newsletter

National Association of Boards of Pharmacy®

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the profession
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Upcoming Events

December 2-3, 2014
NABP Interactive Member Forum
Northbrook, IL

January 13, 2015
Working Group on Verified Pharmacy Program
NABP Headquarters

January 20-21, 2015
Committee on Law Enforcement/Legislation Meeting
NABP Headquarters

March 5, 2015
ACE Meeting
NABP Headquarters

Initial Registration Begins for .Pharmacy Websites

NABP has officially launched the .pharmacy Top-Level Domain (TLD) to provide consumers around the world with a means for identifying safe, legal, and ethical online pharmacies and pharmacy resources. By utilizing the .pharmacy domain, legitimate pharmacy websites will be able to distinguish themselves from rogue online drug sellers and consumers will be able to find safe online pharmacies and pharmacy resources.

With the increasing pervasiveness of rogue online drug sellers, the need for this distinction is critical. NABP has reviewed over 10,800 websites selling prescription drugs in the United States and found that less than 4% follow the pharmacy laws and standards established to protect the public health. In response to the dangers posed by prescription drug diversion, counterfeit drugs, and rogue online drug sellers, the .pharmacy domain will be available only to legitimate website operators that adhere to the pharmacy laws and practice standards for the jurisdictions in which they are based and in which their customers reside.

To establish eligibility to register a website with a .pharmacy domain name, organizations must submit a completed application, supporting documentation, and an application fee to NABP. For entities operating outside the US, NABP is establishing a network among international regulator groups to facilitate review of international website applications. International organizations interested in applying for a .pharmacy domain name may do so during the appropriate registration period as outlined below, but applications may be delayed to ensure a thorough and accurate review by appropriate licensing agencies. If relevant, applicants will be notified of a delay.

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Applicants may request as many .pharmacy domains as they would like in one application. Because NABP must assess the content that will be displayed on requested .pharmacy domains to ensure it meets the standards of the .Pharmacy TLD Program, content for the requested domains must be available for review by NABP either on a live site or available on a staging website to be considered. Therefore, the application fee is based on

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In This Issue. . .

The *NABP Newsletter* (ISSN 8756-4483) is published 10 times a year by the National Association of Boards of Pharmacy® (NABP®) to educate, to inform, and to communicate the objectives and programs of the Association and its 64 member boards of pharmacy to the profession and the public. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABP or any board unless expressly so stated. The subscription rate is $35 per year.

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the number of live or staged sites reviewed, not the number of .pharmacy domains requested in the application. Applicants will be charged $2,000 for each live or staged website reviewed. Once NABP has reviewed and approved an application, the applicant will receive an electronic token that can be submitted to an approved registrar to register the domain. The cost to register most .pharmacy domains is $750 plus applicable registrar fees. NABP has also identified domains that are considered "premium" domains. Premium domains are priced higher than the standard domain price because they are simple, memorable domain names that are in high demand. Domain name prices can be found by entering the desired domain name on an approved registrar's site. Application fees will remain the same whether or not the domain is a premium. An interest form is available and the online application will soon be available on the .pharmacy website at *www .dotpharmacy.net.* Approved registrars are also posted on the .pharmacy website.

Launch Plan

NABP is set to begin issuing approvals for .pharmacy domain names in late 2014, beginning with board-specific .pharmacy domains for each of its member boards of pharmacy. Associate member boards will also be awarded a board-specific domain name. Neither the NABP active member boards of pharmacy, nor the associate member boards will need to complete the application or pay the application fee, and both will be reimbursed the domain registration fee that is paid to the registrar. By utilizing the .pharmacy domain name, each member board is partnering with NABP to help raise consumer awareness about illegal online drug sellers that dispense unsafe products over the Internet, endangering the public health. NABP will be drafting suggested .pharmacy website content for boards of pharmacy that elect to operate websites in addition to their official board site. If a board cannot operate a website in addition to their official site, NABP encourages the board to obtain the .pharmacy domain name and have it redirect to the board of pharmacy website. NABP further recommends that information about .pharmacy be placed on the board's website.

The members' limited-registration period is scheduled to begin November 18, 2014, and end on December 16, 2014. NABP will provide specific registration instructions prior to the start of the member registration period and assistance with website content development once registered.

Following the member board registration period, trademark holders who have entered their trademarks into the Internet Corporation for Assigned Names and Numbers (ICANN)-authorized Trademark Clearinghouse (TMCH) will be able to apply for a .pharmacy domain name. This application phase, known as the Sunrise Period, is an ICANN-mandated mechanism that is intended to protect intellectual property rights of trademark holders. During this period, eligible trademark holders may apply for .pharmacy domain names that exactly match their trademark names in the TMCH. The Sunrise Application Period begins December 19 and ends January 19. The TMCH Sunrise Registration Period begins January 15 and ends March 16, 2015. During this time, tokens will be issued as evaluations are completed.

Beginning in mid-February 2015, .pharmacy domain names will be available to pharmacies that are accredited through the NABP Verified Internet Pharmacy Practice Sites® (VIPPS®) and Veterinary-Verified Internet Pharmacy Practice Sites℠ (Vet-VIPPS®) programs. In addition, dispensing pharmacies – defined as pharmacies that fill prescriptions and dispense medications to consumers – that have received approval through the NABP e-Advertiser Approval℠ Program will also be able to register. To receive accreditation or approval under these programs, VIPPS, Vet-VIPPS, and e-Advertiser pharmacy websites have undergone a review process and have already established their compliance with NABP standards for legitimate online practice. As such, these pharmacies are considered prequalified and are eligible to request a .pharmacy domain name without paying the usual .pharmacy application fee. However,

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Board of Pharmacy Members to Collaborate During NABP Interactive Member Forum

Offering continued opportunities for collaboration and networking, the NABP Interactive Member Forum returns this fall. Set to take place December 2-3, 2014, the forum is tailored specifically for board of pharmacy members and will focus on the theme, "Revitalizing Partnerships for Collaboration."

Each state board of pharmacy executive officer was invited to select one member from his or her board to attend the Interactive Member Forum at no charge. As with the previous forums, travel, hotel accommodations, and meals will be paid by NABP. In addition, there is no registration fee for the meeting. The forum will be held at the Hilton Chicago/Northbrook in Northbrook, IL.

During the Interactive Member Forum, attendees will have the chance to meet with their peers to discuss regulatory trends and challenges faced by their boards. The forum will also include presentations on timely and relevant topics developed from suggestions submitted by attendees in advance of the meeting.

The goal of the interactive forums is to facilitate interaction among boards from across the country and provide closed sessions to discuss important and timely issues related to pharmacy regulation. Forums for executive officers as well as board compliance officers and legal counsel are scheduled to return in fall 2015.

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the annual domain name registration fee payable to approved registrars will still apply. Instructions for this process have been provided to eligible pharmacies.

The next special registration period will be for all other dispensing pharmacies. This application period will run during the month of April; approved applicants will be able to register their domains during the month of May. The application period for general availability registration is expected to begin in June 2015. General availability signals that all special registration periods have concluded and allows any type of eligible organization seeking a .pharmacy domain to submit an application to NABP. Such organizations include schools and colleges of pharmacy, continuing pharmacy education providers, pharmacy benefit management companies, and pharmaceutical manufacturers.

With the support of an international advisory committee, including a representative from the International Pharmaceutical Federation, NABP maintains policies and procedures designed to ensure that only legitimate entities dispensing approved medications and operating in a safe and lawful manner may use a .pharmacy domain name. The .pharmacy eligibility requirements were developed to address concerns shared by domestic and international stakeholders about illegal online drug sellers distributing products that endanger patient health worldwide.

More information about the .Pharmacy TLD Program is available at *www.dotpharmacy.net*. NABP's most recent research on rogue online drug sellers is available on the Not Recommended page in the Safe Acquisition section of the AWAR$_X$E® website at *www.AWARERX.ORG*.

Executive Committee

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One-year term

Joseph L. Adams
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One-year term

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Hal Wand
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Serving second year of a second three-year term

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Jack W. "Jay" Campbell
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Member, District 8
Serving first year of a three-year term

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

Ouster Based on Omnibus Omissions

By Dale J. Atkinson, JD

It is essential that regulatory boards gather and consider all relevant information from applicants seeking licensure in their respective jurisdictions. Of course, boards must ensure that information requested from applicants is indeed relevant and that application questions are phrased to conform with legal requirements and restrictions. Boards of pharmacy are encouraged to review and, if necessary, modify their applications for licensure and renewal. Based upon the language of the practice act, rules/regulations, and other applicable laws, decisions can be made as to what information is relevant and necessary to make informed licensure eligibility determinations. If the licensure applications do not request relevant information, the boards of pharmacy will be unable to make informed eligibility decisions. Conversely, if the law does not allow for certain information to be gathered, licensure applications must be modified to eliminate any such inquiries.

