In September 2004, NABP released the updated North American Pharmacist Licensure Examination™ (NAPLEX®) blueprint. To coincide with the updated blueprint and competency statements, a new passing standard has been established. NABP has prepared the following Frequently Asked Questions referencing the new passing standard to better assist the state boards of pharmacy in responding to candidate questions.

**Does the new passing standard mean that the minimum passing score will now be higher than 75?**

No. The lowest acceptable level of ability will continue to translate into a scaled score of 75. The only difference is that the lowest acceptable level of ability will now be higher.

**Does this mean that more candidates will fail based on the new standard?**

Whether or not a state or school of pharmacy will notice an increase in failure rate will depend primarily on the following two criteria: first, the proportion of candidates who have previously scored very close to the passing score; and second, the extent to which candidates in the future perform as they have in the past. Because of the nature of the NAPLEX passing standard, all candidates who perform at or above the minimally acceptable level receive a passing score. If instituting a higher passing standard causes candidates to prepare better than they had previously, their increased level of performance would likely offset any tendency toward an increased failure rate. On the other hand, if candidates continue to prepare as they have in the past, we would expect the higher standard to result in a higher failure rate.

**How will the scaled scores that are reported to candidates be affected?**

The scaled scores that will be reported will still range from 0 to 150, where a 75 designates the lowest acceptable level of performance.

**When will the new passing standard go into effect?**

The new passing standard will be implemented in conjunction with the updated NAPLEX blueprint in May 2005. All candidates who

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Pharmacy Practice Coalition Advances on Patient Information Initiative

Like the boards of pharmacy, NABP upholds its mission to protect the public health. With this goal in mind, the Association has, for the past several years, participated in a practice-wide pharmacy initiative to develop standards for providing useful, quality prescription drug information to patients.

By clearly understanding their medications – what they are taking, why, and how – patients can improve their compliance and dramatically reduce adverse effects and deaths that result from noncompliance or the misuse of prescription drugs. Providing clear, understandable information in written form with each prescription issued is an obvious way to solve the problem and get the necessary information into the hands of patients. At least, that is what members of the United States Congress apparently thought when, in 1996, they mandated just such an approach by enacting Public Law (PL) 104-180, the goal of which is to provide by 2006 such information with 95% of all prescriptions issued.

A study released in 2002 conducted by Dr Bonnie Svarstad of the University of Wisconsin-Madison revealed that, while most patients receive written information with their prescriptions, the usefulness of this information still falls short. In 2003, in response to the findings of the study, the National Council on Patient Information and Education (NCPIE), encouraged by Food and Drug Administration (FDA), launched its Consumer Medication Information (CMI) Initiative. The Initiative aims to coordinate the pharmacy profession’s efforts and enable it to meet the requirements of PL 104-180 within the specified time period.

NABP has been an active participant in the process to improve CMI, from assisting in the development of an action plan and initial guidelines for what might be termed “quality” or “useful” information shortly after PL 104-180 was passed in 1996, to currently serving on two committees of the NCPIE CMI Initiative.

The History

As mentioned above, PL 104-180 established distribution goals for written prescription medication information and specified that this information should be “useful,” both in clinical content and design readability. Interim and final goals were set: the distribution of useful written information to 75% of patients receiving new prescriptions by 2000, and to 95% by 2006. If the pharmacy profession were unable to meet these distribution and quality goals by 2006, federal regulations through FDA would need to be instituted.

PL 104-180 also mandated the immediate formation of a group whose purpose would be to, among other tasks, assess current private-sector efforts to supply prescription drug information, develop guidelines for providing consumers with quality prescription information, and provide for the transmission of this information to the public. The Keystone Group, made up of nearly three dozen stakeholder organizations including NABP, met in late 1996. Its resulting Action Plan for the Provision of Useful Prescription Medicine Information, which was accepted by the Secretary of the US Department of Health and Human Services, Donna Shalala, in early 1997, remains the guideline for assessing current private-sector CMI.

