Reducing Overuse of Prescription Medications to Minimize Drug Resistance, Abuse, and Diversion

The excessive or inappropriate use and over-prescribing of prescription medications – including analgesics, antibiotics, and antivirals – is a serious problem recognized by state boards of pharmacy, independent health organizations, and scientists around the world. Broad in scope, the problem is perpetuated by various means and leads to multiple public health concerns, including antibiotic and antiviral resistance, prescription drug abuse, and diversion.

A study released in Medical Care in 2006 concluded that 16.5% of prescribed medications in study groups located over 12 metropolitan areas in the United States were not needed. The Centers for Disease Control and Prevention (CDC) reports that every year practitioners prescribe more than 10 million courses of antibiotics that will not improve the diagnosed viral conditions, thereby increasing the risk for drug-resistant bacteria. Other researchers emphasize that excessive use of antivirals can increase the rate at which viruses develop resistance and can result in viral infections that cannot be treated. While issues surrounding antibiotic and antiviral overuse can be linked to provider prescribing patterns, another study attributes excessive use of prescription pain medication to patients bypassing the practitioners’ judgment by visiting various doctors (ie, “doctor shopping”) to obtain multiple prescriptions for the same drugs.

CDC and Substance Abuse and Mental Health Services Administration have also emphasized the growing problem of teens raiding medicine cabinets and otherwise illegally obtaining prescription medications to get high.

At the 105th Annual Meeting in May 2009, NABP members recognizing the urgency of the issue passed Resolution 105-2-09 “Over-prescribing and Excessive Use of Controlled Substances and Other Prescription Medications,” (continued on page 206)
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which calls for educating the public, along with enlisting the assistance of interested stakeholders, to work towards controlling over-prescribing and over-use of controlled substances and other prescription medications. The resolution emphasizes that these problems can often lead to abuse, particularly by children. Prescription monitoring programs (PMPs), medication therapy management (MTM) programs, and various awareness campaigns regarding antibiotic and antiviral resistance have been at work trying to reduce the over-prescribing of controlled substances and the inappropriate use of antibiotics and antivirals.

To further such efforts, in July 2009 the NABP Executive Committee recommended that NABP use its various communication vehicles to help educate the public on over-prescribing, and provide a copy of resolution 105-2-09 to Food and Drug Administration (FDA), Drug Enforcement Administration, and the Federation of State Medical Boards with the offer to collaborate in their efforts on this issue. NABP’s actions are aimed to help reduce over-prescribing and encourage proper use of prescription medications.

PMPs and MTMs Prevent the Overuse of Controlled Substances

While government actions, such as the National Pain Care Policy Act of 2007, make it clear that careful attention is now being given to the appropriate treatment of pain, the excessive use of pain medications is being closely monitored as well. For example, as reported in the January 2008 NABP Newsletter, studies show that mortality related to methadone use is on the rise due to its increased use as a pain medication. The rate of deaths due to methadone poisoning increased 390% between 1998 and 2006.

... studies show that mortality related to methadone use is on the rise due to its increased use as a pain medication. The rate of deaths due to methadone poisoning increased 390% between 1998 and 2006. Many methadone poisonings occurred due to an overestimation of the patients’ tolerance for methadone at the beginning of their treatment. The Pain and Policy Studies Group (PPSG) at the University of Wisconsin has been monitoring states’ progress in balancing access to, and control of, pain medication. In 2007 and in 2008 PPPG reported that several states had improved in this area.

Part of this balancing act involves efforts to reduce non-medical use of prescription pain relievers. In 2007, the National Survey on Drug Use and Health reported 5.2 million non-medical users of prescription pain relievers aged 12 or older. Persons abusing prescription medications obtain them through various means including theft, prescription forgery, doctor shopping, rogue online drug outlets, and the assistance of physicians or pharmacists operating outside of the law.

PMPs, or prescription drug monitoring programs (PDMPs) in several states, allow for analysis of reported prescription data through electronic tracking, and are effective tools for promoting law enforcement, education, and prevention efforts. According to the Bureau of Justice Assistance, “PDMPs help prevent and detect the diversion and abuse of pharmaceutical controlled substances, particularly at the retail level where no other automated information collection exists.” PDMPs work in part by reducing the supply of prescription pain relievers and stimulants; in turn, the probability for abuse of these drugs is lowered. Further, PDMPs allow authorized users to access patient prescription data to inform prescription dispensing decisions, help identify and refer potential addicts for treatment, or identify situations that warrant a report to law enforcement. California recently launched the largest PDMP database that tracks information from 7,500 pharmacies and 158,000 prescribers.
In Nevada, controlled-substance prescription data is monitored by the Prescription Controlled Substance Abuse Prevention Task Force and the task force will send alert notices to pharmacies regarding signs of potential abuse.

The Prescription Monitoring Program Model Act, adopted by the Alliance of States with Prescription Monitoring Programs and the National Association of State Controlled Substances Authorities in October 2002, and the Model Prescription Monitoring Act in the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy provide a statutory framework for establishing and operating a prescription monitoring program.

MTM programs, approved for reimbursement through Medicare Part D since 2006, have also shown positive effects in ensuring patient adherence and helping patients meet challenges in their prescribed medication regimens. Drug utilization review systems, which meet criteria similar to MTMs, have also been shown to help reduce drug misuse and abuse, as well as monitor quality of care. Further, the National Institute on Drug Abuse emphasizes that in addition to monitoring prescriptions for forgery or fraud, pharmacists play a role in reducing the abuse of prescription medications when they counsel patients on the appropriate use of medications, possible side effects, or potential drug interactions.

**Get Smart Campaign Fights Inappropriate Use of Antibiotics**

The over-prescribing of antibiotics can lead to long-term, widespread public health risks. The CDC specifies that “[r]epeated and improper uses of antibiotics are primary causes of the increase in drug-resistant bacteria.” In fact, the CDC reports that in the last decade the number of bacterial infections resistant to commonly prescribed antibiotics has grown. Other scientists and health officials have noted that antibiotic resistance can result in longer lasting illnesses, frequent visits to physicians, hospital stays, and sometimes more expensive and stronger medications with higher risk of side effects.

