Public Agencies Bolster their Capabilities through Partnerships with Private Entities

Partnerships between public and private entities have proven successful in many applications, from transportation infrastructure to wastewater treatment services, and delivery of social services. Despite their own limited resources, publicly funded organizations have been able to extend their capabilities through such collaborations.

In such an arrangement, a public agency (federal, state, or local) and a private sector entity enter into a contractual agreement through which the two groups share their skills and assets to deliver a service or facility for the benefit of the general public. According to the National Council for Public-Private Partnerships, “[t]he use of partnerships is increasing because they provide an effective tool in meeting public needs, maintaining a high level of public control, improving the quality of services, and are more cost effective than traditional delivery methods.”

With shrinking budgets and growing responsibilities, some state boards of pharmacy are pursuing such tactics to broaden their capabilities while conserving their resources. For example, NABP is in discussions with the Maryland Board of Pharmacy to provide inspection-only services on behalf of the Board for nonresident wholesale distributors doing business in Maryland. In this arrangement, NABP surveyors would perform the physical inspections of the facilities based on Maryland’s statutes and regulations and would report their findings to the Board. Such a partnership would enable the Board to hold wholesalers accountable to its statutes and regulations and to confidently license only those that adhere to its standards.

“Maryland’s inspection resources are limited to inspecting wholesale distributor facilities located in Maryland and in surrounding states,” says (continued on page 182).
Public-Private Partnerships

(continued from page 181)

LaVerne George Naesesa, executive director of the Maryland Board. “NABP’s expertise as a national wholesale distributor accreditation unit and experience inspecting wholesale distributor facilities provide a perfect solution for Maryland to meet its new mandate to inspect out-of-state facilities that seek to distribute prescription drugs and/or devices into Maryland.”

Inspection of wholesale distributors is among many undertakings the boards of pharmacy must juggle, as regulators and other stakeholders call for heightened responsibility and accountability from pharmacy practitioners. According to the Joint Commission of Pharmacy Practitioners’ “Future Vision of Pharmacy Practice 2015,” which has been endorsed by the NABP Executive Committee, pharmacists will increasingly take a more active role in patient care and will be accountable for medication therapy outcomes. As part of this accountability, boards that have not already done so are working toward not only licensing or registering pharmacy technicians but also requiring certification, setting educational standards, and establishing measures of competency for technicians. Meanwhile, Food and Drug Administration is looking to pharmacies to ensure that patients receive and understand the information they need to use their medications safely and effectively. At the same time, many boards of pharmacy are looking to develop and implement standardized continuous quality improvement (CQI) programs to reduce errors and maximize patient safety in the pharmacies under their jurisdiction.

“By partnering with the boards of pharmacy, NABP is able to provide certain services on behalf of the boards to enhance their capabilities. Our aim in this role is to support the boards and help them to stand firm as the fundamental and vital regulatory body for the practice of pharmacy and protection of the public health in their jurisdictions.”

Gary A. Schnabel, RN, RPh, NABP President

improvement (CQI) programs to reduce errors and maximize patient safety in the pharmacies under their jurisdiction.

While such grand expectations may seem to further exacerbate the budget deficits many boards are facing, NABP President Gary A. Schnabel, RN, RPh, notes that alternative strategies may provide the keys to working smarter. “By partnering with the boards of pharmacy, NABP is able to provide certain services on behalf of the boards to enhance their capabilities,” Schnabel said. “Our aim in this role is to support the boards and help them to stand firm as the fundamental and vital regulatory body for the practice of pharmacy and protection of the public health in their jurisdictions.”

As the boards move toward developing and implementing universal CQI standards, and third-party payers increasingly demand proof of compliance with established standards, NABP is prepared to assist the boards in this transition. NABP has made substantial headway in the development of its community pharmacy accreditation program and is in the process of conducting several pilot tests to ensure its merits and efficiency. With input from the boards of pharmacy and other stakeholders, the program is being designed to provide resources, data, and assurance to the boards that the pharmacies in their jurisdictions are meeting the states’ requirements.

By exploring new tactics and partnership opportunities, NABP seeks to breathe new life into underfunded, overworked boards of pharmacy, to further their efforts, extend their reach, and continue moving toward a future in which pharmacist care becomes a more fully integrated part of health care.
Results of Pharmacy Practice Analysis Survey to Assist NABP in 2010 NAPLEX Blueprint Revision

After receiving a substantial number of responses to a pharmacy practice analysis survey administered during the second quarter of this year, NABP is in the process of reviewing and analyzing the resulting data. This comprehensive collection of responses from United States- and Canada-based pharmacists in all practice areas provides expertise that will assist NABP as the Association updates and validates the current North American Pharmacist Licensure Examination® (NAPLEX®) blueprint, expected to be implemented in 2010.

The survey results directly influence the proportion of competency statements in the NAPLEX blueprint. NABP will use the data it collects to ensure that the competency statements, which describe the knowledge base expected of entry-level pharmacists, are in line with existing pharmacy practice standards and that they accurately reflect the current knowledge, skills, and abilities of entry-level pharmacists seeking licensure.

From a geographical standpoint, the dispersion of responding pharmacists located in the US closely paralleled the distribution of the pharmacist workforce as demonstrated by the Adequacy of Pharmacist Supply: 2004 to 2030 prepared by the Department of Health and Human Services Health Resources and Services Administration Bureau of Health Professions in December 2008. NABP received responses from every state as well as Guam and Puerto Rico.

Through professional collaboration with the American Association of Colleges of Pharmacy, NABP was able to obtain valuable feedback from pharmacy academicians and preceptors. In addition, with the assistance of the National Association of Pharmacy Regulatory Authorities the extensive database used to distribute the survey included a sampling of pharmacists practicing in Canada. Responses were received from all 10 Canadian provinces, nine of which are associate members of NABP.

NABP also collected a variety of demographic information to ensure that an even sampling of pharmacists were surveyed. Demographic categories included the initial year of licensure, professional education level, hours per week the pharmacist is in practice, primary practice environment, preceptor experience in last five years, primary practice responsibility, gender, age, and ethnicity.

A more detailed explanation of the results from the practice analysis survey will follow in a future issue of the NABP Newsletter. For more information on the NAPLEX and to view the current blueprint, visit the NABP Web site at www.nabp.net.

Committee Members Convene to Review FPGEE Items

Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) Review Committee members David McCaffrey, MS, PhD, associate professor, University of Mississippi School of Pharmacy, and Barbara Adamcik, PhD, professor and associate vice president, academic affairs, Idaho State University College of Pharmacy, review current and new items for the FPGEE during a Review Committee meeting held at NABP Headquarters.

Executive Committee

Rich Palombo
Chairperson
One-year term

Gary A. Schnabel
President
One-year term

William T. Winsley
President-elect
One-year term

Malcolm J. Broussard
Treasurer
One-year term

Karen M. Ryle
Member, District 1
Serving third year of a three-year term

Elizabeth Scott “Scotti” Russell
Member, District 2
Serving third year of a three-year term

Michael A. Burleson
Member, District 3
Serving second year of a three-year term

Gregory Braylock, Sr
Member, District 4
Serving second year of a three-year term

Lloyd K. Jessen
Member, District 5
Serving third year of a three-year term

Joseph L. “Joe” Adams
Member, District 6
Serving first year of a three-year term

Cathryn J. Lew
Member, District 7
Serving first year of a three-year term

Hal Wand
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.
Collecting Costs: Like Pulling Teeth
By Dale J. Atkinson, JD

The authority of boards of pharmacy to collect costs and expenses (including reasonable attorneys’ fees) as part of a sanction for a successful administrative prosecution is an important element in the public protection mission of regulatory boards. Perhaps equally important is the authority to assess fines as part of the administrative sanction. The assessment of costs and the imposition of fines are distinctly different sanctions upon licensees, and thus carry distinctly different legal analyses.

Consider the following:

A licensed dentist (licensee) who practiced oral surgery in North Dakota for over 20 years was accused of wrongdoing in the practice. Specifically, the licensee was accused of inappropriately touching multiple female patients in preoperative physical examinations. The licensee denied the allegations claiming that he was required by the hospital to perform preoperative exams on all of his surgical patients.

A hearing was held before an administrative law judge (ALJ) with five of the seven members of the North Dakota Board of Dental Examiners in attendance. After hearing the testimony of the witnesses and considering the evidence, the ALJ recommended to the board findings of fact, conclusions of law, and an order that the evidence did not establish, by the greater weight of the evidence, that the licensee had acted in an unprofessional or dishonorable manner. The ALJ recommended that the complaint be dismissed and that no sanctions be levied against the licensee.

