



newsletter

National Association of Boards of Pharmacy®



November-December 2012 / Volume 41 Number 10

aid to government
the profession
the public
1904 to 2012

Season's Greetings
from
NABP

Upcoming Events

December 11-12, 2012
Task Force on Virtual
Manufacturers and Virtual
Wholesale Distributors
NABP Headquarters

January 22-23, 2013
Committee on Law
Enforcement/Legislation
NABP Headquarters

February 11-22, 2013
PARE Administration

Members Discuss Best Practices, Share Solutions to Common Challenges at Interactive Forum

Forty-three board of pharmacy members gathered at the Interactive Member Forum, held September 19-20, 2012, to discuss with their colleagues the challenges their boards face on a daily basis. The first in a series of three meetings themed “NABP 2012 Triathlon,” the forum for board of pharmacy members reinforced the partnership between the boards of pharmacy and NABP and the shared mission to protect public health.

To ensure that the forum focused on issues of interest to the attendees, a survey was sent to confirmed attendees prior to the meeting asking them what they would like to discuss. Once the agenda was determined, select attendees of the forum were asked to give brief introductions to the topics, citing their own experiences, both from a board

perspective and a practitioner perspective. Then the other attendees were invited to share their experiences and ask questions of the panelists and the other attendees. Topics discussed at the forum are as follows.

New Practice Models in Independent, Chain, and Hospital Settings

As the role of pharmacists continues to evolve, different practice settings are taking on new responsibilities that may affect state pharmacy regulations. Examples include growth in compounding among independents; development of adherence programs by chains; and expansion of direct interaction between pharmacists and inpatients at hospitals in order to meld



Attendees had the opportunity to network with peers during the Interactive Forum.

dispensing and clinical activities.

Technician Education, Training, and Certification

Most states register or license technicians; however, how extensive should the requirements for registration/licensing be? Attendees discussed how much education, training, and certification should be required, as well as whether or not background checks and other types of screening should be used.

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Interactive Forum

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Fingerprinting and Background Checks

The trend is to require some type of background check for all applicants. Discussion revolved around the basic elements such as arrests, charges, convictions, expungements, and pardons, and which could be used in determining whether a license or registration should be issued.

Drug Shortages

This issue hits hospitals especially hard, and one state has even revised regulations to allow emergency medical services to use expired drugs if three suppliers certify that the medication is unavailable.

Gray Market Wholesalers

States are trying to close the loopholes, but there are still too many operators creating holes in what is supposed to be a closed system. Issues include counterfeits; stolen drugs that are stored

improperly; recycling of previously dispensed drugs; sample “shucking”; re-introducing drugs that were supposed to be destroyed; or selling drugs for export, for government contracts, under group purchasing organization contracts, or to 340b eligible entities.

The 5% Distribution Rule

Discussion revolved around how a once innocuous rule that was intended to allow pharmacies to purchase an out of stock drug in emergency situations has become a toxic practice that is intensifying the drug shortages problem.

NABP PMP InterConnect

Interoperability of state prescription monitoring programs is key to combating pill mills and doctor shoppers. One member went over a pill mill case study to demonstrate how the NABP PMP InterConnect® could have prevented millions of pills from ending up in the hands of patients who were abusing prescription drugs.

NARxCHECK

Attendees learned about this new tool that can be applied to prescription monitoring programs so that health care workers can get an easy-to-read report to help them determine if they need to look further into a patient’s medication history.

Chapter 797 Inspections

While many states have implemented or are in the process of implementing regulations pertaining to sterile compounding, several attendees voiced concerns about pharmacies “manufacturing” sterile products under the guise of compounding. In addition, concerns were also raised about this type of compounding being conducted outside of pharmacies such as in physicians’ offices and the potential safety hazards that could result in these settings.

Conflict of Interest

Attendees learned the basics about what constitutes a conflict of interest and guidelines for
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Members Tour NABP Headquarters and Network with Peers

Following the September 19, 2012 sessions, attendees of the Interactive Member Forum received a tour of NABP Headquarters where they had the chance to network with other board of pharmacy members and learn about various NABP programs and services. See pages 220-221 for more photos from the Interactive Member Forum.

Regulations for Prescriber Dispensing Important for Continuity of Patient Care

At least half of prescribing errors that could potentially lead to adverse drug events are detected and corrected when pharmacists review whether the medication is safe and appropriate for the patient, according to the Institute for Safe Medication Practices (ISMP). When patients receive their dispensed prescription in the physician's office, this vital review of the prescribed drug therapy by the pharmacist is bypassed, and the potential for an adverse event may increase.

With the increase in the number of physicians dispensing medications to patients, NABP member boards of pharmacy agree on the importance of determining how such dispensing activities should be regulated or restricted in order to protect patient health. As recognized in a resolution adopted at the NABP 108th Annual Meeting, dispensing prescription drugs outside the regulated pharmacy distribution channels may bypass other safeguards of pharmacy practices. For example, it is important to ensure that lawful procedures for drug acquisition are practiced by any provider with dispensing authority. Dispensing requirements also generally include drug utilization review (DUR) and patient counseling, as well as record keeping, storage, distribution, and disposal that are in compliance with state laws. The NABP resolution calls on the Association to

provide boards of pharmacy with guidance on the issue by reviewing and, if needed, amending the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)*. Implementing effective laws and regulations related to physician dispensing can help to support continuity of care needed for patient safety.

According to the 2012 NABP *Survey of Pharmacy Law*, the laws in all 50 states and United States jurisdictions grant physicians dispensing authority, but restrictions and regulatory oversight of the practice vary from state to state with some states restricting the practice to dispensing of samples, for example. According to the American Association of State Compensation Insurance Funds, about 7% to 10% of physicians in the US were dispensing medications as of September 2006. Also in 2006, the market research firm Manhattan Research projected that the number of physicians dispensing would reach 25% by as early as 2013. Software and automated dispensing systems marketed to physicians have simplified the filling process, possibly contributing to the increase in physicians dispensing.

Potential Patient Benefits

Prescriber dispensing may provide certain benefits such as improved patient medication adher-

ence if such practices are in compliance with state pharmacy laws. For example, according to the National Council on Patient Information and Education, about 31% of patients have chosen not to fill prescriptions. Some benefits may include reduced risk of errors due to causes such as illegible handwriting. In-office dispensing can also offer the patient convenience.

The potential benefits for patients may only be realized, however, if dispensing practices in the doctor's office are in compliance with the state's pharmacy laws and traditional safeguards of pharmacy practice.

Patient safety consulting company, The Doctors Company, states that office dispensing can be a "win-win situation for patients and the practice," but also advises that doctors know their state law regarding dispensing and also be aware of any potential risk issues such as dispensing beyond speciality. The company also reminds physicians who dispense that "it is often the pharmacist who alerts the physician to issues, such as multiple prescriptions of controlled substances from other providers."

Illustrating the importance of doctors knowing their state law, the North Carolina Board of Pharmacy cautions that some companies that market dispensing

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Executive Committee

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

To Fill or Not to Fill

By Dale J. Atkinson, JD

Pharmacists operate under professional standards that dictate when a prescription should and, perhaps, should not be filled. Numerous factors are involved in this critical decision to dispense medications, and pharmacists are aware of the potential consequences of refusing to fill. At times, the volume of scripts filled, especially for certain identified narcotics, can and should stimulate board of pharmacy investigations and, of course, boards should be authorized to take adverse action against a license and/or permit when circumstances so dictate. Consider the following.

A pharmacist (Licensee) was licensed by the Louisiana Board of Pharmacy (Board) in 1977. The Licensee owned and operated a pharmacy (Pharmacy) in Lafitte, LA. Lafitte is a small town with a population of approximately 1,500 persons and is located on a peninsula-like projection close to the Gulf of Mexico. The town is surrounded by water on both sides and is off the beaten track, described as “not on the way to anywhere else.”

During the first three months of 2010, the Pharmacy ordered a significantly large amount of Schedule II drugs from its wholesale distributor. The amounts ordered were far greater than those ordered in the past. As required under law, the wholesale distributor reported the purchases to the United States Drug

Enforcement Administration (DEA). In April 2010, after learning that most of the prescriptions were from Texas health care providers and that the “patients” were cash-paying customers, the wholesale distributor ceased all sales of controlled dangerous substances to the Pharmacy.

DEA and the Board commenced an investigation into the pharmaceutical sales of the Pharmacy and reviewed reports from the Automation of Reports and Consolidated Orders System (ARCOS), a data bank where all distributors report sales of Schedule II and Schedule III substances. The ARCOS reports of 2009 noted that the Pharmacy purchased 39,200 dosage units of oxycodone, ranking it the 307th highest purchaser in the state. During the first three

months of 2010, the Pharmacy purchased 147,300 units of oxycodone, ranking it the third highest purchaser in the state.

The Board also utilized its prescription monitoring program (PMP) in its investigation and determined that 78% of the prescriptions dispensed were from Texas prescribers while only 21.5% were from Louisiana prescribers. Further, 30% of those Texas prescriptions were for oxycodone while only 3% of the Louisiana prescriptions were for oxycodone.

Under questioning from DEA and Board investigators, the Licensee maintained that before filling he verified the validity of the scripts by calling the prescriber and identifying the patient by name and date of birth. The Licensee also indicated that he only filled prescriptions for persons with Louisiana identification and that he maintained photocopies of such identification. Apparently, the Licensee also maintained copies of each patient’s out-of-town driver’s license. Finally, and given that the Texas prescriptions were from the Houston, TX, area, the Licensee did not have an explanation for why these patients traveled over 375 miles to have such scripts filled. The Licensee admitted that these Texas patients did not use insurance but rather paid cash for such drugs, sometimes in excess of \$3,000.

Board records also indicated a previous 2008 inspection that revealed numerous Texas prescriptions, post-dated prescriptions filled early, scripts with only stamped or electronic prescriber signatures (as opposed to handwritten signatures), and that such issues were fully discussed and disclosed to the Licensee and Pharmacy. As a result of the 2008 inspection, the Licensee and Pharmacy were reminded about corresponding responsibility when filling prescriptions.

Based upon the 2010 investigation, the Board filed charges against the Licensee and Pharmacy alleging violations of numerous state and federal laws and regulations. At the hearing, the results of the investigation were introduced along with additional testimony revealing the 2008 investigation, the continued filling of prescriptions in a manner inconsistent with standards, the fact that prescriptions were written by prescribers after their DEA licenses were suspended, and the use of invalid Texas prescription pads. The Board found the Licensee and Pharmacy guilty of violating numerous statutes and regulations, including violation of corresponding responsibilities of a pharmacist and pharmacy. The corresponding responsibility requirement under both state and federal law mandates that “while a physician has the primary

responsibility to issue a prescription for a controlled dangerous substance for a legitimate medical purpose, a corresponding responsibility rests with the dispensing pharmacist to ascertain that the prescription was issued for a legitimate medical purpose in the usual course of professional practice.”

