newsletter

National Association of Boards of Pharmacy®

AWARE GET INFORMED. PRESCRIPTION DRUG SAFETY®

August 2013 / Volume 42 Number 7

aid to government
the profession
the public
1904 to 2013

Upcoming Events

September 8-11, 2013
NABP/AACP
Districts 6, 7, & 8 Meeting
Boulder, CO

September 24-25, 2013
Interactive Executive Officer Forum
Northbrook, IL

September 30, 2013
FPGEE Administration

October 17-19, 2013
NABP/AACP Districts 1 & 2 Meeting
Bar Harbor, ME

October 26, 2013
DEA National Prescription Drug Take-Back Day

December 3-4, 2013
Interactive Compliance Officer and Legal Counsel Forum
Northbrook, IL

Regulators and Stakeholders Explore Means to Support Safe Dispensing of Pet Medications by Community Pharmacies

An increasing number of pet medication prescriptions are being presented at community pharmacies, and also present the pharmacist with new challenges related to the complex differences between medication therapy for human and veterinary patients. In addition to offering convenience or potential savings, community pharmacies may be better equipped to dispense certain drug products, such as "crossover medications," those drugs developed for humans that now have an accepted use in veterinary medicine. Crossover drugs include insulin products, levothyroxine for hyperthyroidism, and selective serotonin reuptake inhibitors, which veterinary clinics may not want to keep in stock due to the various strengths and forms available. At the same time, boards of pharmacy, Food and Drug Administration (FDA), and veterinary stakeholder groups have noted that pet medication errors associated with dispensing by pharmacies are a growing concern. Errors in dosage and incorrect substitutions are among the issues that have led to adverse events for pets, including deaths.

Regulators, including FDA and the state boards of pharmacy, and stakeholder groups such as NABP and the American Veterinary Medical Association (AVMA), are exploring how to best support both pharmacists and veterinarians seeking to ensure safe and appropriate community pharmacy dispensing of drugs to treat companion animals. Expanding veterinary pharmacology educational opportunities for pharmacists; facilitating communication among practitioners, regulators, and stakeholder groups; and raising awareness about common medication issues are the primary efforts being pursued toward this goal.

©iStockphoto.com/subman

Common Cause for Error: Unauthorized Prescription Changes

Pet owners always have the option to request from their veterinarian a written prescription that may be taken

(continued on page 146)

In This Issue. . .

Interactive Forum:
NABP Interactive Forum Series Returns 147

Legal Briefs:
Pharmacist Fills More than Just Prescriptions 148

Association News:
2013 Survey Results Give Insight into Boards of Pharmacy Structure, Responsibilities, Resources, and Activities 151

Association News:
PCOA Forum Participants Discuss Use of Examination to Support Student Progress and School Curricula Development 155

State Board News:
Virginia Passes New Compounding Legislation; Arkansas Board Inspection Findings 158

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

National Association of Boards of Pharmacy
1600 Feehanville Drive
Mount Prospect, IL 60056
847/391-4406
www.nabp.net
custserv@nabp.net

Carmen A. Catizone
Executive Director/ Secretary

Deborah Zak
Communications Manager

Vet Pharmacy Issues

(continued from page 145)

to a community pharmacy or an online pharmacy, indicates the AVMA. State laws differ as to whether the veterinarian must always provide a written prescription, or provide it only upon request. Many clients will opt to have the prescription filled at the veterinarian's office, and in some cases certain drugs may only be available for dispensing by a veterinarian. If the client takes the prescription to his or her community pharmacy, and his or her pet experiences an adverse event due to a dispensing error, the nature and cause of the error may differ from errors linked to veterinary dispensing. Thus, boards of pharmacy, veterinary pharmacy experts, and veterinarians have begun to study common pharmacy dispensing errors and their causes in order to develop strategies for preventing such adverse events.

Thomas Cusick, DVM, a practicing veterinarian, and active member of the AVMA, and Terry Crowder, MBA, PhD, RPh, an Oregon pharmacist who specializes in veterinary medications, summarized some of the common dispensing errors as part of a continuing pharmacy education (CPE) session at the NABP 109th Annual Meeting, held May 18-21, 2013.

Cusick and Crowder reviewed survey results indicating that pharmacists changing prescriptions without consulting with the prescribing veterinarian was a primary cause of pet medication errors. The veterinary medical associations in Idaho, Iowa, Oregon, Southern California, and Washington State surveyed veterinary clinics, including asking about the perceived causes of pet medication errors. Oregon surveyed 525 vet clinics, with 35% reporting that a pharmacy changed a prescription without consulting with the prescribing veterinarian. Of the respondents, 17% indicated that adverse events occurred as a result of such changes.

Surveys in the other four states showed similar results. At the high end, 38% of clinics surveyed in Washington indicated that a prescription had been changed by a pharmacist without consultation with the prescribing veterinarian, and at the low end, 20% of clinics surveyed in Iowa indicated the same. After Oregon, Washington state clinics surveyed reported the next highest incidence of resulting adverse events, at 10%. Crowder also noted that an average of 47% of the clinics surveyed in the five states reported that they had not been contacted by a pharmacy with concerns about prescriptions.

Common issues reported by the veterinary clinics surveyed included:

- Changing thyroid medication strength,
- Dispensing Vicodin® instead of Hycodan, a concern due to the acetaminophen, a drug that is toxic and potentially fatal for cats, and
- Dispensing items with xylitol, a sweetener, to dogs. (While safe for humans, xylitol is toxic for dogs and can be fatal.)

In addition, incorrect substitution without consultation with the veterinarian was a common issue. In one instance, a dog was prescribed phenobarbital 15 mg twice daily to treat epilepsy, but the pharmacist recommended half dosages without consulting with the veterinarian. The dog continued to have seizures, and the owner elected to euthanize the dog.

Clinics surveyed also noted several instances of pharmacies making changes in strength, formulation, and frequency of the medications prescribed.

Practice Differences

FDA has also investigated the causes of pet medication errors, and found that differences in human medical practice and veterinary practice may lead to error. For example, FDA has noted instances of incorrect product selection due to similar drug names, or verbal misunderstanding.

In addition, the use of abbreviations is one of the primary causes of pet medication errors. Some of these errors are due to veterinarians and prescribers of human drugs using abbreviations to mean different things. When the pharmacist receives the prescription, he or she may interpret it based on his or her knowledge of prescriptions for human drugs. FDA notes that "Medication errors occur not only in veterinary clinics, but also in pharmacies where pharmacists and pharmacy technicians may be unfamiliar with veterinary abbreviations." Further, FDA has found that the same abbreviation-related issues that may cause human drug errors can cause pet drug errors. For example, the

(continued on page 150)

NABP Interactive Forum Series Returns

This fall the NABP Interactive Forum series, themed "Creating New Tools to Maintain and Enhance Board Authority," will once again offer an opportunity to dialogue on shared challenges faced by board of pharmacy executive officers, compliance officers, and – new this year – board legal counsel. Held as two separate forums, the first will be tailored to the board of pharmacy executive officers and will be held in September. The second will be tailored specifically to board of pharmacy compliance officers and legal counsel and will be held in December. The NABP Interactive Executive Officer Forum and the NABP Interactive Compliance Officer and Legal Counsel Forum will each take place over two days. A forum for board members is scheduled to return in fall 2014.

