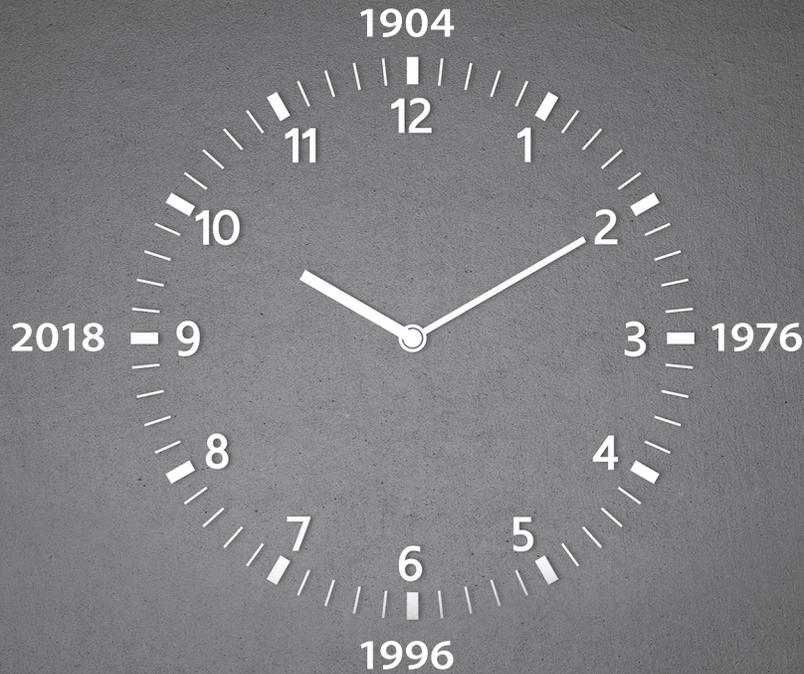


# INNOVATIONS®



**4** Legal Briefs: Seizure Warrants Return?

**8** New CPE Monitor Subscription Service Available in April

**14** .Pharmacy Program Offers Consumers Reliable Resource in an Uncertain Online Universe

## NABP Licensure Transfer Program Stands *Test of Time* to Support Member Boards' Reciprocity, Uniformity Needs



# INNOVATIONS® table of contents

## EXECUTIVE COMMITTEE

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### 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.

**4** Legal Briefs  
Seizure Warrants Return?

**17** Association News  
Boards Report Over 6,000  
Disciplinary Actions to the  
NABP Clearinghouse in  
2017

**25** 114<sup>th</sup> Annual Meeting  
CPE to Address Medical  
Cannabis, Opioid Epidemic,  
and Other Timely Topics

**30** State Board News  
Louisiana Regulatory  
Projects Amend Rules on  
Pharmacy Technicians and  
Intern Requirements

**31** Professional Affairs  
Update  
FDA Issues 2018  
Compounding Priorities  
Plan and Three Final  
Guidances Related to  
DQSA



6

### Feature News

NABP Licensure Transfer Program Stands Test of Time to Support Member Boards’ Reciprocity, Uniformity Needs



10

### Feature News

Record-Setting Natural Disasters Present Opportunity for Boards of Pharmacy to Implement Rules Supporting Emergency Preparedness

# Interview With a Board Executive Director



**Andrew Funk, PharmD, RPh**  
Executive Director,  
Iowa Board of Pharmacy

## **Andrew Funk, PharmD, RPh** **Executive Director, Iowa Board of Pharmacy**

**How long have you served as executive director of the Iowa Board of Pharmacy?  
What was your role prior to working with the Board?**

I've been serving as the executive director of the Iowa Board of Pharmacy since September 11, 2015. Prior to my service in this capacity, I was a compliance officer with the Board for approximately a year and a half. My professional background is in community pharmacy.

**What is one of the most significant challenges or issues your Board addressed in the past year or so?**

Telepharmacy in the community setting.

**What actions were taken by the Board to address the issue?**

The Board proposed legislation to the 2016 Iowa Legislature. After passage of the legislation, the Board composed rules regulating the practice of telepharmacy in the community setting.

**What other key issues has the Board been focusing on?**

The Board has been focusing on expanding and strengthening the state's prescription monitoring program (PMP), including changing the reporting frequency from weekly to "next business day." In April 2018, the Board will be obtaining new software in an effort to promote and facilitate PMP integrations and offering the NarxCare module to all PMP users. Additionally, with the PMP, the Board is proposing legislation to allow for proactive notifications, requiring the reporting of Schedule V drugs and prescriber dispensings, and reorganizing our advisory council. The Board has also been focusing on aligning state regulation of wholesale business with the federal Drug Supply Chain Security Act, including proposing legislation to isolate human prescription drug wholesalers, or wholesalers that meet the federal definition of wholesaler, from all other entities engaged in prescription drug and device transactions at wholesale. In addition, the Board has been focusing on reviewing progress of a technician product verification pilot program (formerly known as "tech-check-tech") in the community setting; prescription drug compounding, including United States Pharmacopeia General Chapter <800>; and updating internal infrastructures and procedures to promote efficiency.

**What insights do you have for other states that may be facing similar challenges?**

Regarding telepharmacy, the Board had approved six telepharmacy sites under a pilot program beginning in 2012. This was done so the Board could review its practice and determine how best to proceed. During the pilot phase (2012-2016), the Board was convinced that, with the proper safeguards in place, telepharmacy practice in the community setting was a safe and effective way to expand access to pharmacy and pharmacists' services to Iowa's rural communities. The rules became effective on September 6, 2017. Since then, the Board has received a total of five limited-use telepharmacy applications. ■

## **Iowa Board of Pharmacy**

**Number of Board Members:** 5 pharmacist members and 2 public members

**Number of Compliance Officers/Inspectors:** 8

**Rules and Regulations Established by:** Board of Pharmacy

**Number of Pharmacist Licensees:** 11,369

**Number of Pharmacies:** 1,819 (in-state)

**Number of Wholesale Distributors:** 1,703

# Seizure Warrants Return?



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

**“Seized materials may or may not eventually be determined to be relevant or material to the investigation and ultimate administrative or criminal prosecution of persons or entities.”**

**U**nder certain circumstances, a regulatory board and/or law enforcement may be involved in the execution of a search warrant and seizure of materials and information based upon an investigation. Seized materials may or may not eventually be determined to be relevant or material to the investigation and ultimate administrative or criminal prosecution of persons or entities. In the end, questions may arise as to whether or not the seized materials or product must be returned to the entity or person from whom they were seized. As differing legal standards and burdens exist between criminal and administrative prosecutions, the standards by which the return of the seized matter are judged may differ as well. Consider the following.

A veterinarian, licensed by the Government of Guam and practicing at his own animal hospital, administered controlled substances (CS) in the ordinary course of his practice. The veterinarian had a Controlled Substance Registration (CSR) certificate issued by the Department of Public Health and Social Services of the Government of Guam (Department). He was also registered with Drug Enforcement Administration (DEA) as a practitioner permitted to possess CS, but did not have a permit to import CS.

Regarding his history of licensure and registration, the Department did not renew the veterinarian’s CSR during the 2012 renewal cycle and it expired on April 30, 2012. Consequently, the Department issued a rule to show cause for why the veterinarian’s CSR should not be revoked. The Department rescinded its order and subsequently notified the animal

hospital that the CSR was approved. However, the CSR was never released, and the Department did not issue a subsequent order to show cause.

In November 2012, the veterinarian submitted a renewal application for his veterinary license to the Guam Board of Allied Health Examiners (Board). Without notice or an opportunity to be heard, the Board denied the renewal application of the license which, as a result, expired on December 31, 2012. The refusal to renew his veterinary license was, in part, based upon the Department’s refusal to issue the CSR renewal. In January 2013, the veterinarian filed a petition seeking to compel the renewal of his license as a veterinarian and the issuance or recognition of his CSR. The Superior Court of Guam identified issues regarding the failure by the Department to issue the CSR. Eventually, in March 2014, the Department issued the CSR.

While the petition was pending, the Department was granted an administrative inspection and search warrant to seize CS found in violation of the Guam Uniform Controlled Substances Act. The warrant also included the inspection, seizure, and/or copying of physical and digital documents at the animal hospital. The inspection and warrant were carried out by Department officials and the Guam Police Department, and substances, files, computers, cameras, and cash were seized. In the end, no criminal charges were ever filed.

The veterinarian, through counsel, filed a motion to seek the return of the seized property. After some filing issues were resolved, the Superior Court ordered the return of the seized property with the exception of the CS. The court

order called for the Department to prepare a list of the seized substances and the basis for refusal to return them to the veterinarian. After a hearing on the issues related to the return of the seized substances, the Superior Court concluded that the substances need not be returned to the veterinarian because he could not substantiate that he was even authorized to import drugs and because he did not have the proper import-export records. The veterinarian timely appealed the decision. Due to unanswered questions, the Guam Supreme Court asked for clarification from the parties on certain issues related to compliance with procedural laws and amended findings of fact and conclusions of law.

