newsletter

National Association of Boards of Pharmacy®

AWARE GET INFORMED. PRESCRIPTION DRUG SAFETY®

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aid to government
the profession
the public
1904 to 2013

Upcoming Events

February 11-22, 2013
PARE Administration

March 14, 2013
ACE Meeting
NABP Headquarters

April 2013
Committee on Constitution and Bylaws Meeting

April 12, 2013
FPGEE Administration

April 25, 2013
PCOA Forum
NABP Headquarters

April 27, 2013
DEA National Drug Take-Back Day

May 18-21, 2013
NABP 109th Annual Meeting
St Louis, MO

State Boards and NABP Take Action to Clarify Regulations and Bolster State Regulatory Systems Specific to Compounding Pharmacies

Over 660 patients have become ill due to the contaminated preservative-free methylprednisolone acetate compounded by the New England Compounding Center (NECC) and distributed to clinics and surgery centers in 19 states, as of press time. Centers for Disease Control and Prevention reported over 370 cases, including 40 deaths, of fungal meningitis and another 257 cases of paraspinal or spinal infection. Another 27 patients were diagnosed with peripheral joint infections.

The scope of the meningitis outbreak has brought compounding pharmacy practice and regulatory issues to the attention of Congress, with renewed attention by the United States Food and Drug Administration (FDA) as well as state lawmakers and regulators. Both FDA and state regulators agree that traditional pharmacy compounding provides a valuable service for patients, but over the past 20 years, regulators have faced challenges regulating entities that operate more like drug manufacturers while calling themselves compounding pharmacies. Past attempts by federal legislators and FDA to regulate those entities operating like manufacturers have often been hindered by legal challenges and it is sometimes difficult to determine who has jurisdiction – the state board of pharmacy or FDA. With the multistate meningitis outbreak linked to unsafe compounding practices at NECC, state and federal lawmakers, regulators, government officials, and stakeholders, including NABP, are seeking to clarify the law and put in place new systems.

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State Boards Address Compounding

In addition to overseeing the licensure of all pharmacies, including those that provide compounding services, many state boards of pharmacy have adopted regulations specific to sterile compounding. According to the 2013 *NABP Survey of Pharmacy Law*, at least 23 boards of pharmacy require compliance with United States Pharmacopeia Chapter 797, Pharmaceutical Compounding Sterile

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In This Issue. . .

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Compounding Regulations

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Preparations, and seven additional boards indicate that they have rules that include some or most of the USP Chapter 797 standards. Three boards of pharmacy have such regulations pending, and another has regulations under consideration. In addition, Hawaii considers compliance with USP Chapter 797 a standard of practice, and the South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy indicates that they have publically instructed licensees that it considers compliance with USP Chapter 797 to be appropriate professional practice and that it will consider serious deviation to be grounds for discipline.

Some boards have implemented special procedures for regulating compounding pharmacies. For example, the Missouri Board of Pharmacy annually tests drugs compounded by pharmacies for potency, and performs sterility/endotoxin testing, and publishes the results in its state newsletter and on its Web site.

Further, while a report from the office of Congressman Edward J. Markey (D-MA), "Compounding Pharmacies, Compounding Risk," found that FDA had documented 23 deaths and 86 serious illnesses or injuries associated with problematic compounding pharmacy practices in 34 states over the last 11 years, the same report also provided numerous instances of state boards of pharmacy taking actions to help prevent such incidents. Pulling only from investigative reports available on board Web sites, the report detailed disciplinary and other actions taken by boards of pharmacy in Arizona, California, Missouri, New York, North Carolina, and Rhode Island.

NABP members have been addressing compounding practices over the past two decades such as by convening the 2005-2006 Task Force on Standards for Compounding. Subsequently, the Association revised its *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to reflect recommendations of the task force and include USP standards.

In the wake of the meningitis outbreak, several boards took additional actions to address appropriate regulation of pharmacy compounding in their states.

On November 26, 2012, the Florida Board of Pharmacy adopted an emergency rule requiring all permitted and registered pharmacies to notify the Board of their compounding activities within 14 days of the rule. Based on the information reported, the Board initiated inspections of compounding pharmacies prioritized according to the risk level to patients. Also, in December 2012, the Florida Board formed a committee of its colleagues to create a series of permits that compounders would be required to obtain before being allowed to compound and sell specialized medicines. The plan could help the Board know what types of practices are occurring in pharmacies and help regulators keep track of the medications being compounded by pharmacists. The Board has also asked the committee to consider whether compounding pharmacies should be required to use a consulting pharmacist to ensure compounders follow guidelines for producing sterile drugs. Additionally, the Board seeks to require that out-of-state pharmacies that do business in Florida provide a record of their latest health inspections.

The Utah Board of Pharmacy also initiated an inspection program in December. State inspectors began by inspecting pharmacies statewide to determine which are compounding medications.

At a November 14, 2012 public hearing, James T. DeVita, RPh, and Karen M. Ryle, MS, RPh, members of the Massachusetts Board of Registration in Pharmacy, presented eight potential solutions for improving the state's regulation of pharmacy compounding. The solutions are part of the Board's efforts to streamline compounding rules and improve patient safety.

NABP Responds to Senate Committee

As the meningitis outbreak investigation continued, NABP had the opportunity to provide, on behalf of its member boards, information regarding compounding regulations to the US Senate Health, Education, Labor, and Pensions (HELP) Committee prior to its November 15, 2012 hearing. In the response, NABP stressed that "Current state laws and regulations address traditional and legitimate compounding and do not require further clarification beyond a uniform distinction between compounding and manufacturing and the recognition and appropriate adoption of USP Standards including 795 and 797." NABP noted further that "sterile compounding practices currently addressed by state laws and regulations are based on a legitimate patient-prescriber relationship that do not allow the large scale production of sterile/non-sterile products or compounding for resale."

NABP emphasized the importance of regular and unannounced inspections of compounding pharmacies, but also stressed that to make this regulatory approach work, clear regulatory language that distinguishes between compounding and manufacturing is needed.

NABP also recommended that Congress should charge FDA to work with states individually and collectively through NABP to develop federal legislation that distinguishes between traditional compounding and large-scale compounding that more closely approximates manufacturing. To help answer the Senate HELP Committee's questions about compounding pharmacy regulations, including a request for definitions of compounding and manufacturing, NABP provided the relevant portions of the Association's *Model Act*. Specifically, the sections, "Good Compounding Practices Applicable to State Licensed Pharmacies" and "NABP Model Rules for Sterile Pharmaceuticals" were provided.

These sections of the NABP *Model Act* reference USP Chapter 795 and USP Chapter 797 standards. The Good Compounding Practices section specifies that compounding includes "the preparation of Drugs or Devices in anticipation of receiving Prescription Drug Orders" when they are based on regularly observed patterns and provided that the pharmacist maintains the prescriptions on file for such products. It also distinguishes that "The Compounding of inordinate amounts of Drugs in anticipation of receiving prescriptions without any historical basis is considered Manufacturing." Further, a comment to the NABP Model Rules for Sterile Pharmaceuticals section states that "Boards of Pharmacy should continually monitor compliance with these Good Compounding Practices to distinguish Compounding from Manufacturing" and lists several factors that should be considered. The factors include compounded prescription volume, the existence of a practitioner/patient/pharmacist relationship, and use of commercial scale equipment, among others.

Federal Legislators and Regulators Respond

The Senate HELP Committee collected information from NABP for consideration at its special hearing held November 15, 2012. The House of Representatives also held a special hearing regarding compounding regulations, and both hearings included testimony from FDA Commissioner Margaret Hamburg, MD. At the hearing held by the US Senate HELP Committee, FDA Commissioner Hamburg included in her testimony the agency's suggestions for implementing laws that would grant FDA clear authority over pharmacy compounding in certain circumstances.

