has been adjudicated and found guilty or has entered a plea of guilty or nolo contendere in a felony criminal prosecution under the laws of the State of Missouri, the laws of any other state, or the laws of the United States of America for any offense reasonably related to the qualifications, functions or duties of a physician.

Based upon the guilty plea, the Board revoked the physician’s license but stayed the revocation and placed his license on probation with conditions for five years. The Board also ordered the physician not to prescribe or administer any controlled substances, Stadol, or Nubain.

Eighteen months later, the Board initiated a new disciplin-
ary action against the same physician. The charges related to the physician’s treatment of the technician. After a hearing, the Board issued a second disciplinary order suspending the physician’s medical license for a period of 60 days; placing his license on probation with conditions for a period of 10 years; and restricting him from prescribing, administering, dispensing, ordering, or possessing controlled substances and certain other drugs. The physician appealed the Board’s second disciplinary order.

On appeal, and before addressing the specific allegations of error raised by the physician, the court, on its own volition, considered whether the Board had acted within its jurisdiction when it stayed the revocation of the physician’s license in the first disciplinary hearing. In its initial assessment, the court cited the general rule that if the Board exceeded its jurisdiction to assess the discipline and if the board exceeded and violated its statutory authority, such acts were void.

The court considered the language of the specific statute which called for the “automatic revocation” of the license of the physician if the criminal guilty verdict were reasonably related to the practice of medicine. The court concluded that the term “automatic” meant self-acting and, thus, “a license cannot revoke itself.”

Following this interpretation, the court held that the intent of the general assembly was to restrict the discretion of the Board. That is, the Board’s only determination was whether the physician was convicted of a felony that was reasonably related to the qualifications, functions, or duties of a physician, a finding affirmed by the Board and not contested by the physician.

However, the Board could not “stay” the statutorily mandated revocation. Specifically, the court held that the Board exercised unauthorized discretion in staying its revocation of the physician’s license and placing such license on probation. According to the court, the Board had only one option under the circumstances, revocation.

The court also cited the general rule that when an administrative agency usurps its authority, its unlawful act is void. Thus, the physician’s license was revoked as of the first disciplinary order and was not subject to a Board-ordered stay of execution. Consequently, the court held that, because the portion of the Board’s order staying the revocation of the physician’s license and placing it on probation was void, the physician no longer had a license as of the entry date of the first disciplinary order. As a result of this revocation, the physician no longer had a valid license and could not be subjected to the second disciplinary order. In so holding, the court held that the issues on appeal by the physician for the second disciplinary order were moot.

The issue of whether a Board has “jurisdiction” over an individual or practitioner is important to note under these circumstances. While not overtly stated in the opinion, the court appears to hold that the initial revocation of the physician’s license divested the board of jurisdiction to hear a second disciplinary matter, in spite of the fact that the circumstances giving rise to this second set of allegations took place while the physician was duly licensed. It may be important for regulatory boards, under certain circumstances, to initiate an additional disciplinary action against an already disciplined licensee to provide further sanctions to better protect the public health. This is especially true in jurisdictions where

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The pace of change in health care is increasing, and the solutions to new problems require approaches that were unanticipated as recently as a decade ago. In pharmacy, conscientious practitioners are considering new ways of doing things. Pharmacy practice innovations include central fill, call centers, unit-of-use packaging, therapeutic interchange, automated dispensing, and the expanded use of supportive personnel.

In many states, some or all of these approaches to practice violate laws that were enacted at a time when innovation was not so critical for professional survival. In the mid-twentieth century, a change in professional practice could wait for the deliberate legislative process to first react to proposals, then consider options, and finally adjust to the slowly changing times. Changes in practice could be thoroughly reviewed, exhaustively discussed, and then implemented through regulations in plenty of time to enable beneficial improvements in practice.

In contemporary practice, the time it takes to amend state legislation can lead to lost opportunities for a pharmacy profession that is adjusting to new demands and to increased public expectations. Further-more, health care has become more evidence-based, and decisions about authorizing changes in practice are not likely to be made based on fuzzy promises in the absence of solid supportive data.

State boards of pharmacy are charged with the responsibility to protect the public health, but increasingly they are accepting correlative responsibility for public health promotion. State regulation is not simply a negative force that prevents bad practices. It can also be a positive force that enables good practices. Unfortunately, state boards of pharmacy are sometimes restricted in the positive influence they can exert on pharmacy practice by restrictive enabling legislation containing rules that may have lost their usefulness.