The Board suspended the Licensee’s license for an indefinite period and prohibited application for reinstatement for a period of 10 years. The Pharmacy permit was suspended for a five-year period with execution of a stay and a five-year probationary period. In addition, the Licensee was fined \$15 per improperly dispensed script (3,048 scripts for a total of \$45,720) and the Pharmacy fined \$35 per improperly dispensed script (3,048 for a total of \$106,680).

After the denial of a rehearing, the Licensee and Pharmacy appealed the matter to the district court that affirmed the Board findings. Again, the Licensee and Pharmacy appealed. On appeal, the Licensee and Pharmacy argued that the evidence did not support the findings, that the Board erred in refusing to admit the post-hearing production of phone records alleged to substantiate the verification of the prescriptions by the Licensee, and that the fines were not supported by the evidence or were excessive.

After addressing the standard of review, the court

noted the Licensee and Pharmacy arguments that the evidence did not support the 3,048 inappropriately dispensed prescriptions because the Pharmacy verified the validity of the scripts on many occasions. In rejecting this argument, the court emphasized that not only were the Louisiana identification cards of the patients issued close to the prescription dates indicating their suspect nature but also, the overt nature of knowledge on the part of the pharmacist is not the standard. That is, verification from the prescriber is but one of the corresponding responsibility factors. Additionally, what is required is proof “that the pharmacist had reason to believe that the prescriptions were not issued in the usual course of professional treatment.” Much evidence existed that called into question the issuance of the scripts under the usual course of professional treatment. Accordingly, the court of appeals held that it could not find that the district court was “manifestly erroneous in finding that [the Licensee] failed to fulfill the corresponding duties owed by a pharmacist.”

Based upon the Licensee’s and Pharmacy’s voluntary election to proceed with the administrative hearing without the subpoenaed phone records, the court of appeals also affirmed the

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

Prescriber Dispensing

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systems to physicians “are very likely non-compliant with many North Carolina laws governing the practice of pharmacy.” The Board notes that some of these companies may fit the North Carolina definition of a pharmacy and require licensure by the Board, while others may be considered wholesalers or repackagers, requiring licensure by the North Carolina Department of Agriculture.

Safeguards Provided by Pharmacists

Medication safety and pharmacist organizations, as well as pharmacy regulators, agree that the second check of the prescribed drug therapy by the pharmacist is one of the most important safeguards that is bypassed with in-office dispensing. The NABP *Model Act* includes language detailing the components of DUR including checking for known allergies, rational therapy contraindications, reasonable dose, potential adverse reactions, and therapeutic duplication, among other necessary steps. ISMP notes that the second check may involve use of specialized software to detect prescribing errors and that physicians “may not have access to software that pharmacists can access to screen prescribed drug therapy for overdoses, sub-therapeutic doses, drug-drug interactions among all medications the patient takes, . . . contraindications due to allergies or disease state, and

duplicate therapy.” Another possible barrier to DUR in the physician office setting may be the use of automatic dispensing systems (ADS). In a *Journal of Managed Care Pharmacy* article focusing on in-office dispensing of

The second check of the prescribed drug therapy by the pharmacist is one of the most important safeguards that is bypassed with in-office dispensing.

generic antibiotic samples, pharmacist authors explain that dispensing by ADS “does not include a drug utilization review (DUR) as performed by a pharmacist prior to dispensing. In the process of conducting the DUR, drug-drug interactions are often discovered and appropriateness of antibiotic choice and dosing regimen are reviewed.” The authors note the errors are often identified and avoided when the pharmacist then consults with the prescriber regarding the most appropriate therapy for the patient.

Numerous other pharmacy practice requirements included in the NABP *Model Act* would be important to consider for physician in-office dispensing regulations. The *Model Act* provides language for the responsibilities of the pharmacist-in-charge such as developing policies and procedures for the procurement, storage, and record keeping of drugs, as

well as for maintaining ADS. Language detailing the requirements of a prescription drug order, proper labeling, prepacking of drug products, patient record keeping, and patient counseling are also provided in the *Model Act*. ISMP recommends that physician dispensing follow the same high standards to which pharmacists must adhere, and the organization believes that without proper regulatory oversight, in-office dispensing may be prone to “lax procedures for medication labeling, record-keeping, storage, and supervision of the dispenser.” The American Academy of Family Physicians agrees that prescriber dispensing and pharmacy dispensing should be held to the same high standards of care.

State Laws Vary for Physician Dispensing

At present, laws and regulations related to physician dispensing vary widely from state to state. In some states, such as Michigan, North Carolina, and Virginia, the practice of physician dispensing is regulated by the board of pharmacy and doctors in these states must comply with the same regulations that govern pharmacy practice. The Michigan Board of Pharmacy requires that physician dispensers obtain a license for each location where drug storage and dispensing will occur. Michigan also requires that physicians post a visible notice to consumers advising patients on cost issues, and also advising that they

ask questions about their prescribed medications and that, in order to avoid dangerous drug interactions, they let the doctor know if they are taking other medications. The Virginia Board of Pharmacy may license a physician “to dispense drugs to persons to whom a pharmaceutical service is not reasonably available.”

Some states, including Maryland and Arkansas, require the dispensing physician to obtain a special permit from the board of physicians. In Maryland, the physician must demonstrate that the dispensing of prescription drugs is in the public interest, and the permit allows the physician to dispense only when a pharmacy is not conveniently available to the patient. Similarly in Illinois, Louisiana, Oregon, and Texas, for example, the practice of physician dispensing is regulated by the state medical board. Illinois law requires that prescribers dispensing medications adhere to the “standards that govern dispensing by pharmacists including: proper medication storage, labeling, record keeping and patient counseling” indicates the Illinois Council of Health-System Pharmacists. Texas allows physician dispensing of dangerous drugs in clearly defined rural areas where a pharmacy is not convenient, and the practitioner must notify the Texas State Board of Pharmacy and the State Board of Medical Examiners.

Utah, until recently, restricted prescriber dispensing to in-office samples and dispensing of cosmetic

drugs and injectable weight loss drugs by certain practitioners. After much debate among stakeholders and legislators, a bill (SB 161) to allow oncologists to dispense oral cancer medications was passed and signed into law by Utah Governor Gary R. Herbert on March 20, 2012. Specifically, the new law amended the Utah Pharmacy Practice Act to exempt “an oncologist or medical personnel acting under the direction of an oncologist from being licensed” under the act “to dispense a cancer drug regimen to a patient who is undergoing chemotherapy in an outpatient clinical setting.”

The law went into effect May 8, 2012, and also includes drug and patient safety provisions. First, a physician who chooses to dispense must notify the Utah Division of Occupational and Professional Licensing (DOPL) of the intent to dispense and the DOPL has the authority to inspect and, if needed, discipline these practitioners, Mark Steinagel, director of Utah DOPL, indicated to *Pharmacy Practice News*. The dispensing physician must also follow purchasing and distribution require-

ments established by DOPL. Further, the law “makes it unprofessional conduct for a prescribing practitioner who dispenses a drug, to dispense the drug in violation of the exemption in the Pharmacy Practice Act.” Under the new law, DOPL is required to conduct a study of physician dispensing and report its findings to the Utah Legislature.

Proponents of the new law in Utah hope it will allow physicians to increase access to cancer medications for patients in rural areas. Several pharmacy organizations and the Utah Board of Pharmacy expressed patient safety concerns when the bill was being debated by the Utah Legislature. Karen Noonan, MA, American Society of Health-System Pharmacists director of state affairs, stated that the organization recognizes that physician dispensing is pervasive and appropriate, but that they want to ensure the practice is appropriately regulated.

Using a different approach, the Idaho State Board of Pharmacy implemented in March 2012 regulations for the

registration of prescriber drug outlets, defined as “A drug outlet in which prescription drugs or devices are dispensed directly to patients under the supervision of a prescriber, except where delivery is accomplished only through on-site administration or the provision of drug samples.” The Board noted that dispensing is defined as “the preparation and delivery of a prescription drug . . . in a suitable container appropriately labeled . . .” and that the rules pertain only to prescribers who engage in this practice. The rules require that prescriber drug outlets register with the Board, and renew the registration annually by June 30. Under the new regulation, prescriber drug outlets must abide by applicable general practice standard rules, including rules related to drug storage and security, waste management, and proper packaging for dispensed drugs. The outlets must also be in compliance with record keeping requirements for controlled substances and prescription monitoring program reporting requirements. Outlets must also maintain

documentation to show compliance with the state’s requirement that patient counseling must be offered. In Idaho, automated dispensing and storage systems “are subject to extensive regulation and require additional registration,” as noted in the September 2012 *Idaho State Board of Pharmacy Newsletter*.

One direction, suggested by ISMP, is that any state that grants dispensing privileges to physicians should implement regulations that mimic existing language in the state’s Pharmacy Practice Act. The new law in Utah, with patient safety provisions included in the final approved bill, and the Idaho prescriber drug outlet regulations, may offer different approaches to accomplish the goal of holding doctors to the similar dispensing requirements and standards as pharmacists. While laws will vary from state to state, as the practice of physician dispensing continues to grow, it will be important for regulators to help ensure that state requirements for dispensing help to facilitate continuity of patient care across practice settings. ☐

Legal Briefs

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finding of the district court that no reversible error was committed. Finally, the court rejected the Licensee and Pharmacy’s arguments that the fines were excessive. The court noted that

the Board had the authority to issue fines of up to \$5,000 per violation and that the evidence more than supported the \$15 and \$35 per violation findings. Thus, the court of appeals affirmed the district court and upheld the Board findings and sanctions.

The case presents several shining examples of the corresponding responsibility of a pharmacist, the collective authority of a state board and the DEA, along with the importance of the development and implementation of the NABP PMP InterConnect® program. Of equal

importance is the responsibility of the relevant medical boards and the oversight of prescribing practices of those authorized to issue scripts.

Tewelde v. Louisiana Board of Pharmacy, 2012 La. App. LEXIS 864 (App. Ct. LA 2012) ☐

Global Collaboration from Public and Private Organizations Help Shut Down Thousands of Rogue Online Prescription Drug Sellers

NABP issued a report on October 25, 2012, about the importance of collaboration among members of the international pharmacy community to protect patients worldwide from dangers posed by illegal online drug sellers. As described in the *Internet Drug Outlet Identification Program Progress Report for State and Federal Regulators: October 2012*, global cooperation from public and private organizations have resulted in the shutdown of thousands of Web sites selling prescription drugs illegally.

NABP continues to review and monitor Web sites selling prescription drugs and its findings are also presented in the October 25 report – of more than 10,000 Web sites analyzed, nearly 97% operate out of compliance with pharmacy laws and practice standards established in the United States, and many other developed countries, to protect public health. Such sites provide an outlet for counterfeit medicines to enter the US drug supply, endangering the health and safety of Americans.

The report provides an overview of recent collaborative efforts – both public and private – that have occurred over the last six months. Such efforts include:

- Operation Pangea, which included 100 countries and resulted

in thousands of illegal sites being shut down.

