newsletter

National Association of Boards of Pharmacy®

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November-December 2015 / Volume 44 Number 10

aid to government
the profession
the public
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Upcoming Events

Postponed
Task Force on the Implementation of VPP

December 1-2, 2015
NABP Interactive Compliance Officer and Legal Counsel Forum
Northbrook, IL

January 20-21, 2016
Committee on Law Enforcement/Legislation Meeting
NABP Headquarters

Several States Pass Right-to-Try Legislation in 2015, Expanding Access to Experimental Drugs

Of the various pharmacy-related issues addressed by state legislatures in 2015, "right-to-try" laws, which seek to expand terminally ill patients' access to experimental treatments, were among those most frequently addressed by lawmakers. In Colorado, Governor John Hickenlooper signed the first right-to-try bill into law in May 2014; by September 2015, right-to-try legislation had been introduced in at least 40 states, with at least 23 bills signed into law.

Prior to passage of states' right-to-try laws, patients who were otherwise unable to participate in a clinical trial for a potentially lifesaving treatment could only seek experimental medications through the Food and Drug Administration (FDA) expanded access or "compassionate use" program, in which manufacturers or physicians can apply to FDA for a patient or group of patients to receive an experimental therapy outside the clinical research process. While FDA approves almost all expanded access requests, critics have argued that the time-consuming application process – originally designed for manufacturers seeking to begin human testing, not for physicians requesting individual access for patients – dissuades many physicians from applying on behalf of patients who might benefit, and may mean the treatment comes too late.

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Expanding Access

Right-to-try laws, proponents believe, could fill this gap. These laws are intended to remove the government from the equation by allowing terminally ill patients, in conjunction with their physicians, to directly approach manufacturers to request access to treatments that are still being investigated to determine their safety and efficacy, without having to seek FDA approval.

Opposing Views

While the quick adoption of so many right-to-try laws indicates the popularity such measures are finding among state lawmakers, the legislation is not finding a universally positive reception elsewhere. Many critics point out that the laws may raise patients' hopes only to dash them, in part because they do not appear to have had

(continued on page 202)

In This Issue . . .

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Right-to-Try Laws

(continued from page 201)

any practical effect on treatment accessibility thus far. Manufacturers reportedly have not been rushing to fulfill requests for experimental treatments, but have instead requested that patients continue going through FDA's compassionate use program. While pharmaceutical companies have generally maintained a low profile on the topic, the Pharmaceutical Research and Manufacturers of America (PhRMA) expressed its view that state-by-state right-to-try laws did not give the best pathway to speedily get effective treatments to needy patients. "While these bills may be well-intentioned," PhRMA stated in 2014, after the first right-to-try laws were passed, "they seek to bypass FDA oversight and the clinical trial process, which is not in the best interest of patients and public health, and is unlikely to achieve our shared goal of bringing innovative, safe, and effective medicines to patients as quickly as possible."

In October 2015, California Governor Jerry Brown vetoed a bill that would permit a pharmaceutical manufacturer to make an investigational drug available to a terminally ill patient on the recommendation of two physicians. Governor Brown explained that patients with life-threatening conditions should try to access experimental drugs through the FDA's compassionate use program. In the veto message, he stated, "we should give this federal expedited process a chance to work." Observers have raised the possibility that, if patients do begin obtaining experimental medications directly from manufacturers, this wider access could undermine ongoing clinical research that would lead to FDA-approved medications available to everyone.

Critics have expressed numerous other concerns as well, including the high risk to patients and the potential ineffectiveness of experimental treatments that have only passed Phase I of clinical trials, the standard a treatment must meet in order to be accessible under right-to-try laws. They argue that data from Phase I trials, which are generally small studies on healthy subjects with the object of determining a drug's most frequent side effects and perhaps how it is metabolized and excreted to assist with dosing in later trial phases, might be insufficient to allow patients and physicians to adequately assess the risks of trying a particular therapy. Concerns about consumer protection issues have been raised as well, including the prospect of high costs for patients for the treatments and all associated medical care and, at least in some states, a lack of legal recourse or regulatory response if something goes wrong.

FDA has not taken a position on specific state right-to-try bills; however, it has taken steps to increase accessibility to its expanded access/compassionate use program. In February 2015, FDA released draft guidance and a draft application form designed to greatly simplify and accelerate the expanded access application process. The new process, when finalized, is expected to reduce the estimated time requirement to apply to about 45 minutes, from a current estimated 100 hours.

In addition, the FDA draft guidance notes that in an emergency situation a physician may request to use the investigational drug for a patient by contacting the appropriate FDA division by telephone if the patient requires treatment before a written submission can be made.

Right-to-Try Language

Most right-to-try bills and laws are based on model legislation created by the Goldwater Institute, a public policy institute that describes itself as a "national leader for constitutionally limited government" and a driving force behind right-to-try initiatives.

The model legislation grants authority under state law for eligible patients to access investigational drugs, biological products, or devices that have successfully completed Phase I of a clinical trial and remain under investigation in an FDA-approved clinical trial, but that have not yet received FDA approval for general use. An eligible patient must have physician-provided documentation that he or she has a terminal illness, has considered all other treatment options currently

(continued on page 206)

Compliance Officers, Legal Counsel, and Surveyors to Network, Collaborate at Upcoming Forum

Providing an opportunity for compliance officers and legal counsel to meet with their peers and discuss regulatory trends and challenges faced by the boards, the NABP Interactive Compliance Officer and Legal Counsel Forum will be held on December 1-2, 2015, at the Hilton Chicago/Northbrook in Northbrook, IL. In addition, the annual NABP surveyor workshop will be held at the same time and surveyors will be participating in some of the forum sessions.

The event is part of the fall 2015 Interactive Forum series, themed "Reconnect, Recharge, Revitalize – Strengthening Board of Pharmacy Collaboration." Programming will include breakout sessions specific to each of the three groups – legal counsel, compliance officers, and surveyors. By combining the surveyor workshop with the forum, NABP surveyors will have the chance to learn directly from board of pharmacy compliance officers, inspectors, and investigators what some of their typical duties and challenges entail.

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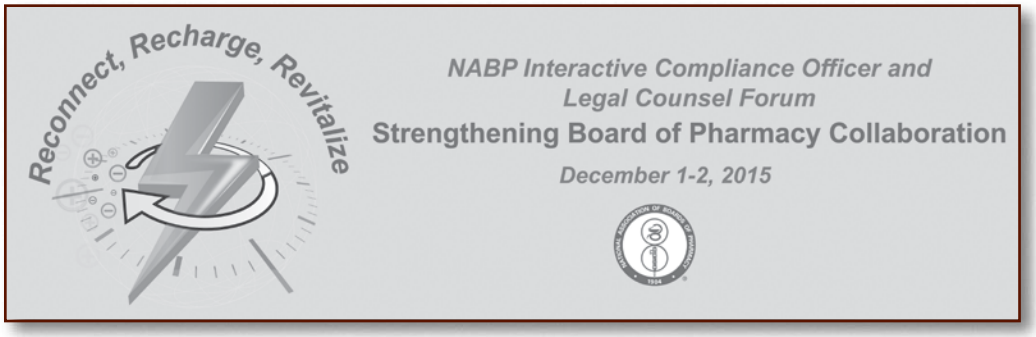
Invitations to attend the NABP Interactive Compliance Officer and Legal Counsel Forum were sent to board of pharmacy executive officers in October. Each executive officer was able to select one compliance officer from his or her board and one attorney who serves as the board's legal counsel to participate in the forum.

Like the NABP Interactive Executive Officer Forum that was held October 13-14, 2015, for board of pharmacy executive officers, travel, hotel accommodations, and meals will be paid by NABP and there is no registration fee for the meeting.

The goal of the NABP Interactive Forums is to facilitate interaction among boards from across the country and provide closed sessions for participants to discuss important and timely issues related to pharmacy regulation. With the success of past forums and the eagerness of board of pharmacy staff and members to reconvene with their peers, the series returns this year to continue a partnership to protect public health through collaboration.

The Compliance Officer and Legal Counsel Forum is held biennially, alternating with the forum geared toward board members, which will return in fall 2016. The NABP Interactive Executive Officer Forum, which is held annually, will also return in fall 2016.

For more information about the forum, please contact NABP Executive Office at exec-office@nabp.net, or at 847/391-4406.



Executive Committee

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Chairperson
One-year term

Edward G. McGinley
President
One-year term

Hal Wand
President-elect
One-year term

Jeanne D. Waggener
Treasurer
One-year term

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Member, District 1
Serving third year of a second three-year term

Susan Ksiazek
Member, District 2
Serving third year of a three-year term

Jack W. "Jay" Campbell
Member, District 3
Serving second year of a three-year term

Philip P. Burgess
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Mark D. Johnston
Member, District 7
Serving first year of a second three-year term

Richard B. Mazzoni
Member, District 8
Serving second year of a three-year term

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

Theftnician

By Dale J. Atkinson, JD

Certain legal principles in civil matters hold persons or entities (such as employers) responsible for the actions of others (such as employees). These types of legal responsibilities can also apply in an administrative setting. Under several circumstances, a licensee may be held responsible for the actions of another person. Thus, when supervising, delegating, or merely acting as the pharmacist-in-charge (PIC), licensed pharmacists must maintain reasonable oversight of and responsibility for the actions of others. Consider the following.