In order to determine the achievement of intermediate goals, PL 104-180 specified a mid-course assessment of CMI distribution and quality. In 2000, FDA contracted with NABP and the University of Wisconsin-Madison to conduct the scientific, random study that examined CMI across the country. The study measured
the percentage of CMI received with new prescriptions, and then measured the quality of this CMI against the criteria set forth by the Keystone Group. The results, which FDA released in 2002, revealed that while CMI distribution was at or above target levels (89%), the “usefulness” of the information distributed – in other words, its content and readability – was much lower, closer to 50%. Almost no CMI collected met all the criteria of the Keystone Group.

In response, FDA worked with NCPIE, a coalition that brings together the many stakeholders and interest groups relevant to the issue, to formally launch a CMI Initiative to raise the quality of drug information to target levels by 2006.

**The Committees**

The NCPIE CMI Initiative has organized three committees made up of numerous stakeholders ranging from consumer groups to pharmacy and medical professional groups to pharmaceutical manufacturers. These committees – Criteria, Education, and Implementation – each fulfill a specific scope of work.

**Criteria Committee**

This committee’s charge is, perhaps, the most vital of the three: determining what makes a drug information pamphlet “useful” and, thereby, providing a model CMI document to the industry detailing what elements need to be presented and in what manner in order to pass FDA’s final assessment in late 2006 or early 2007.

**Education Committee**

As NCPIE Executive Vice President W. Ray Bullman explains, the Education Committee is “responsible for identifying and responding to opportunities to inform [and] educate key stakeholders about the CMI Initiative and their role in assuring the success of the Initiative.” The Education Committee’s efforts have largely taken place within the pharmacy profession, although some consumer outreach has occurred as well.

**Implementation Committee**

This committee coordinates the work done by the Criteria and Education Committees, and is working with chain and independent pharmacies to bring their CMI into line with the Keystone Group’s guidelines. After the Criteria Committee has distributed more formal guidelines, the Implementation Committee will continue to help ensure that pharmacists are aware of the new CMI products.

**Progress**

While the Keystone Group issued specific recommendations for quality CMI, the NCPIE Initiative is clarifying these and providing specific examples for CMI providers to emulate in order to pass the next quality assessment. CMI providers must consider in what order to present information about the drug and what information to include, criteria that may change from one type of medication to the next. Moreover, such factors as visual accessibility of the information become important if CMI is to be used and understood by the vast majority of patients.

CMI providers must consider such factors as readability (eg, sixth- to eighth-grade reading level in English and Spanish) and format (eg, font size, font type, use of bullets and boxes, and use of white space).

In August 2004, the Initiative’s Criteria Committee finalized development of an Assessment Guide for Determining the Usefulness of CMI, which was submitted to FDA for feedback. The guide, according to NCPIE’s Bullman, is intended for “drug information publishers who prepare drug monographs, pharmacy systems vendors who incorporate such information into software for their pharmacy customers, and pharmacies that dispense CMI with prescription medicines to patients.”

Meanwhile, FDA has been drafting its own guidance document on patient
The Right Restriction
By Dale J. Atkinson

Consider the following regarding the authority of a criminal court to restrict the practice of a pharmacist.

A pharmacist pleaded guilty to five counts of unlawfully dispensing a controlled substance during the course of his employment in a pharmacy. The pharmacist became romantically involved with a female customer to whom he improperly supplied Lortab® and Xanax®. He would unlawfully print a label based on previous prescriptions, dispense the medication to her, and collect the copay, but never bill the insurance company.

In the course of the investigation by the Tennessee Bureau of Investigation, the pharmacist admitted he received part of his pay in cash to avoid income taxes, which he later rectified by filing an amended return and paying back taxes, interest, and penalties. He also advised the agents that he was aware of certain fraudulent activities and forgeries and was willing to testify on behalf of the state.

