Plan B Availability OTC Raises Logistical and Administrative Challenges

Food and Drug Administration (FDA) in August finally put to rest questions surrounding the classification of the emergency contraceptive (EC) medication levonorgestrel (Plan B®) by approving it for over-the-counter (OTC) sales to women 18 and over, while keeping it a prescription-only product for women 17 and younger. The drug’s unique classification, however, has raised a number of logistical and administrative uncertainties, and, of course, the many ethical and public policy questions surrounding the use of the drug still remain.

Background
Since Plan B’s introduction, various factors, including a lack of information about EC on the part of both patients and health care providers and the relative inaccessibility of prescribers during nonbusiness hours, have hindered the ability of patients to obtain the product, which must be taken within 72 hours of unprotected intercourse. Because of these factors, and because of the high cost – on many measures, not just financial – of unwanted pregnancies, some groups viewed OTC access to Plan B to be highly desirable. Other groups, concerned that easy access to EC would encourage risk-taking behavior or that EC itself constitutes abortion, opposed the prescription-to-OTC switch. (See “Groups Advocate Various Plan B Classifications as FDA Delays Decision on OTC Application,” in the February 2006 NABP Newsletter.) While the August 24 FDA approval was intended to make Plan B more easily available to women within the narrow window of effectiveness, its new dual status as both a prescription and OTC drug raises a number of logistical questions for pharmacists, patients, and regulators. How will the hot-button issue of conscientious objection be affected by Plan B’s increased availability? How will authorities monitor age verification and record keeping? Will Plan B be available over the Internet? Will counterfeiting be a problem? How will pharmacists receive training?
Plan B
(continued from page 199)

on the medication and its
distribution? Many of these
questions will have to be
answered on an ongoing
basis, as pharmacists
and regulators see how
reality plays out in the
marketplace. But we have
at least the beginnings
of answers now, and a
basis from which to move
forward.

Conscientious
Objection

The rights of pharmacists
to conscientiously object to
filling certain prescriptions
due to firmly held moral or
religious beliefs (or rather,
the right to do so without
fear of repercussion)
gained much national
attention in the last couple
of years, particularly as it
related to contraception.
(See “Pharmacists’
Consciences Take Center
Stage,” in the June-July 2005
NABP Newsletter.)

Some of Plan B’s
controversial nature
stems from a basic
misunderstanding of what it
is. Many protests registered
with FDA during the open
comment period regarding
Plan B’s potential move to
OTC status objected to the
drug’s supposed function
as an abortifacient; some
comments even referred
to Plan B as mifepristone,
which is actually an
abortifacient (also known as
Ru-486). Professionals are
less likely than the lay public
to confuse levonogestrel
with mifepristone, but Plan
B’s marketer, Duramed
Pharmaceuticals, Inc
(a subsidiary of Barr
Pharmaceuticals, Inc, its
manufacturer), plans a
comprehensive education
program for health care
providers to introduce and
educate them about the
product.

Even though Plan B
acts as a contraceptive,
not an abortifacient by
traditional legal or ethical
standards – it acts primarily
by preventing ovulation,
though it also may prevent
fertilization or implantation
of a fertilized egg in the
uterus, and will have no
effect if a fertilized egg has
already been implanted –
this by itself violates some
pharmacists’ moral or
religious standards.

Ultimately, though, the
status of Plan B as an OTC
or prescription drug, alone,
does not change the ongoing
conscientious objection
debate. Moderates – those
who advocate respecting
the moral and religious
standards of pharmacists
while still ensuring that
patients have access to
needed medications –
generally concur with the
American Pharmacists
Association’s official stand
on the issue. This position
suggests that pharmacists
and their employers address
the issue long before a
patient walks through the
door. A pharmacist would
file a written statement with
his or her employer stating
which drugs he or she would
refuse to dispense, and why,
and include a strategy for
ensuring that patients’ rights
are not impeded.

The Texas State Board of
Pharmacy takes a similar
stand. While Texas law does
not include a conscience
clause allowing pharmacists
to refuse to sell a product
or dispense a prescription
based on moral grounds,
the Board acknowledges
on its Web site that “a
pharmacist does have a
professional responsibility
to his/her patients.” The
Board’s position states that,
“If a pharmacist is unable
to sell a medication or fill a
particular prescription for
any reason, he/she should
refer the patient to another
pharmacist at the pharmacy,
if possible, or refer the
patient to a pharmacy
where the patient may
obtain the medication.”

Pharmacists should
also consider their career
trajectory in light of their
moral views; for example,
a pharmacist with strong
beliefs against contraceptive
drugs might prefer to work
in a setting that would
not normally dispense
EC. Whether some states
will enact legislation
or promulgate rules
attempting to force all retail
pharmacies to carry EC, as
Illinois’ governor did in a
controversial emergency
measure in 2005, which has
since become a permanent
rule, is another question,
NABP Releases Updated Model Act

NABP recently released its amended Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act), which contains amendments recommended by the 2005-2006 NABP Task Force on Telepharmacy and the Implementation of the Medicare Drug Benefit Medication Therapy Management Provisions (Telepharmacy Task Force) and the 2005-2006 Committee on Law Enforcement/Legislation (LE/L Committee), amendments arising from changes to the NABP Constitution and Bylaws in 2005, and a revised version of the Model Rules for the Licensure of Wholesale Distributors, which was released in June 2006 subsequent to receiving feedback and comments from the state boards of pharmacy, the pharmacy profession, the wholesale distributor industry, and regulatory and state legislative activity. (See July 2006 NABP Newsletter, page 128.)

The extensive recommendations of the Telepharmacy Task Force and LE/L Committee were of the most significance to this revision of the Model Act. Noteworthy amendments that materialized from the Telepharmacy Task Force meeting included the following:

- recognizing the provision of “medication therapy management” services as an element of “pharmacist care”;
- distinguishing “centralized prescription processing” from “centralized prescription filling”;
- allowing the provision of pharmacy services via “remote pharmacies” and “remote dispensing sites” when appropriate;
- requiring the registration of nonresident pharmacists who, outside of a licensed pharmacy, provide telepharmacy services to in-state patients;
- recognizing and providing a model for the “independent practice of pharmacists” outside a pharmacy setting; and
- replacing the term “pharmaceutical care” with “pharmacist care” throughout the document and changing the title of the “Model Rules for Pharmaceutical Care” to the “Model Rules for the Practice of Pharmacy.”

Model Act amendments that resulted from the LE/L Committee recommendations include:

- the requirement that pharmacies notify the board in cases where licensees have been terminated from their position for any suspected or confirmed drug-related reason;
- recognition that United States Pharmacopeia (USP) is in the process of updating USP Test and Assays Chapter 797, “Pharmaceutical Compounding – Sterile Preparations”; and
- the addition of prepackaging rules and other institutional pharmacy order processing rules pursuant to the recommendations of the 2005-2006 Task Force on Model Regulations for Long-Term Care.

Finally, changes to the NABP Constitution and Bylaws approved by NABP membership at the 101st Annual Meeting in New Orleans, LA, required amendments to the Model Act. At that Annual Meeting, the Bylaws were amended to, among other things, allow as a basis for transfer of pharmacist license a transferred license, as opposed to a license by examination, and formally recognize the National Association of Boards of Pharmacy Licensure Examination (NABPLEX) and North American Pharmacist Licensure Examination™ (NAPLEX®) competence-assessment mechanisms. Section 302, Qualifications for Licensure, and Section 303, Qualifications for Licensure Transfer, were amended to reflect these changes to the Bylaws.

The updated Model Act is available online in Microsoft® Word format via NABP’s Web site at www.nabp.net.
The authority for boards of pharmacy to collect costs and fees for successful administrative prosecutions can be an important tool promoting efficient and effective public protection mandates of the pharmacy practice acts. As opposed to fines designed to protect the public through a form of “punishment” for wrongdoing, assessment of fees and costs for administrative prosecutions are intended to reimburse the board for its expenses and, at least in part, impose such expenses upon the wrongdoer, rather than the licensees in the form of an increase in licensure fees.