A veteran pharmacist (Licensee) licensed in 1978 worked as a PIC from 2001 to 2012 at a Target store in California. During his tenure as PIC, a significant number of tablets of Norco® were stolen from the pharmacy over a two-year period. It was determined that the tablets were stolen by a technician through an elaborate scheme whereby the technician placed orders for bottles of Norco, accepted delivery, and hid the bottles in a storeroom. When able, the technician would smuggle the bottles out to her car. In all, the technician placed 85 different orders of up to six 500-pill bottles and misappropriated over 216,630 Norco tablets.

The Target store did not stock Norco and the scheme was uncovered when the Licensee found a bottle of the tablets in the storeroom. A Target investigation involving surveillance cameras identified the technician who was arrested and criminally charged. Based on the events, the California State Board of Pharmacy (Board) filed an accusation against the Licensee alleging several violations including failing to maintain records related to controlled substances/dangerous drugs received, sold, or disposed of; failing to maintain three years of relevant records; allowing a non-pharmacist to order and sign for deliveries of the Norco; failure to supervise; failure to secure and maintain facilities to prevent theft; and failure to maintain effective controls that allowed the thefts to occur.

After a hearing, the administrative law judge found violations of five of the six counts and proposed a public reprimand. The Board rejected this recommendation and instead found the Licensee liable for all six counts and revoked his license but stayed the revocation subject to three years probation with specific conditions. The Board found the scope of the thefts to be "staggering," especially in light of the fact that the pharmacy did not stock Norco. Further, during the six months when the technician was not employed at the pharmacy, the store did not sell a single Norco tablet. The Board made numerous specific findings related to inventory issues and supervisory lapses. These security lapses, among many others, included inadequate procedures regarding ordering, delivery and signing for drugs, and not requiring the pharmacy to close while the Licensee was on break. The Board assessed the security expectations related to pharmacy operations and the obligations of a PIC and found such to be customary. It held that a PIC was responsible for the alleged violations irrespective of actual knowledge of the actions.

The Licensee appealed that matter to the circuit court that affirmed the Board order. The Licensee sought review by the appellate court. Finding that the Licensee has a fundamental right to maintain his pharmacy license, the appellate court noted that the trial court properly exercised independent judgment when reviewing the Board decision. The appellate court standard of review addresses

whether substantial evidence supports the factual findings. Questions of law are reviewed de novo. After discussing the standard of review, the appellate court turned its attention to the merits of the appeal.

The Licensee argued that the Board improperly interpreted the statute by broadly holding a pharmacist responsible for improper conduct when he was unaware of the improper conduct that led to the inaccurate and incomplete inventory records. In engaging in statutory interpretation, the court found that the law contained no express knowledge requirement on the part of the PIC and such a requirement could not be interpreted into the law. It also noted that the legislative intent did not indicate a need for knowledge of improper activities for administrative action to be sustained. In addition, and giving credence to need for overt statements in the law, the statute did overtly state that a PIC may **not** be held criminally responsible for violations of which he or she is unaware, indicating an express to limit criminal culpability under such a circumstance. No such limit of administrative liability was expressed. Further, the court noted the public protection element of the law and that the PICs should be encouraged to take the necessary precautions to supervise and maintain accurate records of dangerous drugs. "Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount."

The court also rejected the Licensee's arguments that licensing discipline is akin to criminal proceedings and, thus, knowledge of the actions is a prerequisite to administrative action. It held that "licensing discipline is civil in nature, not criminal, designed to protect the public from incompetent practitioners by eliminating those individuals from the roster of state-licensed professionals." The Licensee also unsuccessfully argued that holding a PIC responsible for unknown violations would subject such licensee to potential discipline when the pharmacy was burglarized and an indeterminate amount were taken, thus creating inaccurate records. To that point, the court noted:

"The simple response is that [technician] did not burglarize the Target pharmacy overnight, but took advantage of [Licensee's] inadequate inventory procedures to steal a massive quantity of Norco over an 18 month period. But even if a pharmacy is burglarized as in [Licensee's] hypothetical, [statute] requires the pharmacist-in-charge to maintain an inventory of dangerous drugs, so if he or she is unable to account for what was stolen, it would not be unreasonable to subject him or her to licensing discipline."

Numerous additional fact-specific arguments related to record keeping were upheld by the court finding that the record supported the Board decision. While determined to be harmless error, the court agreed with the Licensee that the Board statement suggesting that there was no evidence that the pharmacy facility was properly maintained suggested that the burden of proof shifted to the pharmacy/Licensee. Of course, the Board has the burden to substantiate wrongdoing to uphold an administrative sanction. In its analysis, the court noted that the burden of proof in California is substantiation by clear and convincing evidence.

Finally, the Licensee argued that a requirement to perform random audits of inventories and deliveries, conduct checks of staff work, and actively participate in checking inventories as well as drugs delivered to the pharmacy is not the standard or custom in the community and, thus, the court applied the wrong standard. The Licensee argued that the Board wrongfully rejected his expert witness who opined that custom and practice in the community does not require the pharmacist to watch the technician open a drug delivery tote and label bottles. The court agreed with

(continued on page 210)

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Right-to-Try Laws

(continued from page 202)

approved by FDA, has received a physician recommendation for the investigational treatment in question, and has given written, informed consent for use of the treatment.

The model legislation also spells out what is meant by "written, informed consent." The consent document, which must be attested to by the patient's physician and a witness, must "at a minimum" include an explanation of currently approved products for the patient's condition; an attestation that the patient agrees with his or her physician in believing that these treatments are unlikely to prolong his or her life; a description of potential worst and best outcomes, along with a projection of the most likely outcome of using the investigational treatment being sought; and acknowledgements that the patient's health plan and provider are not obligated to pay for the treatment or related care, that eligibility for hospice care may be jeopardized if the patient begins using the investigational therapy, and that the patient (and the patient's estate) is liable for all costs consequent to use of the investigational treatment.

The model legislation specifies that a manufacturer may, but is not required to, make an investigational product available to an eligible patient who requests it, with or without compensation. Likewise, insurance companies or public health programs may, but are not required to, pay for the treatment and any related care. Mandatory health coverage for participation in clinical trials is not affected.

The model legislation prevents regulators from taking action against a health care provider's license based solely on a recommendation for treatment with an investigational product, and prevents authorities from taking action against a provider's Medicare certification for the same reason. It also prohibits state employees or agents from attempting to block a patient's access to an investigational treatment. Finally, the model legislation "does not create a private cause of action" against a manufacturer or those caring for a patient in the event of harm resulting from use of the experimental product, provided that they are complying in good faith with the law and have exercised "reasonable care."

State Laws

Most states have based their laws on this model legislation, typically with few changes. There are, of course, individual variations. Alabama and Arkansas, for example, added language noting that physicians and hospitals are not required to be involved with the care of a patient using an investigational medication or device. The Missouri and Mississippi laws, among others, note that their respective state department of corrections is not obligated to cover the costs of investigational treatment. Arkansas and Colorado added that to be eligible the patient must be unable to participate in a clinical trial within 100 miles of the patient's home or not accepted to a relevant clinical trial within a week of the application process. Some states, including Florida and Nevada, specify that the medical condition of eligible patients would lead to probable death within a year, assuming no life-sustaining measures were taken; other states, like South Dakota, include no specific time period. Minnesota's law requires the patient's written consent, but does not detail the information to be included. Louisiana's law includes language limiting liability for physicians but not manufacturers. Missouri and Montana, among others, added language on severability, in the event that part of the law is deemed invalid.

Of the laws passed thus far, Oregon's may differ the most from the Goldwater Institute's template. A few areas of divergence include: to be eligible, a patient must be a resident of Oregon, at least 18 years old, and expected to live no more than six months. The physician must be convinced that the patient is acting voluntarily and is not being coerced; if the physician believes the patient's judgment is affected by a psychological disorder or depression, the physician may not immediately commence treatment but must refer the patient for counseling. Official witnesses to the patient's written consent may not be relatives to the patient, beneficiaries of the patient's estate, or an owner or employee of the health care facility where the patient resides or receives health care services. A health care practitioner may not offer to treat an eligible patient with an investigational product unless, among other requirements, the treatment is provided to the patient for no more than the costs of manufacturing the product and administering the treatment. Eligibility for hospice care is not dependent on whether or not a patient is undergoing treatment with an investigational therapy. Physicians involved in the patient's treatment must file a record with relevant authorities including such information as adverse and/or positive outcomes of the treatment, the cost of the treatment to the patient, and the patient's demographic information.

Right-to-try laws represent one of the newest iterations in the long running effort to balance patient safety with access to promising new treatments. Although it is unclear at this point what impact states' right-to-try laws will have on widespread access to experimental drugs and devices, they have republicized the debate, and may well lead to further conversations on the drug development and approval process.

As these issues bear directly on the boards' mission of ensuring public health and access to safe medications, NABP will continue to monitor developments.

.Pharmacy Consumer Campaign Yields Significant Results; NABP Seeks Member Boards' Assistance to Further Educate the Public

At the direction of the .Pharmacy Supporter Advisory Committee, NABP is reaching out to raise public awareness about the .pharmacy Top-Level Domain (TLD). As part of this effort, NABP completed a consumer campaign – achieving significant results – and shared the consumer messages with its member boards of pharmacy inviting them to help further educate the public about the .pharmacy TLD initiative.