Hamburg stated that "FDA regards traditional pharmacy compounding as the combining or altering of ingredients by a licensed pharmacist, in response to a licensed practitioner's prescription for an individual patient, which produces a medication tailored to that patient's special medical needs" and affirmed the value of traditional compounding. She noted, however, that "by the early 1990s some pharmacies had begun producing drugs beyond what had historically been done within traditional compounding." Hamburg presented a framework for developing a "risk-based program to protect the public health" and suggested that non-traditional compounding should "be subject to Federal standards adequate to ensure that the compounding could be performed without putting patients at undue risk. For example, enforcement

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Executive Committee

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One-year term

Michael A. Burleson
President
One-year term

Karen M. Ryle
President-elect
One-year term

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

Barred to Bar

By Dale J. Atkinson, JD

Persons licensed in multiple jurisdictions in their respective professions are becoming commonplace. Both physical mobility and mobility of practice through technological advancements dictate licensure in more than one jurisdiction. What may also become more common are individuals who are or seek to become licensed in multiple professions. It is imperative that regulatory boards continually communicate with one another both intrastate and interstate to ensure that all relevant information is assessed to determine eligibility for licensure. Furthermore, it is equally important that the applications for licensure and renewal seek relevant information of applicants, including inquiries about licensure by other regulatory boards and the statuses of such licenses. Consider the following.

An individual graduated from pharmacy school and obtained his pharmacist license in 1984. After licensure, the pharmacist worked at various hospitals and spent a short time working at a community college in South Carolina. He apparently was terminated from at least one of the hospital pharmacy jobs for abusing drugs. Eventually he worked for a retail pharmacy and, in connection with the 1999 sale of the pharmacy to a chain drug store, the Ohio State Board of Pharmacy (Board) conducted an investigation that revealed discrepancies in the narcotics supply of the store where the pharmacist worked. The pharmacist was indicted and pleaded no contest to two counts of drug theft. The convictions constituted fourth degree felonies that resulted in a six-month sentence in a correctional treatment facility followed by community control for a period of five years. His community control was terminated in 2001 (four years early) and the pharmacist had his criminal record expunged. In the interim, the Board revoked his license as a pharmacist.

In 2011, the revoked pharmacist (referred to as Applicant) filed an application for licensure with the Ohio Board of Bar Examiners (Ohio Bar). The Board of Commissioners on Character and Fitness (Commissioners) recommended denial of the application and that the Applicant be denied the right to reapply for admission. The Commissioners' recommendation was based upon the Applicant's failure to take responsibility for his criminal acts that resulted in a criminal conviction and the loss of his license as a pharmacist, his lack of attention to his family's current financial affairs, and his failure to seek or obtain gainful employment for over three years.

The Applicant appealed the Commissioners' recommendation and a panel was appointed to review his application. A hearing was conducted at which testimony from the applicant and three other witnesses was heard. The testimony revealed the facts referenced above. The testimony also disclosed how the Applicant offered many explanations for his misconduct, how he believed that many pharmacists steal and use drugs, and that his lawyer mishandled his criminal case.

The evidence also revealed how the Applicant's use and abuse of prescription drugs spanned a seven-year period. However, he did successfully complete his rehabilitation treatment and apparently has not had any further incidents of substance abuse. Finally, the testimony uncovered the Applicant's family financial problems and the fact that he had not been employed since 2008 except for an occasional odd job for his neighbor. Historically, since his criminal conviction, the Applicant held several part-time jobs from which he voluntarily resigned. The Applicant filed for bankruptcy in 1997 and testified that his wife was the primary wage earner, but that she too had filed for bankruptcy in 2010. The Applicant also testified that he was not sure whether he was a party to the foreclosure proceedings relative to his house. Eventually, a default judgment was taken against him in the foreclosure proceedings.

The panel agreed with the Commissioners and recommended denial of the licensure application with no right to reapply for admission to the Ohio Bar. The Applicant appealed the matter to the Supreme Court of Ohio. On appeal, the court first noted that a prior felony conviction does not demonstrate, per se, that an applicant lacks the moral character to practice law in Ohio. But, such a checkered background requires that the applicant bear the burden of proving that he is morally fit to practice law. Such a burden, in part, necessitates that the Applicant substantiate full and complete rehabilitation.

In his defense, the Applicant concedes that he has failed to prove that he currently possesses the requisite character, fitness, and moral qualifications to practice law in Ohio. He does, however, argue that a permanent ban from reapplying for licensure as an attorney is not supported in case law and he cites prior jurisprudence to support his position. The court found that the cases cited were distinguishable from his situation in that one case involved "youthful indiscretions" of which the Applicant could not argue in good faith. The remaining two cases involved admitted psychological disorders and substance abuse problems that the Applicant in the current matter did not argue nor admit. Because the Applicant refused to accept responsibility for his actions related to both substance abuse and financial debt, his circumstance did not fall within the dispositions of each cited judicial opinion.

Indeed, the court noted that the Applicant's "flouting of the standards of the pharmacy profession, his violations of the laws of this state, his ongoing failure to accept responsibility for his behavior and consequences, his inability or unwillingness to maintain stable, gainful employment, his neglect of his own financial responsibilities, and his apparent ignorance of his own family's serious financial and legal matters constitute a persistent and ongoing pattern of bad behavior spanning at least 20 years." Accordingly, the court adopted the findings of the Board and its recommendation that the Applicant be denied licensure and that he be forever precluded from reapplying for the privilege of practicing law in Ohio.

This case is an interesting example of the impact of the loss of a previous license can have on an application for a license in a different profession. Boards of pharmacy are encouraged to fully evaluate the professional licensure status of all applicants and diligently review the status of such licenses as a prerequisite to licensure. This, of course, presupposes that the board of pharmacy has a good moral character criterion for licensure and that all such previous activities are relevant in assessing the eligibility of applicants.

In Re Application of Poignon, 972 N.E. 2d 580; 2012 LEXIS 1677 (OH 2012)

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Compounding Regulations

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could be by FDA or by a state willing to effectively oversee the compounding activities, as determined by FDA." She noted that these drugs should be subject to greater oversight with the highest risk products subject to good manufacturing practice standards, for example.

In November and December 2012, two bills that would give FDA new authorities with respect to compounding pharmacy practices were introduced to Congress. The Verifying Authority and Legality In Drug Compounding Act of 2012 was introduced by Representative Edward J. Markey and the S.A.F.E. Compounding Drugs Act of 2012 (HR 6638) was introduced sponsored by Rosa DeLauro (D-CT) and Nita Lowery (D-NY).

NABP Actions

NABP, on behalf of its member boards, coordinated a response to the Senate HELP Committee that requested additional information of the states after its November 15, 2012 hearing. Further, NABP, at the request of member boards, participated in an FDA intergovernmental meeting on December 19, 2012. FDA invited the state boards of pharmacy to present the state perspective on the relationship with FDA regarding compounding pharmacies and the "best way to provide oversight of this industry going forward." As a representative of the state of Utah, NABP provided FDA with responses to questions regarding state oversight of compounding pharmacies and the states' view of the federal role, as well as recommended strategies for strengthening federal/state communications.