The threat of being assessed with the costs of prosecution, potentially including attorney’s fees, can provide the impetus to settlement in the form of a consent decree, thus avoiding a public and time consuming formal hearing. Consent decrees also provide certainty with regard to the outcome in a proceeding filled with potential uncertainty. Through consent agreements, findings and sanctions can be negotiated between the parties, including the recovery of costs.

After a contested hearing, sanctions may be imposed addressing the cost recovery (assuming such authority exists) within the final order. Boards of pharmacy are encouraged to understand the underlying authority and the process of assessing costs, fees, and potential fines for substantiated violations of the practice acts. Focusing on those allegations “substantiated” through the administrative prosecution of an individual under the applicable act, consider the following.

The Idaho Board of Medicine (board) filed a 57-page amended complaint against a licensed physician (licensee) containing 23 counts. The allegations included improper record keeping, illegible handwriting, ordering lab work not supported by the diagnosis, treating patients in a manner not consistent with the diagnosis, and inappropriately using, or failing to use, consultants. After a hearing, the hearing officer (HO) found little or no evidence to support many of the allegations, but did conclude that the licensee violated the applicable standard concerning estrogen injections.

The board adopted the findings and conclusions of the HO and sanctioned the licensee by prohibiting him from giving estrogen injections and imposing over $115,000 in costs and attorney’s fees. The licensee appealed the matter to the Idaho Supreme Court, which affirmed the restriction on the licensee’s practice, but determined that the award of costs violated due process principles because the licensee had not been given an opportunity to be heard on the matter (Haw v Idaho State Board of Medicine, 90 P.3d 902 (ID 2004)).

On remand, the board held a hearing on the issue and concluded that assessing costs and attorney’s fees is one of the disciplinary measures the board has discretion to impose as a sanction under Idaho law. In rejecting the arguments of the licensee that the costs should be apportioned between what has been alleged and what has been substantiated, the board held that once sufficient grounds for discipline were found, the board had the discretion to impose allowable sanctions. Thus, the board imposed
the costs of the entire administrative prosecution. Again, the licensee appealed to the district court.

The district court held that the board clearly prevailed in part and lost in part. However, it concluded that the board failed to establish its entitlement to costs and attorney’s fees and reversed that portion of the order. The board appealed the matter to the Idaho Supreme Court.

The Supreme Court noted that it assesses the agency record independent of the lower court determinations. The Court also identified that the standard of review demands an analysis of whether the board decisions violate constitutional or statutory provisions, exceed the board authority, are made upon unlawful procedure, are not supported by substantial evidence in the record, or are arbitrary, capricious, or an abuse of discretion.

Turning its attention to the merits of the appeal, the Court identified the issue as whether the board’s award of attorney’s fees should be apportioned and, if so, the appropriate remedy given the statute governing judicial review of board decisions.

Citing Idaho law, the Supreme Court outlined the remedies available to the board, which, in addition to revocation, suspension, probation, and others, include “[a]ssessing costs and attorney’s fees against the respondent physician for any investigation and/or administrative proceeding.” The Court agreed that the statute clearly gives the board the authority to impose attorney’s fees as a sanction if grounds for discipline are found to exist after the merits of all proceedings have been considered. But, the Court disagreed that the imposition of the sanction is entirely within the board’s discretion and that the board need not demonstrate how the award related to the discipline levied.

In fact, the Court held that an award of attorney’s fees is a sanction, which, like any other penalty, must somehow be tied to the sanctioned conduct. In this matter, the Court noted that the board had effectively sanctioned the licensee for conduct the hearing officer found to be “unsanctionable.” Such was held to be an abuse of discretion.

Thus, the Supreme Court vacated the award of attorney’s fees and costs imposed by the board and remanded the matter back to the board. On remand, the Court offered a guiding principle to be followed that a sanction must be related to the discipline. It opined that sanction authority is not an open-ended authority simply because some form of discipline has been imposed. The board must engage in a meaningful analysis of the charges made in relation to the charges upon which the administrative prosecution was successful. “While the Board need not add up the allegations and calculate with mathematical precision who won the most claims, there should be some analysis of precisely how much time and effort went into proving the misconduct that resulted in discipline.”

Finally, in addressing the claim of the licensee for an award of attorney’s fees for the appeal based upon an allegation that the board acted without a reasonable basis in fact or law, the court denied such an invitation. The Court stated that it cannot say the board acted without a reasonable basis in law, given the lack of clarity or standards in the discipline statute.

Boards of pharmacy are encouraged to examine these vital issues in light of the applicable laws of their respective jurisdictions. Assessment of costs and fees as part of a sanction are only beneficial to the extent they are enforceable.  

Haw v Idaho State Board of Medicine, 137 P.3d 438 (ID 2006)
Plan B

(continued from page 200) and one with no easy answers.

Patient Issues and Age Monitoring

The push behind making Plan B available as an OTC product was, of course, to ease patient access to the drug and to make it possible for more women to take it within its effective window, reducing unwanted pregnancies, abortions, and their high emotional and monetary costs. This easier access, however, also raises a number of questions, many of which will not be answered immediately, and some of which will undoubtedly result in legislative and regulatory, if not judicial, actions.

One question arises on the social level. While easy access to EC may reduce unwanted pregnancies, will it result in other social costs, such as increased sexually transmitted diseases (STDs), as women feel freer to engage in more risk-taking behaviors? While the Plan B packaging and insert clearly state, more than once, that it is not a substitute for routine forms of birth control and does not prevent STDs, will patients heed this warning?

While no one knows for sure, one wonders whether the number of patients who will heed this warning and one with no easy answers.

The dual prescription/OTC status of Plan B is meant to address at least some of these concerns, if not completely alleviate them. FDA indicated during the initial application process that research adequately indicated women 17 and over could responsibly use EC as intended; the research did not, however, provide much evidence on younger girls. Presumably, researchers will now be able to more fully test assumptions regarding both older and younger users of EC.

FDA set the age for OTC purchase as “18 and older” (rather than the initially proposed “17 and older”) in large part because “retail outlets, including pharmacies, are familiar with using 18 as the age restriction for the sale of certain products,” wrote Dr Andrew C. Von Eschenbach, then acting commissioner of FDA, in an August 23, 2006 memo. He noted that “the legal age to purchase FDA approved non-prescription nicotine replacement therapy products is 18. Moreover, I also understand that as a matter of state law many products routinely sold by pharmacies, eg, tobacco products and non-prescription cough-cold products like pseudoephedrine, are restricted to consumers 18 and older.”

Von Eschenbach noted in his memo that Barr Pharmaceuticals had proposed selling Plan B only in state-licensed pharmacies (or clinics), with health care personnel present. Indeed, Barr Pharmaceuticals has specified that the drug will only be stocked “behind the counter,” available upon request. “Leveraging well-established state and private-sector infrastructures will allow for comprehensive and effective enforcement of the age-based restrictions,” the memo states. “As a result, this approach should minimize the likelihood that younger girls . . . will have access to the product without professional supervision.”

Other questions have been raised, as well. What is to prevent a 17-year-old girl from getting her 18-year-old friend to purchase the drug? How about her 18-year-old boyfriend? Or what if she carries fake identification? (And ultimately, how important are these inevitable lapses in the system?) Will the buyer’s age be checked at the register by a simple glance at, say, a driver’s license, or does the buyer’s information need to be recorded in a log – creating more work for busy pharmacists and technicians?

Some of these questions will be decided by company policy or state rules and regulations. Others, revolving around the behavior of the women who need the medication, may be partially answered by Barr Pharmaceuticals’ ongoing examination of survey data, discussed above.