Assuming the law allows for such inquiries, boards of pharmacy must assess what information is necessary to determine if an applicant possesses the requisite moral character to qualify for licensure. Also, such moral character questions must take into consideration laws related to use of criminal convictions, disclosure of disabilities, confidentiality, and others. Boards are encouraged to seek legal guidance when reviewing applications for licensure and renewal, as both misrepresentations and omissions of information are relevant in licensure decisions. One major component to licensure eligibility determinations in any profession is the educational prerequisites, some of which may include pre-and/or postgraduation residencies or practical experience. Consider the following.

An individual (Respondent) who graduated in 2000 from Ross University School of Medicine (located on the island nation of Dominica) returned to the United States to participate in his residency program. He originally undertook a residency program at Grand Rapids Medical Education and Research Center in Michigan. He was not awarded credit for this residency due to deficient performance in several areas, including failure of an in-service examination and conduct related to self-prescribing medications. In 2001, he participated in a residency at Thomas Jefferson University in Pennsylvania, but was asked to leave after the university learned of his failed first-year residency, a prerequisite to admission. In 2002, the Respondent participated in a residency at the University of Wisconsin – Marathon County in Wausau. On his application for this residency, he omitted his prior two residencies and withdrew prior to commencement.

In 2003, the Respondent secured a residency at Deaconess Hospital in Indiana and failed to identify his previous three residencies on his application. Here again, the Respondent failed his in-service examination, was suspended for writing prescriptions for his wife, and was excluded

from Medicare for failure to pay his student loans. As a result, he was terminated from the Deaconess residency before completion. In 2004, the Respondent participated in and completed a residency at Jackson Park Hospital in Illinois. As part of this residency, he filed an application for a temporary license with the Illinois Department of Financial and Professional Regulation (Department). On his licensure application, the Respondent failed to identify his prior failed residencies, yet certified under penalty of perjury that his application was true and correct. In addition, the Respondent fabricated an employment history to account for his time during the failed residencies.

In August 2007, the Respondent applied for a permanent medical license in Illinois, wherein he again omitted all but his Jackson Park residencies and also fabricated his employment history to address time frames during his failed residencies. The Respondent was granted a permanent medical license in Illinois. Sometime during this time frame, the Respondent applied for licensure as a physician in Ohio. In October 2008, the State Medical Board of Ohio notified the Respondent that it proposed to deny his application for licensure, noting that he made 22 false statements between 2001 and 2008 to conceal his poor track record in residencies. While the Respondent did not affirmatively notify his current Illinois employer of the pending Ohio licensure denial, such information was discovered and he was terminated from his employment. In September 2009, the Ohio Board permanently denied his application for licensure.

In February 2010, the Illinois Department filed an administrative complaint against the Respondent alleging multiple violations of the Illinois Medical Practice Act. After a hearing, the administrative law judge recommended that the Respondent's license be revoked. After a rehearing where relief was denied, the Department revoked the Respondent's license. The Respondent appealed the matter to the circuit court, which determined the penalty was too severe and remanded the case back to the Department. On remand, the Department suspended his license indefinitely for a minimum of three years and reserved the right to revocation pending the outcome of any appeal. Again, the circuit court reversed the matter and remanded it back to the Department, finding the penalty too severe.

On remand, the Department indefinitely suspended his license for a minimum of 19 months, again reserving the right to appeal the revocation reversal. Once more, the circuit court reversed the sanction as overly severe and remanded it back to the Department. Finally, the Department indefinitely suspended his license for a minimum of nine months and the circuit court upheld this decision. The Department appealed all three circuit court decisions.

The appellate court outlined the standard of review and noted that its analysis was of the administrative tribunal, not the decision of the circuit court. It also noted that the courts defer to the factual findings and interpretations of the Board. Even if the administrative findings are determined to be correct, the sanctions imposed by the agency can still be reversed if they are found to constitute an abuse of discretion.

The court noted that the facts were not in dispute and that the Respondent did, in fact, misrepresent his residencies and employment history, and omitted additional relevant facts in procuring his Illinois license. It also emphasized that the Ohio Board permanently denied the Respondent's application for his medical license in Ohio. The Respondent argued that the sanction was too severe, as his actions did not endanger patient safety or welfare and, thus, the sanctions were arbitrary.

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

Task Force on Prescription Drug Abuse Convenes

The Task Force on Prescription Drug Abuse met on September 9-10, 2014, at NABP Headquarters to review the Stakeholders' consensus documents that were intended to help ensure the delivery of responsible and effective patient care as it relates to the prescribing and dispensing of controlled substances. Task force members also identified actions pharmacists might take to determine whether a questionable prescription has been written for a legitimate medical purpose and recommended further actions to combat prescription drug abuse.

Front row pictured from left to right: Christopher Dembny, RPh, Texas State Board of Pharmacy; Edith Goodmaster, Connecticut Commission of Pharmacy; Jeanne D. Waggener, RPh, NABP Executive Committee Liaison; Phyllis Stine, BS, Texas State Board of Pharmacy; Janet Hart, RPh, Pennsylvania State Board of Pharmacy; Patty Gollner, PharmD, RPh, Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit; and Diane Halvorson, RPhTech, CPhT, North Dakota State Board of Pharmacy. Back row pictured from left to right: Richard Indovina, Jr, RPh, Louisiana Board of Pharmacy; Thomas F.X. Bender, Jr, RPh, New Jersey State Board of Pharmacy; Brandon Robinson, JD, Arkansas State Board of Pharmacy; John Foust, PharmD, DPh, Oklahoma State Board of Pharmacy (chairperson); Bill Winsley, MS, Ohio; and Scott Harrington, PharmD, RPh, Arizona (guest).

Legal Briefs

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In support of his argument, the Respondent cited a previous case involving an applicant for a license as a foreign-trained barber with an unblemished record who misrepresented his credentials. The court distinguished the public protection perspectives of barbers from physicians. Further, in the current case, the Respondent exhibited a "sustained pattern of fraudulent conduct . . . designed to conceal subpar performance and questionable conduct in connection with three residencies he was unable to successfully complete."

The court referenced a more relevant case involving an attorney who omitted significant information on his application for admission to the bar. These omissions justified the subsequent revocation of his license. Similarly, the Respondent also omitted significant relevant information in securing his license. While his checkered record may not have resulted in a bar to licensure, his actions prevented a "meaningful assessment" of his qualifications and fitness to practice medicine. Although the Respondent may be competent to practice, his actions exhibited a longstanding pattern of deceit that calls into question his fitness to hold a license. Any sanction short of revocation would allow the Respondent "to benefit from his deliberate deception by retaining a license that he was never entitled to in the first place." Accordingly, the court reversed the circuit court and reinstated the original revocation of licensure by the Department.

This case illustrates the importance of access to and exchange of information at not only the board level, but also at the education and postgraduate level to ensure accurate information is available when assessing one's eligibility for access to educational programs and ultimately licensure.

Kazmi v. The Department of Financial and Professional Regulation, 2014 Il. App. (1st) 130959, 2014 Ill. App. LEXIS 658 (App. Ct. Ill 2014)

New CPPA Draft Standards for Specialty Pharmacy Practice Accreditation to Improve Medication Safety, Patient Outcomes

Aimed at improving patient outcomes and optimizing patient safety, the Center for Pharmacy Practice Accreditation® (CPPA®) has released draft standards for specialty pharmacy practice accreditation. The standards, when finalized, will form a basis for accrediting specialty pharmacy practices, and are intended to foster medication safety and effectiveness, continuous quality improvement, and desired patient health outcomes in specialty pharmacy practices. The voluntary accreditation process is offered to specialty pharmacy practices that have an interest in improving patient care and wish to differentiate their practices as exemplary through this formal recognition program.

Commonly used to treat individuals with chronic and/or rare diseases, such as cancer or autoimmune/immune conditions, many specialized medications require specialized handling procedures. Specialty medications are also typically high cost and involve complex treatment regimens that require ongoing clinical monitoring and patient education. The new CPPA standards are aimed at addressing key areas of specialty pharmacy practice to meet the public's need for specific, measurable, and predictable pharmacy clinical services.

CPPA assembled a group of expert pharmacist stakeholders to develop the draft standards. An open public comment period, an important part of the consensus-based standards development process, was also conducted.

The new CPPA standards are aimed at addressing key areas of specialty pharmacy practice to meet the public's need for specific, measurable, and predictable pharmacy clinical services.