In addressing this problem, the quandary legislators will face is how to accept new ways of practice, in the absence of data to support the new practices and with continued assurance that the public will not be unnecessarily placed at risk of harm. Legislators who ask for evidence that an innovative practice is both safe and effective will be frustrated by the scant supportive data they are likely to receive. A practice that has not been legal, and that the legislature is being asked to approve, will not be supported by data because studies that might support it cannot be done due to the impossibility of studying an illegal practice. One of the insidious costs of maintaining a status quo is that new ideas are not put to the test. This is probably not always a bad thing. Many ideas are half-baked and do not warrant even a test. Testing bad ideas would expose the public to harm and betray the public trust that has been placed in the various governing bodies.

Perhaps one effective option for recognizing the need to be flexible in regulation, and to also continue a high level of public health protection, is to legislatively authorize boards of pharmacy to approve pilot studies or demonstration projects that may include violations of technical legal requirements, but also contain oversight mechanisms to adequately protect the public. In this way, innovative pharmacists would have the opportunity to at least try out a seemingly good idea and produce the compelling data that should lead to rapid adoption of productive change. Formal quality checks would detect any threats to the public that might arise during the pilot study, and a pilot study would be ended if unacceptable risks to the public became evident.

There is precedent for such an approach in the medication use system. An investigational new drug (IND) exemption is, in effect, a formal way for the
Food and Drug Administration (FDA) to permit a technical violation of the law to occur under very controlled circumstances. According to the Food, Drug, and Cosmetic Act, it is illegal to place into interstate commerce an unapproved new drug. However, the Act permits the FDA to allow unapproved new drugs into interstate commerce under an IND exemption because there otherwise would be no drug studies and no innovation in drug therapy. There is a risk to the public from the use of unapproved new drugs under an IND, but it is a necessary risk and it is a controlled risk.

In a similar fashion, state boards of pharmacy could consider permitting unapproved new drug use activities that would otherwise be illegal, on the condition that the activities be done within a study that bears the characteristics of a controlled clinical trial. It is necessary for state legislatures to permit these studies to occur, just as the Congress has permitted unapproved new drugs to be used in limited ways.

In their landmark book, *New Rules: Regulation, Markets, and the Quality of American Health Care*, authors Troyen Brennan and Donald Berwick argue for the establishment of “safe havens” for major innovation in health care. They note that regulation has historically tended to undervalue innovation as an essential feature of a modern health care system. They suggest that regulators reflect on how their activities might impede constructive innovation in the design and provision of health care services. Anticipating that some regulators will be concerned about the risks of innovation, Brennan and Berwick state: “Some will fear that forces of irresponsibility might be unleashed, but to them we reply that risks can come from two types of imbalance: too much innovation and too little.”

State boards of pharmacy could consider permitting unapproved new drug use activities that would otherwise be illegal, on the condition that the activities be done within a study that bears the characteristics of a controlled clinical trial.

State boards of pharmacy can be trusted to permit studies of promising new approaches to medication use, and to not permit poorly conceived studies, under authority they might be given to allow demonstration projects. Just as the FDA requires a protocol for an IND exemption, the boards could require a plan of study for a demonstration project. The plan of study could include background information regarding the proposed activity and its expected value, as well as identification of individuals involved with the activity and plans for the protection of human subjects. In fact, a board of pharmacy could require that all such projects be approved by an Institutional Review Board familiar with the necessary for protecting human subjects in experimentation.

The pharmacy profession is serious about meeting expanded responsibilities, but some regulations currently hinder innovation necessary to meet expanded responsibilities. Boards of pharmacy can be empowered to authorize the “safe havens” for innovation the profession wants and needs. But this will require legislation that the profession will have to propose and support. Pilot studies and demonstration projects may be the best way to provide immediate opportunities for innovation and lasting legislation that incorporates into widespread practice new knowledge from isolated successes by a few pioneers.

Attorney David Brushwood is a professor at the University of Florida College of Pharmacy. He holds degrees from the University of Kansas, Schools of Pharmacy and Law.
Maine Board Urges Caution with OxyContin Prescriptions

The Maine Board of Pharmacy reported in its September Newsletter that the Maine Department of Professional and Financial Regulation1 has urged pharmacists and physicians to use extreme caution when prescribing or filling prescriptions for narcotic drugs, especially OxyContin. According to the Board, alteration and forgery of prescriptions for OxyContin are at an all time high in the state.