The Guam Supreme Court first addressed and found that the court did have and could hear the matter, but identified that one of the issues on appeal was whether the court did have jurisdiction. Next, it reviewed the standard of review and determined that because the issues involved matters related to interpretation of the law, the court's review would be de novo. The court also noted the additional issues on appeal concerned which party had the burden of substantiating its position and, finally, whether the Department properly refused to return the seized CS.

The court found that it did have jurisdiction over the dispute and could enter a ruling as to the issues at stake. It also assessed whether the matter filed by the veterinarian was a complaint initiating a civil action and seeking an ultimate judgment, as opposed to a motion that required merely a court order. The importance of this distinction involves the potential need for a trial and use of a jury (or judge) for findings of fact. In the

event of a civil action, findings of fact must be determined. In the event of a motion, such findings may not have to be established but may be taken at face value based upon pleadings. In the end, the court found the filing by the veterinarian constituted the initiation of a civil action in need of findings of fact. Indeed, the fact that no criminal action was ever initiated also substantiated the court's ruling. Equally important is the fact that an action for the return of seized materials pursuant to an administrative action must be initially reviewed to ensure that it is not duplicative of or acts as a replacement for the intended administrative processes and rulings; that is, an exhaustion of administrative remedies. At the end of the day, the court affirmed the lower court and held that it properly treated the filing by the veterinarian as a civil action.

With that nuance determined, the court addressed the application of what law applied and which party had the corresponding burden of proof. The veterinarian argued that the Guam Uniform Controlled Substances Act did not apply under his initiated civil action. The Department argued that the veterinarian waived this argument by not raising it before the lower court. The Supreme Court found that this "novel" issue was a matter of law and involved determining the proper burden and, thus, found it appropriate for its review and conclusion. It held that this current proceeding for the return of seized substances was not a proceeding under the Uniform Controlled Substances Act, but was one of equity in a civil proceeding. Under this civil proceedings conclusion and based upon previous case law, the court held that persons from whom materials are seized have a presumption of the right to return of

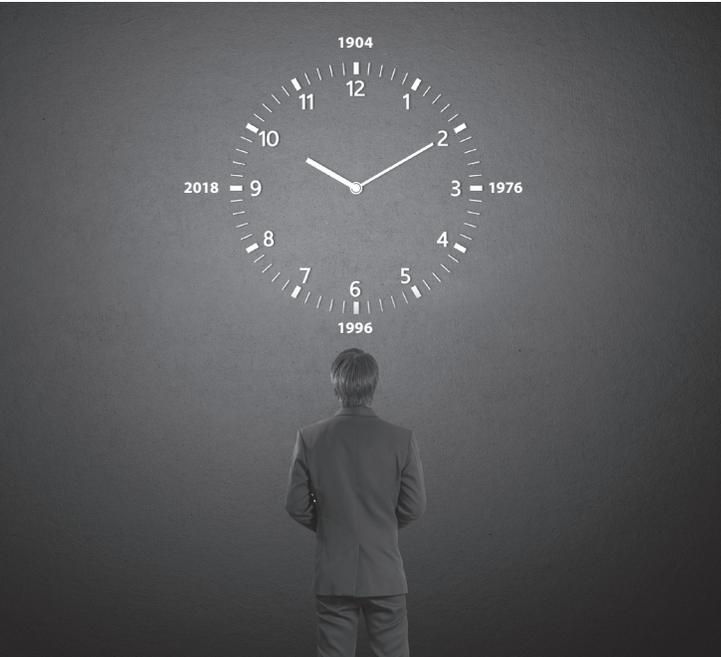
such materials. Accordingly, the court found that the Department has the burden of substantiating its refusal to return the substances.

Moving to the merits of the case, the Supreme Court concluded that the record does not support the lower court's ruling to deny the return of the seized CS. More specifically, the record did not provide sufficient information as the application of the import-export restrictions under the applicable act. The veterinarian argued that the applicable statutes do not require a license to import non-narcotic drugs in Schedules III, IV, and V, as long as they are imported for medical or legitimate reasons. The Department failed to respond to this argument and the court therefore accepted the veterinarian's arguments to be true.

The court also rejected the Department's argument that all drugs brought into Guam – even from the United States – are imported within the meaning federal law. Under the Code of Federal Regulations (21 CFR section 1301.11(a)), importation requires registration unless exempted by law. Additional law defines import as "bringing in or introduction of such article into the customs territory of the United States from any place outside thereof." The meaning of the US under the regulations includes "all places and waters, continental or insular, subject to jurisdiction of the US, which, in addition to the customs territory of the US include, but are not limited to, the US Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands." The court noted that Guam is not within the customs territory of the US.

continued on page 8

## NABP Licensure Transfer Program Stands Test of Time to Support Member Boards' Reciprocity, Uniformity Needs



Occupational licensing has come under fire across the United States. One major criticism has focused on economic hardships that stem from a lack of worker mobility caused by widely varying licensure requirements and lack of reciprocity between states. Pharmacists, however – in contrast to many, if not most, other licensed professionals – may transfer their licenses comparatively quickly and easily between the 54 US states and jurisdictions, through NABP's Electronic Licensure Transfer Program® (e-LTP™). The current level of ease of transfer did not come quickly or easily, though.

On the contrary, the puzzle of comprehensive reciprocity with its tension between individual state autonomy and group collaboration and centralization took roughly a century to be solved. And while the current process is typically quick and smooth, NABP and its member boards continue to assess and improve the licensure transfer process.

“And while the current process is typically quick and smooth, NABP and its member boards continue to assess and improve the licensure transfer process.”

### Clear Goal, Meandering Path

NABP came into being in 1904, with a primary purpose of creating a process for the interstate transfer of pharmacists licenses. But if the goal of achieving licensure transfer was clear, the means of achieving it was less so. By 1906, NABP was able to report that 16 of its member boards had agreed to “interchange certificates of registration,” while another 10 associate members were considering joining the interchange. Despite this early success, however, difficulties remained in the path to uniform reciprocity.

A major stumbling block that would last for decades proved to be uniform examinations. States needed assurance that all licensure candidates had demonstrated basic knowledge and skills sufficient to safely practice entry-level pharmacy, but there was no single, agreed-upon assessment or examination that could ensure that a uniform minimum standard was being met, and no consensus on the creation of one. Some members raised the issue of states' rights in objecting to a uniform licensing exam; others insisted that their own state's exam be adopted as the standard. It would not be until 1968 that NABP began offering the first version of the exam, the Blue Ribbon Examinations for Licensure. The second version of the exam, now known as the North American Pharmacist Licensure Examination® (NAPLEX®), was administered beginning in 1976 and was termed the NABPLEX. At the time, the exams of individual states that chose to continue requiring their own began being examined through the lens of their equivalency to the NAPLEX. Currently, all 54 active NABP member boards use the NAPLEX as a required

element of their consideration of candidates for licensure, but throughout the 1970s, the Association struggled with the question of individual states' exam equivalency. Indeed, by early 1980, 42 member boards had voted to stop reciprocity with members that had nonequivalent exams – a major stumbling block for those pharmacists who wished to transfer their licenses to or from the affected states. As one response to this issue, NABP authorized states to transfer the then-NABPLEX scores to other states, enabling candidates to seek license by examination in more than one state without need for reciprocity per se, although at that time member boards defeated a resolution that would have centralized the process in NABP's office. Twenty-three states were participating in this iteration of the Score Transfer program by mid-1982, and the number had risen to 40 by 1990. Starting in 1991, candidates sitting for the then-NABPLEX could opt to transfer their scores via NABP to any state willing and legally entitled to accept them. Even this advance brought its own difficulties, however, when 13 of the 40 participating states initially declined to accept candidates for licensure transfer under these conditions. Within a few years, though, score transfer gained greater-spread acceptance. In its current form, score transfer is universally accepted, and adds another avenue to pharmacist license portability, as it allows candidates with passing scores to fulfill requirements for licensure in multiple states, if they wish, without a need for going through a later, more costly license transfer or reciprocity process.

Resistance to the facilitation of licensure transfer via a centralized process eventually was overcome. This led in turn to the desirability of such elements as the NABP Clearinghouse: a national database containing regularly updated disciplinary information on a jurisdiction's licensees, to help a board considering a license transfer application determine that the applicant's original license was in good standing. On the other

hand, like a licensure exam, such a clearinghouse would be of limited usefulness without widespread (if not universal) buy-in and utilization by the states.

Fortunately, by the 1990s, many of the large conceptual stumbling blocks appeared to have become more surmountable, and states were able to come to mutually workable solutions. In late 1994, NABP convened two focus groups to study and make recommendations on the entire licensure transfer process, including the Clearinghouse program. The result was a major overhaul of the entire program, with the intent of increasing its efficiency, usefulness, and scope, and tapping into the utility offered by rapidly improving technologies. The new e-LTP launched in 1996, with 48 participating jurisdictions.

## Ongoing Evolution

Since that time, the basic format of the program has remained consistent, though improvements and modifications have continued to be made, including the growth of the program to include all 54 current, active NABP members. Centralization of the licensure transfer program and disciplinary reporting processes helps to streamline the process and enables uniform standards. The program has continued to become more efficient as improvements in technology enable faster communications and help reduce duplication of efforts. More major changes continue to occur: In April 2018, NABP is launching an upgraded online system that for the first time allows a completely paperless process for all stages of the licensure transfer application. More information about this launch is available on page 13.