The CDC has indicated that decreasing the inappropriate use of antibiotics is the most effective way to cut down the rise of resistance rates. To aid in that endeavor, the CDC developed the National Campaign for Appropriate Antibiotic Use in the Community in 1995. In 2003, CDC launched a national media campaign to promote the message of the program, which was renamed Get Smart: Know When Antibiotics Work. Get Smart encourages providers to follow appropriate guidelines for prescribing, and aims to lower the demand for antibiotics when not needed. Get Smart specifically targets antibiotics prescribed unnecessarily for viral upper respiratory infections occurring in healthy adults and young children, the most common misuse of the drugs. Increased patient adherence to appropriately prescribed antibiotic regimens is also seen by the CDC, FDA, and National Institutes of Health as important for decreasing antibiotic resistance. CDC delivers its message through a special section on its Web site, as well as through television and radio announcements, and printed educational materials such as brochures, posters, and a special viral/symptomatic prescription pad. Each year in October, in preparation for the flu season, the program steps up its efforts during Get Smart About Antibiotics Week.

**FDA and CDC Stress Appropriate Use of Antiviral Medications**

Due to new flu strains and the potential for epidemics or a pandemic, antiviral medications have been in the spotlight during this year’s flu season. Public health officials around the world are planning carefully since both the seasonal viruses and 2009 H1N1 influenza virus have become resistant to various antivirals developed for use in treating specific cases of infection. Some research scientists have verified that overuse of antivirals contributes to resistance, and recommend that these drugs be used only if needed.

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Compounded Diploma
By Dale J. Atkinson, JD

The application process to become licensed as a pharmacist includes compliance with numerous criteria set forth in statute and enforced by the board of pharmacy including, the filing of an application, payment of fees, achievement of educational degree, successful completion of an examination or examinations, and criminal background check or good moral character assessment. Under a uniform examination program undertaken by NABP and an assessment of the relevant degree programs under uniform standards developed and assessed by the Accreditation Council for Pharmacy Education (ACPE), boards of pharmacy can rely upon and be assured of a defensible and uniform approach to assess minimum competence, graduation, and receipt of an educational degree as part of their licensure process. However, what constitutes graduation from a program and an attestation of character and personal, professional, and ethical competence may be the subject of debate. Consider the following.

Multiple students duly enrolled in the Albany College of Pharmacy at Union University (ACP) and dating back to 1998 were accused of “cheating” in various pharmacy courses during their tenure at the school. ACP held administrative proceedings regarding the alleged acts of the students and violations of the student honor code were found to have occurred. Two students found in violation of the code received failing grades for the course and were expelled from the college. One student received a failing grade, but was offered the opportunity to repeat the class and was not expelled from the college. (He was reinstated and was awarded his diploma in June 1999.) In September 1998, the three impacted students filed a legal challenge to the administrative action of the school and, eventually, an appellate court on a procedural flaw found no rational basis for the findings of the school and reversed the administrative actions. ACP did not repeal the administrative action, but rather awarded diplomas to the two expelled students in April 2001. Of these two students expelled, one such student has pursued litigation against the college and various individuals involved in the administration of the school, and such student shall be referred to as plaintiff.

Following the award of a diploma, ACP informed plaintiff that the college would not certify his character, or personal, professional, and ethical competence to any professional licensing authority. In addition, ACP informed plaintiff that the college would not certify his education to the Florida Board of Pharmacy without attaching copies of the judicial opinions related to the appeal of the administrative actions of the school. ACP also stated that it would inform the Florida Board of the pendency of the current litigation in federal court which might “result in the revocation of [plaintiff’s] degree.”
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In May 2001, the plaintiff commenced litigation in state court of New York against the school and numerous individuals alleging multiple claims related to breach of contract, negligent and intentional infliction of emotional distress, and *prima facie* tort. Further, plaintiff sought compensatory and punitive damages against the defendants for alleged sexual harassment and unlawful retaliation under Title IX of the Education Amendments Act of 1972. Plaintiff alleged he was sexually harassed by a female professor at ACP and when he complained to the dean of students, he was accused of the cheating incidents. Plaintiff also alleged that ACP further retaliated by refusing to certify his degree to the Florida Board. ACP removed the matter to federal court and plaintiff refined the pleadings to allege, among the numerous other allegations, that ACP’s unlawful actions resulted in delay of his ability to become licensed as a pharmacist in Florida or any other jurisdiction.

Various procedural motions were filed and ruled upon by the court resulting ultimately in ACP filing a motion for summary judgment alleging various defenses to plaintiff’s claims. A motion for summary judgment is an attempt to dispose of some or all of pending litigation by representing to the court to rule that there are no issues of fact in dispute, thus allowing the court to rule on the matters of law without the necessity of a trial. The district court addressed ACP’s motion by reiterating the summary judgment standard and addressing the claims related to Title IX, specifically the sexual harassment and unlawful retaliation, as well as the breach of contract and tort counts.

Regarding the Title IX claims, the court held that the record did not establish a viable claim on behalf of plaintiff. It noted that the plaintiff must demonstrate that someone in a position of authority to remedy the allegations was deliberately indifferent to plaintiff’s plight creating a situation whereby the employer is to be held responsible for the acts of an agent(s). Under the current facts, the court noted that the plaintiff did not establish this required element in that the record was devoid of specific notice to any such superior resulting in action on such supervisor’s part. The court held that plaintiff “has not presented evidence that anyone at ACP had actual notice of his being victimized by [professor] specifically in violation of Title IX.”

Regarding the unlawful retaliation, the court noted the need for plaintiff to establish “(1) that [ACP] took adverse action against the Plaintiff after becoming aware of his protected conduct, e.g. reporting sexual harassment by an instructor, and (2) that a ‘causal connection’ existed between the plaintiff’s protected activity and the adverse action.” In order to make out a Title IX claim based upon the educational institution’s alleged discriminatory action against a student, “the complaint must set forth a ‘particularized allegation’ relating to a causal connection between the flawed outcome and unlawful discrimination…” In its analysis, the court noted that the plaintiff did not present evidence that anyone involved in the student honor code proceedings made a direct statement or comment indicating a retaliatory motive for the disciplinary action by ACP. This lack of evidence resulted in a finding in favor of the school on the retaliation claim. The plaintiff also alleged that soon after he filed the lawsuit, ACP refused to certify his degree to the Florida Board without attaching the litigation documents with the alleged cheating incidents. Based upon this insistence by ACP, plaintiff alleges an unlawful retaliatory intent on the part of ACP. The court found that the procedural flaw cited by an earlier court resulting in the reversal of the honor code (continued on page 210)
Legal Briefs

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violation did not necessarily create an issue of fact to be determined through a trial on the merits. It noted that the previous appellate court ruling did not “assuage ACP’s belief that plaintiffs had cheated, nor did it invalidate the evidence relied upon by the student honor code panel in reaching a conclusion that cheating had occurred.” Accordingly, the court found a legitimate, non-discriminatory basis for the school to advise a licensing authority and revealed no evidence of pretext.