The board adopted many of the ALJ’s recommended findings of fact, but disagreed with the ALJ on the credibility of the witnesses. The board issued its own findings of fact, conclusions of law, and order finding the testimony of the complaining patients to be more credible than the testimony of the licensee. The board concluded that the licensee had acted inappropriately in a dishonorable and unprofessional manner. It ordered the suspension of the dentist’s license for a six-month period and required the licensee to complete 40 continuing education hours approved by the board. Further, the board ordered the licensee to pay the costs and attorneys’ fees of the board for the administrative hearing. Notably, the board subsequently issued a separate order declining to assess costs and attorneys’ fees because the complaint had not provided the licensee with notice that he might be subject to such costs and fees.

The licensee appealed the matter to the district court and sought to conduct discovery into alleged defects in the procedures followed by the board. The court remanded the matter to the board to determine whether the board considered matters outside the evidence presented at the hearing in reaching its decision. During this remand period, the parties undertook discovery on the issues of extraneous matters outside the record. After considering the discovery response, the board affirmed its initial findings and sanctions holding that the licensee was afforded due process.

After the matter was affirmed by the district court, the licensee appealed the ruling to the North Dakota Supreme Court. On appeal to the supreme court, the licensee argued that his due process rights had been violated because the board had a pecuniary interest in the outcome of the matter. He
also argued that the board applied the wrong evidentiary standard of proof.

The supreme court first addressed the limited review undertaken in such appeals by both the district court and supreme court as set forth in the Administrative Procedures Act (APA). The order of the administrative agency must be affirmed by the district court unless certain delineated deficiencies are apparent. Similarly, the supreme court review of the lower court ruling follows the same deferential standard. A board’s decisions on questions of law are fully reviewable, while a court exercises restraint when reviewing an agency’s findings of fact. Indeed, a court does not substitute its judgment for that of the board or make independent findings of fact.

The licensee first contended that the board had a pecuniary interest in the proceedings thereby depriving him of his due process right to an impartial decision maker. He argued that although the individual board members did not have a financial interest in the matter (and he did not present any evidence of actual bias), the board as an entity stood to benefit because of its right under North Dakota law to assess costs, disbursements, and attorneys’ fees incurred in successful administrative prosecutions. Under the North Dakota law, the board was authorized to assess such costs and fees incurred in the investigation and hearing if the accusations contained in the complaint were established by substantial evidence.

The court first noted the presumption under law that the board appropriately performed its duties and afforded the accused due process. This presumption recognizes that board members make determinations based upon the evidence presented at the hearing and refuse to allow any possible previous bias or prejudgment to interfere with its decision. The court also noted that the party alleging bias has the burden to overcome such presumption.

The licensee attempted to rebut this presumption by arguing that the mere fact that board has the authority to assess costs and attorneys’ fees for the hearing created a financial incentive for the board to find against the accused. In rejecting this notion, the court cited the fact that inherent bias in the authority to impose costs would render as bias and invalidate the actions of numerous North Dakota boards, including abstracters, accountants, podiatric physicians, chiropractors, funeral service administrators, nurses, pharmacists, physicians, engineers and land surveyors, realtors, veterinarians, private investigators, occupational therapists, respiratory therapists, and counselors.

The court also distinguished the cases cited by the licensee, specifically referencing the difference between fines and costs. It noted that fines must be turned over to the state general fund in order to avoid the appearance of bias. Alternatively, costs are merely a recuperation of the expenses necessarily incurred in investigating alleged professional misconduct. It emphasized that “. . . the board’s ability to effectively perform its duty as a self-policing agency would be severely hampered if it were not able to recover the costs of an investigation and hearing.” After distinguishing the cases cited, the court noted that the licensee failed to cite judicial authority to support his specific theory and concluded that he had not met his burden to overcome the presumption of appropriate actions on the part of the board.

Next, the licensee argued that the board applied the wrong evidentiary standard in determining the unprofessional conduct. The court noted the “apparent inconsistency” in the practice act, which calls for sanction if the allegations of the complaint are established by “substantial evidence,” and the APA, which calls for a reviewing court to determine (continued on page 190)
Pharmacy Security and Safety Proven to be Necessary Component in Pharmacists’ Training

Pharmacy robbery – no one ever thinks it will happen to them, but Dustin Bryan, a P2 doctor of pharmacy candidate at Campbell University College of Pharmacy and Health Sciences, knows it can happen to anyone. On Wednesday, July 8, 2009, two gunmen entered the North Carolina pharmacy where Bryan was working. The employees were preparing to close the store, when the armed robbers approached the pharmacy counter demanding OxyContin®. They left with bags filled with OxyContin and Percocet®, having a retail value of nearly $10,000.

Luckily, all employees involved remained unharmed and despite the situation, Bryan was able to remain calm, focusing on lessons he recently learned during his pharmacy management course at Campbell.

Bryan shared his experience in the university’s College of Pharmacy alumni e-Newsletter. In the article Bryan states, “I crouched down hoping they hadn’t seen me so I could get to a safe place . . . to call the police. They saw me as I was crawling and made me come to the front of the pharmacy.”

“I was crawling down hoping they hadn’t seen me so I could get to a safe place . . . to call the police. They saw me as I was crawling and made me come to the front of the pharmacy.”

Dustin Bryan, PharmD Candidate, Campbell University

Pharmacy Security – Robbery, accompanied shipments of the NABP 2009 Survey of Pharmacy Law that were sent to the schools and colleges of pharmacy for use by the faculty. The DVD was an educational offering from Purdue Pharma L.P, provided to the schools as part of an initiative to promote pharmacy safety education. Endorsed by National Association of Drug Diversion Investigators, Federal Bureau of Investigation Law Enforcement Executive Development Association, and National Community Pharmacists Association, the 15-minute video contains information that may be critical to preparing pharmacists in the event that they are faced with a robbery.

Upon receiving the DVD, Robert Cisneros, PhD, assistant professor at the University, immediately implemented the material into his pharmacy management course – the very same course Bryan participated in just before the robbery. Cisneros went a step further by arranging for the head of campus security to speak during the course. His rapid incorporation of the materials in the spring became what may have been a lifesaver for Bryan during his unfortunate encounter in July.

“One of the biggest values of the DVD was pointing out things to focus on during a robbery such as the robbers appearance – clothes, height, weight – and not just focusing on the gun,” states Cisneros. He was glad to have received the DVD, explaining that, “it was just the right height, added a lot to the class, and led to great discussions.” Cisneros also suggests that having an additional class or speaker discuss the different security devices available and the importance of each system may be a valuable addition to school curricula. Cisneros went on to share that he was surprised to learn only 50% of the students in his class this past spring had some form of training in their jobs on what to do if robbed, though this was a significant increase from the less than 5% who indicated so a few years prior.

Though schools and colleges of pharmacy are an ideal venue to incorporate pharmacy safety training methods, they are by no means the only option for this educational necessity. Several boards of pharmacy have included pharmacy safety resources in their state newsletters and on their Web sites to keep current licensees aware of safety measures. In addition, security procedures can be directly taught and reiterated in the pharmacy.

Pharmacy robberies may not be avoidable; however, with the proper knowledge, individuals faced with these frightening situations may be better prepared to avoid harm and to assist law enforcement officials in catching criminals before additional robberies occur.

The aforementioned safety DVD may be viewed on the RxPatrol® Web site at www.rxpatrol.org. RxPatrol is a collaborative effort between industry and law enforcement designed to collect, collate, analyze and disseminate pharmacy theft information. The safety DVD, along with a variety of other non-branded educational materials, is also available through the Purdue Pharma Medical Education Resource Catalog, accessible at www.partnersagainstpain.com under Pain Education Center.
Search Engines’ Online Advertising Program Enables Rogue Internet Drug Outlets to Endanger Public Health

Prescription drug abuse is the second-largest drug abuse problem in the United States, and counterfeit or adulterated drugs continue to threaten public safety. Rogue Internet drug outlets contribute significantly to both problems by selling addictive prescription drugs without a prescription and sending substances – which may be real or fake – from unapproved locations outside the United States. Making it easier to attract consumers and boost illegal sales of these dangerous pharmaceutical products, rogue Internet drug outlets are freely exploiting the paid advertising programs of many well-known Internet search engines, such as Yahoo! and bing.com, a new search engine owned and operated by Microsoft.

According to a recent report released by LegitScript, an online pharmacy verification service that adheres to NABP standards for accrediting Internet pharmacies as safe and legitimate, and KnujOn, an Internet spam and criminality watchdog, 89.7% of the reviewed Internet drug outlets are using business strategies that advertise through Yahoo!’s online advertising program. The report stated that, of the prescription drug and Internet drug outlet advertisements the authors reviewed, 82% led to drug outlets that do not require a prescription for prescription medications or that violate other United States medication safety and pharmacy laws.