OxyContin, prescribed by physicians primarily for chronic pain management, has replaced hydrocodone as the street drug of choice among drug dealers. The Newsletter reported that during the past two months, four deaths caused by OxyContin overdoses have been reported in Maine.

Greg Cameron, senior pharmacy inspector for the Maine Board of Pharmacy, has asked pharmacies and licensed pharmacists to follow certain guidelines for filling prescriptions for any narcotic or controlled substance, particularly OxyContin. “Make sure you verify all information with the prescribing physician,” advises Cameron.

The Maine Board of Pharmacy made the following recommendations.

- Know your patient and diagnosis; ask questions, especially of first-time patients;
- Watch for controlled substances prescriptions written for large quantities; evaluate the ordered dosage;
- Always verify telephoned and faxed prescriptions by comparing them with hard copies provided by the patient; and
- Inspect the quality of prescription paper presented for alterations or forgeries.

The Maine Board of Licensure in Medicine has also made recommendations to their physicians to address the possible conflict between adequate prescribing for pain and diversion of drugs for illicit use. The Medical Board recommended that physicians:

- use special prescription forms for scheduled substances, including OxyContin, that cannot be copied;
- use numbers followed by words to describe the quantity and strength of medication;
- specify on the prescription the name of the pharmacy selected by the patient for controlled substance prescriptions as well as for the patient’s insurance plan; and
- fax a copy of the prescription to the selected pharmacy, when feasible, for authentication.

1The Department of Professional and Financial Regulation is the umbrella state agency for numerous licensing boards including the Board of Pharmacy. The Board of Licensure in Medicine and the Board of Osteopathic Licensure are affiliated with the Department.

Searching for Compliance Officer Correspondents

NABP is searching for Compliance Officer correspondents from all districts for the “Compliance News” column that runs every other month in the NABP Newsletter. Articles feature topics such as drug diversion scams, prescription forgery problems, and inspector training programs.

If you would like to serve as a correspondent, contact Lara Jackson, editor, at NABP headquarters, 847/698-6227.
Health Law Officers Conference Program

November 12-14, 2000

Beau Rivage Hotel

9:00 AM - 9:30 AM

Magnolia Ballroom E-G

Understanding the PBM Operation
0.15 CEUs – 1.5 contact hours
Program #: 205-000-00-012-L04

Sponsored by: Merck-Medco Managed Care, LLC

Moderator:
Donna M. Horn, Member, NABP Executive Committee

Presenter:
Kim Caldwell, Member, Texas State Board of Pharmacy

9:30 AM - 10:00 AM

Magnolia Ballroom E-G

Workshop: Investigating Internet Pharmacies
0.3 CEUs – 3.0 contact hours
Program #: 205-000-00-014-L03

Sponsored by: Pfizer Pharmaceuticals Group

Moderator:
John A. Fiacco, Treasurer, NABP

Presenters:
Timothy J. Benedict, Assistant Executive Director, Ohio State Board of Pharmacy
Carla J. Stovall, Attorney General, Kansas

10:00 AM - 10:30 AM

Magnolia Ballroom E-G

Workshop: Inspecting for Pharmaceutical Care Outcomes
0.3 CEUs – 3.0 contact hours
Program #: 205-000-00-015-L03

Sponsored by: PDX-NHIN, Inc

Moderator:
Vicki Schmidt, Member, NABP Executive Committee

Panelists:
Carol E. Fisher, Director of Enforcement, Investigation, and Compliance, Texas State Board of Pharmacy
Lyn A. Lloyd, Executive Director, Arizona State Board of Pharmacy
David Nau, Assistant Professor of Pharmaceutical Systems and Policy, West Virginia University School of Pharmacy
John D. Taylor, Executive Director, Florida Board of Pharmacy
Charles R. Young, Executive Director, Massachusetts Board of Registration in Pharmacy

10:30 AM - 11:00 AM

Magnolia Ballroom E-G

Workshop: Inspecting for Pharmaceutical Care Outcomes
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John D. Taylor, Executive Director, Florida Board of Pharmacy
Charles R. Young, Executive Director, Massachusetts Board of Registration in Pharmacy