Barr Pharmaceuticals, meanwhile, plans a point-
of-purchase monitoring program that aims to track how Plan B is being sold. The program will use anonymous shoppers, ages 15 to 18, to visit locations around the country where Plan B is available, to purchase the product. “These findings would provide concrete information on how the prescription age requirement for Plan B is being addressed at the pharmacy and if it is properly being followed,” the plan states. “[Barr Pharmaceuticals] will use these findings to identify areas where more education on the prescription age requirement is needed and will focus their efforts on improving the level of understanding among pharmacists and the pharmacy staff.”

Barr Pharmaceuticals anticipates eventual involvement on the part of regulatory authorities only if necessary. “Findings from the study will be communicated to the pharmacy, and the corporate office, if appropriate, since education and retraining will be the first course of remedial action,” the proposal states. “In the case of repeat violators, the violator’s State Board of Pharmacy will be notified.” Meanwhile, Barr Pharmaceuticals will provide the monitoring program’s results to FDA on a regular, ongoing basis.

The Internet
Age monitoring also remains relevant for Internet purchases of Plan B as an OTC product. How will legitimate online pharmacies ensure that the buyer is of age?

According to Jonathan Tinter, vice president of marketing and strategy at drugstore.com, a Verified Internet Pharmacy Practice Sites™ (VIPPS®)-accredited online pharmacy, at press time his company was planning to sell Plan B OTC but had not yet begun to do so. “We verify age by requiring that the customer have a valid credit card – federal law requires that credit card holders be over the age of 18,” he stated. He noted that the site states that customers under age 18 may not purchase age-restricted products. Meanwhile, he stated, “Prior to launching Plan B as an OTC product, we have posted a special page [www.drugstore.com/planb] that serves to educate our customers on Plan B dosage and precautions.”

While legitimate Internet pharmacies, such as those accredited by NABP’s VIPPS program, can provide convenient access to Plan B, the Internet also makes it easy for rogue sites to sell counterfeit Plan B – much as it currently facilitates the sale of other counterfeit drugs. And it is logical to assume that greater awareness of Plan B could lead to greater demand, increasing its attractiveness to counterfeitters.

Efforts on the part of boards of pharmacy to increasingly protect the prescription drug supply

“Pharmacists and pharmacy staff are especially important because they will need to be prepared to answer questions at the point of purchase and follow the protocol, when appropriate, for asking customers to provide government-issued identification of their age.”

Barr Pharmaceuticals’ “CARE” Program

chain through the more stringent regulation of wholesale drug distributors may counter some of these concerns, at least for those who purchase Plan B from legitimate, licensed brick- and-mortar or Internet pharmacies.

Pharmacist Training
Educating health care providers about Plan B forms one of the central elements of Barr Pharmaceuticals “CARE” (Convenient Access, Responsible Education) program outlined to FDA. The company plans to introduce and explain Plan B to providers, both to raise awareness and knowledge levels regarding EC, as well as to encourage such entities as pharmacies and clinics to carry the product, easing women’s access to EC. “Physicians, physician assistants, nurse practitioners, office staff, pharmacists and pharmacy staff are the primary audiences for this educational program,” the plan states. “Pharmacists and pharmacy staff are especially important because they will need to be prepared to answer questions at the point of purchase and follow the protocol, when appropriate, for asking customers to provide government-issued identification of their age.” Pharmacy education will also focus on the prescription requirement for patients 17 and younger and on proper dispensing of Plan B by prescription or OTC.

According to the Barr Pharmaceuticals plan, the education program includes continuing education by certified professionals and educational materials. Barr Pharmaceuticals “will make available to the state boards of pharmacy continuing education programs for use at annual meetings and other regional programs,” the plan states. Barr Pharmaceuticals “will also encourage state boards of pharmacy to provide information to their members regarding
nabp newsletter

Plan B
(continued from page 205)
the availability and appropriate use of Plan B, as well as the prescription-only requirement for women age 17 years and younger. In addition, [Barr Pharmaceuticals] will work closely with retail pharmacies to ensure that they have access to appropriate training materials for their pharmacists and pharmacy staff.”

After health care workers have been introduced to Plan B, Barr Pharmaceuticals plans to roll out a consumer education campaign targeted at 18- to 44-year-olds. The company estimates that this will begin “about six months following product launch.”

A Call for a Third Class of Drugs
Plan B’s “pharmacy-only” status has once again raised the idea, long advocated by NABP and NABP Past President Ruth Vandever, of a third or “transitional” class of drugs. These drugs would be those that would not require a prescription but would require patient counseling, particularly as the drugs move from prescription to OTC status.

In theory, this class of drugs would be available only from persons legally authorized to prescribe and/or dispense prescription medications. (See “Increase of Prescription-to-OTC Drugs May Endanger Patients; NABP’s Call for Transitional Class Revisited,” in the April 2004 NABP Newsletter.)

Pharmacists have an important role to play in counseling patients regarding Plan B use.

As NABP has noted in the past, requiring patients to be counseled by a pharmacist before receiving medications such as Plan B would not decrease access to the drug but may prevent misuse and protect patients from possible harm.

The many questions raised by Plan B’s unique status as both a prescription and OTC medication will not be answered immediately. The state boards of pharmacy will be drawn into the issue by assisting in professional education efforts, enacting new rules and regulations, weighing in on state legislation, and more. As what might be considered the first FDA-sanctioned transitional drug, Plan B should offer an educational journey.

A Glimpse of Portland – Site of NABP’s 103rd Annual Meeting

103rd Annual Meeting
May 19-22, 2007,
Hilton Portland & Executive Tower,
Portland, OR

Portland’s Tiny Park
Spanning only two feet across in diameter, Mill Ends Park was first granted recognition by Guinness World Records in 1971 and was named an official city park in 1976. According to Dick Fagan, a columnist for the Oregon Journal, the park originated when he spotted a leprechaun outside his office window digging a hole. He caught the leprechaun, which in turn allowed him to make a wish. Fagan wished for a park of his own but failed to specify the size so the leprechaun granted him ownership of the hole.

For decades after the park was developed, Fagan’s “park” and the leprechaun, Patrick O’Toole, were often featured in Fagan’s column, “Mill Ends.”

In truth, Mill Ends, located in a traffic median, was originally intended in 1948 for a light pole that never arrived. The site remained an empty hole until one St Patrick’s Day Fagan decided to improve his view – his office overlooked the street where the vacant hole was located. Fagan planted flowers where the light pole should have been and named it after his column in the Journal.

Although Fagan passed away from cancer in 1969, his park continues to be cared for – the city even temporarily relocated the park approximately 80 feet during a major construction project.

Throughout the years, Portlanders have added their own touches including several unusual items such as a horseshoe; a swimming pool for butterflies, complete with a diving board; a fragment of the Journal building; and a miniature Ferris wheel (delivered by a regular-sized crane).

Sources: www.oregon.com/trips/portland_gardens.cfm and http://wikipedia.org/wiki/Mill_Ends_Park
NABP Seeks Boards’ Input on Resources and Responsibilities in New Electronic Survey

Every two years, NABP collects and publishes information regarding board of pharmacy resources and responsibilities. Over the years, this information has proven to be a valuable resource to the boards during legislative hearings, budget preparation, strategic planning, human resources planning, and office management.

NABP is pleased to announce that a new electronic version of the survey will be disseminated to the boards of pharmacy this coming year. The participation of every state board is essential to the success of the survey. NABP looks forward to receiving your board’s completed survey after it is distributed in January 2007.

2007 Survey of Pharmacy Law Incorporates New Subjects

NABP’s 2007 Survey of Pharmacy Law CD-ROM, which provides an overview of organizational law, licensing law, drug law, and census data, will be available in early December 2006. Newly incorporated into the Licensing Law and Drug Law sections respectively, the Survey now includes information on state recognition of Verified-Accredited Wholesale Distributors® accreditation and whether licensure for wholesale distributors of non-prescription drugs are required. The Survey can be ordered for $20 by visiting NABP’s Web site at www.nabp.net and downloading the publication order form. Payment can be made by mailing the order form with a check or money order made payable to NABP. The CD-ROM is provided free of charge to all final-year pharmacy students through a sponsorship from AstraZeneca Pharmaceuticals LP. For more information on the Survey, please e-mail NABP at custserv@nabp.net.