Following the meeting, NABP sent to FDA Commissioner Hamburg a letter summarizing the five primary recommendations of NABP and its member boards and requesting that this input be incorporated into FDA actions and policy decisions. NABP recommended the following:

1. Definitions for compounding and manufacturing must be established in federal statutes and regulations, and these definitions should be consistent with state statutes and regulations. Patient specific activities should define compounding and non-patient specific activities should constitute manufacturing with certain exceptions as outlined in the letter.
2. Bidirectional communication between FDA and the states must be established and is critical in communicating inspection results and any regulatory or disciplinary actions taken.
3. Additional resources and special training in key areas should be provided to support continued effective state oversight over compounding activities.
4. Clarification of FDA's registration of a manufacturer, applicable requirements, and authorizations should be provided to the state boards of pharmacy.
5. FDA should not pursue legislation establishing a third tier of compounding activity, referred to by FDA as non-traditional compounding. However, NABP expressed support for a third-tier of drug production whereby relevant entities would be classified as manufacturers and regulated as such.

In addition to working with legislators and FDA, NABP and its member state boards of pharmacy began implementing a four-part action plan to bring about the necessary solutions to prevent a tragedy such as the meningitis outbreak from occurring again. Implementation of the plan began in late November 2012, following the NABP Interactive Executive Officer Forum where participants expressed a strong commitment to correcting system failures that allowed the meningitis outbreak. Participants also discussed the Iowa Board of Pharmacy's request for NABP to develop an inspection program for nonresident compounding pharmacies and expressed support for the plan, which is central to the NABP action plan.

In the first part of the action plan, NABP shared a list of compounding pharmacies provided by the Iowa Board and began coordinating with the boards of pharmacy to collect data on these entities.

Second, NABP has implemented, under a contract with the Iowa Board, the inspection program of nonresident compounding pharmacies identified by the Board. Initial results will reveal whether the selected pharmacies are compounding pursuant to a prescription in compliance with state regulations or instead are engaging in manufacturing. In one case, an inspection report for one entity, PharMEDium Services, LLC, has resulted in action taken by the Iowa Board of Pharmacy.

The third part of the plan involves NABP storing the data collected by creating an NABP pharmacy e-Profile for each pharmacy. These e-Profiles will ultimately become an information sharing network that will enable states to submit inspection reports and other related information to NABP for inclusion in the pharmacy e-Profiles. Similar to the NABP Electronic Licensure Transfer Program®, enhancing the information on pharmacies and making the public information available to all states, can assist states in making licensure and registration determinations for pharmacies, and in making determinations on whether to accept the request of a nonresident pharmacy applying for licensure.

In the fourth part of the plan, NABP began providing ongoing training of board of pharmacy inspectors and compliance officers. NABP will also continue cooperative efforts with FDA and legislators to address the regulatory quagmire that exists when traditional compounding is exceeded and manufacturing may be occurring.

The Association will continue to provide updates on its action plan and other news.

Executive Officers Focus on Regulatory Issues Surrounding NECC Compounding Tragedy at Interactive Forum

Thirty board of pharmacy executive officers gathered at the Interactive Executive Officer Forum, November 13-14, 2012, to discuss the challenges their boards face on a daily basis. The last in a series of three meetings themed "NABP 2012 Triathlon," the forum for board of pharmacy executive officers reinforced the partnership between the boards of pharmacy and NABP and the shared mission to protect public health.

To ensure that the forum allowed attendees the opportunity to discuss issues of immediate concern, the program was created to be flexible and discussion time was adjusted according to the needs of the attendees. Several of the topics on the agenda related to compounding and the tragedy surrounding the New England Compounding Center (NECC). Attendees spent a large portion of the forum discussing the challenges surrounding the issue and possible solutions from a regulatory perspective. More information on the action plan developed by NABP and the board executive officers is available in the cover story of this *Newsletter*, titled "State Boards and NABP Take Action to Clarify Compounding Regulations and Bolster State Regulatory Systems Specific to Compounding Pharmacies."

Other topics on the agenda were based on a survey that was sent to attendees prior to the meeting. Select attendees of the forum were then asked to give brief introductions to the topics, citing their own experiences, both from a board perspective and a practitioner perspective. After the brief presentations, the other attendees were invited to share their experiences and ask questions of the panelists and the other attendees. An overview of each topic discussed follows.

Services Beyond Immunizations

Prescribing and administering of immunizations by pharmacists has become commonplace across the country, and the scope of pharmacists' practice is beginning to expand in other areas as well. Discussion focused on pharmacists' opportunities in collaborative practices and roles in medication therapy management.

Compounding: What is Manufacturing? What is Compounding? A Review of Enforcement Issues and Disciplinary Cases

A key issue in the NECC tragedy is determining when compounding crosses into manufacturing. Boards discussed where to draw the line, standards for good compounding practice, and common disciplinary actions taken involving compounding pharmacies.

Lessons Learned from the Recent Compounding/ Manufacturing Tragedy

Board officers discussed what types of regulations they had in their state and the importance of inspections and staff training. In addition, challenges related to enforcement were discussed.

Reporting to the OIG

Several entities report disciplinary actions to the Healthcare Integrity and Protection Data Bank, including the Office of Inspector General (OIG). Attendees discussed the OIG's List of Excluded Individuals and Entities, how individuals are added to the list, the ramifications, and the length of time on the list.

NABP PMP InterConnect

Interoperability of state prescription monitoring programs is key to combatting pill mills and doctor shoppers. The NABP PMP InterConnect® was discussed and how it can prevent millions of pills from ending up in the hands of patients who abuse prescription drugs.

NARxCHECK

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

Gray Market Wholesalers

States are trying to close the loopholes, but there are still too many operators creating holes in what is supposed to be a closed system. Issues include counterfeits; stolen drugs that are stored improperly; recycling of previously dispensed drugs; sample "shucking"; re-introducing drugs that were supposed to be destroyed; or selling for export, under government contracts or group purchasing organization contracts, or to 340b eligible entities.

The 5% Distribution Rule

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

Working to Establish an Effective Pedigree System

Pedigrees are an important part of safeguarding the prescription drug distribution system. Attendees discussed creating and imple-

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NABP Develops Outreach Strategies to Raise Awareness of .PHARMACY Generic Top-Level Domain Initiative

By mid-year 2013, NABP may learn if the Association is to become the official registry operator of a new generic Top-Level Domain (gTLD), creating an exclusive online space for legitimate Internet pharmacies. NABP submitted its application for the .PHARMACY gTLD to the Internet Corporation for Assigned Names and Numbers (ICANN) in spring 2012, with the support of a global coalition of stakeholders. NABP was the only organization to apply for the .PHARMACY gTLD, greatly increasing the odds of successfully passing the application process. It is anticipated that ICANN will announce initial application results in spring 2013.

Meanwhile, ICANN indicates that it continues to evaluate the nearly 2,000 applications it received for new gTLD strings. As part of the review process, ICANN opened a public comment window from June 13 to September 26, 2012. In addition to receiving 19 letters of support, the NABP .PHARMACY application received four online comments in support of the Association's gTLD plan.

NABP applied for .PHARMACY as a community-based application representing legitimate online pharmacies and prescription drug-related organizations worldwide. By filing this application, NABP will ensure that only legitimate Web site operators that adhere to pharmacy laws in the jurisdictions in which they are based and to which they sell medicine will be able to register domain names in .PHARMACY.

As the ICANN review process continues, NABP is developing outreach strategies to raise awareness of the .PHARMACY initiative among the pharmacy community, and to highlight the role that pharmacy stakeholders will play in establishing and maintaining standards to protect public health on a global scale. NABP, with its coalition of stakeholders, also will develop a public awareness campaign leveraging the AWAR$_X$E® Consumer Protection Program, to educate consumers about the dangers of buying medicine from unknown sources over the Internet and to help build their trust in .PHARMACY sites.