Criticisms of professional licensure often center on the lack of uniformity in requirements for certain professions and the wide variability between one state and the next. NABP's more than century-long history with a core purpose of interstate licensure

transfer and uniform standards, however, has allowed the pharmacy profession to largely overcome these issues. The requirements for initial pharmacist licensure are generally uniform: All licensed pharmacists must have passed the NAPLEX. They must also have passed a test that demonstrates their mastery of pharmacy jurisprudence. All but four boards of pharmacy test jurisprudence via NABP's Multistate Pharmacy Jurisprudence Examination®, which combines state-specific and federal questions on pharmacy laws and regulations; the four non-participating boards manage their own state-specific pharmacy law exams. Almost all licensed pharmacists must have completed a certain number of hours of practical experience. The attention paid to licensure transfer has helped create this comparative uniformity, and the comparative uniformity facilitates licensure transfer.

Licensure transfer is not merely one more program offered by NABP to assist the state boards of pharmacy in regulating the pharmacy profession in order to protect the public health. It is the central reason for NABP's existence. "The purpose of the Association is to provide for interstate transfer in pharmacist licensure, based upon a uniform minimum standard of pharmacist education and uniform legislation," states Article II of NABP's Constitution. It is also integral to active membership in the Association. As stated in Article III of NABP's Constitution, "Active member boards shall be those member boards . . . that require the use of the NABP Clearinghouse for all candidates for the purpose of transferring licensure both into and out of the state as provided by the Bylaws of this Association."

With more than a century of effort and experience, the state boards of pharmacy have achieved a level of standardization and reciprocity for pharmacist licensure that can serve as a model for other professions. ■

## New CPE Monitor Subscription Service Available in April

*Pharmacists Can Easily Track Compliance Via Mobile App*

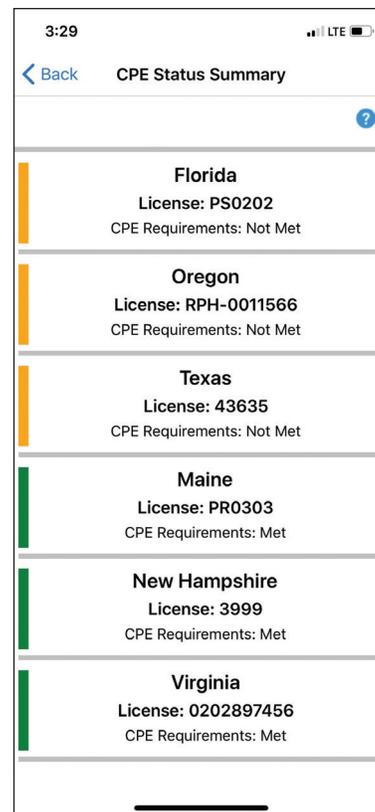
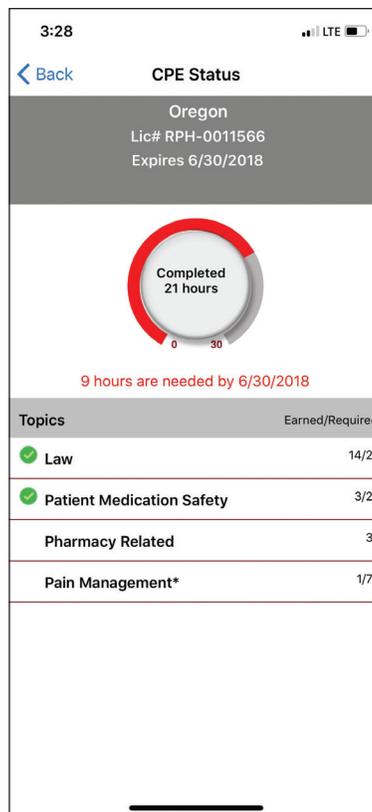
The new CPE Monitor® subscription service will be available in April. Pharmacists will be able to choose from the free, standard plan, or they may purchase the plus subscription plan, which includes the following exciting new features:

- Upload and apply non-Accreditation Council for Pharmacy Education (ACPE) continuing pharmacy education (CPE) courses and certificates to relevant state licenses;
- Reconcile ACPE and non-ACPE CPE credits against each state's unique CPE rules and requirements;
- Receive emails when CPE cycle deadlines are approaching;
- Get a quick view of all upcoming CPE cycle deadlines and other important information for all states on one screen;
- Access individual CPE transcripts by state; and
- View all transcripts and individual courses and generate simplified, automated reports.

Developed in partnership with ACPE, the new subscription service is undergoing final pilot testing prior to its launch.

The CPE Monitor subscription will be available for purchase through the NABP e-Profile

website; the app will also be available for download from Google Play and the App Store. Once users pay the subscription fee of \$29.95 (renewable annually), they may log in to the app to access the advanced features. More information about the subscription will soon be available on the NABP website. ■



### Legal Briefs

continued from page 5

As a result and reading the regulations together and as a whole, bringing an article from Guam into the customs territory of the US is importation, but it is not importation to bring an article from the US to Guam since Guam is included within the geographic definition of the US. It is importation to bring an article to Guam from outside the US.

Based upon these conclusions, the Guam Supreme Court upheld the conclusions of the lower court

as to the determination that the filing was to be construed as a civil complaint. However, the Supreme Court remanded the matter to determine if the withholding of the CS is appropriate under a current, ongoing investigation(s), if any. If there are no investigations, then the Department must demonstrate that it has a legitimate reason to retain the substances. If there is an ongoing investigation, then the lower court must determine if the seizure was lawful.

This case presents the complications of applying federal law to US territories

and whether geographic boundaries define the application of such laws. Also, the involvement of a veterinary practice and the interplay between the pharmacy board (or relevant department) and the veterinary board may further complicate the situation. Finally, administrative seizures without ongoing investigation, either administratively or criminally, dictate the ability of government to maintain possession of otherwise lawfully seized materials.

*In re Department of Health & Social Services, 2017 Guam LEXIS 15 (Guam 2017).* ■

## Register for Annual Program Review and Training

June 26-27, 2018 | NABP Headquarters

A few spots still remain for board of pharmacy staff to participate in the annual training that provides instructional information and updates on NABP programs and services.

### NABP e-Profile Connect Training

- Eligibility and examination scores for the North American Pharmacist Licensure Examination® and the Multistate Pharmacy Jurisprudence Examination®
- CPE Monitor® reports for individual licensees
- Applications for the Electronic Licensure Transfer Program® and NABP Clearinghouse/National Practitioner Data Bank reporting
- Verified Pharmacy Program® participant data, including inspection reports
- Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification status

### NABP Programs and Services

- The application, examination, and certification process for the FPGEC Certification Program
- How to obtain bulk continuing pharmacy education reports/audits of licensees
- Updates on Verified Internet Pharmacy Practice Sites®; Verified-Accredited Wholesale Distributors®; durable medical equipment, prosthetics, orthotics, and supplies accreditation; and the Verified-Accredited Device Integrity Program®
- Advances in the .Pharmacy Verified Websites Program
- Overview of resources available from representatives of the Member Relations and Government Affairs, Professional Affairs, Communications, and Marketing staff

### Call or Email to Register



Contact NABP Human Resources at 847/391-4406 or [hr@nabp.pharmacy](mailto:hr@nabp.pharmacy). *Limited spots are available!*

### Travel Funds



NABP offers to cover travel, one night's hotel accommodations, and meal expenses for one participant per board.

# Record-Setting Natural Disasters Present Opportunity for Boards of Pharmacy to Implement Rules Supporting Emergency Preparedness



For many parts of the United States, 2017 was a challenging year. California experienced its wettest winter on record after years of drought, along with its most destructive and largest wildfire season. Hurricane Harvey set a record for most rainfall for a single tropical storm. Puerto Rico and the US Virgin Islands are still recovering from the effects of Hurricane Maria and the resulting blackout – the longest in US history. Altogether, the combined cost of these disasters was estimated to be in excess of \$300 billion, according to the National Oceanic and Atmospheric Administration.

For health care providers and regulators, these disasters present a number of unique challenges and questions – how can boards of pharmacy ensure displaced individuals who have been forced from their homes can access needed medications that may be lost or left behind, and how can boards ensure medications dispensed during an emergency are provided safely, securely, and in compliance with pharmacy practice regulations?

“Under emergency provisions, several state boards of pharmacy responded to 2017 emergencies by issuing emergency guidance.”

## Emergency Procedures Issued in Response to 2017 Hurricanes

Under emergency provisions, several state boards of pharmacy responded to 2017 emergencies by issuing emergency guidance. For example, in response to Hurricane Harvey, the Texas State Board of Pharmacy issued guidance for emergency dispensing of prescription medications and information for pharmacies that sustained damage from the hurricane. In Arkansas, the board of pharmacy, governor, and the Arkansas Pharmacists Association issued guidance for providing emergency refills of prescription medications to evacuees. The Oklahoma State Board of Pharmacy responded to the declared disaster by making sure pharmacists knew they could fill prescriptions for those displaced by the disaster. Similar guidance was issued by boards of pharmacy in areas affected by Hurricanes Maria and Irma.