Addressing the state law claims involving breach of contract and tort, the court also found in favor of the school. In contract, the court noted the implied contract in a school accepting and a student enrolling in a curriculum. It also noted that the contract runs both to the school to set and enforce reasonable standards and ethical behavior parameters, but also for the student to adhere to such rules. The court held that plaintiff presented merely ministerial and/or procedural infirmities without reference to a substantive rule or regulation breach on the part of the school. Recognizing the deference to the decision making tribunal, the court was not persuaded that ACP had breached its contract with the plaintiff.

Finally, the court rejected the claims of the plaintiff sounding in tort, specifically that ACP was negligent in its supervision of the professor and tortious interference with economic advantage. The court noted that the evidence did not support such allegations. It held that there is no case law that requires any educational institution to provide “unqualified” certification of a student’s academic record, particularly in a case whereby a violation of the student honor code was found, albeit overturned on procedural, not substantive, grounds.

Thus, the district court ruled in favor of ACP in granting its request for summary judgment. The educational standards under which applicants for licensure as pharmacists must meet necessitates, at times, the verification or certification of the academic achievements of the student-applicant for licensure. Educational programs have an obligation to not only their students, but the licensing boards that rely upon the graduation as one criterion in the licensure process. The above represents an interesting approach to refusing to certify a student who received a diploma.

Papelino v. Albany College of Pharmacy, Union University, 2009 WL 2957789 (US DC NY 2009)

Reducing Overuse

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In mid-October, four vaccines against the 2009 H1N1 influenza virus became available for distribution in addition to the vaccines for other influenza A and influenza B viruses. Vaccination as needed and standard prevention methods are the primary means of controlling the 2009 H1N1 influenza. For high-risk individuals diagnosed with particular kinds of flu antiviral treatment may be appropriate. For example, for high-risk and certain other patients who become infected with the 2009 H1N1 influenza virus, two types of antivirals, oseltamivir (Tamiflu®) and zanamivir (Relenza®) may be effective. Since seasonal influenza A viruses are generally resistant to oseltamivir, says FDA, these viruses can be treated with rimantadine and amantadine if needed. A public health official in California expressed concerns that providers may prescribe unneeded antivirals to patients who insist upon it, and warns that this misuse of antivirals could lead to more resistant virus strains. If new resistant strains emerge, there will be fewer options for treatment. According to FDA, CDC, and various public health officials, following the guidelines for proper use of vaccines, standard prevention precautions, and use of antiviral medications only when needed, is vital to reducing antiviral resistance.

The Pharmacist’s Role

Armed with updated information from CDC, pharmacists can take part in educating the public about the proper use of various medications, and the domino effect that can result when certain medications are misused. Qualified pharmacists in several states can also opt to aid in the efforts to administer the 2009 H1N1 vaccine. The pharmacist’s role to counsel and assist patients in adhering to proper medication regimens, as well as to help monitor prescription drug abuse, remains an important element in reducing the misuse of prescription medications.
Deadline Set for Proposed Amendments to NABP Constitution and Bylaws

Proposed amendments to the NABP Constitution and Bylaws must be submitted between Monday, February 22, 2010 and Thursday, April 8, 2010, to be considered during the 106th Annual Meeting, which will be held May 22-25, 2010, at the Hyatt Regency Orange County in Anaheim, CA. 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 the NABP Constitution and Bylaws, which specifies that proposed amendments may be accepted no earlier than 90 days and no later than 45 days before the first business session of the Annual Meeting.

For more information on the proposed amendments to the NABP Constitution and Bylaws, please contact the NABP Executive Office at exec-office@nabp.net.

2010 Survey of Pharmacy Law Available in December

Serving as a convenient reference source for individuals seeking an overview of the state laws and regulations that govern pharmacy practice, the updated 2010 Survey of Pharmacy Law will be available in mid-December.

The Survey, produced as a CD, consists of four sections including a state-by-state overview of organizational law, licensing law, drug law, and census data. Newly added this year, a question in Section 17, “Wholesale Distributor Licensure Requirements,” asks whether or not states license or register manufacturers separately from wholesalers.

Updates for the Survey were graciously provided by the state boards of pharmacy. In addition to state board of pharmacy support, this year NABP requested data from numerous outside organizations for the Survey's prescribing authority and dispensing authority laws in Sections 24 and 25.

The Survey can be purchased by visiting the publications section of the NABP Web site at www.nabp.net, downloading the publications order form, and mailing it to NABP Headquarters with a check or money order made payable to NABP. This year the price has been raised to $195. This is the first price increase since 1983.

All final-year pharmacy students receive the Survey free of charge through the generous sponsorship of Purdue Pharma L.P.

For more information on the Survey, please contact customer service via phone at 847/391-4406 or via e-mail at custserv@nabp.net.

Sponsorship and Educational Grant Opportunities Now Available for NABP 106th Annual Meeting

Organizations have an opportunity to gain exposure through many sponsorship and educational grant opportunities available at the NABP 106th Annual Meeting to be held May 22-25, 2010, at the Hyatt Regency Orange County in Anaheim, CA. Contributing organizations help NABP provide quality programs designed to assist board of pharmacy members, executive officers, and compliance staff to meet their responsibilities for safeguarding the public health while creating visibility for the sponsoring organization.

All contributing organizations will be recognized by session or event, and will also be identified in meeting program materials, the NABP Newsletter, on meeting signage, and on the NABP Web site at www.nabp.net. In addition, sponsoring organizations contributing $5,000 or more to the meeting are entitled to two complimentary meeting registrations valued at $575 each. Contributions of $1,000 to $4,999 entitle the donors to one complimentary meeting registration.

For more details on sponsorship and grant opportunities, organizations may contact NABP via e-mail at custserv@nabp.net or via phone at 847/391-4406.
NABP’s DMEPOS Accreditation Program Addresses Pharmacy-Specific Needs

Since January 2007, NABP has awarded durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) accreditation to nearly 30,000 licensed pharmacies, both chains and independent operators, assisting many facilities to meet the September 30, 2009 deadline announced by Centers for Medicare and Medicaid Services (CMS). Within days of the September 30 deadline, legislation passed that extends the CMS DMEPOS accreditation deadline for pharmacies to January 1, 2010. NABP’s DMEPOS program will continue to work diligently to accommodate pharmacies seeking to meet this updated CMS deadline.