In addition, NABP staff attended ICANN's 45th international public meeting held October 14-19, 2012, in Toronto, ON, Canada, to learn more about the Internet landscape, its structure and governance, and opportunities to contribute the voice of the international pharmacy community to policy development in this arena.

In anticipation of ICANN's approval of the .PHARMACY gTLD, an NABP .PHARMACY advisory committee will be established and will be responsible for making recommendations to NABP about the use of .PHARMACY domain names. This committee will be composed of community leaders, industry experts, and other relevant stakeholders deemed appropriate by NABP. More information about the gTLD initiative is available on the .PHARMACY and NABP page of the NABP Web site at *www.nabp.net/programs/pharmacy/pharmacy-and-nabp.*

Interactive Forum

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menting regulations to help ensure that pedigrees are being used by manufacturers, wholesale distributors, and pharmacies.

New Software Solutions

As with other state agencies, many boards of pharmacy are attempting to upgrade computer processes to streamline systems to benefit licensees and board staff. However, new technologies often come with large price tags that boards cannot afford. Attendees shared their experiences with investigating and implementing new systems.

Slides from the presentations are available on the NABP Web site at *www.nabp.net/meetings/past-educational-sessions.*

A breakout session on Americans with Disabilities Act accommodation requests was also held. Attendees broke into small groups to discuss whether they had been seeing an increase in requests for special accommodations for examinations and how the boards were handling these requests.

Based on the positive feedback from those who have attended the Interactive Forums over the past three years, NABP will again hold forums in 2013. Two forums will be held: one for compliance officers and one for executive officers. In addition, board counsel will be invited to attend the forum with compliance officers in 2013. Joint sessions as well as breakout sessions will be held to cover topics of importance to the groups, and networking opportunities will also be available.

The goal of the Interactive Forums is to facilitate interaction among boards from across the country and provide closed sessions to discuss important and timely issues related to pharmacy regulation. As with previous Interactive Forums, NABP will cover all expenses for attendees for the 2013 forums in order to facilitate participation by as many boards as possible and allow for increased opportunity for networking.

Pilots Continue to Show Potential for Increased Use of PMP Data

With federal funding support and building on the success of previous pilot programs in Indiana and Michigan, states participating in the NABP PMP InterConnect® program, along with third-party partners, will expand and enhance projects that increase use of prescription monitoring program (PMP) data by prescribers. These expansion projects aim to make PMP data more easily accessible to prescribers and authorized users by integrating the data into electronic prescribing systems, health information exchanges, pharmacy software systems, and emergency room departments.

Enhancing Access Pilots to Be Expanded

A pilot developed on behalf of the Indiana Scheduled Prescription Electronic Collection and Tracking (INSPECT) program successfully increased use of PMP data by authorized prescribers in the emergency room department at Wishard Memorial Hospital, Indianapolis, IN, by making the data more easily accessible. To implement the project, NABP worked with the Indiana Health Information Exchange (IHIE), as part of the national Enhancing Access to Prescription Drug Monitoring Programs Project.

With the success of the pilot, the Wishard Memorial Hospital began coordinating with INSPECT to keep the connection through IHIE established so that prescribers could continue to use this service. The original connection was maintained through the end of 2012 and in January, this pilot added a NARxCHECK™ score to the integration interface.

NARxCHECK is a technology that accesses a PMP database to obtain patient prescription data, analyze that data using a patent-pending analytical engine, and provide a risk-based score to prescribers to assist in prescribing decisions. Prescribers participating in the Indiana pilot at Wishard Memorial will be able to access a three-digit NARxCHECK score, with a low score signifying that the PMP data indicate the patient has a low risk for narcotic, sedative, or stimulant misuse and a higher score indicating that the prescriber should be increasingly concerned about the potential for such misuse, and that the prescriber should use the PMP information along with additional information to make an appropriate prescribing decision. (Additional information about NARxCHECK is available in the November-December 2012 *NABP Newsletter.*)

Also, in an expansion of the Wishard Memorial pilot, IHIE will work with INSPECT to make similar pilots available in IHIE participating hospitals throughout Indiana and along its borders. The project will be supported by the Office of the National Coordinator for Health Information Technology (ONC) and MITRE, a non-profit organization that applies expertise in systems engineering, information technology, and operational concepts to projects that will be of benefit to public interest. The pilot is also seeking to integrate multistate data into the integration project by pulling Michigan and Ohio data into the IHIE interface.

These expansion projects aim to make PMP data more easily accessible to prescribers and authorized users by integrating the data into electronic prescribing systems, health information exchanges, pharmacy software systems, and emergency room departments.

A completed pilot with the Michigan Automated Prescription System (MAPS), an NABP InterConnect participant, made PMP data more readily available to physicians or authorized users in the general practitioner setting through an e-prescribing system. E-prescribing company DrFirst connected to the NABP InterConnect hub as would a state PMP, allowing authorized prescribers to access PMP data through the e-prescribing system, avoiding the additional step of logging into the PMP.

DrFirst also plans to enhance the integration with MAPS by adding new functionalities.

To facilitate this expansion, MAPS administrators plan to increase MAPS capacity to handle an increased query load.

Moving forward, with support from ONC and MITRE, DrFirst plans to offer access to PMP data to authorized users of the DrFirst e-prescribing system in Illinois, Indiana, Michigan, and Ohio. Additionally, Arizona and New Mexico will be brought on board in order to link up to a different geographic region.

Currently, authorized users in the states of Arizona, Connecticut, Indiana, Kansas, Michigan, New Mexico, North Dakota, Ohio, South Carolina, and Virginia are sharing PMP data through the NABP PMP InterConnect. Ten additional states have signed memorandums of understanding (MOUs) to participate in the NABP InterConnect, and five states have MOUs under review. It is anticipated that approximately 25 states will be sharing data or will have executed an MOU to participate in NABP InterConnect in 2013.

Forum Panelists Lead Discussions on Timely and Relevant Topics Shared Between the Board of Pharmacy Executive Officers

Board of pharmacy executive officers convened for the two-day NABP Interactive Executive Officer Forum November 13-14, 2012, in Northbrook, IL. The forum completed the last of the series of three meetings themed "NABP 2012 Triathlon." Leading discussions among the executive officers, expert panelists focused on timely and relevant topics faced by the boards of pharmacy, including a focus on regulatory issues surrounding the New England Compounding Center tragedy. More details on the forum are available on pages 31-32 in this *Newsletter*.

Panelists Explore Regulations Surrounding Specialized Practices for Pharmacists

The forum kicked off with a discussion on the expansion of pharmacists' roles through collaborative drug therapy management and medication therapy management during the session "Regulating Specialized Practices for Pharmacists – The Starting Gun." The session also took a look at compounding practices with a key focus on the New England Compounding Center tragedy. Pictured from left to right: Gary A. Schnabel, RN, RPh, executive director, Oregon State Board of Pharmacy; session moderator Mark T. Conradi, JD, RPh, NABP Executive Committee member; Wendy Anderson, program director, Colorado State Board of Pharmacy; and Lloyd K. Jessen, JD, RPh, executive director, Iowa Board of Pharmacy and NABP Executive Committee member.

Addressing Issues and Challenges With Disciplinary Reporting

During the session "Disciplinary Reporting – Who Knows What?" expert panelists led a discussion on implications and challenges faced with reporting to the Office of Inspector General. Relating the topic to lessons learned from the New England Compounding Center tragedy, panelists also discussed the types of regulations in place in their states for preventing such errors from occurring as well as the importance of inspections and staff training. Pictured from left to right: Larry L. Pinson, PharmD, executive secretary, Nevada State Board of Pharmacy; Mark D. Johnston, RPh, executive director, Idaho State Board of Pharmacy and NABP Executive Committee member; and session moderator Edward G. McGinley, MBA, RPh, NABP Executive Committee member.