In preparation for hurricane season, the Louisiana Board of Pharmacy published a notice in the Board’s newsletter to remind pharmacists that, if operating in an area under a declaration of emergency, they may dispense up to a 30-day emergency supply of a prescription drug if (in the professional judgment of the pharmacist) the medication is essential to life or the continuation of previously prescribed therapy, and the pharmacist prepares a written record marked “Emergency Prescription,” to be filed and maintained in accordance with other rules and regulations.

## Hurricane Katrina Response

Although 2017 was a challenging year, it is not the first time in recent history that health care providers and regulators have reflected on major disasters and asked themselves hard questions about how they can better respond to disasters.

In 2005, Hurricane Katrina delivered a devastating blow to many portions of the Gulf Coast, including the city of New Orleans. As a result, more than one million people in the Gulf Coast region were displaced from their homes. At least 600,000 households were still displaced a month after the disaster.

In the wake of Hurricane Katrina and Hurricane Rita later that year, agencies and health organizations throughout the country, including NABP, took steps to carefully evaluate the health care response to the disaster in an effort to provide resources to licensees to ensure that patients can access needed medications during disasters.

During the 2006 National Council for Prescription Drug Programs (NCPDP) Annual Conference, an educational session on disaster preparedness sparked a discussion about what actions the organization could take to better “provide for future disasters.” An emergency preparedness committee was formed soon after to further this discussion and to identify what actions would fall within its purview. *NCPDP Emergency Preparedness Information* provides guidance to the pharmacy industry for resources available during a declared emergency, and outlines processes that “must be daily occurrences rather than [...] ‘break glass’ situations.” For pharmacists, this information includes a high-level overview of pharmacist prescribing in an emergency, and using Rx Open as a tool to let consumers locate nearby open pharmacies in disaster-impacted areas. The complete document is available from the NCPDP website at [www.ncdp.org/Resources/Emergency-Preparedness](http://www.ncdp.org/Resources/Emergency-Preparedness).

continued on page 12

## Massachusetts and Arizona DMAT Teams, Including NABP Past President, Provide Disaster Relief in Puerto Rico

In September 2017, NABP Past President and Former Member of the Massachusetts Board of Registration in Pharmacy Karen M. Ryle, MS, RPh, along with other members of the Massachusetts and Arizona Disaster Medical Assistance Teams (DMATs), provided health care services to the citizens of San Juan, Puerto Rico in response to Hurricane Maria.

Members of the DMAT include physicians, nurses, paramedics, respiratory therapists, behavioral health workers along with non-medical staff to assist with security and operations. The team’s mission was to open the newly built Centro Comprensivo Cancer Center that had yet to be open for patients. The team worked with the Cancer Center and the public hospital to determine the types of patients that could be seen at the Cancer Center in order to free up beds from the public hospital and decompress their emergency room.



(Above) Members of the Massachusetts Disaster Medical Assistance Team meet up with San Juan, Puerto Rico, Mayor Carmen Yulín Cruz. Cruz’s immediate medication concerns were to provide diabetic patients with insulin, since most patients were without power. Patients that required hemodialysis were already evacuated to the United States. Pictured (left to right) are Paul Connolly, paramedic; Karen M. Ryle, MS, RPh, pharmacist and NABP past president; Mavis McCollam, respiratory therapist; Michael Gallagher, paramedic; Cruz; Laurel Libby, nurse; Todd Denison, paramedic; and Monica Staples, nurse.

Right: Karen M. Ryle, MS, RPh, NABP past president and former member of the Massachusetts Board of Registration in Pharmacy, sets up a mini pharmacy in the hospital. Ryle’s responsibilities included meeting with the pharmacy director of the hospital to determine what types of medications would be needed to care for the patients.



## Disaster Preparedness

continued from page 11

In November 2006, NABP hosted the Task Force on Emergency Preparedness, which developed a “Model Emergency Disaster Preparedness Response Plan.” The resulting guide, *Emergency and Disaster Preparedness Planning: A Guide for the Boards of Pharmacy*, continues to be a resource for the boards of pharmacy, and may be viewed on the NABP website.

The guide includes:

- Recommendations for preparing and responding to an emergency or disaster,
- Model emergency and disaster preparedness and response plans, and
- Model rules for public health emergencies.

The task force also recommended changes to the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to add provisions for altered regulations in declared states of emergency.

## Adoption Rates for Model Emergency Preparedness Rules

A study evaluating how states have adjusted their pharmacy practice acts and regulations in the 10 years since Hurricane Katrina was published in a March 2016 issue of the *American Journal of Pharmaceutical Education*. The study compared state regulations to NABP’s 2006 recommended rules for public health emergencies in the *Model Act* to assess the “pharmaceutical preparedness” of the states based on data collected and evaluated in December 2014 to January 2015. Specifically, researchers identified eight recommendations from the *Model Act* and compared them to then-current state regulations:

1. Pharmacies should establish procedures for storing drugs in disaster scenarios.
2. Pharmacies should establish policies and procedures for reporting disasters to the state board within 10 days of occurrence.
3. Pharmacists may dispense emergency drugs pursuant to an emergency drug order if the drug regimen review can be conducted, and a record of the prescription maintained.
4. Pharmacists may dispense a 30-day refill supply (during the length of time a disaster is declared) without practitioner authorization under certain conditions. Pharmacists may also modify therapy or dispense a refill amount that best addresses the needs of the patient during the length of time a disaster is declared under the same conditions.
5. Pharmacists, pharmacy technicians, and wholesalers not licensed in the state in which the disaster occurs may dispense drugs in disaster areas if their licenses can be verified, among other conditions.
6. Pharmacies not licensed in the state in which a disaster occurs and pharmacies licensed within the state but affected by the disaster may temporarily relocate or operate as mobile pharmacies during the length of time a disaster is declared.
7. Pharmacists should keep a record of drugs considered unfit for use due to a disaster and dispose of them appropriately.
8. Pharmacies should notify Drug Enforcement Administration (DEA) of drug thefts and submit appropriate DEA forms to document theft of any controlled substances.

The key findings of the study include:

- 49 states and territories adopted less than half the model rules; 20 states and territories have adopted none.

- 15 states limit refill quantities to a 72-hour emergency supply.
- 21 states have no provision for public health emergency refill dispensing.
- Only one state has adopted all eight model rules.

Though the study also acknowledges that realities such as geographic location and disaster occurrence are tied to states’ adoption of these rules, the authors concluded that most states “are without adequate legal documentation to facilitate the provision of pharmacy services in a disaster.” Further, the article recommends each state board of pharmacy “review its disaster-specific regulatory provisions to determine if current pharmaceutical preparedness language is adequate to meet the exigencies of public health emergencies.” If such a review identifies significant gaps in emergency preparedness plans, the authors also recommend taking steps to add such provisions into their respective pharmacy practice acts.

## Federal Protections in Emergencies

In addition to various state provisions, federal law gives the Food and Drug Administration (FDA) commissioner the authority to issue emergency use authorizations (EUA) to allow specific medical countermeasures during a national emergency. EUAs may be issued in response to biological, chemical, radiological, or nuclear agents that pose a threat to public health.

In addition, the FDA’s shelf-life extension program (SLEP) authorizes the testing of specific lots of Strategic National Stockpile (SNS) medications to determine if they are potent and stable beyond their labeled expiration date. For example, some antiviral drug products shipped from SNS to states affected by viral outbreaks may be near their labeled expiration date. Because these

continued on page 13

## Upgraded NABP e-Profile System Launching in April

On April 2, 2018, NABP will relaunch its e-Profile system, and all the corresponding program applications will be housed in a new, streamlined system. The system will provide a user-friendly interface and streamline processes for member boards of pharmacy, schools and colleges of pharmacy, and customers including pharmacists, technicians, and pharmacy students.

In preparation for the launch, NABP systems will shut down from March 20, 2018, at 5 PM CDT to April 2, 2018, at 12 PM CDT. The shutdown will affect both the customer-facing site as well as NABP e-Profile Connect, which provides access for boards of pharmacy and schools and colleges of pharmacy. During this time:

- Boards of pharmacy will not be able to grant eligibility, submit disciplinary actions, access score reports, search for Foreign Pharmacy Graduate Examination Committee™ Certifications, search for CPE Monitor® records, or access or upload documents for the Verified Pharmacy Program®.
- Schools and colleges of pharmacy will be unable to verify Pharmacy

Curriculum Outcomes Assessment® (PCOA®) eligibility, download student rosters, upload Americans with Disabilities Act of 1990 documentation, or access score reports during the downtime.

- NABP customers will not be able to register for exams or take practice

exams, access scores, transfer licenses, view continuing pharmacy education activity, or purchase publications.