Consumer Campaign Yields Strong Results

From January 2015 to October 2015, efforts to reach consumers with information about the .pharmacy TLD have included a variety of different media platforms – public service announcements (PSAs), blog articles, press releases, and a satellite Internet media tour. These consumer campaigns were very successful and reached a large audience. For example, television and radio PSAs were distributed and were well received by TV and radio stations across the country. By the end of October 2015, the television PSAs aired more than 18,000 times with over 106.2 million audience impressions (or viewings). Sixty-nine percent of the television PSAs aired during key viewing hours (5 AM to 10 PM). Of these, 5% aired during primetime hours (8 to 10 PM).

Radio PSAs aired more than 12,000 times with nearly 76 million impressions. Of these, 5,520 aired in the top 25 designated marketing areas, including Atlanta, Chicago, Los Angeles, and New York.

NABP also ran Spanish language PSAs to reach additional audiences. The Spanish PSAs aired 1,142 times with more than 10 million impressions.

In addition, NABP ran a satellite Internet media tour that resulted in 24 live interviews of Carmen A. Catizone, MS, RPh, DPh, NABP executive director/secretary, and Libby Baney, JD, executive director, Alliance for Safe Online Pharmacies, and yielded a total audience viewership of over 7 million via television, radio, and web. These interviews are currently available on the .pharmacy YouTube channel at *https://www.youtube.com/channel/UCU-ZhIyPs5AOBejWjE-Ck_g*.

Directly following the satellite Internet media tour, a digital media press release was also distributed, prompting over 1,800 page views. These press releases that feature interactive videos were picked up by 93 high-profile outlets, including *International Business Times* and *Boston.com*. In addition, 46 additional sites featured the headline.

NABP also ran a search intent and behavioral marketing campaign, which followed consumers' online activities. During this campaign, .pharmacy banner ads appeared when consumers browsed the Internet searching for keywords related to online pharmacy. In addition, consumers who visited the .pharmacy website (*www.safe.pharmacy*) and later moved to another website were prompted with .pharmacy banner ads to return to the .pharmacy site. During this 10-week campaign, banner ads were seen over 3.7 million times and the ads were clicked on a total of 13,374 times.

Also, as part of the blogger outreach campaign, a total of six bloggers – who write blogs geared toward mothers, senior citizens, and caregivers – requested .pharmacy posts to share with their readers. These requests prompted a combined potential audience reach of 200,598 followers.

Board Assistance

To share these campaign messages with more consumers, NABP sought assistance from the state boards of pharmacy. NABP sent the boards an electronic packet of materials from the .pharmacy consumer campaign, including the television and radio PSAs, digital banner ads, blog articles, satellite/Internet media tour, and digital media press releases. Boards were encouraged to utilize and distribute these materials to help raise consumer awareness about the risks of buying medicine online from unknown sources and to show how the .pharmacy domain name is an indicator of a safe website.

In addition, the informational packet included a flyer detailing the benefits of the .Pharmacy TLD Program for companies, sample posts that can be used on Facebook and Twitter to help educate consumers about .pharmacy,

(continued on page 208)

.Pharmacy Banner Ads Alert Consumers to the Dangers of Buying Medicine Online
During a 10-week search intent and behavioral marketing campaign, consumers' online activities prompted .pharmacy banner ads (pictured above) to appear while browsing the Internet.

.Pharmacy Consumer Campaign Results

(continued from page 207)

and background information on .pharmacy and its development in a poster presentation format.

For boards of pharmacy utilizing the .pharmacy URL as a stand-alone web page or redirect page, NABP also included sample web text that they can use on their website. When boards post relevant content on the .pharmacy URL it helps to establish the credibility of the .pharmacy domain, eliminate consumer confusion, and improve search engine optimization ratings. NABP understands resources are limited and other barriers exist, and the Association is exploring ways to further assist boards in this endeavor.

Boards of pharmacy were also reminded that if they have not yet requested a .pharmacy domain name they may send a request by email to info@safe.pharmacy. NABP member boards are eligible to register board-specific domain names at no cost for a period of five years.

Advisory Committee Meetings

Based on a recommendation of the .Pharmacy Supporter Advisory Committee during its April 30, 2015 meeting, NABP plans to keep committee members up to date on all .pharmacy consumer outreach efforts. The committee has been divided into two groups – one composed of regulators and one composed of registrants/supporters – and both convened in August 2015 to discuss these and other opportunities for consumer education as well as other matters of strategy and policy. More information about this meeting will be provided in future NABP communications. Details from the April 30 meeting are highlighted in the October 2015 *NABP Newsletter* available on the NABP website at *www.nabp.net.*

Total .Pharmacy Domain Name Registrations

Launched in 2014, the .Pharmacy Top-Level Domain (TLD) Program provides a means for consumers around the globe to be sure the medications they buy online are safe. The .pharmacy TLD is available to pharmacies and other entities offering prescription drug-related products, services, or information via the Internet.

As of press time, NABP has registered 229 domain names for the following:

- 33 boards of pharmacy
- 44 companies
  - 27 pharmacies
  - 11 veterinary pharmacies
  - 3 manufacturers
  - 3 informational sites

For more information, including how to obtain a .pharmacy domain name, visit *www.safe.pharmacy.*

Additional details about the .Pharmacy TLD Program, including a list of approved .pharmacy sites, are available at *www.safe.pharmacy.*

Sponsorship and Educational Grant Opportunities Now Available to Interested Organizations for the NABP 112th Annual Meeting

Organizations have an opportunity to support public protection efforts through numerous sponsorship and educational grant opportunities available at the NABP 112th Annual Meeting, to be held May 14-17, 2016, at the Hilton San Diego Bayfront Hotel in San Diego, CA.

Contributing organizations help NABP provide quality programs designed to assist board of pharmacy members, executive officers, and compliance staff to meet their responsibilities for safeguarding the public health, while creating visibility for the sponsoring organization.

Contributing organizations will be recognized appropriately in various materials and aspects of the Annual Meeting. 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 email at prof-affairs@nabp.net or via phone at 847/391-4406.

Stakeholders Coalition on Safe Prescribing and Dispensing of Controlled Substances Convened to Discuss Upcoming Efforts

A coalition of stakeholder organizations representing the medical, pharmacist, and supply chain spectrum held their sixth official meeting to discuss the challenges related to prescribing and dispensing controlled substance prescriptions. The stakeholders coalition convened on July 21, 2015, at the Loews Chicago O'Hare Hotel in Rosemont, IL, to discuss the revision process for the coalition's consensus documents, the development of educational and outreach materials, and future actions of the coalition.

During the meeting, the stakeholders collaborated regarding the development of processes and materials for fostering communication and dialogue among pharmacists and physicians. Specifically, the stakeholders shared ideas about the process for revisions to the "Stakeholders Consensus Document on Prescribing and Dispensing Controlled Substances," released February 2014, and "Stakeholders' Challenges and Red Flag Warning Signs Related to Prescribing and Dispensing Controlled Substances," released March 2015.

In addition, the stakeholders discussed the increase in heroin use and how efforts to address prescription drug abuse may be related to this trend. The stakeholders considered how expanding access to naloxone, a drug that reverses an opioid overdose, is one effort to address this concern. The discussions also included the role of the stakeholders coalition and roles of stakeholder organizations in these efforts. Further, NABP presented information on how prescription monitoring programs (PMPs) and NABP PMP InterConnect® can help fight abuse and diversion.

As a result of the meeting, the coalition is developing a statement regarding the need to address heroin use. In addition, subgroups from American Medical Association, American Osteopathic Association, American Pharmacists Association, and American Society of Health-System Pharmacists will be developing a slide presentation for stakeholders to use that includes case studies and communication guidelines.

Stakeholders attending the meeting included NABP and representatives from the following organizations:

- American Academy of Family Physicians
- American College of Emergency Physicians
- American Medical Association
- American Pharmacists Association
- American Osteopathic Association
- American Society of Anesthesiologists
- American Society of Health-System Pharmacists
- Cardinal Health
- CVS Health
- Express Scripts
- Healthcare Distribution Management Association
- National Association of Chain Drug Stores
- National Community Pharmacists Association
- Pharmaceutical Care Management Association
- Purdue Pharma L.P.
- Rite Aid
- Walgreens Boots Alliance

The next stakeholders meeting is tentatively planned for January 2016. The consensus documents are available under Position Papers in the Members section of the NABP website, *www.nabp.net.*

Deadline Set for Proposed Amendments to the NABP Constitution and Bylaws: Submissions Due Between February 15 and March 31

Proposed amendments to the NABP Constitution and Bylaws must be submitted between Monday, February 15, 2016, and Thursday, March 31, 2016, to be considered during the 112th Annual Meeting, which will be held May 14-17, 2016, in San Diego, CA. 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 email 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.

2016 *Survey of Pharmacy Law* Available in December

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 2016 *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 seven new questions. In addition, a new section, 27, Independent Pharmacy Practice, has been added. The new questions and their corresponding sections are listed below.

1. Section 16, Pharmacy Licensure Requirements: "Does state recognize the NABP Verified Pharmacy Program™?"
2. Section 20, Prescription Requirements: "Does state require identification for Schedule II controlled substance prescriptions?"
3. Section 20, Prescription Requirements: "Does state require identification for controlled substance prescriptions other than Schedule II?"
4. Section 27, Independent Pharmacy Practice: "May pharmacists administer tests? If so, what type(s) of test(s)?"
5. Section 27, Independent Pharmacy Practice: "May pharmacists interpret tests?"
6. Section 27, Independent Pharmacy Practice: "May pharmacists prescribe based upon test outcome(s)?"
7. Section 27, Independent Pharmacy Practice: "May pharmacists prescribe naloxone?"