At the sentencing hearing, the pharmacist testified he had refrained from seeing the female customer, had remarried, had a family, and would be unable to support himself and his family if he lost his pharmacist license. He requested “judicial diversion,” which is a statutory procedure under which a defendant who has pleaded guilty to a criminal offense may complete a diversion program and have the record expunged and the charges dismissed. The trial court denied his request for judicial diversion, placed him on four years probation, and prohibited him from working as a pharmacist during his probationary period even if the board of pharmacy chose not to suspend his license.

The pharmacist appealed claiming that the trial court erroneously denied the request for judicial diversion and erred in prohibiting him from practicing pharmacy as a condition of his probation.

The Court of Criminal Appeals of Tennessee found that the trial court properly considered the following:

1. whether the restriction was reasonably related to rehabilitation;

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VIPPS Program, NABP Newsletter Receive 2004 National Health Information Awards

NABP is proud to announce that the Association received awards for its Verified Internet Pharmacy Practice Sites™ (VIPPS®) accreditation program and the NABP Newsletter from the 11th annual National Health Information Awards™ (NHIA™) program. The Health Information Resource Centers, a national clearinghouse for consumer health information programs and materials, organizes this comprehensive competition. Out of more than 1,100 entries submitted by a variety of leading organizations in the consumer health field, NABP received a merit award for VIPPS and one silver award and five bronze awards for the Newsletter articles. Following is a detailed list of NABP’s NHIA awards:

**VIPPS Program**
The VIPPS Program, which was honored with a Merit award in the Other/Miscellaneous Material category, identifies for consumers those online pharmacies that have met rigorous safety and quality standards addressing prescription authentication, prescription review for drug interactions, pharmacist consultation, and many others.

**NABP Newsletter**
- **Bronze**: “NABP’s Continuing Professional Development Program Concept Makes Its Debut,” May-June 2003
- **Bronze**: “Electronic Prescribing Recommended to Improve Medication Safety, Decrease Errors,” September 2003
- **Bronze**: “FDA, NABP Work to Combat Dangers of Illegal Drug Importation,” September 2003
- **Bronze**: “Ephedra Dangers, State Bans Sale of Ephedra,” November-December 2003

For more information about the VIPPS Program and/or the Newsletter articles, please contact the Customer Service Department at custserv@nabp.net, call the Association at 847/698-6227, or visit NABP’s Web site at www.nabp.net.

2005 Survey of Pharmacy Law

NABP’s 2005 Survey of Pharmacy Law CD-ROM will be available in late November. Eight new questions were added to this year’s Survey; new topics include the formatting requirements of prescription pads, laws/regulations on the disposal of medications, and whether or not pharmacists are allowed to dispense emergency contraception without a prescription. This year’s Survey will contain active links that will allow the user to move quickly and easily to different sections throughout the document.

The Survey consists of four sections: organizational law, licensing law, drug law, and census data. Most charts also specify terms that can be used when conducting searches on NABP’s NABPLAW® Online state pharmacy law and rules database. The Survey can be obtained for $20 by NABP by downloading the publication order form from www.nabp.net and mailing in the form and a money order to NABP. The CD-ROM is provided free of charge to all final-year pharmacy students through a grant from GlaxoSmithKline. If you do not have Web access or would like more information on the Survey, please contact NABP at 847/698-6227 or via e-mail at custserv@nabp.net.

July 2004 Executive Committee Meeting Highlights

During its July 15-16, 2004 meeting in Rosemont, IL, NABP’s Executive Committee discussed and took action on the following items.

**National Drug Advisory Coalition**
The Executive Committee authorized the commission of the 15-member National Drug Advisory Coalition, which will meet two times a year.

**NAPLEX Passing Standard**
The Executive Committee approved the Advisory Committee on Examinations’ recommendation for the new North American Pharmacist Licensure Examination™ passing standard.