11:00 AM - Noon

Magnolia Ballroom E-G

Closing Remarks

Jerry Moore, President, NABP

Biloxi, Mississippi

3:00 PM - 3:30 PM

Magnolia Ballroom E-G

Refreshment Break

Tuesday, November 14

8:30 AM - Noon

Magnolia Foyer

Registration/Information Desk Open

8:30 - 9 AM

Magnolia Foyer

Continental Breakfast

9 AM - Noon

Magnolia Ballroom E-G

Workshop: Inspecting for Pharmaceutical Care Outcomes
0.3 CEUs – 3.0 contact hours
Program #: 205-000-00-015-L03

Sponsored by: Pfizer Pharmaceuticals Group

Moderator:
Vicki Schmidt, Member, NABP Executive Committee

Panelists:
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David Nau, Assistant Professor of Pharmaceutical Systems and Policy, West Virginia University School of Pharmacy
John D. Taylor, Executive Director, Florida Board of Pharmacy
Charles R. Young, Executive Director, Massachusetts Board of Registration in Pharmacy

10 AM - 10:30 AM

Magnolia Ballroom E-G

Refreshment Break

Noon

Magnolia Ballroom E-G

Closing Remarks

Jerry Moore, President, NABP
Tennessee Board Awarded Survey Luncheon Gift Certificate

The Tennessee Board of Pharmacy was selected as the 2000 winner of the annual drawing for the Survey of Pharmacy Law luncheon. State board offices that returned their updated Surveys to the NABP office by the deadline were eligible for the drawing.

Montana Board Names New Executive Director, Member

The Montana Professional Licensing Division hired Rebecca Deschamps, RPh, as the executive director for the Montana Board of Pharmacy. Deschamps, a graduate of the University of Montana School of Pharmacy, assumed her position as the new executive director on October 9.

Robert Mann, RPh, was recently appointed to the Montana Board. Mann is co-owner of the Rexall Drug in Plentywood.

Arizona Board Moves to New Office

The Arizona State Board of Pharmacy office has moved. The Board’s new address is 4425 W Olive Ave, Suite 140, Glendale, AZ 85302-3844. The phone numbers have also changed: the main office number is 623/463-2727 (ASBP) and the new fax number is 623/934-0583. The Board’s home page address has not changed and is accessible at www.pharmacy.state.az.us. Check the Web site for Board meeting minutes, state pharmacy practice act, existing Board administrative regulations, and proposed regulations.

New Board Members

Louisiana recently appointed several new Board members, who are listed below.

- Joseph L. Adams, RPh
- Brian A. Bond, RPh
- Lois R. Anderson, RPh
- Larry J. Lantier, J. RPh
- Richard J. Oubre, RPh

Retirements

Leonard Eugene Herberlee retired in July from the Nevada State Board of Pharmacy after 26 years of affiliation. During his time with the Board, he served as a member for three terms. He first became associated with the Board in 1974 as a part-time inspector. In 1992, after closing his pharmacy and retiring as a Board member, Herberlee became a full-time inspector until his retirement.

After 30 years of governmental service to the District of Columbia, Barbara Hagans, licensing specialist and contact representative with the District of Columbia Board of Pharmacy, has retired from her position as of August 31, 2000. The new representative is Toylanda Brown and can be reached by calling 202/442-4778.

Legal Briefs (continued from page 129)

revoked licensees can apply for reinstatement after a specified period of time.

This, of course, raises an additional important issue for regulatory boards to consider. When drafting final orders, it is imperative that reinstatement rights (or the lack thereof) be placed in that order to ensure compliance by the disciplined practitioner as well as to provide a basis for future board members to consider any such re-application for licensure.

Cantrell v. State Board of Registration for the Healing Arts, 2000 WL 864987 (Mo. App. W.D.)

Notice: This opinion has not been released for publication in the permanent law reports. It may be subject to a motion for re-hearing or transfer. It may be modified, superseded, or withdrawn.

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

Nominations for NABP’s 2001-02 Honorary President, the Lester E. Hosto Distinguished Service Award, and the Fred T. Mahaffey Award must be received by Carmen A. Catizone, NABP’s executive director/secretary at Association headquarters no later than December 31, 2000.

The awards will be presented during NABP’s 97th Annual Meeting in Seattle, Wash, May 5-9, 2001.

The letters of nomination, along with a brief biography or current curriculum vitae of the nominee, must be accompanied by a narrative explaining why the nominee should be considered for an award.