Both 2013 forums will include presentations on timely and relevant topics developed directly from suggestions submitted by attendees in advance of the meeting, in addition to networking opportunities.

The forums were first announced in 2010 at the NABP 106th Annual Meeting, as part of an initiative to provide additional support and resources to the member boards of pharmacy. With the success of the first five forums and the eagerness of the board staff to reconvene with their peers, the series returns this year to continue a partnership to protect public health through collaboration.

Executive Officers

The NABP Interactive Executive Officer Forum is set to take place September 24-25, 2013. Each state board of pharmacy executive officer is invited to attend the forum at no charge. As with the previous forums, travel, hotel accommodations, and meals will be paid by NABP. In addition, there is no registration fee for the meeting.

Compliance Officers and Legal Counsel

The NABP Interactive Compliance Officer and Legal Counsel Forum invites each executive officer to select one compliance officer from his or her board to attend the forum at no charge. In addition, new this year, each executive officer may invite one attorney who serves as the board's legal counsel to participate in the forum. Like the Executive Officer Forum, travel, hotel accommodations, and meals will be paid by NABP and there is no registration fee for the meeting. During the forum, which will be held December 3-4, 2013, attendees will have the chance to meet with their peers to discuss regulatory trends and challenges faced by their boards.

Information on registering for the Executive Officer Forum will be sent to the board of pharmacy executive directors by mid-August. Invitations to the Compliance Officer and Legal Counsel Forum will be sent by late October. Both meetings will be held at the Hilton Northbrook, in Northbrook, IL.

Next PARE Testing Window Approaching: September 16-27, 2013

Member boards of pharmacy are encouraged to take advantage of the next available Pharmacist Assessment for Remediation Evaluation℠ (PARE℠) testing window set for **September 16-27, 2013.**

To pre-register an individual for PARE, boards of pharmacy may use the NABP Clearinghouse or they may contact the NABP Competency Assessment Department at NABP_comp_assess@nabp.net.

PARE was created to assist the boards as part of their decision-making process in cases of remediation or brief departures from practice. The final PARE testing window for 2013 will be December 2-13, 2013.

More information about PARE may be found on the NABP Web site at *www.nabp.net/programs/assessment/pare.*

Executive Committee

Michael A. Burleson
Chairperson
One-year term

Karen M. Ryle
President
One-year term

Joseph L. Adams
President-elect
One-year term

Edward G. McGinley
Treasurer
One-year term

James T. DeVita
Member, District 1
Serving first year of a second three-year term

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

Mark T. Conradi
Member, District 3
Serving third year of a three-year term

William John Cover
Member, District 4
Serving third year of a three-year term

Gary Dewhirst
Member, District 5
Serving first year of a three-year term

Jeanne D. Waggener
Member, District 6
Serving second year of a three-year term

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

Hal Wand
Member, District 8
Serving third year of a second three-year term

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

Pharmacist Fills More than Just Prescriptions

By Dale J. Atkinson, JD

Many licensed professionals are subject to codes of ethics and other standards of practice that limit and, in some cases, prohibit personal relationships with patients/clients. Indeed, such boundary violations are far too common in many of the mental health professions whereby a personal relationship ripens out of the professional relationship. In most cases, a specified period of time must expire between the termination of the professional relationship and the beginning of the personal one. Under some circumstances, such as a clinical relationship, a personal relationship may be forever prohibited. Of course, violations of boundary parameters subject licensees to administrative prosecution and ultimately to adverse actions against licenses.

Similarly, pharmacists have a unique relationship with patients, including access to confidential and sensitive information. Pharmacists are placed in a position of trust regarding medical conditions and treatments thereof. While apparently not commonplace in the sphere of pharmacy practice as illustrated by the lack of published case law, boundary violations are certainly a possibility. Consider the following.

A licensed pharmacist (Licensee) worked in a pharmacy located in a grocery chain. Through his activities as a pharmacist in filling prescriptions for a particular patient, the Licensee developed an attraction for such patient. In the fall of 2009, the Licensee and patient began a casual dating relationship that included attending sporting events and concerts. According to the patient, she expressed to the Licensee on multiple occasions that she was not interested in a relationship. In December 2009, the patient notified the Licensee that she was not able to attend a wedding and suggested that he seek another person to accompany him. Shortly thereafter, the patient began receiving anonymous phone calls and letters.

At approximately 4 AM on Christmas morning, the Licensee left presents for the patient and her family members on the front lawn of her home. On her birthday in early January 2010, the Licensee sent a birthday greeting via text message to the patient. The Licensee admitted to knowing the patient's birthday through records contained at the pharmacy. Later in January 2010, the Licensee sent a long text to the patient expressing his concern over the lack of communication between the two. The text referenced family members, historical notes about the patient, and discussions the Licensee had with the patient's mother (while she was in the pharmacy) and son (while he was filling a prescription for the son). The patient responded to the message stating that she did not have "dating feelings" for the Licensee and she encouraged him to seek other dating opportunities.

Finally, in February 2010, the patient was returning home in the evening with a male friend who noticed a person crouched down by a car in the street. The patient and her male friend approached the person who fled. The male friend pursued the person who left by a car parked around the corner. The male friend obtained the license plate

number of the car. The patient called the police and a check of the license plate number confirmed that the car belonged to the Licensee.

Rather than file a criminal complaint, the patient engaged an attorney to write a letter to the Licensee. Among other admonishments, the February 2010 lawyer letter stated:

> You are a licensed professional. The filing of criminal charges, the issuance of criminal or civil protection orders, a report to the State Pharmacy Board . . . all of those place you and your livelihood in jeopardy. Such a result is the last thing my client wants to see happen. Instead, my client wants to be secure in the knowledge that you will cease all contact, regardless of form or method. You have too much to lose and [patient], whose sense of vulnerability is heightened exponentially by these events, simply wishes assurance that she will be left alone, now and into the future.

In early April 2010, the patient received a handwritten eight-page letter from the Licensee. The Licensee stated he felt the need to defend himself. The letter did not contain any "threats" but did state throughout that the Licensee would "never hurt" the patient, it reminisced in great detail about their time spent together, and mentioned the patient's family members and pets.

After receiving the handwritten letter, the patient filed a petition for a Civil Stalking Protection Order (CSPO). The basis for her petition premised upon a pattern of events that caused or will cause her mental anguish. Specifically, such events included anonymous phone calls, anonymous inappropriate letters, gifts left outside her home, the evening incident outside her home, the eight-page letter, and the references to the patient's family and pets. An *ex parte* protection order request was denied by the court, so a hearing was held. After the hearing an order was entered on June 10, 2010, issuing a CSPO to be in full force and effect until April 11, 2011. The Licensee filed objections to the order, but a circuit court affirmed the entry of the CSPO. The Licensee appealed the matter to the Court of Appeals of Ohio.