Keeping Up With Prescription Drug Abuse

During the session "Prescription Drug Abuse – Staying in the Race," attendees learned about helpful programs and tools to combat this growing epidemic, such as the AWAR$_x$E® Consumer Protection Program's newly redesigned Web site, which was launched just days before the forum. Panelists also discussed the use of state prescription monitoring programs, NARxCHECK™, as well as how collaborating with the boards of medicine may help get to the root of the problem. Pictured from left to right: Jack W. "Jay" Campbell IV, JD, RPh, executive director, North Carolina Board of Pharmacy; Caroline D. Juran, RPh, executive director, Virginia Board of Pharmacy; Robert T. Cowan, CPA, CAE, chief operating officer, NABP; Lee Ann Bundrick, RPh, administrator, South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy; Josh Bolin, BA, government affairs director, NABP; and session moderator Jeanne D. Waggener, RPh, NABP Executive Committee member.

Safeguarding Prescription Drug Distribution

Panelists shared their expertise regarding the distribution of prescription drugs as well as how to overcome the challenges faced with drug shortages during the session "Wholesale Distribution – Recharging the Way." Pictured from left to right: Randy Jones, RPh, executive director, South Dakota State Board of Pharmacy; session moderator William John Cover, RPh, NABP Executive Committee member; John A. Foust, PharmD, DPh, executive director, Oklahoma State Board of Pharmacy; David Dryden, JD, RPh, executive secretary, Delaware State Board of Pharmacy; and Gregg Jones, RPh, CPh, compliance manager, NABP.

Sharing Solutions to Ease Board Challenges

Closing the meeting, panelists led a discussion on new software solutions to benefit licensees and board staff during the session "Easing Board of Pharmacy Operational Workloads and Challenges – Towing the Line." Pictured from left to right: session moderator Michael A. Burleson, RPh, NABP president; Debra L. Billingsley, executive secretary, Kansas State Board of Pharmacy; and John Clay Kirtley, PharmD, executive director, Arkansas State Board of Pharmacy.

Share Your Knowledge and Network: NABP 109th Annual Meeting Poster Session Participation Deadline Approaching

The deadline to reserve a spot as a presenter for the NABP Annual Educational Poster Session is March 8, 2013. Board of pharmacy members and staff as well as schools and colleges of pharmacy are invited to participate.

The Poster Session, which will focus on the theme "Sharing Responsibility for Public Protection," will be held Sunday, May 19, 2013, from 8 to 11:30 AM during the NABP 109th Annual Meeting, May 18-21, at the Hyatt Regency St Louis at the Arch in St Louis, MO.

The session will offer those displaying posters the opportunity to share information about their organization's latest legislative issues, technology, policy development, and/or disciplinary cases as they relate to "Sharing Responsibility for Public Protection" with other pharmacy professionals.

Participants may earn one contact hour (0.1 CEU) of Accreditation Council for Pharmacy Education-accredited continuing pharmacy education (CPE) credit for their attendance and participation. Presenters are not automatically qualified for CPE. To earn CPE, both presenters and participants must spend at least one hour interacting with other Poster Session presenters and complete a post-session test.

Posters must coincide with the Poster Session theme, "Sharing Responsibility for Public Protection." Participating boards and schools and colleges of pharmacy will be provided with one four-foot by six-foot bulletin board, which should be manned by a qualified representative, such as a registered pharmacist, during the display time. Assembly time will be available on Sunday, May 19, from 7 to 7:45 AM. Student presenters are welcome and must be accompanied by a licensed pharmacist. Pharmacy school student presenters will receive a free voucher valued at $50 to take the Pre-NAPLEX®, a practice examination for students preparing for the North American Pharmacist Licensure Examination®.

Those interested in participating should contact NABP Professional Affairs Manager Eileen Lewalski via e-mail at elewalski@nabp.net by the **Friday, March 8** deadline.

Apply for an Annual Meeting Travel Grant Today

Representatives of active member boards of pharmacy are encouraged to apply for a travel grant to attend the 109th Annual Meeting, to be held May 18-21, 2013, at the Hyatt Regency St Louis at the Arch in St Louis, MO. One grant will be awarded to a current board member or administrative officer of each active NABP member board of pharmacy, as designated by the board's administrative officer.

In years past, the travel grant was provided only for voting delegates. Although that restriction no longer applies, active member boards of pharmacy still must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions in order to receive reimbursement.

The grant was established to assist boards in sending voting delegates to the Annual Meeting so they may participate in important business including discussing and voting upon resolutions and amendments to the NABP Constitution and Bylaws, electing NABP Executive Committee members and officers, and attending educational sessions regarding current issues facing pharmacy regulators.

The Annual Meeting Travel Grant program lessens the costs for qualified individuals by providing funds for needed expenses, including travel, hotel rooms, meals, taxis, parking, and tips. Eligible individuals can receive up to $1,500 in grant monies to attend the NABP 109th Annual Meeting. The grant does not include Annual Meeting registration fees.

Grant applications may be obtained from NABP upon the direct requests of executive officers of the state boards of pharmacy. Applications can be submitted by mail to the NABP Executive Office at NABP Headquarters or via fax at 847/391-4500. NABP requests that applications be submitted prior to the Annual Meeting. All applicants will be informed of whether or not they have qualified for the grant. Last year, 40 state boards of pharmacy applied and were approved for the 108th Annual Meeting Travel Grant.

For more information on the Annual Meeting Travel Grant, contact the NABP Executive Office at execoffice@nabp.net.

Chef Jeff to Serve Up Inspiration During Keynote Address

Do federally convicted drug dealers deserve a second chance at life? By the time he was 19, Jeff Henderson was running a $35,000 a week crack-cocaine operation in Southern California. He was arrested at 24 for drug trafficking, but while serving jail time he realized he would much rather run kitchens instead of drug operations. Now known as Chef Jeff, he is an award-winning chef, television culinary star, and *New York Times* best-selling author. With hard work and dedication, Chef Jeff was able to turn his life around and become an inspiration to others.

Chef Jeff's story is one of personal and professional change. He will deliver his speech, "From the Streets to the Stove: The Power of Potential," during the First Business Session of the NABP 109th Annual Meeting, to be held May 18-21, 2013, at the Hyatt Regency St Louis at the Arch in St Louis, MO. He will inspire attendees to become a driver on the freeway toward their dreams, and give simple and effective ways to implement strategies they can use to navigate through the detours and roadblocks along the way.

Chef Jeff grew up poor, and was drawn into the life of stealing, break-ins, drug dealing, and other criminal adolescent behavior. After he was arrested, he took a job in the federal prison kitchens and developed a passion for cooking. With the help of his mentors, and through dedication and hard work, he worked among world-renowned chefs and advanced in the fine dining world, obtaining chef positions at the Coronado Island Marriott, Hotel Bel-Air, and L'Ermitage Beverly Hills in California. But it was in Las Vegas, NV, where he made history, becoming the first African-American named "Chef de Cuisine" at Caesars Palace. That same year, he received the *2001 Las Vegas Chef of the Year Award of Excellence* from the American Tasting Institute. He would go on to run several Las Vegas kitchens as executive chef, including the five-diamond Café Bellagio. With his newfound fame, Chef Jeff decided to inspire disadvantaged young adults across the country. In 2007, he launched *The Chef Jeff Project* on Food Network, where he took six at-risk young adults and gave them the opportunity to start a new life with a culinary career. He continues to inspire audiences with his story of redemption, and encourages others to reach their full potential.