NABP’s Development of a DMEPOS Accreditation Program

In 2005 CMS was tasked with developing a new set of standards for regulating DMEPOS suppliers as mandated by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The final rule from CMS required that pharmacies be accredited in order to retain Medicare billing privileges for certain products, and the agency’s revised accreditation requirements were issued in August 2006. Thereafter, NABP applied for and, in November 2006, received deeming authority from CMS to accredit pharmacies that distribute certain DMEPOS products. Notably, of the 10 approved accrediting organizations, NABP is the only pharmacy-specific organization authorized to award DMEPOS accreditation.

The DMEPOS program ensures that suppliers of DMEPOS products meet the CMS quality and accreditation standards. A pharmacy’s decision to seek accreditation demonstrates that the company is doing its part to ensure that Medicare beneficiaries receive the appropriate products, services, and patient care associated with DMEPOS.

NABP’s DMEPOS accreditation program is best suited for addressing the specific needs of pharmacies that provide a limited line of durable medical equipment and, through its review process, helps to protect the public health in keeping with the Association’s mission. In order to grant accreditation, NABP verifies pharmacy licensure, screens the NABP Disciplinary Clearinghouse for transgressions, reviews supplemental documents and policies and procedures, and performs unannounced on-site surveys. Pharmacies awarded DMEPOS accreditation are authorized to bill Medicare Part B for qualifying products and services. Thus, the stringent process, which can take up to nine months, ensures eligibility for Medicare payments and helps to provide Medicare participants with quality DMEPOS products and associated services.

Initially, NABP believed that the accreditation standards would not apply to pharmacy since the profession is already regulated, but in response to urging from stakeholders, NABP pursued deeming authority to ensure pharmacies would have an accrediting organization that understood their specific needs. Since NABP began DMEPOS accreditation in 2007, the Association has seen the benefits of the accreditation firsthand. Accreditation supplements board inspections as board of pharmacy resources are being challenged and has filled in areas that licensure does not address.
Medicare Patients and Pharmacy Practice Reap Benefits

As part of the DMEPOS accreditation requirements, CMS called on DMEPOS suppliers – including pharmacies – to implement consistent patient safety, quality care, and product safety policies. For example, DMEPOS suppliers are required to provide written or pictorial and oral instructions on the use and maintenance of products, and to provide patients with supplier contact information that allows access 24 hours a day. They also are expected to administer beneficiary satisfaction surveys, and

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NABP Accreditation Expertise Shines Through in Community Pharmacy Accreditation Program Development

As with the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) accreditation program, improved patient care and safety are the primary aim of NABP’s community pharmacy accreditation program, scheduled to launch in 2010. The community pharmacy accreditation program will assist boards of pharmacy in ensuring that community pharmacies accomplish the following objectives:

- implement and maintain continuous quality improvement standards,
- implement and maintain effective systems, including pharmacist counseling, for measuring and improving patient care outcomes and medication therapy adherence, and
- adhere to licensing regulations.

The program will also require pharmacies to develop and enforce policies that guide and monitor the following practices:

- Patient data collection
- Patient care
- Patient privacy
- Medication therapy management programs
- Patient outcomes
- Other patient safety initiatives

By ensuring compliance in all of these areas, the community pharmacy accreditation program is expected to result in reduced rates of quality-related events.

Strengths of an NABP Community Pharmacy Accreditation Program

- NABP’s experience and expertise in pharmacy regulatory issues place the Association in an excellent position to assist the boards of pharmacy through community pharmacy accreditation.
- NABP’s experience and success with current accreditation programs including DMEPOS, Verified-Accredited Wholesale Distributors® (VAWD®), and Verified Internet Pharmacy Practice Sites™ (VIPPS®) will assist in the implementation of this new accreditation program.
- NABP’s knowledge of and ability to address community practice issues will benefit pharmacies and state boards.
- NABP’s resources are well-suited and sufficient to successfully implement the program.
- NABP’s experience with the community pharmacy accreditation pilot program will strengthen the program.

As noted at the outset by the Task Force to Review Accreditation Standards for Community Pharmacy, the long-term goal of the task force is to establish uniform, multistate standards that are recognized nationally for the purpose of improving patient care.
DMEPOS Accreditations
(continued from page 213)

must report adverse events. To ensure consistent product availability, CMS requires that DMEPOS suppliers develop contingency plans to meet emergency situations specific to their geographical area. Further, suppliers are required to verify that all products are unadulterated. Through its review of pharmacy policies and procedures and on-site visits, the NABP DMEPOS program has ensured that accredited pharmacies are in compliance with all of these patient and product safety requirements, as well as helped to prevent fraudulent activity. Preventing fraud serves the public, as well as pharmacy practice, by helping to curb health care costs.

NABP developed its DMEPOS accreditation program in keeping with its mission to safeguard the public interest by “regulating the practice of pharmacy and the distribution of drugs and related devices,” as stated in the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy. DMEPOS accreditation benefits Medicare patients and pharmacies by helping ensure that pharmacies offer quality DMEPOS services and products. Accreditation has also begun to benefit Medicaid recipients and the pharmacies that serve them, as some state Medicaid programs are processing reimbursements exclusively through DMEPOS-accredited facilities. Accreditation may also position pharmacies for future business with third-party insurers, as some have followed suit and have begun to grant reimbursements only to DMEPOS-accredited suppliers. This trend allows DMEPOS-accredited pharmacies to serve more patients, and, in turn, allows the accreditation process to protect the safety of more patients.

A full listing of DMEPOS-accredited pharmacies is available under Accreditation Programs on the NABP Web site at www.nabp.net.