The CPPA Specialty Pharmacy Standards address four primary areas, or domains, of specialty pharmacy practice: organizational structure, patient medication access through benefits investigation and manufacturer requirements, clinical management of the patient, and quality improvement. Within each domain, key standards are identified to demonstrate competency in the identified area of specialty pharmacy practice. CPPA evaluation of the specialty pharmacy practice will assess the practice for consistency of the overall management of specialty pharmaceuticals and clinical pharmacy management of patients with the accreditation standards. For example, under the organizational infrastructure domain, key standards include appropriate documentation and current licensure of the specialty pharmacy practice, support for the interoperability of information systems, and policies and procedures to ensure compliance with patient privacy regulations.

To be accredited, specialty pharmacies will be expected to ensure patient care, dispensing services, and support services they provide comply with all applicable state and national regulatory requirements and standards established by a recognized organization appropriate for the services provided. Included in the accreditation program are assessment of "goal" standards; compliance with these standards is not required for accreditation, but the practices are expected to be working towards these. As best practices evolve and become more prevalent, goal standards will eventually be required for accreditation.

The size and scope of specialty pharmacy is growing rapidly. In fact, spending for specialty drugs is growing annually at 15-20%, according to Pembroke Consulting's *2013-2014 Economic Report on Retail, Mail, and Specialty Pharmacies*. Pembroke also found the estimated costs for specialty medications are predicted to be $235 billion by 2018, accounting for 50% of total drug spending in the United States. The CPPA specialty pharmacy accreditation addresses this growing field.

CPPA is a partnership among the American Pharmacists Association, the American Society of Health-System Pharmacists, and NABP, which creates, manages, and maintains the process that leads to the use of standards for pharmacy practice accreditation. CPPA implements comprehensive programs of pharmacy practice site accreditation, including the promotion, development, and maintenance of principles, policies, and standards. The mission of CPPA is to serve the public health by raising the level of pharmacy-delivered patient care services through accreditation of the pharmacy practice.

More information on CPPA is available online at *www.pharmacypracticeaccredit.org*. The draft standards can be accessed in the Our Programs section of the site. Public comments on the draft standards were accepted until October 17, 2014, and are currently being evaluated.

Threat of Pharmacy Robberies and Burglaries Poses Challenges for Pharmacy Regulators

Fueled by high rates of prescription drug abuse and addiction, pharmacy robberies, burglaries, and internal theft issues continue to pose significant difficulties for pharmacists, law enforcement, and pharmacy regulators. Perhaps the most infamous pharmacy theft in recent years occurred on June 19, 2011, when an armed robbery at a Medford, NY pharmacy resulted in the deaths of two employees and two customers. Although the national rates of abuse appear to be declining, the threat of prescription drug diversion has forced many pharmacies to take extra precautions in order to keep controlled substances (CS) and other dangerous drugs secure. In fact, many state boards of pharmacy now require pharmacies to meet certain security requirements in an effort to deter theft and, when it does occur, to help law enforcement catch criminals.

According to Drug Enforcement Administration (DEA), armed robberies of pharmacies increased by 81% from 2006 to 2010. The agency reports that there was a slight decline in pharmacy robberies nationally from 2012 to 2013, which is consistent with recent data from non-government sources showing that the rate of pharmacy robberies may have plateaued in the past few years. However, instances of robbery and diversion remain higher than they were in the years prior to the prescription drug abuse epidemic. Criminals continue to employ sophisticated techniques to take advantage of common vulnerabilities and to circumvent basic security measures in order to steal and divert CS drugs, many of which can be sold for high prices on the black market. Such thefts can endanger the lives of pharmacy personnel and customers. In response, pharmacy security has become an even greater concern for pharmacy regulators, prompting NABP's member boards to convene a task force to examine strategies for preventing and reducing such crimes.

Exactly how frequently these crimes occur is difficult to determine. According to a 2013 report by the Pharmacists Mutual Insurance (PMI) Company, which measures the percentage of incidents in relation to the number of policies issued by the company, pharmacy robbery claims increased by 18% from 2008 to 2013; however, the number of PMI policies increased by 21% in the same period. By contrast, the national pharmacy crime database, RxPATROL, shows a slight decline in the number of crimes reported from 2011 to 2013. Still, 60% of crimes reported to RxPATROL are armed robberies, and decreases may be associated with robbery prevention measures implemented by chain pharmacies, which have included time delay safes.

PMI found that 52% of cases involved criminals entering through the front door or front window, which may indicate that video surveillance, while helpful in identifying perpetrators, does not deter criminals. PMI also found that while most state boards of pharmacy require alarms to be installed, maintenance and testing are "nonexistent in many cases," and that alarm codes are often compromised. Approximately 81% of crimes reported to the company were classified as burglaries, as opposed to armed robberies.

Some criminals rely on more sophisticated techniques to compromise pharmacy security systems. In October 2013, the United States Attorney's Office for the Southern District of New York reported the arrests of 13 members of a pharmacy burglary ring believed to be involved in more than 125 burglaries and attempted burglaries in Manhattan, the Bronx, Queens, and Brooklyn since 2010. The burglaries involved entry and attempted entry into pharmacies through ceilings, walls, window bars, and doors. In some incidents, the burglars even broke into adjacent commercial establishments in order to gain access to a pharmacy through a common wall.

Employee involvement in thefts has been another significant challenge in many states. For example, a recent analysis of state disciplinary records by the Maine Center for Public Interest Reporting showed that from 2003 to 2013, more than one-third of prescription drugs stolen from Maine pharmacies were taken by employees.

In New York City, a former director of pharmacy services for a large hospital was recently arrested on charges related to drug trafficking, including one count of grand larceny and 247 counts of criminal possession of oxycodone. The ex-pharmacist was believed to have been involved in the diversion of approximately 200,000 oxycodone pills over the course of five years.

Further Resources:

- "Pharmacy Robbery & Burglary: Tips to Protect Your Customers, Your Business, and Yourself"
  DEA and NABP
  www.deadiversion.usdoj.gov/pubs/brochures/pharmtheft.pdf
- "Pharmacy Security Best Practices"
  New Jersey State Board of Pharmacy
  www.njconsumeraffairs.gov/press/05012013.pdf
- RxPATROL
  Purdue Pharma L.P.
  www.rxpatrol.com
- "5 Year Analysis of Pharmacy Burglary and Robbery Experience"
  Pharmacists Mutual Insurance Company
  www.phmic.com/RM/Documents/Pharmacy%20Crime%205%20year%201%202013%20ext.pdf
- *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy*
  NABP
  www.nabp.net/publications/model-act

Prevention and Security

At the federal level, DEA offers educational resources to help pharmacies take security precautions to deter or prevent thefts, and to learn what to do if a robbery occurs. In 2004, DEA began encouraging participation in the Office of Diversion Control's Drug Theft Prevention Program involving DEA, federal, state, and local regulatory agencies and law enforcement, the pharmaceutical industry, and the public. The program is intended to deter thefts and to make thefts that do occur as difficult as possible, therefore minimizing losses, and increasing chances of apprehending the thieves. As part of the program, DEA stresses that reporting pharmacy robberies is paramount. In the event that CS are taken in a robbery or burglary, pharmacies are expected to report the theft to their local DEA field office, in writing, within one business day, and to submit a completed DEA Form 106, Report of Theft or Loss of Controlled Substances, as soon as possible. Reports should also be filed with the state board of pharmacy.

NABP and its member boards have also taken steps to support pharmacies in their efforts to improve

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Appriss, Inc Acquires NARxCHECK Service From NABP

The NABP Foundation™ (NABPF) is pleased to announce the acquisition of the NARxCHECK® service by its software vendor, Appriss, Inc, effective September 11, 2014.

Appriss is a national software vendor with a proven track record of providing innovative, cutting-edge software solutions that positively impact the public health, including its development and support of NABP PMP InterConnect®, which currently facilitates the interstate sharing of prescription monitoring program (PMP) data for 27 states. Its well-established experience and success position Appriss to significantly grow and support the NARxCHECK service in the coming months and years.

NARxCHECK is an automated prescription drug abuse assessment and management tool for hospitals, pharmacies, physician practices, urgent care clinics, other health care entities, and prescribers who are dealing with the problem of prescription drug abuse. The technology supports health care providers by accessing patient prescription information from PMP databases, analyzing the data, and providing a risk-based score to assist in prescribing and dispensing decisions.

The Appriss acquisition of the NARxCHECK service serves to unify the family of Appriss-supported PMP services it currently provides in partnership with NABP, including PMP InterConnect and Appriss' state PMP software and PMP Gateway services.