NABP Unveils Web Site Redesign

Be sure to visit NABP’s new and improved Web site located at www.nabp.net. Based on survey results and feedback gathered from member boards of pharmacy in the member satisfaction survey, the site now features visually appealing and clutter free Web pages. The redesign was launched in mid November and is a large part of NABP’s electronic system initiative focused on enhancing data integrity and creating a greater ability to share information with member boards of pharmacy.

Currently, the enhanced site includes a site map and a Google™ search feature that allows users to easily navigate through NABP’s information rich site. In addition, a text sizing option, which gives the user the ability to control and modify the text size directly on each Web page, was incorporated into the redesign. Site visitors also have the opportunity to obtain counterfeit drug information via podcasts.

Visit NABP’s Web site today and in the coming months as additional enhancements become available.

NEWLY ACCREDITED VAWD FACILITIES

The following facilities were recently accredited through NABP’s Verified-Accredited Wholesale Distributors® program:

**Henry Schein, Inc**
Denver, PA
Accredited September 12, 2006

**DDN/Obergfel, LLC**
Memphis, TN and Ontario, CA
Accredited October 17, 2006

**Dendrite Interactive Marketing LLC**
Totowa, NJ
Accredited October 17, 2006

**Southwood Pharmaceuticals, Inc**
Lake Forest, CA
Accredited October 20, 2006

**Professional Dental Therapeutics Inc, dba Pro-Dentec**
Batesville, AR
Accredited October 20, 2006

**PSS World Medical Inc, dba Southern Anesthesia and Surgical Inc**
West Columbia, SC
Accredited October 20, 2006
With the continued success of the Annual Meeting Travel Grant Program, NABP is pleased to announce an increase in the amount of reimbursement available for applicable travel expenses. This year, qualified state board of pharmacy voting delegates may receive up to $1,200, up from $1,000, in grant monies to attend NABP’s 103rd Annual Meeting, held May 19-22, 2007, at the Hilton Portland & Executive Tower in Portland, OR.

Attendance at NABP’s Annual Meetings is of high importance, for it is during the Annual Meeting that resolutions are voted upon, Executive Committee members and officers are elected, and members are provided with educational opportunities regarding current issues facing pharmacy regulators. NABP realizes that budget limitations can prevent state boards of pharmacy from sending representatives to meetings; therefore, the Annual Meeting Travel Grant Program was created to defray costs for designated voting delegates by providing funds for travel expenses, including airfare, hotel rooms, meals, taxis, parking, and tips.

“The NABP Annual Meeting Travel Grant Program has enabled the South Carolina Board of Pharmacy to have representation and participation at this meeting that otherwise would not be possible if the grant was not in existence,” says J. Robert “Bobby” Bradham, MEd, RPh, a member of the South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy.

Bradham adds, “Like many other states, there is a limited availability of funds to support board member and board staff participation in meetings that are so beneficial to arm members with information that could not be obtained without attendance at the meetings. The NABP Annual Meeting has a wealth of information that is so very helpful to board members. When you add the camaraderie of exchanges with board members from the other states, you have the ingredients of a wealth of knowledge that does not have a dollar value that could be measured with any numerical value.”

Edward McGinley, RPh, president of the New Jersey Board of Pharmacy, agrees. “Attendance at the Annual Meeting is integral to staying abreast of the issues facing the boards of pharmacy across the nation and learning about the tools and resources NABP is harnessing to assist its members. Along with the educational programs and business sessions scheduled during the Annual Meeting, there are many opportunities to network and foster relationships with board members from other states. Since the state of New Jersey does not reimburse board members for expenses incurred to attend any out-of-state meetings or activities, the Travel Grant Program has helped to soften the out-of-pocket expense borne by me to attend the Annual Meeting. Without the Grant Program I would not have been able to attend the last two Annual Meetings. I am grateful for the Travel Grant program as I have benefited from it for the past two years.”

In 2006, 29 states utilized the Grant, an increase of 45%, compared to the 2005 Annual Meeting Travel Grant, when a total of 20 states received funding. The Grant does not include Annual Meeting registration fees.

Grant applications may be obtained by contacting NABP Headquarters. NABP requests that applications be submitted to NABP Headquarters prior to the Annual Meeting; NABP will notify applicants whether or not they have qualified for the grant.

Proposed amendments to NABP’s Constitution and Bylaws must be submitted between Monday, February 19, 2007, and Thursday, April 5, 2007, to be considered during NABP’s 103rd Annual Meeting, May 19-22, 2007, at the Hilton Portland & Executive Tower, Portland, OR. Amendments must be submitted in writing to NABP Executive Director/Secretary Carmen A. Catizone at NABP Headquarters, 1600 Feehanville Dr, Mount Prospect, IL 60056. Submission dates are established by NABP’s Constitution and Bylaws, 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.
NABP Program Review and Training – Both Interactive and Informative

Sixteen staff members from 14 boards of pharmacy had the opportunity to learn about the policies and procedures of NABP’s programs and services while networking with other board staff members during the NABP Program Review and Training. The interactive session, which was held on September 29, 2006, at NABP Headquarters, provided attendees with several tips to successfully utilize the many tools NABP provides to the boards.

Overall, session attendees said they benefited from the opportunity to network with other board staff members and were pleased with the quality and detail of the presentations.

“It’s great to come and meet the people we talk to all the time as well as hear updates on NABP’s programs and services,” notes Karen MacLean, administrative director for the Oregon State Board of Pharmacy. “The training is a nice opportunity for us to send our licensing staff to get some perspective on the different aspects of NABP, and it also facilitates cross training among our staff.”

Andre Moore, regulatory specialist for the Florida Board of Pharmacy, commented on the relevance of specific presentations in relation to his Board. “In Florida, the Pharmacy Services branch recently merged with the Board of Pharmacy and we have a lot of new legislation regarding wholesale distributors, so it was very useful to learn more about the VAWD® [Verified-Accredited Wholesale Distributors®] program,” he says. “The manual we received is also useful, and I will definitely share it with the people back at the office.”

The session agenda included a review of Lotus Notes® software and was presented along with information on NABP’s programs and services including:

- licensure transfer, licensure verification, e-mail, and data transfer functions; Healthcare Integrity and Protection Data Bank reporting and Disciplinary Clearinghouse reporting;
- North American Pharmacist Licensure Examination™ and Multistate Pharmacy Jurisprudence Examination® score retrieval, examination score viewing and printing, and state/school rosters;
- application, examination, and certification processes for the Foreign Pharmacy Graduate Examination Committee™ certification program;
- overviews of the Verified Internet Pharmacy Practice Sites™ and VAWD accreditation programs; and
- an update on the Pharmacy Authenticated Licensure Service™ (or PALS™) program, which was launched in June 2006.

In addition to the informative presentations and interactive tutorials, every attendee was provided with the NABP Program Review and Training Manual, a comprehensive source on all of NABP’s programs and services.

The NABP Program Review and Training sessions, held annually, not only provide information for those who are new to the boards of pharmacy, but serve as a refresher course for board staff members interested in expanding their knowledge of NABP’s programs and services. NABP is constantly assessing these sessions in order to ensure that they provide educational information in an enjoyable format every year.

For more information about the training sessions or to obtain the training materials provided at the session, please contact NABP at custerv@nabp.net.
Fall Educational Conference Sessions Highlight Patient Safety, Regulatory Issues, and e-Prescribing

NABP’s 2006 Fall Educational Conference, held November 3-4, 2006, in Savannah, GA, drew approximately 90 attendees to continuing education sessions featuring distinguished speakers and covering issues of foremost importance in the pharmacy profession. These issues ranged from patient safety and quality of care to the electronic prescribing of controlled substances.