Specific details about the launch can be found in the March 2018 issue of *Innovations*. ■

### Training Webinars for Boards and Colleges

NABP provided training webinars for board of pharmacy staff and faculty and staff of schools and colleges of pharmacy March 20-22 and March 27-29. These webinars familiarized staffs with the new NABP e-Profile Connect interface as well as with changes in processes or procedures. A training webinar has also been scheduled for April 10-12, 2018.

Sessions for board of pharmacy staff focused on the following:

- Competency assessment
- CPE Monitor® Service
- Licensure
- NABP Clearinghouse
- Verified Pharmacy Program®

Sessions for faculty and staff of schools and colleges of pharmacy focused on the following:

- Pharmacy Curriculum Outcomes Assessment®
- Pre-NAPLEX® vouchers
- Summary score reports

### Disaster Preparedness

continued from page 12

products were in lots that had been cleared through SLEP, the medications may be legally dispensed and administered past their expiration date in accordance with the EUA. However, such lots may only be administered under the EUA.

In addition, the Public Readiness and Emergency Preparedness (PREP) Act is a 2006 law which grants immunity from some tort claims to specific entities involved in an emergency response. The PREP Act also authorizes the payment

of emergency funds from the US Treasury to compensate those directly injured by the administration or use of a countermeasure that was authorized as part of an emergency response. However, the PREP Act does not provide immunity from claims resulting from willful misconduct, or the use of SNS materials for purposes unrelated to disaster response.

In 2009, the Centers for Disease Control and Prevention described the PREP Act as “powerful protection” for emergency planners. However, the agency urged planners to review their state’s laws related to the dispensing

and administering of medications, and to work with state legal authorities to take any actions necessary to ease emergency-response planning.

As the 2018 hurricane season looms on the horizon while cleanup and repairs from 2017’s season are still ongoing, NABP will continue to review information about emergency disaster preparedness in relation to pharmacy practice and regulation as part of the Association’s ongoing effort to keep states informed of trends in pharmacy regulation and safety initiatives. ■

## .Pharmacy Program Offers Consumers Reliable Resource in an Uncertain Online Universe



Internet users have always been confronted with fraudulent services and the spread of disinformation, but the massive growth of social media in recent years, with its network structure and lack of central controls, has ratcheted up both the reach and impact of what the American public has learned to call “fake news.” The revelations that various actors had manipulated social media systems in attempts to influence the 2016 United States presidential election were a wake-up call to many, and the subsequent investigations into the issue have helped to highlight the scope and power of information spread via the internet, information’s susceptibility to manipulation by malefactors, and the difficulty of separating facts from disinformation and fraudulent actors from legitimate ones.

**“Policymakers and businesses are seeking out measures that would make online spaces less susceptible to manipulation by the unscrupulous, but it is not yet clear how effective their solutions will be.”**

Policymakers and businesses are seeking measures that would make online spaces less susceptible to manipulation by the unscrupulous, but it is not yet clear how effective their solutions will be. Pharmacy – with billions of dollars in revenue and a direct impact on public health – represents both a particularly attractive target for fraud and a critical area of concern. For this reason, NABP and other stakeholders have been active in providing access to reliable, verified information to internet users for more than two decades, beginning with the launch of the Verified Internet Pharmacy Practice Sites® (VIPPS®) accreditation program and currently through the .Pharmacy Verified Websites Program.

### The Problems

As highlighted in the course of various investigations, the online world and social media in particular are vulnerable to manipulation by malefactors.

Inaccurate rumors and false stories have flown through cyberspace since the first widespread use of the internet and email. The fact-checker website *Snopes.com*, for example, has been debunking false rumors since 1994. These rumors were previously largely shared by email, however, or on message boards that the user had to seek out. News and opinion pieces were largely accessed purposefully via individual websites, so sources were comparatively obvious. In recent years, though, the increasing ubiquity of social media with its inherent network nature has promoted the viral sharing of information on a whole new scale, with very few checks on the quality or truth of that information and often little emphasis on its original source.

In a 2016 survey conducted by the Pew Research Center, about half of US adults between the ages of 18 and 49 said they often obtain their news online, including from social media; 69% reported that they often got news via people they are close with, such as friends or family; and 10% of respondents reported that family and friends are the most important way they get news, either online or offline.

That does not necessarily mean they always know the source of links that get passed around, though. The Pew survey found that four in 10 people who got news from links could recall the source every time; 15%, meanwhile, reported never remembering the source. Moreover, not all news is passed along by well-known entities. Roughly a third of consumers reported getting online news often or sometimes from people with whom they are not particularly close.

“News” is constantly pushed to social media users; it does not need to be sought out. What’s more, the online world is also inundated by advertisements that operate largely within an automated environment that has made them difficult, if not impossible, for web platforms to monitor effectively. In one example, Facebook acknowledged last fall that it had discovered that more than 126 million users potentially saw inflammatory political advertisements purchased by an entity named the Internet Research Agency – which has been linked to the Kremlin. The company told Congress that it had become aware that roughly 470 Russia-linked accounts had purchased strife-inciting advertising.

Perhaps more insidious than advertising are some of the other strategies manipulators use to try to influence behavior and debate. “Fake news” purveyors have become alarmingly prevalent, for example. One approach they take is to write stories that look and sound like news articles but are, in fact, completely fabricated, from subject and sources to setting. Others may take actual news stories as a starting point, then make them more sensational, or mix true and false information. The stories may look like they are coming from a well-known news source by using a web address only slightly altered from a real one (such as *cnn.com.co*), or they may purport to be from a plausible-sounding (but fabricated)

organization. “Some of [identifying fake news] has to fall on the readers themselves,” one fake news publisher told a National Public Radio journalist. “The consumers of content have to be better at identifying this stuff.”

These falsified stories are often spread with the help of another strategy used by malefactors: fake social media profiles. These accounts may use fake names, histories, and pictures to give an appearance of genuineness on sites such as Facebook; it is not automatically obvious to other users that these accounts’ posts and comments are not real but intended to further a hidden entity’s agenda.

On Twitter, which does not require the use of a real name and allows automated accounts, fake accounts may be even harder to spot. For example, automated Twitter accounts called “bots” send out tweets according to pre-programmed instructions. The platform constantly updates a “trends” list of most-discussed topics, and bots sending out repeated tweets may help create fake trends, despite company efforts to spot such behavior. Fake accounts, whether bot or under continuous or intermittent human control, can also help to promote disinformation; one particularly insidious tactic can be to include the handles of users such as news organizations, journalists, politicians, or government agencies, who have the potential to give it much greater publicity and importance, even if bringing it to the public’s eye in a negative light.

## Countermeasures

Most responses by policymakers have largely centered on the advertising end of the problem. In Congress last fall, Senator Amy Klobuchar (D-MN), supported by Senators Mark Warner (D-VA) and John McCain (R-AR) proposed legislation intended to make advertising on social media more transparent. The Honest Ads Act aimed to make election-related

social media advertisements as transparent as political ads that appear on television or in print, the sponsors indicated, and included such provisions as requiring paid political advertisements to indicate who is funding the content, and requiring online platforms with over 50 million unique visitors to provide data on advertising campaigns that spend at least \$500 on political ads in a year. The data would include copies of the ads, information about the purchasing groups, and data regarding the ads’ targets.

While the Senate took no further action on the Honest Ads Act after referring it to committee last October, the bill’s introduction was followed shortly thereafter by announcements from Facebook and Twitter that the companies would be taking steps to increase transparency for advertising on their sites.

Twitter announced that it would launch a “Transparency Center” that would show all ads currently running on the platform, how long they had been running, and the ad format-type associated with them. The center also would show ads targeted to the user, and the personalized information on which ads the user was eligible to receive, based on targeting, and would allow users to report inappropriate ads or provide negative feedback for any ad running on Twitter. (At press time, the center had not yet launched.) Facebook, meanwhile, announced its own plan to increase advertising transparency by requiring all ads to be associated with a “Page” and allowing users to view all ads a Page is running on Facebook, Instagram, and Messenger. The company planned to initially test this approach in Canada, with an eye to rolling it out in the US in mid-2018. Eventually, the company said, it would show not only active ads but build an archive that would cover a rolling four-year period. The company also announced that it was going to

continued on page 16

## .Pharmacy Program

continued from page 15

require more thorough documentation from advertisers wishing to run election-related ads, and include a “paid for by” disclosure.

Advertising may prove easier to police than other activities. Social media companies generally have used technical tools and human analysts to identify false accounts and take them down, and the companies have announced that they have added thousands of analysts to strengthen those efforts. Facebook has said that it takes down more than 1 million accounts each day. Nonetheless, with nearly 2 billion users, Facebook faces a daunting (and perhaps impossible) task. Twitter has also claimed that it is attempting to prevent manipulation of its platform, although critics have argued that bots, at least, have continued to proliferate. The company has noted that it relies on the platform’s “open and real-time nature” as a “powerful antidote” to disinformation, and that the company “should not be the arbiter of truth.”