- An investigation by LegitScript.com, which gave NABP and other stakeholders the necessary proof to persuade a domain name registrar to suspend approximately 5,000 rogue Web sites and to modify its policies to prevent such abuses in the future.
- Collaboration with Canadian regulators to extend the Verified Internet Pharmacy Practice Sites^{CM} (VIPPS[®]) accreditation program to include Canadian-based Web sites selling Health Canada-approved medications to consumers in Canada.
- NABP's application, which is supported by a global coalition of stakeholders, to be the registry for the new .PHARMACY domain.
- A meeting hosted by NABP with China's State Food and Drug Administration to discuss pharmacy prescription drug regulation, especially as it relates to the Internet and illegal online drug sellers.

As indicated in the October 25 report, NABP has reviewed more than 10,000 Web sites and the vast majority of sites (nearly 97%) were found to be operating out of compliance with

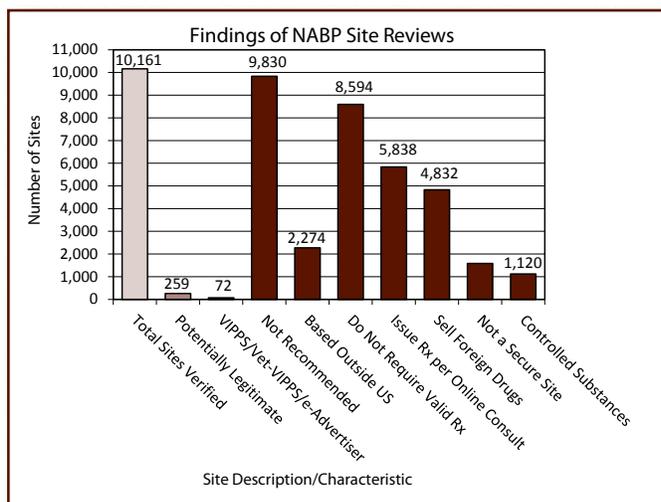
US pharmacy laws and are listed as Not Recommended on NABP's consumer protection Web site, www.AWARERX.ORG. The 9,830 Internet drug outlets listed in the October 25 report as Not Recommended are characterized as follows:

- 9,543 appear to be affiliated with a network that obtains drugs from questionable sources
- 4,832 offer foreign or non-Food and Drug Administration-approved drugs
- 8,594 do not require a valid prescription
- 2,274 have a physical address located outside of the US (most rogue sites post no address whatsoever)
- 3,708 have server locations in foreign countries

To help consumers find the safest sources for purchasing medicine on-

line, NABP developed the VIPPS accreditation program. Consumers should look for the VIPPS Seal on an accredited site, or check NABP's database on its consumer protection Web site, www.AWARERX.ORG. As part of its continued efforts to combat these rogue sites, NABP and the state boards of pharmacy are stepping up their efforts to educate the public through the AWA_RX_E[®] Consumer Protection Program. The AWA_RX_E Web site provides information on safely obtaining medications and includes updated news, tips, information, and links to relevant NABP resources.

For the full report with detailed findings on the characteristics of rogue Web sites, visit www.AWARERX.ORG/get-informed/safe-acquisition/not-recommended-sites. 



Findings of NABP site reviews are taken from the October 25, 2012 report.

Domain Name Registrar Shuts Down Over 5,250 Internet Drug Outlets Following LegitScript and NABP Actions

Following discussions with LegitScript and NABP, Bahama-based Internet domain registrar, Internet .bs, suspended the domain names of over 5,250 rogue Internet drug outlets on August 26, 2012. This action shut down almost 44% of the Web sites included on the NABP Not Recommended list. In the years prior to the shutdowns, LegitScript, an Internet monitoring company that upholds NABP standards for online pharmacies, conducted research and an undercover investigation into the practices of Internet.bs, released a report on the investigation, and attempted to contact Internet.bs regarding the illegal online drug sellers whose domains it had registered. In those years also, the NABP Internet Drug Outlet Identification program continued reviewing Internet sites marketing drug products to United States consumers to determine whether or not they appeared to be in compliance with state and federal laws and NABP patient safety and pharmacy practice standards. NABP also sent a letter to the Internet Corporation for Assigned Names and Numbers (ICANN) regarding Internet.bs and took additional actions to help bring about the shutdown of the 5,250 Internet drug outlets.

LegitScript Uncovers Registrar's Role

In March 2012, LegitScript published a report

focused on certain domain name registrars, including Internet.bs, and their role in providing a safe haven for illegal online drug sellers. The report indicated that while Internet.bs held only 0.2% of the global domain name market share, 33% of rogue Internet drug outlet domains were registered with the company. In fact, LegitScript's data showed that Internet.bs held the largest market share of all registrars that had registered such domains. LegitScript also examined the domains of the over 9,000 sites on the NABP Not Recommended list at that time and found that Internet.bs had registered the domains of 43.9% of the currently active sites on the list.

To determine how one registrar became the domain name registrar for between 33% and 44% of all rogue Internet drug outlets, LegitScript initiated an undercover investigation of Internet.bs. For the investigation, LegitScript researchers posed as an "organized cybercrime network preparing to create thousands of websites selling counterfeit drugs and controlled substances" without a prescription. The researchers created a fictitious company name and employee names, along with a Web site and e-mail accounts. In the guise of the affiliate network, the researchers told Internet.bs via e-mail that they were intending to reestablish thousands of domains which

Domain Names

Domain names, such as *www.nabp.net*, provide easily recognizable and memorable names that are typed into a Web browser to bring up a Web site.

Domain Registrar

Registrars, such as GoDaddy or Network Solutions, handle the registration of domain names and they must be accredited by the Internet Corporation for Assigned Names and Numbers and abide by its policies. 

had previously been shut down by US and European Union regulators, and that they intended to sell controlled substances and their own formulations of cancer drugs without requiring prescriptions. They asked Internet.bs for assurance that these domains would be safe with Internet.bs. The company "agreed to help, and even pointed to other rogue Internet pharmacies using its registration services . . . as proof that our Internet pharmacies would be safe," indicates the LegitScript report. The researchers exchanged numerous e-mails with the company and received similar assurances. Ultimately, the researchers successfully registered several hundred domains and used them to set up mock versions of rogue Internet drug outlets.

Prior Attempts Made to Alert Internet.bs

The investigation followed 10 attempts by LegitScript to contact Internet.bs to inform the company about the rogue Internet drug outlets whose domains

they had registered with the hope that the company would take action to shut them down. LegitScript offered to provide the company additional information about the sites at no charge. LegitScript also provided Internet.bs with a letter from NABP addressed to domain name registrars generally and affirming that "LegitScript is a resource for registrars and other companies to verify and explain the legitimate or illicit nature of an Internet pharmacy."

NABP Alerted Registrar and ICANN

In August 2010, NABP also sent a letter to Internet.bs urging the company "to take steps to prevent the use of [its] registration service by Web sites engaged in the illicit and illegal sale of prescription drugs."

Internet.bs did not respond to the communications sent by LegitScript and NABP. Further, after the LegitScript report was released, and Internet.bs was asked to shut down

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Registrar Shut Downs

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the rogue sites, Internet.bs claimed that it could not lock domains without a court order from the Bahamas or a Uniform Domain-Name Dispute-Resolution Policy decision.

However, registrars are responsible for prohibiting the use of their clients' domain names in violation of applicable laws. They do not need to monitor all domains they register, but if they are made aware of the illegal use of a domain by a client, they cannot ignore it or facilitate such activity. For example, LegitScript points out that companies such as GoDaddy and eNom have less than 1% of rogue Internet drug outlets among their registered domains because they suspend domain names engaged in illegal activity, including the illegal sales of drug products.

In March 2012, following the publication of the LegitScript report, NABP sent a letter to ICANN urging the organization to take action against Internet.bs. NABP also issued a press release about the letter and the information revealed in LegitScript's report.

Subsequently, PayPal assisted by pressing Internet.bs to shut down the rogue sites and ultimately suspended Internet.bs PayPal accounts when the company failed to take action.

Following the suspension of the PayPal accounts, NABP and LegitScript sent a memo to Internet.bs

providing language for an online pharmacy policy that would protect the public from rogue sites and would be consistent with the policies of other major registrars. The suggested policy defined online pharmacy and specified that domain names must not be used to facilitate the sale of prescription drugs in violation of applicable laws. The policy gave Internet.bs the right to suspend and lock online pharmacies operating in violation of the policy without prior notice. The memo emphasized that Internet.bs should not only adopt a policy similar to the language provided, but that the company should also shut down all the rogue sites in violation of the new policy at that time and without providing prior notice or allowing them to transfer their domains to another registrar.

NABP and LegitScript also requested that in addition to adopting such a policy and shutting down the offending sites, Internet.bs agree in writing to maintain and consistently implement the new policy. The organizations agreed to recommend to PayPal that the Internet.bs accounts be restored if all three of these steps were taken.

New Internet.bs Policies Shut Down Illegal Sites

While Internet.bs had previously acted as a safe haven for rogue Internet

drug outlets, in summer 2012 the company took the steps outlined by NABP and LegitScript, including locking the domain names, that facilitated the shutdown of the 5,250 drug-peddling Web sites.

Importantly, Internet.bs locked the 5,250 domains without giving the owners prior notice, a plan that helped prevent the entities from moving their domain name to another domain name registrar. Further, Internet.bs has also been denying any requests to transfer the domains to other registrars.

Prior to locking the domains, Internet.bs updated its Terms and Conditions with the language developed in consultation with NABP and LegitScript that prohibits the illegal sales of drug products on its domains. The company notified its clients of the new Terms and Conditions via e-mail and also sent out a press release regarding the new policies. The company also contacted another registrar where Internet drug outlets were seeking to transfer and urged them to adopt similar policies. The registrar chose to do so.

In consideration of all these actions, on August 28, 2012, LegitScript sent a letter to PayPal encouraging that Internet.bs PayPal accounts be restored. In the letter, LegitScript indicated that it will continue monitoring whether Internet.bs is adhering to its new online pharmacy policies.

Future Concerns

While Internet.bs updated its policies and took action to shut down

those domains in violation of the new policies, other domain registrars still support thousands of Internet drug outlets. For example, LegitScript's report noted that registrar ABSystems was second only to Internet.bs, having registered over 17% of rogue Internet drug outlet domains. As noted by LegitScript, "Rogue pharmacy websites are contemptible in and of themselves, but to stay online, these websites need a cooperative Registrar."