On appeal, the Licensee argued that he was entitled to a jury trial, that the lower court erred in denying his request to call as a witness the patient's attorney, and that the evidence did not support the entry of the CSPO. The court of appeals rejected each argument, finding that the Licensee cited no authority that supported his right to a jury trial in a CSPO proceeding and that the lower court did not err in refusing to allow for the patient's attorney to be called as a witness. The court noted that the lawyer letter speaks for itself and testimony regarding such correspondence would require the attorney to reveal privileged communications. Finally, the court held that ample competent and credible evidence supported the entry of the CSPO. Of interest and according to the court, the applicable statute that proscribes menacing does not require that the victim actually experience mental distress but only that the victim believes the stalker would cause mental distress or physical harm.

While the nuances of substantiating the entry of a protection order or injunctive relief may seem outside the realm of relevance to a pharmacy board, the actions of a licensee who has access to personal and sensitive information is pertinent to regulatory activities. This case is enlightening as to the potential for pharmacists to use patient information in a personal manner. Arguments can be made that the pharmacist did not "reveal" confidential information, but merely used such data to facilitate the development of a personal relationship. At some point, the pharmacy board must interject itself into such a circumstance.

Welborn-Harlow v. Fuller, 2013 Ohio 54, 2013 Ohio App. LEXIS 36 (App. Ct. Ohio 2013)

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

Vet Pharmacy Issues

(continued from page 146)

abbreviated term SID (once daily) may be unfamiliar to pharmacists who have not previously worked with veterinary clients and may be confused with BID (twice daily). Also, "U" (meant to stand for "Units") may be misunderstood for "0" (zero).

Expanded Education for Pharmacists

Addressing pharmacists through an article in the November 2012 *Oregon State Board of Pharmacy Newsletter*, Crowder states, "Many of us did not receive veterinary pharmacy education when in school, so it is important that we discover this education on our own." Crowder suggests that such educational opportunities should "not only cover the medications used in veterinary pharmacy, but should also consider the perspectives of veterinary practice, legal implications for dispensing to animals, and information regarding how we as pharmacists can best provide support to animal owners and veterinarians."

Crowder expanded on this topic in the CPE session at NABP's Annual Meeting, and the considerations he raised may be useful to pharmacist associations, boards of pharmacy, and others considering the development of CPE opportunities to support pharmacists in the safe dispensing of pet medications.

Crowder indicates that current CPE opportunities are a good start, but could be improved. For instance, some material was revised from training on human drugs, and in one case included an example about calculating the appropriate dose of ibuprofen for a dog. This example is flawed because ibuprofen is toxic for dogs and cats. Such courses may be improved if experts in veterinary pharmacy are consulted to review and provide content.

Crowder presented a concept for CPE and pharmacy curriculum, which he indicated mirrors the concept supported by the Society of Veterinary Hospital Pharmacists (SVHP). Crowder suggests that training on dispensing veterinary medications include pharmacotherapy and toxicology, as well as anatomy and standard vital signs.

Crowder also suggests that pharmacists should understand metabolic variations within and across major species. A reminder from the Washington State Board of Pharmacy echoes this concern. In an article warning licensees about veterinary medication errors, the Board noted that in animals, "Rates of metabolism, renal or hepatic clearance, or drug absorption may differ from humans, so animal weight or size bears no direct correlation to that of human patients in drug therapy. Animals are not 'little humans.'"

Extra-Label Use

Understanding the extra-label use of medications to treat animals under the Animal Medicinal Drug Use Clarification Act of 1994 can also assist pharmacists engaged in dispensing pet drugs. Under this law, a drug may be substituted with a human drug or with a drug labeled for use in another species under very specific circumstances. Where a valid veterinary-client-patient relationship exists, such extra-label substitutions may be made if the animal's health or life is threatened. Records of the animal's reaction to the drug therapy must be maintained. The law also stipulates cases in which extra-label use is prohibited; for example, certain drugs may not be dispensed to food-producing animals.

Facilitating Communication

Encouraging increased communication among practitioners can also help to prevent medication errors. In its newsletter, the Oregon State Board of Pharmacy has included articles reminding pharmacists that if they have any concerns or questions about a drug prescribed by a veterinarian, they should contact the prescriber to resolve the issue. As with human drugs, concerns might be related to verifying the medication prescribed, the purpose, the dosage, or verifying appropriate substitution.

Collaboration among veterinary medical boards and veterinary organizations and boards of pharmacy can also help to reduce rates of errors. For example, the AVMA might work with pharmacy organizations to raise awareness about products that are safe for one species, but not for another. A flea product that is safe and effective for a dog, is toxic and potentially fatal for cats. Veterinary medical boards and boards of pharmacy might also partner to ensure the same standards of care are followed for animal and human drugs.

Board, NABP Actions

In addition to the Oregon and Washington state boards of pharmacy, the North Carolina Board of Pharmacy has taken action to educate licensees on veterinary drug-related issues through its state newsletter.

In his CPE presentation, Crowder made several suggestions as to how boards can help ensure the safe dispensing of veterinary medications. For example, boards may wish to:

- consider collaborating with veterinary medical boards to stay abreast of issues and share information with licensees,
- encourage their state's pharmacy schools and colleges to provide training on veterinary medication,
- encourage the establishment of exchange rotations between veterinary colleges and colleges of pharmacy where possible, and
- consider mandating veterinary references to be used in community pharmacies, as with references for human drugs. (Oregon mandated them this year.)

In April 2013, NABP and AVMA staff met to discuss several of the issues reviewed in this article and areas for potential future collaboration. The Association will continue to provide updates to support its member boards in the protection of public health, including the health of companion animals.

2013 Survey Results Give Insight into Boards of Pharmacy Structure, Responsibilities, Resources, and Activities

The NABP 2013 Resources and Responsibilities Survey gathered data from the state boards of pharmacy on board structure, the duties boards perform, and their available resources to perform them. The survey, conducted biennially, provides insight on how the NABP active member boards function as they perform their regulatory duties and work to protect the public health.

Data gathered include information on the boards' licensure and disciplinary functions, emergency preparedness, fiscal information, members and staff, and inspectors. Thirty-five boards, or 64.8% of the active member boards, participated in the 2013 survey.

Board Structure and Responsibilities

As reported in the survey, 19 of the participating boards function autonomously, while 15 are attached to an umbrella organization, with a board executive officer whose primary responsibility is to the umbrella agency, rather than the pharmacy board.

All but one of the 35 respondents reported that licensure and discipline fell under the board's purview. These licensure and disciplinary functions include making the final determination of whether a law or regulation has been violated (32), evaluating the qualifications of candidates for licensure (31), and holding disciplinary hearings (29). Most boards also set practice standards (33), determine penalties (31), and grant licenses (30). A majority of boards process pharmacy (31), pharmacist (30), and technician license renewals (28); conduct investigations (26); receive complaints (25); and issue examination scores (22). Twenty-seven boards are responsible for inspections.