**“The battle against misinformation will likely never be completely won in the fast-evolving internet era, but NABP will continue to be on the forefront of efforts to ensure consumers have access to reliable, verified pharmacy-related information.”**

Despite social media companies’ efforts on this issue, advertising companies are also taking notice to protect their brands. In February 2018, Unilever, the fourth largest global advertiser behind Procter & Gamble, Samsung, and Nestlé, sent a warning to both Facebook and Google that it would pull its digital ads if social media networks do not do a better job of monitoring objectionable content and fabricated news stories.

## The Pharmacy Sphere

While recent headlines have focused on the political implications of cyberspace hazards, the issues raised are not exclusive to democracy, or elections, or politics. The manipulation of the social media space, the viral spread of disinformation, and the difficulty of identifying the trustworthiness of any particular source apply to virtually every other online sphere, including pharmacy.

In some ways, however, protections in the pharmacy sphere may be further along than in the political arena, in part because of the sector’s – including NABP’s – efforts over the last two decades to focus on patient safety amidst online hazards. NABP’s launch of the VIPPS program in 1999 was a notable landmark. The Association also worked with other stakeholders to influence advertising policies for search engines and other online platforms to allow only legitimate pharmacies to promote themselves; this has generally taken the form of advertising policies that require those entities that wish to advertise pharmacy products and services to demonstrate their bona fides via certification by respected outside agencies. Twitter, for example, requires pharmacies to be accredited by NABP in order to advertise on that platform; search engines Google, Bing, and Yahoo! likewise require advertisers of pharmacy products or services to be certified, including through NABP’s .Pharmacy and VIPPS programs. In addition, GoodRx, a mobile app and

website that gathers prescription drug prices and offers drug coupons in the US, only lists licensed US pharmacies that have been verified by NABP. Visa, Inc, also updated its policies to require merchants that facilitate the sale of drugs where the customer’s credit card is not physically present (card-not-present transactions) to maintain a valid certification such as through NABP’s .Pharmacy Program.

NABP has continued to lead the effort to give consumers a safe online space to access pharmacy services, with the .Pharmacy Program. Rather than trying to deal with sites that may or may not be what they appear, and parse which information facing them is valid and which is not, consumers have an entire safe domain to which they can turn. Because NABP administers the domain with public safety as its guiding principle, the companies allowed to use the .pharmacy address have been verified as being legitimate and following the laws of the jurisdictions in which they do business.

The .Pharmacy Program is available to a variety of pharmacy-related businesses as well as pharmacies with an internet presence. Types of businesses include veterinary pharmacies, continuing education providers, drug information sites, wholesale drug distributors, pharmacy regulators, medical professional sites, and more. In addition, NABP recently updated its .pharmacy policy standards to require any wholesale drug distributor interested in obtaining a .pharmacy domain to be accredited through the Association’s Verified-Accredited Wholesale Distributors® program. A complete list of eligible registrants is available at [www.nabp.pharmacy/safe](http://www.nabp.pharmacy/safe).

The battle against misinformation will likely never be completely won in the fast-evolving internet era, but NABP will continue to be on the forefront of efforts to ensure consumers have access to reliable, verified pharmacy-related information. ■

## Boards Report Over 6,000 Disciplinary Actions to the NABP Clearinghouse in 2017

The Association’s year-end data results for 2017 showed a total of 6,103 disciplinary actions (13.9% increase) reported to the NABP Clearinghouse. In 2016, 5,357 actions were reported.

Of the 6,103 actions reported in 2017:

- **2,469 (40.6%) were on pharmacists;**
- **1,716 (28.1%) were on pharmacies;**
- **1,565 (25.6%) were on pharmacy technicians;**
- **116 (1.9%) were on wholesalers and manufacturers;**
- **80 (1.3%) were on other licensees\*;**
- **70 (1.2%) were on pharmacy interns;**
- **66 (1.1%) were controlled substance licenses; and**
- **21 (0.3%) were on mail-order pharmacies.**

\* Other licensees include Drug Enforcement Administration registrations, durable medical equipment providers, other professionals, outsourcing facilities, over-the-counter drug permit holders, pharmacy assistants, repackagers, sterile compounders, and veterinary organizations.

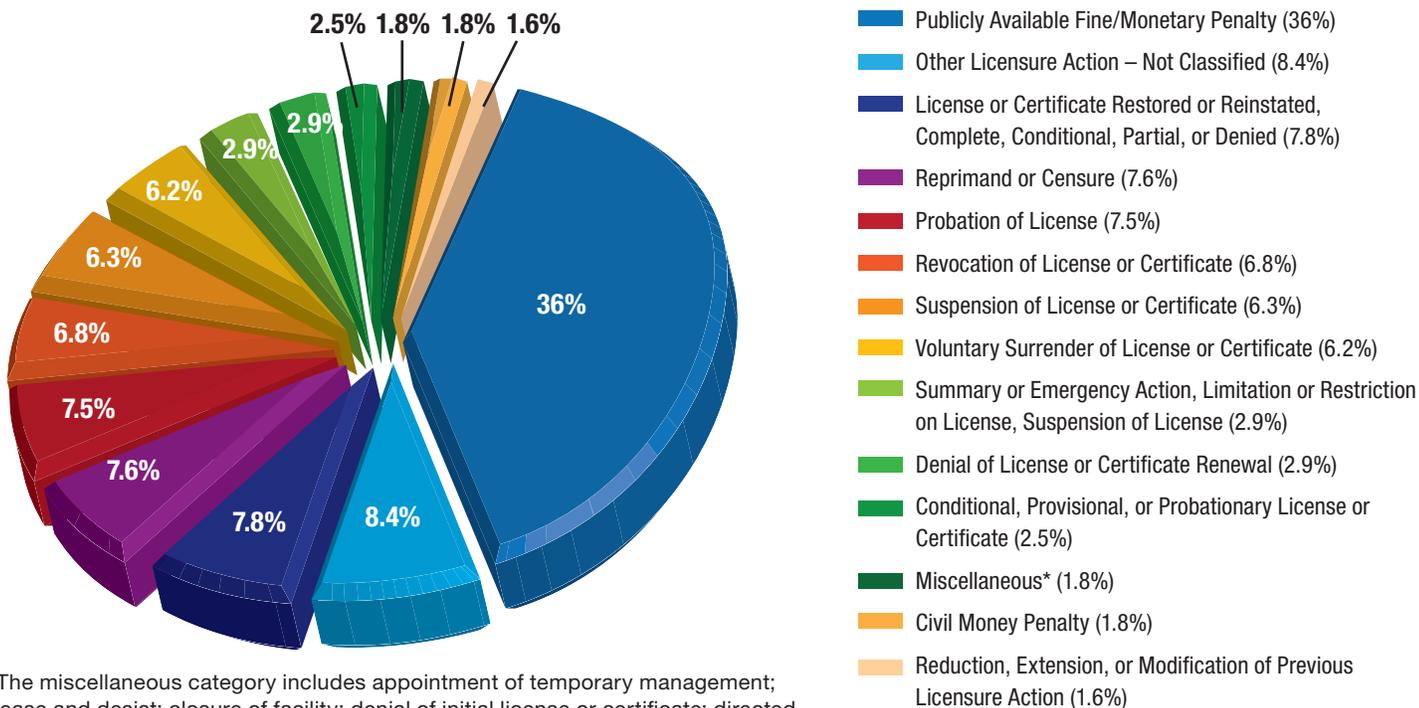
For a full breakdown of the actions taken and the bases for actions taken during 2017, see Figure A below and Figure B on page 18.

### Ensuring Compliance for the Boards

As stated in the NABP Constitution and Bylaws, participation in the NABP Clearinghouse is required as part of a board of pharmacy’s membership to the Association. Timely reporting to the NABP Clearinghouse is essential to maintaining the integrity of the licensure transfer program. In addition, NABP encourages all boards to designate NABP as their reporting agent to the National Practitioner Data Bank (NPDB). By doing so, boards can free up valuable resources and staff time to focus on other board matters. To date, 33 boards of pharmacy have designated NABP as a reporting agent, allowing the Association to transmit all required records to NPDB and provide feedback on NPDB rejected or accepted data. In addition, monthly Clearinghouse reports are available for the boards in NABP e-Profile Connect.