**Partnership Agreement with FDA**
NABP staff reported that the Association renewed its Partnership Agreement with Food and Drug Administration to share information and work cooperatively to enforce federal and state laws and regulations relating to illegal domestic prescribing and dispensing of prescription drugs on the Internet, in accordance with existing policy.
FSMB/NABP Workshops Promote Balance, Consistency in Regulating Pain Care

The Federation of State Medical Boards (FSMB) in cooperation with NABP, is hosting a series of workshops to advance a positive and collaborative regulatory environment and adequate pain care for all patients. Based on its newest initiative, Promoting Balance and Consistency in the Regulatory Oversight of Pain Care, FSMB’s two-day workshops provide educational sessions for state pharmacy board members, senior staff, and investigators and prosecutors.

FSMB’s current initiative focuses on recognizing appropriate pain management as a public health priority, protecting the legitimate medical uses of opioid analgesics, and preventing the diversion and abuse of these drugs. To accomplish this, FSMB is analyzing and revising policy as well as providing educational forums such as the workshops.

Four workshops will be held in February, March, April, and June 2005 that will offer both plenary and special concurrent sessions. The plenary sessions on the first day of the workshop, which lasts from 2 to 5 PM, include an overview of the evolution and status of pain policy and its significance for physician practice, the newly adopted FSMB Model Policy for the Use of Controlled Substances for the Treatment of Pain, and current issues that boards face as well as an overview of pain assessment and pharmacologic management.

On the second day of the workshop FSMB will hold concurrent sessions for board members and senior staff that focus on the dual responsibility of the boards to investigate and adjudicate cases wherein the pharmacological management of patients’ pain is in question. The two-day concurrent sessions for investigators and prosecutors will focus on distinguishing between criminal behavior, negligence/incompetence and acceptable practice utilizing existing sources of information including prescription monitoring programs, interviewing techniques, working with experts and the legal team, and investigating allegations of pain treatment that falls below the standard of care.

To help defray the cost of the workshops, boards may designate up to two representatives to receive scholarships that will cover the expenses of attending one of the workshops. Scholarship recipients will be reimbursed up to $900 for travel, lodging, and meal expenses. Boards should submit their designated representatives in writing on FSMB’s registration form and representatives should individually indicate their first and second choice of workshop location. Registration forms must be received no later than December 15, 2004, and space is limited.

For more information or to register, contact Michelle Turner at 817/868-4014 or mlturner@fsmb.org.

Workshop Dates and Locations
- February 3-4, 2005
  Embassy Suites Hotel
  Las Vegas, NV
- March 1-2, 2005
  The Wynfrey Hotel
  Birmingham, AL
- April 7-8, 2005
  Hyatt Harborside
  Boston, MA
- June 13-14, 2005
  Grand Hyatt Seattle
  Seattle, WA

New Orleans Jazz: A Unique Sound

People know New Orleans jazz when they hear it – that swinging and stomping music with a syncopated beat that makes them want to dance! Musician improvisation and personal expression are what set jazz apart from the music that preceded it. Legendary New Orleans jazz musicians include Buddy Bolden, Jelly Roll Morton, Joe “King” Oliver, Louis Prima, and Clarence Williams.

(Source: Experience New Orleans!, http://www.experienceneworleans.com/jazz/html)

Photo Source: www.concierge.photo
Board Involvement Keeps MPJE Valid, Viable

Since its inception in 1998, the involvement of member boards of pharmacy has been integral to the success of NABP’s Multistate Pharmacy Jurisprudence Examination® (MPJE®). Each year, to ensure the validity of the MPJE, NABP asks participating boards to attend a State-Specific Review meeting and an Item Writing Workshop. Today, 45 state boards of pharmacy—an increase of 19 participants since the program began—utilize the MPJE to assess licensure candidates’ knowledge of pharmacy jurisprudence. More than 12,000 candidates sit for the MPJE annually.

It is at the State-Specific Review meeting and Item Writing Workshop that boards of pharmacy determine the appropriateness of items for candidates seeking licensure in the states and submit new items according to changes in state and federal pharmacy laws. State boards of pharmacy that participate in the MPJE Program have three primary responsibilities that help ensure the accuracy and timeliness of the examination:

1. Submit approximately 30 new questions to NABP;
2. Review all the newly developed questions to determine which of them apply to their state; and
3. Review all questions currently approved for their state to ensure all the items are appropriate.