More information about NARxCHECK is available at *www.narxcheck.com*. For questions about the acquisition, contact the Member Relations and Government Affairs Department at GovernmentAffairs@nabp.net.

Pharmacy Robberies

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security. For example, NABP partnered with DEA to create an educational pamphlet, identifying key strategies pharmacists can take to secure their stores against robberies. These tips include installation and regular maintenance of an alarm system, encouraging employees to watch for customers who linger in the store without purchasing anything, and inviting local law enforcement to conduct a security assessment.

Some boards of pharmacy have also identified best practices to prevent pharmacy theft, and have supported these practices through regulations or recommendations for their licensees. For example, the New Jersey State Board of Pharmacy's "Pharmacy Security Best Practices" document recommends that all Schedule II and III CS be stored in a "safe or substantially constructed steel cabinet that is locked at all times," with only licensed pharmacists having access. Additional recommendations include annual pharmacist-in-charge self-assessments, as well as interfacing with prescribers and customers.

Private organizations have also developed resources to assist pharmacies in improving security. One such resource is the RxPATROL program, which works with law enforcement, the pharmacy community, and security professionals to maintain a database containing detailed information about pharmacy robberies and other losses. As of September 16, 2014, over 10,000 registered users had signed on to the database and more than 8,000 incidents had been reported. In addition to maintaining this database, the RxPATROL website provides training videos and a pharmacy security checklist.

To assist boards in developing regulations and policies to limit the risk of internal diversion by pharmacy staff, NABP has included model language in the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act). Model Act* language recommends that all pharmacists and pharmacy technicians undergo a federal fingerprint-based criminal background check to be licensed to practice pharmacy or registered as a pharmacy technician in the jurisdiction.

The *Model Act* also addresses security, storage, and pharmacist-in-charge responsibilities.

NABP Task Force

Acknowledging an increase in the diversion of CS through armed robberies and related injuries and deaths in recent years, Resolution 110-2-14, passed at the NABP 110th Annual Meeting, states that "the boards of pharmacy are responsible for establishing minimum criteria for controlling and safeguarding against diversion of drugs and protecting public health and safety." On October 22-23, 2014, NABP hosted the Task Force to Examine Strategies for Preventing and Reacting to Pharmacy Robberies and Thefts in response to the resolution, which called for its development.

After it has been approved by the NABP Executive Committee, the task force's report will be available in the Members section of the NABP website.

NABP PMP InterConnect Progresses Toward Goal of National Interoperability With 27 States Sharing Data in 2014

Over the past year, the NABP PMP InterConnect® program has continued to demonstrate a progression toward the goal of national interoperability of state prescription monitoring program (PMP) data to support state efforts in the fight against prescription drug abuse.

In 2014 alone, six state PMPs connected to PMP InterConnect, bringing the total number of participating states that are now securely sharing prescription drug data through the information platform up to 27. Currently, the following state PMPs are connected to PMP InterConnect: Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, and Wisconsin.

PMP InterConnect is expected to see continued growth moving into the new year as two more states have executed a memorandum of understanding (MOU) to participate, and another six states are reviewing their MOUs. For a full breakdown of PMP InterConnect participation in 2014, see the chart below.

As the program continues to evolve and expand, the NABP PMP InterConnect Steering Committee, which serves as the governing and advisory body of the program, will meet to discuss these participation updates and other information as it relates to the administration and function of the program. The Steering Committee last met on November 6, 2014.

Launched in 2011, PMP InterConnect was designed by NABP to facilitate interoperability and interstate data sharing between state PMPs by providing a secure communications exchange platform for participating states. The system does not house any data and ensures that each state's data access rules are enforced. Since its inception, PMP InterConnect has processed over 7 million encrypted interstate data sharing transactions and is currently processing over 650,000 transactions per month.

NABP funded the initial development of PMP InterConnect and continues to fund the ongoing costs and operations of the program exclusively from revenues derived from the Association's programs and services, including examination and accreditation programs. In addition, grants have been made available to state PMPs through the NABP Foundation™. The funds are used by the state PMPs to offset the costs of building their PMP interface and maintaining and supporting their connection to InterConnect. None of the grants' funds are used to develop or operate PMP InterConnect. Instead, the grants have been providing additional support to PMPs to facilitate interstate sharing.

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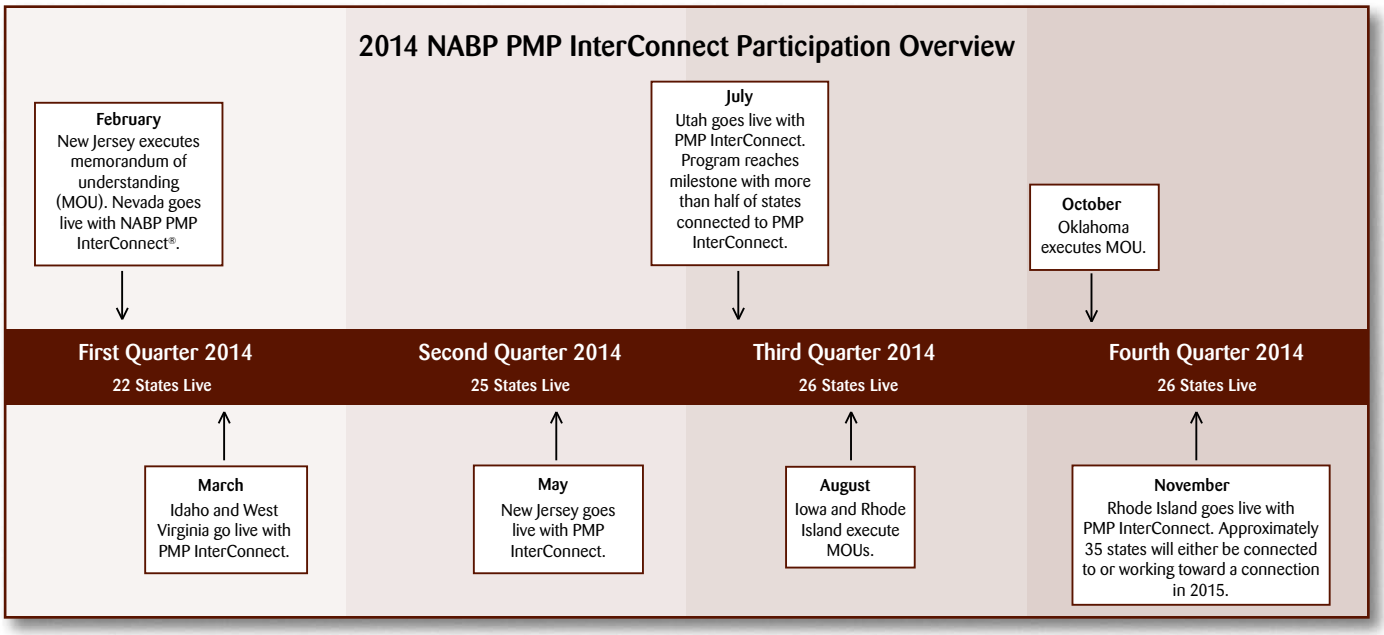

The timeline above represents the progression of the NABP PMP InterConnect® program's participation growth throughout 2014. For a complete overview of PMP InterConnect participation, see the NABP PMP InterConnect map (PDF) in the Programs section of the NABP website at *www.nabp.net.*

Task Force Meets to Discuss, Develop Standards for Use of PMP Data

The Task Force on Standards for the Use of PMP Data met on September 9-10, 2014, at NABP Headquarters. Established in response to Resolution No. 110-4-14, passed at the NABP 110th Annual Meeting, the task force sought to develop standards for regular, consistent, and appropriate use of prescription monitoring program (PMP) data.

Front row pictured from left to right: Shiri Hickman, JD, Federation of State Medical Boards (guest); Laura Schwartzwald, RPh, Minnesota Board of Pharmacy; Susan DelMonico, JD, RPh, Rhode Island Board of Pharmacy; Virginia Herold, MS, California State Board of Pharmacy; and Joanne Trifone, RPh, Massachusetts Board of Registration in Pharmacy. Back row pictured from left to right: David Schoech, RPh, Kansas State Board of Pharmacy; Debra Billingsley, JD, Kansas State Board of Pharmacy; Ralph Orr, Virginia Prescription Monitoring Program; Mark Hardy, PharmD, RPh, North Dakota State Board of Pharmacy; Jack W. "Jay" Campbell IV, JD, RPh, NABP Executive Committee liaison; Lee Ann Bundrick, RPh, South Carolina Department of Labor, Licensing, Regulation – Board of Pharmacy; M. Joseph Fontenot, RPh, Louisiana Board of Pharmacy (chairperson); and Carl Flansbaum, RPh, New Mexico Board of Pharmacy.