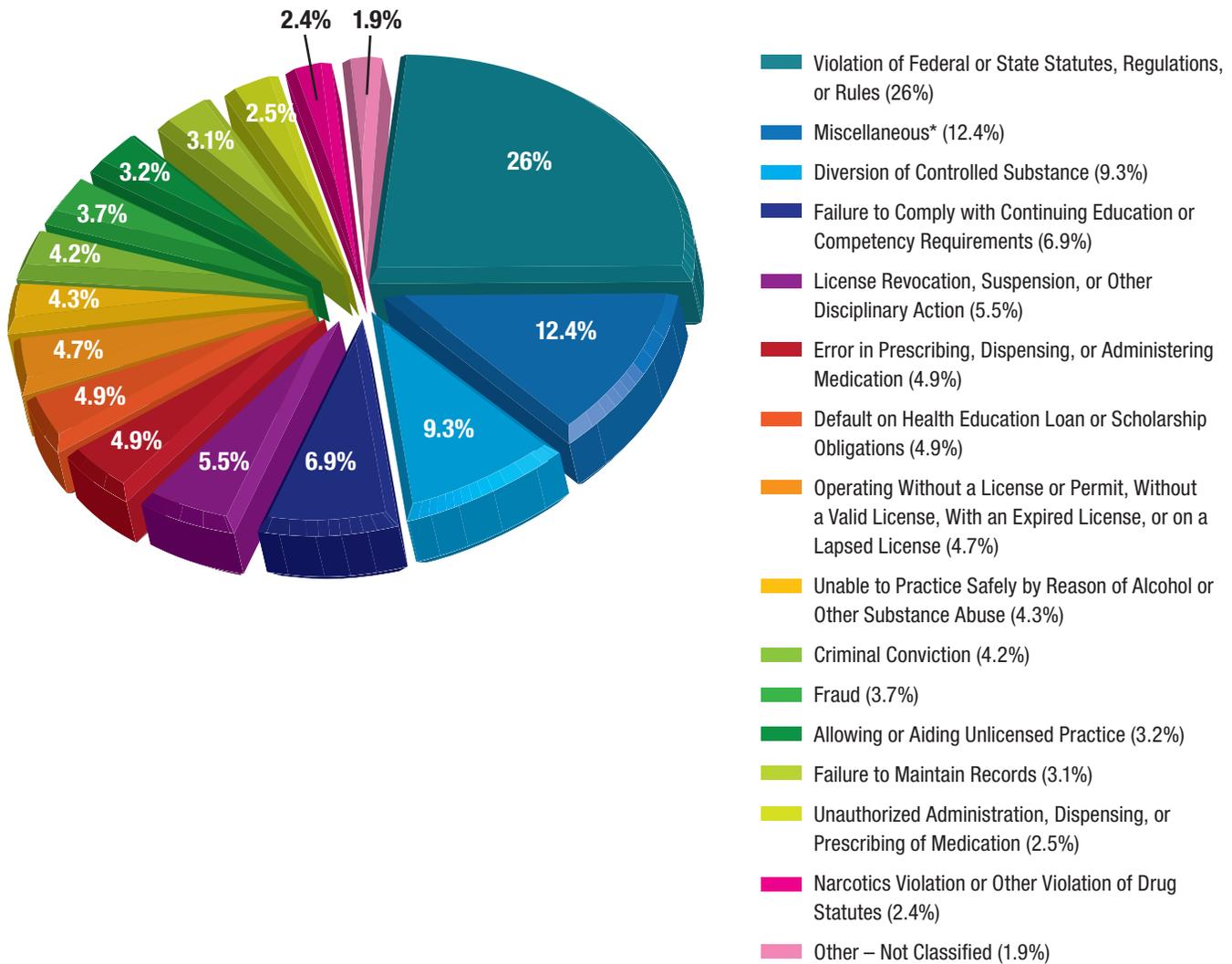
Additional information about the NABP Clearinghouse, including how to designate NABP as a reporting agent for NPDB, is available under the Member Services section on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■

**Figure A: Disciplinary Actions Reported During 2017**



\*The miscellaneous category includes appointment of temporary management; cease and desist; closure of facility; denial of initial license or certificate; directed in-service training; directed plan of correction; interim action – agreement to refrain from practice during investigation; limitation of restriction on license; on-site monitoring; publicly available negative action or finding; restrictions on admissions or services; and voluntary limitation or restriction on license.

**Figure B: Bases for Disciplinary Actions Reported During 2017**



\*The miscellaneous category includes breach of confidentiality; conduct evidencing ethical unfitnes; conduct evidencing moral unfitnes; deferred adjudication; disruptive conduct; diverted conviction; drug screening violation; exclusion or suspension from a federal or state health care program; expired drugs in inventory; failure to comply with patient consultation requirements; failure to consult or delay in seeking consultation with supervisor/proctor; failure to cooperate with board investigation; failure to maintain supplies/missing or inadequate supplies; failure to meet the initial requirements of a license; failure to meet licensing board reporting requirements; failure to obtain informed consent; failure to pay child support/delinquent child support; failure to take corrective action; immediate threat to health or safety; improper or abusive billing practices; improper or inadequate supervision or delegation; inadequate or improper infection control practices; inadequate security for controlled substances; incompetence; lack of appropriately qualified professionals; misappropriation of patient property or other property; misbranding drug labels/lack of required labeling on drugs; misrepresentation of credentials; negligence; nolo contendere plea; operating beyond scope of license; practicing beyond the scope of practice; sexual misconduct; substandard or inadequate care; substandard or inadequate skill level; unable to practice safely; unable to practice safely by reason of physical illness or impairment; unable to practice safely due to psychological impairment or mental disorder; violation of or failure to comply with licensing board order; and violation of federal or state tax code.

## PCOA Data Continue to Demonstrate Measurement of Student Growth in Professional Curricula

Pharmacy Curriculum Outcomes Assessment® (PCOA®) data continue to show a step progression in knowledge as students advance in their studies. PCOA score results provide valuable information about students' knowledge in subject matter representative of United States doctor of pharmacy program curricula. The PCOA is the only independent, objective, and national assessment that enables schools and colleges of pharmacy to measure their students' knowledge in pharmacy curricula and compare their results to other peer programs throughout the US.

### Scores Increase as Students Advance

PCOA results show that, in general, scores increase as students progress from the first year through fourth year of the professional curriculum. This step progression of performance provides evidence that results of the PCOA are a measure of the expected increase in students' knowledge in US pharmacy school curricula.

**Figure A on this page shows the overall mean scaled scores for students testing in 2014-2017.**

The progression and retention of student knowledge is also observed over the four content areas of the assessment (basic biomedical sciences, pharmaceutical sciences, social/behavioral/administrative pharmacy sciences, and clinical sciences). For example, PCOA data show that P1 students' scores are higher in basic biomedical sciences compared to more advanced content areas such as clinical sciences. However, as students progress in their educational experience, P3 and P4 students score higher in more advanced content areas such as clinical sciences and social/behavioral/administrative pharmacy sciences.

**Figure B on page 20 illustrates the progression and retention of student knowledge over the four content areas.**

NABP surveys the schools and colleges of pharmacy after each testing window to obtain information regarding their experiences and to create dialogue regarding program improvement. The PCOA is administered five times a year.

As part of a school or college of pharmacy's efforts in student and curricular strategies assessment, the PCOA may also be used to:

- Evaluate educational objectives;
- Measure the overall performance of pharmacy students and compare their scores to a representative national sample;

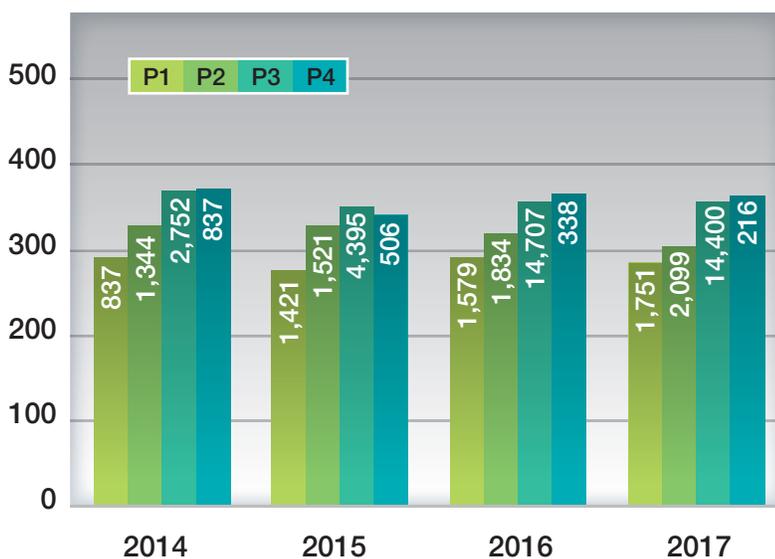
- Evaluate student progress in the curriculum when used with classroom assessment, portfolios, etc;
- Track scores from year to year in order to monitor student growth;
- Review student performance after curricula have been modified or updated, or;
- Conduct educational research.



In 2016, the PCOA became a requirement for individuals nearing the completion of their didactic curriculum to meet Standard 24: Assessment Elements of the Accreditation Council for Pharmacy Education Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. In 2017, there were 18,466 PCOA exams administered to 134 schools and colleges of pharmacy.