Patient Safety and Quality Care
J. Lyle Bootman, PhD, (left) dean and professor at the University of Arizona College of Pharmacy, and Denise Stanley, PharmD, (not pictured), pharmacist at the Centers for Medicare and Medicaid Services, discussed the challenges the profession and regulatory pharmacy community face today in developing, improving, and maintaining patient safety and quality care during the continuing education session “A National Agenda to Improve Patient Safety and Quality of Care: Implications for the Boards of Pharmacy.” Dennis K. McAllister, RPh, (right), chairperson, NABP Executive Committee, served as session moderator.

Pharmacist Care by Non-Pharmacists
Charles D. Hepler, PhD, (left) professor emeritus for the University of Florida College of Pharmacy Department of Pharmacy Health Care Administration, and Denise Stanley, PharmD, (center), pharmacist at the Centers for Medicare and Medicaid Services, discussed the ramifications of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 allowance for non-pharmacists to provide pharmacy services during the session “The Delivery of Pharmacist Care by the Non-Pharmacist: Legal, Regulatory, and Professional Implications.” Karen M. Ryle, MS, RPh, (right) member, NABP Executive Committee, served as session moderator.
Managing Pharmaceutical Waste
Grace Cheung, RPh, (left), chief investigator for the Washington State Board of Pharmacy, and Charlotte A. Smith, MS, RPh, (right), president, PharmEcology Associates, LLC, discussed the federal and state initiatives to address the collection of pharmaceutical waste including prescription medication collection programs, during the session “Regulatory Approaches to Managing Pharmaceutical Waste.” NABP Treasurer John R. Dorvee, Jr, PharmD, (center), served as session moderator.

State Vs Federal Regulation of Pharmacy Compounding
Ruth K. Miller, JD, (left) counsel for United States Pharmacopeia, gave an overview of the ruling in the case of Medical Center Pharmacy v Gonzales and examined how this ruling could potentially impact the state and federal oversight of compounding and pharmacy practice during the session “A Legal Analysis: State vs Federal Regulation of Pharmacy Compounding.” William T. “Bill” Winsley, MS, RPh, (right) member, NABP Executive Committee, served as session moderator.
Pharmacy Technicians and Medication Error Prevention

This column was prepared by the Institute for Safe Medication Practices and is reprinted here with the group’s permission.

In an October 2005 article in the American Journal of Health-System Pharmacy, the results of a random nationwide survey of more than 800 pharmacy technicians’ views about their medication errors were published (Desselle SP. Certified pharmacy technicians’ views of their medication preparation errors and educational needs. Am J Health-Syst Pharm. October 1, 2005; 62:1992-97). Most of the technicians worked in community pharmacies, but more than a quarter (27%) were employed in hospitals.

As one might expect in both settings, interruptions and inadequate staffing were among the most frequent factors perceived to contribute to technician medication preparation errors. Inadequate staffing was perceived as especially problematic in chain pharmacies, while inadequate supervision by pharmacists was cited as a factor more frequently by hospital technicians. It also may come as no surprise that the pharmacists’ most frequently cited response to an error that was caught during the checking process was to make the technician aware of the error and require him or her to correct it. However, only about 17% of the technicians reported that the pharmacist had used the error as an opportunity to provide instructions on how to avoid the same or similar errors in the future.

While many of these respondents attributed this responsibility to the organization as a whole, not necessarily to the individual pharmacist who detects an error, it appears technicians may not be receiving guidance about system and process changes that can help avert errors. After an error is corrected, the checking pharmacist should find time that same day (or the next day, if necessary) to review the error with the technician and suggest ways to avoid it, including safer behavioral choices if applicable.

Later, during pharmacy staff meetings or other forms of intradepartmental communication, errors, their causes, and ways to prevent them should be shared with all staff in a way that does not embarrass those who were possibly involved in the errors.

DEA Provides Retail Training Materials

Drug Enforcement Administration (DEA) recently announced the availability of training materials regarding self-certification training for regulated retail sellers of non-prescription drug products containing ephedrine, pseudoephedrine, and phenylpropanolamine as required by the Combat Methamphetamine Epidemic Act of 2005 (Title VII of Public Law 109-177).

Two sets of training materials have been developed: one for regulated persons who are mobile retail vendors, and one for regulated persons who are not mobile retail vendors. Both sets of training materials may be found on the Diversion Control Program Web site, www.deadiversion.usdoj.gov, under “Combat Methamphetamine Epidemic Act of 2005.”

DEA notes that regulated sellers must use the content of these training materials in the training of their employees who sell scheduled listed chemical products. A regulated seller may utilize additional content in its training program, but DEA’s posted material must be included.

DEA is continuing to work to promulgate regulations to implement the Combat Methamphetamine Epidemic Act of 2005.

FDA Upholds Ban of Supplements Containing Ephedrine Alkaloids

On August 17, 2006, the US Court of Appeals for the Tenth Circuit in Denver, CO upheld the Food and Drug Administration’s (FDA) final rule declaring all dietary supplements containing ephedrine alkaloids adulterated and therefore illegal for marketing in the...
US, reversing a decision by the District Court of Utah.

The Tenth Circuit Court of Appeals’ ruling demonstrates the soundness of FDA’s decision to ban dietary supplements containing ephedrine alkaloids, consistent with the Dietary Supplement Health and Education Act (DSHEA) of 1994. The Tenth Circuit Court of Appeals also found that Congress clearly required FDA to conduct a risk-benefit analysis under DSHEA.

FDA conducted an exhaustive and highly resource-intensive evaluation of the relevant scientific data evidence on ephedrine alkaloids before issuing its final rule, which became effective in 2004. The court found that the 133,000-page administrative record compiled by FDA supports the agency’s findings that dietary supplements containing ephedrine alkaloids pose an unreasonable risk of illness or injury to users, especially those suffering from heart disease and high blood pressure.

The sale of these products in the US is illegal and subject to FDA enforcement action.

**FDA Proposes New Rule to Automate Drug Registration and Listing**

In late August, FDA issued a proposed rule to make managing drug information more efficient and effective by automating the process by which drug firms register themselves and list their products with FDA. The proposed rule is part of a broader federal effort to modernize the management of health information.

The Electronic Drug Registration and Listing System would make the complete list of drug products marketed in the United States readily accessible electronically. Currently, part of the list is kept on paper. The new proposal would improve the quality and completeness of the drug product information that FDA receives and manages. Users of the list also include other government agencies, health care providers and health care payers. The list, which currently has more than 120,000 drug products, contains up-to-date information about specific drug formulations and manufacturers. The data includes ingredients, dosage forms, strengths, labeling, and manufacturer information. Drug developers and manufacturers would be required to submit establishment registration and drug listing information electronically, rather than on paper.

“The conversion to an electronic system will make the registration and listing process more efficient and effective for industry and the agency,” said Janet Woodcock, FDA Deputy Commissioner for Operations. “By providing FDA better-organized and more reliable information about drugs in the marketplace, this initiative also supports the agency’s continuing efforts to ensure the safety and quality of drugs in the United States.”

The proposed revisions would also reorganize and clarify current regulations concerning which drug establishments must register and list their drugs with FDA and what information they must submit. The proposal would change the system FDA uses for assigning a drug listing number (the National Drug Code, or NDC), to marketed drugs, and would require drugs to display the NDC code on their label. FDA maintains the repository of NDC numbers in its Drug Registration and Listing System and publishes an extract of this information in its NDC Directory. The proposed rule supports the implementation of broader initiatives within the Department of Health and Human Services that provide accessible electronic drug product information to health care providers, consumers, and the public. These include the electronic prescribing provisions of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, FDA’s recent rule requiring bar codes on certain drug product labels, and the DailyMed/FACTS@FDA programs.


**Around the Association**

(continued from page 212)

Pharmacy, Pimlott’s term expires June 30, 2010.