When nominating a colleague or state board of pharmacy, please consider the following criteria.

**Honorary President**

Nominees for Honorary President should have served on one or more of NABP’s committees or task forces and have participated in district and annual meetings. In general, nominees must have demonstrated a strong commitment to NABP, the mission of the Association, and the profession of pharmacy.

**Lester E. Hosto Distinguished Service Award**

The Distinguished Service Award (DSA), named in memory of NABP’s 1990-91 President Lester E. Hosto, is the highest honor bestowed by the Association. The DSA plaque and pin are awarded to those individuals who, through their endeavors, best exemplify the objectives of NABP, regardless of their affiliation with the Association.

**Fred T. Mahaffey Award**

Presented by NABP’s past presidents and named in honor of NABP’s executive director emeritus, the Fred T. Mahaffey Award recognizes a member board of pharmacy that has made significant contributions to the profession during the past year. Specifically, the nominated board’s efforts must have contributed to the protection of the public health and welfare through the enforcement of state and federal laws and regulations and the advancement of NABP’s goals and objectives as specified in the Constitution and Bylaws.

Nominations will be reviewed by the NABP Executive Committee, which will select the Honorary President and award recipients.

The 2001-02 Honorary President will be announced during the 97th Annual Meeting’s Third Business Session on Tuesday afternoon, May 8. Later that evening, during NABP’s annual Awards Dinner, the Lester E. Hosto Distinguished Service Award and the Fred T. Mahaffey Award presentations will be made. NABP’s 2000-01 Honorary President, H. Lee Gladstein, will also be honored at that time.

For more information regarding the nominating process or the awards, please call NABP headquarters at 847/698-6227.

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NABP Seeks ACE Volunteers

NABP is seeking volunteers to serve on its Advisory Committee on Examinations (ACE), which oversees the development and administration of all the Association’s examination programs. The Committee also considers policy matters, develops long-range planning strategies, and recommends appropriate action on issues specific to NABP’s Executive Committee. The terms of current ACE members Lawrence H. Mokhiber, Bryan H. Potter, and Donald H. Williams expire May 31, 2001. All three members are eligible for reappointment. Appointments will become effective June 1, 2001.

Interested individuals should submit a written statement of interest and a current resume or curriculum vitae to NABP Executive Director/Secretary Carmen A. Catizone at NABP headquarters no later than December 29, 2000.
A Dose of *Humor*

**Guidance for the New Graduates (and Not So New Graduates)**

*By Phil D. Script*

My trusty pharmacy intern Al Buterol had done such a terrific job over the last few years I simply had to give him more than just a passing grade so he could finish his P-7 year and finally graduate. Because there are very few things that I savor more than pontificating, I dragged out my worn soapbox so I could give, as a gift to Al, lustrous pearls of wisdom that every new graduate should heed.

My many years with the organization allowed me to interact with the boards of pharmacy and review many disciplinary orders against pharmacists. I saw recurring themes in these orders and in the misconduct that gave pharmacists the opportunity to meet their board members on a personal level.

“Al,” I said, “you pay attention to what I am going to say and follow my advice, and your pharmacist license should remain blemish-free until the day you quit practicing pharmacy.”

“Go ahead, Mr Script,” urged Al, “I am hanging on your every word.” Filled with pride and a bit of hubris, I began to dispense to my soon-to-be-departed protégé some kernels of wisdom.

“First and foremost,” I explained, “quickly learn what to look for to determine whether a controlled substance prescription is legitimate. Some things will tip you off right away such as photocopied prescriptions, different colored inks on the same prescription, lack of required prescription information, etc. It is the tricky techniques used to dupe unwitting pharmacists for which you have to be vigilant.”

“For instance, beware of the patient who lives very far from your pharmacy and is seeking to have you fill her prescription. Engage her in conversation and find out what the medication is for and where she works. It is possible that she works nearby and is filling the prescription on her way to or from work. On the other hand, she may have had these controlled substance prescriptions filled at many different pharmacies all over the area, and you are her latest target. Also, if she is paying cash, be even more cautious. In all cases where you suspect the prescription may not be legitimate, call to verify the prescription with the prescriber. Consider calling other local pharmacists to determine whether they have filled similar prescriptions for her. You will be surprised by what you find if you do a little investigating.”

Al squealed, “I like the idea of playing ‘detective’; what else should I look for when I fill controlled substance prescriptions?”