“MPJE is a successful program because of its unique assessment of pharmacy law and the acceptance of the MPJE by the boards of pharmacy,” says NABP President Donna M. Horn. “The boards’ involvement and oversight of the exam content assure the quality of the MPJE and result in states having access to the largest pool of valid exam items.”

In the past, NABP has held three meetings for MPJE item development: one for reviewing operational items, one for writing new items, and one for reviewing new items. In order to decrease the amount of time states must devote to MPJE item development, a consolidated MPJE Workshop will be held in June 2005. Participants will write new questions as well as review existing questions. This change means that states need only participate in one State-Specific Review meeting and one MPJE Workshop. The next State-Specific Review meeting will be held January 21-23, 2005, in Scottsdale, AZ.

NABP develops and administers the MPJE with no cost to participating boards. Boards are required to attend one State-Specific Review meeting per year—but are strongly encouraged to attend an Item Writing Workshop as well. All travel expenses related to the workshops are funded by NABP. In addition to evaluating items, boards of pharmacy are responsible for approving candidate eligibility and providing candidates with score reports.

The MPJE is based on a nationally uniform content blueprint with questions that are tailored to assess the pharmacy jurisprudence requirements of individual states.

To obtain registration information for the January 21-23, 2005 State-Specific Review meeting, please contact the Competency Assessment Department at 847/698-6227 or via e-mail at custserv@nabp.net.

Updated NAPLEX/MPJE Bulletin Available Soon Online

In early December, state boards of pharmacy and candidates for the National Association of Boards of Pharmacy Licensure Examination™ (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®) can access the most up-to-date registration information by viewing NABP’s updated NAPLEX/MPJE Registration Bulletin on the Association’s Web site at www.nabp.net. The electronic Bulletin in PDF format with active links allows candidates to move quickly and easily to different sections throughout the document.

Now member boards of pharmacy and schools of pharmacy only need to distribute Scantron registration forms to candidates because NABP is no longer publishing a print version of the Bulletin. Just one of the benefits for boards will be the reduction of postage costs.

NABP switched to an electronic format for the Bulletin because 75% of NAPLEX/MPJE candidates already schedule their testing appointment through the Prometric Testing Centers Web site, so accessing an online Bulletin is a natural progression for candidates. In addition, NABP can now update information in the Bulletin as often as needed throughout the year.

The sample Scantron form included in the online Bulletin cannot be printed and submitted as a registration form. Registration forms will be distributed to the boards and schools of pharmacy in early December 2004.

For more information about the Bulletin, please visit NABP’s Web site at www.nabp.net, or contact the Customer Service Department at custserv@nabp.net. The most recent NAPLEX/MPJE Bulletin is currently available on NABP’s Web site.
The Virginia Board of Pharmacy recently moved. The Board’s new address is 6603 W Broad St, Fifth Floor, Richmond, VA 23230-1712.

The Virginia Board of Pharmacy has appointed Ken Potvin as its executive director, effective October 15, 2004. Potvin has diverse leadership roles in industry, associations, and both hospital and community pharmacies. The director of research and analysis with Canada’s Research-Based Pharmaceutical Companies (Rx&D) from 2001 to 2004, his responsibilities included writing submissions to governments on pharmaceutical policy and practices and identifying and analyzing research evidence, with a focus on optimizing patient care. Potvin participated as staff liaison and secretary to its Health Outcomes Working Group and Health Economics Working Group, managing a number of research projects.

The National Association of Pharmacy Regulatory Authorities (NAPRA) has appointed Ken Potvin as its executive director, effective October 15, 2004. Potvin’s diverse background includes leadership roles in industry, associations, and both hospital and community pharmacies. The director of research and analysis with Canada’s Research-Based Pharmaceutical Companies (Rx&D) from 2001 to 2004, his responsibilities included writing submissions to governments on pharmaceutical policy and practices and identifying and analyzing research evidence, with a focus on optimizing patient care. Potvin participated as staff liaison and secretary to its Health Outcomes Working Group and Health Economics Working Group, managing a number of research projects.