Newly Approved e-Advertisers

The following entities were granted approved e-Advertiser status through the NABP e-Advertiser Approval℠ Program:

Apothecary Holdings, Inc, dba Avella Specialty Pharmacy
www.avella.com

Diamondback Drugs of Delaware, LLC
www.diamondbackdrugs.com

Millers of Wyckoff, Inc
www.millerspharmacy.com

Novant Health Pharmacy
www.novanthealth.org
www.novanthealth.org/home/services/pharmacy.aspx

St. Rbakah Pharmacy Inc dba Ormond Pharmacy
www.ormondrx.com

Toth Enterprise, II dba Victory Medical Center
www.victorymed.com

A full listing of NABP approved e-Advertisers is available on the NABP website at *www.nabp.net.*

PMP InterConnect

(continued from page 215)

The NABP Foundation, which is a separate legal entity governed by a separate board of directors and maintains a separate accounting system, is able to provide this PMP funding from unrestricted educational grants received from Purdue Pharma L.P. and Pfizer Inc.

A complete accounting of these grants is listed in the Programs section of the NABP website at *www.nabp.net.* Additional information about PMP InterConnect, including the most up-to-date information about state participation, is also available.

Pre-Order Your 2015 *Survey of Pharmacy Law* Today

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 2015 *Survey of Pharmacy Law* will be available in late December. Interested individuals may now get a head start on their purchase by pre-ordering a copy on the NABP website.

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. The updated *Survey* includes the following new questions:

1. Section 5, Registration for Interns/Preceptors/Training Sites: "Does board report pharmacist intern hours to other boards?"
2. Section 16, Pharmacy Licensure Requirements: "Does state issue separate licenses for sterile compounding pharmacies?"
3. Section 16, Pharmacy Licensure Requirements: "Does state issue separate licenses for sterile compounding facilities that are registered with Food and Drug Administration as outsourcing facilities?"
4. Section 20, Prescription Requirements: "Does state have mandatory prescription monitoring program reviewing requirements?"
5. Section 28, Miscellaneous State Pharmacy Laws: "May pharmacists practice medication therapy management outside of a pharmacy setting?"
6. Section 28, Miscellaneous State Pharmacy Laws: "Does board have regulatory oversight of pharmacy benefit managers?"

In addition, there is one question that was removed from the 2015 *Survey*. The question asking "Is there a separate licensing category for Internet pharmacies?" was removed from Section 16, "Pharmacy Licensure Requirements." Previous responses to this question were either deleted or moved to another related question.

Updates for the 2015 *Survey* were graciously provided 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 website at *www.nabp.net/publications*. In late December, NABP will mail copies to individuals that pre-order the *Survey*.

All final-year pharmacy students receive the *Survey* free of charge through the generous grant from Purdue Pharma L.P. In addition, board of pharmacy executive officers will receive a complimentary copy for board use.

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

Oregon Board Enjoys *Survey of Pharmacy Law* Luncheon Award

NABP would like to congratulate the Oregon State Board of Pharmacy for winning the 2015 *Survey of Pharmacy Law* Luncheon Drawing. The Board was awarded $175 toward a luncheon for returning their *Survey* updates by the July 16 deadline.

Board Compliance Staff Attend Two-Day Compounding Training Session to Expand Knowledge, Skills for Future Inspections

To support member boards in their efforts to enforce the safe practice of compounding in their states, NABP continues to provide specialized trainings for board of pharmacy compliance officers that perform surveys at compounding pharmacies. In September 2014, 38 compliance officers from 28 member boards of pharmacy and two associate member boards gathered at NABP Headquarters for an informational training session about sterile compounding presented by CriticalPoint, LLC staff. In addition, as the Association continues to maintain close working relationships with other federal agencies on the regulation of compounding pharmacies, NABP invited five consultants from the United States Department of Veterans Affairs to attend the training.

The first day of the training, which took place on September 16, provided an overview on the basic elements of US Pharmacopeia Chapter <797> Pharmaceutical Compounding – Sterile Preparations. Information was also presented on personnel and facility metrics used in pharmacy to maintain a sterile compounding state of control; steps to determine risk level and the assignment of beyond-use dates; and the signs of hazardous drug compounding.

The second day of the training, which took place on September 17, focused on sterile and quality assurance procedures and inspection considerations. Participants were also presented with pictorial examples of inspections to determine what was wrong with each given scenario.

Both the September 16 and September 17 sessions ended with a question-and-answer portion where attendees were given the opportunity to receive answers to questions submitted throughout the training. Attendees were also able to participate during the training using an interactive audience response system.

NABP provided each member board with the resources to send one compliance officer to the training focused on sterile compounding inspections. Some boards chose to utilize their own resources to send more than one compliance officer.

CriticalPoint also offers free, online sterile compounding training programs through the State Board Assist program. For more information on this online service, contact the NABP Executive Office at execoffice@nabp.net.

NABP will continue to offer similar training and education to state boards of pharmacy as they work to regulate the practice of pharmacy for the protection of public health.

NABP Surveyors Attend Training Workshop to Build on Skill Sets and Expertise

On September 29-30, 2014, NABP surveyors met for their annual training workshop at NABP Headquarters. The workshop provided surveyors with an overview of NABP accreditation programs and inspection programs, including the Verified-Accredited Wholesale Distributors® program, the durable medical equipment, prosthetics, orthotics, and supplies accreditation program, and the Verified Pharmacy Program™. The surveyor workshop included presentations on inspection techniques, new technologies, the Drug Quality and Security Act, and the Health Insurance Portability and Accountability Act of 1996. In addition, the surveyors that inspect sterile compounding facilities completed an observed gown and glove exercise. Training sessions such as this workshop are designed to keep surveyors up to date with new regulations and procedures. The training allows surveyors to continue to build skill sets and expertise, and supports surveyors in their efforts to operate consistently with the applicable standards for each program and jurisdiction.

Verified Pharmacy Program Continues to Provide Support as Boards Make Nonresident Licensure Decisions

Important pharmacy data, including licensure, inspection, and disciplinary action information, continues to be made available through the Verified Pharmacy Program™ (VPP™) and secure information sharing network to authorized individuals at the state boards of pharmacy. VPP data is provided to the member boards in an effort to further support the boards in making informed licensure decisions for their nonresident pharmacies. As of press time, at least 186 pharmacies have applied to VPP and currently have verified data available for the boards to view.

Of the 186 VPP facilities:

- 82 pharmacies engage in nonsterile compounding;
- 19 pharmacies engage in sterile compounding;
- 61 pharmacies engage in both sterile and nonsterile compounding; and
- 24 pharmacies are general retail or mail-order pharmacies.

Developed by NABP in partnership with member boards of pharmacy, VPP facilitates the communication of important inspection and licensure information between the state boards of pharmacy and serves as an information hub that provides verified data to support boards' licensure processes for nonresident pharmacies.

For more information about VPP or the inspection sharing network, contact the Member Relations and Government Affairs Department at GovernmentAffairs@nabp.net. Additional information is also available in the Programs section of the NABP website at *www.nabp.net.*

Registration Deadline Approaching to Participate in the March 30 to April 24 PCOA Testing Window!

The deadline for schools and colleges of pharmacy to register their students for the next available Pharmacy Curriculum Outcomes Assessment® (PCOA®) testing window is **December 30, 2014.**

Schools and colleges that would like to participate in the March 30 to April 24 testing window are encouraged to contact Lori Schumacher, FPGEC/PCOA program manager, at 847/391-4406 or via e-mail at PCOA@nabp.net.

Appropriate for administration to students in all professional years, the PCOA is an excellent resource for pharmacy educators as they review pharmacy curricula, design courses, and assess student performance. Please note, effective January 2015, the paper-based format will no longer be available. The PCOA will only be delivered in the computer-based format.

More information, including registration materials and future PCOA testing windows for 2015, is available in the Programs section of the NABP website at *www.nabp.net.*

Newly Accredited VIPPS Facilities

The following Internet pharmacies were accredited through the NABP Verified Internet Pharmacy Practice Sites® (VIPPS®) program respectively:

Hometown Pharmacy, Inc
www.hometownpharmacy.com

Pillpack, Inc
www.pillpack.com

A full listing of the accredited VIPPS pharmacy sites representing more than 12,000 pharmacies sites is available on the NABP website at *www.nabp.net.*

Task Force Meets to Discuss Medication Synchronization; Addresses Laws, Regulations, and Impact on Patient Care

The Task Force on Medication Synchronization met on October 8-9, 2014, at NABP Headquarters. This task force was established in response to this emerging trend in pharmacy practice that helps patients adhere to medication therapies by allowing pharmacists to coordinate a patient's prescription refills to occur at the same time.

