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Member, District 5

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Member, District 6

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Member, District 7

Richard B. Mazzoni
Member, District 8

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

Innovations

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NABP Mission Statement

NABP is the independent, international, and impartial association that assists its member boards and jurisdictions for the purpose of protecting the public health.

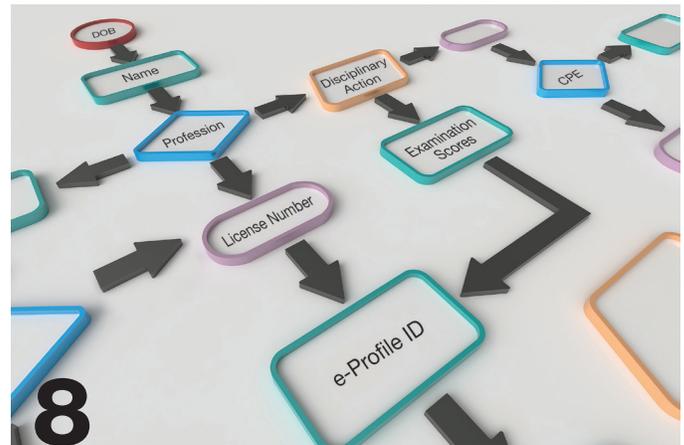
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2018-2019 NABP Executive Committee Open Positions Announced; Elections to Take Place at 114th Annual Meeting

Officers and members of the 2018-2019 NABP Executive Committee will be elected in May 2018 during the 114th Annual Meeting in Denver, CO. Open officer positions include president-elect and treasurer. The open member positions are for Districts 1, 6, and 7.

The treasurer serves a one-year term, while the individual selected as president-elect makes a three-year commitment to the Association. Following one year as president-elect, he or she serves one year as the NABP president before assuming the responsibilities of chairperson of the Executive Committee for the final year.

Officer Nominations

Individuals interested in running for an open officer position must submit written notification including a letter of intent, the expiration date for their term on the active member board, and a résumé or curriculum vitae to the NABP executive director/secretary at least 45 days prior (**by March 22, 2018**) to the Annual Meeting's First Business Session.

As of press time, NABP has received the following nominations for the open officer positions:

President-elect (one-year term)

- Jack W. "Jay" Campbell IV, JD, RPh, North Carolina

Treasurer (one-year term)

- Timothy D. Fensky, RPh, DPh, FACA, Massachusetts

Member Nominations

Each district has the opportunity to nominate up to two candidates at the respective district meetings.

As of press time, the following candidates have been nominated for the Executive Committee member positions by their districts:

District 1 (one-year term)

- Leo J. Lariviere, MS, RPh, Rhode Island
- Gary J. Merchant, MBA, RPh, New Hampshire

District 6 (three-year term)

- Lenora Newsome, PD, Arkansas

District 7 (three-year term)

- Nicole L. Chopski, PharmD, CGP, ANP, Idaho

In addition to the nominations made by the districts for the open member positions, individuals may seek to become a candidate by providing written notice to the NABP executive director/secretary. The written notice must include a letter of intent, the expiration date for their term on the active member board, and a résumé or curriculum vitae. Written notice must be submitted after the relevant district meeting, but received no later than 45 days prior (**by March 22, 2018**) to the Annual Meeting's First Business Session, as stated in Article IV, Section 3(c)(ii) of the NABP Constitution and Bylaws. Only those individuals who have been determined by NABP to meet all qualifications for the open member positions will be placed on the ballot.

As of press time, the following candidate has been nominated pursuant to this process:

District 6 (three-year term)

- Christopher M. Dembny, RPh, Texas

Qualifications and Voting Procedures

Candidates for open Executive Committee officer and member positions must meet the following criteria:

- The individual must be an affiliated member (administrative officer or board member) of the Association currently serving on a board of pharmacy of an active member state at the time of nomination and election.
- The individual must not, in addition to his or her board of pharmacy activities, currently serve as an officer, official, or board or staff member for any national or state pharmacy organization.
- The individual must not have a conflict of interest with the purpose, mission statement, and operation of NABP.

During the First Business Session of the Annual Meeting, NABP President Jeanne D. Waggener, RPh, DPh, will announce the candidates for the open Executive Committee officer positions and the nominees selected by the districts for the open member positions. The president will also announce any additional candidates who have submitted the required materials to run for office by the specified deadlines and have been qualified by NABP. The final ballot for the Executive Committee election will include all the individuals announced during the First Business Session.

During the Annual Meeting, time will be designated for candidate speeches

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Flotsam and Jetsam



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

“Boards of pharmacy regulate pharmacists and technicians who work in conjunction with other licensed professionals in providing care to patients.”

Boards of pharmacy regulate pharmacists and technicians who work in conjunction with other licensed professionals in providing care to patients. The interactions among these licensees form the basis for each professional to contribute expertise into the health care decision-making process. In most cases, such licensees are “related” in that the patient relies on the medical team to determine the appropriate care. In addition, these professionals may have overlapping scopes of practice that enhance the care provided and add a measure of legal and regulatory checks and balances. At times, the ultimate decision maker and responsible party may be difficult to decipher. Consider the following.

The Delaware Department of Corrections (DOC) has multiple facilities that house persons convicted of crimes and sentenced to incarceration. The DOC has two vendors relevant to this matter. Connections Community Support Programs, Inc (Connections), provides medical care for inmates. Correct Rx Pharmacy Services, Inc (Correct Rx) provides pharmacy operations for the DOC. According to the judicial opinion, the Correct Rx location relevant to this case is not a pharmacy, but is a “medicine room” where medications are administered to patients.

Connections employs nurses and nursing supervisors at the James T. Vaughn Correctional Center (JTVCC). Connections also employs a chief medical officer (referred to as Respondent Physician). Correct Rx maintains a pharmacy warehouse in Maryland and delivers medications to the various DOC locations.

Relevant to this matter are a Correct Rx pharmacist (referred to as Correct Rx Pharmacist) located at the JTVCC, and her supervisor, a pharmacist located at the corporate office in Maryland (referred to as Pharmacist Supervisor).

One inmate (referred to as Patient) was housed at the JTVCC. He was diagnosed with hepatitis C and prescribed Sovaldi®, an expensive pill. Each Sovaldi pill costs \$1,000, and is sold only in lots of 28. The infectious disease physician prescribed the administration of one tablet per day for 84 days. While not a narcotic, the pills’ count and distribution are tightly controlled based upon their expense.

On March 17, 2015, a Connections nurse spilled 12 Sovaldi tablets onto the floor. As trained, the nurse “wasted” the pills by placing them in the “sharps” container, a box intended for biohazard materials. In an attempt to maintain the course of treatment, the nurse contacted the Correct Rx Pharmacist to request a refill. The Correct Rx Pharmacist contacted the Pharmacist Supervisor regarding the request and what transpired thereafter was the subject of debate. According to the court, the Pharmacist Supervisor asked the Respondent Physician to retrieve the pills from the sharps container. Next, the Respondent Physician directed the nurse supervisor to retrieve the pills. The nurse supervisor and the director of nursing located the sharps container and emptied its contents. Among the “flotsam and jetsam” emptied from the container were diabetic syringes with safeties engaged, and an equal number of diabetic test strips and lancets. Additional unidentifiable materials were also mixed into the contents.