NABP and LegitScript actions, and the organizations' successful work consulting with Internet.bs regarding its policies on Web sites illegally selling drug products, illustrate one strategy for effectively assisting domain registrars to shut down bad actors and underscore the impact of multidisciplinary collaboration to bring down illegal online drug sellers. LegitScript notes that "urging Internet companies to stay true to the original intent of Internet self-regulation" and to assist in the process of shutting down bad actors is a "pressing call." NABP will continue to review Web sites marketing drug products and to alert domain registrars when it is discovered that their services are being used by rogue Internet drug outlets. The Association and its member boards will also continue to alert appropriate regulators when it is determined that an Internet site is marketing and distributing drug products illegally. ®

1,165 Disciplinary Actions Reported During Third Quarter 2012

During the third quarter 2012, the state boards of pharmacy reported a total of 1,165 disciplinary actions to the NABP

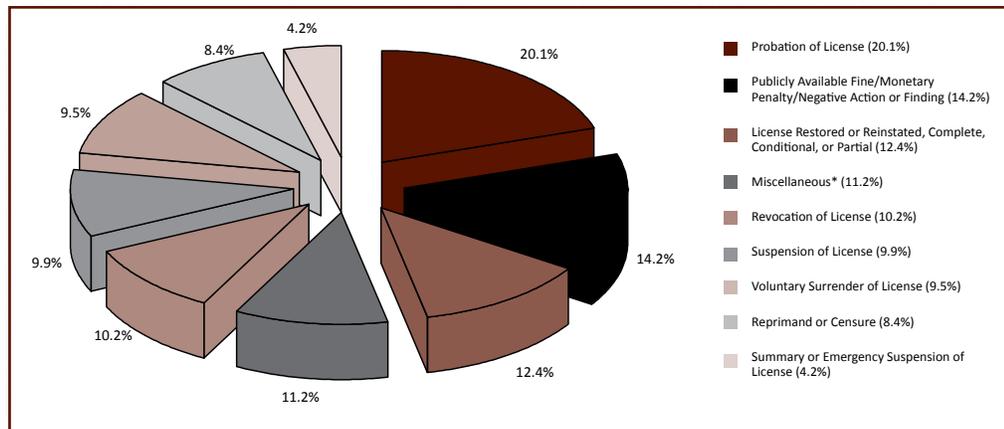
Clearinghouse. Of the 1,165 actions, 745, or 64%, of these were taken against pharmacists and the remaining 420, or 36%, were

taken against pharmacy technicians.

Unlike the second quarter results, the Probation of License category accounted

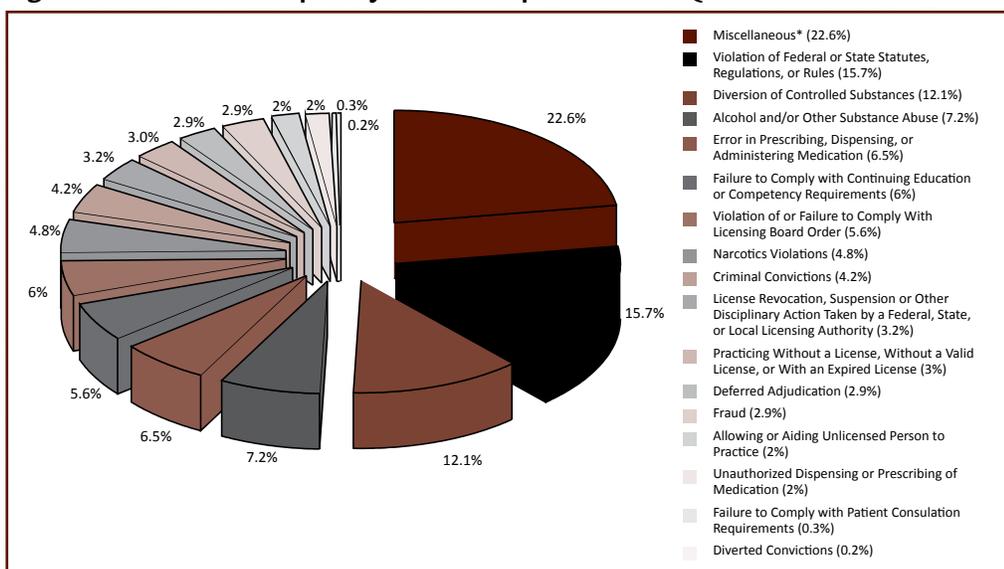
for the most actions reported with 234, or 20.1%, of the total 1,165 actions. Following this category, Publicly Available Fine/Monetary Penalty/Negative Action or Finding was the second most reported with 165, or 14.2%, of the actions reported. At 144, or 12.4%, Licensed Restored or Reinstated, Complete, Conditional, or Partial was the third most common action reported to the Clearinghouse; however, the Miscellaneous and Revocation of License categories were not far behind with 11.2% (130) and 10.2% (119) of the total records, respectively.

Figure A: Disciplinary Actions Reported Third Quarter 2012



*The miscellaneous category includes denial of initial license; denial of license renewal; extension of previous licensure action; license restoration or reinstatement denied; limitation or restriction on license; modification of previous licensure action; other licensure action - not classified; and reduction of previous licensure action.

Figure B: Basis for Disciplinary Actions Reported Third Quarter 2012



*The miscellaneous category includes failure to pay child support/delinquent child support; immediate threat to health or safety; improper or inadequate supervision or delegation; incompetence; negligence; nolo contendere plea; other - not classified; other unprofessional conduct; practicing beyond the scope of practice; sexual misconduct; substandard or inadequate care; unable to practice safely; unable to practice safely by reason of physical illness or impairment; unable to practice safely by reason of psychological impairment or mental disorder; breach of confidentiality; disruptive conduct; misappropriation of patient property; misrepresentation of credentials; failure to meet licensing board reporting requirements; and failure to meet the initial requirements of a license.

Data indicates that of all the basis for disciplinary actions reported during the third quarter, 22.6% (263) are from the Miscellaneous category, which consists of several smaller categories. Following this category, are actions taken due to Violation of Federal or State Statutes, Regulations, or Rules, which held the second highest percentage overall with 15.7% (182). Another 12.1% (141) of the actions reported during the third quarter were taken on the basis of Diversion of Controlled Substances.

As an essential component to maintaining the integrity of the licensure transfer program among the states, reporting to the NABP Clearinghouse is required by the NABP Constitution and Bylaws. Findings from the third quarter 2012 reporting

(continued on page 232)

Panelists Share Their Expertise on Common Issues Faced by Boards of Pharmacy During Interactive Member Forum

During the two-day Interactive Member Forum, panelists provided their expertise on current issues facing the boards of pharmacy. The forum kicked off the first in a series of three meetings themed “NABP 2012 Triathlon.” Encouraging participation from the members, the panelists at the forum focused on important topics specifically requested by the attendees. More details on the forum are available in the cover story of this *Newsletter*. ©



Panelists Share Day-to-Day Experiences with Emerging Issues Facing Pharmacy Regulation

Expert panelists opened up the forum by leading a discussion on the future of pharmacy regulation during the session “Future of Pharmacy Regulation: Emerging Issues.” Topics included information on new practice models in independent, chain, and hospital pharmacy practices and pharmacy technician education, training, and certification. Pictured from left to right: James Koppen, RPh, member, Minnesota Board of Pharmacy; Donnie Calhoun, RPh, member, Alabama State Board of Pharmacy; Lenna Israbian-Jamgochian, PharmD, member, Maryland Board of Pharmacy; James T. Devita, RPh, member, Massachusetts Board of Registration in Pharmacy and NABP Executive Committee member; and session moderator Lloyd K. Jessen, JD, RPh, NABP Executive Committee member.



Facing the Challenges of Drug Shortages

During the session “Drug Shortages and Evolving Issues,” panelists shared how some states are handling the growing problem of drug shortages. In addition, panelists discussed the topic of gray market wholesalers and the 5% distribution rule for pharmacies. Pictured from left to right: Penny Reher, RPh, member, Oregon State Board of Pharmacy; Gregg Jones, compliance manager, NABP; Kevin Borchert, RP, member, Nebraska Board of Pharmacy; and session moderator Jeanne D. Waggener, RPh, NABP Executive Committee member.



Informing the Boards on Legal Matters

The session "Legal Issues," provided attendees with the basics for understanding conflicts of interest. In addition, panelists provided attendees with information to prepare for legal challenges. Pictured from left to right: Dale Atkinson, JD, Atkinson and Atkinson; Moira Gibbons, PharmD, JD, legal affairs senior manager, NABP; and session moderator Mark T. Conradi, JD, RPh, NABP Executive Committee member.

Preventing Diversion through Regulations

"Regulating to Decrease Diversion and Increase Patient Safety," provided attendees with information on regulations pertaining to fingerprinting and background checks and new technological advances. Panelists pictured from left to right: Edward G. McGinley, MBA, RPh, member, New Jersey State Board of Pharmacy and NABP Executive Committee member; and session moderator Joseph L. Adams, RPh, NABP Treasurer.



Providing Tools to Assist Boards

Panelists shared expertise on different tools available to assist the state boards of pharmacy in decreasing diversion and increasing patient safety during the session "Board Assistance to Decrease Diversion and Increase Patient Safety." Attendees learned and discussed how the NABP PMP InterConnect®, NARxCHECK, and inspecting for Chapter 797 may assist with these efforts. Pictured from left to right: session moderator William John Cover, RPh, NABP Executive Committee member; Josh Bolin, BA, government affairs director, NABP; Robert Cowan, CPA, CAE, chief operating officer, NABP; and Kevin Mitchell, RPh, member, Ohio State Board of Pharmacy.

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Licensees Encouraged to Register for CPE Monitor Now to Be Ready for the January 2013 Provider Implementation

With the fast approaching deadline of January 1, 2013, for all Accreditation Council for Pharmacy Education (ACPE)-accredited providers to integrate their systems with CPE Monitor™, the state boards of pharmacy are encouraged to remind their licensees to set up their NABP e-Profiles, obtain their e-Profile IDs, and register for CPE Monitor.

More than 188 providers have already integrated their systems and are requiring licensees to provide their e-Profile ID numbers, along with their date of birth (MMDD), in order to obtain continuing pharmacy education (CPE) credit. After the provider deadline of January 1, pharmacists and pharmacy technicians will need to be

registered through the CPE Monitor service and have an e-Profile ID if they wish to participate in an ACPE-accredited CPE activity.

To avoid delays in future processing of CPE, it is recommended that pharmacists and technicians create their e-Profiles soon. Once licensees have set up their e-Profiles and registered for CPE Monitor they will be able to electronically track their ACPE-accredited CPE credits.

Board Webinars, Assistance

In September 2012, NABP hosted two Webinars in partnership with ACPE for the boards of pharmacy. The Webinars described the standards and procedures that ACPE

uses to evaluate the quality of ACPE-accredited CPE providers. In addition, roles of providers and ACPE in the CPE Monitor service were explained, as well as the software NABP plans to provide the boards of pharmacy to assist in CPE compliance reviews. It is anticipated that in 2013, the boards of pharmacy will have the option of requesting reports on their licensees, electronically eliminating the need for paper copies of CPE statements from ACPE-accredited providers.

As of press time, more than:

- 1,437,187 CPE activity records were stored in the CPE Monitor system
- 203,660 pharmacists have created e-Profiles
- 115,919 pharmacy



technicians have created e-Profiles

CPE Monitor is a national collaborative service from NABP, ACPE, and ACPE providers. To obtain an e-Profile ID, licensees may visit www.MyCPEmonitor.net, create an e-Profile, and register for CPE Monitor.