The task force was charged with the following objectives:

- to review existing state laws and regulations pertaining to the provision of medication synchronization services within the legal scope of pharmacy practice;
- to identify circumstances where medication synchronization services should be offered and/or provided;
- to identify factors that may impact access to medication synchronization services; and
- to review and, if necessary, recommend amending the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* language addressing medication synchronization.

The following is a list of individuals that were appointed to serve as members:

- Todd Barrett, RPh, Mississippi
- Nadia Bhatti, RPh, Illinois (Guest)
- Rebecca Chater, MPH, RPh, North Carolina (Guest)
- Gayle A. Cotchen, MBA, PharmD, RPh, Pennsylvania
- Carolyn Ha, PharmD, RPh, Virginia (Guest)
- Don Johnson, RPh, Colorado
- Joel Kurzman, Virginia (Guest)
- Michael Lonergan, RPh, Kansas
- Suzanne Neuber, RPh, Ohio
- Richard Palombo, RPh, New Jersey (Chairperson)
- Tejal Patel, PharmD, RPh, Delaware
- David Searle, RPh, California (Guest)
- Patti Smeelink, RPh, Michigan
- Joyce Tipton, MBA, RPh, FASHP, Texas

The Executive Committee liaison was Gary Dewhirst, RPh.

Task Force on Medication Synchronization Convenes October 8-9, 2014

Front row pictured from left to right: Nadia Bhatti, RPh, Illinois (guest); Tejal Patel, PharmD, RPh, Delaware State Board of Pharmacy; Suzanne Neuber, MBA, RPh, Omnicare, Inc; Gayle Cotchen, MBA, PharmD, RPh, Pennsylvania State Board of Pharmacy; Joyce Tipton, MBA, RPh, Texas State Board of Pharmacy; Patti Smeelink, RPh, Michigan Board of Pharmacy; and Carolyn Ha, PharmD, RPh, National Community Pharmacists Association (guest). Back row pictured from left to right: Michael Lonergan, RPh, Kansas State Board of Pharmacy; Todd Barrett, RPh, Mississippi Board of Pharmacy; Gary Dewhirst, RPh, NABP Executive Committee liaison; Rebecca Chater, MPH, RPh, Ateb, Inc (guest); David Searle, RPh, Pfizer, Inc (guest); Rich Palombo, RPh, New Jersey State Board of Pharmacy (chairperson); and Don Johnson, RPh, Colorado State Board of Pharmacy.

October FPGEE Score Results Now Available; Next 2015 Administration to Be Held in April

Score reports from the October 7, 2014 administration of the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) are available on the NABP website.

The next FPGEE will be administered on April 20, 2015. NABP will open FPGEE registration for the April administration on January 6, 2015, and Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) candidates will have until April 5, 2015, to register. Candidates must register for the examination on the NABP website before they can choose a location to take the FPGEE. Within one week after registering, candidates will be e-mailed an Authorization to Test, and they may then schedule their test location with the NABP test vendor, Pearson VUE. The deadline to schedule a test location with Pearson VUE is April 13, 2015.

The FPGEE is one component required as part of the 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 candidates 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 in the Programs section of the NABP website at *www.nabp.net*.

NABP to Convene Spring 2015 MPJE Item-Development Workshop; Volunteers Welcome to Submit Interest Online at NABP.net

Board of pharmacy members selected as volunteer item writers for the Association's Multistate Pharmacy Jurisprudence Examination® (MPJE®) will be invited to NABP Headquarters for an item-development workshop, which will be held on March 19-20, 2015. Attendees will have travel, lodging, and ancillary expenses paid by NABP and will receive detailed instructions and training materials describing the item-writing process and content-related requirements for the MPJE. At the workshop, writers will develop new test items that will be considered for inclusion in the MPJE.

The MPJE combines federal and state-specific questions that test an individual's knowledge in pharmacy jurisprudence and covers the following areas:

- Legal aspects of pharmacy practice
- Licensure, registration, certification, and operational requirements
- Regulatory structure

Writers for the MPJE are typically assigned by the participating jurisdiction; however, individuals may be selected to participate independent of board of pharmacy affiliation.

How to Volunteer

Interested individuals should complete the online NABP Item Writer Volunteer Interest Form available in the Meetings section under Examination Meetings on the NABP website at *www.nabp.net*, and upload a current résumé or curriculum vitae.

Please note, interest forms are accepted on a continuous basis and kept on file for a period of five years.

For more information about item writing, contact NABP at NABP_Comp_Assess@nabp.net.

State Boards Gather to Review MPJE Items During State-Specific Review Meeting

Anita Young, EdD, RPh (left), and Joanne Trifone, RPh (right), both members of the Massachusetts Board of Registration in Pharmacy, review items on the Multistate Pharmacy Jurisprudence Examination® (MPJE®) during the state-specific review meeting at NABP Headquarters in September 2014.

AWARxE Continues to Support Prescription Drug Disposal Efforts Following Final DEA Take-Back Day

Although national rates of prescription drug abuse appear to be in decline, prescription medications remain the second most abused class of drugs in the United States, according to the 2013 National Survey on Drug Use and Health. Sadly, more than 50% of people aged 12 and older who abused prescription drugs in 2010 and 2011 got them for free from friends or family. Therefore, one way to help prevent prescription drug abuse is to regularly dispose of unneeded medications.

To provide a safe and responsible means of disposing unneeded, unwanted, or expired prescription medications, including controlled substances (CS), Congress passed the Secure and Responsible Drug Disposal Act in 2010. The law authorized Drug Enforcement Administration (DEA) to develop and implement regulations that would allow authorized facilities other than law enforcement to collect unused and unwanted prescription drugs for disposal.

In the interim period between the passage of the law and the publication of DEA's final rules, the agency coordinated periodic National Prescription Drug Take-Back Day events to give consumers a way to dispose of unwanted or unneeded prescription medications. Since the first event in September 2010, a total of nine DEA Take-Back Days were held, resulting in the safe disposal of an estimated 2,411 tons of prescription medications. In September 2014, DEA announced that it had finalized rules to allow authorized pharmacies and other entities to collect prescription drugs, including CS. Later that month, the agency held the final DEA take-back event.

Over the years, the AWARxE® Prescription Drug Safety Program encouraged consumer participation in DEA Take-Back events through social media campaigns and public service announcements. Consumers were directed to the AWARxE website for details on Take-Back Days as well as information on other disposal methods and events. AWARxE will continue to educate on drug disposal, including the new rules. As state CS laws vary, and DEA registrants need time to comply with the rule, consumers will need assistance in understanding how the new rules will affect them. In addition, AWARxE has already helped pharmacists and other health care workers understand the basics of the rules and directed them to appropriate contacts such as boards of pharmacy, other regulatory boards, and local DEA contacts for state-specific information.

AWARxE continues to provide information about alternative ways consumers can dispose of prescription drugs, including information about local and community-based disposal programs through the Get Local section of the AWARxE website, and instructions for responsibly disposing of prescription drugs at home.

Community Outreach

In communities surrounding NABP Headquarters in Mount Prospect, IL, AWARxE continues to develop relationships with educational leaders, law enforcement personnel, and other awareness groups to promote prescription drug safety at local events.

In fall 2014, AWARxE participated in several events in northern Illinois and Indiana. These events included:

- **Prescription for Prevention Summit**
  Libertyville, IL
  September 24, 2014
- **Coming to Light – the Dark Side of Prescription Medications**
  New Lenox, IL
  September 24, 2014
- **AWARxE Presentation to Seniors**
  Hanover Park, IL
  September 26, 2014
- **Fifth Annual Prescription Drug Abuse Symposium**
  Indianapolis, IN
  October 16-17, 2014

In addition, the Resources page of the AWARxE website provides flyers, bookmarks, posters, and other educational aids to pharmacists, health care providers, community leaders, and educators in support of efforts to combat prescription drug abuse. Additional AWARxE materials for a board of pharmacy or community event may be requested by sending an e-mail to AWARERX@NABP.NET.

AWARxE at the Prescription Drug Abuse Symposium

On October 16-17, 2014, AWARxE® participated in the Fifth Annual Prescription Drug Abuse Symposium in Indianapolis, IN. More pictures from the event are available on the AWARxE Facebook page.