Some boards share or delegate certain licensing and disciplinary responsibilities with an umbrella agency, including administering exams (7), receiving complaints (10), and conducting investigations (10).

Twenty-five of the boards handle enforcement of their state's Controlled Substances Act (CSA), while only 16 enforce the federal CSA. Ten boards enforce the Methamphetamine Precursor Control Act, and about one quarter of the boards (nine) certify or accredit colleges or schools of pharmacy.

Nearly 72% of the boards issue licenses to wholesale distributors (25), and 24 boards process wholesale distributor license renewals. Twenty-two boards reported issuing licenses to manufacturers. (See table at right for a summary of board responsibilities.)

Twenty-four boards, or 75%, reported having in place a preparedness or response plan in the case of an external emergency that affects the board's ability to operate. Slightly less, 23 boards, reported having in place an emergency response plan in case of an internal event that would keep the board from performing its usual activities and services.

Fiscal Data

Of the responding boards, 81% are responsible for various fiscal functions, including developing the board of pharmacy's budget (25), collecting fees (25) and fines (21), and setting fines (24) and fees (23). Eighty-one percent of the respondents also make purchasing decisions (25), while almost half (17) process accounts payable and receivable. In some cases, the state legislature sets the maximum

(continued on page 152)

Board of Pharmacy Licensing Responsibilities

Function	Number of Boards
Set practice standards	33
Make final determination whether law/regulation violated	32
Determine penalties	31
Evaluate qualifications of candidates for licensure	31
Process pharmacy license renewals	31
Grant licenses	30
Process pharmacist license renewals	30
Hold disciplinary hearings	29
Process pharmacy technician license renewals	28
Conduct inspections	27
Conduct investigations	26
Receive complaints	25
Issue licenses to wholesale distributors	25
Issue examination scores	22
Issue controlled substances licenses to pharmacy licensees	15
Administer examinations	14
Issue controlled substances licenses to non-pharmacy licensees	12
Issue licenses to dispensing practitioners	7

The majority of boards responding reported that they perform responsibilities related to licensure and discipline, and less than half also issue controlled substance licenses and administer examinations. Seven boards reported issuing licenses to dispensing practitioners.

NABP 2013 Survey

(continued from page 151)

allowable fees and fines that the board can collect. Thirty-two of the boards are allowed to impose fines for infractions of laws or regulations. In 2012, the amount of fines a board could levy in a state ranged from $500 to more than $25,000.

Just under half of the boards (17) responding reported that their budgets were fixed by legislative appropriation, and 16 reported they were not. Twenty-eight states provided information on their budgeted expenditures and revenues/appropriations. Of these, the number of boards showing 2012 budgeted *expenditures* for less than $1 million was six; between $1 million and $2.49 million, 15; and more than $2.5 million, seven. The number of boards showing 2012 budgeted *revenues* and/or appropriations for less than $1 million was six; between $1 million and $2.49 million, 12; and in excess of $2.5 million, 10 (see Figure 1).

Eight of the participating boards responded that between 50% and 90% of their revenues are derived from license or permit fees, with 11 of these boards reporting that over 90% of their revenues are derived from these sources. Other revenue sources include examination and reciprocity fees, monetary penalties, administrative fees, and federal grants. For 24 boards, revenues are utilized exclusively by the state board. Two boards' revenues are utilized by their states' government. Other states indicated that revenues may be utilized by other boards as needed or other boards doing work on behalf of the board.

Board of Pharmacy and Support Staff

The boards of pharmacy range in size, with the smallest boards consisting of one member (not including the executive officer or other ex officio members) and the largest, 17 members. Most boards (27) reported nine or fewer members, with almost half of the boards (17) maintaining a seven-member board. When members receive compensation for serving on the board it ranges from $30 to $300 per diem. One board reported that members receive hourly compensation and for another board, members receive $100 per month. Two boards reported that members receive travel reimbursement only and five boards reported that the state reimburses members for their travel and related expenses in addition to per diem compensation.

Twenty boards report they employ one full-time board executive officer, while two boards reported an executive officer devoted less than full time to the board of pharmacy. Additionally, three boards reported two full-time executive positions, two boards reported three, and one board reported zero.

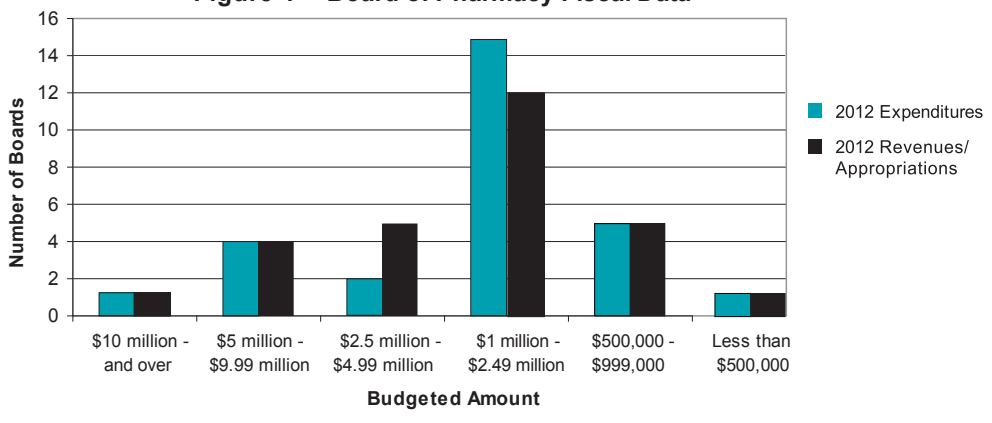
The survey also inquired about the number of administrative, non-inspector support staff used to support the boards of pharmacy. Nine boards reported having three or fewer full-time support positions, 11 boards reported having between four and seven full-time administrative positions, and eight boards reported having nine or more full-time positions. Nine boards indicated that, of their support personnel, at least one is an information technology specialist.

The majority of executive officers and inspectors receive employment benefits from the state. Twenty-eight boards reported that executive officers, administrative personnel, and inspectors all receive benefits, including family health insurance, life insurance, and a retirement plan with both employee and state contributions. Benefits available to staff in select states include disability insurance, reimbursement of travel expenses, and a state vehicle for business use.

Inspectors and Inspections

The 2013 survey elicited various details about the boards' inspection functions. Of the 31 boards providing such information, 23% of the boards (seven) have seven or more inspectors. Forty-two percent of the boards (13) reported having between four and six full-time inspector positions and 32% of the boards (10) reported having three or fewer inspectors. Of these, 23

Figure 1 – Board of Pharmacy Fiscal Data



Twenty-eight of the 35 responding boards provided information on their budgeted expenditures and revenues/appropriations. Of those 28 states, the most common range was between $1 million and $2.49 million for both 2012 budgeted expenditures and budgeted revenues/appropriations.

boards directly employ their inspectors, while five boards have inspectors employed by another state agency or umbrella agency, and two boards use private contractors. Seven boards have used outside investigative agencies in enforcing pharmacy laws, rules, and regulations. Such agencies include Drug Enforcement Administration, Food and Drug Administration, state police, and local law enforcement.