The nurse and her supervisor inspected the pills with the Correct Rx

Pharmacist. Apparently, the Correct Rx Pharmacist had inspected various pills 20-25 previous times to “determine if they had been ‘tampered with, altered, split’ or had been ‘checked’ in a human mouth.” According to the court, each relevant person knew about the situation and history of the pills. The Respondent Physician determined to leave it to the Correct Rx Pharmacist and Pharmacist Supervisor as to whether the pills could be administered to the Patient as “they are the subject matter experts.”

The pills were determined to not have been compromised, and they were returned to the lot and administered to the Patient. There were no ill effects to the use of the pills. The Patient was ultimately notified of the incident.

The nurse that spilled the pills, unhappy with the decision to reuse the medication, filed a complaint with the Delaware Division of Professional Regulation against the two other nurses involved in the incident. After some investigation, the Delaware Department of Justice (which represents the division in administrative prosecutions) lodged a complaint against the Respondent Physician. The complaint alleged that the Respondent Physician acted unilaterally in deciding to reuse the pills, which constituted “dishonorable or unethical, or other conduct likely to deceive, defraud, or harm the public.” She was charged with unprofessional conduct, including incompetence in the practice of medicine.

The factual determinations made by the hearing officer were that in addition to the Respondent Physician, both pharmacists were aware that the pills had been removed from the container and reused. The Respondent

Physician presented expert testimony with “impressive credentials in the subspecialty of Infectious Diseases.” These experts opined that the administration of wasted Sovaldi pills was acceptable practice despite their “adventure” in the sharps container. The prosecution did not present any expert witnesses.

Although there was no harm to the Patient, the hearing officer found that the likelihood of harm analysis does not require actual harm. According to the hearing officer, the Respondent Physician had the authority to overrule the pharmacists but chose not to do so. Thus, this failure to overrule others in the decision making of the reuse of the pills caused a risk of harm that substantiated an administrative sanction. According to the court, the hearing officer never explained this “standard” and neither party argued nor created a record identifying and defining such a standard.

The Respondent Physician appealed the hearing officer’s findings to the Delaware Board of Medical Licensure and Discipline (Board). In its analysis, the Board modified the conclusions of law and added that the Respondent Physician violated a Board rule that allows for disciplinary action where a licensee “engaged in an act tending to bring discredit upon the profession.” This rule was not part of the charges levied against the Respondent Physician and was not argued by either side before the hearing officer.

On appeal, the Superior Court held that the legal conclusion that the Respondent Physician engaged in conduct “harmful to the public” was not supported by the evidence. As noted by the court, the hearing officer “conceded as much, finding instead

that [Respondent Physician] breached a duty to overrule a pharmacist, a duty neither charged nor proven up at the hearing.” Furthermore, the court held that the Board may not *sua sponte* (of its own accord) amend a charge against the Respondent Physician as such violates fundamental due process to which parties are entitled. Respondents are entitled to fair notice and an opportunity to be heard, “not a post hoc, post hearing, duty to overrule a pharmacist that was never presented or argued, or an ‘oh by the way’ regulatory violation apparently conceived by the Board after the hearing, after the briefing, after the arguments, while the Board deliberated privately.”

Based upon these conclusions, the court reversed and remanded the matter for consideration by the Board as deemed appropriate. The court also stated that “[w]e have no opinion whether the reusing of pills from a sharps container brings discredit on the profession or should be lauded as a wise use of taxpayer money. Arguments can be made on both sides, none of them were fleshed out below precisely because [Respondent Physician] was not notified that the conclusion was possible.”

While this case addresses fundamental notice and opportunity to be heard and due process issues, the facts and emphasis on the roles of the nurses, pharmacists, and physicians create fascinating questions concerning decision making and authority (or responsibility) to overrule one another.

Spraga v. Delaware Board of Medical Licensure and Discipline, 2017 Del Super LEXIS 384 (Superior Ct DE 2017). ■

Boards' Efforts in Reporting Disciplinary Data Maintains NABP Clearinghouse As Valuable Resource

During the third quarter of 2017, the state boards of pharmacy reported a total of 1,923 disciplinary actions to the NABP Clearinghouse. The majority of the actions were taken against pharmacists, pharmacies, and pharmacy technicians.

The three disciplinary actions most reported during third quarter 2017 were publicly available fine/monetary penalty (666 actions or 34.6%), license or certificate restored or reinstated, complete, conditional, partial, or denied (214 actions or 11.1%) and probation of license (141 actions or 7.3%).

Of the 1,871 bases cited in third quarter 2017, violation of federal or state statutes, regulations, or rules

(496 bases or 26.5%), defaulting on health education loan or obligations (171 bases or 9.1%), and diversion of a controlled substance (149 bases or 8%) were the top reasons why disciplinary actions were taken during the period.

As stated in the NABP Constitution and Bylaws, participation in the Clearinghouse is required as part of a board of pharmacy's membership to the Association. Timely reporting to the Clearinghouse is essential to maintaining the integrity of



the licensure transfer program. Boards may access the Clearinghouse using NABP e-Profile Connect. ■

Open Positions

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and/or speeches given on the candidates' behalf for open Executive Committee officer and member positions. Individuals giving candidate speeches must be affiliated members of NABP, and a maximum of two speeches may be given for each candidate, including the candidate's own speech. Individuals giving speeches must limit their remarks to two minutes.

Voting will take place during the Final Business Session. Candidates, whether running opposed or unopposed, must receive a majority of the delegate votes present in order to be elected to office. If more than two candidates are slated for office, the candidate(s) receiving the fewest votes will be eliminated from subsequent ballots. The results of the election will be announced immediately, and an installation ceremony will be conducted for the new officers and members of the 2018-2019 Executive Committee. Terms commence immediately following the Annual Meeting.