Jeanne D. Waggener, RPh, and Alice G. Mendoza, RPh, have replaced Roger Anderson, RPh, and Oren M. Peacock, Jr, RPh, as members of the Texas State Board of Pharmacy. Waggener’s and Mendoza’s terms expire August 31, 2011.


**Board Members Reappointed**

Elwin Goo, PharmD, has been reappointed to the Hawaii State Board of Pharmacy. His second term expires June 30, 2010.

Joseph L. Adams, RPh, Lois R. Anderson, PharmD, and T. Morris Rabb, RPh, have been reappointed to the Louisiana Board of Pharmacy. Their terms expire September 15, 2012.

Pamela Gnodtke and Jerome Washington, PhD, have been reappointed as public members of the Michigan Board of Pharmacy. Their terms expire June 30, 2010.
2006 NABP Newsletter Index – Volume 35

101st Annual Meeting
Follow-up to 101st Annual Meeting Membership Survey Facilitates Specific Program Improvements (No. 5, pg 97)

102nd Annual Meeting - Program and Schedule
102nd Annual Meeting CE Session Provides Disaster Planning Pointers to Boards (No. 7, pg 144)

102nd Annual Meeting Educational Presentation Area (special issue pg 14)

102nd Annual Meeting Educational Sessions (special issue pg 18)

102nd Annual Meeting Officer Reports (special issue pg 13)

102nd Annual Meeting Program and Schedule (No. 1, pg 11; No. 2, pg 35; No. 3, pg 59) (No. 4, pg 87)

102nd Annual Meeting Travel Grant Offered (No. 1, pg 11; No. 2, pg 35; No. 3, pg 59) (No. 4, pg 87)

Board Members Meet the Candidates for NABP’s 2006-2007 Executive Committee (special issue pg 13)

CE Programming at NABP’s 102nd Annual Meeting Offers Attendees Opportunity to Earn Up to 6.5 Hours (No. 4, pg 86)

Clear Message Key to Effectively Communicating With the Media (No. 6, pg 125)

Delegates Adopt Eight Resolutions, Defeat One (special issue pg 4)

Dr Jeff Salz, Explorer and Cultural Anthropologist, to Recount His Adventures During Keynote Address (No. 3, pg 58)

Fourth Annual Poster Session at Annual Meeting: an Information Sharing Opportunity (No. 3, pg 61) (No. 4, pg 88)

More Opportunities to Share Information and to Network (No. 2, pg 34)

NABP 2006-2007 Executive Committee Inaugurated at 102nd Annual Meeting in San Francisco (special issue pg 3)

NABP Honors Leaders at Association’s Annual Awards Dinner (special issue pg 6)

NABP’s 102nd Annual Meeting Provides Attendees with a Forum in which to Unify (special issue pg 1)

Register Now for the 102nd Annual Meeting (No. 1, pg 17) (No. 2, pg 41) (No. 3, pg 64)

San Francisco Attraction Contact Information (No. 1, pg 10)

San Francisco: A Picturesque Setting for Attendees to Connect at 102nd Annual Meeting (No. 1, pg 87)

The Honorable Tommy G. Thompson Offers Insight Into the Future of Health Care (special issue pg 10)

103rd Annual Meeting
A Glimpse of Portland – Site of NABP’s 103rd Annual Meeting (No. 10, pg 206)

Travel Grant Allotment Increased for 103rd Annual Meeting (No. 10, pg 208)

Around the Association
Warren Resigns from Colorado Board (No. 7, pg 156)

New Program Director Wendy L. Anderson (No. 8, pg 176)

Louisiana Board Executive Director, Members Receive Awards (No. 8, pg 176)

New Executive Director Starla Blank (No. 9, pg 192)

Board Reappointments
Adams, Joseph L. (No. 10, pg 213)
Anderson, Lois R. (No. 10, pg 213)
Baez, Felix M. (No. 2, pg 42)
Bova, Joseph J. (No. 7, pg 157)
Bowden, James “Buddy” (No. 9, pg 193)
Bradham, James R. (No. 6, pg 136)
Goo, Elwin (No. 10, pg 213)
Gnadtke, Pamela (No. 10, pg 213)
Hathaway, Richard (No. 2, pg 42)
McGinley, Edward (No. 7, pg 157)
Rabb, T. Morris (No. 10, pg 213)
Schaff, David (No. 7, pg 157)
Schlittenhard, DuWayne “Dewey” (No. 4, pg 95)
Seidinger, Ray (No. 2, pg 42)
Washington, Jerome (No. 10, pg 213)
Yamashita, Betty (No. 2, pg 42)

New Board Members
Albanese, Chris (No. 9, pg 193)
Anderson, Roger (No. 10, pg 213)
Armstrong, Roberta (No. 10, pg 212)
Ashmore, Richard (No. 1, pg 15)
Aust, Toni (No. 10, pg 213)
Ayllott, Alison J. (No. 4, pg 94)
Bamburg, Cynthia (No. 4, pg 94)
Bojanac, Zoe (No. 10, pg 212)
Brin, Susanna (No. 1, pg 12)
Buck, James (No. 10, pg 212)
Christian, Gerard (No. 1, pg 15)
deChabert, Danielle (No. 1, pg 15)

DiStefana, Karen (No. 9, pg 193)
Dowling, Helen (No. 10, pg 212)
Duffy, Rosemarie (No. 5, pg 112)
Easton, Michelle R. (No. 4, pg 95)
Edwards, Jennifer H. (No. 10, pg 213)
Foster, Beverly (No. 10, pg 212)
Frey, Susan M. (No. 7, pg 156)
Garbutt, Yette R. (No. 1, pg 15)
Halecky, Peter John (No. 7, pg 157)
Holm, Richard C. (No. 6, pg 136)
Holm, Richard C. “Dick” (No. 7, pg 156)
Honeyestewa, Louanne (No. 2, pg 42)
Huq, Ikram-Ul (No. 9, pg 192)
Iwamura, Dennis Hisaji (No. 10, pg 212)
Katz, Ira (No. 7, pg 157)
Kawamura, Laurie H.Y. (No. 10, pg 212)
Kegerreis, Leigh A. (No. 7, pg 157)
Lantier, Larry (No. 10, pg 212)
Leandre, Alland (No. 9, pg 192)
Linder, Katherine A. “Kap” (No. 7, pg 156)
Macdonald, Keith W. (No. 2, pg 42)
MacKenzie, Jim (No. 4, pg 94)
Mann, Robert C. (No. 4, pg 94)
Melancon, Chris B. (No. 10, pg 212)
Mendoza, Alice G. (No. 10, pg 213)
Mikell, Stallard D., Jr (No. 4, pg 136)
Munday, Jonathan (No. 9, pg 193)
Oubre, Richard (No. 10, pg 212)
Pasquale, Heather Lee (No. 9, pg 193)
Peacock, Oren M., Jr (No. 10, pg 213)
Pimlott, Dianna M. (No. 10, pg 212)
Pitre, Blake P. (No. 10, pg 212)
Rice, Blake (No. 10, pg 212)
Scott, Shane D. (No. 4, pg 94)
Schmidt, Harvey E. (No. 10, pg 212)
Scott, Shane (No. 10, pg 212)
Sellers, Sharon (No. 5, pg 112)
Sennker, Devin R. (No. 10, pg 112)
Severson, Jeanne M. (No. 5, pg 112)
Shutt, Robert E. (No. 4, pg 95)
Simpson, Maree D. (No. 4, pg 94)
Sitzen, Marilyn Ann (No. 9, pg 192)
Soden, Margaret D. (No. 7, pg 156)
Staggs, Lynda C. (No. 4, pg 94)
Stredler, Michael E. (No. 4, pg 95)
Thompson, William J. (No. 4, pg 94)
Tigrett, Waymon Dudley (No. 9, pg 193)
Triolo, Michael (No. 2, pg 42)
Waggener, Jeanne D. (No. 10, pg 213)
Wilson, Bettie K. (No. 4, pg 95)
Wolfe, Maria (No. 7, pg 157)
Yi, Brandon K. (No. 10, pg 213)
Zwart, Jennifer P. (No. 4, pg 94)