Another report released by LegitScript and KnujOn “Analysis of Yahoo! Prescription Drug Sponsored Search Results,” released on August 18, 2009, examined Web sites selling prescription medications that advertise through Yahoo!’s online advertising program. The report stated that, of the prescription drug and Internet drug outlet advertisements the authors reviewed, 82% led to drug outlets that do not require a prescription for prescription medications or that violate other United States medication safety and pharmacy laws.

According to a recent report released by LegitScript, an online pharmacy verification service that adheres to NABP standards for accrediting Internet pharmacies as safe and legitimate, and KnujOn, an Internet spam and criminality watchdog, 89.7% of the reviewed Internet drug outlets advertising on Microsoft’s bing.com are operating unlawfully or fraudulently. The report notes that the majority of these drug outlets do not require a valid, or any, prescription, and some of the drugs obtained from them proved to be counterfeit.

“These types of sites are usually the product of organized crime and vast illicit drug networks, many of them based in Russia and Eastern Europe, that deceive, defraud, and poison Internet users,” says Garth Bruen, president of KnujOn.

Another report released by LegitScript and KnujOn “Analysis of Yahoo! Prescription Drug Sponsored Search Results,” released on August 18, 2009, examined Web sites selling prescription medications that advertise through Yahoo!’s online advertising program. The report stated that, of the prescription drug and Internet drug outlet advertisements the authors reviewed, 82% led to drug outlets that do not require a prescription for prescription medications or that violate other United States medication safety and pharmacy laws.

As the research done by LegitScript and KnujOn has shown, most of these sponsored Web sites are neither legitimate, legal, nor safe. LegitScript and KnujOn indicated that, in releasing these reports, they hope to encourage the search engines to fix this troubling problem.

“No by continuing to allow these advertisements, Microsoft is facilitating prescription drug abuse and the proliferation of counterfeit drugs, both of which put our most vulnerable citizens at risk,” says John Horton, president of LegitScript.

To educate patients about the potential dangers of purchasing medication online, NABP continues to review, identify, and list Internet drug outlets on the NABP Web site that do and do not meet state and federal laws, as well as NABP patient safety and pharmacy practice standards.

As of September 18, 2009, NABP has reviewed and verified its findings on 4,502 Internet drug outlets selling prescription medications. Of these 4,502 sites, 4,286 appear to be operating out of compliance with state and federal laws and/or NABP patient safety and pharmacy practice standards and are listed on the NABP Web site as Not Recommended. Of these:

- 3,350 sites do not require a valid prescription.
- 1,797 offer foreign or non-Food and Drug Administration-approved drugs.
- 1,162 sites are located outside the US and selling drugs illegally to patients in the US.

In addition to listing Not Recommended sites on the NABP Web site, NABP continues to list Recommended sites, those accredited through the Verified Internet Pharmacy Practice Sites™ (VIPPS®) and Vet-VIPPS™ programs. Currently, 17 sites have achieved VIPPS accreditation and one site has received Vet-VIPPS accreditation.

Celebrating its 10th anniversary this year, the VIPPS program enables patients to confidently purchase drugs from legitimate Internet
Stakeholders to Address Pharmaceutical, Legal Implications of Medical Marijuana

Marijuana has been called by many names – pot, grass, weed, ganja – and in 13 states, it is also called medicine. For more than a decade, consumer groups and lobbyists have pushed states to legalize the use of marijuana for medical purposes, propounding its usefulness in relieving symptoms associated with various ailments. While 13 states have decriminalized its use for certain medical conditions, and 13 more are exploring the possibility, marijuana remains illegal under federal law. This complex legal framework poses a precarious situation for patients and the practice of pharmacy alike.

Members of the boards of pharmacy and other stakeholders will address the pharmaceutical and legal issues surrounding the use of marijuana for medical purposes during the NABP 2009 Symposium, to be held December 3-4 in Tucson, AZ. (More information on these sessions is provided on page 194.)


- severe nausea and vomiting associated with cancer chemotherapy or other causes,
- weight loss associated with debilitating illness, including HIV and cancer,
- spasticity stemming from neurologic conditions such as multiple sclerosis,
- severe pain, and
- glaucoma.

At the federal level, however, marijuana is listed in Schedule I of the federal Controlled Substances Act (CSA). Drug Enforcement Administration (DEA) and Food and Drug Administration (FDA) continue to support that placement because they say marijuana meets the three criteria for placement in Schedule I under the CSA: a high potential for abuse, a lack of currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.

While research has established the potential medicinal value of the active ingredients, or cannabinoids, found in marijuana, FDA and DEA maintain that the evidence is not sufficient to support the approval of marijuana in its crude form (dried leaves and flowers, generally smoked) as a medicine. FDA issued an “Inter-Agency Advisory Regarding Claims That Smoked Marijuana Is a Medicine” in April 2006, concluding that no sound scientific studies have supported medical use of smoked marijuana for treatment in the US, and no animal or human data support the safety or efficacy of smoked marijuana for general medical use.

The physiological and psychoactive effects of marijuana, or *Cannabis sativa*, are attributed to its main active ingredient, delta-9-tetrahydrocannabinol (THC), the concentration of which determines the...
potency and effect of the substance on the patient. The concentration of THC in marijuana varies greatly from plant to plant, and its common route of administration – smoking – also allows for considerable variability in the dose levels administered. Marijuana smoke also contains 50% to 70% more carcinogens than cigarette smoke, introducing other health risks.

For this reason, many of the scientists and researchers who proclaim the medicinal value of marijuana do not support the use of smoked marijuana as “medicine.” In its 1999 report “Marijuana and Medicine: Assessing the Science Base,” Institute of Medicine (IOM) states, “[s]cientific data indicate the potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation; smoked marijuana, however, is a crude THC delivery system that also delivers harmful substances.”

The synthesis of the active ingredient into a form that can be tested for strength and purity, manufactured for dosing consistency, and administered via a more reliable route, on the other hand, has received greater acceptance in the medical community. “Defined substances, such as purified cannabinoid compounds, are preferable to plant products, which are of variable and uncertain composition,” the IOM report states. “Use of defined cannabinoids permits a more precise evaluation of their effects, whether in combination or alone. Medications that can maximize the desired effects of cannabinoids and minimize the undesired effects can very likely be identified.”

Such compounds have, in fact, been developed and approved for pharmacological use. The prescription drug Marinol® contains the active ingredient dronabinol, a synthetic form of THC. Like medical marijuana, this FDA-approved medication is used to treat nausea and vomiting caused by cancer chemotherapy, as well as to treat loss of appetite and weight loss in HIV patients.

As marijuana, in its crude form, is not an approved drug, it is not subject to the inspections, safeguards, and quality standards of the US pharmaceutical supply chain. Data regarding appropriate dose levels are not available to patients, nor are guidelines and warnings for use, and the concentration of THC from batch to batch is not consistent. This variability and uncertainty contribute to the reluctance toward legalizing marijuana as a medication.

According to FDA’s 2006 advisory, states’ measures to legalize medical marijuana are “inconsistent with efforts to ensure that medications undergo the rigorous scientific scrutiny of the FDA approval process and are proven safe and effective under the standards of the FD&C [Federal Food, Drug, and Cosmetic] Act.”

Consequently, patients must purchase marijuana from local cannabis dispensaries – not pharmacies – or grow their own, which raises further doubts about the safety and potency of the product. Most patients using medical marijuana have no contact with a pharmacist – or, if they do, it is because they are taking other prescription medications, and the pharmacist is generally not aware they are using marijuana in combination with these drugs. Thus, these patients rarely have the full (if any) benefit of pharmacist counseling.

Concerns for the lack of pharmacist guidance stem from marijuana-related adverse effects, interactions with a number of other medications, and exacerbation of certain disease states.

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**Medical Marijuana**  
(continued from page 189)

Especially for their patients with certain concomitant medical conditions, pharmacists are encouraged to ask patients if they are using not only other prescription or over-the-counter medications, but also medical marijuana. In so doing, the pharmacist has the opportunity to educate patients on potential risks and contraindications of marijuana use.

As noted in the *American Journal of Health-System Pharmacy* article referenced earlier, marijuana appears to interact with a variety of medications, including opioids, barbiturates, protease inhibitors, sildenafil, theophylline, antidepressants, anticholinergics, lithium, neuroleptic antipsychotics, anesthetic agents, and others. Opioids used in combination with marijuana, for instance, “can lead to cross-tolerance and mutual potentiation of effects,” the article notes. The combination of marijuana with alcohol, benzodiazepines, or muscle relaxants can result in excessive depression of the central nervous system. Evidence also suggests that marijuana can decrease the effectiveness of protease inhibitors and theophylline by increasing their clearance.