More information about the procedures for nominating and electing Executive Committee officers and members is available in Article IV, Sections 3(b) and 3(c) of the NABP Constitution and Bylaws. Updates to the list of nominations will be posted in the About/Executive-Committee section of the NABP website at www.nabp.pharmacy. More information on the 114th Annual Meeting is available on pages 12-16. ■



Next FPGEE Administration Is April 18, 2018

Information about registering for and scheduling the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) is available to candidates in the Programs section of the NABP website at www.nabp.pharmacy. ■

Task Force on the Definition of a Patient-Pharmacist Relationship Convened in September 2017



The Task Force on the Definition of a Patient-Pharmacist Relationship met on September 18-19, 2017, at NABP Headquarters, to examine the adoption of a definition of a patient-pharmacist relationship. Pictured are (seated, left to right) Sam Lanctin, BScPharm, MBA, New Brunswick College of Pharmacists; Steven Saxe, RPh, FACHE, Washington State Pharmacy Quality Assurance Commission; Christian Tadrus, PharmD, RPh, AE-C, Missouri Board of Pharmacy; Timothy R. Koch, RPh, CHC, Arkansas; (standing, left to right) Deena Speights-Napata, MA, Maryland Board of Pharmacy; Donna S. Wall, PharmD, RPh, Indiana Board of Pharmacy; Ralph Loomis, MD, Federation of State Medical Boards (guest); Fiona Karbowicz, RPh, Oregon State Board of Pharmacy; Sabrina Beck, PharmD, RPh, Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit; Cynthia “Cindy” Warriner, RPh, Virginia Board of Pharmacy; Susan Ksiazek, RPh, NABP Executive Committee liaison; Dennis F. Wiesner, RPh, Texas State Board of Pharmacy (chairperson); Leo Lariviere, MS, RPh, Rhode Island Board of Pharmacy; Dennis K. McAllister, RPh, FASHP, Arizona State Board of Pharmacy; and Jeffrey Mesaros, MS, PharmD, JD, RPh, Florida Board of Pharmacy. ■

NABP Seeks Committee and Task Force Volunteers

NABP is seeking volunteers from its active member boards of pharmacy to serve on the 2018-2019 committees and task forces. Executive officers and current board members, including public members, interested in serving on a committee or task force are encouraged to submit an application and a recent résumé or curriculum vitae. Board of pharmacy staff interested in

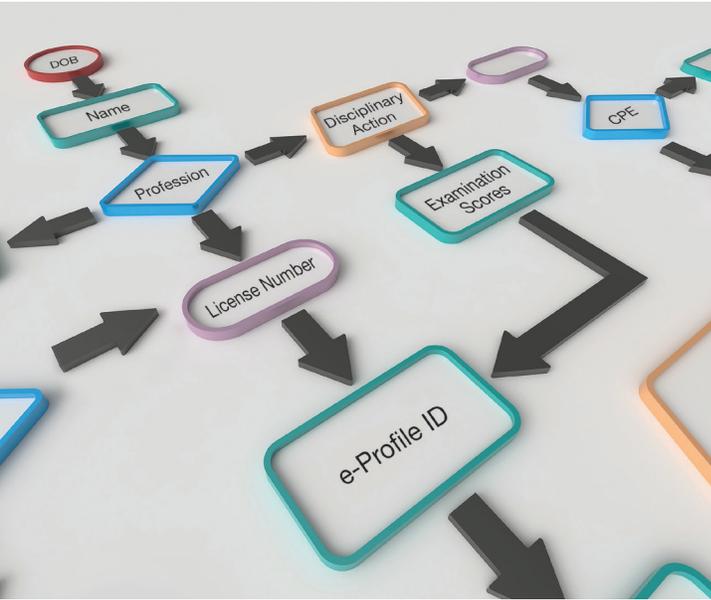
volunteering for NABP task forces are also encouraged to apply.

All submissions must be sent to NABP Executive Director/Secretary Carmen A. Catizone at NABP Headquarters or ExecOffice@nabp.pharmacy by **Friday, June 8, 2018**. All materials will be forwarded to NABP President-elect Susan Ksiazek, RPh, who will make the

appointments when she becomes NABP president following the Association’s 114th Annual Meeting.

A link to the online interest form is available for download on the Task Force Reports page in the Publications and Reports section on the NABP website at www.nabp.pharmacy. ■

Member Boards, NABP Working Toward Seamless, *Automatic Data Exchange*



“NABP has been collaborating with state boards of pharmacy on two projects that are helping to lay the groundwork for automated data-exchanges to start being deployed later in 2018.”

Picture this scenario: A pharmacist with an existing license in one state is applying for licensure in a second state. She submits her Electronic Licensure Transfer Program® application to NABP for review and, after all information is verified, the board of pharmacy considering her application will be notified via NABP e-Profile Connect. There, the board will be able to see a snapshot of her professional status and history: her graduation date, her licensure examination test scores, her current licensure status, the existence of any disciplinary infractions.

The board grants her licensure, entering her into their own system and automatically, the pharmacist’s NABP e-Profile is updated with the new information. The first board, through its connection to NABP e-Profile Connect, also has access to the information pertaining to the new license, including any new disciplinary actions, should they occur. The automatic data exchange has streamlined the licensure process, reduced administrative burdens, and eliminated the need to identify the licensee using sensitive information, such as a social security number. Moreover, it has done so at no additional cost to the board of pharmacy or the licensee.

NABP is currently working to realize this ideal as it works with several boards to develop standards, synchronize data, and, finally, test the rollout of automatic data exchanges between the state boards of pharmacy and NABP. The system has significant potential to streamline the data exchange process between the boards and NABP. Much of the work that currently requires a staff member to initiate or complete, and involves logging onto specific portals or performing other activities that can disrupt workflow, may be accomplished automatically in many cases, and within a board of pharmacy’s regular software.

NABP has been collaborating with state boards of pharmacy on two projects that are helping to lay the

groundwork for automated data-exchanges to start being deployed later in 2018. One project is laying the technical groundwork for data exchange by discussing workflow requirements and setting standards. In the other project, states are looking ahead to the next stage in the process, collaborating with NABP to synchronize their data using licensees' e-Profile IDs, so they will be ready to implement data exchange when it goes live.

Indeed, the key to seamless data exchange is each licensee – whether pharmacist, pharmacy technician, or facility – creating an NABP e-Profile and obtaining an e-Profile ID. As discussed in the November/December *Innovations*, which was part one of this article series, “NABP and Member Boards Partner on Data Sharing Initiatives, Prepare for Future Enhancements to e-Profile Connect,” the NABP e-Profile ID contains a plethora of data that boards use as they grant licenses and ensure that licensees are maintaining appropriate professional and public safety standards. Information contained in the e-Profile includes data obtained from the licensee (or applicant), the state boards of pharmacy, and NABP: demographics, current and previous licenses and licensure status, examination information, disciplinary history, continuing education, and graduation date. To date, as noted in the last issue's article, 10 states already require their licensees to obtain an e-Profile ID for licensure. In mid-2018, states can also begin requiring facilities to obtain e-Profile IDs, along with pharmacists and pharmacy technicians; facilities' e-Profiles will contain such information as demographics, ownership, current and previous licenses and licensure status, accreditation history, inspections (either via the Verified Pharmacy Program® or Multistate Pharmacy Inspection Blueprint Program), and disciplinary history.

Setting Standards

As in any major data-exchange project, when different, disparate systems are being asked to blend seamlessly, much behind-the-scenes work must be done first. As a vital preliminary phase of data-exchange pilot programs, NABP has been working with the pharmacy boards of North Carolina, Ohio, and Pennsylvania, meeting as a group to resolve many of the behind-the-scenes technical questions addressing the standards and rules that will govern the data exchange, developing a common understanding of how the boards' and NABP's systems will accept information. The standards address such issues as what information is transmitted and how to validate transmissions, and also examine procedural questions, such as what to do if data transmitted does not fit within a typical range, or if a record does not match, or if the web service fails. They allow both the boards and NABP to work out and agree on how the information will flow into their respective software systems.