New Board Officers
Awan, Asaad B. (No. 4, pg 95)
Balch, John (No. 1, pg 15)
Barr, Charles Curtis “Curt” (No. 5, pg 112)
Bowersox, George L. (No. 4, pg 95)
Campbell, Jack W. “Jay”, IV (No. 3, pg 64)
Como, Jackson A. (No. 4, pg 95)
Crawford, Carleton (No. 6, pg 136)
Ducharme, Pierre (No. 5, pg 112)
Dufour, Robert Joseph “Bob” (No. 9, pg 193)
Dutcher, Charles A. (No. 6, pg 136)
Furman, Jeann Gilligan (No. 1, pg 15)
Genovese, Kristina (No. 4, pg 95)
Grinder, Terry Webb (No. 3, pg 64)
Gurnsey, K.W. “Kitty” (No. 4, pg 95)
Hille, Rebecca E. (No. 4, pg 95)
Holmstrom, David (No. 1, pg 12)
Kassekert, Vernon A. (No. 6, pg 136)
Labenz, Linda (No. 5, pg 112)
Lambert, Manon (No. 5, pg 112)
Levi, Mark (No. 1, pg 15)
Lynch, Kendall M. (No. 3, pg 64)
Manoukian, Vahrij (No. 4, pg 95)
Mullins, Roland E. “Eddie,” Jr (No. 4, pg 95)
Nelson, Roland (No. 4, pg 95)
Newsome, Lenora (No. 9, pg 193)
Norris, Ronald E. “Ronnie” (No. 9, pg 193)
Pease, Earl W. (No. 7, pg 157)
Sheffler, Dwayne E. (No. 4, pg 95)
Stephens, Calvin W. “Rick” (No. 4 pg 95)
Sullivan, Robert R. (No. 4, pg 95)
Van Hassel, Thomas James (No. 6, pg 136)
Vincent, Steven M. (No. 7, pg 157)
Walley, Maretta Mclced (No. 4, pg 95)
Wiberg, Cody C. (No. 1, pg 12)
Work, David R. (No. 3, pg 64)
Zarek, Richard P. (No. 5, pg 112)

Remembrance
Fred T. Maffey, NABP Executive Director Emeritus, Passes (No. 6, pg 133)

Competency Assessment Programs
ECE, A Positive Addition to the FPGE Certification Program (No. 5, pg 99)
FPGE Blueprint Update (No. 8, pg 177)
June 2006 FPGEE Administration Approaching (No. 5, pg 113)

June 2006 FPGEE Administration Complete; December 2006 Administration Date Announced (No. 7, pg 151)

MPJE State-specific Review Meeting Draws High Attendance; Optional Day Allows More Networking (No. 3, pg 69)

MPJE State-specific Review Meeting Approaching (No. 9, pg 192)

NABP Seeks Item Writers (No. 7, pg 151)

NAPLEX, Pre-NAPLEX, MPJE, FPGEE, and Pre-FPGEE 2005 Administration Results Released (No. 4, pg 82)

Scores Released for December 2005 FPGEE; June 2006 Date Announced (No. 2, pg 42)

“Survey Says” Pre-NAPLEX is Most Representative of Actual Licensure Examination (No. 8, pg 177)

Compliance News
Board Shuts Down Online Pharmacy (No. 7, pg 155)
Board Wins Case Against Online Pharmacy (No. 7, pg 155)
Fake Flu Vaccine, Stockpiling of Tamiflu Cautioned (No. 1, pg 15)

North Carolina Board Breaks Up Largest Diversion Case in Board’s History (No. 5, pg 115)

What is New with Patient Counseling? (No. 7, pg 155)

Fall Educational Conference
Enjoy Savannah’s Gracious Hospitality During NABP’s Fall Educational Conference (No. 7, pg 148)
Experts Discuss Key Pharmacy Regulatory, Practice Issues at Fall Educational Conference (No. 1, pg 20)

Explore “Haunted” Savannah, Site of NABP’s Fall Educational Conference (No. 8, pg 171)

Fall Educational Conference Highlights (No. 1, pg 18; No. 10, pg 210)

Fall Educational Conference Offers Up to 10 Hours of Continuing Education Credit (No. 8, pg 168)

Fall Educational Conference Program (No. 7, pg 150; No. 8, pg 170; No. 9, pg 191)

NABP Fall Educational Conference CE Speakers Provide Professional Expertise (No. 9, pg 188)

Legal Briefs
102nd Annual Meeting Report of Counsel (No. 5, pg 100)
A Learned Profession at Last (No. 1, pg 4)
Bond: You Only License Twice (No. 6, pg 126)
Copywrong (No. 9, pg 182)

Gimme a Break!!! (No. 2, pg 28)
Impugned Immunity = Impunity (No. 3, pg 48)

Professional Examinations: Help Wanted (No. 4, pg 76)
Thirty-Year Fixed (No. 7, pg 142)

Unsuccessful Attempt to Collect Fees for Unsuccessful Attempts (No. 10, pg 202)

Who’s Alford (No. 8, pg 162)

Licensure Transfer Program
Expediting the Licensure Transfer Process (No. 5, pg 106)
nabp newsletter

‘Pharmacists Without Borders’: Another Record Number of Licensure Transfers (No. 3, pg 43)

National Association of Boards of Pharmacy – General

2005-2006 Committee on Law Enforcement/Legislation Recommends Model Regulations in Several Areas (No. 5, pg 104)

2006 District Meeting Schedule (No. 6, pg 134)

2006-2007 Committee and Task Force Appointments (No. 9, pg 196)

2006-2007 Open Executive Committee Officer, Member Positions Announced (No. 2, pg 27)

2007 Survey of Pharmacy Law Incorporates New Subjects (No. 10, pg 207)

ACPE Releases Revised Standards and Guidelines with Increased Emphasis on Error Reduction and Communication, Among Other Additions (No. 5, pg 107)

As More States Move Toward Pedigree Requirements, List of Counterfeit-susceptible Products Eliminated (No. 2, pg 39)

Board Members Meet the Candidates for NABP’s 2006-2007 Executive Committee (special issue pg 13)

Board Staff Invited to Participate in NABP’s Annual Program Review and Training Sessions (No. 6, pg 135)

Call for Committee, Task Force Participants (No. 3, pg 47)

Call for Committee, Task Force Volunteers (No. 1, pg 11)

Changes to NABP’s Model Act Reflect Profession-wide Shift in Technician Regulations (No. 4, pg 84)

Coming Soon: NABP Web Site Redesign (No. 7, pg 153)

Constitutional Amendment Deadline Established (No. 10, pg 208)

Course Offered for Impairment Program Administration (No. 6, pg 131)

District Meetings Provide Opportunity to Discuss Regional, National Issues (No. 6, pg 134)

Lynch Named NABP’s 2006-2007 Honorary President (special issue pg 12)

NABP Announces New Partnership for FPGEc Administration; FPGEc Blueprint Update Process Begins (No. 4, pg 75)

NABP Appoints Moné to ACPE Board (No. 3, pg 64)

NABP Call for 2007 Award Nominations (No. 9, pg 195)

NABP Collaborates with AACP, ACPE on Curriculum Assessment Tool (No. 8, pg 159)

NABP Comments on Medication Safety, Communication in ACPE’s Draft Revised Standards and Guidelines (No. 1, pg 7)

NABP Examination Committees Preserve High Standards (No. 3, pg 70)

NABP Executive Committee April 2006 Meeting Actions

NABP Executive Committee December 2005 Meeting Actions (No. 3, pg 47)

NABP Inaugurates Three New Members into Executive Committee (No. 5, pg 98)

NABP Launches PALS; Verizon Directories Corp First to Utilize Program (No. 7, pg 139)