The article further notes that “marijuana may adversely affect patients with certain diseases, including immunosuppression, psychiatric disturbances, cardiac disease, respiratory disease, vertigo, cancer, pregnancy, and obesity.” Additionally, marijuana may exacerbate certain psychiatric disorders.

In the current legal environment, actually recommending marijuana, or assisting patients in obtaining it, falls outside the scope of pharmacy practice and could lead to disciplinary action. As in other areas of medication therapy management, however, the pharmacist may play a key role in advising patients in the management of their health and the safe use of their medications. The upcoming NABP Symposium will provide an opportunity for the boards of pharmacy and other stakeholders to further address the role of pharmacy in this issue.

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**Search Engines’ Online Advertising**  
(continued from page 187)

pharmacies. For this reason, NABP recommends patients use only VIPPS-accredited Internet pharmacies when purchasing medication online.

A full listing of Recommended and Not Recommended sites, along with the Internet Drug Outlet Identification program criteria and related patient information, is available in the Internet Pharmacies section of the NABP Website at www.nabp.net.

These efforts, as well as those of LegitScript and KnujOn, empower patients to choose safely when purchasing medications online and educate otherwise law-abiding service providers on activities that enable these illegal and dangerous operations.
Individuals who know an exemplary colleague or a board of pharmacy that represents the mission of NABP – protecting the public health – may nominate the eligible person or board for a 2010 NABP award to be presented at the 106th Annual Meeting, held May 22-25, 2010, at the Hyatt Regency Orange County in Anaheim, CA.

Nominations are currently being accepted for the following awards: 2010 NABP Honorary President, 2010 Fred T. Mahaffey Award, 2010 John F. Atkinson Service Award, and 2010 Lester E. Hosto Distinguished Service Award (DSA).

Honorary President

Nominees who will be considered for the position of honorary president must meet the following criteria:

• service on one or more NABP committees or task forces;
• participation in NABP/American Association of Colleges of Pharmacy District Meetings and NABP Annual Meetings;
• exemplary services for, or on behalf of, NABP;
• strong commitment to NABP, the mission of the Association to protect the public health, and the practice of pharmacy; and
• affiliation (either current or past) as a board member or as an administrative officer of an active or associate member board.

Fred T. Mahaffey Award

This award was named after the late NABP Executive Director Emeritus Fred T. Mahaffey, who held the executive director position from 1962 to 1987. His leadership and contributions to NABP, state boards of pharmacy, and the protection of the public health were significant and established NABP as one of the leading pharmacy organizations. The award recognizes a member board of pharmacy that has made substantial contributions to the regulation of the practice of pharmacy over the past year.

Boards considered for this award must have contributed to protecting the public health and welfare through the enforcement of state and federal laws and regulations, and to the advancement of NABP goals and objectives as specified in the Association’s Constitution and Bylaws.

John F. Atkinson Service Award

Named in honor of former NABP general counsel John F. Atkinson, who recently retired after serving as NABP legal counsel for more than 40 years, the John F. Atkinson Service Award replaced the Lester E. Hosto Inspector DSA and was first awarded at the 105th Annual Meeting. Recipients of this award are individuals who have provided NABP with exemplary service in protecting the public health and have shown significant involvement with the Association related to pharmacy law and compliance.

Lester E. Hosto DSA

This award is the highest honor bestowed by the Association. It was first simply known as the Distinguished Service Award, but was renamed by NABP to serve as a memorial to the 1990-1991 NABP President Lester E. Hosto, whose motivating presence in the practice of pharmacy was recognized by practitioners of his state, pharmacy leaders across the nation, and former United States President Bill Clinton.

The Lester E. Hosto DSA recognizes those individuals whose efforts to protect the public health greatly furthered the goals and objectives of NABP. Any individual who meets these criteria may be nominated for the DSA, regardless of his or her member affiliation with NABP.

Nominations for these awards must be received at NABP Headquarters no later than December 31, 2009. To submit a nomination, individuals may send a letter explaining why the nominee should be considered for the award, as well as a brief biography. A current resume or curriculum vitae of the nominee is also required. Please submit your nomination to NABP Executive Director/Secretary Carmen A. Catizone at NABP Headquarters, 1600 Feehanville Dr, Mount Prospect, IL 60056. The NABP Executive Committee will review the nominations and select the honorary president and award recipients.

Henry Cade Memorial Award

In addition to the aforementioned awards, the Henry Cade Memorial Award will also be presented during the Annual Meeting. The NABP Executive Committee selects a recipient(s) for the Henry Cade Memorial Award who has supported the goals and objectives of the Association and the state boards of pharmacy to protect the public health and advanced the need to maintain the safety and integrity of the distribution and dispensing of medications. Nominations are not accepted for this award.

The Henry Cade Memorial Award is named in honor of the late Henry Cade, who served as NABP president from 1987 to 1988. Tireless in his efforts on behalf of NABP and the Illinois Division of Professional Regulation – State Board of Pharmacy, Cade was also a long time pharmacy practitioner.

For more information, please contact Sarah Fowle, executive office coordinator, via e-mail at sfowle@nabp.net.
NABP President Appoints Members to Serve on 2009-2010 Committees, Task Forces

NABP provides guidance on current topics of interest to the state boards of pharmacy through the commissioning of single-issue task forces. When an issue arises that requires special expertise or a commitment of time and funds, a task force is appointed to address an explicit charge and to report its findings to the Executive Committee. Copies of the task force reports are posted on the NABP Web site.

This year, NABP has commissioned three single-issue task forces pertaining to the following topics:

1. electronic prescribing software standards and data storage;
2. pharmacy technician education and training programs; and
3. prescription monitoring program standards.

NABP President Gary A. Schnabel, RN, RPh, has finalized his appointments for the committees and task forces for the 2009-2010 year. Some of the committees and task forces may include guests or ex officio members, in which case the guests and ex officio members will be noted in the final report.

The Task Force on Electronic Prescribing Software Standards and Data Storage met September 15-16, 2009, in Northbrook, IL. (See “Task Force to Examine Electronic Prescribing Standards” in the September 2009 NABP Newsletter.) As the adoption of e-prescribing rapidly expands, stakeholders have recognized a need to set standards and regulations to ensure system compatibility, security, and information sharing.

The task force is charged with the following objectives:

1. evaluating the current regulatory and operational status of the electronic transmission of prescriptions and prescription data;
2. developing standards for software and systems used in the electronic transmission of prescriptions and prescription data; and
3. reviewing the current requirements for the storage of hard copy prescriptions and electronically transmitted prescription data to determine whether alternative storage methods can be utilized.

Chairperson of this task force was Larry Allen Hadley, RPh, of Kentucky. The following is a listing of individuals who served as members:

- Donald M. Casar, RPh, Ohio
- Jeannine G. Dickerhofe, RPh, Colorado
- David C. Kozera, RPh, Virginia
- Lydia Main, RPh, West Virginia
- Alice G. Mendoza, RPh, Texas
- Suzanne Neuber, RPh, Ohio
- Elvy T. Paiva, RPh, New Jersey
- Joann Predina, MBA, RPh, Ohio
- Frank A. Whitchurch, RPh, Kansas

The Executive Committee liaison was Karen M. Ryle, MS, RPh.

The Task Force on Pharmacy Technician Education and Training Programs is scheduled to meet October 6-7, 2009, in Rosemont, IL. The task force came about in response to Resolution No. 105-5-09, passed at the NABP 105th Annual Meeting, calling for its development. The resolution acknowledges that “new pharmacy technician educational and training programs are being established in community colleges and trade schools across the country,” and that “no standards are currently in place to guide the quality and appropriateness of the course curriculum for such programs.”

Noting the responsibility of the state boards of pharmacy “to oversee the training and practice of pharmacy technicians in the interest of the patient health...
and safety,” the resolution states the intent of NABP to “assist and encourage state boards of pharmacy to evaluate and approve training programs for pharmacy technicians licensed or registered in their states.” (See also “Stakeholders Debate Educational Program Requirements for Pharmacy Technician Certification” in the September 2009 NABP Newsletter.)

The task force is charged with the following objectives:

1. reviewing existing state requirements for technician education and training, requirements for national technician training program accrediting organizations, such as the American Society of Health-System Pharmacists and the Accreditation Council for Pharmacy Education core competencies; and

2. recommending national standards for technician education and training programs and encouraging boards of pharmacy to recognize them.