NABP is happy to assist the boards of pharmacy with additional messaging for licensees and can provide language upon request. More information is available by contacting NABP Customer Service at custserv@nabp.net or via phone at 847/391-4406. ☎



Newly Accredited DMEPOS Facilities

The following facilities were accredited through the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) program:

Atlantic Heights Pharmacy
Brooklyn, NY

Chelsea Royal Care Pharmacy, Inc
New York, NY

Columbia Hickory Pharmacy
Columbia, MD

Ditmas Pharmacy Corp
Brooklyn, NY

Dover Community Pharmacy
Dover, DE

Fairfax Discount Pharmacy, Inc
Los Angeles, CA

Hudson View Pharmacy, Inc
Newburgh, NY

The Lobby Pharmacy
Brooklyn, NY

Medi-Space Drugs
Flushing, NY

Middle Neck Pharmacy
Great Neck, NY

O’Laughlin’s Home Care Pharmacy
Dalton, MA

Slavins – Hancock Pharmacy
Stamford, CT

Suburban Pharmacy
Glendale Heights, IL

A full listing of the nearly 1,000 accredited DMEPOS companies representing close to 30,000 facilities is available on the NABP Web site at www.nabp.net. ☎

NABP Launches PILAR Program to Streamline Pharmacist Internship Licensure in District 5; Iowa and North Dakota Participate

Supporting the needs expressed by members of NABP/American Association of Colleges of Pharmacy (AACCP) District 5 and the schools and colleges of pharmacy, NABP has begun the pilot of the Pharmacist Intern License and Registration™ (PILAR™) program. Launched in late August 2012, PILAR is a uniform registration database and online application developed to streamline internship licensure for both boards of pharmacy and pharmacy students.

Members of NABP/AACP District 5, which includes Iowa, Minnesota, Nebraska, North Dakota, and South Dakota, and the provinces of Manitoba and Saskatchewan, have been working on this program with the goal to eventually issue a uniform internship registration or license to pharmacy interns in their district. The PILAR program currently only facilitates internship registration for two states within District 5 – the Iowa Board of Pharmacy and the North Dakota State Board of Pharmacy.

During this first phase of the PILAR pilot, prospective pharmacy interns in Iowa and North Dakota may register for an internship license/registration with their specific board of pharmacy online via the NABP Web site. NABP screens the applicant's information and professional

history for things such as disciplinary actions or whether he or she holds an active license as a pharmacy technician and/or intern in another state. Once the applicant is reviewed and verified, NABP forwards the

PILAR is a uniform registration database and online application developed to streamline internship licensure for both boards of pharmacy and pharmacy students.

information along with any findings to the applicable state board of pharmacy for approval of the internship license/registration. Each board of pharmacy has a set of requirements that a prospective pharmacist intern must meet before a license/registration can be issued. Upon deciding whether to grant licensure to the pharmacist intern, the board electronically submits its approval or rejection of the license/registration to NABP. NABP will then notify the individual of his or her status. If a pharmacist intern license/registration is granted, NABP provides instructions for viewing and printing the internship license/registration.

Although the PILAR pilot is only open to prospective pharmacist interns

seeking licensure in Iowa and North Dakota, the future goal of the program is to allow pharmacist interns to register online for a single pharmacist internship license that may be accepted in multiple states within District 5. This would allow students attending a school or college of pharmacy in District 5 to apply for an internship with any of the District 5 states, not just one as the program currently allows. Eventually, the complete record of the pharmacist intern's practice experience would be available electronically to each participating District 5 jurisdiction. This change would decrease paperwork, expedite the licensing/registration process, and simplify the transfer of certification of internship hours for boards within District 5.

Additional future goals for PILAR are to offer data sharing among the schools and colleges and the boards of pharmacy. This benefit would provide the schools and colleges a central repository for accessing and managing students' information and approving their practice experience online. The boards of pharmacy within District 5 would also have access to this informa-



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tion. This added benefit would further streamline the intern license/registration process and provide an easier means of communication for the schools and colleges and the boards of pharmacy.

As the PILAR pilot continues with the Iowa Board of Pharmacy and the North Dakota State Board of Pharmacy, NABP hopes other states within District 5 are also able to join. However, to provide a uniform license for pharmacist interns, changes would need to be made to the regulations and statutes of District 5 states. NABP also notes that an additional goal would be open uniform pharmacist internship licensure/registration for all NABP/AACP districts.

For more information about PILAR, please contact the NABP Customer Service Department at custserv@nabp.net. Additional information about the program may be found by visiting www.nabp.net/programs/licensure/pilar/index.php. ©

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Time Frame for Submitting Proposed Amendments to the NABP Constitution and Bylaws is February 18 to April 4

Proposed amendments to the NABP Constitution and Bylaws must be submitted between Monday, February 18, 2013 and Thursday, April 4, 2013, to be considered during the 109th Annual Meeting, which will be held May 18-21, 2013, at the Hyatt Regency St Louis at the Arch

in St Louis, MO. Amendments may be proposed by any active member board of pharmacy, the NABP Executive Committee, or the Committee on Constitution and Bylaws.

NABP requests that all amendments be submitted in writing to NABP Executive Director/Secretary

Carmen A. Catizone at NABP Headquarters, 1600 Feehanville Dr, Mount Prospect, IL 60056 or via e-mail at exec-office@nabp.net. 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. ☎

Sponsorship and Educational Grant Opportunities for NABP 109th Annual Meeting Now Available

Organizations have an opportunity to gain exposure through numerous sponsorship and educational grant opportunities available at the NABP 109th Annual Meeting to be held May 18-21, 2013, at the Hyatt Regency St Louis at the Arch in St Louis, MO. 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.

Contributing organizations will be recognized at the podium during the

First Business Session, 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 registra-

tions 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. ☎

Pre-Order a Copy of the 2013 Survey of Pharmacy Law

Serving as a convenient reference source for individuals seeking an overview of the laws and regulations that govern pharmacy practice in 53 jurisdictions, the updated 2013 *Survey of Pharmacy Law* will be available in mid-December. Interested individuals may get a head start to their purchase by pre-ordering a copy on the NABP Web site.

The *Survey*, produced in a CD format, 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 18, Drug Control Regulations, asks what quantity limits are imposed for controlled substances. In addition, a new question was added to Section 19, Drug Product Selection Laws, and asks if the state has any interchangeability requirements for biosimilars/biologics.

Updates for the 2013 *Survey* were graciously pro-

vided by the state boards of pharmacy. In addition to the boards' support, NABP requested data from relevant health care associations for the *Survey's* prescribing authority and dispensing authority laws in Sections 24 and 25, and laws pertaining to the possession of non-controlled legend drugs and possession of controlled substances in Sections 26 and 27.

The *Survey* can be purchased online for \$195 by

visiting the Publications section of the NABP Web site at www.nabp.net/publications. Individuals that pre-order the *Survey* will be mailed their copy in mid-December.

All final-year pharmacy students receive the *Survey* free of charge through the generous grant 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. ☎

NABPLAW Celebrates 20th Anniversary with Upgrade to Database Providing a More Streamlined and Robust Search

In 2013, NABP will celebrate the 20th anniversary of NABPLAW®. In anticipation of this milestone, in November 2012, NABP launched a new version of its pharmacy law database with the intent to provide the boards of pharmacy and other subscribers with a more streamlined and robust search process in addition to increasing the efficiency of the search tool. The upgrades to the service will save individuals time and effort when researching relevant state pharmacy laws and regulations.

Launched at the NABP 89th Annual Meeting in Baltimore, MD, the initial NABPLAW subscription included a storage binder, disks, a user's manual, and one update with semi-annual updates issued each year thereafter.

The database was then moved online in 2000 to provide users with current data. As an Internet-based database, NABPLAW Online offers complete and updated compilations of pharmacy practice acts,

controlled substance acts, wholesale drug distributor acts, and accompanying regulations for all 50 states and the District of Columbia. The database allows subscribers to quickly access specific research information such as pharmacy security requirements, patient counseling regulations, and specific powers and duties of each state board of pharmacy.

The New NABPLAW Online

The enhanced NABPLAW Online search tool includes:

- A new look-and-feel with improved functionalities.
- Updated search technologies providing subscribers with easy to use query capabilities.
- Faster return of search results.
- Query memory provides search suggestions as the user types, similar to the functions found on popular search engines such as Google and Bing.

Who Benefits?

Since it was launched in 1993, the pharmacy law database has come a long way, providing valuable information to individuals in all realms of pharmacy practice. Serving as an important tool for the boards of pharmacy and the state and national pharmacy associations, NABPLAW Online now provides immediate access to current laws and regulations. The data available in the system can also serve as an essential educational resource for the schools and colleges of pharmacy and their students. NABPLAW Online, however, is not a study tool for the North American Pharmacist Licensure Examination® (NAPLEX®) or the Multistate Pharmacy Jurisprudence Examination® (MPJE®). Individuals preparing for NAPLEX are encouraged to take the Pre-NAPLEX®, and those preparing for the MPJE should study the laws and regulations of the state(s) from which they have applied for licensure.

In addition to the boards, associations, and schools and colleges, NABPLAW Online is a great information source for attorneys, health care marketing research companies, chain drug store headquarters, and pharmaceutical companies.

Subscriptions

As NABP members, the boards of pharmacy receive a special discounted rate of \$295 for an annual license with unlimited NABPLAW Online users. In addition, NABP offers a variety of short-term and long-term licenses. These subscriptions may be purchased through the NABP Web site at www.nabp.net/programs/member-services/nabplaw. A full listing of the subscription fees, as well as more information about NABPLAW Online, is also available on the NABP Web site or by contacting NABP Customer Service at custserv@nabp.net or 847/391-4406. ☎

New NABP Newsletter Index Now Available Online

For your convenience, the *NABP Newsletter* index is available online in a PDF. To do a quick search for articles and photos from past issues of the *Newsletter*, visit the NABP Web site at www.nabp.net/publications. Need a hard copy? Simply print the list. ☎



AWAR_xE Supports a Variety of National and Local Efforts to Help Prevent Prescription Drug Abuse

Partnering with Drug Enforcement Administration (DEA) and the Partnership at Drugfree.org, as well as local organizations and events, AWAR_xE® continues to share with the public information about the dangers of abusing prescription drugs.

AWAR_xE is a strategic partner of the Partnership at Drugfree.org's Medicine Abuse Project, which aims to prevent half a million teens from abusing medications in the next five years. In support of the project's launch week, September 23-29, 2012, AWAR_xE sent messaging to pharmacists, pharmacy technicians, and consumers encouraging them to learn about the Medicine Abuse Project resources. AWAR_xE also encouraged readers to take the online pledge to help prevent teen medicine abuse.

For the second year, AWAR_xE partnered with DEA, and encouraged consumers to help prevent abuse by disposing of unneeded, unwanted, and expired prescription drugs on the fifth National DEA Prescription Drug Take-Back Day that took place September 29, 2012. Information about the DEA Take-Back Day and a link to the take-back day locator were available on the AWAR_xE Web site.

AWAR_xE also raised awareness about the importance and convenience of participating in the DEA Take-Back Day through AWAR_xE Facebook posts and items in the bi-weekly electronic *AWAR_xE Prescription Drug Safety Newsletter*.