Chef Jeff was named as one of *Grio's 100: History Makers in the Making*, Class of 2012, which honors African-Americans for the positive contributions they are making in shaping the futures of others. He is also the recipient of several role model and culinary awards. He is the author of *Cooked: My Journey from the Streets to the Stove* (2007), *Chef Jeff Cooks: In the Kitchen with America's Inspirational New Culinary Star* (2008), and *America I AM Pass It Down Cookbook* (2011). Chef Jeff currently co-stars on the television show, *Beat the Chefs* on Game Show Network.

Information about the 109th Annual Meeting is available in the Meetings section of the NABP Web site at *www.nabp.net/meetings.*

Online Annual Meeting Registration to Be Available in February

Online registration will be available in February 2013 for the NABP 109th Annual Meeting to be held May 18-21, 2013, at the Hyatt Regency St Louis at the Arch in St Louis, MO. Attendees are encouraged to register early to receive reduced registration rates. In order to receive the early registration rate, attendees must register **on or before April 8, 2013.** Registration will be available in the Meetings section of the NABP Web site at *www.nabp.net/meetings.*

NABP offers attendees three payment options:

1. Mailing in the payment
2. Using a credit card (American Express, MasterCard, or Visa)
3. Paying in St Louis

To maintain the accuracy of attendee information and streamline the registration process, all registration will be handled electronically. Attendees who do not have access to a computer may contact the NABP Customer Service Department at 847/391-4406. More information about the 109th Annual Meeting is available in the Meetings section of the NABP Web site at *www.nabp.net/meetings.*

Meeting Program

May 18-21, 2013 Hyatt Regency St Louis at the Arch St Louis, MO

Saturday, May 18, 2013

9 AM - 7 PM
Registration/Information Desk Open

2 - 4 PM
Pre-Meeting CPE

5 - 6 PM
Annual Meeting and District Meeting Orientation

7 - 10 PM
President's Welcome Reception
Honoring NABP President
Michael A. Burleson, RPh
Dinner will be served
Dress: business casual

Sunday, May 19, 2013

6:30 AM - 5 PM
Registration/Information Desk Open

7:30 - 8:30 AM
NABP/AWAR$_X$E Fun Run/Walk
Sponsored by Rite Aid Corporation

8 - 11:30 AM
Hospitality Brunch
Sponsored by Omnicare, Inc
Educational Table Top Displays

8 - 11:30 AM
Joint CPE
Educational Poster Session – Sharing Responsibility for Public Protection

Noon - 3:15 PM
First Business Session

12:30 - 1:30 PM
Keynote Address
Chef Jeff Henderson
Sponsored by Humana Pharmacy Solutions

3:30 - 4:30 PM
Joint CPE

Monday, May 20, 2013

7 AM - 2 PM
Registration/Information Desk Open

7 - 8:15 AM
NABP/USP Breakfast
Sponsored by United States Pharmacopeial Convention

8:15 - 10:15 AM
Joint CPE

10:30 AM - noon
Second Business Session

Noon - 12:30 PM
Informal Member/Candidate Discussion

1:30 - 5:30 PM
Optional Tour
Gateway to St Louis
Reservation Required

Tuesday, May 21, 2013

7:30 AM - 4:15 PM
Registration/Information Desk Open

7:45 - 8:45 AM
NABP Breakfast

8:45 - 10:15 AM
Executive Officer and Board Member CPE

8:45 - 10:15 AM
Compliance Officer CPE

10:30 AM - noon
Joint CPE

Noon - 1:30 PM
Lunch Break
(On your own)

1:30 - 4 PM
Final Business Session

5:45 - 6:45 PM
Awards Dinner Reception

7 - 11 PM
Annual Awards Dinner
Dress: semiformal

Note: The 109th Annual Meeting schedule is subject to change.

NABP and the NABP Foundation is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). ACPE Provider Number: 205. Participants may earn ACPE-accredited CPE credit by completing a Statement of Continuing Pharmacy Education Participation online and submitting it to NABP. Full attendance and completion of the program evaluation for each session are required to receive CPE 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.

NABP to Implement New Policy for Repeat Test Takers of NAPLEX and MPJE; Candidates to Be Permitted Five Attempts

To further protect the security and integrity of NABP examinations, as well as to conform with best practices in the field of testing and licensing, NABP will implement a new policy to limit the total number of times a candidate may sit for the North American Pharmacist Licensure Examination® (NAPLEX®) and the Multistate Pharmacy Jurisprudence Examination® (MPJE®). Beginning March 1, 2013, candidates will be permitted only five attempts to pass each examination.

The five-attempt limit for the MPJE applies to attempts to pass the MPJE within the same jurisdiction or state. For example, candidates sitting for State A's MPJE will be permitted five attempts for State A. If that same candidate is also sitting for State B's MPJE he or she will be permitted five attempts to pass the MPJE for State B.

It is important to note that notwithstanding NABP's new testing limitation for the NAPLEX and MPJE, NABP's member boards retain full authority to determine a candidate's eligibility to test for both examinations. Some jurisdictions have more stringent standards and require candidates to pass the NAPLEX and MPJE in less than five attempts. For example, per the Louisiana Board of Pharmacy's NAPLEX and MPJE requirements, if candidates fail either examination three times they are required to wait a minimum of one year from the date of the third failed exam attempt before attempting to pass that exam for the fourth time. In these instances, NABP abides by the boards' specific requirements.

For candidates who do not complete the NAPLEX or MPJE or do not achieve a score during a test session, the attempt is counted toward the maximum limit. In addition, candidates who are in the process of testing for the NAPLEX or MPJE on or after March 1, 2013, are subject to the following rules and conditions:

- Candidates who have attempted to pass the NAPLEX or MPJE five or more times will have one final opportunity to pass the applicable examination if given approval to test by a board of pharmacy.
- Candidates who have attempted to pass the NAPLEX or MPJE less than five times are subject to the new five-attempt limit.

These conditional limits to the number of times a candidate may take the examination are a result of recommendations from the Advisory Committee on Examinations, which oversees the development and administration of all NABP examination programs. These new limitations, which were approved by the NABP Executive Committee, are consistent with professional standards and practices of other organizations that test licensed professionals.

NABP believes that limiting the number of attempts candidates may have to sit for an examination will further protect the security of NABP examinations and the public health.

Prior to the five-attempt limit, the only testing limitation was the waiting period between adjacent attempts to take the NAPLEX or MPJE. These requirements are still in place.

Candidates who fail or do not complete the NAPLEX must still wait 91 days before the next attempt and candidates who fail or do not complete the MPJE must still wait 30 days before the next attempt.

The five-attempt limitation is not the first time NABP has placed a limitation on the number of times candidates can sit for an examination. Similar policies also exist with the high stakes licensing exams of other professions. In January 2012, NABP passed a Foreign Pharmacy Graduate Examination Committee™ policy that limited the number of times candidates can sit for the Foreign Pharmacy Graduate Equivalency Examination® to a maximum of five attempts.

As with all of its programs and services, NABP will continue to make enhancements to the NAPLEX and MPJE as necessary to uphold the integrity of the examinations. Additional information about both examinations, including registration and testing requirements, is available in the *NAPLEX/MPJE Registration Bulletin,* which may be downloaded from the Programs section of the NABP Web site at *www.nabp.net/programs.*

AWARXE Web Ad and Patient Resources Available to Help Educate Consumers in Your State

The AWARXE® Consumer Protection Program continues to support board of pharmacy efforts to protect the public health by raising consumer awareness about the dangers of misusing and abusing prescription drugs and the risks of ordering medications online. The AWARXE Web site provides information on the dangers of Internet drug outlets that often peddle counterfeit drugs and includes the Recommended list of VIPPS® (Verified Internet Pharmacy Practice Sites℠)-accredited Internet pharmacies.