Deadline Set for Submitting Proposed Amendments to the NABP Constitution and Bylaws

Proposed amendments to the NABP Constitution and Bylaws must be submitted between Monday, February 16, 2015 and Thursday, April 2, 2015, to be considered during the 111th Annual Meeting, which will be held May 16-19, 2015, in New Orleans, LA. 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 proposed amendments to the NABP Constitution and Bylaws, please contact the NABP Executive Office at exec-office@nabp.net.

Sponsorship and Educational Grant Opportunities Now Available to Interested Organizations for the NABP 111th Annual Meeting

Organizations have an opportunity to gain exposure through numerous sponsorship and educational grant opportunities available at the NABP 111th Annual Meeting, to be held May 16-19, 2015, at the Roosevelt New Orleans in New Orleans, LA. 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 appropriate sessions or events, and will also be identified in meeting program materials, the *NABP Newsletter*, on meeting signage, and on the NABP website at *www.nabp.net*. In addition, sponsoring organizations contributing $5,000 or more to the meeting are entitled to two complimentary meeting registrations valued at a minimum of $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.

In Memoriam: Sara St Angelo

It brings NABP great sadness to announce that Sara St Angelo, PharmD, member of the Indiana Board of Pharmacy, passed away on Friday, October 17, 2014. St Angelo is remembered fondly for her devotion and many contributions to the protection of public health.

For 15 years, St Angelo served as a member of the Indiana Board of Pharmacy, serving two terms as president. Prior to her passing, she was a practicing pharmacist, specializing in critical care and cardiology as the clinical facilitator at St Vincent Heart Center of Indiana.

An active member of NABP, St Angelo served on numerous committees and task forces, including the Advisory Committee on Examinations and the Multistate Pharmacy Jurisprudence Examination® Review Committee. She was also an active participant in several other professional and community organizations, including the Indiana Pharmacists Alliance, American Society of Health-Systems Pharmacists, and the American College of Clinical Pharmacy.

During her career, St Angelo was honored with several awards including Rho Chi Society, Mortar Board, The Rexall Mortar and Pestle Award, and The Ohio State University Distinguished Alumni Award.

St Angelo is survived by her husband, Brian; mother, Corinne; children, Andrew, Anna, and Corinne; brothers, Tom and John; sister, Anne; and granddaughter, Chloe.

NABP extends its deepest sympathy to her family, friends, and colleagues.

Around the Association

Board Member Appointments

- **Thomas Caruso, RPh,** has been appointed a member of the Guam Board of Examiners for Pharmacy. Caruso is serving at the discretion of the appointing body.
- **Julius Fernando, RPh,** has been appointed a member of the Guam Board of Examiners for Pharmacy. Fernando is serving at the discretion of the appointing body.
- **Arthur Mariano, RPh,** has been appointed a member of the Guam Board of Examiners for Pharmacy. Mariano is serving at the discretion of the appointing body.
- **Lourdes Phillips, PharmD,** has been appointed a member of the Guam Board of Examiners for Pharmacy. Phillips is serving at the discretion of the appointing body.
- **Marcella Chock, PharmD,** has been appointed a member of the Hawaii State Board of Pharmacy. Chock's appointment will expire June 30, 2018.
- **Trinita Robinson** has been appointed a public member of the Maryland Board of Pharmacy. Robinson's appointment will expire June 30, 2016.
- **Starla Blank, RPh,** has been appointed a member of the Montana Board of Pharmacy. Blank's appointment will expire July 1, 2019.
- **Nasir Mahmood, MBA,** has been appointed a member of the New York State Board of Pharmacy. Mahmood's appointment will expire April 30, 2019.
- **John Marraffa, Jr, RPh,** has been appointed a member of the New York State Board of Pharmacy. Marraffa's appointment will expire September 15, 2019.
- **Steve Irsfeld, RPh,** has been appointed a member of the North Dakota State Board of Pharmacy. Irsfeld's appointment will expire May 8, 2019.
- **Fred Weaver, RPh,** has been appointed a member of the Ohio State Board of Pharmacy. Weaver's appointment will expire June 30, 2016.
- **Dennis Riley, RPh,** has been appointed a member of the Rhode Island Board of Pharmacy. Riley's appointment will expire June 1, 2015.
- **Debra Wilson, DPh,** has been appointed a member of the Tennessee Board of Pharmacy. Wilson's appointment will expire July 31, 2020.
- **Melvin Boone, Sr,** has been appointed a public member of the Virginia Board of Pharmacy. Boone's appointment will expire June 30, 2018.
- **Michael Elliott, PharmD, RPh, MSHA, FACHE,** has been appointed a member of the Virginia Board of Pharmacy. Elliott's appointment will expire June 30, 2018.
- **Sheila K. W. Elliott, PharmD, RPh,** has been appointed a member of the Virginia Board of Pharmacy. Elliott's appointment will expire June 30, 2018.
- **Janet Shatto, RPT, CPhT,** has been appointed a member of the Wyoming State Board of Pharmacy. Shatto's appointment will expire March 1, 2019.

Board Member Reappointments:

- **Luis Rivera-Lleras, RPh,** has been reappointed a member of the Colorado State Board of Pharmacy. Rivera-Lleras' appointment will expire July 1, 2018.
- **Carl Aron, RPh,** has been reappointed a member of the Louisiana Board of Pharmacy. Aron's appointment will expire June 30, 2020.
- **Jacqueline Hall, MBA, RPh,** has been reappointed a member of the Louisiana Board of Pharmacy. Hall's appointment will expire June 30, 2020.
- **Marty McKay, RPh,** has been reappointed a member of the Louisiana Board of Pharmacy. McKay's appointment will expire June 30, 2020.
- **Ronald Moore, RPh,** has been reappointed a member of the Louisiana Board of Pharmacy. Moore's appointment will expire June 30, 2020.
- **Richard A. "Andy" Soileau, RPh,** has been reappointed a member of the Louisiana Board of Pharmacy. Soileau's appointment will expire June 30, 2020.
- **Rebecca Deschamps, RPh,** has been reappointed a member of the Montana Board of Pharmacy. Deschamps's appointment will expire July 1, 2019.
- **Richard Mazzoni, RPh,** has been reappointed a member of the New Mexico Board of Pharmacy. Mazzoni's appointment will expire July 1, 2019.
- **Chris Woodul, RPh,** has been reappointed a member of the New Mexico Board of Pharmacy. Woodul's appointment will expire July 1, 2019.
- **Michael Moné, JD,** has been reappointed a member of the Ohio State Board of Pharmacy. Moné's appointment will expire June 30, 2019.
- **Christine Chute** has been reappointed a

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Around the Association

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public member of the Oregon State Board of Pharmacy. Chute's appointment will expire September 30, 2018.

- **Gregory Jones, RPh,** has been reappointed a member of the Utah Board of Pharmacy. Jones' appointment will expire June 30, 2018.
- **Jody Allen, PharmD, RPh,** has been reappointed a member of the Virginia Board of Pharmacy. Allen's appointment will expire June 30, 2018.
- **Ellen Shinaberry, PharmD, RPh,** has been reappointed a member of the Virginia Board of Pharmacy. Shinaberry's appointment will expire June 30, 2018.

Board Officer Changes:

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

- **Kenneth Sellers,** President
- **Susan Esposito, RPh,** Vice President

The Indiana Board of Pharmacy has elected the following officers to the Board:

- **Steven Anderson, RPh,** President
- **William Cover, RPh,** Vice President

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

- **Robert Haneke, PharmD, RPh,** President
- **Chad Ulom, RPh,** Vice President

The Mississippi Board of Pharmacy has elected the following officers to the Board:

- **Teresa McDaniel, PharmD,** President
- **Todd Sandroni, PharmD,** Vice President
- **Larry Calvert, RPh,** Secretary

The West Virginia Board of Pharmacy has elected the following officers to the Board:

- **Carl Hedrick, Jr, RPh,** President
- **Charles Woolcock,** Vice President
- **Rebekah "Becky" Heavener, RPh,** Secretary

Newly Accredited VAWD Facilities

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

Arrow International, Inc
Olive Branch, MS

Cardinal Health, LLC dba Cardinal Health
Hammond, LA

Coldchain Technology Services
Spring Branch, TX

CVS Pharmacy Distribution Ctr
Chemung, NY

Henry Schein, Inc
Indianapolis, IN

Legacy Pharmaceutical Packaging
Earth City, MO

Penn Veterinary Supply, Inc
Lancaster, PA

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

Newly Accredited DMEPOS Facilities

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

Armitage Pharmacy
Chicago, IL

Asia Plaza Pharmacy
Cleveland, OH

L & S Pharmacy, Inc
Brooklyn, NY

New Haven Pharmacy, Inc
New Haven, CT

Rapps Pharmacy
Plainfield, NJ

In addition, three individual ThriftCare Pharmacy locations in Brooklyn, NY, were accredited.