Because the vast majority of states responded in the affirmative in previous editions of the *Survey*, the following two questions were removed from the 2016 edition. The question asking "Does state have a controlled substance prescription monitoring program?" was removed from Section 20, Prescription Requirements, and the question asking "Does board allow pharmacies to maintain electronic reference materials?" was removed from Section 28, Miscellaneous State Pharmacy Laws. Additionally, Section 21, Facsimile Transmission of Prescriptions, was removed in its entirety. Previous responses to these questions were either deleted or moved to another related question.

Finally, there are three questions that have been revised for the 2016 *Survey*:

1. Section 13, Status of Pharmacy Technicians: "Does state certify technicians?" has been revised to "Does state require certification?"
2. Section 20, Prescription Requirements: "Does State Allow Prescription Fax Regulations" has been revised to "Does state allow prescriptions to be faxed?"
3. Section 20, Prescription Requirements: "Controlled Substances Allowed" has been revised to "Does state allow controlled substance prescriptions to be faxed?"

Updates for the 2016 *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*. NABP will mail copies to individuals that pre-order the *Survey* in late December.

All final-year pharmacy students receive the *Survey* free of charge through a generous grant from Purdue Pharma L.P. In addition, board of pharmacy executive directors 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 email at custserv@nabp.net.

Legal Briefs

(continued from page 205)

the Board that such a lackadaisical oversight approach is not an accurate assessment of what is required under the law. The Board accepted the testimony of its own expert witness who stated that the PIC was required to "oversee the daily operations of the pharmacy and [be] the 'person responsible for their compliance with pharmacy law.'"

The appellate court upheld the findings of the Board and affirmed the judgment of the lower court. Accordingly, the revocation with a stay along with a probationary period of the Licensee was imposed.

PICs are responsible for the operations of the pharmacy and the drug inventories. Failure to adequately oversee such operations may result in administrative action, even if such licensee is not aware of the actions of others.

Sternberg v. California State Board of Pharmacy, 2015 Cal. App. LEXIS 740 (App. Ct. CA 2015)

NABP Continues VPP Policy Development With Direction From State Boards, Provides Interim Guidance to Participating Pharmacies

NABP is working to develop a Verified Pharmacy Program™ (VPP™) policy regarding the frequency of inspections along with additional programmatic standards. These policies and standards will be the direct result of direction and guidance gleaned from the member boards of pharmacy as they examine ways to implement the Multistate Pharmacy Inspection Blueprint into inspection processes. In the interim, NABP provided participating VPP pharmacies with guidelines regarding inspections as well as updates to program requirements.

A VPP notification reminded pharmacy participants that they are expected to understand the rules and regulations in the states where they hold licensure and to maintain compliance with each state's inspection requirements. Specifically, the notification reminded VPP participants of their responsibility to proactively request a new inspection from NABP if required in order to renew or obtain a pharmacy license in a particular state.

For pharmacies engaged in sterile compounding, NABP recommends requesting an annual inspection and if a pharmacy is engaged in nonsterile compounding or general pharmacy practices only, NABP recommends biennial inspection.

The notification also informed VPP participants that response documentation relating to a VPP inspection must be received by NABP within 30 calendar days from the date the final inspection report is emailed to the pharmacy. No responses will be received after that time and no extensions will be granted. For convenience and to assist with uniformity in the format of the responses received, NABP has a response template for pharmacies to use when submitting their responses. Responses provided by VPP entities are not currently reviewed or evaluated by NABP, but uploaded as follow-up documentation to the VPP inspection and available to boards of pharmacy through NABP e-Profile Connect.

NABP has been and continues to be in close discussions with the state boards of pharmacy to further develop VPP so that it meets their needs. Further, NABP will convene a committee meeting, which has been postponed from its originally scheduled November date, to discuss how best to work with the state boards of pharmacy to help implement the Multistate Pharmacy Inspection Blueprint into their own inspection processes. These processes ultimately drive the direction of VPP. The blueprint was developed by the member boards in January 2015 to allow the states to ensure that their own inspection forms and processes cover the minimum requirements agreed upon by the states. (See the September 2015 *NABP Newsletter* article "NABP to Convene Committee Meeting in November 2015 to Discuss Implementation of Multistate Pharmacy Inspection Blueprint" for more detail.) Members of the committee will also discuss ways in which to continue to improve the existing VPP tools and processes based on the inspection blueprint.

At press time, at least 357 pharmacies have applied to VPP and currently, or soon will, have verified data available for the boards to view. This verified data is provided to the member boards in an effort to further support them in making informed licensure decisions for their nonresident pharmacies. Of the 357 VPP facilities:

- 154 pharmacies engage in nonsterile compounding;
- 49 pharmacies engage in sterile compounding;
- 109 pharmacies engage in both sterile and nonsterile compounding;
- 42 pharmacies are general retail or mail-order pharmacies with no compounding;
- 2 pharmacies are nuclear pharmacies; and
- 1 pharmacy is an outsourcing facility.

For more information about VPP, contact the NABP Accreditation department at vpp@nabp.net or visit the Programs section of 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:

Hephzibah Pharmacy, LLC
Hephzibah, GA

Midas Rx
Elkridge, MD

New Century Pharmacy, Inc
Forest Hills, NY

A full listing of over 500 accredited DMEPOS companies representing nearly 28,000 facilities is available on the NABP website at *www.nabp.net.*

Board of Pharmacy Compliance Staff Attend Two-Day Training Session on Conducting Sterile Compounding Inspections

NABP continues to provide specialized training for board of pharmacy compliance officers who perform inspections of compounding pharmacies in an effort to enforce the safe practice of compounding in their states.

In October 2015, compliance officers, inspectors, and investigators from 24 member state boards of pharmacy and two associate member boards gathered at the Hilton Chicago/Northbrook in Northbrook, IL, for an informational training session about sterile compounding presented by Eric Kastango, MBA, RPh, FASHP, and Kate Douglass, MS, RN, APN, C, CRNI, both of CriticalPoint, LLC.

The first day of the training, which took place on October 6, provided an overview of United States Pharmacopeia (USP) Chapter <797> Pharmaceutical Compounding – Sterile Preparations. Information was also presented on facility and personnel 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 evidence of compliance.

The second day of the training, which took place on October 7, focused on sterilization and quality assurance procedures and inspecting for hazardous drug compounding compliance. Participants were also presented with pictorial examples of inspections to determine what was wrong with each given scenario.

The October 7 session ended with a question-and-answer period in which the trainers, who are compounding experts, answered questions submitted by attendees 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. In addition, CriticalPoint now provides the Qualified Persons Credentialing Program, a new uniform credentialing program that can be utilized by the state boards of pharmacy to ensure that pharmacists who supervise the operations of compounding facilities are competent. For more information about CriticalPoint visit *www.criticalpoint.info.*

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.

Board Compliance Staff Receive Specialized Sterile Compounding Training Delivered by Critical Point, LLC

In October, state board of pharmacy compliance officers, inspectors, and investigators attended a two-day sterile compounding training provided by CriticalPoint, LLC. Pictured above, Kate Douglass, MS, RN, APN, C, CRNI, of CriticalPoint, shares information related to maintaining an environment suitable for sterile compounding.

Newly Approved e-Advertisers

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

NuMale Corporation, dba NuMale Medical Center
www.numalemedical.com

Wegmans Food Markets, Inc
www.wegmans.com

Since 2010, NABP has offered the e-Advertiser Approval Program for Internet advertisers that offer only limited pharmacy services or other prescription drug-related services online. A full listing of NABP-approved e-Advertisers is available on the NABP website at *www.nabp.net.*

MPJE Undergoes Thorough Evaluation to Ensure Examination Meets Current Standards For the Application of Pharmacy Law in Practice

Following a thorough expert panel review and the analysis of a content domain survey, revisions to the Multistate Pharmacy Jurisprudence Examination® (MPJE®) competency statements will be implemented in April 2016, along with a new passing standard.

Periodically, the competency statements that comprise the blueprint for the examination are reviewed and revised by a panel of pharmacy law experts, then subsequently validated by a survey. With the significant increase of new and updated pharmacy laws and regulations over the past few years, it was determined that an update to the MPJE blueprint would not only be timely to ensure that pharmacists' knowledge of these laws is up to date, but to also ensure the MPJE maintains its validity as an examination used by the boards of pharmacy for licensing decisions.

Validation Study

In 2014, NABP and a panel of pharmacy law experts began reviewing the MPJE competency statements, which resulted in a redistribution of the proportion of items in each content area and the addition of new competencies. Outcomes from the review were then validated by the MPJE Domain Survey, which was distributed in January 2015.

A total of 137 individuals representing the eight NABP districts participated in the survey. Respondents included former and current board members, executive officers, compliance officers, inspectors, board legal counsel, members of the MPJE Review Committee, pharmacy law professors, and pharmacy practitioners.

In April 2015, an internal analysis and technical report were completed validating the survey instrument and outcomes. In addition, the survey outcomes were reviewed and endorsed by the MPJE Review Committee. The review committee also made a recommendation that NABP consider increasing the number of test items to adequately cover the increase in MPJE content subdomains.

Standard Setting Process

Following the validation study, a standard setting meeting was conducted on August 19, 2015, at NABP Headquarters, to determine if any adjustments to the passing standard should be considered. The panel was composed of a diverse group of pharmacy regulatory experts representative of the member boards of pharmacy.