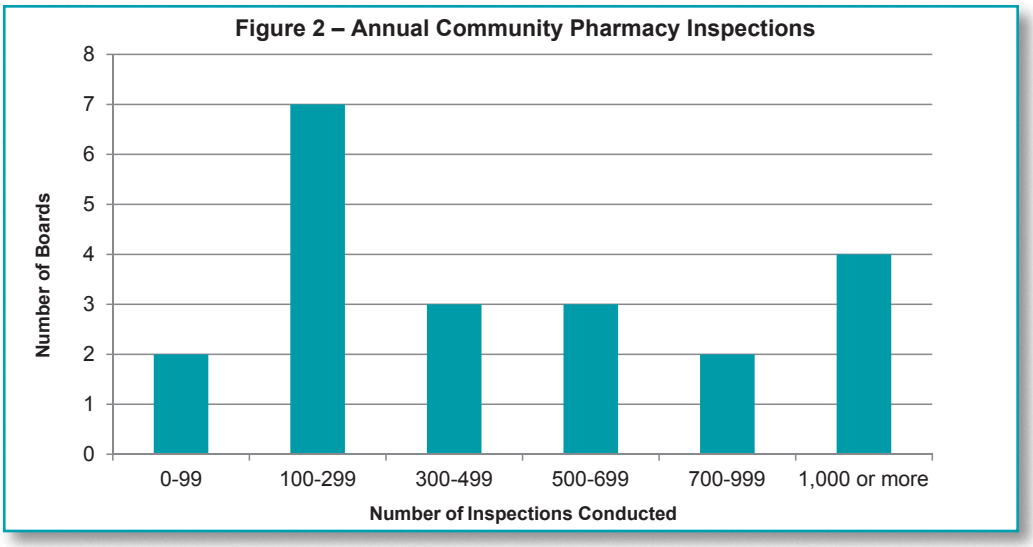
Twelve boards reported that they are legally required to hire pharmacists as inspectors, and 18 are not. Nonetheless, 25 boards reported that they have inspectors who are pharmacists. Of boards providing inspection information, 22 states, or 79%, reported that inspectors have training in pharmaceutical compounding. In one state, board of pharmacy members act as inspectors, and eight boards reported that the board's chief administrative officer acts as an inspector.

Eight states authorize their board of pharmacy inspectors to bear arms, and four boards reported one or more inspectors actually do bear arms while in the field. Less than half the boards (13) noted that their inspectors have civil service status, and inspectors in 16 states do not.

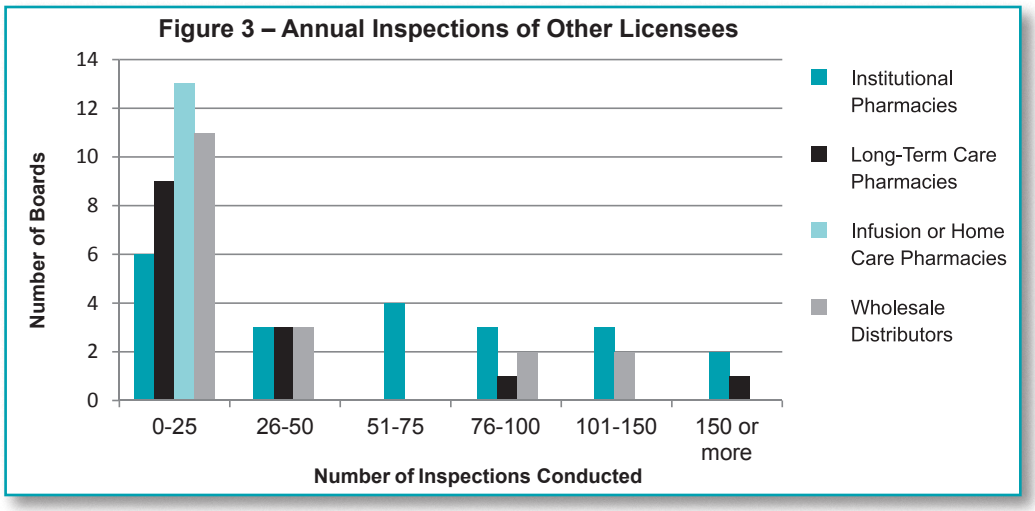
Twenty-three boards have procedures in place to monitor the effectiveness of their inspectors, including several states reviewing inspection reports and some reviewing monthly or quarterly productivity reports. Two boards conduct ride alongs with inspectors on random inspections, while one board reviews its inspection processes annually and meets with the board's attorney regarding such matters once a month. Seven states have no such procedures in place.

Twenty-five boards reported data on pharmacy inspections. Boards reported that an average of 544 community pharmacy inspections were performed each year, with 1,914 being the highest number of annual inspections performed and zero being the lowest. An average of 76 annual inspections of institutional pharmacies and an average of 35 annual long-term care facility pharmacy inspections were also reported. (See Figures 2 and 3 for additional information on numbers of inspections conducted as reported by 21 board respondents.)

Boards of pharmacy may contact NABP at execoffice@nabp.net to obtain a printed version of the survey results.



Of the boards that have only one type of pharmacy permit, pharmacy inspection totals range from 490 to 2,560 per year. One board noted that it inspects all of its 700 licensed community pharmacies (which includes long-term care pharmacies and infusion/home care pharmacies) every 14 months. Another board indicated that it inspects all state pharmacies every other year, half one year, and the other half the next year. These numbers are not reflected in Figure 2.



One board inspects the 80 institutional pharmacies it licenses on a biennial basis, inspecting about 40 each year. One board indicated that it inspected 60 wholesale distributors in the last 15 months, and one indicated that it inspects 550 wholesalers biennially. These numbers are not reflected in Figure 3.

Item Writers Needed to Develop New Examination and Assessment Questions for the NAPLEX, MPJE, FPGEE, PCOA, and PARE

NABP is seeking volunteers to serve as item writers for the Association's examinations and assessments. Item writer positions are currently available for the North American Pharmacist Licensure Examination® (NAPLEX®), Multistate Pharmacy Jurisprudence Examination® (MPJE®), the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®), the Pharmacy Curriculum Outcomes Assessment® (PCOA®), and the Pharmacist Assessment for Remediation Evaluation℠ (PARE℠).

Pharmacists in all areas of practice, and faculty from schools and colleges of pharmacy are encouraged to apply.

Item writers will be selected based on the specific needs of the programs. Those who are chosen will be asked to attend a workshop at NABP Headquarters with travel, lodging, and ancillary expenses paid by NABP.

Attendees will receive detailed instructions and training materials describing the item-writing process and content-related requirements for their designated examination. Item writers will then be asked to develop new test items that will be considered for inclusion in NABP licensure and certification and assessment examination programs.