To assist boards of pharmacy in directing consumers to this valuable information on locating the safest Internet pharmacies, an AWARXE Web ad is available for posting on board of pharmacy Web sites.

The ad will link consumers, who may have been directed to your site by another entity, to *www.AWARERX.ORG*.

In addition to accessing the list of VIPPS-accredited sites, consumers can check to see if an online drug outlet is on NABP's list of Not Recommended Sites.

Directing consumers to the AWARXE Web site can help answer their questions and reduce the volume of inquiries received by the board. Currently, the Oregon State Board of Pharmacy and the New Mexico Board of Pharmacy have placed the ad on their Web sites. As of press time, the Web ad links have directed 53 consumers from these Board Web sites to the AWARXE Web site.

Another way to alert consumers and patients in your state to AWARXE resources is by distributing AWARXE bookmarks, which include facts and invite consumers to visit *www.AWARERX.ORG* for additional information. For example, Ralph Orr, director, Virginia Prescription Monitoring Program, is distributing 200 bookmarks at various meetings.

Additionally, to help share the word about prescription drug abuse prevention efforts in your state, you may send relevant information to AWARXE for inclusion on your state's Get Local page or the AWARXE Facebook page. Information on medication disposal programs or events, or related educational events, can assist consumers in your state to prevent prescription drug misuse in their homes and communities.

Outreach to Health Care Professionals

So that more patients have access to AWARXE information, NABP staff continues outreach efforts to pharmacists and other health care professionals. On November 16, 2012, NABP staff hosted a booth at the Managed Healthcare Providers' Association (MHPA) Symposium, Oak Brook, IL, that drew over 265 health care administrators and other professionals from fields including managed care, patient wellness, and pharmaceuticals, as well as from hospital and health care systems. NABP has been communicating with this audience since last year's annual MHPA conference, by distributing two series of postcards that included Drug Enforcement Administration National Prescription Drug Take-Back Day and AWARXE information. At the 2012 MHPA Symposium, NABP participated as a silver sponsor, along with companies such as BlueCross BlueShield of Illinois, Mid3000, Humana, and United Healthcare. NABP staff hosted a booth to provide information on AWARXE and the program's available patient awareness materials. Staff also distributed AWARXE wrist wraps that highlighted *www.AWARERX.ORG* as a resource.

From December 3-5, 2012, NABP staff hosted a booth at the American Society of Health-System Pharmacists Midyear Meeting & Exhibition, Las Vegas, NV, which drew over 20,000 attendees. Staff distributed informational flyers on both the AWARXE Consumer Protection Program and CPE Monitor®, along with AWARXE airline travel pouches and a credit card holder containing a card for recording new e-Profile identification numbers. A representative from the Accreditation Council for Pharmacy Education also participated at the booth and assisted attendees wishing to register for CPE Monitor. A scan of an attendee's badge entered him or her into a drawing with a chance to win an iPad, valued at $499, or one of six $50 gift cards.

To request the AWARXE safe online pharmacies Web ad, or to request AWARXE bookmarks or flyers for an educational event, please send an e-mail to AWARERX.ORG@NABP.NET.

CPE Monitor Registration and NABP e-Profile ID Now Required; Enhancement to Provide Users with Quick Access to ID

With the passing of the January 1, 2013 deadline for all Accreditation Council for Pharmacy Education (ACPE)-accredited providers to have integrated their systems with CPE Monitor®, pharmacists and pharmacy technicians are now required by most providers to have an e-Profile ID number and date of birth (MMDD) in order to process ACPE-accredited continuing pharmacy education (CPE) credit.

My e-Profile ID Quick Search Tool

For licensees and registrants who have already created their e-Profile, NABP is creating a new query system that allows individuals to quickly retrieve their existing e-Profile ID online without having to log in. In early February, the "My e-Profile ID Quick Search" tool will be accessible from the home page of the NABP Web site, *www.nabp.net*, by clicking on the link in the top right section near the general search tool. This link will take individuals to the NABP e-Profile login page where they can access the quick search tool. All that needs to be entered to retrieve the ID is the individual's first name, last name, and username. The e-Profile ID will then display on screen. In addition, as a security measure, a separate e-mail will be sent to the individual alerting him or her that the ID was requested. The e-Profile ID will also be included in this e-mail. Please note that for the e-Profile ID query to provide a result, a licensee must have previously created his or her e-Profile and obtained an e-Profile ID.

Coinciding with the launch of the quick search tool, the CPE Monitor activity page where licensees view their CPE credits will have a new and improved look. These adjustments will create a more consistent view of activity data while allowing all data columns to fit on one page. For sections such as the universal activity number, title, and provider, licensees have the capability to view the full text by hovering over the section with their mouse.

NABP continues to encourage that all pharmacists and pharmacy technicians set up their e-Profiles in order to ensure that they do not risk missing out on any CPE credit. As a reminder, in order to ensure that the CPE Monitor portion of the e-Profile is fully activated, an individual must record at least one license, registration, or certification number in his or her e-Profile.

As of press time, more than:

- 2,000,151 CPE activity records were stored in the CPE Monitor system
- 221,279 pharmacists have created e-Profiles
- 132,426 pharmacy technicians have created e-Profiles

CPE Monitor is a national collaborative service from NABP, ACPE, and ACPE providers. To ensure that all ACPE-accredited CPE credit is accurately recorded, licensees must have an e-Profile ID and be registered for CPE Monitor. This can be accomplished by visiting *www.MyCPEmonitor.net,* creating an e-Profile, and registering for CPE Monitor.

Around the Association

Board Member Appointments

- **Albert Wong, PharmD,** has been appointed a member of the California State Board of Pharmacy. Wong's appointment will expire June 1, 2016.
- **Yagnesh Patel, RPh,** has been appointed a member of the Illinois State Board of Pharmacy. Patel's appointment will expire April 1, 2017.
- **James Stevenson, PharmD,** has been appointed a member of the Michigan Board of Pharmacy. Stevenson's appointment will expire June 30, 2016.
- **Robert Stout, RPh,** has been appointed a member of the New Hampshire Board of Pharmacy. Stout's appointment will expire September 7, 2017.
- **Leonard Petrik, PharmD,** has been appointed a member of the South Dakota State Board of Pharmacy. Petrik's appointment will expire October 1, 2015.

Board Member Reappointments

- **Gordon Mazzotti, RPh,** has been reappointed a member of the Illinois State Board of Pharmacy. Mazzotti's appointment will expire April 1, 2014.
- **T. Morris Rabb, RPh,** has been reappointed a member of the Louisiana Board of Pharmacy. Rabb's appointment will expire June 30, 2018.
- **Blake Pitre, RPh,** has been reappointed a member of the Louisiana Board of Pharmacy. Pitre's appointment will expire June 30, 2018.
- **Chris Melancon, RPh,** has been reappointed a member of the Louisiana Board of Pharmacy. Melancon's appointment will expire June 30, 2018.

Safe Compounding Resources Provided on USP Web site

In an effort to facilitate the delivery of good-quality medicines, United States Pharmacopeial Convention (USP) provides information about compounding and the role of USP standards for practitioners, patients, associations, and regulatory bodies on the USP Compounding Standards & Resources page of the USP Web site at *www.usp.org/usp-healthcare-professionals/compounding*. The page includes a link to the USP General Chapter <797> Pharmaceutical Compounding – Sterile Preparations, which may be downloaded free of charge.