As part of the standard setting meeting, panelists received training consisting of an overview of the MPJE and the content areas covered on the examination. An explanation of how the results of the study would be used to establish a cut score was also included in the training. In addition, written instructions, practice examples, and opportunities for discussion and questions were all part of the training process.

Throughout the meeting, panelists actively participated in discussions framed by the test blueprint or competency

(continued on page 214)

Experts Convene for MPJE Standard Setting Meeting at NABP Headquarters
In August 2015, a panel of experts met at NABP Headquarters to reassess the passing standard for the Multistate Pharmacy Jurisprudence Examination® (MPJE®). Panel members consisted of a diverse group of pharmacy regulatory experts representative of the member boards of pharmacy.

Registration Deadline for Next Available PCOA Testing Window Approaching; 58 Schools and Colleges Sign Up for the First 2016 Administration

The deadline for schools and colleges of pharmacy to register their students for the next available Pharmacy Curriculum Outcomes Assessment® (PCOA®) testing window (April 11 to May 13, 2016) is **January 12, 2016.**

Schools and colleges of pharmacy that would like to register their students for the April 11 to May 13 testing window are advised to review the new *PCOA Registration and Administration Guide for Schools and Colleges of Pharmacy* available in the Programs section under PCOA on the NABP website at *www.nabp.net.* The guide – sent to the schools and colleges on September 1, 2015, along with other new informational materials – includes detailed instructions on the new registration process.

Changes in the PCOA registration process have been made to accommodate the anticipated increase in participating schools due to the Accreditation Council for Pharmacy Education (ACPE) *Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Standards 2016)* requirements, and to ensure that PCOA administrations remain streamlined.

Utilizing the new registration process, a total of 58 schools and colleges signed up to participate in the first 2016 PCOA testing window to be held January 18 to February 12. As part of this process, an estimated 8,100 students will register online through the NABP e-Profile system. School registration for this testing window is now closed.

With the inclusion of the PCOA requirement in the *ACPE Standards 2016*, NABP is providing the assessment at no cost for all students nearing the completion of their didactic curriculum. Students in this group qualify to take the PCOA one time at no cost. If the school/college chooses to schedule an additional administration for students eligible to take the PCOA at no cost, the current fee of $75 per student will apply.

If schools and colleges administer the PCOA to students other than those nearing the completion of their didactic curriculum, the current fee of $75 per student will apply.

The school/college is responsible for providing the testing facility, meeting the technical requirements for computer-based testing, and ensuring that all students have the appropriate hardware for the assessment.

More information about the PCOA is available at *www.nabp.net.* Questions regarding the PCOA registration or administration processes may be directed to the PCOA manager, or the Competency Assessment senior manager, at PCOA@nabp.net or 847/391-4406.

MPJE Evaluation

(continued from page 213)

statements, which describe the expected level of knowledge required for competent entry-level or license transfer pharmacists as they relate to the MPJE. They used that information to create a working document that outlines the qualifying attributes for pharmacist competency.

The panel members then provided ratings for the MPJE test questions. The ratings were estimates of the percentage of competent candidates who, in their opinion, would answer the item correctly. After the panel members finished rating each test question, ratings were collected and analyzed. The outcome of the ratings was applied to historical score data to estimate impact to expected pass rates.

Following a discussion of the first ratings and outcomes, the participants were instructed to rate each item on the MPJE for a second time. These second ratings were subsequently analyzed and the data was presented back to the group. Predictions of the impact to the pass rate based upon the average ratings were also provided to the group. The panel members engaged in further discussion to address their impressions of the outcomes prior to making its recommendation.

The recommendation was reviewed by the MPJE Review Committee, the Advisory Committee on Examinations, and will be reviewed by the NABP Executive Committee for a final determination of a passing standard at its December 2015 meeting. Prior to implementing the revised competency statements and passing standard, NABP will provide notice to the boards of pharmacy and schools and colleges of pharmacy. NABP plans to implement the revisions in 2016.

The previous review of the MPJE competency statements began in 2010 with revisions being enacted in 2011. More information about the MPJE is available in the Programs section of the NABP website at *www.nabp.net.*

Supporting Efforts to Fight Diversion and Abuse, PMP InterConnect Works in Tandem With PMP Gateway as It Automates Requests, Brings Data Into Workflow

New Deployment at Kroger Pharmacies Increases Provider Use of PMP Reports

Recognizing the importance of expanding the use of prescription monitoring program (PMP) data in pharmacists' workflow to enhance prescription drug abuse and diversion prevention efforts, NABP has been working to integrate other PMP services with NABP PMP InterConnect®. Most recently, PMP Gateway – a service that works in tandem with PMP InterConnect – has been deployed in Kroger pharmacies across Ohio. PMP Gateway, owned and operated by Appriss, Inc, works with PMP InterConnect to automate requests for a patient's PMP data, bringing it into the workflow of health care providers' electronic health information systems, including pharmacy and hospital systems. Kroger pharmacies in Ohio became the first pharmacy chain to implement use of PMP Gateway in July 2015, and Kroger subsequently deployed the service at pharmacies in Arizona, Arkansas, Kansas, Louisiana, Mississippi, Nevada, New Mexico, Virginia, and West Virginia, and has initiated pilots with pharmacies in Colorado. Kroger joins the Wisconsin Statewide Health Information Network (WISHIN) and Kettering Health Network of Ohio in becoming among the first entities to use the PMP Gateway service to make PMP data easily accessible to their health care providers. Further, because PMP Gateway works in tandem with PMP InterConnect in order to access the data, these entities have the option to access interstate PMP data, as allowed by state regulations.

New Deployment

As part of a response to the prescription drug overdose epidemic, Kroger pharmacies worked closely with the state PMPs to integrate PMP Gateway into its pharmacy dispensing software. As a result, Kroger pharmacists may now quickly access a patient's controlled substance (CS) prescription history directly in their workflow, avoiding the extra steps of having to open a web browser in order to log in and query the state's PMP. With just a click from within a patient's electronic pharmacy record, the pharmacist can review a PMP report for the patient that has been delivered seamlessly into the workflow. Behind the scenes, PMP Gateway accesses PMP InterConnect to transmit a request for PMP data and returns that data to Kroger where it is presented to the Kroger pharmacist.

"The clinical utility of this feature is highly valued by our pharmacists and its efficient accessibility means controlled substance histories can be reviewed in seconds, not minutes," said Bill Shinton, director of pharmacy operations for Kroger. "Our PMP usage has climbed by an order of magnitude and we achieved 1,000,000 CS report reviews within the first two months of our rollout – truly a win for our patients and pharmacists alike."

Ohio to Support Additional Integration Projects

On October 26, 2015, Ohio Governor John Kasich announced that the state will support additional projects by investing up to $1.5 million a year to automate Ohio Automated Rx Reporting System (OARRS) data into electronic medical records and pharmacy dispensing systems. Funding will cover the initial costs of integration and the maintenance of connections between such systems, reports the Board in the November 2015 *State of Ohio Board of Pharmacy Newsletter.* Information for Ohio pharmacies and other health care institutions is available on the OARRS website *(www.pharmacy.ohio.gov/integration).*

Past Implementations

PMP Gateway was deployed in WISHIN in September 2014, providing authorized health care providers with access to WISHIN the ability to quickly access PMP data from the Wisconsin Prescription Drug Monitoring Program. Kettering Health Network in Ohio launched use of PMP Gateway in April 2015, allowing its authorized health care providers the ability to access Ohio PMP data from within the hospital's electronic health records workflow.

Use of NAR$_X$CHECK and Interstate Data Can Further Impact

To further assist health care providers in the process of reviewing patient PMP reports, Kroger has also added the NAR$_X$CHECK service. NAR$_X$CHECK, also owned and operated by Appriss, Inc, is a software tool that generates risk-based scores reflecting a patient's CS history. First developed to assist emergency department physicians in making the most appropriate treatment decisions for patients, the NAR$_X$CHECK service analyzes PMP data and provides a report on narcotic, sedative, and stimulant usage including a three-digit, risk-based NAR$_X$CHECK Score that indicates to a physician or pharmacist whether there is a low, moderate, or high probability that a patient could be abusing a drug.

In addition to the option of adding the NAR$_X$CHECK service, because PMP Gateway is integrated with PMP InterConnect, Kroger also has access to interstate data if permitted by the rules of those states participating in PMP InterConnect. This access

(continued on page 218)

nabp newsletter

Visit *www.AWARErx.pharmacy* to See AWAR$_X$E's Redesigned Website and Logo!

The AWAR$_X$E® Prescription Drug Safety Program has a new look. The website has been redesigned to better reach the program's target market: the sandwich generation, individuals who are simultaneously raising children and caring for aging parents. In their role as caretaker, they are often familiar with prescription drugs and issues that can arise from misuse or abuse.

The program also has a new URL: *www.AWARErx.pharmacy*. This exciting change heralds the continued growth of the .Pharmacy Top-Level Domain (TLD) Program for pharmacies and pharmacy-related entities. Consumers will know right away that they are accessing valid information from a safe pharmacy-related website when they see the .pharmacy TLD in the website's URL.

The logo and website have been updated with clean lines to create a more modern look. In addition, the program's new colors of cherry red, gray, and navy were chosen to create a soothing tone for site visitors. The goal of the redesigned *AWARErx.pharmacy* is to be a calm environment where consumers and pharmacists can easily find useful information from a reputable source.