AWAR_xE continues to provide new information on its Web site and to make that information easier to access. The AWAR_xE Pharmacists page was recently reorganized under three headings: Resources for Your Patients, Resources for Pharmacists, and Resources on NABP Programs and Activities.

In addition, a new page on the AWAR_xE site provides links to appropriate educational resources for children and teens. The new "MyPage" includes American Association of Poison Control Centers information and a video for grade school students, a Food and Drug Administration presentation developed for middle school students, and links to the

National Institute on Drug Abuse PEER_x resources for high school students and teens.

In addition, the Get Local section of the AWAR_xE Web site continues to be expanded with information on local medication disposal programs and prevention events, and now includes a page for each state.

AWAR_xE Events

Gil Kerlikowske, director of the Office of National Drug Control Policy, has stressed that everyone has a role to play in addressing the epidemic of prescription drug abuse and drug overdoses involving prescription painkillers. Kerlikowske also stressed that parents and grandparents can do their part by properly disposing of any unneeded medications and by talking with their kids about the dangers of misusing prescription drugs.

Pharmacists and NABP staff continue to help raise awareness among grand-

parents, parents, and other consumers.

NABP staff delivered AWAR_xE presentations to seniors and distributed flyers and bookmarks alerting them to AWAR_xE resources at the following events:

- Norwood Park Senior Center, Chicago, IL, September 24, 2012
- Seniors Assistance Center, Norridge, IL, September 28, 2012
- Active Senior Expo, Grayslake, IL, October 3, 2012
- MaineStreamers Senior Group, Maine Township, IL, October 10, 2012

Also, NABP provided AWAR_xE resources to health educator Lori Swanson, CPP, Substance Abuse Coalition of Kanabec County, and pharmacists Kati Dvorak, PharmD, and Brent Thompson, PharmD, to share about the dangers of prescription drug abuse at the FirstLight Health System's Community Health Fair in Mora, MN, October 25, 2012. ®

Mesa Public Schools, Arizona, Red Ribbon Week, October 22-26, 2012

Pharmacist Kerry Conway has coordinated a red ribbon week event in Arizona that will feature AWAR_xE® silicon bracelets alerting students and parents of [AWAR_xE.RX.ORG](http://AWARxR.X.ORG) as a resource. Conway also delivered an AWAR_xE anti-prescription drug abuse presentation to middle school-aged students and educated parents and teachers on the facts about prescription drug abuse among youth.



Completed Pilots and Developing Projects Demonstrate NABP PMP InterConnect Potential to Increase Use of PMP Data at Point of Care

As participation in the NABP PMP InterConnect® continues to grow, pilot projects with state prescription monitoring programs (PMPs) and developments in the use of the NARxCHECK software have shown promise in increasing ease of access to and use of PMP data by integrating data directly into the workflow of health care practitioners.

State Participation Update

Authorized PMP users in 10 states are now sharing data through the NABP InterConnect, with the system deployed in the states of Arizona, Connecticut, Indiana, Kansas, Michigan, New Mexico, North Dakota, Ohio, South Carolina, and Virginia. Nine additional states have signed memorandums of understanding (MOU) to participate in NABP InterConnect, and six states have MOUs under review. It is anticipated that approximately 25 states will be sharing data or will have executed an MOU to participate in NABP InterConnect by early 2013.

Projects Leverage NABP InterConnect Technology to Increase PMP Use

NABP InterConnect pilot projects with PMPs in Indiana, Michigan, and North Dakota have successfully made PMP data easier to access by authorized users

in emergency rooms (ER), physician offices, and a pharmacy, respectively.

In an Indiana pilot, authorized prescribers in the ER Department at Wishard Memorial Hospital, Indianapolis, IN, were able to access PMP reports through Indiana Health Information Exchange (IHIE) patient health records over a 30-day period from July 9, 2012 to August 9, 2012. The data integration encouraged authorized ER practitioners to use the PMP data by making it more easily accessible. A follow-up survey of 243 participating prescribers indicated that 97% thought that the PMP data was easier to access compared with logging into the Indiana Scheduled Prescription Electronic Collection and Tracking (INSPECT) program on a separate screen. The survey also showed that 65% altered their prescribing patterns based on the PMP data obtained. For example, more than 58% of those surveyed indicated that they reduced either prescriptions or the number of pills based on PMP information obtained. Also, 7% indicated that they increased the number of pills after reviewing the PMP data. Of the 243 surveys completed, 175 prescribers indicated that the report provided information they were not previously aware of. NABP InterConnect worked with IHIE to develop the pilot on behalf of the INSPECT program, as part of the national Enhancing Access to Prescription

Drug Monitoring Programs Project.

A pilot with the Michigan Automated Prescription System, an NABP InterConnect participant, made PMP data more readily available to physicians or authorized users in the general practitioner setting. DrFirst, an e-prescribing system, connected to the NABP InterConnect hub as would a state PMP. The connection integrated PMP data with patient information in the e-prescribing system. This connection allowed authorized prescribers to access PMP data through the e-prescribing system, avoiding the additional step of logging into the PMP. DrFirst, a national company, found that the ability to access the PMP data through their system was greatly valued by prescribers in Michigan, and the company noted the potential for implementing the connection on a wider scale.

In North Dakota, NABP partnered with an Indian Health Service pharmacy in North Dakota, and the North Dakota PMP, an NABP InterConnect participant, to make PMP data more easily accessible to authorized users in the participating pharmacy. In this pilot, queries from PMP users in the pharmacy passed through the NABP InterConnect to a third-party system where it was analyzed. The PMP user in the pharmacy was then provided with a report that included a “red light, green light” type



of signal, indicating that the prescription can be dispensed based on an analysis of the PMP data (green light), or that the prescriber should manually query the PMP and evaluate this information before the prescription is issued (red light).

New projects that leverage the NABP InterConnect technology in similar ways will soon be underway in Indiana, Illinois, Kansas, Ohio, and West Virginia with funding support through the Prescription Drug Monitoring Integration and Interoperability Expansion Grant program administered by the Substance Abuse and Mental Health Services Administration.

For example, the Ohio PMP, Ohio Automated Rx Reporting System (OARRS), is working with NABP on a pilot project that would implement use of NABP InterConnect in Kroger pharmacies in the state.

NARxCHECK Promises to Increase Use of PMP Data

With the potential to increase use of PMP data on a national scale, integration of the NARxCHECK software with PMP InterConnect is under development. NABP Foundation® has acquired NARxCHECK, a technology that accesses a PMP database to obtain

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NABP InterConnect Update

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patient prescription data, analyze that data using a patent-pending analytical engine, and provide a risk-based score to prescribers to assist in prescribing decisions.

NARxCHECK provides to enrolled prescribers a three-digit score, with a low score signifying that the PMP data indicate the patient has a low risk for narcotic, sedative, or stimulant misuse and a higher score indicating that the prescriber should be increasingly concerned about the potential for such misuse, and that the prescriber should use the PMP information along with additional information to make an appropriate prescribing decision. NARxCHECK will also use the following information about a patient, based upon

the PMP data over the most recent two-year history:

- Number of providers used to obtain narcotics, sedatives, or stimulants
- Number of dispensing pharmacies used to obtain narcotics, sedatives, or stimulants
- Days supply as prescribed
- Amount of reported drug overlap in the analyzed history
- Current number of active prescriptions within each drug class

The software will soon be enhanced to represent much of this information graphically as well, further enhancing the usefulness of the data for busy practitioners, and giving them another tool for assessing appropriate patient care utilizing controlled substances.

NARxCHECK is currently configured to work with the Ohio PMP, OARRS, and with the acquisition of the program,

NABP will work to configure the software to work with the NABP InterConnect. NARxCHECK will then potentially be deployed with NABP InterConnect as a subscription-based service. Subscription revenues are intended to be used to continue support to state PMPs to enable their participation in NABP InterConnect, and to support the PMP programs in achieving their public health purpose.

Upon deployment of NARxCHECK in a new health care setting, practitioners would be required to complete training on appropriate use of the system. The training would encourage prescribers, pharmacists, and other authorized providers to use the NARxCHECK report as one factor to assist in evaluating appropriate drug treatment, and discourage the use of a NARxCHECK score or report in isolation

from other information in the patient's medical record.

Finally, NARxCHECK analytical tools for PMP administrators are currently under development. The tools should provide valuable insight about PMP data to PMP administrators and other stakeholders and are expected to deploy in first quarter 2013.

The prospective deployment of NARxCHECK with NABP InterConnect, along with the various pilot projects, show great potential to improve utilization of PMP data by authorized users such as physicians and pharmacists in order to protect the public health. By increasing use of PMP data at the point of care, practitioners can more efficiently and more fully realize the value of PMP data in helping to provide the best care possible to their patients. ☺



NABP PMP InterConnect Steering Committee Convenes

The NABP PMP InterConnect Steering Committee met at NABP Headquarters September 25-26, 2012, to discuss current operational items, future policy considerations, and significant projects.

Scores from November FPGEE to be Released on NABP.net; Next 2013 Administration Date Announced

Candidates will be able to view their scores from the November 9, 2012 Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) administration after December 17, on the NABP Web site. The next FPGEE will be administered on April 12, 2013. NABP will open FPGEE registration on January 7, 2013, and candidates will have until April 1, 2013, to register. Candidates must register for the examination on the NABP Web site before they can choose a

location to take the FPGEE. Within one week after registering, candidates will receive an Authorization to Test, and they may then schedule their test location with the NABP test vendor, Pearson VUE. Candidates can schedule a test location with Pearson VUE from January 14, 2013 to April 5, 2013.

The FPGEE is one component of the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification

Program. NABP developed the FPGEC as a means of documenting the educational equivalency of a candidate's foreign pharmacy education and foreign license and/or registration, which assists state boards of pharmacy in qualifying candidates for licensure in the United States.

To prepare for the FPGEE, NABP recommends that candidates take the Pre-FPGEE®, the only FPGEE practice examination written and developed



by NABP. This practice examination is designed to help familiarize applicants with the FPGEE by exhibiting the types of questions provided on the actual examination.

Additional information on the FPGEE as well as the Pre-FPGEE is available at www.nabp.net/programs. 

Next Two 2013 PCOA Testing Windows Approaching; Schools Encouraged to Sign Up

Registration for the first testing window for the 2013 Pharmacy Curriculum Outcomes Assessment® (PCOA®) administration is now closed; however, schools and colleges of pharmacy still have the option to choose testing dates within two other testing windows to administer the PCOA to their students.

New for 2013, NABP is offering schools and colleges the option to choose from a total of three testing windows. Registration closed on October 23, 2012, for the January 21 to February 9 testing window. Registration is still open for the following two PCOA testing windows:

- May 20-June 8, 2013 (register by February 19, 2013)

- September 23-October 12, 2013 (register by June 25, 2013)

Interested schools and colleges of pharmacy are encouraged to contact Gene Johannes, FPGEE/PCOA manager, at 847/391-4429 or via e-mail at gjohannes@nabp.net.