From 1999 to 1999, Potvin was assistant director, Pharmacy Services, of the Ottawa Hospital, and was responsible for the financial management and information systems of the department. During his tenure at the hospital, he participated in developing a methodology for establishing priorities for utilization review based on the hospital’s decision support database.

Potvin received his bachelor of science in pharmacy degree from the University of Toronto in 1983 and earned a master of science in epidemiology degree from the University of Ottawa in 2000.

NAPRA President Lois Cantin states, “We are pleased to welcome Ken to his new role with NAPRA and are confident that the organization will continue to grow and strengthen under his leadership.”

Potvin fills the position left vacant by Barbara A. Wells, past founding executive director of NAPRA, who accepted the director position of the Canadian Coordinating Office for Health Technology Assessment’s new program, the Canadian Optimal Medication Prescribing and Utilization Service, on June 30, 2004.

NAPB anticipates repeating the standard-setting process every four or five years, or whenever the blueprint on which the examination is based changes significantly.

For more information about the updated NAPLEX blueprint or the new passing standard, please contact the Association at 847/698-6227, via e-mail at custserv@nabp.net, or visit NABP’s Web site at www.nabp.net.
Board Training Sessions Provide Educational, Networking Opportunities

State board of pharmacy staff were afforded an opportunity to learn about NABP’s programs and services, including licensure transfer, the North American Pharmacist Licensure Examination™, the Multistate Pharmacy Jurisprudence Examination®, score retrieval, the Clearinghouse, e-mail, score transfer, and competency assessment, as well as the software that supports such programs during the Association’s fall 2004 Program Review and Training Sessions. Board staff was also presented with information on the new Verified-Accredited Wholesale Distributors™ program, the Pre-NAPLEX®, and the Pre-FPGEE™. The purposes of the sessions are to review the programs and services offered by NABP, explain how NABP collects and provides information to the boards and how computer software is integrated into and utilized by NABP’s programs, and provide board staff with the knowledge to utilize the tools provided by NABP.

Eleven staff members from 11 state boards of pharmacy participated in three sessions. NABP staff and board participants benefited from the opportunity to meet and learn from each other.

“I enjoyed seeing the entire operation [of NABP] with my own eyes,” comments Carol L. Willess from the Texas State Board of Pharmacy. “This Seligman, and seeks to “clear up confusion, or address issues not addressed” by the Keystone Group; for example, where to place information such as the medicine’s class of drug and any class-specific information. FDA aims to “provide as much concrete guidance as possible,” says Seligman.

NCPIE, for its part, is eagerly anticipating the draft guidance document’s release. FDA’s guidance, when released, “will be a very helpful document,” says Bullman. The FDA’s interpretation of the Keystone Action Plan is vitally important to the industry’s work. . . . It’s a matter of training has been the most helpful to me especially since I am so new to licensing.”

When asked what was the most valuable element of the session, the Arizona State Board of Pharmacy’s Anita Selph cites, “The session on licensure transfer and learning about upcoming changes to [the Web-based] application process.”

“NABP believes that the Program and Review Training provides an educational purpose for the state boards and an opportunity for board staff to network with staff from other boards. The Association is pleased that these sessions are well received by staff who participate,” states Donna M. Horn, NABP president.

fine-tuning, making sure our interpretations are in line.”

Meanwhile, the Education and Implementation Committees continue their outreach work to inform the industry of what is coming and why – and encourage all stakeholders’ participation.

NABP’s President Donna M. Horn sees a role for the state boards of pharmacy during the implementation stage of the process and beyond. “We have to impress on pharmacists that providing useful information to patients that meets carefully developed standards as a component of patient counseling will improve patient care, she

The sessions were held Friday, August 27, 2004; Monday, August 30; and Friday, September 10, at NABP Headquarters in Park Ridge, IL. All attendees were given an NABP Program Review and Training User Manual to use as a reference for NABP’s programs and the computer software that the Association utilizes to communicate data to the boards. User Manuals were also sent to all member boards for their use and review.