Once common standards have been established and workflow systems and rules have been agreed upon, the software used by NABP and the pilot project boards can then be updated and modified to enable data exchange. The finalized standards will be available to all states to enable them to ready their systems to join the data exchange; NABP will work with states to address any issues raised by individual software differences. Meanwhile, NABP will continue to work with pilot project boards to further develop the data exchange system as it is deployed, and work out any issues that develop.

Data Synchronization

Standard setting lays the foundation for automatic data exchange. As part of this process, NABP has been

working with two states – Kansas and Virginia – to synchronize board data with NABP data using the NABP e-Profile ID. This synchronization ensures that each unique identifier corresponds to one, unique licensee that is the same across both databases.

Matching licensee profiles gives the additional benefit of providing the boards with a quality assurance check by validating licensee information, allowing the boards (in collaboration with NABP) to identify and fix discrepancies, errors, and outdated information. In addition, by ensuring that every licensee in NABP's system matches board records, the boards will see expedited reporting for standard exchanges such as examination scores or Clearinghouse/ National Practitioner Data Bank information, even before automatic data exchange is available.

Boards that are not ready or do not wish to implement data exchange will still be able to access e-Profile data through NABP e-Profile Connect. In addition, boards will still have the opportunity to build custom reports to audit pharmacists and pharmacy technicians for CPE compliance through e-Profile Connect. Over time, as boards modify their software to allow automated communications – time, cost, and error will be removed from the data exchange equation, benefiting the public by improving boards' ability to make the best-informed licensure-related decisions.

By leveraging technology and the information available through NABP's and the boards' databases, e-Profile Connect has the potential to allow the boards to significantly automate and streamline many of their licensing processes, benefiting all concerned. NABP will continue to provide updates as automated data exchanges become a reality. ■

NABP Receives Global Patient Safety Award

The Alliance for Safe Online Pharmacies (ASOP Global) named NABP and two congressmen as the recipients of the 2017 Global Patient Safety Champions award. ASOP Global recognizes NABP as a leader in patient safety and highlights its efforts of protecting consumers from rogue online pharmacies through its Verified Internet Pharmacy Practice Sites® program and the .Pharmacy Verified Websites Program. The other 2017 award recipients include the Honorable Michael C. Burgess, MD (R-TX-26), and the Honorable Eugene Green (D-TX-29). More details are available in ASOP Global's news release, which is available at buysaferx.pharmacy/asop-advocacy. ■



Martin "Marty" Allain, .pharmacy senior manager, NABP (right), accepted a 2017 Global Patient Safety Champions award on behalf of NABP from ASOP Global Executive Director Libby Baney (left) during an October 2017 reception.

Tri-Regulator Collaborative Position Statements Addressing EHRs, Practitioner Burnout Available Online

Two position statements drafted and approved by the Tri-Regulator Collaborative, the governing boards of the Federation of State Medical Boards (FSMB), NABP, and National Council of State Boards of Nursing (NCSBN), are available in the Publications and Reports section of the NABP website at www.nabp.pharmacy. The "Tri-Regulator Collaborative Position Statement on Electronic Health Records" (EHRs) calls for improving interoperability and uniformity of use of EHRs. In the "Tri-Regulator Collaborative Position Statement on Practitioner Wellness," the Tri-Regulator Collaborative expresses its commitment to identifying and preventing practitioner burnout. ■



Newly Accredited VAWD Facilities

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

Biocompatibles, Inc
West Conshohocken, PA

Bound Tree Medical, LLC
Elizabethtown, PA

BTG International, Inc
West Conshohocken, PA

**Corporate Mailings, Inc, dba
CCG Marketing Solutions**
Towaco, NJ

Dr Reddy's Laboratories, Inc
Princeton, NJ

**Duchesnay USA, Inc, dba
Analog Pharma**
Rosemont, PA

Elanco US, Inc
Greenfield, IN

**Giant Eagle, Inc, dba Giant
Eagle RX Distribution Center**
Freedom, PA

**McKesson Plasma and
Biologics, LLC**
Murfreesboro, TN

PharmaLink, Inc, dba PharmaLink
Largo, FL

Tri-anim Health Services, Inc
Elizabethtown, PA

**Trinity Health Corporation, dba
Trinity Health**
Fort Wayne, IN

UPS Supply Chain Solutions, Inc
Pedricktown, NJ

Vernalis Therapeutics, Inc
Berwyn, PA

A full listing of more than 600 accredited VAWD facilities is available on the NABP website at www.nabp.pharmacy.

NABP Continues to Educate Stakeholders, Highlights How PMP InterConnect Facilitates Interoperability

The Association continues to educate health care providers and pharmacists about NABP PMP InterConnect® and how the initiative is facilitating interoperability and interstate data sharing between state prescription monitoring programs (PMPs) and ultimately providing a more effective means of combatting the nation's opioid epidemic.

In October 2017, NABP staff participated in the 2017 Surescripts Customer Forum, an annual event held by Surescripts to discuss its health information network, the challenges customers may be experiencing with interoperability and potential solutions, and what is happening in the industry. This year's event focused on actionable intelligence that can be delivered to care providers as a result of interoperability and specifically how better actionable intelligence leads to better decisions for improved health care. Attendees included representatives from health systems, electronic health records vendors, pharmacy benefit managers, and pharmacies.

NABP staff also participated in the 2017 Surescripts Customer Forum's panel discussion "Intelligent Approaches to Fighting Opioid Abuse," during which industry leaders examined the rise of

the opioid epidemic, advocacy and awareness campaigns designed to save lives, and promising strategies and technologies that incorporate the use of smart data. NABP staff answered questions about the Association's efforts to assist its members in responding to the opioid crisis, as well as provided general information about the overall operation of PMPs and PMP InterConnect, and PMP Gateway, a service that works with PMP InterConnect to automate requests for a patient's PMP data, bringing it into the workflow of health care providers' electronic health information systems, including pharmacy and hospital systems.

Also in October 2017, NABP staff participated in National Health IT Week. Sponsored by the Office of the National Coordinator for Health Information Technology (ONC), National Health IT Week is a nationwide awareness week that focuses on the value of health care IT. During the Nationwide Interoperability Update Panel Discussion, panelists, which included NABP staff, discussed the success of ONC-sponsored pilot programs that integrated health systems with states' PMP systems via a direct connection to PMP InterConnect. Specifically, the pilot made prescription drug use data



available to providers and pharmacists when treating patients in ambulatory and emergency departments. These pilot efforts, launched in 2012, and other pilots supported by ONC led to the development of PMP Gateway.

To date, 45 states have signed a memorandum of understanding with NABP to participate in PMP InterConnect, and 42 of those states are now live: Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, and Wisconsin.