Newly Accredited VAWD Facilities

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

- **AmerisourceBergen Drug Corporation**
  - North Carolina
  - Accredited August 14, 2009
- **Apace KY, LLC dba Apace Packaging, LLC**
  - Fountain Run, KY
  - Accredited August 14, 2009
- **BDI Pharma, Inc**
  - Columbia, SC
  - Accredited August 5, 2009
- **Diamond Drugs, Inc dba Diamond Pharmacy Services**
  - Indiana, PA
  - Accredited September 14, 2009
- **Foundation Care, LLC**
  - Earth City, MO
  - Accredited September 1, 2009
- **Hi-School Pharmacy, Inc dba Hi-School Pharmacy Generic Warehouse**
  - Vancouver, WA
  - Accredited September 14, 2009
- **Medline Industries Holdings, LP**
  - Sumner, WA
  - Accredited September 10, 2009
- **Midwest Medical Supply Company, LLC dba MMS A Medical Supply Company**
  - Earth City, MO
  - Accredited September 10, 2009
- **National Pharmaceutical Returns, Inc**
  - Urbandale, IA
  - Accredited September 3, 2009
- **PD-Rx Pharmaceuticals, Inc**
  - Oklahoma City, OK
  - Accredited September 3, 2009
- **Perrigo Pharmaceuticals Company**
  - Greenville, SC
  - Accredited September 1, 2009
- **Smiths Medical ASD, Inc**
  - Two facilities in Keene, NH
  - Accredited August 14, 2009
- **WWR International, LLC**
  - Tualatin, OR
  - Accredited September 17, 2009
  - Brisbane, CA
  - Accredited September 21, 2009
- **PD-Rx Pharmaceuticals, Inc**
  - Oklahoma City, OK
  - Accredited September 3, 2009
- **Perrigo Pharmaceuticals Company**
  - Greenville, SC
  - Accredited September 1, 2009
- **Smiths Medical ASD, Inc**
  - Two facilities in Keene, NH
  - Accredited August 14, 2009
- **WWR International, LLC**
  - Tualatin, OR
  - Accredited September 17, 2009
  - Brisbane, CA
  - Accredited September 21, 2009

A full listing of more than 380 accredited VAWD facilities is available on the NABP Web site at www.nabp.net.
ISMP Encourages Medication Error Reporting

The Institute for Safe Medication Practices (ISMP) has been capturing harmful medication errors and near-misses for more than 30 years through the ISMP Medication Errors Reporting Program (MERP). MERP is a national voluntary error reporting program open to all health care professionals, as well as patients, and is accessible at https://www.ismp.org/orderforms/reporterror toismp.asp.

Using MERP as a learning tool, ISMP utilizes the information gathered to publish case reports in its publications; issue press releases on safety recommendations that rise to national attention; and interact with manufacturers, regulatory agencies, accreditation organizations, professional associations, etc., to advocate for safety changes in products, practices and regulations.

ISMP has also issued reports on many cases that have been sent from patients. These reports are available at www.consumermedsafety.org. In addition to the valuable medication safety information available, this site contains an online reporting form specifically for patients. The reports submitted through this form are used by both ISMP and Food and Drug Administration to identify and address drug-related problems by working with drug manufacturers, scientists, and others. ISMP encourages the boards of pharmacy to provide a link to www.consumermedsafety.org on their own Web sites.

In addition to reporting actual medication errors, ISMP believes that near-miss and hazardous condition reporting is a valuable part of its error reporting program. Such reports have led to many product and practice changes over the years, and should be an integral part of any program that hopes to learn from error reporting.

NABP Launches Tip Site for Reporting Testing Violations

Individuals now have the ability to report testing violations directly to NABP through the Association’s Examination Incident and Irregularity Tip Site. Accessible under the Examinations section of the NABP Web site at www.nabp.net, the tip site allows individuals to anonymously report any information on suspected examination irregularities, acts of unethical behavior, and breaches of security that may compromise the content of any NABP examinations, including the North American Pharmacist Licensure Examination®, Multistate Pharmacy Jurisprudence Examination®, and Foreign Pharmacy Graduate Equivalency Examination®. Individuals may also request to further discuss the incident with NABP staff by including personal contact information when submitting the report or by contacting Customer Service via phone at 847/391-4406 or via e-mail at custserv@nabp.net.

Reports of suspected irregularities are treated confidentially and are investigated fully in support of NABP’s commitment to ensuring the integrity and reliability of its examinations, which are administered under strict security measures.

Committee Members Gather to Review MPJE Test Items

Recently the Multistate Pharmacy Jurisprudence Examination® (MPJE®) Review Committee convened at NABP Headquarters. The members volunteered their time to review the items on the MPJE and safeguard the integrity and validity of the examination. Pictured from left to right: James D. Coffey, RPh, director, Massachusetts Board of Registration in Pharmacy, and Michael A. Moné, BS, JD, FAPhA, vice president anti-diversion and senior regulatory counsel, Cardinal Health.
NABP Past President John H. “Jack” Voige Passes

John H. “Jack” Voige passed away on Wednesday, September 30, 2009, at St Elizabeth Fort Thomas Hospice in Kentucky, at the age of 88. An active member of NABP, Voige was first elected to serve as a member on the Executive Committee in 1976. In 1978 he became treasurer and continued up the ranks serving as president of NABP from 1981 to 1982.

Voige was a pharmacist with Briarcliff Pharmacy in Fort Thomas, KY, and also served as the executive secretary of the Kentucky Board of Pharmacy. He was a World War II veteran, a mason with the Fort Thomas Masonic Lodge No. 808 F & AM, and involved with the Scottish Rite of Covington and the Order of the Syrian Shrine. In addition, Voige was a member of the Fort Thomas Retired Men’s Club and Highland United Methodist Church.

NABP is saddened by the loss of Jack Voige. His countless contributions and dedication were significant assets to the Association and he will be greatly missed.

Voige was preceded in death by his wife Mary Jane Voige. He is survived by his daughter, Jane Lee Morrison; son, John H. Voige III; four grandchildren; and one great-grandchild.

Around the Association

Executive Committee Member Receives Bowl of Hygeia Award

Rich Palombo, RPh, was announced as a 2009 recipient of the Bowl of Hygeia Award for his outstanding service, dedication, and personal contributions to his community. Palombo automatically assumed the office of chairperson on the NABP Executive Committee after completing a one-year term as president. Before serving as president, Palombo served a one-year term as the Association’s president-elect and a three-year member term on the NABP Executive Committee representing District 2. Palombo is also a member of the New Jersey Board of Pharmacy. He originally served on the Board from 1996 to 2005. He was later reappointed in 2007 and again in 2009. Palombo has served on many NABP committees and task forces including the Committee on Law Enforcement/Legislation, and was the Executive Committee liaison for the Task Force on Continuous Quality Improvement, Peer Review, and Inspecting for Patient Safety and the Task Force on Emergency Preparedness, Response, and the US Drug Distribution System. Currently, he is the senior director of regulatory affairs for Medco Health Solutions, Inc. Palombo holds a bachelor of science degree in pharmacy from Temple University School of Pharmacy.