NAPLEX

The NAPLEX covers pharmacy content domains relating to the knowledge, judgment, and skills an entry-level pharmacist is expected to demonstrate. The three competency areas of the examination are:

- Assess pharmacotherapy to ensure safe and effective therapeutic outcomes
- Assess safe and accurate preparation and dispensing of medications
- Assess, recommend, and provide health care information that promotes public health

MPJE

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

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

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

FPGEE

The FPGEE covers content of United States-accredited pharmacy curricula including:

- Basic biomedical sciences
- Pharmaceutical sciences
- Social/behavioral/administrative pharmacy sciences
- Clinical sciences

PCOA

The PCOA is administered to pharmacy students in all four professional years. The assessment follows a blueprint that is representative of US-accredited pharmacy curricula, including:

- Basic biomedical sciences
- Pharmaceutical sciences
- Social/behavioral/administrative pharmacy sciences
- Clinical sciences

PARE

The PARE is a multidimensional assessment that the boards of pharmacy may use as an auxiliary tool when making decisions regarding pharmacist remediations or brief departures from practice. The content areas are:

- Medication safety and the practice of pharmacy
- Professional ethics/pharmacist judgment
- Clinical pharmacy

How to Apply

Interested individuals should complete the online application form to be available in mid-August 2013 on the NABP Web site at *www.nabp.net/meetings/examination-meetings*, and upload a current résumé or curriculum vitae.

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

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

PCOA Forum Participants Discuss Use of Examination to Support Student Progress and School Curricula Development

Recently, 35 representatives from schools and colleges of pharmacy, the American Association of Colleges of Pharmacy, and the Accreditation Council for Pharmacy Education (ACPE) gathered at NABP Headquarters for the second annual Pharmacy Curriculum Outcomes Assessment® (PCOA®) Forum. The forum was held to cultivate a communicative, educational, and collegial environment for PCOA users, prospective users, stakeholders, and developers to convene and share their own perspectives and experiences regarding the assessment.

The forum began with an explanation of the developmental history and background of the PCOA, after which NABP staff provided a technical summary of the assessment including an overview of past years' administration results. The remainder of the meeting was driven by attendees, consisting of brief presentations and open discussion, allowing for attendees to dialogue among each other and tailor the forum to their specific interests and needs.

Much of the discussion centered on how the schools and colleges of pharmacy utilize the PCOA. More and more institutions are using it as a required test, utilizing the scores as a means of identifying students that may require remediation, and monitoring individual student progress in the professional curriculum. NABP completes a detailed analysis of each PCOA examination and provides results with the participating institutions in the form of individual and school reports. The PCOA is the only standardized national assessment that compares school outcomes with national scores, providing a way for institutions to monitor student progress and pharmacy curricula by ACPE recommendations for assessment.

At the end of the forum, attendees were encouraged to share with NABP how the PCOA program could further assist the schools with curriculum and student evaluation. NABP is currently reviewing all of the suggestions and evaluating their suitability into the infrastructure of the examination program.

The PCOA is an independent, objective, and external measure of student performance in United States pharmacy curricula. Since its operational launch in 2008, the assessment has been administered to more than 18,500 students from 58 different schools and colleges of pharmacy. Schools and colleges of pharmacy that registered for the next PCOA administration (September 23 through October 12, 2013) will be sent an informational e-mail in late summer 2013.

Testing windows and registration deadlines for the 2014 PCOA administrations are presented in the box above. More information about the PCOA can be found at *www.nabp.net/programs.*

2014 Testing Windows

January 13 - February 7, 2014
Register by October 15, 2013

March 31 - April 25, 2014
Register by December 31, 2013

August 18 - September 12, 2014
Register by May 20, 2014

PCOA Forum Attendees Discuss Testing Perspectives at NABP Headquarters

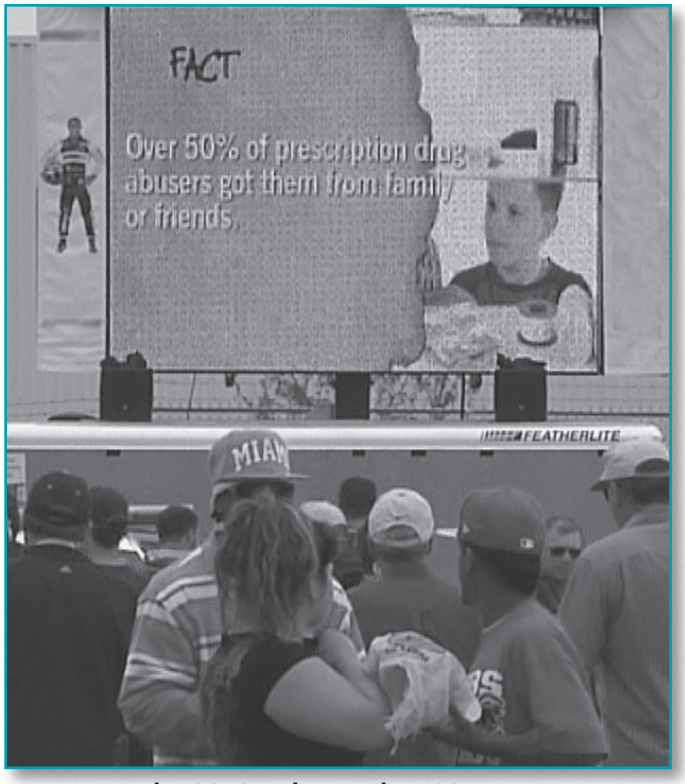
On April 25, 2013, representatives from schools and colleges of pharmacy, the American Association of Colleges of Pharmacy, and the Accreditation Council for Pharmacy Education gathered at NABP Headquarters for the second annual Pharmacy Curriculum Outcomes Assessment® (PCOA®) Forum. Pictured left: Mary Euler, PharmD, FAPhA, University of Charleston School of Pharmacy, shares her perspectives regarding the assessment with other representatives.

AWARxE PSAs Roar into Indy 500

More than 1 Million People Presented With Prescription Drug Abuse and Counterfeit Drug Danger Facts Over the Three-Day Event

Before encountering revving engines and squealing tires, race fans attending this year's Indianapolis 500 over Memorial Day weekend encountered AWARxE® facts on prescription drug abuse and counterfeit drug dangers. One AWARxE public service announcement (PSA) warned viewers that glue, chalk, and rat poison are used to make counterfeit pills that are sold online. A second PSA alerted viewers that pills bought from illegitimate online pharmacies often contain too much, too little, or the wrong type of medicine.

These facts were included as part of four PSAs that the AWARxE Consumer Protection Program displayed at the main gates of the Indianapolis Motor Speedway in Indianapolis, IN. More than 1 million people attended the event, and the PSAs aired more than 300 times over the course of the weekend, May 24-26, 2013. On Carb Day, the final practice run before the big race, and Race Day, the PSAs were displayed for more than 13 hours on each day. With massive crowds lingering at the main gates due to tightened security restrictions, the PSAs likely gained ample exposure.