NABP is continuing to work with other states to facilitate their participation in PMP InterConnect. More information about the program is available in the Initiatives section on the NABP website at www.nabp.pharmacy. ■

NABP Joins Global Coalition to Raise Awareness About Fake Medicines

On October 23, 2017, NABP became a partner in the Fight the Fakes campaign, joining 34 other organizations who are committed to raising awareness of the prevalence and dangers of falsified or counterfeit medicines worldwide. The campaign aims to show the negative impact that fake medicines have on people around the globe and to reduce the harmful consequences of this public health threat. NABP and the organizations that have partnered to share the Fight the Fakes message have a common goal to protect public health. In addition, the campaign

also fits with NABP's efforts to fight rogue internet pharmacies that threaten patient safety with the spread of fake medications. A press release on this partnership can be found in the Updates section of the Fight the Fakes website at www.fightthefakes.org. ■



Denver Revisited: Annual Meeting Offers Opportunity to Reflect on NABP History, Shape the Future of the Association



Photo courtesy of VISIT DENVER

For the first time since 1942, NABP will host the Association's Annual Meeting in Denver, CO. Attendees will have the opportunity to explore unique attractions and enjoy the spectacular mountain surroundings of the "Mile-High City" after participating in important business and continuing pharmacy education sessions. Themed "To Climb Upward, We Must Think Forward," the 114th Annual Meeting will be held May 5-8, 2018, at the Hyatt Regency Denver at Colorado Convention Center.

“For the first time since 1942, NABP will host the Association's Annual Meeting in Denver, CO.”

1942 – A Look Back

In 1942, NABP held its 39th Annual Meeting on August 17-18 at the Shirley-Savoy Hotel in downtown Denver. During that time, Paul Molyneux of Alabama was serving as president. Because of the United States' entry into World War II in December 1941, much of the meeting's discussion focused on the impact of war on pharmacy practice in the US. In his address to the membership, Molyneux covered topics such as the expected decline in reciprocal licensure applications resulting from the high number of pharmacists registered for the draft and the ensuing loss of income for the Association. Molyneux also noted the Executive Committee's support of a set of ground rules adopted by the American Council for Pharmaceutical Education (now called the Accreditation Council for Pharmacy Education) for accelerated courses in pharmacy, in preparation for a possible shortage of pharmacists during wartime. Numerous speakers during the 39th Annual Meeting also urged attendees to support a pending federal bill that would establish a Pharmacy Corps in the US Army.

Issues unrelated to the war effort were also debated at the 39th Annual Meeting, such as concerns about the marketing of chemical-containing vitamins as a food product and the need to prohibit their sale and distribution by grocery chains, general stores, and beauty parlors. However, the war proved to be an all-encompassing issue, as evidenced by a resolution adopted at the meeting, recommending "That a Committee on War Activities, consisting of five members, be appointed to consider and report to the Executive Committee on all proposals concerned with the relation of Boards of Pharmacy to the prosecution of the war."

Also in 1942, Past President Patrick H. Costello of Illinois was elected secretary of NABP, succeeding Henry C. Christensen of Illinois, who had served as secretary for 28 years. Marking further change for the

Association in 1942 was the relocation of NABP's offices from Wells Street in downtown Chicago, IL, to 77 West Washington Street, just three blocks away, which would serve as the Association's headquarters until 1975.

Just as Denver was the site of forward-thinking debate and change for the Association, NABP members have much opportunity to impact the future of the Association and patient safety at this year's Annual Meeting.

Dynamic Denver

Much of Denver's development has been shaped by its location, with the Rocky Mountains bordering the city's western edge and the Great Plains ending at its eastern boundary. The city survived numerous disasters in its early days – including a great fire in 1863, a major flood the following year, and several booms and busts in gold and silver mining – before building a stable economy based on tourism, cattle and sheep ranching, and farming and food processing. Railroads were an important part of Denver's economic boom, once the city's citizens organized the construction of their own railway to connect with the Union Pacific in 1870. Today, Denver serves as a transportation and high-technology hub and is known for its aerospace and telecommunications industries. Tourism remains vital to Denver's economy, with the city's Rocky Mountain setting offering locals and visitors alike a wealth of recreational activities to enjoy, from skiing and hiking to unique museums and music venues.

Local Sights and Cultural Attractions

Denver has a diverse range of activities and attractions for visitors of all interests, from history buffs to hiking enthusiasts. Many of Colorado's historic landmarks and most iconic sites can be found right in the heart of Denver. Most notable are the 1890s-era State Capitol building, with its 24-karat gold-plated dome, and

the recently renovated Union Station, where Annual Meeting attendees can shop and dine while taking in the station's beautiful Beaux Arts-style architecture. At the Denver Mint, which was first established in 1863, guests can take a free tour of the facility and learn about the craftsmanship of coin making. Annual Meeting attendees can further explore Colorado's rich western history at the History Colorado Center, which features hands-on and high-tech exhibits on the state's cultural heritage and geographical wonders. Located in downtown Denver, the History Colorado Center is easily accessible from the hotel via light rail and bus.

Art lovers have a wide choice of galleries and museums to visit in Denver, including the Denver Art Museum, which has 10 permanent collections showcasing more than 70,000 artworks. Among the museum's highlights are its extensive American Indian collection, representing nearly every tribe across the US and Canada, and the stunning Hamilton Building, whose innovative geometric, sunlight-reflective design by architect Daniel Libeskind recalls the soaring peaks and shimmering rock crystals of the Rocky Mountains. Newer additions to Denver's art scene are the American Museum of Western Art – The Anschutz Collection, which houses over 300 paintings depicting the American West from the early 1800s to the present, and the Clyfford Still Museum, devoted to the work of one of the preeminent Abstract Expressionist painters of the 20th century.

World famous for its breathtaking scenery, Denver offers no shortage of opportunities for enjoying outdoor adventures, with the Rockies serving as a gorgeous backdrop. Along the South Platte River in downtown Denver are several parks where attendees can cycle, jog, walk, kayak, or just relax and enjoy the mile-high mountain air. The Greenway Trail is a paved bike path that follows the river for nearly 30 miles, and bikes can be rented through B-Cycle, Denver's automated bike-sharing system. Marking the

spot where the South Platte meets Cherry Creek is Confluence Park, where kayaks are available for riding the park's man-made whitewater rapids. At Centennial Flower Gardens, visitors can wander among gardens patterned after the Gardens of Versailles, while Commons Park features a reconstructed "sand prairie" showcasing the native plants and pre-gold rush environment of the area.

Not to be missed for music lovers or hikers is Red Rocks Park and Amphitheatre, located about 15 miles west of Denver. Called America's best amphitheater by *Rolling Stone*, this natural venue hosts open-air concerts among a perfectly acoustical 300-foot-tall outcropping of stunning red sandstone. Visitors to Red Rocks can also enjoy hiking, mountain biking, and horseback riding or take in a film or yoga session among the dramatic views. The park and amphitheater

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Explore Denver

Visit Denver

www.denver.org

History Colorado Center

www.historycoloradocenter.org

Denver Mint

www.usmint.gov/about/mint-tours-facilities/denver

Denver Art Museum

www.denverartmuseum.org

American Museum of Western Art

www.anschutzcollection.org

Clyfford Still Museum

www.clyffordstillmuseum.org

Red Rocks Park and Amphitheatre

www.redrocksonline.com

Travel Grant Available to Active Member Boards of Pharmacy

The NABP Foundation® is once again offering active member state boards of pharmacy travel grant opportunities to attend the NABP 114th Annual Meeting. 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, and will provide reimbursement for travel expenses, including travel, hotel rooms, meals, taxis, parking, and tips.