Executive Director Changes

Frank Gammill, RPh, was appointed the executive director of the Mississippi Board of Pharmacy on July 1, 2009. Gammill has served as the director of the Mississippi Prescription Monitoring Program for the past three years. Prior to his position with the Board, he was employed as both a senior compliance agent and a compliance agent. Gammill has 30 years of independent pharmacy experience as well as experience in hospital, compounding, and chain pharmacies. He earned a bachelor of science degree in pharmacy from the University of Mississippi.

Board Member Appointments

- Phillip Boyd, PharmD, MBA, has been appointed a member of the Arkansas State Board of Pharmacy. Boyd’s appointment will expire on June 30, 2015.
- Larry Ross, MS, has been appointed a

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Antibiotics Sold Without Legal Prescriptions Through Internet Sites

A study published in the *Annals of Family Medicine* concludes that a variety of antibiotic medications are available for order through the Internet without a prescription, creating potential for increased rates of antibiotic resistance. The study found 138 English language Web sites that sell prescription medications without legal prescriptions. Among those sites, some sell drugs without a prescription, and some offer a prescription service that merely requires the buyer to enter a health history online. Further, the authors found that penicillins, macrolides, fluoroquinolones, and cephalosporins were all available for purchase; the study implies that the availability of several common antibiotics without a prescription raises the risk for antibiotic resistance, particularly since patients are self-medicating and using inappropriate dosages. Additional information may be found at [www.annfammed.org/cgi/content/full/7/5/431](http://www.annfammed.org/cgi/content/full/7/5/431).

**FDA Warns Consumers and Seeks Assistance in Tracking Stolen Respiratory Medications**

- Food and Drug Administration (FDA) has issued a warning advising consumers not to use DEY® brand Ipratropium Bromide Inhalation Solution and Albuterol Sulfate Inhalation Solution purchased after September 8, 2009, due to the theft of several lots of these medications that occurred on that date.
- Further, FDA seeks assistance in tracking this theft that took place in Tampa, FL.
- Stolen cartons contain 2.5 ml unit-dose vials of 0.02% Ipratropium Bromide Inhalation Solution National Drug Code (NDC) number 49502-685-31 (lot number F09089) and 49502-685-62 (lot numbers C09119 and C09120).
- Stolen Albuterol Sulfate Inhalation Solution cartons contain 3 ml unit-dose vials of 0.083% solution NDC number 49502-697-29 (lot number 9G04) and 49502-697-61 (lot numbers 9FD8, 9FD9, and 9FE1).

A portion of each lot had been sold by DEY to its customers prior to the theft, and thus has entered the legitimate pharmaceutical supply chain. All product with the affected lot numbers should be isolated and not be dispensed, sold, or used since the packages may have been stored or handled improperly. DEY has alerted its distributors and customers.

FDA is asking pharmaceutical drug dispensers to contact DEY Pharmaceutical Drug Disparations at (908) 297-2436 for more information.

### Around the Association

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- **Brenda B. Hall, RPh**, has been appointed a member of the Ohio State Board of Pharmacy. Hall’s appointment will expire on December 31, 2013.
- **Michele Weizer, PharmD**, has been appointed a member of the Florida Board of Pharmacy. Weizer’s appointment will expire on February 13, 2013.
- **Garrett Lau, RPh**, has been appointed a member of the Hawaii State Board of Pharmacy. Lau’s appointment will expire on June 30, 2013.
- **David Schoech, RPh**, has been appointed a member of the Kansas State Board of Pharmacy. Schoech’s appointment will expire on April 30, 2013.
- **Dhafer Almaklani, RPh**, has been appointed a member of the Michigan Board of Pharmacy. Almaklani’s appointment will expire on June 30, 2013.
- **Pamela Bufe-Wyett** has been appointed a public member of the Texas State Board of Pharmacy. Wyett’s appointment will expire on June 30, 2013.
- **Irene Hartman-Abramson, PhD**, has been appointed a public member of the Michigan Board of Pharmacy. Abramson’s appointment will expire on June 30, 2013.
- **Richard Mazzoni, RPh**, has been appointed a member of the New Mexico Board of Pharmacy. Mazzoni’s appointment will expire on July 1, 2014.
- **Lonnie Nunley, RPh**, has been appointed a member of the New Mexico Board of Pharmacy. Nunley’s appointment will expire on July 1, 2014.
- **Brian Joyce, RPh**, has been appointed a member of the Ohio State Board of Pharmacy. Joyce’s appointment will expire on June 29, 2013.

### Board Member Reappointments

- **Sophia Pasedis, RPh, PharmD**, has been reappointed a member of the Massachusetts Board of Registration in Pharmacy. Pasedis’s appointment will expire on November 29, 2012.

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Professional Affairs Update

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- Leland McDivitt, Jr, RPh, has been appointed a member of the Mississippi Board of Pharmacy. McDivitt’s appointment will expire on June 30, 2014.
- David Kozera, RPh, has been reappointed a member of the Virginia Board of Pharmacy. Kozera’s appointment will expire on June 30, 2013.

Board Officer Changes
The Michigan Board of Pharmacy has elected the following officers to the Board:
- Harvey Schmidt, RPh, Chairperson
- Suhair Farida, RPh, Vice Chairperson
- Amy Buesing, RPh, MBA, Vice Chairperson
The New Mexico Board of Pharmacy has elected the following officers to the Board:
- Jennifer Edwards, PharmD, Chairperson
- Brandon K. Yi, RPh, Vice Chairperson

Professional Affairs Update
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tributors and pharmacies that may receive offers for the stolen drug products, or that may have been sold stolen product, to contact FDA’s Office of Criminal Investigations (OCI) by phone at 800/551-3989 or on the OCI Web site at www.fda.gov/ICECI/CriminalInvestigations/ucm123025.htm. Boards of pharmacy are urged to share this information with their licensees and to encourage distributors and pharmacies to verify pedigrees they receive with any wholesale drug purchases. For more information visit the FDA Web site at www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm182846.htm.

FDA Approves Vaccines for 2009 H1N1 Influenza Virus

On September 15, 2009, FDA announced the approval of four vaccines against the 2009 H1N1 influenza virus as part of its response to the H1N1 flu challenge. FDA has worked closely with the National Institutes of Health and taken other measures to ensure appropriate testing of the vaccines in time for the 2009 flu season. More information about its efforts and the vaccines is provided on the “FDA 2009 H1N1 (Swine) Flu Page” which will be updated regularly and can be accessed at www.fda.gov/NewsEvents/PublicHealthFocus/ucm150305.htm.