AWARxE at the 2013 Indianapolis 500
AWARxE® public service announcements were displayed for race fans over 300 times on the jumbotron at the entrance to the Indianapolis Motor Speedway during the Indy 500 weekend, May 24-26, 2013.

The AWARxE PSAs also shared with race fans important facts about the prescription drug abuse epidemic:

- Prescription drugs are among the drugs most commonly abused by 12- to 13-year-olds, and
- Over 50% of prescription drug abusers got them from family or friends.

AWARxE's PSAs made their way to the racetrack again on July 26-28, 2013 for the Brickyard 400, which also took place at the Indianapolis Motor Speedway. Due to NABP's nonprofit status, the Association received a 96% discount on the cost of airing the PSAs.

AWARxE Continues Community Outreach

The AWARxE Consumer Protection Program also continues to provide educational presentations and materials to local community groups to help raise awareness about the importance of fighting prescription drug abuse. In April 2013, AWARxE was on hand for a meeting of the Kiwanis Club of Streamwood in Schaumburg, IL. Through a slideshow presentation, the importance of proper prescription drug disposal was discussed as well as secure medication storage. In September 2013, AWARxE will visit a Neighborhood Watch Program meeting of the Bloomingdale Police Department in Bloomingdale, IL, and the Lions Club of Elk Grove Village in Elk Grove Village, IL, in October 2013.

AWARxE also routinely provides flyers, bookmarks, posters, and other educational aids to those who contact the program via e-mail or through the program's Facebook page at *www.facebook.com/AWARxE* An increasing number of community leaders and educators have contacted AWARxE seeking such resources to support their community efforts to combat prescription drug abuse. Individuals also contact AWARxE for advice on resources for obtaining affordable, safe medications and finding permanent drug disposal programs in their communities.

NABP Communicates ID and ATT Name Matching Requirements for Candidates Preparing to Take the NAPLEX and MPJE

In recent communications to candidates preparing for the North American Pharmacist Licensure Examination® (NAPLEX®) and the Multistate Pharmacy Jurisprudence Examination® (MPJE®), NABP emphasized its name matching requirements to ensure candidates encounter a successful admission on their scheduled test date.

As part of the examination check-in procedure at Pearson VUE, candidates are required to bring two acceptable forms of identification (ID) the day of the examination. As part of the requirement, the printed name on both forms of ID, including middle names or middle initials, must appear exactly as it appears on the "Authorization to Take NABP Exam with Pearson VUE" (ATT) letter, which is sent to candidates by Pearson VUE. If the name on the two forms of ID is different than the name on the ATT, candidates will not be permitted to test.

While both names on the two forms of ID must match the name on the ATT letter, some flexibility is allowed regarding the matching of middle initials. As stated in the registration guidelines:

- It is acceptable for a candidate's ID to contain his or her full middle name and for their ATT letter to contain only their middle initial, as long as the middle initial matches the first letter of their middle name.
- Similarly, if a candidate's ATT letter contains his or her full middle name and their ID contains only their middle initial, the candidate will be admitted to test if the middle initial on the ID matches the first letter of their middle name.

To resolve any ATT letter and ID name matching discrepancies and to ensure that the related updates are received at the test center in time for candidates to check in for their scheduled examinations, candidates must submit documentation to NABP at least five days prior to their examination appointment. In addition, candidates whose names have changed since they have received their ATT letter are required to provide NABP with legal name change documentation in order to change the name to match the IDs. Documents should be sent via e-mail to NABP Customer Service at custserv@nabp.net.

NABP updated the *NAPLEX/MPJE Registration Bulletin* in January 2013 with information on name matching guidelines. Then, in mid-June, NABP reminded candidates who had registered for the NAPLEX and MPJE of the name matching requirements and related deadlines via e-mail. In the e-mail, NABP noted that the printed name on the ATT letter is the same name candidates entered when initially creating their NABP e-Profile. NABP will continue to send this e-mail to new registrants.

The *NAPLEX/MPJE Registration Bulletin* provides full details on name matching requirements and deadlines as well as a full list of acceptable forms of primary and secondary IDs. This information is also included in the confirmation letter sent to test candidates by Pearson VUE.

The *NAPLEX/MPJE Registration Bulletin* is available on the NABP Web site at *www.nabp.net/programs.* Candidates with additional questions may also call NABP Customer Service at 847/391-4406.

Register Now for the September 30, 2013 FPGEE Administration

Registration is now available for the next Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) that will be administered on **September 30, 2013.** To register, visit the NABP Web site at *www.nabp.net/programs/examination/fpgee.*

Within a few days of registering with NABP, candidates will receive an Authorization to Test, and they may then schedule their test location with the NABP test vendor, Pearson VUE. Candidates have until September 23, 2013, to schedule an appointment with Pearson VUE. NABP encourages early registration for optimal scheduling options as certain test centers fill up quickly.

To prepare for the FPGEE, NABP recommends that candidates take the Pre-FPGEE®, the practice examination for the FPGEE designed to help familiarize candidates with the types of questions provided on the actual examination.

Additional information about the FPGEE is also available at *www.nabp.net/programs.*

Virginia Passes New Compounding Legislation

The 2013 Virginia General Assembly passed new legislation that amends several sections of law affecting pharmacies engaged in sterile compounding. House Bill 2312 was amended to clarify the definition of compounding and now requires the pharmacist-in-charge or owner of a permitted pharmacy or a registered nonresident pharmacy engaging in sterile compounding to notify the Virginia Board of Pharmacy of its intention to dispense or otherwise deliver a sterile compounded drug product for patients.

In addition, the bill will now require pharmacies to inform the Board whether it will continue dispensing or delivering sterile compounded drug products into the state, and the Board will be required to maintain this information in a manner that will allow the production of a list to identify all such sterile compounding pharmacies.

HB 2312 also requires pharmacies, upon submission of an application for registration as a nonresident pharmacy, to submit an inspection report from an inspection that occurred no more than six months prior to the date of submission of the application. Upon renewal of the registration, the nonresident pharmacy must also submit an inspection report from an inspection that occurred no more than two years prior to the date of application for renewal. The bill further clarifies that the inspection report must indicate compliance with the Drug Control Act, including United States Pharmacopeia-National Formulary standards for sterile and nonsterile compounding. Lastly, HB 2312 clarifies the Board's ability to summarily suspend or restrict a pharmacy permit.

House Bill 2312 became effective July 1, 2013. To view the bill in its entirety, visit *http://leg1.state.va.us/cgi-bin/legp504.exe?131+ful+CHAP0765.*

Arkansas Board Inspection Findings

The Arkansas State Board of Pharmacy inspection staff have noted common issues found throughout routine pharmacy inspections. Board inspectors have found expired Combat Methamphetamine Epidemic Act certificates as well as pharmacies failing to update immunization protocols.

Inspectors also found pharmacies failing to have proof of CPR certification available for review, and failing to have a technician order entry procedure that is available to and easily found by technicians. Lastly, Arkansas inspectors found controlled substance inventories that were not up to date or complete (ie, missing over-the-counter Schedule IV products, missing tramadol or tramadol-containing products).