Eligible individuals can receive up to \$1,500 in grant monies to attend. The grant does not include registration fees. All applicants will be informed of whether they have qualified for the grant.

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 officers and members, and attending educational sessions regarding current issues facing pharmacy regulators.

Last year, 45 state boards of pharmacy applied and were approved for the NABP 113th Annual Meeting Travel Grant. For more information on the Annual Meeting Travel Grant, contact the NABP Executive Office at ExecOffice@nabp.pharmacy. ■

How to Apply for the Travel Grant

- Grant applications may be obtained from NABP upon the direct requests of executive officers of active member boards.
- To receive reimbursement, boards must have a voting delegate in attendance to vote during all applicable Annual Meeting business sessions.
- Completed applications can be submitted to ExecOffice@nabp.pharmacy or via mail to NABP Headquarters.
- NABP requests that applications be submitted prior to the Annual Meeting.

Denver

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are accessible via shuttle from Union Station in downtown Denver.

Getting Around

The Hyatt Regency Denver at Colorado Convention Center is located in the central business district of downtown Denver and is 27 miles from Denver International Airport and one mile from Union Station. Individuals arriving from the airport may take the A Line airport rail to Union Station for a cost of \$9 per person one-way; the service between the airport and Union Station takes approximately 37 minutes. Tickets can be purchased at vending machines at the airport rail station, and bus/rail day passes can be purchased through the RTD Mobile Ticketing app at <http://www.rtd-denver.com/mobileticket.shtml> using a smartphone. Taxis

can also be arranged from Jeppesen Terminal, Level 5, Island 1 and are estimated to cost \$56 one-way from the airport to downtown Denver. Guests choosing to rent a vehicle can select from more than 10 rental agencies located on airport property and accessible via courtesy shuttles.

The Hyatt Regency Denver offers valet and self-park options. Valet parking at the hotel costs \$49 per night, and public self-parking in the underground lot, located off 14th Street and Welton Street, costs \$35 per night.

Once in Denver, transportation to local attractions is available via the RTD bus and light rail service. RTD day passes start at \$5.20 and may be purchased on board any bus (cash only), through the RTD Mobile Ticketing app, or at RTD ticket vending machines. In addition, the 16th Street Free MallRide bus runs regularly through the central business and entertainment districts



Photo courtesy of VISIT DENVER

of downtown Denver, between Union Station and the Civic Center.

More details will be available in January on the 114th Annual Meeting Information and Registration website at www.NABPAnnualMeeting.pharmacy. ■

Proposed Resolutions Will Be Distributed in February 2018

Proposed resolutions received at NABP Headquarters by Friday, February 2, 2018, will be distributed electronically to state boards of pharmacy on the following Thursday, February 8, 2018, for review prior to the 114th Annual Meeting. This mailing will constitute the only preconference distribution of proposed resolutions. All resolutions – those distributed for early review as well as those received after February 2 – will be presented to the voting delegates during the Second Business Session of the Annual Meeting by the chair of the Committee on Resolutions and subsequently voted on at the final business session.

Any active member board, District, or committee to the association may submit resolutions to the Association. To be considered during

the Annual Meeting, resolutions must be received by Monday, April 16, 2018, in accordance with Article IV, Section 6, Part (d) of the NABP Constitution and Bylaws. Resolutions not submitted at least 20 days prior to the Annual Meeting, but submitted within a time frame that the Executive Committee deems appropriate (prior to the meeting of the Committee on Resolutions), may be presented during the Annual Meeting and will be considered for adoption by the Association upon the affirmative vote of three-fourths (3/4) of those active member boards present and constituting a quorum.

Questions regarding resolution procedures should be directed to the NABP Executive Office via email at ExecOffice@nabp.pharmacy. ■

Important Deadlines

- **February 2, 2018** – Proposed resolutions must be received at NABP Headquarters for preconference distribution to the state boards of pharmacy.
- **February 8, 2018** – Proposed resolutions are distributed electronically to state boards of pharmacy for review.
- **April 16, 2018** – Proposed resolutions must be submitted to be considered at the Annual Meeting.

Now Accepting Proposals for Educational Poster Session

Limited Spots Available – Don't Delay!

NABP is seeking proposals for its annual Educational Poster Session. Proposed posters should reflect the overall theme of “Thinking Forward to Educate.” Board of pharmacy members and staff, as well as schools and colleges of pharmacy, are invited to submit their proposals as they relate to this year’s theme. Poster proposals may be descriptive, scientific, or informational in nature. Possible topics include policy development, public health initiatives, and legislative issues, among others. Those interested in submitting a proposal should contact NABP Professional Affairs staff via email at Prof-Affairs@nabp.pharmacy for detailed instructions and submit their proposals by **Wednesday, February 28, 2018**.

Proposals should have a short poster title highlighting the topic, and include a brief summary or abstract that

explains the poster’s topic and how it reflects the theme. Proposals may only be submitted by individuals who will be available to present the poster in Denver, CO, if selected. Selected poster presenters must be available in March and April for correspondence with NABP staff and to submit required materials.

Students are welcome to submit poster proposals. If selected, the student(s) must be accompanied by a credentialed advisor or licensed pharmacist. All participating pharmacy school students will receive a complimentary voucher valued at \$65 to take the Pre-NAPLEX®, a practice examination for students preparing for the North American Pharmacist Licensure Examination® (NAPLEX®).

The Poster Session will be held the morning of **Sunday, May 6, 2018**, at the NABP 114th Annual Meeting.



Poster Session presenters may be eligible to earn Accreditation Council for Pharmacy Education-accredited continuing pharmacy education credit. Details will be provided to individuals who are selected to present posters.