Poor Patient Medication Adherence Addressed in Recent NEHI Report

In a recent report, the New England Healthcare Institute (NEHI) addressed poor patient medication adherence, a problem that often exacerbates medical problems and increases health care costs. The study reviewed the causes of poor patient medication adherence, the impact on public health and the health care system, current initiatives to promote medication adherence, and several potential solutions. Of the estimated one-third to one-half of patients that do not adhere to medication regimens, the study finds, the majority are those with chronic health conditions and their poor adherence often leads to hospitalization. Medication cost, side effects, imperfect or complicated drug regimens, and asymptomatic conditions are cited among the many causes of poor adherence for all groups of patients. Current initiatives, such as medication therapy management services, are reviewed. Future initiatives, such as investing in appropriate care teams, patient engagement and education, payment reform, and health information technology, are also analyzed. The full study can be viewed at www.nehi.net/publications/44/thinking_outside_the_pillbox_a_systemwide_approach_to_improving_patient_medication_adherence_for_chronic_disease.

Illinois Pharmacists Granted Preliminary Injunction in Conscience Act Case

Two pharmacists in Illinois were granted a preliminary injunction that allows them to refuse filling prescriptions for Plan B® and other forms of emergency contraception. This injunction protects them from having to abide by a 2005 Illinois administrative rule requiring pharmacists to fill all prescriptions for emergency contraceptives. The injunction remains in effect until there is a final ruling in the case. According to their counsel, the case is being argued following the stance that the pharmacists “are entitled to run their pharmacies according to the dictates of their moral and religious beliefs” as protected under state laws and the US Constitution.

nabp newsletter
Vermont PMP Aids in Preventing Drug Diversion

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs’ Web site for the Vermont Prescription Monitoring Program is up and running. The Vermont Prescription Monitoring System (VPMS) became fully operational in April 2009. Pharmacies have been required to report all their Schedule II, III, and IV prescriptions dispensed to the VPMS database since January 2009. The Vermont Board of Pharmacy encourages pharmacists to register for access to the monitoring system and to help inform prescribers about the system.

The Board describes the program as an excellent tool to prevent prescription medication diversion and abuse. As health care providers, pharmacists are expected to be aware of the increasing problem with prescription drug abuse; preventing or stopping this abuse is an essential part of patient care. Pharmacists play a vital role in preventing prescription drug abuse. Physicians are the gatekeepers to access, the Board notes, but the pharmacist also plays an important role in ensuring that the medication is being used appropriately.

The VPMS may provide essential information for health care providers to determine if a medication is for a legitimate medical purpose. Pharmacists and prescribers who utilize the database and identify cases of drug abuse or misuse may share that information with other pharmacists and prescribers who are providing health care to the patients in question. Detailed information on the program and how to register for access to the system is available on the Vermont Department of Health’s Web site at www.healthvermont.gov/adap/VPMS.aspx.

Virginia Board Reports Periodic Regulatory Review Changes

The Virginia Board of Pharmacy is required to periodically review its regulations to identify and address any regulations that may be problematic or that have become outdated due to changes in pharmacy practice or technology.

Several of the regulatory changes are highlighted below. All affected regulations with changes are posted on the Board’s Web site at www.dhp.virginia.gov/Pharmacy/leg/Final%20regs%20effective%209-2-09.pdf.

Changes for Required Pharmacy Practical Experience

As of September 2, 2009, Regulation 18VAC110-20-30 has been changed to more closely conform to current Accreditation Council for Pharmacy Education-standards for gaining hours of practical experience. Since some schools of pharmacy are now holding classes year round and do not have an end of the first professional year, the Virginia Board has changed this regulation to now allow credit for practical experience to be given after the successful completion of the equivalent of two semesters of pharmacy school. Additionally, while pharmacy interns must continue to gain 1,500 hours of experience, they will no longer need to obtain 300 hours of practical experience outside of the school’s curriculum. Lastly, the regulation continues to restrict a pharmacy intern to earn no more than 50 hours of experience per week, but will now also state that credit will not be given for less than an average of 20 hours per week to be averaged over a month.

Pharmacy Technician Training Programs

Effective September 2, 2009, regulation 18VAC110-20-102 will require Board-approved pharmacy technician training programs to be renewed every two years. Additionally, a requirement to report any substantive changes in the program’s curriculum, instructor, etc., within 14 days of the change will be added. This change will assist the Virginia Board in ensuring that the programs include current information. Additionally, the program will be required to provide certificates of completion to participants and to notify the Board of a designated program director.

Kansas Board Now Requires Retail Pharmacies to Develop CQI Programs

In July 2008, the Kansas State Board of Pharmacy began requiring retail pharmacies to establish continuous quality improvement (CQI) programs. Hospital pharmacies are exempt from establishing a CQI because they are already required to do so under risk management procedures. The Kansas Board states that CQI is beneficial because it brings pharmacy errors into the open without fear of reprisal, and it is important because it places the patient first and stresses patient safety as the highest priority.

The Kansas Board’s first step with this legislation was to amend the incident report regulation. Previously, a retail pharmacist was required to report all errors whenever they became aware of an alleged or real error in filling or dispensing a prescription. The amended regulation now defines a reportable incident as a preventable medication error involving a prescription drug in any of the following cases:

- the patient receiving the wrong drug;
- the patient receiving an incorrect drug strength;
- the patient receiving an incorrect dosage form;
- the drug being received by the wrong patient;
- inadequate or incorrect packaging, labeling, or directions; or
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the dispensing of a drug to a patient in a situation that results in, or has the potential to result in, serious harm to the patient. The Board requires the pharmacist to file an incident report as soon as possible after the discovery of the incident. The report must contain the following information:

1. the name, address, age, and phone number of any complainant, if available;
2. the name of each pharmacy employee and the license or registration number of each employee involved;
3. the date of the incident and the date of the report;
4. the pharmacist’s description of the incident;
5. the prescriber’s name and whether or not the prescriber was contacted; and
6. the signatures of all pharmacy employees involved in the incident.

Incident reports should no longer provide a description of the actions taken as a result of the incident or state any steps taken to prevent a recurrence. The incident report must be maintained for a period of five years and be available to the Kansas Board or its representative within three business days upon request. The preparation of the report fulfills the requirement related to incident reports, and it is the responsibility of the pharmacist involved in the incident and the pharmacist-in-charge (PIC) to see that the report is completed in a timely manner.