“Oh, obviously,” I said, “unusually high doses and prescriptions written for large numbers of tablets are always suspect. You have to be careful, though, that you do not refuse outright to fill these prescriptions because they may be for patients who have terminal illnesses or are in chronic pain. Talk to the patient or caregiver. Find out what is afflicting the patient and what other non-controlled medications the patient has tried for treating his or her condition. When in doubt, verify the suspect prescription with the prescriber.”

“On the other hand, you must also be on the watch for prescribers who are writing illegitimate controlled substance prescriptions. If you see that one particular prescriber writes many of the controlled substance prescriptions that you fill on a daily, weekly or monthly basis, call the prescriber to determine his or her areas of practice. But here is where it gets difficult. Calling an illegally practicing prescriber to verify one of his prescriptions will probably be fruitless. Use your best judgment in filling his prescriptions based upon information you obtain about the patient’s condition, medication history, and other treatments, pharmaceutical and non-pharmaceutical, that the patient is receiving to address his condition.”

“Are there any other golden nuggets regarding controlled substance prescriptions?” Al eagerly asked.

“Last but not least, my young budding pharmacist, be on the
is accepted. For instance, many states will only accept American Council on Pharmaceutical Education (ACPE)-approved CE; some states require a certain number of CE hours to be completed in particular areas of pharmacy practice such as pharmacy law; and, some states only allow a certain number of CE hours to be completed as part of a home study program. The balance of CE hours may have to be completed in-person in the form of ‘live’ seminars and lectures. It is imperative that pharmacists contact all applicable boards of pharmacy to determine each state’s CE requirements and coordinate these obligations with their calendars so they do not have too few hours or the wrong type of CE hours.”

“Pharmacists should make sure they understand the CE requirements of every state in which they are licensed: the total number of CE hours they must obtain, the time frame in which they must complete the CE hours, and the type of CE that is accepted.

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“Is there any other insight you can give me, Mr Script? I want to have a squeaky clean record!” Al beamed.

And with that, I confidently stepped off my soapbox, congratulated Al on completing pharmacy school in only nine years, and gingerly slid the rickety box under my desk to await my next preaching engagement. 

lookout for prescribers, such as dentists, podiatrists, or optometrists who prescribe medications that are outside the scope of their practice. For example, dentists, optometrists, and podiatrists have no legitimate reason to prescribe weight loss medications, whether for themselves or for others. If a person describing herself as a doctor self-prescribes sibutramine (Meridia), find out what kind of “doctor” she is. If the medication is outside the reasonable scope of her practice, not only should you not fill the prescription but also you should report her to the professional board that issued her license and regulates her practice.”

Al was scribbling furiously and, without even looking up from his notepad, pleaded for more advice and guidance.

“Two more points I would like to make. First, when you are offered a position as the pharmacy manager or the pharmacist-in-charge (PIC), before you accept, find out what legal responsibilities you have under the pharmacy practice act in your state and decide whether you are able to assume and carry out these additional responsibilities. In some states, PICs may be responsible for the activities of their employees as they relate to the practice of pharmacy. This is a very broad responsibility, and your license could be disciplined if one of the employees you supervise, even when you are not around, engages in conduct that violates the state’s practice act. If you choose to become a PIC and you understand and accept any additional legal responsibilities you have, then make sure your employer adequately compensates you for your increased accountability under the law.”

“Finally, Al, continuing education, or CE, is an easily overlooked requirement that many pharmacists neglect.”

“But that is not an onerous duty, and it is a pretty easy obligation to meet.” Al seemed confused.

“Pharmacists should make sure they understand the CE requirements of every state in which they are licensed: the total number of CE hours they must obtain, the time frame in which they must complete the CE hours, and the type of CE that is accepted. For instance, many states will only accept American Council on Pharmaceutical Education (ACPE)-approved CE; some states require a certain number of CE hours to be completed in particular areas of pharmacy practice such as pharmacy law; and, some states only allow a certain number of CE hours to be completed as part of a home study program. The balance of CE hours may have to be completed in-person in the form of ‘live’ seminars and lectures. It is imperative that pharmacists contact all applicable boards of pharmacy to determine each state’s CE requirements and coordinate these obligations with their calendars so they do not have too few hours or the wrong type of CE hours.”

“Is there any other insight you can give me, Mr Script? I want to have a squeaky clean record!” Al beamed.