Oregon Pain Management Training Module Updated

The Oregon Pain Management Commission (OPMC) has updated its training module for Oregon pharmacists in an effort to provide health care professionals up-to-date information on managing people with pain. Per the Oregon State Board of Pharmacy, Oregon-licensed pharmacists are required to complete this one-time, one-hour training module provided by OPMC. The new training module will now include pain management topics such as pain assessment; standards of care for opioid use; universal precautions in pain medicine; modifiable life factors; dentists and pain management; health care professional communication; ethical obligations; information assimilated from the Institute of Medicine's 2011 report, titled *Relieving Pain in America*; a link to the OPMC Position Statement on medical marijuana use; information about the Oregon Prescription Drug Monitoring Program; and information about the 2013 Oregon Medical Board's Pain Management Statement of Philosophy.

Other sections, including the OPMC conclusion and recommendations, were also updated. The updated module is available for download online at *www.oregon.gov/oha/OHPR/PMC/module/Module.pdf.*

Around the Association

Board Member Appointments

- **Taryl Giessel** has been appointed a public member of the Alaska Board of Pharmacy. Giessel's appointment will expire March 1, 2017.
- **Lavanza Butler, PharmD,** has been appointed a member of the California State Board of Pharmacy. Butler's appointment will expire March 6, 2017.
- **Sharon Meyer, MS, PharmD,** has been appointed a member of the Iowa Board of Pharmacy. Meyer's appointment will expire April 30, 2016.
- **Judy Trumpy, BS, LD,** has been appointed a public member of the Iowa Board of Pharmacy. Trumpy's appointment will expire April 30, 2016.
- **Chris Woodul, RPh,** has been appointed a member of the New Mexico Board of Pharmacy. Woodul's appointment will expire July 1, 2014.
- **Anise Yarbrough** has been appointed a public member of the New Mexico Board of Pharmacy. Yarbrough's appointment will expire July 1, 2015.

Compounded Sterile Drugs Recalled by Tennessee Pharmacy

In May 2013, Food and Drug Administration (FDA) issued an alert warning against the use of sterile products compounded and dispensed by Main Street Family Pharmacy, LLC, of Newbern, TN, after adverse reactions were reported by seven patients who received injections of preservative-free methylprednisolone acetate (MPA). Following an investigation coordinated with the Centers for Disease Control and Prevention and the Tennessee Board of Pharmacy into the complaints, FDA confirmed that bacterial and fungal growth were found in samples from two unopened vials of preservative-free MPA 80 mg/ml from two separate lots. The agency also received reports of associated adverse events, including skin and soft tissue abscesses.

The Tennessee Department of Health reported that MPA was sent to facilities in Alabama, Arkansas, California, Florida, Kansas, Kentucky, Illinois, Louisiana, Mississippi, New Mexico, North Carolina, South Carolina, Tennessee, and Texas.

Main Street Family Pharmacy voluntarily recalled all sterile products and is cooperating with state and federal authorities in the investigation. A full list of recalled products is available at *www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm353953.htm*. Health care providers and patients may report any reactions that may be associated with the pharmacy's products to the FDA MedWatch Safety Information and Adverse Event Reporting Program.

Two Injectable Drugs Recalled Due to Particulates

In May 2013, Sandoz US voluntarily recalled two lots of methotrexate sodium, USP, 25 mg/ml, 40 ml injectable product after particulate matter was found during routine testing of samples. FDA has warned that injection of a drug with particulate matter can lead to microembolism in areas where the particles lodge. Sandoz stated that the particulate matter was not associated with microbial contamination. In addition, Sandoz is not aware of any adverse reactions associated with the products. The lots that have been recalled are CL0996 with an expiration date of December 2013 and CJ4948 with an expiration date of May 2013. More information about the recall is available at *www.fda.gov/Safety/Recalls/ucm353291.htm*.

Fresenius Kabi USA, LLC, voluntarily recalled one lot of magnesium sulfate injection, USP due to possible glass particles located in the vials. The product, with Lot Number 6103882, is labeled with Product Code 6450 and is packaged as 500 mg/mL strength in 50 mL glass vials in trays of 25. The lot was shipped in the United States between May 30, 2012 and June 6, 2012, and has an expiration date of October 31, 2014. FDA recommended that any unused product be returned to the supplier and asks that health care providers and patients report any reactions related to the company's products to the FDA MedWatch Safety Information and Adverse Event Reporting Program.

More information about the recall is available at *www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm354329.htm?source=govdelivery*.

NABP Offers Additional DMEPOS Services as CMS Grants Expanded Scope of Authority Covering Additional Products

NABP has received approval from the Centers for Medicare and Medicaid Services (CMS) expanding the Association's scope of authority for the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) accreditation program. NABP will now be able to accredit pharmacies and other medical suppliers that provide the following products:

- Breast prostheses and/or supplies
- External infusion pumps
- Insulin infusion pumps
- Oxygen equipment and/or supplies
- Seat lift mechanisms

Prior to receiving the expanded authority, NABP had the authority to accredit pharmacies offering DMEPOS products in 22 categories, including items such as diabetic equipment and supplies, canes and crutches, and surgical dressings. Moving forward, the Association plans to seek approval from CMS to further expand its accreditation authority to include DMEPOS products such as tracheostomy supplies.

Currently NABP accredits nearly 550 companies, representing approximately 27, 500 facilities. Additional history is available in the March 2012 *NABP Newsletter* article "DMEPOS Accreditation Program Celebrates Five Years."

NABP continues to work with DMEPOS suppliers and CMS to help ensure that Medicare beneficiaries receive the appropriate products, services, and patient care associated with DMEPOS. More information about the program is available on the NABP Web site at *www.nabp.net/programs/accreditation/dmepos*.

nabp newsletter

National Association of Boards of Pharmacy
1600 Feehanville Drive
Mount Prospect, IL 60056

First Class
U.S. POSTAGE
PAID
Permit #583
Schaumburg, IL 60173

Newly Accredited DMEPOS Facilities

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

Ankerson Pharmacy
Mount Vernon, NY

Burlington Pharmacy
Burlington, NJ

Osceola Clinic Pharmacy
Osceola, WI

Prime Therapeutics Specialty Pharmacy LLC
Orlando, FL

A full listing of the nearly 550 accredited DMEPOS companies representing nearly 27,500 facilities is available on the NABP Web site at *www.nabp.net.*

Newly Accredited VAWD Facilities

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

Diplomat Pharmacy, Inc, dba Diplomat Pharmacy Services
Flint, MI

Fresenius USA Manufacturing, Inc, dba Fresenius Medical Care North America
Lebanon, PA

Owens & Minor Distribution, Inc
Jacksonville, FL

RGH Enterprises, Inc, dba Independence Medical
Halfmoon, NY
Jacksonville, FL
Rancho Cucamonga, CA
Tualatin, OR

Southern Anesthesia & Surgical, Inc
West Columbia, SC

Teleflex Medical Incorporated
Olive Branch, MS

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