Chairperson of this task force is Susan Ksiazek, RPh, of New York. Individuals serving as members include:

- Kevin C. Borcher, RPh, Nebraska
- Lee Ann Bundrick, RPh, South Carolina
- Edith G. Goodmaster, Connecticut
- Earl McKinstry, MS, RPh, South Dakota
- Michael A. Podgurski, RPh, Pennsylvania
- Lorie Rice, MPh, California
- James O. Spoon, DPh, Oklahoma
- Jeanne D. Waggener, RPh, Texas
- Ann Zweber, RPh, Oregon

Serving as an alternate member is Kevin Mitchell, RPh, of Ohio, and the Executive Committee liaison is Michael A. Burleson, RPh.

The Task Force on Prescription Monitoring Program Standards will meet October 28-29, 2009, in Northbrook, IL. This task force came about in response to Resolution No. 105-6-09, passed at the NABP 105th Annual Meeting, calling for its development. The resolution identifies a need to standardize prescription monitoring programs (PMPs), noting that “many of the state boards of pharmacy have enacted varying statutes and regulations and operational systems and standards related to PMPs.” (See also “NASPER Funding Assists States’ Prescription Monitoring Programs” in the August 2009 NABP Newsletter.)

The task force is charged with the following objectives:

1. reviewing and identifying variations in existing prescription monitoring programs as compared to the Model Prescription Monitoring Act found in the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act); and

2. recommending revisions, if necessary, to the NABP Model Act addressing this issue.

(continued on page 201)
Experts to Engage Participants in Interactive CPE during NABP 2009 Symposium

Sessions on the Legalization of Medical Marijuana and the Benefit of Public-Private Partnerships to Provide up to 11.25 Hours CPE Credit

Attendees will hear from notable and experienced experts during the NABP 2009 Symposium, while earning up to 11.25 contact hours (1.125 CEUs) of Accreditation Council for Pharmacy Education-approved continuing pharmacy education (CPE) credit. With presentations from several notable speakers, the meeting will focus on topics including the legalization of medical marijuana and the benefits of public-private partnerships. The Symposium will be held December 3–4, 2009, at the JW Marriott Starr Pass Hotel in Tucson, AZ.

Is Marijuana a Viable Medical Option?

Kicking off the Symposium and offering participants the chance to earn 3.75 contact hours (0.375 CEUs) of CPE credit, the first CPE session, “Legalization of Drugs: Is the Time Right for Medical Marijuana?” will take place from 8 AM to noon on Thursday, December 3, and will consist of four presentations and one point-counterpoint session. (See page 188 for additional information on this topic.)

From 8 to 8:30 AM Kenneth Mackie, MD, Linda and Jack Gill chair of neuroscience and professor in the Department of Psychological and Brain Sciences at Indiana University Bloomington, will provide the Issue Introduction and Overview. Mackie will provide participants with facts about the medical use of marijuana, emphasizing evidence-based medicine, including the scientific evidence bearing on potential medical use. This introduction will open the door for further discussion regarding science, medicine, policy, and the law.

Following the introduction, representatives from Drug Enforcement Administration (DEA) and Food and Drug Administration (FDA) will provide participants with the current federal laws regarding marijuana during The Federal Status of Marijuana in the United States, from 8:30 to 9:15 AM. The speakers will provide the history of how marijuana became a Schedule I controlled substance as well as why it still is scheduled as such today. They will also discuss why the use of marijuana fails to gain traction as an accepted medical treatment in the US.

From 9:15 to 10 AM, the presentation Should Marijuana be a Medical Option? will provide participants with a closer look at the marijuana policies of Americans for Safe Access (ASA), the largest national member-based organization of patients, medical professionals, scientists, and concerned citizens promoting safe and legal access to cannabis for therapeutic use and research, as well as other major health care associations. Barry D. Dickinson, PhD, director, Science and Biotechnology and secretary, Council on Science and Public Health at the American Medical Association; Alice Mead, JD, director of US professional relations for GW Pharmaceuticals; and Caren Woodson, MPP, director of government affairs at ASA, will address whether they support medical marijuana and if they recommend additional trials and rescheduling.

Next, highly esteemed physicians will provide participants with real-life examples of successful medical marijuana treatment and share why legal prescription medications are not always the answer in providing the best patient care during the presentation Are These Medical Miracles?, from 10:15 to 11 AM. Speakers include Donald I. Abrams, MD, professor of clinical medicine at University of California, San Francisco; Sunil K. Aggarwal, PhD, MS-IV, graduate, Medicine Concurrent Degree Program at the University of Washington School of Medicine; and Gregory T. Carter, MD, MS, professor of rehabilitation medicine at the University of Washington School of Medicine.

The morning session will close with Medical Marijuana: Point-Counterpoint, from 11 AM to noon. Using a question
Legalization of Medical Marijuana

Thursday afternoon’s CPE session “Are We Going to Legalize Medical Marijuana?” to be held from 1:30 to 5 PM, will offer participants the opportunity to earn 3.25 contact hours (0.325 CEUs) of CPE credit and consists of three presentations and one roundtable discussion.

From 1:30 to 2:30 PM, representatives from state agencies will share how medical marijuana programs have been incorporated into their state’s laws and regulations during A Regulatory Approach to Medical Marijuana – What are the States Doing? Paula Sahleen-Buckingham, California Department of Public Health, Medical Marijuana Program; Lloyd K. Jessen, RPh, JD, executive director and drug control program administrator for the Iowa Board of Pharmacy; and Scott Galenbeck, Esq, assistant attorney general of Iowa, will address questions on how these laws and regulations were developed, implemented, and enforced, and if they are working.

A Regulatory Approach to Medical Marijuana – What has Canada Done? from 2:30 to 2:45 PM, will provide participants with information on the development of the Marihuana Medical Access Regulations in Canada and their implementation. In addition, operational aspects, including marijuana supply; policies; and legal issues will be addressed. Carole Bouchar-d, BPharm, MAP, executive director of the National Association of Pharmacy Regulatory Authorities will speak during this presentation.

During the presentation Legalizing Marijuana – Creating a Slippery Slope? from 2:45 to 3:30 PM, participants will learn of the potential impact legalizing medical marijuana could bring. Will it lead us down a path to legalize other “immoral” behaviors? Will it increase recreational marijuana and other illicit drug use? Andrea Barthwell, MD, FASAM, founder and chief executive officer for EMGlobal LLC, and former deputy director for demand reduction in the Office of National Drug Control Policy, will provide participants with her insights including whether legalizing medical marijuana could help the ailing economy by becoming a source of tax revenue and decreasing money spent on criminal prosecutions.

Thursday’s sessions will close with the Roundtable Discussion: Medical Marijuana – A Two Case Scenario, from 3:45 to 5 PM. Participants will brainstorm during this facilitated session to discuss two opposite visions of the medical marijuana issue.

- If it is legalized – what laws and regulations will be required?
- If it remains illegal – how will the problem be solved?

Benefits of Public-Private Partnerships

On Friday, December 4, attendees will be able to earn 4.25 contact hours (0.425 CEUs) of CPE credit by participating in the CPE session “Public-Private Partnerships: Stimulus Packages for Dwindling State Resources,” which consists of three presentations and one panel discussion. (See page 181 for additional information on this topic.)

From 8:30 to 9 AM, during the Public-Private Partnerships Overview, participants will be provided with an overview of the concept of public-private (continued on page 203)
nabp newsletter

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2009 Symposium

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Program

December 3-4, 2009  
J.W. Marriott Starr Pass Hotel  
Tucson, AZ

Wednesday, December 2, 2009

3 - 6:30 PM  
Registration/Information Desk Open

2:30 - 2:45 PM  
A Regulatory Approach to Medical Marijuana – What has Canada Done?

2:45 - 3:30 PM  
Legalizing Marijuana – Creating a Slippery Slope?

3:45 - 5 PM  
Roundtable Discussion: Medical Marijuana – A Two Case Scenario

Thursday, December 3, 2009

7 AM - 6 PM  
Registration/Information Desk Open

7:15 - 8 AM  
Continental Breakfast

8 AM - noon  
CPE Session

Legalization of Drugs: Is the Time Right for Medical Marijuana?  
ACPE Program #205-000-09-008-L03-P  
(0.375 CEUs – 3.75 contact hours)

Early-Morning Presentations

8 AM - 8:30 AM  
Issue Introduction and Overview

8:30 - 9:15 AM  
The Federal Status of Marijuana in the United States

9:15 - 10 AM  
Should Marijuana be a Medical Option?

Late-Morning Presentations

10:15 - 11 AM  
Are These Medical Miracles?

11 AM - noon  
Medical Marijuana: Point-Counterpoint

Noon - 1:15 PM  
Luncheon  
Sponsored by Pfizer Inc

1:30 - 2:30 PM  
A Regulatory Approach to Medical Marijuana – What are the States Doing?