For more information about the Association’s annual Program Review and Training Sessions, please contact NABP at 847/698-6227, via e-mail at custserv@nabp.net, or visit NABP’s Web site at www.nabp.net. Says, “What’s currently available needs to be refined and improved.” Some pharmacy regulators foresee the possibility that the boards may include CMI requirements in their states’ pharmacy practice acts.

With the 2006 deadline for CMI compliance fast approaching, both the quantity and quality of CMI available will be receiving increasing amounts of attention. As a respected voice within the practice of pharmacy and an advocate for protecting the public health, NABP remains committed to the CMI Initiative and is actively assisting in its success.
Georgia Investigates Two Cases of Fraudulent Interns

In July 2004, the Georgia State Board of Pharmacy handled two separate cases of fraud committed by two different people posing as pharmacy interns. Although one of the individuals never received permission to enter the pharmacies with which they made contact, the other suspect is now in jail awaiting trial on charges of practicing pharmacy without a license.

According to the Georgia Drugs and Narcotics Agency (GDNA), the suspect currently awaiting trial allegedly posed as a pharmacy intern for six years, during which time she worked at three different pharmacy chains before she was arrested for allegedly filling fake hydrocodone prescriptions. The woman provided the pharmacies she worked at with forged documentation from a Georgia school of pharmacy; however, none of these pharmacies verified the information she provided, as is required by Georgia state law.

“Apparently nobody questioned the woman as to why she was not in school,” says C. Richard “Rick” Allen, deputy director, GDNA. “She probably would not have been caught if it were not for the fact that she did not pay for the prescriptions that she was allegedly creating and filling.”

Once the woman’s current employer realized that the woman was stealing prescription medicines, the pharmacy immediately terminated her employment and called the police. The pharmacy also contacted the GDNA to report diversion of the controlled substances; it was at this time that GDNA discovered the woman had obtained her intern position with falsified documents.

Not long after the woman’s arrest, hospitals in Elberton, GA, and Abbeville, SC, began receiving calls from a man claiming to be a third-year pharmacy student. The man, who calls himself “Mark Adams,” contacted several hospital pharmacies and told them that he was confirming his participation in their internship program and that he would be starting on the next work day, Allen states. During these conversations, “Adams” never specified the college of pharmacy he allegedly attends.

According to Allen, staff at some of the hospital pharmacies questioned the caller and informed him that his name did not appear on their list of interns. One of the hospital pharmacies contacted the University of Georgia College of Pharmacy to determine “Mark Adams’” status as a student. The University had no record of a pharmacy student fitting “Adams’” description, so the University contacted the Board of Pharmacy to report the person as suspicious. Upon notification of the individual’s activities, the Board immediately distributed warnings concerning the fraudulent activities to pharmacies in Georgia and its border states including Alabama, Florida, North Carolina, South Carolina, and Tennessee.

Allen surmises that “Mark Adams” contacted the hospitals in the hopes that he would be allowed entrance to the pharmacies and gain access to high-priced drugs or controlled substances. At press time, Allen had not received any further complaints concerning the suspect. Allen adds that the woman who was arrested for allegedly practicing without a license is in jail on $100,000 bond awaiting trial; as of yet, no hearing date has been set. The Georgia State Board of Pharmacy is contemplating prosecution of the last pharmacy that employed the woman for its failure to adequately check her references.

Internet Pharmacy Closed for Selling Counterfeit Drugs

In March 2004, after a year-long investigation, federal officials shut down WorldExpressRx, an illegitimate Internet pharmacy, for selling and distributing counterfeit versions of Viagra® and other prescription drugs.