Those interested in submitting a proposal should contact NABP Professional Affairs staff for detailed instructions. ■

Schedule of Events May 5-8, 2018

Hyatt Regency Denver at Colorado Convention Center

Saturday, May 5, 2018

10 AM - 5 PM

Registration/Information Desk
Open

1:30 - 3:30 PM

Pre-Meeting CPE

4 - 5 PM

From District Meeting to Annual
Meeting – Learning About NABP

6 - 9 PM

President's Welcome Reception
Honoring NABP President
Jeanne D. Waggener, RPh, DPh
*Dinner will be served.
Dress: business casual*

Sunday, May 6, 2018

7:30 AM - 4:45 PM

Registration/Information Desk
Open

7:30 - 8:30 AM

NABP AWAR_xE Fun Run/Walk

8:30 - 11:30 AM

Hospitality Brunch and Educational
Table Top Displays

8:30 - 11:30 AM

Joint CPE
Educational Poster Session

Noon - 3:15 PM

First Business Session

3:45 - 4:45 PM

Joint CPE

Monday, May 7, 2018

7:30 AM - 12:30 PM

Registration/Information Desk
Open

7:30 - 9 AM

USP Update and Breakfast
Breakfast served plated from
7:30 - 8 AM

9:15 - 10:15 AM

Joint CPE

10:45 AM - 12:30 PM

Second Business Session

12:30 - 1 PM

Informal Member/Candidate
Discussion

Free Afternoon

(No programming)

Tuesday, May 8, 2018

7:30 AM - 4:15 PM

Registration/Information Desk
Open

7:30 - 8:30 AM

NABP Breakfast

8:30 - 10 AM

Executive Officer and Board
Member CPE

8:30 - 10 AM

Compliance Officer CPE

10:30 AM - Noon

Shared Discussion Topics

Noon - 1:30 PM

Lunch Break
(On your own)

1:30 - 4:15 PM

Final Business Session

6 - 6:45 PM

Awards Dinner Reception

7 - 9 PM

Annual Awards Dinner
Dress: semiformal

Note: The 114th Annual Meeting
schedule is subject to change. The
final schedule will be posted prior
to the meeting at [www](http://www.NABPAnnualMeeting.pharmacy)
.NABPAnnualMeeting.pharmacy. ■



The knowledge-based continuing pharmacy education (CPE) sessions presented at the Annual Meeting are developed specifically for the Association's member boards of pharmacy, which are composed of executive officers, board staff, board members, compliance staff, and board counsel. Sessions are also relevant to other attendees in the practice of pharmacy. By actively participating in the meeting's CPE programming, at the conclusion of the Annual Meeting participants should be able to:

- Identify the latest legislative and regulatory issues being addressed by the state boards of pharmacy.
- Explain how the changing regulatory environment impacts the state boards of pharmacy and the practice of pharmacy.
- Identify gaps in regulatory oversight and best practices for state pharmacy boards to overcome them.
- Discuss emerging roles of pharmacists and pharmacy technicians with respect to the public's access to quality health care.
- Discuss how poster session research findings further the protection of the public health.
- Describe best practices for regulating pharmacist care services in a changing health care environment.
- Analyze licensing standards between state boards of pharmacy.

Contact NABP Professional Affairs staff at 847/391-4406 or via email at Prof-Affairs@nabp.pharmacy for more details.

NABP and NABP Foundation® are accredited by the Accreditation Council for Pharmacy Education (ACPE) as providers of CPE. ACPE provider number: 0205. Learning objectives and descriptions for each CPE session will be available on the CPE page at www.NABPAnnualMeeting.pharmacy. Instructions for claiming CPE credits, including continuing legal education credits, will also be provided.

Around the Association

Executive Officer Change

- **Jennifer Zaelit** has been named bureau manager, Division of Occupational and Professional Licensing, Utah Board of Pharmacy, replacing Dane Ishihara.

Board Member Appointments

- **Amy Fore, MHSA, FACMPE, FACHE**, has been appointed a public member of the Arkansas State Board of Pharmacy. Fore's appointment will expire June 30, 2023.
- **Kenneth "Ken" Lancaster, PD, RPh**, has been appointed a member of the Arkansas State Board of Pharmacy. Lancaster's appointment will expire June 30, 2023.
- **Rebecca Mitchell, PharmD, RPh**, has been appointed a member of the Arkansas State Board of Pharmacy. Mitchell's appointment will expire June 30, 2023.
- **Matthew D. Balla, RPh**, has been appointed a member of the Indiana Board of Pharmacy. Balla's appointment will expire March 31, 2019.
- **Ronald "Ron" Poole, RPh**, has been appointed a member of the Kentucky Board of Pharmacy. Poole's appointment will expire January 1, 2021.
- **Michael Garringer** has been appointed a public member of the New Mexico Board of Pharmacy. Garringer's appointment will expire July 1, 2021.
- **William "Bill" Lord, Jr, RPh**, has been appointed a member of the New Mexico Board of Pharmacy. Lord's appointment will expire July 1, 2022.
- **Richard Newlon** has been appointed a public member of the State of Ohio Board of Pharmacy. Newlon's appointment will expire June 30, 2020.

- **Shannon Larson, RPh**, has been appointed a member of the Oregon State Board of Pharmacy. Larson's appointment will expire June 30, 2021.
- **James "Adam" Rodgers, DPh**, has been appointed a member of the Tennessee Board of Pharmacy. Rodgers' appointment will expire July 31, 2023.
- **Katherine Wolf-Khachatourian, MBA, PharmD**, has been appointed a member of the Washington State Pharmacy Quality Assurance Commission. Wolf-Khachatourian's appointment will expire January 19, 2021.

Board Member Reappointments

- **Tejal Patel, PharmD, RPh**, has been reappointed a member of the Delaware State Board of Pharmacy. Patel's appointment will expire December 20, 2019.
- **Hooshang Shanehsaz, RPh**, has been reappointed a member of the Delaware State Board of Pharmacy. Shanehsaz's appointment will expire December 20, 2019.
- **Mark T. Smosna, RPh**, has been reappointed a member of the Indiana Board of Pharmacy. Smosna's appointment will expire August 1, 2021.
- **Craig Martin, MD, RPh**, has been reappointed a member of the Kentucky Board of Pharmacy. Martin's appointment will expire January 1, 2021. ■

Awards and Honors

- **Jeanne D. Waggener, RPh, DPh**, NABP president, received the 2017 William J. Sheffield Outstanding Alumnus Award from The University of Texas at Austin College of Pharmacy. Waggener was presented the award, which is named to honor

former Associate Dean William J. Sheffield and is the highest honor paid by the association, during the College of Pharmacy's Alumni Reception and Awards Ceremony in October 2017. The award is given to outstanding alumni who manifest an attitude of respect and compassion for mankind; recognize and reflect on the importance of their education at the college; demonstrate a continuing commitment to The University of Texas at Austin College of Pharmacy by volunteering, teaching, philanthropy, or precepting; have such integrity, stature, demonstrated ability and renown that faculty, staff, students, and alumni of the college take pride in and are inspired by their recognition; and are distinguished in their chosen business, profession, or work life.

- **Dennis Wiesner, RPh**, member, Texas State Board of Pharmacy, received the 2017 Legend of Pharmacy Award from The University of Texas at Austin College of Pharmacy. Wiesner was presented the award during the College of Pharmacy's Alumni Reception and Awards Ceremony in October 2017. The award is given to individuals whose contributions to the pharmacy profession are considered above and beyond, or "legendary"; who have demonstrated a continuing commitment to The University of Texas College of Pharmacy by volunteering, teaching, philanthropy, or precepting; who are distinguished in their chosen business, profession, or work life; who have such integrity and ability that faculty, staff, students, and alumni of the college take pride in and are inspired by their recognition; and who manifest an attitude of respect and compassion for mankind. ■

Iowa Board Requires Nonresident Pharmacy PIC Registration

Beginning with calendar year 2018, the pharmacist-in-charge (PIC) at every nonresident pharmacy is required to register with the Iowa Board of Pharmacy. The registration will be a one-year registration that begins on January 1 of the calendar year and expires on December 31 of the same year. This adaptation of the current process does not require Iowa licensure for the PIC, but will increase the accessibility for the Iowa Board to contact the PIC at the nonresident pharmacy. The new rules also require the completion of an educational training module about the Iowa rules as they relate to nonresident pharmacy practice.