ASHP Offers Provider Resources on Safe Compounding

The American Society of Health-System Pharmacists (ASHP) provides several resources to help pharmacists and other providers address the new responsibilities and demands resulting from the fungal meningitis outbreak caused by contaminated methylprednisolone acetate injection compounded by New England Compounding Center. The ASHP Sterile Compounding Resource Center, available at *www.ashp.org/sterilecompounding*, includes tools to help ensure that sterile products are safe for patients such as the "Outsourcing Sterile Products Preparation: Contractor Assessment Tool" and publications such as a checklist of Eight Critical Steps Related to Sterile Compounding Services.

FDA Discusses Rescheduling of Hydrocodone Combination Products

On October 29 and 30, 2012, the Food and Drug Administration (FDA) Drug Safety and Risk Management Advisory Committee met to discuss the potential for abuse of hydrocodone combination products in order to reach a recommendation regarding whether the drugs should be reclassified as Schedule II. The committee focused on four questions during the meeting:

- Is the pharmacology and epidemiological data sufficient to demonstrate that abuse potential is equal to Schedule II products?
- Do they have recommendations for implementing approaches to reduce abuse and misuse?
- What is the impact of rescheduling on appropriate patient access?
- Should the product be rescheduled?

The advisory committee's decisions will inform FDA's ultimate recommendation to the Assistant Secretary for Health. A scientific and medical evaluation and scheduling recommendation for drugs containing hydrocodone either combined with other analgesics or as an antitussive, was requested of FDA by the Drug Enforcement Administration, as the agency is considering whether to reschedule the products to Schedule II under the Controlled Substances Act. Currently hydrocodone combination products are Schedule III drugs. An FDA Briefing Document, available at *www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/DrugSafetyandRiskManagementAdvisoryCommittee/UCM325708.pdf*, presents reviews and data that were considered by the committee. A meeting overview is also available on the FDA Web site at *www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/DrugSafetyandRiskManagementAdvisoryCommittee/UCM325711.pdfl*.

FDA Provides New Drug Info Rounds Training Videos

FDA Drug Info Rounds, a series of online training videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better medication decisions. In the latest Drug Info Rounds training videos pharmacists discuss medication errors and how FDA educates the public about medication error prevention through public health advisories, medication guides, and outreach partnerships with other organizations, as well as requirements for providing Medication Guides.

Drug Info Rounds is developed with contributions from pharmacists in the FDA's Center for Drug Evaluation and Research, Office of Communications, and Division of Drug Information. The videos are available on the FDA Drug Info Rounds page of the FDA Web site at *www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm*.

Report Highlights Role of Pharmacist in Medication Adherence

The importance of medication adherence in reducing hospital readmissions and the role of the pharmacist are highlighted in a new report from NEHI. The report, "Thinking Outside the Pillbox: Improving Medication Adherence and Reducing Readmissions," indicates that post-discharge drug-related adverse events and lack of medication adherence are both factors that drive high readmission rates. The report describes models of discharge planning that include collaboration with hospital and community pharmacists, and that may help hospitals reduce readmission rates. The report is available on the NEHI Web site at *www.nehi.net/publications/76/thinking_outside_the_pillbox_improving_medication_adherence_and_reducing_readmissions*.

Alabama Classifies Propofol as CIV

The Alabama State Committee of Public Health approved the scheduling of the anesthetic propofol to Schedule IV of the Alabama Controlled Substances List.

Propofol has an appropriate medical usage to sedate people quickly for surgeries, but its potential for misuse led to the scheduling of this fast-acting drug. The new scheduling became effective August 27, 2012.

Missouri Adopts Laws for CS Prescribing and Asthma Drugs

A new Missouri law addresses receipt of legend drugs by licensees and controlled substance (CS) prescribing practices. HB 1563 authorizes licensees to receive legend drugs from entities not licensed or registered with the Missouri Board of Pharmacy, as provided by the Board rule. HB 1563 also amended Missouri law governing CS prescribing practices.

Missouri regulations have also been updated to authorize school districts to obtain asthma rescue medications. Section 167.635, RSMo, was amended to authorize school districts to obtain "asthma related rescue medications" by prescription. To be valid, the prescription must be issued by an authorized practitioner with the school district designated as the patient. Additionally, the name of a school nurse must be included on the prescription. Effective August 28, 2012, pharmacies may fill a valid prescription that complies with §167.635, RSMo. The Board notes that the law does not define "asthma related rescue medications" and that pharmacists should utilize their professional discretion when filling prescriptions under the new law.

The Missouri Board of Pharmacy's 2012 Regulatory and Legislative Update Webinar is now available online and provides general information regarding these state legislative changes that became effective on August 28, 2012. A Bureau of Narcotics and Dangerous Drugs guidance statement about the changes related to HB 1563 is also available. These resources may be found on the Compliance page of the Board's Web site at *http://pr.mo.gov/pharmacists-compliance-initiative.asp.*

Oregon Board Adopts Drug Outlet Conduct Rules

The Oregon State Board of Pharmacy's Working Conditions Survey was conducted in July 2011. The survey was provided electronically to 4,813 Oregon-licensed pharmacists and the Board received 1,401 responses for a response rate of 29%. The Board has posted the survey results on its Web site at *www.oregon.gov/pharmacy/Imports/OBOP-Pharmacy_Working_Conditions_Survey_Results11.11.pdf.*

Earlier this year, in response to information collected in the survey, the Board adopted new rules addressing the operation of Oregon pharmacies to ensure patient safety. Following is a summary of the significant provisions of OAR 855-041-0016:

1. Prohibits advertising or soliciting that may jeopardize patient health, safety, or welfare;
2. Prohibits advertising that is false, fraudulent, deceptive, or misleading;
3. Prohibits the outlet from incenting or inducing the transfer of a prescription absent professional rationale;
4. Requires the outlet to provide sufficient personnel to prevent fatigue, distractions, or conditions that interfere with a pharmacist's ability to practice safely;
5. Requires the outlet to provide opportunities for uninterrupted rest periods and meal breaks;
6. Requires the outlet to provide adequate time for a pharmacist to complete professional duties and responsibilities; and
7. Prohibits introduction of external factors such as productivity quotas or programs such as time limits that interfere with the pharmacist's ability to provide appropriate professional services.

The complete text of the rule can be found on the Board's Web site at *www.oregon.gov/pharmacy/pages/laws_rules.aspx#2012_RULE_CHANGES.*

South Carolina Pharmacists Permitted to Administer Flu Vaccine Without Rx from Practitioner

Currently, the only legend products pharmacists can prescribe in South Carolina are the injectable and nasal influenza vaccines, and epinephrine or diphenhydramine for an allergic reaction from the vaccine given under the South Carolina protocol. The South Carolina Board of Medical Examiners recently approved the intradermal injection of the flu vaccine to be included in the state protocol.

The South Carolina Protocol for Administration of Influenza Vaccine by Pharmacists is the only protocol that is approved for this state. The administration of influenza vaccines pursuant to this protocol must not be to any persons under the age of 18 years. If the pharmacist uses the state protocol, the pharmacist becomes the practitioner. The pharmacist administering the influenza vaccine must make a prescription to account for the vaccine dispensed and the pharmacist must have a National Provider Identifier number as the practitioner for each prescription administered under the South Carolina influenza vaccine protocol.

A protocol signed by a company medical director does not meet the practitioner/patient relationship requirement; therefore, the South Carolina Board of Medical Examiners protocol must be used. Additional details and related provisions are included in the November 2012 *South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy Newsletter* available at *www.nabp.net/publications/assets/SC112012.pdf.*

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