The change from one testing window to three was a result of responses received during an April 2012 PCOA forum. During the forum, representatives from the schools and colleges of pharmacy, the American Association of Colleges of Pharmacy, and the Accreditation Council for Pharmacy Education had the opportunity to share their own perspectives and experiences regarding the assessment. (See the Septem-

ber 2012 *NABP Newsletter* for additional details.)

More information about the PCOA is available in the Programs section



of the NABP Web site at www.nabp.net/programs/assessment/pcoa. 



Members Meet to Review Items for the FPGEE and PCOA

Review Committee Members Carolyn Friel, PhD, RPh, Massachusetts College of Pharmacy and Health Sciences (left), and Bruce Waldrop, PhD, RPh, Samford University McWhorter School of Pharmacy (right), discuss items on the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) and Pharmacy Curriculum Outcomes Assessment® (PCOA®), at NABP Headquarters August 2-4, 2012.

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Committee Members and Item Writers Dedicate Time and Expertise to NABP Examinations and Assessments throughout 2012



ACE Members Meet at NABP Headquarters

Members of the Advisory Committee on Examinations (ACE) met at NABP Headquarters on August 16, 2012. ACE oversees the development and administration of all the examination programs, considers policy matters, develops long-range planning strategies, and recommends action on specific issues to the NABP Executive Committee. Pictured from left to right: Tom Houchens, RPh, FASCP, Laurel Housing, Inc; Arthur I. Jacknowitz, MS, PharmD, West Virginia University School of Pharmacy; Jeanne D. Waggener, RPh, Executive Committee liaison; Carl W. Aron, RPh, member, Louisiana Board of Pharmacy; Sara St Angelo, PharmD, member, Indiana Board of Pharmacy; Neal F. Walker, RPh, University Medical Center – Mesabi; Michael Duteau, RPh, member, New York State Board of Pharmacy; and John D. Taylor, RPh, Florida Department of Health. Not pictured: David Todd Bess, PharmD, University of Tennessee Health Science Center College of Pharmacy; Judy Gardner, PharmD, member, Georgia State Board of Pharmacy; and Dale E. Wurster, PhD, Graduate College, University of Iowa.



FPGEE and PCOA Item Writers Meet to Develop Examination Questions

On October 12-13, 2012, item writers came together to develop new questions for the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) and Pharmacy Curriculum Outcomes Assessment® (PCOA®). Pictured from left to right: item writers Shannon Knutsen, PharmD, BCPS, Regis University School of Pharmacy; Brian Hemstreet, PharmD, BCPS, University of Colorado School of Pharmacy; and Paul Belliveau, PharmD, Massachusetts College of Pharmacy and Health Sciences.

NAPLEX Item Writers Meet to Develop New Examination Questions

Working together to develop new examination questions for the North American Pharmacist Licensure Examination® (NAPLEX®) to assess the knowledge, judgement, and skills expected for entry-level pharmacists, dedicated volunteers met at NABP Headquarters on September 13-14, 2012. Pictured from left to right: R. Francis Schlemmer, PhD, University of Illinois at Chicago College of Pharmacy; Diane Pacitti, PhD, RPh, University of Saint Joseph School of Pharmacy; and Mark Decerbo, PharmD, Roseman University of Health Sciences College of Pharmacy.



Committee Members Meet to Review Items for the NAPLEX

North American Pharmacist Licensure Examination® (NAPLEX®) Review Committee members Christopher Betz (left), PharmD, BCPS, Sullivan University, and Jennifer Beall (right), PharmD, Samford University McWhorter School of Pharmacy, discuss items on the NAPLEX. The NAPLEX Review Committee met at NABP Headquarters on July 18-20, 2012.

Board Volunteers Gather to Review the MPJE Item Pool During State-Specific Review

During the Multistate Pharmacy Jurisprudence Examination® (MPJE®) State-Specific Review Meeting held September 5-6, 2012, at NABP Headquarters, volunteers gathered to review items for the MPJE. Pictured from left to right: Alabama State Board of Pharmacy members Mark T. Conradi, JD, RPh, NABP Executive Committee member; and Vance Alexander, JD, RPh.



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Interactive Forum

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when to recuse oneself from board proceedings.

Jurisdictional Issues

In the past few years, regulatory boards in other medical professions have had their authority challenged by other government entities. Attendees were given examples of these challenges and an overview of court proceedings so they can be prepared if their boards become involved in such challenges.

Two breakout sessions were also held: one discussing advancements in technology

that affect laws and regulations, and the other covering state board processes. Attendees broke into small groups to discuss the topics and then reported their findings back to the entire group.

Attendees also had the opportunity to participate in open microphone discussions, at which time they could bring up any topic of interest to them. Topics raised included United States Pharmacopeia Chapter 795 and the Center for Pharmacy Practice Accreditation.

In addition to having the opportunity to network with other board of pharmacy members during two group lunches and a group

dinner, attendees also had time to interact with the NABP Executive Committee officers and members. Also, the members toured NABP Headquarters, stopping off in key departments to hear staff presentations on NABP programs and services.

The second leg of the Triathlon was the first-ever Tri-Regulator Symposium, which was held October 17-18, 2012, in Washington DC. During this meeting, members from NABP, the Federation of State Medical Boards, and the National Council of State Boards of Nursing discussed current and future opportunities for inter-professional cooperation as well as the collective

challenges faced by these three groups.

The final leg of the Triathlon, the Interactive Executive Officer Forum, was held November 13-14, 2012, in Northbrook, IL. Like the Member Forum, the goal of the Executive Officer Forum was to facilitate interaction among boards from across the country and provide closed sessions to discuss important and timely issues related to pharmacy regulation. As with previous Interactive Forums, NABP covered all expenses in order to facilitate participation by as many boards as possible and allow for increased opportunity for networking. 

Clearinghouse

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totals continue to demonstrate the reporting efforts made by the state boards of pharmacy.

Currently 32 boards of pharmacy have designated NABP as their Health-

care Integrity and Protection Data Bank (HIPDB) reporting agent; however, all boards of pharmacy are encouraged to utilize the online tool to report pharmacy disciplinary actions to the NABP Clearinghouse regardless of whether NABP is their reporting agent.

Regularly updated, the NABP Clearinghouse is available to serve as a comprehensive resource for the boards of pharmacy. It houses a tremendous amount of disciplinary data provided by the boards and tracks everything from the actions

taken to the basis for the actions. More information on reporting to the NABP Clearinghouse, as well as designating NABP as a reporting agent for HIPDB, is available on the NABP Web site at www.nabp.net/programs/member-services/nabp-clearinghouse. 



Newly Accredited VAWD Facilities

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

APP Pharmaceuticals, LLC
Bensenville, IL

Exel, Inc
Southaven, MS

FedEx SupplyChain Systems, Inc
Memphis, TN

Fresenius USA Manufacturing, Inc dba Fresenius Medical Care North America
Maumelle, AR
Los Lunas, NM

Independent Pharmacy Cooperative
Phoenix, AZ

McKesson Corporation dba McKesson Drug Company
Olive Branch, MS

Medline Industries, Inc
Middletown, NY

Midwest Veterinary Supply, Inc
Sun Prairie, WI

Thrifty Drug Stores, Inc dba Thrifty White Warehouse #899
Plymouth, MN

University Specialty Drugs, Inc dba University Specialty Drugs
San Diego, CA

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

Idaho Joins NPLEx to Track Illegal PSE Purchases

A new law in Idaho (SB 1309) requires all pharmacies and retailers in the state of Idaho that sell over-the-counter cold and allergy medications containing pseudoephedrine (PSE) to participate in a statewide, real-time electronic PSE monitoring program for the purpose of tracking illegal PSE purchases. In compliance with this new requirement, the state of Idaho has joined the National Precursor Log Exchange (NPLEx).

The Idaho State Board of Pharmacy encourages all pharmacies and retailers in the state to begin using the NPLEx system, which enables pharmacies and retailers to easily enter PSE sales data online rather than recording the information into a manual log or in-store computer.

As part of this project, sponsored by the National Association of Drug Diversion Investigators, pharmacies will be provided licenses and system training at no cost to the pharmacy. Additional information about this recent law change may be found in a notice from the Board's Web site available at http://bop.idaho.gov/forms/2012_07_12_ID_Non-Pharmacy%20Retailer%20Draft%20Email%20Letter.pdf.

Iowa's PMP Continues to See Positive Trends

Between January 1, 2012 and June 30, 2012, the Iowa Board of Pharmacy has seen positive changes and trends occurring with the prescrip-

tion monitoring program (PMP). The program is continuing to reduce the incidence of patients who utilize multiple pharmacies and multiple prescribers to obtain controlled substances (CS). The number of patients who received Schedule II, III, and IV CS from five or more prescribers or pharmacies decreased 53% between 2009 and 2011, from 3,293 incidents in 2009 to 1,769 in 2011. This downward trend is continuing in 2012. As of June 30, 2012, 830 incidents were reported.

Also between January 1, 2012 and June 30, 2012, prescribers submitted 50,257 requests for data and pharmacists submitted 4,955 requests. The Board notes that if this trend continues during the remainder of 2012, the number of requests from prescribers will have increased 41% compared with 2011 requests, and the number of requests from pharmacists will have increased 21% compared with 2011 requests.

As the Board continues to see these trends, additional changes have been made to the Iowa PMP. As of July 1, 2012, prescribers and pharmacists may authorize agents to register for the program and access and retrieve PMP data on their behalf. A prescriber or pharmacist may authorize no more than three agents.

In addition, beginning January 1, 2013, pharmacies will be required to submit CS dispensing information to the PMP on not-less-than a weekly basis and

nonresident (out-of-state) pharmacies licensed in Iowa will be required to report to the Iowa PMP.

For more information about Iowa's PMP, visit the PMP Section on the Iowa Board of Pharmacy's Web site at www.state.ia.us/ibpe/pmp/pmp_info.html.

CPD Task Force for Re-Licensure Established in Iowa

The Iowa Board of Pharmacy and the Iowa Pharmacy Association have recently formed a continuing professional development (CPD) task force to look at using CPD as a means for pharmacist re-licensure. CPD is a self-directed, practitioner-centered, outcomes-based model that is designed to meet the learning needs of the individual pharmacist. This approach has been implemented using a variety of models and regulatory frameworks in various health professions and countries and is now being explored by the Iowa Board of Pharmacy.

The CPD Task Force aims to create a mechanism for pharmacists to use CPD to seek re-licensure and plans to develop components of a CPD portfolio and a rubric for evaluating the CPD method for re-licensure. A select group of Iowa pharmacists will participate in a CPD pilot, and an interim progress report of the CPD Task Force will be presented to the Board in July 2013. Currently, there are approximately four states evaluating the use of CPD. In addition,

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Around the Association

Executive Officer Changes

- **Larry Loring, RPh**, is now serving as the acting executive director/chief inspector of the New Mexico Board of Pharmacy replacing William Harvey. Loring is a licensed pharmacist with over 30 years of experience in retail, institutional, consulting, and par-enteral pharmacy settings. Since 1990, he has served the New Mexico Board of Pharmacy as a drug inspector and certified police officer. Loring received his bachelor of science degree in pharmacy from the University of New Mexico College of Pharmacy.