The site, which had been in operation for five years, advertised “generic” Viagra, although Food and Drug

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Apply Today for NABP’s Annual Meeting Travel Grant

NABP is pleased to offer voting delegates the opportunity to apply for the Association’s Annual Meeting Travel Grant for the Association’s 101st Annual Meeting, May 21-24, 2005, at the Sheraton New Orleans Hotel in New Orleans, LA. The program will reimburse the board of pharmacy’s official delegate up to $750 in travel expenses including transportation, hotel accommodations, and meals. Boards of pharmacy that are not reimbursed for travel expenses by the state are eligible to receive a travel grant.

Those interested boards must have their official delegate complete an application, which can be downloaded from NABP’s Web site at www.nabp.net or obtained through NABP’s Customer Service Department by calling 847/698-6227. Applicants must submit documentation that their state will not provide reimbursement for Annual Meeting attendance. This documentation can be in the form of a per diem or travel policy, or a letter stating that the state will not reimburse the board of pharmacy expenses incurred by attending NABP’s Annual Meeting. Grant monies cannot be applied to Annual Meeting registration fees. All applications and supporting documents must be received at NABP Headquarters no later than December 31, 2004. Applicants will begin receiving notification in February 2005, stating whether or not they have qualified for a grant.

For more information, contact Customer Service at 847/698-6227 or e-mail custserv@nabp.net. Materials should be sent to the NABP Foundation, Attn: Annual Meeting Travel Grant Program, 700 Busse Highway, Park Ridge, IL 60068.

NABP’s Travel Grant Program is available for the boards to utilize through a grant courtesy of Pfizer US Pharmaceuticals.

Compliance News

(continued from page 182)

Administration (FDA) has not approved a generic version, as well as other non-brand prescription antidepressants, hair-loss treatments, pain pills, and calcium supplements.

Marc Kolowich, owner of the San Diego, CA-based operation, pleaded guilty to conspiracy to illegally import pharmaceuticals, sell counterfeit drugs, commit mail fraud, and launder money in April 2004; he was sentenced in September 2004.

FDA spent one year investigating the Web site, during which time the agency found that the operation purchased the drugs’ active ingredients from Mexico and India, pressed them into pills, and then sold them via the Internet. Visitors of the WorldExpressRx Web site paid $35 for a “doctor consultation,” which consisted of patients filling out an online questionnaire; however, FDA says, customers received drugs even though no doctor ever looked at the completed forms.

It is estimated that the online pharmacy grossed between $2.5 million and $7 million from the time its operations began in November 1999 until it was raided in March 2004. Six other people connected to WorldExpressRx have pleaded guilty or agreed to do so in the case.

Constitutional Amendment Deadline Set

Proposed amendments to NABP’s Constitution and Bylaws must be submitted between February 21, 2005, and April 7, 2005, to be considered during NABP’s 101st Annual Meeting, May 21-24, 2005, at the Sheraton New Orleans Hotel, New Orleans, LA. Amendments must be tendered in writing to NABP’s Office of the Executive Director/Secretary. Submission dates are established by NABP’s Constitution, which specifies that proposed amendments may be accepted no earlier than 90 days and no later than 45 days before the Annual Meeting’s First Business Session.

For more information about the amendment procedure, contact NABP Executive Director/Secretary Carmen A. Catizone at custserv@nabp.net.
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2. whether the restriction had a relationship to the crime committed; and
3. whether the restriction related to conduct that is criminal or reasonably related to future criminality.

The court determined that the restriction placed by the trial court did not relate to rehabilitation or the concept of future criminality. More importantly, in examining the judicial precedent in other jurisdictions, the appeals court noted that, in general, courts have consistently deferred to the state regulatory board when the employment of licensed professionals is in question. As to the instant case, the court stated:

Under the facts and circumstances of this case, we believe the powers of the Tennessee Board of Pharmacy are adequate to regulate defendant’s conduct within the profession. This case is extremely important in that the court recognizes that disciplinary actions against licensed professionals such as pharmacists should generally be lodged in the appropriate state regulatory agency, which has the expertise and authority to determine appropriate disciplinary action in cases of this nature. The court decision is tantamount to the recognition of the separation of powers preserved in our federal Constitution.

Reminder