The Board drafted the minimum requirements of a CQI program, which require retail pharmacies to have a meeting every quarter to review all incident reports generated during the last quarter. As the Board could not anticipate the size of each pharmacy and the number of employees at each pharmacy, the minimum requirement is that the meeting be attended by the PIC. Each incident should be reviewed and discussed to determine what steps should be taken to avoid such a recurrence in the future. A report of the meeting should be documented with a minimum of who attended the meeting, the list of incident reports reviewed, and a description of the steps taken or to be taken to prevent a recurrence of each error.

This regulation requirement can only provide guidance for minimum requirements in order to provide best practices to the pharmacy community. Each pharmacy has a responsibility to develop and maintain a comprehensive CQI program even though the Board is legally requiring only the minimum.

There are tools available, such as continuing education, to assist pharmacies in developing a CQI program that will contribute significantly to patient safety. Training materials will not only address staffing issues, workflow issues, communication issues, formulating solutions, process improvements, etc., but will also provide assistance with documentation.

The records that a pharmacy maintains can make a difference in avoiding misunderstandings and ultimately medication errors. Therefore, the Board encourages every retail pharmacy to use risk management techniques and tools when forming their CQI program. A team approach gives everyone an opportunity to express ways to improve their system to provide for the health, welfare, and safety of the patient as well as protection to the pharmacy from avoidable litigation.

Idaho Board to Allow the Practice of Telepharmacy Across State Lines

Effective July 1, 2009, the Idaho State Board of Pharmacy amended Statute 54-1705 pertaining to the practice of telepharmacy across state lines. The amended statute now reads, (22) ‘Pharmacist’ means an individual licensed by this state to engage in the practice of pharmacy or a pharmacist licensed in another state who is registered by the board of pharmacy to engage in the practice of telepharmacy across state lines . . . (24) ‘Practice of telepharmacy’ means the provision of pharmaceutical care by registered or licensed pharmacists located within the United States jurisdictions through the use of telecommunications or other technologies to patients at distances that are located within the United States jurisdictions, as defined in the rules of the board. (25) ‘Practice of telepharmacy across state lines’ means the practice of telepharmacy when the patient is located within the state of Idaho and the pharmacist is located in a United States jurisdiction outside the state of Idaho, as defined in the rules of the board. The addition of statute 54-1723A allows for the registration of pharmacists to engage in the practice of telepharmacy across state lines provided that “[n]o pharmacist who is not licensed to practice pharmacy within the state of Idaho may engage in the practice . . . unless registered by the board.” In order to obtain such a registration, the applicant is required to “present to the board proof of licensure in another state and proof that such license is in good standing,” submit a written application, pay a fee, and sign a “statement attesting that the applicant will abide by the pharmacy laws and rules of the state of Idaho.” Pursuant to these changes, the Idaho Board is currently promulgating rules for the practice of telepharmacy across state lines.
Idaho Board Amends Wholesale Drug Distribution Act

Effective July 1, 2009, the Idaho Board amended statute 54-1752 (9), regarding the definition of normal distribution channel. This amended statute now includes the chain of custody for a prescription drug from a Food and Drug Administration (FDA)-approved manufacturer “directly or through its colicensed partner, third party logistics provider or manufacturer’s exclusive distributor to a repackager who is an authorized distributor of record for the manufacturer, whose facility is registered with the [FDA]” and who engages in the practice of repackaging the original dosage form of a prescription drug in accordance with applicable regulations and guidelines of the [FDA].” As this form of wholesale distribution has not left the normal distribution channel, the Board states a pedigree is not required to be provided to the person who receives said prescription drug.

New Mexico Board Amends Wholesale Prescription Drug Distribution Rule

On June 30, 2009, the New Mexico Board of Pharmacy adopted a significant number of changes to NMAC 16.19.8 Wholesale Prescription Drug Distribution. The changes were in line with those implemented in most of the other states and are designed to protect our nation’s drug supply from counterfeit drugs. The changes include numerous new definitions including authorized distributor of record and normal distribution chain. The new pedigree requirements for prescription drugs and the extensive background information required through the application process will help the New Mexico Board discern and screen for unscrupulous operators. Rule 8 also incorporates new security requirements for wholesale distributors utilizing common carriers. Those new requirements are as follows:

1. A procedure for conducting periodic assessments of the security provisions of common carriers that at a minimum must specify that vehicles must be secured by locks on all doors and windows when the driver is not present, there shall be no unapproved stops during the delivery route and that the vehicle must not be left running in the absence of the driver.

1. A procedure or set of procedures designed to address high-risk deliveries that may require the common carrier to make deliveries only to highly visible, well-lit locations during certain prescribed time periods agreed upon with the customer and the use of varied routing.

Task Force Convenes to Discuss Technician Education Standards

On October 6-7, 2009, the Task Force on Pharmacy Technician Education and Training Programs met to review existing state requirements for pharmacy technician education and training. Back row from left to right: James O. Spoon, DPh, member, Oklahoma State Board of Pharmacy; Lee Ann Bundrick, RPh, administrator, South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy; NABP Executive Committee Liaison Michael A. Burleson, RPh; Susan Ksiazek, RPh, member, New York State Board of Pharmacy; Earl McKinstry, MS, RPh, inspector, South Dakota State Board of Pharmacy; Kevin C. Borcher, RP, member, Nebraska Board of Pharmacy; and Edith G. Goodmaster, member, Connecticut Commission of Pharmacy. Front row from left to right: Michael A. Podgurski, RPh, member, Pennsylvania State Board of Pharmacy; Lorie Rice, MPH, assistant clinical professor and associate dean of external affairs, University of California, San Francisco, School of Pharmacy; Jeanne D. Waggener, RPh, member, Texas State Board of Pharmacy; and Ann Zweber, RPh, member, Oregon State Board of Pharmacy.
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NABP 106th Annual Meeting
May 22-25, 2010
Hyatt Regency Orange County
Anaheim, CA

The NABP Annual Meeting offers attendees the opportunity to assist in shaping the future direction of NABP by participating in important business sessions during which officers and members of the NABP Executive Committee are elected. In addition, the meeting provides Accreditation Council for Pharmacy Education-approved continuing pharmacy education programs and networking opportunities. More information will be available in future issues of the NABP Newsletter and in the Meetings section of the NABP Web site at www.nabp.net.