- **Ronald J. Klein, MS, RPh**, now serves as the executive officer of the Vermont Board of Pharmacy. Klein previously served as the executive director of the Montana Board of Pharmacy for the past five years. Prior to his position with the Montana Board, Klein served as an inspector and chief inspector for the Nebraska Board of Pharmacy for 19 years. Klein received his bachelor of science degree in pharmacy from Creighton University School of Pharmacy and his master of science degree in pharmacy admin-

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State Board News

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Accreditation Council for Pharmacy Education has created a CPD Task Force, which closely monitors the advancement of CPD nationally.

Around the Association

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istration from St John's University in New York.

- **Chris Humberson, RPh**, now serves as the executive director of the Washington State Board of Pharmacy replacing Steven Saxe who acted as interim executive director after Susan Teil-Boyer. Prior to taking this position, Humberson worked as a pharmacy manager. He has over 30 years of retail pharmacy, pharmaceutical sales and marketing, and project management experience. Humberson received his bachelor of science degree in pharmacy from the University of Wyoming School of Pharmacy.

Board Member Appointments

- **Thomas Warmack, PharmD**, has been appointed a member of the Arkansas State Board of Pharmacy. Warmack's appointment will expire June 30, 2018.
- **Amy Gutierrez, PharmD**, has been appointed a member of the

New Kentucky Legislation Reduces PSE Limits

During the 2012 Kentucky Legislative Session, SB 3 was passed and signed into law, which reduces the monthly limit

California State Board of Pharmacy. Gutierrez's appointment will expire on June 1, 2016.

- **Victor Law, BPharm**, has been appointed a member of the California State Board of Pharmacy. Law's appointment will expire May 31, 2016.
- **Donald Johnson, BS**, has been appointed a member of the Colorado State Board of Pharmacy. Johnson's appointment will expire July 1, 2013.
- **James "Larry" Calvert, RPh**, has been appointed a member of the Mississippi Board of Pharmacy. Calvert's appointment will expire on June 30, 2017.
- **Heather King, RPh**, has been appointed a member of the New York State Board of Pharmacy. King's appointment will expire August 31, 2017.
- **Heather Shambarger, BA, MS**, has been appointed a public member of the New Hampshire Board of Pharmacy. Shambarger's appointment will expire October 14, 2016.
- **Margaret Huwer, PharmD**, has been appointed a member of the Ohio State Board of Pharmacy. Hu-

of PSE from 9 grams in a 30-day period to 7.2 grams in a 30-day period. SB 3 also lowers the annual limit from 108 grams to 24 grams. After this, a patient would need a prescription to obtain PSE. SB 3 also creates an

wer's appointment will expire June 30, 2015.

- **Kilee Yarosh, BS**, has been appointed a member of the Ohio State Board of Pharmacy. Yarosh's appointment will expire June 29, 2016.
- **Brad Fujisaki, PharmD**, has been appointed a member of the Oregon State Board of Pharmacy. Fujisaki's appointment will expire June 30, 2016.
- **Roberto Linares, RPh**, has been appointed a member of the Oregon State Board of Pharmacy. Linares's appointment will expire June 30, 2016.
- **Rebecca "Becky" Thornbury, JD, RPh**, has been appointed a member of the Virginia Board of Pharmacy. Thornbury's appointment will expire on June 30, 2016.
- **Cynthia "Cindy" Warriner, RPh**, has been appointed a member of the Virginia Board of Pharmacy. Warriner's appointment will expire June 30, 2016.

Board Member Reappointments

- **Sudhir Manek, RPh**, has been reappointed a member of the Illinois State Board of Pharmacy.

offender block list, which is a list of individuals convicted of methamphetamine-related offenses, who are therefore prohibited from buying a PSE product for a period of five years after completion of sentence. Ⓢ

Manek's appointment will expire April 1, 2014.

- **Bob Goetz, RPh**, has been reappointed a member of the Minnesota Board of Pharmacy. Goetz's appointment will expire January 4, 2016.
- **Kay Hanson, RPh**, has been reappointed a member of the Minnesota Board of Pharmacy. Hanson's appointment will expire January 4, 2016.
- **James Spoon, DPh**, has been reappointed a member of the Oklahoma State Board of Pharmacy. Spoon's appointment will expire June 30, 2017.

Board Officer Changes

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

- **Ronald Norris, PD**, President
- **Joseph Bryant, PD**, Vice President
- **Phillip Boyd, PharmD, MBA**, Secretary

The New Hampshire Board of Pharmacy has elected the following officer to the Board:

- **Helen Pervanas, PharmD**, Secretary Ⓢ

Meningitis Outbreak Associated with Compounded Steroid Injection

At least 438 cases of fungal meningitis, including 32 deaths, have been reported to be caused by intrathecal methylprednisolone injections compounded by the New England Compounding Center (NECC). Of the 438 cases reported as of November 9, 2012, a total of 81 have occurred in Tennessee, 50 in Virginia, 128 in Michigan, and 52 in Indiana, with the other 127 spread across Florida, Georgia, Idaho, Illinois, Maryland, Minnesota, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, and Texas. In addition, 10 cases of peripheral joint infections have been reported. The Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) are coordinating a multi-state investigation of the meningitis outbreak, and CDC reports that interim data show that all infected patients received an injection with preservative-free methylprednisolone acetate (80 mg/ml) prepared by NECC, located in Framingham, MA.

After the incident, NECC stated that it is working closely with the Massachusetts Department of Public Health, the Massachusetts Board of Registration in Pharmacy, and other regulators to identify the source of infection. In addition, NECC immediately initiated a voluntary recall of this product on September 26, and voluntarily suspended

operations. On October 3, 2012, the North Carolina Board of Pharmacy summarily suspended NECC's permit. On October 6, 2012, NECC recalled all products in circulation that were compounded and distributed from its Framingham, MA, facility. Updates on the outbreak and the investigation are available on the CDC Web site.

FDA Approves 2012-2013 Flu Vaccine

On August 13, 2012, FDA announced that the 2012-2013 influenza vaccine formulation had been approved. Additional details and links to information about influenza vaccine availability and related topics are included in an FDA news release available at www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm315365.htm. CDC provides updated vaccination information for health care providers on the Vaccines & Immunizations page of the CDC Web site at www.cdc.gov/vaccines/hcp.htm. The page includes links to reports on the rising rates of pertussis in the United States, as well as numerous provider tools and resources. In June 2012, CDC sent a letter to pharmacists and community vaccinators acknowledging their role in raising vaccination rates and encouraging pharmacists to continue in efforts to increase awareness among patients about recommended vaccines and to provide vaccines as appropriate.

A copy of the CDC letter is available on the NABP Web site at www.nabp.net/news/assets/CDC_Letter_June_26_2012.pdf. Consumer

resources about getting vaccinated and finding vaccination products from CDC are available at www.vaccines.gov.

Rare Cases of Burns Associated with OTC Topical Muscle and Joint Pain Relievers

In September 2012, FDA alerted the public that certain over-the-counter (OTC) topical muscle and joint pain relievers have been reported to cause rare cases of serious skin injuries. The alert applied to products available as single- or combination-ingredient products that contain menthol, methyl salicylate, or capsaicin and included creams, lotions, ointments, and patches and are marketed under brand names such as Bengay®, Capzasin®, Flexall®, Icy Hot®, and Mentholatum®. FDA explains that when applied to the skin, the products produce a local sensation of warmth or coolness, and they should not cause pain or skin damage. However, there have been rare cases of serious burns following their use, some with serious complications requiring hospitalization. In many cases, the burns occurred after only one application of the OTC topical muscle and joint pain reliever, with severe burning or blistering occurring within 24 hours of the first application. FDA specifies that the majority of reported second- and third-degree burns occurred with the use of products containing menthol as the single active ingredient, and products containing both menthol and methyl salicylate in concentrations greater

than 3% menthol and 10% methyl salicylate. There were few reported cases associated with a capsaicin-containing product. FDA advises that health care providers recommending OTC topical muscle and joint pain relievers to patients should counsel them about how to use the products appropriately and inform them about the risk of serious burns. FDA advises that consumers who experience pain, swelling, or blistering of the skin where an OTC topical muscle and joint pain reliever was applied, should stop using the product and seek medical attention immediately. The agency also provides advice for safe use of these products in an FDA Safety Alert available at www.fda.gov/Drugs/DrugSafety/ucm318858.htm.

Drugfree.org Aims to Prevent Teen Abuse of Medications

The Medicine Abuse Project, a new initiative from the Partnership at Drugfree.org, aims to prevent half a million teens from abusing medicine within five years. The project features an educational Web site, public service announcements, videos, and fact sheets for downloading. The Medicine Abuse Project encourages pharmacists and other health care providers to take an online pledge to safeguard medications and educate families about teen medication abuse. The online pledge, as well as information for health care providers, is available on the project's Web site at <http://medicineabuseproject.org/>. 



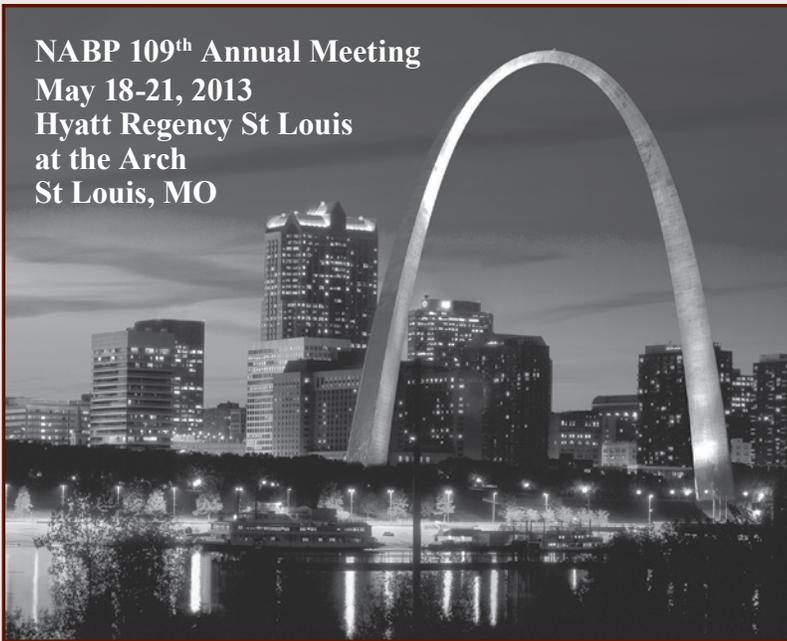
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Save the Date for the NABP 109th Annual Meeting!

NABP 109th Annual Meeting
May 18-21, 2013
Hyatt Regency St Louis
at the Arch
St Louis, MO



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 and resolutions are voted upon. In addition, the meeting provides Accreditation Council for Pharmacy Education-accredited 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/meetings.