Less information on the home page will make navigating the rest of the website easier. Action icons are front and center to help interested parties dispose of medications properly, acquire medications safely, prevent abuse, and safely use medications. Clicking on each of these action icons leads to several subtopics with more in-depth information.

In addition, the News and Resources sections have simplified the process of spreading AWAR$_X$E's message. Interesting topics can be shared via Facebook, Twitter, or email buttons embedded into each web page. Plus, flyers are still available to download and print for free. Pharmacists can find information under the Resources section that they can relay to their patients, community, and colleagues. Meanwhile the Pharmacists' Pledge continues to promote the fight against prescription drug abuse.

The Locator Tool for prescription drug disposal has been improved as well by offering maps that are easier to navigate and more detailed results for searches. Since proper medication disposal is an important part of preventing prescription drug abuse, AWAR$_X$E wanted to provide visitors with all the resources they need regarding this topic. Therefore, a new section with instruction on how to start a disposal site has been added with specifications for pharmacies and law enforcement locations.

Stop by and take a look at the new changes to the AWAR$_X$E website; visit *www.AWARErx.pharmacy*.

New URL, New Look: Find AWAR$_X$E at *AWARErx.pharmacy*

The AWAR$_X$E® Prescription Drug Safety Program has a new website URL along with a new look. You can now find AWAR$_X$E at *www.AWARErx.pharmacy*. This change reflects the growing success of the .Pharmacy Top-Level Domain Program for pharmacies and pharmacy-related entities. By adding the ".pharmacy" URL to the AWAR$_X$E website, consumers will know right away that they are accessing valid, safe pharmacy information. Check out AWAR$_X$E today!

PMP InterConnect Participation, Use Reaches Record Growth in 2015; Program Progresses Toward Goal of National Interoperability

Participation and use of NABP PMP InterConnect® to support secure interstate data sharing between state prescription monitoring programs (PMPs) has grown significantly in 2015. Over the past year alone, three 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 30.

2015 Participation Overview

Currently, the following state PMPs are connected to PMP InterConnect: Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, and Wisconsin.

PMP InterConnect is expected to see continued growth moving into 2016 as one state has executed a memorandum of understanding (MOU) to participate, and another six states/jurisdictions are currently reviewing MOUs.

In addition, several other state PMPs not connected to the program have shown interest in reviewing an MOU. These state PMPs were invited to attend the July 15-16, 2015 NABP PMP InterConnect Steering Committee meeting for an overview of the program and to see how the participating 30 states have adopted and implemented its use to combat prescription drug abuse. For a full breakdown of PMP InterConnect participation in 2015, see the timeline below.

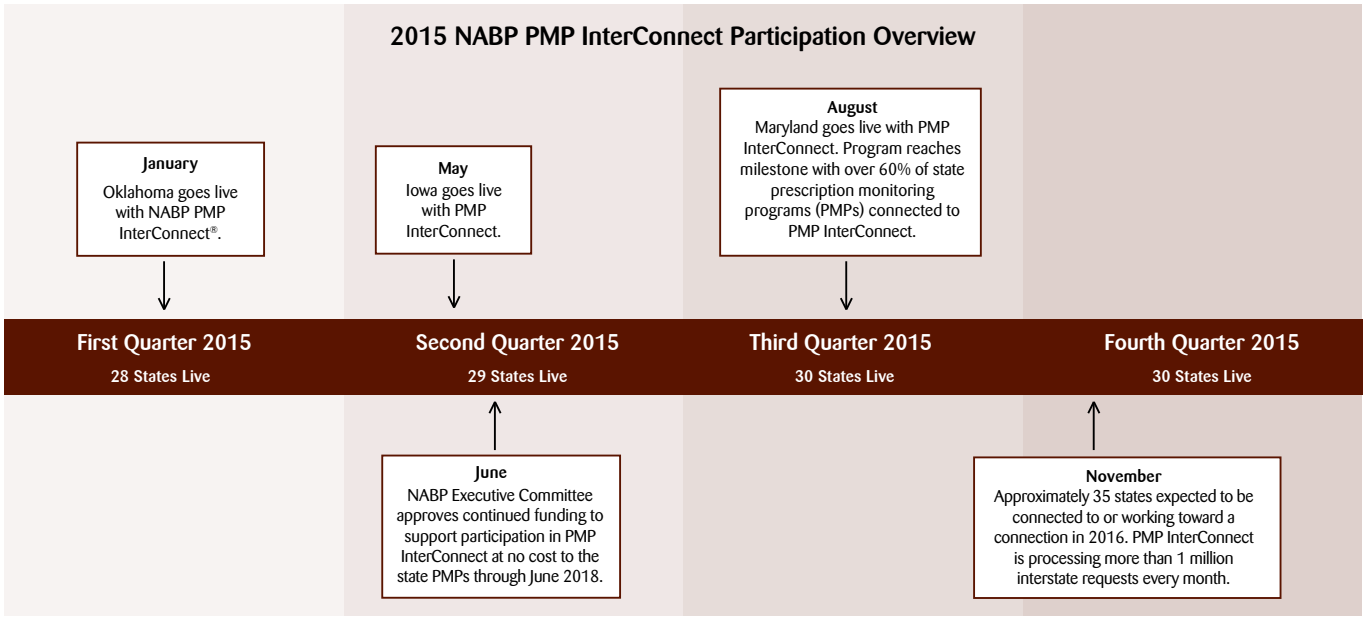
The number of interstate prescription drug data requests has also grown significantly in 2015. For example, in the early stages of the program in 2011 only a few thousand interstate transactions were supported each month. In 2015, however, the program began processing up to 1 million interstate requests per month.

Also in 2015, in recognizing the program's growth and achievements over the years to effectively support secure interstate data sharing between the state PMPs, NABP approved funding to support participation in PMP InterConnect at no cost to the state PMPs through June 2018.

Software Enhancements

In addition to the record-breaking participation growth and additional

(continued on page 218)



The above timeline represents the growth of the NABP PMP InterConnect® program's participation throughout 2015. 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.*

Automated PMP Requests

(continued from page 215)

allows for a more complete patient CS history report to be delivered into the health care providers' workflow, supporting dispensing decisions.

Third Parties Require State's Permission to Access Data

NABP has executed memorandums of understanding (MOUs) with 31 PMPs to participate in PMP InterConnect. In executing these agreements, state PMPs have entrusted NABP with ensuring the security of encrypted data that pass through PMP InterConnect. In addition, NABP has put in place the requisite control, safeguards, and governance to ensure that PMPs remain in complete control of their data and with whom they share their data. PMP InterConnect participants are accountable to one another and have responsibilities that they must uphold as part of executing the MOU with the Association.

These responsibilities and security measures also extend to any agreements executed with non-PMP entities, such as Kettering Health Network, Kroger pharmacies, and WISHIN. All agreements must clearly define the responsibilities of the third party, as well as clear ownership, liability, and legal structure to ensure secure and legal access to, and usage of PMP data.

Importantly, no third-party entity will be able to access a state's data through PMP Gateway without that state's permission. As an example, Kroger pharmacies worked closely with the State of Ohio Board of Pharmacy in its initial implementation of PMP Gateway. This partnership allowed the Board the opportunity to approve Kroger's use of OARRS data. Ohio Board Executive Director Steven W. Schierholt, Esq, stated that the integration project "allows busy pharmacists the ability to quickly review patient data within their workflow to prevent the abuse and misuse of controlled substance medications." Kroger subsequently partnered with boards of pharmacy and/or PMP administrators in the states of Arizona, Arkansas, Colorado, Kansas, Louisiana, Mississippi, Nevada, New Mexico, Virginia, and West Virginia to obtain the needed authorizations to deploy PMP Gateway at its pharmacies in those states.

Boards of pharmacy, PMPs, and other relevant agencies in additional states may be called upon to review requests for permission to access PMP data as more third-party entities seek to deploy PMP Gateway in their electronic health records systems and/or dispensing software.

More information about PMP InterConnect is available in the Programs section of the NABP website. Questions about PMP Gateway or PMP InterConnect may be directed to Government Affairs and Member Relations by sending an email to GovernmentAffairs@nabp.net.

PMP InterConnect

(continued from page 217)

funding support, the software that supports the data exchanges between all PMP InterConnect participants also received some enhancements in 2015. Appriss, Inc, NABP's technology provider for PMP InterConnect, has worked closely with the Association and participating state PMPs to roll out the new software version – application programming interface (API) Version 4.

As requested by state participants, to meet user needs the updated software now includes new, expanded role-based permissions, including the option to select physician, dentist, nurse practitioner, optometrist, etc, from the list of health care provider roles. These new categories allow for state PMPs to share data with more states, including states with more stringent laws on prescribing authority. In addition, new response codes give PMP users more specific details about the status of their PMP request. In October 2015, some states transitioned to the new API Version 4. Additional states will soon be transitioning to the software.

Fact and Fiction

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. To further clarify PMP InterConnect's goal and mission and the overall function and administration of the program, NABP created a new guidance document, "NABP PMP InterConnect: Sorting Facts From Fiction," that is currently available in the Programs section under PMP InterConnect on the NABP website at *www.nabp.net.* NABP hopes this new document clarifies many misconceptions about the program that have prevented some states from adopting the standards and infrastructure that the already connected 30 states have embraced. The document clarifies misconceptions such as funding, security, technical architecture, and program governance.