“Al, make duplicate copies of your CE credits, and keep the extra copy in a safe place away from your hungry dog, out of your flood-prone basement, and away from your ornery employer who could fire you and refuse to give you your CE certificates.”

And with that, I confidently stepped off my soapbox, congratulated Al on completing pharmacy school in only nine years, and gingerly slid the rickety box under my desk to await my next preaching engagement.
2000-2001 Committee and Task Force Members

NABP President Jerry Moore has appointed the following individuals to serve as members of the Association’s 2000-2001 committees and task forces. Every effort has been made to accommodate individual requests to serve on a committee or task force and to assure uniform representation from all regional districts.

Executive Committee
Honorary President .................. H. Lee Gladstein, New Jersey State Board of Pharmacy
Chairman ............................. Dyke F. Anderson, Nebraska Board of Pharmacy
President ............................. Jerry Moore, Alabama State Board of Pharmacy
President-elect .............Richard “Mick” Markuson, Massachusetts Board of Registration in Pharmacy
Vice President ......................... B. Belaire Bourg, Jr, Idaho Board of Pharmacy
Treasurer ............................. John A. Fiacco, New York Board of Pharmacy
Member ............................. Paula L. Castor, Pennsylvania State Board of Pharmacy
Member ............................. Donna M. Horn, Massachusetts Board of Registration in Pharmacy
Member ..................... S. Patricia “Tris” McSherry, New Mexico Board of Pharmacy
Member ............................. Vicki Schmidt, Kansas State Board of Pharmacy
Member ............................. Donna S. Wall, Indiana Board of Pharmacy

Committee on Constitution and Bylaws
Chair ................................. Michael A. Moné, Kentucky Board of Pharmacy
Member ............................. Wayne A. Camp, Louisiana Board of Pharmacy
Member ............................. Karen Ryle, Massachusetts Board of Registration in Pharmacy
Member ............................. Charles Curtis Barr, Nebraska Board of Pharmacy
Member ............................. Robert P. Giacalone, Ohio State Board of Pharmacy
Alternate ............................ Kendall M. Lynch, Tennessee Board of Pharmacy
Alternate ............................. Eugene “Gene” Drake, Arizona State Board of Pharmacy
EC Liaison ........................ B. Belaire Bourg, Jr, Louisiana Board of Pharmacy

Committee on Law Enforcement/Legislation
Chair ................................. Richard A. Palombo, New Jersey State Board of Pharmacy
Member ............................. Dennis K. McAllister, Arizona State Board of Pharmacy
Member ............................. Jeanne Gilligan Furman, Maryland Board of Pharmacy
Member ............................. Clayton Oxford Wilson, Alabama State Board of Pharmacy
Member ............................. Catherine Polley, Michigan Board of Pharmacy
Member ............................. Linda Labenz, Nebraska Board of Pharmacy
Member ............................. Larry L. Pinson, Nevada State Board of Pharmacy
Alternate ............................ Timothy J. Benedict, Ohio State Board of Pharmacy
Alternate ....................... Charles A. Young, Massachusetts Board of Registration in Pharmacy
EC Liaison ........................ Dyke F. Anderson, Nebraska Board of Pharmacy

Task Force on Expanded Use of the Internet in Pharmacy Practice and Regulation
Chair ................................. Ann D. Abele, Ohio State Board of Pharmacy
Member ............................. William L. “Buck” Stevens, Mississippi State Board of Pharmacy
Member ............................. Audrey H. Neely, Illinois Department of Professional Regulation
Member ............................. Helen Fong, Florida Board of Pharmacy
Member ............................. Richard R. Smiga, Pennsylvania State Board of Pharmacy
Member ............................. Lydia S. Wall, West Virginia Board of Pharmacy
Member ............................. Sam M. Costello, Alabama State Board of Pharmacy
Alternate .......................... Patricia F. Donato, New York Board of Pharmacy
EC Liaison ........................ S. Patricia “Tris” McSherry, New Mexico Board of Pharmacy