Afternoon Presentations

2:30 - 6 PM  
Meet and Greet . . . a networking opportunity  
(Cash bar will be available.)

6:30 - 8 PM  
Dinner Under the Desert Sky  
Sponsored by Medco Health Solutions, Inc  
(Buffet dinner will be served and a cash bar will be available.)

Friday, December 4, 2009

7 AM - noon  
Registration/Information Desk Open

7:15 AM - 8:30 AM  
Continental Breakfast

8:30 AM - 1 PM  
CPE Session

Public-Private Partnerships: Stimulus Packages for Dwindling State Resources  
ACPE Program #205-000-09-010-L03-P  
(0.425 CEUs – 4.25 contact hours)

Early-Morning Presentations  
Sponsored by Walgreen Co

8:30 - 9 AM  
Public-Private Partnerships Overview

9 - 10 AM  
Current Federal Public-Private Partnership Projects

Late-Morning Presentations

10:15 - 11:15 AM  
Current State Public-Private Partnership Projects

11:15 AM - 1 PM  
Panel Discussion

Note: The NABP 2009 Symposium schedule is subject to change. Additional information on the continuing pharmacy education (CPE) sessions is available in the Meetings section of the NABP Web site, www.nabp.net, under CPE Descriptions.

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**ACPE**

NABP and the NABP Foundation is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. ACPE Provider Number: 205. Participants may earn up to 11.25 contact hours (1.125 CEUs) of ACPE-approved continuing pharmacy education credit from NABP. Participants in continuing pharmacy education programs will receive credit by completing a “Statement of Continuing Pharmacy Education Participation” and submitting it to NABP. A validated Statement of Continuing Pharmacy Education Credit will be sent as proof of participation within approximately six weeks. Full attendance and completion of a program evaluation form for each session are required to receive continuing pharmacy education credit and a Statement of Continuing Pharmacy Education Credit.

**Continuing Legal Education (CLE) Policy:** NABP staff will be available to assist attendees on an individual basis to apply for CLE credit for attending CPE sessions. To apply for CLE credit, attendees must initiate the program approval process in their own states by completing and submitting the appropriate application materials and forms. NABP will provide documentation as necessary.
Nevada Board Passes Regulation to Require Pharmaceutical Technician Law CE

Pursuant to a request by the Pharmaceutical Technician Advisory Committee, the Nevada State Board of Pharmacy has passed a regulation requiring pharmaceutical technicians to obtain a minimum of one hour (1 CEU) of law continuing education (CE) prior to licensure renewal. The regulation became effective in April 2009, meaning that the requirement will need to be met prior to the pharmaceutical technician renewal date of October 31, 2010. The Board urges pharmacists to help communicate this new requirement to technicians.

The law CE can be obtained by attending a Nevada Board meeting or by attending a Nevada Board law CE presentation along with pharmacists.

The Board recognizes the important role that pharmaceutical technicians play in providing quality pharmaceutical care to Nevadans and the need for all health care professionals to keep abreast of ever-changing statutes and regulations. The law CE will also provide a forum for the discussion of the ever-increasing technician diversion issues the Board faces. Auditing of the law CE will be accomplished during a pharmacy’s annual inspection so the certificate should be logged in the technician’s in-service training hours file. The Board asks pharmacists to advise technicians to not send law CE documentation to the Board office.

Arizona Board Reports Controlled Substance PMP Data

The Arizona State Board of Pharmacy’s Controlled Substance Prescription Monitoring Program (CSPMP) Director Dean Wright reports that the program began collecting data from resident and nonresident pharmacies in October 2008. An analysis of the data collected through the end of May 2009 shows that the database contains more than 9.8 million controlled substance prescription records. The analysis also shows that there were 977 authorized users, including 190 pharmacists.

The CSPMP database is an electronic tool developed to provide pharmacists and prescribers with information about the use of controlled substances by patients. Pharmacists are encouraged to utilize the database whenever providing pharmaceutical care. Pharmacist access to the database is conferred after a pharmacist completes and submits both a Prescriber/Dispenser Database Access Request Form and a Privacy Statement Form.

To obtain the forms, go to the Arizona Board’s Web site at www.azpharmacy.gov, then navigate to the PMP Rx Monitoring tab (on the far right of the horizontal navigation tabs) and choose the CSPMP Information link. On the CSPMP Information page, choose the Access to the Controlled Substances Database link, then choose the Pharmacist link, and follow the instructions for completing the Prescriber/Dispenser Database Access Request Form and the Privacy Statement Form. Assistance with the forms is available from Wright at dwright@azpharmacy.gov.

Montana Board of Pharmacy to Increase Members

On April 16, 2009, Montana Governor Brian (continued on page 198)
Schweitzer signed legislative senate bill 275, which increases the number of Montana Board of Pharmacy members from six to seven. The legislation amends section 2-15-1733 (2) MCA to read as follows:

The board consists of seven members appointed by the governor with the consent of the senate. Four members must be licensed pharmacists, one member must be a registered pharmacy technician, and two members must be from the general public.

The legislation went into effect October 1, 2009.

Pharmacists interested in an appointment to and service on the Montana Board of Pharmacy, may fill out an application form available on the Board’s Web site at www.mt.gov/dli/bsd/license/bsd_boards/pha_board/board_page.asp.

New Mexico Board Reports Upward Trend in Drug Overdose Deaths

New Mexico had the second highest drug-induced death rate in the US in 2005, with 20.9 deaths per 100,000 persons compared to the national rate of 11.2 per 100,000, the New Mexico Board of Pharmacy reports in its June 2009 newsletter. Data from the New Mexico Office of the Medical Investigator (OMI) shows that drug overdose death rates are increasing, largely due to overdose from prescription drugs.

The age-adjusted unintentional drug overdose death rate in New Mexico increased slightly from 17.2 per 100,000 in 2006 to 18.1 per 100,000 in 2007, the Board reports. There was a 20% increase in the over- dose death rate from any prescription drug (from 9.5 per 100,000 in 2006 to 11.3 per 100,000 in 2007), while the death rate from any illicit drug increased 4% from 10 per 100,000 in 2006 to 10.4 per 100,000 in 2007. Multiple drug overdose deaths (where more than one substance was found to have caused death) increased 14% from 12.2 per 100,000 in 2006 to 14 per 100,000 in 2007.

From 2003 to 2007, the median age of drug overdose decedents (n=1588) was 43.8 years. Persons who died from a combination overdose of illicit and prescription drugs were the youngest (median age of 41.7 years), while those who died from prescription drugs alone were the oldest (median age of 45). Persons who died from illicit drugs only had a median age of 42.2 years.

Overdose death was also examined by the three largest racial groups/sex strata during this five-year period. Hispanic males had the highest age-adjusted overdose death rate of 31.7 per 100,000, followed by white males (20.5 per 100,000), white females (12.3 per 100,000), Hispanic females (9.3 per 100,000), American Indian males (5.8 per 100,000), and American Indian females (1.5 per 100,000).

To address this troubling trend of increasing death caused by prescription drugs, the New Mexico Department of Health, the New Mexico Board of Pharmacy, OMI, and Centers for Disease Control and Prevention are collaborating on a study to link drug overdose decedents with prescription data from the Prescription Monitoring Program (PMP). The New Mexico Board aims to do the following:

- identify factors that increase the risk of overdose death among New Mexicans who use controlled substances;
- characterize the extent to which drug overdose victims die from prescription drugs that were obtained illegally;
- promote the development of prevention programs and policy aimed at reducing individual and community risk; and
- encourage more physicians to access the PMP for the purpose of patient safety and improved care coordination.
OpSec Security Identifies Trends of Increased Illicit Drug Trade Online

A study by OpSec Security, Inc, reveals an increase in illicit sales of bulk pharmaceuticals and active pharmaceutical ingredients by trade board sellers over the Internet. The two-year study, released June 22, 2009, also shows an increase in illicit activity by Internet drug outlets that sell drugs directly to consumers. OpSec Security, an anti-counterfeiting and brand protection company, announced these findings in the June 22 news release, stating that these trends pose increased risks to patients who buy prescription medications and to companies that source pharmaceutical products online. Additional information can be found at www.opseccompany.com/en/news-and-events/press-releases/alarming-trends-in-illicit-bulk-pharmaceuticals-and-drugs-online.