States that have further questions about PMP InterConnect may contact the NABP Member Relations and Government Affairs department at GovernmentAffairs@nabp.net or by calling 847/391-4406. More information about PMP InterConnect, including the most up-to-date participation information, is also available in the Programs section of the NABP website at *www.nabp.net.*

NABP Report Discusses the Importance of International Collaboration in Combating Illegal Online Drug Sellers, Keeping Consumers Safe

In October 2015, NABP issued the *Internet Drug Outlet Identification Program Progress Report for State and Federal Regulators: October 2015,* which discussed the importance of international collaboration in the fight against illegal online drug sellers. As detailed in the report, there is widespread agreement among multiple countries that Internet sales of medicinal products pose a health risk to their citizens. Additionally, authorities have reported an increase in illegitimate Internet pharmacies, and many agree that international cooperation is critical to solving this expanding global phenomenon.

NABP remains committed to upholding the integrity of the practice of pharmacy – in any practice setting – and ensuring that patients worldwide have access to safe and effective prescription drugs. Since 2008, the Association has been collecting data on websites selling medicine illegally online to United States patients. NABP has reviewed over 11,000 Internet drug outlets, finding that 96.1% of the sites reviewed operate out of compliance with US pharmacy laws and practice standards, and identifying these sites as "Not Recommended." Approximately 88% of Not Recommended sites are selling prescription drugs without requiring a valid prescription. Nearly 50% offer drugs that are either foreign, or not approved by the US Food and Drug Administration. Further, of the 10,588 Not Recommended sites, 90% can be traced to affiliate networks of rogue Internet drug outlets.

Guided by a global coalition of stakeholders, NABP's .Pharmacy Top-Level Domain (TLD) Program exemplifies how countries can work together to keep consumers safe from such sites. NABP has established relationships with regulators in multiple countries to review .pharmacy domain name applications for applicants located in or doing business in those countries. NABP continues to develop relationships and has participated in meetings of such international organizations as the Asia-Pacific Economic Cooperation in Cebu, Philippines, and the International Pharmaceutical Federation World Congress of Pharmacy and Pharmaceutical Sciences 2015 in Düsseldorf, Germany. During these meetings NABP representatives interacted with representatives from countries in Asia, Africa, Europe, and South America, several of whom expressed interest in participating in the .Pharmacy TLD Program.

For the full report with detailed findings on the characteristics of rogue websites and the list of Not Recommended sites, visit the Acquire Safely section of the AWAR$_X$E® website at *www.AWARErx.pharmacy.*

Fall FPGEE Score Results Now Available on the NABP Website; Next 2016 Administration to Be Held in April

Score reports from the September 28, 2015 administration of the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) are available on the NABP website through a secure network login page.

The next FPGEE will be administered on April 1, 2016. NABP will open FPGEE registration for the April administration on December 29, 2015, and Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) candidates will have until March 18, 2016, 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 emailed 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 March 25, 2016.

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.*

Vermont Launches Opioid Overdose Prevention Pilot

The Vermont Department of Health (VDH) launched a pilot program to allow the prescribing of naloxone to a drug user/abuser, patients with acute or chronic pain managed by opiates/opioids, and their friends or family members who may be in a position to respond to an overdose. The opioid overdose reversal drug may be distributed via community-based programs, treatment centers (methadone clinics), syringe exchanges, and recovery centers. Pursuant to 26 V.S.A. §2080, the Vermont Board of Pharmacy adopted a protocol for "pharmacists to dispense or otherwise furnish naloxone hydrochloride to patients who do not hold an individual prescription for naloxone hydrochloride." Under the Board protocol, a Vermont pharmacist may dispense an Overdose Rescue Kit to a person 12 years of age or older who is at risk of experiencing an opiate/opioid overdose, or to a family member, friend, or other person in a position to help such a person. Further, each kit dispensed must contain two doses of naloxone with two nasal atomizers, the VDH brochure "Overdose Rescue Kit – How to give nasal naloxone for suspected opioid overdose," and instructions on how to store the kit until use.

For transactions other than free distribution or purchases where the consumer has paid for the naloxone kit in full, the pharmacist only needs to obtain information sufficient to permit third-party reimbursement. Under the protocol, a pharmacist may dispense naloxone without a prescription, but the cost will be out of pocket. Medicaid will pay for a person filling a prescription for naloxone. The protocol is available on the Board web page at *www.sec.state.vt.us/professional-regulation/profession/pharmacy.aspx* under Statutes & Rules.

Kentucky Files Naloxone Dispensing Regulation

In May 2015, the Kentucky Board of Pharmacy filed a regulation relating to naloxone dispensing. The regulation (201 KAR 2:360) will allow a certified pharmacist to dispense naloxone pursuant to a physician-approved protocol. A pharmacist must take a training course to become certified. This was filed as an emergency regulation and is now in effect. The Board notes that a pharmacist can still dispense naloxone pursuant to a prescription from a practitioner without being certified.

Montana Attorney General Launches Pharmacy Disposal Grant Program

On July 30, 2015, Montana Attorney General Tim Fox launched the Montana Pharmacy Safe Medication Disposal Initiative to provide up to 10 grants of $2,000 each to pharmacy applicants. This initiative allows grant recipients/pharmacies to engage in prescription drug disposal opportunities as a take-back location, as authorized by Drug Enforcement Administration (DEA). For example, grants may be used to help purchase take-back boxes/kiosks that are compliant with DEA requirements. For additional information, visit the Montana Department of Justice web page at *https://dojmt.gov/consumer/prescriptiondrugabuse/pharmacy.*

Oregon to Implement Automated Fill Rule

The Oregon State Board of Pharmacy passed an automated fill rule, which takes effect January 1, 2016. OAR 855-041-1120 allows pharmacies to use automated refill systems to fill prescriptions without the active participation of the patient prior to the initiation of the filling process. The rule requires that a patient authorize each individual filling and delivery of a prescription prior to the pharmacy processing the prescription. This new rule also places restrictions on automated prescription reminder programs by requiring that they notify the patient of the drug name and strength along with the date of last fill.

The rules impact all pharmacies that dispense directly to patients, including mail-order pharmacies. These rules were created in response to prescriptions being filled and sometimes shipped without the knowledge or participation of the patient or his or her agent, resulting in duplication of therapy, unintended stockpiling, overdosage, medication waste, and disregard of the prescriber's therapy intent, all of which may potentially endanger patients.

Alabama Board Approves Using Both Sides of a Prescription

The Alabama State Board of Pharmacy clarifies the Board position on recording prescription information on both the front and back of the prescription form. In a letter sent to all registered community pharmacies in the state, the Board states that Alabama pharmacies "may use both the front and back of a prescription, as well as any necessary, required or customary attachments to the prescription, to record information necessary for the correct and safe preparation, interpretation, dispensing, transferring or refilling of that prescription." The Board offered a number of reasons for this decision, including insufficient room on the front of the form due to the extent of the prescription, or the amount of information which needs to be added and prescribers entering multiple prescriptions on the front of one form. Although squeezing in additional information on the front might be possible, the congestion increases the risk of error due to a misreading, notes the Board. In the letter, the Board encourages all pharmacists to use professional judgment when placing information on a prescription to ensure others know to read information on the back and to prevent cluttering the front with data that can be misread. Further, the Board notes that current federal law (Title 21, 1306.22) allows for refill information to be recorded on the back of the prescription.

Decreased Potency Reported in Drugs Stored in Becton-Dickinson Syringes

In September 2015, Food and Drug Administration (FDA) expanded its alert regarding compounded or repackaged drugs stored in Becton-Dickinson (BD) general use syringes to include certain additional syringe sizes including 1 mL, 10 mL, 20 mL, and 30 mL BD syringes, and BD oral syringes. FDA's original alert applied to compounded or repackaged drugs that have been stored in 3 mL and 5 mL BD syringes. The agency expanded the alert based on BD reports that an interaction with the rubber stopper in certain lots of these syringes can cause some drugs stored in these syringes to lose potency if filled and not used immediately. BD reports that the following drugs in particular can be affected by the stoppers, but they do not know whether other drugs can be affected: fentanyl, rocuronium, neostigmine, morphine, midazolam, methadone, atropine, hydromorphone, cisatracurium, and remifentanil. This safety alert does not pertain to BD prefilled, prefillable, heparin flush, saline flush, or insulin syringes, indicates BD in an alert notice. Further, BD's alert notice also has a search tool to assist customers in determining if their lots are affected. FDA advises hospital pharmacies and staff to contact any outsourcers to determine if affected lots of BD syringes were used for compounded or repackaged products. Hospital pharmacies and staff should not administer compounded or repackaged drugs that have been stored in any of these syringes unless there is no suitable alternative available. Adverse reactions may be reported to FDA's MedWatch Safety Information and Adverse Event Reporting program. More details are included in the FDA Safety Alert available at *www.fda.gov/Drugs/DrugSafety/ucm458952.htm*. For additional information, visit the BD web page at *www1.bd.com/alerts-notices*.

MediStat Pharmacy Issues Recall of Sterile Drug Products

MediStat Pharmacy, a 503B outsourcing facility in Foley, AL, has initiated a national recall of all sterile injectable products distributed between November 1, 2014, and September 3, 2015. The recall is based on the identification of various pathogens within the compounding environment. Health care providers should check their medical supplies, quarantine any drug products marketed as sterile from MediStat, and not administer them to patients. FDA has received reports of several adverse events that are potentially associated with the drug products made by MediStat. MediStat voluntarily ceased sterile compounding operations in September 2015. FDA asks health care providers and patients to report adverse reactions or quality problems experienced with the use of these products to the FDA's MedWatch Adverse Event Reporting program. More details are included in an FDA press release, available at *www.fda.gov/Safety/Recalls/ucm461939.htm*.