Task Force on Model Guidelines for Formulary Development
Chair ................................. William T. Winsley, Ohio State Board of Pharmacy
Member ............................. Edith G. Goodmaster, Connecticut Commission of Pharmacy
Member ............................. Stephen R. Statz, South Dakota State Board of Pharmacy
Member ............................. John P. Bohlman, Wisconsin Pharmacy Examining Board
Member ............................. Anthony A. Alexander, Jr, New Jersey State Board of Pharmacy
Member ............................. Davis C. Hook, Jr, South Carolina Board of Pharmacy
Member ............................. Carl O. Benson, Minnesota Board of Pharmacy
Alternate ............................. Thomas F. Dudley, Oklahoma State Board of Pharmacy
EC Liaison ........................ Donna M. Horn, Massachusetts Board of Registration in Pharmacy

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With the addition of www.accuratepharmacy.com and www.eMD.com, there are now a total of 13 online pharmacy sites that have earned Verified Internet Pharmacy Practice Sites™ (VIPPS™) certification.

Accurate Medical Equipment & Supply Co. Inc., a privately owned pharmacy and durable medical equipment (DME) company, launched www.accuratepharmacy.com in June 2000. The full-service site offers pharmaceuticals (specializing in unit dose bronchodilators and TPN therapy), oxygen and respiratory therapy products, DME, an on-staff respiratory therapist to answer questions on respiratory care, and diabetic supplies.

Also VIPPS certified, eMD.com, a business-to-business Internet health care subsidiary of BioShield Technologies, Inc, offers consumers online prescription fulfillment and provides clinical services to manage medication compliance associated primarily with chronic disease states. The online pharmacy is licensed in 46 states and has 80 managed care contracts associated with more than 170 million patients. The site’s password-protected medication management and charting application includes electronic prescribing, online medical charting, drug fulfillment by the patient’s chosen pharmacy, and clinical care services such as monitoring chronic disease patients for prescription compliance.

As VIPPS-certified sites, accuratepharmacy.com and eMD.com may display the VIPPS hyperlink seal of approval on their Web sites. By clicking on the VIPPS seal, consumers will be able to find the verified information they need to make informed decisions regarding their choice of online pharmacies. Consumers may also access the VIPPS database directly via NABP’s Web site at www.nabp.net.

2000-2001 Committee and Task Force Members (continued from previous page)

Task Force on Drug Diversion through Institutional Outlets

Chair ........................................ Byron “Tom” Alford, Alabama State Board of Pharmacy
Member ....................................... Susan Ksiazek, New York Board of Pharmacy
Member ................................. Wallace E. Nelson, North Carolina Board of Pharmacy
Member ..................................... David Flashover, New York Board of Pharmacy
Member ........................... Donald P. Gibson, Minnesota Board of Pharmacy
Member ................................... John D. Taylor, Florida Board of Pharmacy
Member ............................... Charles S. Campbell, Arkansas State Board of Pharmacy
Member ................................... Lloyd K. Jessen, Iowa Board of Pharmacy Examiners
Member ................................. Gary A. Schnabel, Oregon State Board of Pharmacy
Alternate ......................... L. Stan Haywood, North Carolina Board of Pharmacy
Alternate ................................. Wiki Erickson, Texas State Board of Pharmacy
EC Liaison .............................. Donna S. Wall, Indiana Board of Pharmacy

Focus Group to Regulate Patient Outcomes

Member ....................................... Charles R. Young, Massachusetts Board of Registration in Pharmacy
Member ................................. David D. Dryden, Delaware State Board of Pharmacy

In the September 2000 issue of the NABP Newsletter, Dennis McAllister was said to have been the executive director of Arizona State Board of Pharmacy, in fact, he once served as president of that Board.

Errata

In the September 2000 issue of the NABP Newsletter, Dennis McAllister was said to have been the executive director of Arizona State Board of Pharmacy, in fact, he once served as president of that Board.
NABP Meeting Dates

Friday-Sunday, November 10-12, 2000
District IV Meeting,
Radisson Hotel & Suites, Chicago, Ill

Saturday-Sunday, November 11-12, 2000
Executive Committee Meeting,
Beau Rivage Hotel, Biloxi, Miss

Sunday-Tuesday, November 12-14, 2000
Health Law Officers Conference,
Beau Rivage Hotel, Biloxi, Miss

Friday-Sunday, February 2-4, 2001
Executive Committee Meeting
Location to be Announced

Friday, May 5, 2001
Pre-convention Executive Committee Meeting
The Sheraton Seattle Hotel, Seattle, Wash

Saturday-Wednesday, May 5-9, 2001
97th Annual Meeting.
The Sheraton Seattle Hotel, Seattle, Wash