Informational Network Leads to Recovery of Stolen Pharmaceuticals

In the April 30, 2009 NABP e-News, NABP requested assistance from the boards of pharmacy in tracing a pharmaceutical cargo theft. Approximately 14 pallets/994 cartons/5,962 packs of Copaxone® (glatiramer acetate) 20 mg were stolen in mid-April. The tractor-trailer was found empty at a rest stop on the New Jersey Turnpike on April 20. NABP recently learned that, on June 10, an unspecified portion (hopefully all) of the Copaxone that had been stolen was recovered in Newark, NJ. The product, which must be stored below 74° F, was ultimately located in an abandoned “sea container” that had no environmental controls. It is believed by many that the reason the stolen goods never left the northeast is because of the rapid and extensive spread of information about the theft. This informational network may have made the product difficult to market illicitly and ultimately may have caused the thieves to abandon it. NABP would like to thank the boards for their assistance in this successful effort.

Investigation of Two Internet Drug Outlets Leads to 26 Convictions, $7 Million Forfeiture

A nationwide federal investigation of two Internet drug outlets has resulted in the conviction of 26 people — “the most defendants ever convicted in an Internet pharmacy case in the United States” — and the forfeiture of more than $7 million in assets, according to a Drug Enforcement Administration news release. The investigation began in March 2003, when Union Family Pharmacy (now under different ownership) in Dubuque, IA, dispensed 90 diet pills to a California woman based upon an Internet prescription from a doctor in Mississippi. In September 2003, the Iowa Board of Pharmacy took emergency disciplinary action against the pharmacy and two pharmacists. This case led to a six-year criminal investigation, which revealed that the pharmacy had unlawfully dispensed more than 1.1 million prescription pain, diet, and psychiatric pills over a six-month period for two Internet companies, Pharmanet International Corporation and Medical Web Services. The complete news release can be found at www.usdoj.gov/dea/pubs/states/newsrel/2009/stlouis061609.html.

EMEA Advises Withdrawal of Painkiller; FDA Takes Action

The European Medicines Agency (EMEA) has recommended that drug products containing dextropropoxyphene (known as propoxyphene in the United States) be withdrawn across the European Union. After reviewing the safety and efficacy of these products, EMEA stated in a June 25, 2009 press release, that their risks, “particularly the risk of potentially fatal overdose,” are greater than their benefits. The full press release can be found at www.emaeuropa.eu/pdfs/human/press/pr/40106209en.pdf. Propoxyphene is still marketed by a variety of generic-drug makers in the US; however, Food and Drug Administration (FDA) was considering whether to withdraw it, the Wall Street Journal reported.

Around the Association

Board Member Appointments

- Gregory Lippe, CPA, has been appointed a public member of the California State Board of Pharmacy. Lippe’s appointment will expire on June 1, 2012.
- Troy Gahm, RPh, has been appointed a member of the Ohio State Board of Pharmacy. Gahm’s appointment will expire on June 30, 2013.
- Kenneth Wells, RPh, has been appointed a member of the Oregon State Board of Pharmacy. Wells’ appointment will expire on June 30, 2013.
- J. Addison Livingston II, PharmD, has been appointed a member of the South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy. Livingston’s appointment will expire on June 30, 2015.

Board Member Reappointments

- Paul Limberis, RPh, has been reappointed a member of the Colorado State Board of Pharmacy. Limberis’s appointment will expire on July 1, 2013.
- Mark Brown, MBA, RPh, has been reappointed a member of the Hawaii State Board of Pharmacy. Brown’s appointment will expire on June 30, 2013.

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on June 26. Critics of the drug have claimed for decades that its risks outweigh its benefits and have called for its withdrawal from the US market.

FDA later announced in a July 7 news release that it will require manufacturers of propoxyphene-containing products to strengthen the label, including the boxed warning, emphasizing the potential for overdose when using these products. FDA will also require these manufacturers to provide a medication guide for patients stressing the importance of using the drugs as directed. In addition, FDA is requiring a new safety study assessing unanswered questions about the effects of propoxyphene on the heart at higher than recommended doses. Findings from this study, as well as other data, could lead to additional regulatory action. In its July 7 denial of a citizen petition requesting a phased withdrawal of propoxyphene, FDA said that, despite “serious concerns . . . , the benefits of using the medication for pain relief at recommended doses outweighs the safety risks at this time.” Additional information can be found at www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm170769.htm.

FDA Releases Draft Guidance to Help Manufacturers Thwart Counterfeiting

FDA has released a draft guidance document to assist pharmaceutical manufacturers who want to use physical-chemical identifiers in solid oral dosage forms to thwart drug product counterfeiting. A physical-chemical identifier is a substance or combination of substances possessing a unique physical or chemical property that unequivocally identifies and authenticates a drug product or dosage form. Adding a trace amount of an inactive ingredient with a unique physical-chemical characteristic to an existing section of the dosage form makes it possible to detect and authenticate legitimate dosage forms and identify counterfeits. “Guidance for Industry Incorporation of Physical-Chemical Identifiers into Solid Oral Dosage Form Drug Products for Anticounterfeiting” is available on the FDA Web site at www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM171575.pdf.

Around the Association

(continued from page 199)

- William J. Cover, RPh, has been reappointed a member of the Indiana Board of Pharmacy. Cover’s appointment will expire on June 30, 2013.
- Winifred Landis, RPh, has been reappointed a member of the Indiana Board of Pharmacy. Landis’s appointment will expire on June 30, 2012.
- Nancy Kirk has been reappointed a public member of the Kansas State Board of Pharmacy. Kirk’s appointment will expire on April 30, 2013.
- David Chason, RPh, has been reappointed a member of the Maryland Board of Pharmacy. Chason’s appointment will expire on April 30, 2013.
- Michael Souranis, RPh, has been reappointed a member of the Maryland Board of Pharmacy. Souranis’s appointment will expire on April 30, 2013.
- Rodney Taylor, RPh, has been reappointed a member of the Maryland Board of Pharmacy. Taylor’s appointment will expire on April 30, 2013.
- Margherita LaFragola, RPh, has been reappointed a member of the New Jersey Board of Pharmacy. LaFragola’s appointment will expire on May 31, 2012.
- Rich Palombo, RPh, has been reappointed a member of the New Jersey Board of Pharmacy. Palombo’s appointment will expire on May 31, 2013.
- Bonnie Thom, RPh, has been reappointed a member of the North Dakota State Board of Pharmacy. Thom’s appointment will expire on May 8, 2014.
- Gordon Richards, DPh, has been reappointed a member of the Oklahoma State Board of Pharmacy. Richards’s appointment will expire on June 30, 2013.

Board Officer Changes

The Idaho State Board of Pharmacy has elected the following officers to the Board:
- Dorothy Gourley, DPh, President
- James Spoon, DPh, Vice President

The Ohio State Board of Pharmacy has elected the following officers to the Board:
- Elizabeth I. Gregg, RPh, President
- Heather Pasquale, RPh, Vice President

The Oregon State Board of Pharmacy has elected the following officers to the Board:
- Linda Howrey, RPh, President
- Dianna Pimlott, RPh, Vice President
Task Force Appointments

Chairperson for this task force is Gay Dodson, RPh, of Texas.

The following individuals will serve as members of the task force:
- John Dorvee, PharmD, Maine
- Danna Droz, JD, RPh, Ohio
- Allan Dulwick, RPh, Oregon
- William Fitzpatrick, RPh, 2005-2006 NABP Honorary President
- Elizabeth I. Gregg, RPh, Ohio
- Frederick Karsten, RPh, Georgia
- Richard Markuson, RPh, NABP Past President
- Edward G. McGinley, RPh, New Jersey
- Lawrence H. “Larry” Mokhiber, MS, RPh, New York
- William “Bill” Prather, RPh, Georgia

Executive Committee liaison for the task force is Gregory Braylock, Sr, RPh.

2009-2010 Standing Committees

As authorized by the NABP Constitution and Bylaws, the Association’s standing committees annually perform specific responsibilities that are essential to the success of NABP’s programs and procedures. Once a committee has explored its assigned issues, the members submit recommendations or resolutions to the NABP Executive Committee for consideration.

The Committee on Law Enforcement/Legislation will meet January 26-27, 2010, in Rosemont, IL. The committee is charged with the following tasks:
1. reviewing and commenting on existing legislation and rules for the practice of pharmacy, legal distribution of drugs, and related areas within pharmacy, including impaired pharmacists;
2. developing model regulations for pharmacy as assigned by the Executive Committee, or from resolutions adopted by the members of the Association, or from reports of the other committees of the Association; and
3. recommending to the Executive Committee areas where model regulations are needed in pharmacy for improving the protection of the public health.

Chairperson of the committee is Dennis K. McAllister, RPh, FASHP, of Arizona. Committee members include:
- Susan DelMonico, JD, RPh, Rhode Island
- David W. Dryden, JD, RPh, Delaware
- Jennifer H. Edwards, PharmD, Virginia
- W. Benjamin Fry, RPh, FIACP, FACA, Texas
- Amy Mattila, RPh, Wisconsin
- Heather Pasquale, RPh, Ohio
- Anne Policastro, MBA, PharmD, FKSHP, Kentucky

Executive Committee liaison to the committee is Gregory Braylock, Sr, RPh.