Hartley Medical Recalls Injectable Product Due to Nonsterility Concerns

In August 2015, Hartley Medical of Long Beach, CA, issued a voluntary recall for three lots of prolotherapy with phenol (injectable) to the hospital/user level because of nonsterility concerns. The recall was announced following a recent inspection that revealed issues with Hartley's sterility methods and testing procedures for this preparation. Parenteral administration of nonsterile injection projects that are intended to be sterile may result in a site-specific or systemic infection, which in turn may cause hospitalization, significant morbidity (permanent organ damage), or a fatal outcome, as reported in a press release on the FDA website. To date, Hartley has not received any reports of product contamination or adverse events. The product was distributed to pain clinics in California and Nevada between May 15, 2015, and July 14, 2015. The affected prolotherapy with phenol lot numbers and expiration dates are RX323132 (expired 10/6/2015), RX321608 (expired 11/1/2015), and RX328690 (expires 12/1/2015). Prolotherapy with phenol is packaged in clear 5 mL and/or 100 mL sterile vials. Consumers, distributors, and retailers are advised to stop using the product and to return its remaining contents to the pharmacy following the instructions in the press release. FDA recommends reporting adverse reactions or quality problems to the FDA's MedWatch Adverse Event Reporting program. More details are included in an FDA press release, available at *www.fda.gov/Safety/Recalls/ucm458812.htm*.

Merck Recalls TEMODAR and Temozolomide Bottles With Cracked Caps

Merck, in conjunction with Consumer Product Safety Commission (CPSC), is recalling TEMODAR® and temozolomide bottles with cracks in the child-resistant caps. Merck believes that approximately 1,100 bottles out of an estimated 276,000 distributed bottles of TEMODAR and temozolomide capsules (generic), medicines used to treat adults with certain brain cancer tumors, could potentially have cracked caps. The recall affects the medicine manufactured and distributed by Merck as TEMODAR in addition to the temozolomide capsules manufactured and packaged by Merck but sold and distributed by Sandoz, under the Sandoz

(continued on page 222)

Around the Association

Executive Officer Changes

- **Andrea Faley, JD,** is serving as the program director of the Colorado State Board of Pharmacy, replacing Chris Gassen, RPh.
- **Alex Adams, MPH, PharmD, RPh**, is serving as executive director of the Idaho State Board of Pharmacy, replacing Mark D. Johnston, RPh. Prior to this position, he served as vice president of the National Association of Chain Drug Stores. Mr Adams also worked for Senator Mark D. Wagoner, Jr, where he managed his reelection to the Ohio House of Representatives and his election to the Ohio State Senate. Mr Adams received his bachelor of science degree and doctor of pharmacy degree from the University of Toledo College of Pharmacy and his master of public health degree from Johns Hopkins University.
- **Andrew Funk, PharmD, RPh**, is serving as the executive director of the Iowa Board of Pharmacy, replacing Terry Witkowski who served as interim executive director. Prior to this position, Mr Funk served as the Board's compliance officer and served as a relief pharmacist for Target Pharmacy. He also practiced pharmacy at Lutz Pharmacy and Walgreens, and served as pharmacist-in-charge at Medicap Pharmacy.

(continued on page 223)

Professional Affairs News

(continued from page 221)

label. Merck's TEMODAR in sachets (or pouches) are not affected. The affected bottles could be at wholesalers, pharmacies, health care providers, or with patients, according to the press release on Merck's website.

Merck advises retailers, pharmacists, and health care providers that any bottle with a cracked cap should not be distributed to patients. Merck is asking all patients to inspect all bottles of TEMODAR (temozolomide) capsules and all bottles of temozolomide capsules for cracks in the child-resistant bottle caps. If cracks are found, Merck advises keeping the bottles out of the reach of children. The quality of the medication in the bottles is not affected and patients may continue to use the drug as directed. Instructions for obtaining a replacement cap are provided in the press release at *www.mercknewsroom.com/news-release/oncology-newsroom/merck-recalls-temodar-and-temozolomide-bottles-cracked-caps-due-failu.*

Newly Accredited VAWD Facilities

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

ASD Specialty Healthcare, Inc
Reno, NV

E.R. Squibb & Sons, LLC
Tampa, FL

EPIC Fulfillment, Inc
Broomfield, CO

EXC Holding, Inc, dba Excelsior Medical Corporation
Freehold, NJ

Exel, Inc
Taunton, MA

FFF Enterprises, Inc
Kernersville, NC

Integrated Commercialization Solutions, Inc
Reno, NV

MD Logistics, Inc
Reno, NV

Medical Specialties Distributors, LLC
West Deptford, NJ

Midwest Veterinary Supply, Inc
Norristown, PA

NCS Healthcare of Kentucky, Inc, dba Vangard Labs
Glasgow, KY

Nephron Pharmaceuticals Corporation
Orlando, FL

Sanofi-Aventis US, LLC
Reno, NV

SmartHealth Distribution Company
Phoenix, AZ

Sun Pharmaceutical Industries, Inc
Wixom, MI

TheraCom, LLC
Reno, NV

Wal-Mart Stores East, LP, dba Wal-Mart Pharmacy Warehouse
Rogers, AR

A full listing of more than 550 accredited VAWD facilities is available on the NABP website at *www.nabp.net.*

(continued from page 222)

Mr Funk received his doctor of pharmacy degree from Roseman University of Health Sciences College of Pharmacy, formerly the Nevada College of Pharmacy.

- **Steve Hart, RPh**, is serving as executive director of the Kentucky Board of Pharmacy, replacing Michael A. Burleson, RPh, who retired in August 2015. Prior to this position, Steve served as the pharmacy inspections and investigations coordinator, a position he has held since 2004. Mr Hart has also served as pharmacy district manager for Rite Aid and as director of pharmacy for Van Vleet Cancer Center. He is also currently the owner of Stedfast Farm. Mr Hart received his bachelor of science degree in pharmacy from Samford University McWhorter School of Pharmacy.
- **Cheryl Pezon, JD**, is serving as the board manager of the Michigan Board of Pharmacy, replacing Norene Lind. She previously served as a policy adviser for the Bureau of Health Care Services in the Michigan Department of Licensing and Regulatory Affairs and served as a policy analyst in the Michigan Senate Majority Policy Office. She also worked as an attorney in private practice. Pezon earned her bachelor of science degree and her juris doctorate degree from Michigan State University.
- **Kari Shanard-Koenders, RPh**, is serving as executive director and prescription monitoring program director of the South Dakota State Board of Pharmacy, replacing Randy Jones, RPh. Prior to joining the Board, she worked as a consultant for ATTAC Consulting Group and served as utilization management director at PharMerica. Shanard-Koenders received her bachelor of science degree in pharmacy from the University of Kansas School of Pharmacy.
- **Robert Enos, RPh**, is serving as executive officer of the Vermont Board of Pharmacy, replacing Ronald Klein, RPh. In his 40 years as a pharmacist, he has been involved in hospital pharmacy, outpatient/retail pharmacy operations, management, clinical pharmacy practice, and clinical trials. Enos has acted as a preceptor for students and residents. He is also currently employed on a per diem basis at the Norris Cotton Cancer Center North.

Board Member Appointments

- **Cheryl Bryant, PharmD**, has been appointed a member of the Arkansas State Board of Pharmacy. Bryant's appointment will expire June 30, 2021.
- **Carol Rader, MA**, has been appointed a public member of the Arkansas State Board of Pharmacy. Rader's appointment will expire June 30, 2021.
- **Curtis Passafume, Jr, RPh**, has been appointed a member of the State of Ohio Board of Pharmacy. Passafume's appointment will expire June 30, 2019.
- **Shawn Wilt, RPh**, has been appointed a member of the State of Ohio Board of Pharmacy. Wilt's appointment will expire June 30, 2019.
- **Roger Fitzpatrick, BPharm, RPh**, has been appointed a member of the Utah Board of Pharmacy. Fitzpatrick's appointment will expire June 30, 2019.
- **Paige Patterick, RPh**, has been appointed a member of the Utah Board of Pharmacy. Patterick's appointment will expire June 30, 2019.
- **Freeda Cathcart** has been appointed a public member of the Virginia Board of Pharmacy. Cathcart's appointment will expire June 30, 2019.
- **Rafael Saenz, MS, PharmD, RPh**, has been appointed a member of the Virginia Board of Pharmacy. Saenz's appointment will expire June 30, 2019.

Board Member Reappointments

- **Mark Arrington, RPh**, has been reappointed a member of the New York State Board of Pharmacy. Arrington's appointment will expire March 31, 2020.
- **John Carlo, RPh**, has been reappointed a member of the New York State Board of Pharmacy. Carlo's appointment will expire March 31, 2020.
- **Maria Mantione, PharmD, RPh**, has been reappointed a member of the New York State Board of Pharmacy. Mantione's appointment will expire May 31, 2020.
- **Frank Sosnowski, MS, RPh,** has been reappointed a member of the New York State Board of Pharmacy. Sosnowski's appointment will expire May 31, 2020.
- **James "Addison" Livingston, RPh,** has been reappointed a member of the South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy. Livingston's appointment will expire June 30, 2021.

nabp newsletter

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Join us in San Diego, CA, for the NABP 112th 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*.

Photo courtesy of Joanne DiBona and *SanDiego.org*