A full listing of over 500 accredited DMEPOS companies representing nearly 27,500 facilities is available on the NABP website at *www.nabp.net.*

Hydrocodone Combination Products Now Schedule II

Drug Enforcement Administration (DEA) published its final rule rescheduling hydrocodone combination products from Schedule III to Schedule II. The change, published in the August 22, 2014 *Federal Register*, imposes Schedule II regulatory controls and sanctions on anyone handling hydrocodone combination products, as of October 6, 2014. DEA first published the proposed rules in March 2014, in response to a Food and Drug Administration (FDA) recommendation. DEA received almost 600 public comments regarding the proposed rules after they were published, with a small majority of the commenters supporting the change, a DEA press release notes. The full rule is available on the *Federal Register* website at *www.federalregister.gov/articles/2014/08/22/2014-19922/schedules-of-controlled-substances-rescheduling-of-hydrocodone-combination-products-from-schedule*.

DEA Finalizes Rule on Disposal of CS

In September 2014, DEA published its final rule on the Disposal of Controlled Substances, allowing some DEA registrants to modify their registration to become authorized collectors. The Final Rule implements the Secure and Responsible Drug Disposal Act of 2010, which authorized DEA to develop and implement regulations that would allow authorized entities other than law enforcement to collect unused and unwanted prescription drugs, including controlled substances (CS), for disposal purposes, a DEA press release notes. Under the new rule, some DEA registrants, including manufacturers, distributors, reverse distributors, narcotic treatment programs, retail pharmacies, and hospitals/clinics with an on-site pharmacy, may modify their registration with DEA to become authorized collectors. Proper disposal of unused prescription medication is a key method of preventing and reducing prescription drug abuse. The final rule took effect on October 9, 2014. The full rule is available on the *Federal Register* website at *https://www.federalregister.gov/articles/2014/09/09/2014-20926/disposal-of-controlled-substances*.

Martin Avenue Pharmacy Issues Recall for Sterile Compounded Preparations

Martin Avenue Pharmacy, Inc, of Naperville, IL, issued a voluntary recall for all in-date compounded sterile preparations due to a lack of sterility assurance in September 2014. Following a recent FDA inspection that revealed "quality control procedures that present a risk to sterility assurance," the company issued the recall out of an abundance of caution, indicates a news release posted to the FDA website. Martin Avenue Pharmacy supplied compounded sterile preparations to offices of licensed medical professionals and individuals in multiple states, including Illinois, Wisconsin, Ohio, Michigan, Florida, Alabama, and Texas, until August 20, 2014. A full list of recalled products is available on the Martin Avenue Pharmacy website. FDA urges consumers and health care providers to report adverse events or side effects related to the use of these products to FDA's MedWatch Safety Information and Adverse Event Reporting Program. More information is available on the FDA website at *www.fda.gov/Safety/Recalls/ucm412431.htm*.

Med Sync Supported by Some Insurance Policies

Medication synchronization, programs that allow pharmacists to coordinate a patient's medications to be refilled at the same time, may be accessible to more patients as insurers adopt policies to support the practice. Specifically, Blue Cross and Blue Shield of Vermont and MVP Health Care, the two largest insurers in Vermont, have agreed to implement prorated co-payments for patients who wish to begin a medication synchronization program, reports the *Brattleboro Reformer*. The shift in policy is part of a nationwide trend to help patients access these programs, which have been shown to improve patient adherence rates. To synchronize a patient's medications, pharmacists must often dispense a special quantity of medication that may be more or less than the original prescribed amount.

NABP convened a task force on medication synchronization on October 8-9, 2014. Additional information on medication synchronization programs is available in the article, "Medication Synchronization Shown to Improve Adherence for Patients on Multiple Drug Regimens," published in the March 2014 *NABP Newsletter*.

New FDA Drug Info Rounds Training Video Available

FDA Drug Info Rounds, a series of online videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better medication decisions. In the latest Drug Info Rounds video, "Traveling With Prescription Medications," pharmacists discuss preparations patients may need to make to travel with medications, especially if they are leaving the United States. The video also outlines key points on which pharmacists should counsel their patients prior to travel.

Additional information is available on FDA's website at *www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm410051.htm*.

Pharmacists in Delaware Now Dispensing Naloxone

In Delaware, naloxone for nasal administration can be dispensed by a pharmacist with a prescription for patients at risk of an opioid overdose. Naloxone is indicated for the reversal of respiratory depression or unresponsiveness caused by an opioid overdose. Naloxone is not a controlled substance and can be prescribed by anyone with a medical license or prescriptive authority. It may be delivered intranasally with the use of a nasal adaptor/mucosal atomizer device. The Delaware Division of Professional Regulation and the Delaware Department of Health and Social Services support a comprehensive approach to increase access to naloxone for persons at high risk of opioid overdose and friends or family of persons at high risk of opioid overdose. Historically, naloxone has been administered by emergency medical personnel or in a hospital environment. However, rates of overdose and death from prescription opiates and heroin are increasing nationwide. Pharmacists providing opioid overdose education and naloxone to patients at risk can help save lives and reduce opioid overdose mortality. Indications and instructions for use ordering information are available through the Delaware State Board of Pharmacy. More information is also available in the August 2014 *Delaware State Board of Pharmacy Newsletter* available under State Newsletters in the Publications section of the NABP website at *www.nabp.net.*

Delaware Now Licensing Outsourcing Facilities

On June 18, 2014, the Delaware State Board of Pharmacy unanimously agreed to license "outsourcing pharmacies" as described under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act). On November 27, 2013, United States President Barack Obama signed into law the Drug Quality and Security Act, legislation that contains important provisions relating to federal and state oversight of compounding of human drugs. The new legislation creates a new Section 503B in the FD&C Act, under which a facility that compounds sterile drugs can register to become an "outsourcing facility." An outsourcing facility can qualify for exemptions from Food and Drug Administration (FDA) approval requirements and the requirement to label products with adequate directions for use, but it still must comply with current good manufacturing practice requirements. The registration of pharmacies as outsourcing facilities will help FDA identify and more effectively regulate these facilities. FDA intends to continue to partner with states in the oversight of drug compounding.

West Virginia Board Makes Changes to Proposed PT Rules

In 2013, the West Virginia Board of Pharmacy proposed changes to the pharmacy technician (PT) rules due to Pharmacy Practice Act revisions related to PTs that were scheduled to go into effect July 1, 2014. Under the revised law, PTs must complete a PT education and training program, and pass a national certification exam. West Virginia Code, Section 30-5-11 requires PT training and education to be done through either a learning institution or an on-the-job training program. The Board's proposed revisions to Title 15, Series 7 would have shortened the on-the-job training period to 960 hours within nine months, with three more months to pass the Pharmacy Technician Certification Exam or the Exam for the Certification of Pharmacy Technicians.

However, after receiving a presentation from pharmacy stakeholders at its June Board meeting, and reviewing written public comments to the proposed revisions at its July Board meeting, the Board revised the rule to allow 15 months to obtain the 960 hours (still with three months to pass a national exam). The Board also voted to require individuals to file a pharmacy technician trainee application, including the results of a criminal background check. The Board also voted to clarify that currently approved training programs remain approved for use under the new rules, as the required topics are unchanged.

North Dakota Requires PDMP Use in Certain Circumstances

The North Dakota State Board of Pharmacy took comments and made modifications during the North Dakota Pharmacists Association Annual Convention in Fargo, ND, on the pending rule requiring use of the North Dakota Prescription Drug Monitoring Program (PDMP) in certain circumstances. The Board reminds licensees to set up a PDMP account to view patient reports if they do not have one. The application process is very easy to complete online on the Board's website. Please remember that PTs and technicians-in-training may sign up and look up reports as delegates under the pharmacist's discretion. The Board recommends that pharmacists utilize the PDMP and determine the policies and procedures for its use in their practice to meet the standards set in the rule. The language of the rule that became effective in October 2014 is available on the Board's website at *https://www.nodakpharmacy.com/pdfs/61-12pdmpUseRequirements.pdf.*

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Save the Date for the NABP 111th Annual Meeting!

Photo courtesy of New Orleans Convention and Visitors Bureau and Richard Nowitz

Join us in New Orleans, LA, for the NABP 111th Annual Meeting! The 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. The meeting also 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*. Also, watch for updates about the meeting that will soon be available in the Meetings section of the NABP website at *www.nabp.net*.