The Committee on Constitution and Bylaws will meet April 13, 2010. Chairperson for the committee is Michael J. Romano, RPh, of Pennsylvania. Committee members include:
- Buford T. Abeldt, Sr, RPh, Texas
- Deborah A. Lange, RPh, Ohio
- Leo H. Ross, MBA, RPh, Virginia
- Dennis F. Wiesner, RPh, Texas

Serving as an alternate member is Ned Milenkovitch, PharmD, JD, of Illinois. The Executive Committee liaison to the committee is Cathryn J. Lew, RPh.

The charge of this committee, as defined by the NABP Constitution and Bylaws, is to review proposed amendments to the Constitution and Bylaws, suggest changes where appropriate, and issue a recommendation for each proposed amendment.

Newly Accredited VAWD Facilities

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

- Benco Dental Supply Company dba Benco Dental Company
  Wilkes Barre, PA
  Accredited July 17, 2009
- Cardinal Health 112, LLC
  Groveport, OH
  Accredited July 17, 2009
- Exel, Inc
  Ontario, CA
  Accredited July 6, 2009
- Genetco, Inc
  Ronkonkoma, NY
  Accredited July 17, 2009
- Hygen Pharmaceuticals, Inc
  Bellevue, WA
  Accredited July 6, 2009
- Nelson Laboratories LLC dba Nelson Laboratories
  Sioux Falls, SD
  Accredited July 6, 2009
- J Knipper and Company, Inc
  Lakewood, NJ
  Accredited July 17, 2009
- Rebel Distributors Corporation
  Thousand Oaks, CA
  Accredited July 17, 2009
- Walgreen Company
  Windsor, WI
  Accredited July 17, 2009

A full listing of more than 360 accredited VAWD facilities is available on the NABP Web site at www.nabp.net.
NABP Seeking Volunteers to Serve on Examinations Committee

Individuals interested in volunteering to serve on the NABP Advisory Committee on Examinations (ACE) are encouraged to apply. If chosen, ACE volunteers will oversee the development and administration of all NABP examination and certification programs. ACE meets about two to three times per year, and considers policy matters, evaluates long-range planning strategies, and recommends appropriate action to the NABP Executive Committee.

ACE is composed of representatives from boards of pharmacy as well as faculty and/or staff of schools and colleges of pharmacy, and practicing pharmacists who exemplify the diversity in pharmacy practice. Pharmacists chosen to serve on ACE must hold an active, unrestricted license in any state or territory of the United States.

Each ACE appointment is for a three-year term beginning June 1, 2010. Current boards of pharmacy members, past board of pharmacy members, and actively practicing pharmacists who meet the criteria above are encouraged to apply.

Interested individuals must submit a written statement of interest and a current resume or curriculum vitae to NABP Executive Director/Secretary Carmen A. Catizone at NABP Headquarters, 1600 Feehanville Drive, Mount Prospect, IL 60056 or execoffice@nabp.net no later than December 31, 2009.

Please contact the NABP competency assessment department at custserv@nabp.net with any questions regarding ACE.

ACE Members Volunteer Their Time to Oversee NABP Examinations

Members of the Advisory Committee on Examinations convened on August 12, 2009, to discuss policy matters and evaluate long-range planning strategies for NABP examinations. Back row left to right: Kendall M. Lynch, DPh, vice president, Maxor Correctional Pharmacy Services; Kevin Rynn, PharmD, FCCP, DABAT, clinical associate professor, Rutgers University; Tom Houchens, RPh, FASCP, director of pharmacy services, Laurel Housing, Inc.; Betty Dong, PharmD, professor of clinical pharmacy, University of California, San Francisco; and David Todd Bess, PharmD, member, Tennessee Board of Pharmacy. Front row left to right: Michael Duteau, RPh, member, New York State Board of Pharmacy; Sara St. Angelo, PharmD, member, Indiana Board of Pharmacy; and Richard “Dick” Morrison, RPh, pharmacy investigator, Washington State Board of Pharmacy. Not pictured: Judy Gardner, PharmD, member, Georgia State Board of Pharmacy; Arthur I. Jacknowitz, MS, PharmD, professor and distinguished chair, West Virginia University School of Pharmacy; and Hal Wand, MBA, RPh, Executive Committee liaison.
Interactive CPE
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partnerships. Richard Norment, executive director of the National Council for Public-Private Partnerships will address what they are, how long they have been around, how they work, how they can be used, and what is needed for success.

Speakers will describe current and proposed public-private partnerships from highways to health care during Current Federal Public-Private Partnership Projects, from 9 to 10 am. Information about these programs will be provided in addition to whether they are working and plans for the future.

After hearing the federal perspective, participants will learn about successful state public-private partnerships from around the country during Current State Public-Private Partnership Projects, from 10:15 to 11:15 am. Programs currently in place include the provision of health care benefits to education and the new partnership between NABP and the Maryland Board of Pharmacy for the subcontracting of pharmacy inspections. Speakers will include Joshua M. Bolin, BA, field services senior manager for NABP; Janita Gordon, executive director of Arizona Early Education Funds; and Kim E. Light, PhD, professor at the University of Arkansas for Medical Sciences College of Pharmacy, and secretary for the Arkansas Pharmacy Support Group.

The Symposium will end with a panel discussion, from 11:15 am to 1 pm. This facilitated panel discussion will be formatted as a question and answer session that will encourage participation from Symposium attendees. Participants will gain additional information and ideas from the panel experts regarding public-private partnerships and how boards of pharmacy may develop and utilize them as a means to cost effectively protect the public. The panelists include Joshua M. Bolin, Janita Gordon, Kim E. Light, and Richard Norment.

Online registration as well as additional information about the NABP 2009 Symposium is available in the Meetings section of the NABP Web site at www.nabp.net.

Newly Accredited DMEPOS Facilities

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

Aetna Specialty Pharmacy
Orlando, FL
Accredited July 14, 2009

AHOLD
Quincy, MA
Accredited July 2, 2009

Amethyst Pharmacy
Jersey City, NJ
Accredited July 8, 2009

Bartell Drug Company
Seattle, WA
Accredited July 19, 2009

Better Care Neighborhood Pharmacy
Hamtramck, MI
Accredited July 8, 2009

Boyt Drugs
Metuchen, NJ
Accredited July 8, 2009

CF Solutions, Inc
Tulsa, OK
Accredited July 8, 2009

City Drugs Pharmacy
Brooklyn, NY
Accredited July 19, 2009

College Park Pharmacy
Morristown, TN
Accredited July 7, 2009

Cort Pharmacy
Forest Hills, NY
Accredited July 2, 2009

Edmonson Drug Co
Brownsville, KY
Accredited July 2, 2009

Farrell’s Pharmacy
McCook, NE
Accredited July 18, 2009

Gage Pharmacy
Long Beach, CA
Accredited July 8, 2009

GIant Eagle
Pittsburgh, PA
Accredited July 14, 2009

Howard Beach Apothecary
Howard Beach, NY
Accredited July 19, 2009

Infusion, LLC
Wichita, KS
Accredited July 14, 2009

Kayes Aid
Baltimore, MD
Accredited July 7, 2009

Keefar Pharmacy
Mount Prospect, IL
Accredited July 18, 2009

Kew Gardens Pharmacy, Inc
Kew Garden, NY
Accredited July 2, 2009

Mills Pharmacy
Fairfield, OH
Accredited July 2, 2009

Murawski Pharmacy, Inc
Brooklyn, NY
Accredited July 8, 2009

No.1 Rx Liberty Pharmacy Discount Corp
Hialeah, FL
Accredited July 2, 2009

Real Pharmacy
Nesconset, NY
Accredited July 19, 2009

Regency Drugs
Brooklyn, NY
Accredited July 18, 2009

San Gabriel Medical Pharmacy
West Covina, CA
Accredited July 2, 2009

Teche Drugs and Gifts
Lafayette, LA
Accredited July 14, 2009

Tinsley Bible Drugs
Dandridge, TN
Accredited July 8, 2009

White Memorial Medical Plaza Pharmacy
Los Angeles, CA
Accredited July 18, 2009

Wood River Pharmacy
Grantsburg, WI
Accredited July 2, 2009

A full listing of more than 200 accredited DMEPOS facilities is available on the NABP Web site at www.nabp.net.
NABP 2009 Symposium
December 3-4, 2009
See pages 194-197 for details.
Quick and easy registration is available in the Meetings section of the NABP Web site, www.nabp.net, under 2009 Symposium.