NABP Offers an Advanced Pharmacy Clerkship (No. 7, pg 153)

NABP Plays a Role in FDA’s RFID Conference (No. 5, pg 108)

NABP Program Review and Training – Both Interactive and Informative (No. 10, pg 209)

NABP Provides Comments to USP on Latest Chapter 797 Proposed Revisions (No. 9, pg 179)

NABP Releases Updated Model Act (No. 10, pg 201)

NABP Releases Update of Model Rules for the Licensure of Wholesale Distributors (No. 6, pg 128)

NABP Seeks Boards’ Input on Resources and Responsibilities in New Electronic Survey (No. 10, pg 207)

NABP Task Force on Telepharmacy Issues Final Report (No. 8, pg 160)

NABP Task Force Recommends Collaborative Efforts with Pharmacy Profession in Addressing Complex Compounding Issues (No. 4, pg 78)

NABP Testifies at Counterfeiting Hearing Before Congressional Subcommittee (No. 2, pg 30)

NABP to Highlight Programs at AACP Meeting (No. 5, pg 109)

NABP to Share Information at APHA Meeting (No. 3, pg 47)

NABP Unveils Web Site Redesign (No. 10, pg 207)

NABP’s Long-Term Care Task Force Reviews Issues Impacting the Practice of Pharmacy in Model Rules (No. 4, pg 80)

NABP’s State Newsletter Program Provides Updates on Regulatory Issues, New Laws to Pharmacists (No. 3, pg 57)

Opportunity for Appointment to ACE (No. 9, pg 187)

State Boards, Associations Addressing Patient Safety Improvement and Medical Error Mitigation on Multiple Fronts (No. 3, pg 52)

Updated Model Act Incorporates Amendments Addressing Key Professional Issues (No. 2, pg 32)

Patient Safety Corner

Company Notifies Pharmacists about Packaging Change Designed to Prevent Insulin Product Mix-ups (No. 5, pg 114)

FDA Advances E-Health Efforts (No. 8, pg 174)

FDA Issues Warning About Accidental Ingestion of Lindane (No. 1, pg 14)

FDA Launches Consumer Educational Program on the Safe Use of OTCs (No. 8, pg 174)

FDA/ISMP National Campaign to Help Eliminate Ambiguous Medical Abbreviations (No. 8, pg 174)

HHS Warns Public of Heroin and Fentanyl Deadly Combo (No. 8, pg 176)

Instruction on Use of Fentanyl Patches Urged (No. 1, pg 14)

ISMP Issues Alert to Prevent Errors with Neuromuscular Blocking Agents (No. 3, pg 62)

Unclear Labeling Contributing Significantly to Acetaminophen Overdoses (No. 5, pg 114)

Pharmacy – General

ACPE Celebrates Its 75th Anniversary (No. 7, pg 156)

Comments on USP Chapter 797 Accepted Through August 15, 2006 (No. 5, pg 119)

DEA Holds Public Meeting on E-Prescribing for Controlled Substances (No. 8, pg 167)

FDA Celebrates 100 Years of Regulation (No. 8, pg 173)
Surveys of Compounding

States Working to Secure Drug Supply Chain (No. 3, pg 54)

Surveys of Compounding Pharmacies Underway (No. 7, pg 157)

Well-conceived Impairment Assistance Programs Help Protect the Public While Providing a Second Chance (No. 6, pg 123)

Photos

Allen, C. Richard (No. 4 pg 96)

Billingsley, Debra L. (No. 4, pg 96)

Broussard, Malcolm J. (No. 4, pg 96)

DelMonico, Susan M. (No. 4, pg 96)

Dickson, Mary A. (No. 3, pg 72)

Dorwe, John R., Jr (No. 1, pg 24)

Dulwick, Allan (No. 4, pg 96)

Franklin, Monica K. (No. 6, pg 138)

Gardner, Judy Lynn (No. 1, pg 24)

Haytaian, Charles L. (No. 1, pg 24)

Hook, Davis C., Jr (No. 4, pg 96)

Jones, Dennis M. (No. 1, pg 24)

Ksiazek, Susan (No. 6, pg 138)

Luce, Dan (No. 6, pg 138)

Manek, Sudhir C. (No. 4, pg 96)

Milavetz, Gary (No. 5, pg 120)

Mitchell, Sheila (No. 1, pg 24)

Nasr, Samia (No. 1, pg 24)

Nelson, Wallace E. (No. 1, pg 24)

Peacock, Oren M., Jr (No. 4, pg 96)

Peacock, Oren M., Jr (No. 6, pg 138)

Podgurski, Michael A. (No. 6, pg 138)

Potrawski, Carol (No. 3, pg 72)

Ryan, Mary (No. 6, pg 138)

Sanoski, Cynthia (No. 5, pg 120)

Schnabel, Gary A. (No. 6, pg 138)

Shaver, Howard M. (No. 4, pg 96)

Smiga, Richard R. (No. 1, pg 24)

Uratani, Brenda (No. 1, pg 24)

Wand, Hal (No. 6, pg 138)

Warren, Susan L. (No. 1, pg 24)

Williams, Roger, (No. 1, pg 24)

Executive Committee Members Attends new Executive Committee Member Orientation (No. 7, pg 140)

NABP Advisory Committee on Examinations (No. 7, pg 158)

NAPLEX Review Committee Convenes (No. 9, pg 192)

Professional Affairs

Update

Bowel Cleansers Associated with Acute Phosphate Nephropathy (No. 7, pg 154)

Combat Methamphetamine Epidemic Act Now in Effect (No. 6, pg 136)

DEA Provides Retail Training Materials (No. 10, pg 212)

FDA Acts to Improve Safety and Quality of Drugs (No. 9, pg 194)

FDA Approves Over-the-Counter Access for Plan B for Woman 18 and Older (No. 9, pg 194)

FDA Cautions Consumers About Filling US Prescriptions Abroad (No. 4, pg 92)

FDA Upholds Ban of Supplements Containing Ephedrine Alkaloids (No. 10, pg 212)

FDA Issues Proposed Rules on Medical Gas Containers and Closures (No. 7, pg 154)

FDA Proposed New Rule to Automate Drug Registration and Listing (No. 10, pg 213)

How FDA Reviews Drug Names (No. 2, pg 40)

JCAHO Releases Guidance to Prevent Tubing Connection Errors (No. 7, pg 154)

Pharmacy Technicians and Medication Error Prevention (No. 10, pg 212)

Safeguards for Severe Acne Medication Announced (No. 2, pg 40)

San Francisco Facts – Site of NABP’s 102nd Annual Meeting

San Francisco Fact Box (No. 4, pg 93)

San Francisco Facts (No. 1, pg 17)

The California Gold Rush (No. 3, pg 68)

The Transamerica Pyramid (No. 2, pg 38)

State Board News

Changes in Louisiana Pharmacy Technician Regulation (No. 8, pg 175)

Colorado’s New Internet Pharmacy Rule (No. 4, pg 91)

Florida Law to Curb Counterfeiting Goes Into Effect in July (No. 2, pg 41)

Minnesota, Wyoming Award CE Credit for NABP’s PSAM (No. 4, pg 91)

Missouri Releases Results of Compounding Study (No. 8, pg 175)

Ohio Board’s New and Revised Rules (No. 4, pg 91)

Washington Bans Prescriptions Written in Cursive (No. 8, pg 175)

VAWD Program

NABP Accredits First Two Wholesale Distributors Through VAWD Program (No. 3, pg 46)

New Nebraska, Mississippi Laws Address Wholesale Distributor Licensing Requirements, Recognize Wholesaler Accreditation Such As VAWD (No. 5, pg 109)

Newly Accredited VAWD Facility (No. 5, pg 98; No. 7, pg 140; No. 8, pg 178; No. 9, pg 198; No. 10, pg 207)

Recent VAWD-Accredited Wholesale Distribution Facilities (No. 4, pg 88)
Seasons Greetings

from NABP