The application will require basic information about the PIC, including name and contact information, the pharmacist's license or registration number in the state the nonresident pharmacy is located, verification that the license is current and in good standing, the PIC's current place of employment, and any criminal and disciplinary history information. Similar to resident pharmacies in the state, a change in the PIC requires submission of a new application and fee.

For additional details about these changes, visit the September 2017 *Iowa Board of Pharmacy Newsletter*, available in the Boards of Pharmacy section of the NABP website at www.nabp.pharmacy.

North Dakota Board Provides Guidance on Prescriptive Authority for Naloxone

In 2016, the North Dakota State Board of Pharmacy promulgated rules (North Dakota Administrative Code 61-04-12) implementing the authority given by the state legislature, which granted prescriptive privileges for naloxone to pharmacists in North Dakota. The Board urges pharmacists to strongly consider providing this service in their pharmacy location. The procedure for pharmacists in North Dakota to prescribe naloxone is available on the Board's website at www.nodakpharmacy.com/naloxone.asp, along with information that can be provided to patients and their loved ones. The Board will make the locations where pharmacists are prescribing naloxone available to the public for their information.

Tennessee Passes Law on Prescription Drug Donation Repository Programs

The Tennessee Board of Pharmacy reported several 2017 legislative updates affecting the Board, including Public Chapter (PC) 392. Effective on January 1, 2018, this act authorizes the Tennessee Department of Health, in cooperation with the Board, to establish a prescription drug donation repository program, under which a person or organization may donate prescription drugs and supplies for use by an eligible nonprofit organization. These nonprofit organizations are required to report data to the Department about the number of donors, donations, types of prescriptions, and other data.

The law allows donated drugs to be dispensed at no cost if they are in their original sealed packaging, are inspected by a pharmacist, and are prescribed by a health care practitioner and dispensed by a pharmacist. Additionally, the law provides for limited civil and criminal liability for matters related to the donation, acceptance, or dispensing of drugs pursuant to this repository program.

More information on this PC and other legislation updates can be found in the September 2017 *Tennessee Board of Pharmacy Newsletter*, available in the Boards of Pharmacy section of the NABP website at www.nabp.pharmacy.

Kentucky General Assembly Increases Pharmacist Immunization Authority

The 2017 Kentucky General Assembly updated Kentucky Revised Statute 315.010(22), giving pharmacists increased authority to administer Centers for Disease Control and Prevention-recommended vaccinations via protocol beginning at age nine. Prior to this legislative change, Kentucky law allowed pharmacists to administer only the flu vaccine to children starting at age nine; this change brings all other age-appropriate vaccinations in line with the flu vaccine. The law went into effect on June 29, 2017. ■

Newsletters of state boards in the NABP State Newsletter Program are available on the NABP website. Five years' worth of issues are posted on each participating state's page.

Latest NDTA Shows Opioids Pose Significant Impact to Public Health

Drug Enforcement Administration (DEA) indicates a significant shift in the overall drug threat reported by law enforcement over the last 10 years with opioids (including controlled prescription drugs, fentanyl and other synthetic opioids, and heroin) reaching epidemic levels and impacting significant portions of the United States. According to the *2017 National Drug Threat Assessment (NDTA)* report, every year since 2001, controlled prescription drugs, specifically opioid analgesics, have been linked to the largest number of overdose deaths of any illicit drug class, outpacing those for cocaine and heroin combined.

From 2007 to 2010, responses to the National Drug Threat Survey indicate cocaine was the greatest national drug threat, followed by a significant decline as the heroin threat increased between 2010 and 2016, eventually becoming the greatest national drug threat in 2015, notes a DEA news release.

Illicit fentanyl and other synthetic opioids, primarily sourced from China and Mexico and shipped directly to the US or trafficked overland via Mexico and Canada, are contributing factors in the current synthetic opioid overdose epidemic. Traffickers in the US usually mix fentanyl into heroin products and sometimes other illicit drugs, or press it into counterfeit prescription pills, often without users' awareness, which leads to overdose incidents, notes the *2017 NDTA*. To access the *2017 NDTA*, visit www.dea.gov/divisions/hq/2017/hq102317.shtml.

FDA Advises on Opioid Addiction Medications and Benzodiazepines

Opioid addiction medications – buprenorphine and methadone – should not be withheld from patients taking benzodiazepines or other drugs that depress the central nervous system (CNS), advises Food and Drug Administration (FDA). The combined use of these drugs increases the risk of serious side effects; however, the harm caused by untreated opioid addiction usually outweighs

these risks. Careful medication management by health care providers can reduce these risks, notes a safety alert. FDA is requiring this information to be added to the buprenorphine and methadone drug labels along with detailed recommendations for minimizing the use of medication-assisted treatment drugs and benzodiazepines together.

Health care providers should take several actions and precautions, and develop a treatment plan when buprenorphine or methadone is used in combination with benzodiazepines or other CNS depressants. Additional information may be found at www.fda.gov/Drugs/DrugSafety/ucm575307.htm.

Incorrect Use of Insulin Pens at Home Can Cause Severe Hyperglycemia

The National Coordinating Council for Medication Error Reporting and Prevention has issued an alert on the incorrect use of insulin pens at home causing severe hyperglycemia in patients, including one reported fatality. The Institute for Safe Medication Practices National Medication Errors Reporting Program has received several reports of patients who failed to remove the inner cover of standard insulin pen needles prior to administering insulin. In the latest such event, a patient with type 1 diabetes did not know to remove the standard needle cover and was unaware she was using the pen incorrectly and had not been receiving any of the insulin doses; the patient developed diabetic ketoacidosis as a result and died.

Since insulin pens may differ between pens with automatic needle retraction devices and those with standard needle covers that require manual removal before administering insulin, it is imperative that removal of needle covers be explained to patients who are issued standard insulin pens during their diabetes education. Pharmacists should verify that a patient understands the appropriate administration technique whenever pens and insulin needles are dispensed, notes the alert, which can be viewed at www.nccmerp.org/sites/default/files/nan-20171012.pdf. ■

Health care providers and patients are encouraged to report adverse events or quality problems to FDA's MedWatch Safety Information and Adverse Event Reporting Program at www.fda.gov/MedWatch.



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UPCOMING EVENTS

Committee on Law Enforcement/ Legislation

January 22-23, 2018
NABP Headquarters

Committee on Constitution and Bylaws

March 28, 2018
NABP Headquarters

NABP 114th Annual Meeting

May 5-8, 2018
Denver, CO