More information about the PCOA, including the updated PCOA Administration Highlights document that provides additional PCOA data, is available in the Programs section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■

**Figure A: Overall Mean Scaled Scores for All Students Testing 2014-2017**

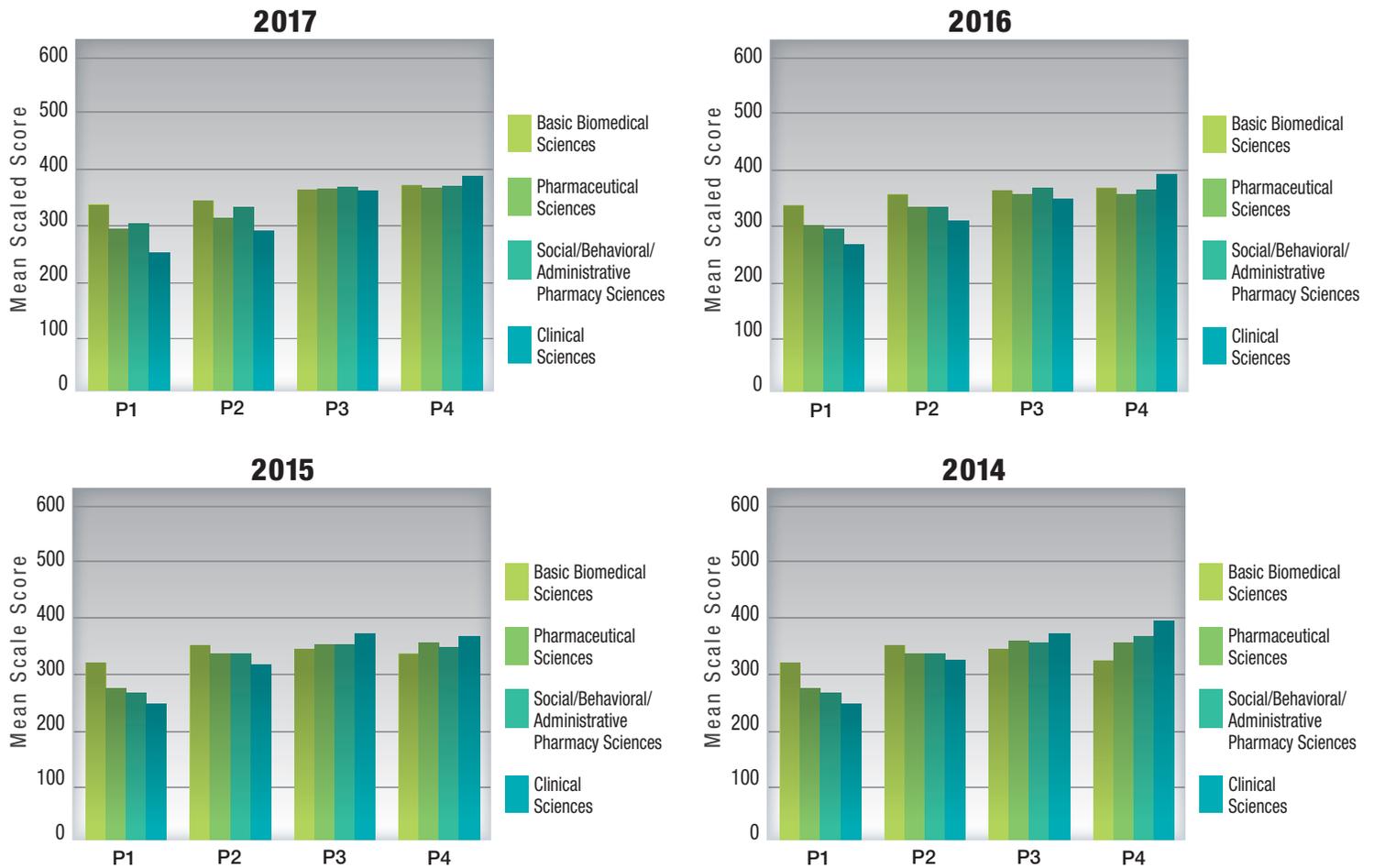


Data from 2014 to 2017 indicate that there is a progression of student scores across program years P1 through P4. The number of P1-P4 students taking the PCOA each year is shown.

## PCOA Data

continued from page 19

### Figure B: Progression and Retention of Knowledge From 2014-2017



Data from 2014 to 2017 demonstrate progression and retention of knowledge in the four core competency areas as students progress through the professional curriculum.

(Right) The North American Pharmacist Licensure Examination® Review Committee convened in February 2018 at NABP Headquarters to review and develop examination questions. Pictured are (counterclockwise, left to right) Eric F. Schneider, PharmD, BCPS, Wingate University; Benjamin L. Prewitt, PharmD, RPh, Lebanon, OH; Tyler Martinson, PharmD, RPh, Chesapeake, VA; Darla Gallo, RPh, Philadelphia, PA; and James Scott, MEd, PharmD, RPh, Western University of Health Sciences.



## Number of Administrations for NABP Examinations and Assessments Increased in 2017

NABP examination administrations increased across the board in 2017, reflecting numerous changes in the practice of pharmacy.



The number of North American Pharmacist Licensure Examination® (NAPLEX®) administrations rose slightly, with 18,193 administrations from January 1, 2017, through December 31, 2017, compared to 18,127 administrations in 2016, representing an increase of 0.4%, continuing the consistent trend of increases from year to year.

Currently, there are 130 Accreditation Council for Pharmacy Education (ACPE)-accredited schools and

colleges of pharmacy in the United States that have graduating classes.

The Pre-NAPLEX®, which serves as the practice examination for the NAPLEX, had a total of 12,249 administrations in 2017, a decrease of 0.8% when compared to the 2016 administrations.



The number of Multistate Pharmacy Jurisprudence Examination® (MPJE®) administrations showed an increase in 2017. The MPJE had a total of 32,561 administrations, which is an increase of 3.9% compared to 2016. This increase is likely related to the steady number of license transfer requests. In addition, there's been an increase in the number of boards that require

the MPJE. In 2017, 50 jurisdictions required the MPJE for initial licensure and license transfer.



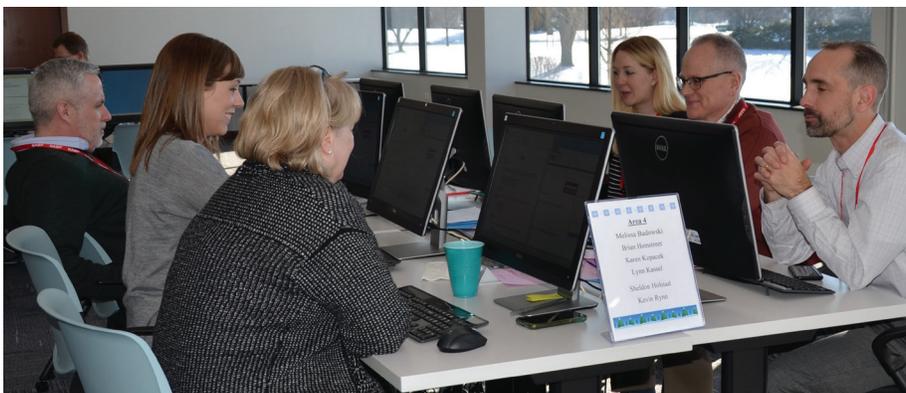
The Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) had a total of 1,540 candidates who sat for the 2017 spring and fall administrations, which represents a 0.8% increase when compared to 2016.

The Pre-FPGEE®, the practice examination for the FPGEE, had a total of 609 administrations in 2017, a decrease of 4.5% compared to 2016.



More than 18,000 students from 134 schools and colleges of pharmacy participated in the 2017 testing windows for the Pharmacy Curriculum Outcomes Assessment® (PCOA®). NABP continues to cover the cost of one-time PCOA administrations to students nearing the completion of their didactic curriculum for compliance with *ACPE Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree*. See page 19 for information about the PCOA data.

More information on NABP examinations and assessments is located in the Programs section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■



(Above) Committee members convened at NABP Headquarters in January 2018 to discuss and review items for the Foreign Pharmacy Graduate Equivalency Examination® and the Pharmacy Curriculum Outcomes Assessment®. Pictured are (counterclockwise, left to right) Kevin Rynn, PharmD, RPh, FCCP, DABAT, University of Illinois at Chicago College of Pharmacy; Lynn Kassel, PharmD, RPh, Drake University College of Pharmacy & Health Sciences; Karen Kopacek, RPh, University of Wisconsin–Madison School of Pharmacy; Brian Hemstreet, PharmD, RPh, FCCP, BCPS, Regis University School of Pharmacy; Sheldon Holstad, PharmD, American College of Clinical Pharmacy; and Melissa Badowski, PharmD, RPh, BCPS, University of Illinois at Chicago College of Pharmacy.

## 2018-2019 NAPLEX Review Committee Announced

NABP is pleased to announce the members of the 2018-2019 North American Pharmacist Licensure Examination® (NAPLEX®) Review Committee, introducing one new member and commending 30 returning members.

Composed of faculty and pharmacists who are representative of the diversity of pharmacy practice, the NAPLEX Review Committee is responsible for reviewing examination questions, attending and participating in meetings, and overseeing the development of new test questions. Acting under the policy and planning guidance of the Advisory Committee on Examinations and the NABP Executive Committee, these dedicated volunteers share the task of safeguarding the integrity and validity of the Association's examination. NABP appreciates the assistance of these committee members as they evaluate examination content and ensure that it meets the specified competency assessment statements.

The following NAPLEX Review Committee members began their terms on February 1, 2018.

- **Marie Abate, PharmD, RPh,** West Virginia University
- **Jennifer Beall, PharmD, RPh, BCPS,** Samford University
- **Christopher Betz, PharmD, RPh, BCPS,** Sullivan University
- **Kristy Brittain, PharmD, RPh, BCPS, CDE,** Medical University of South Carolina
- **Michael Cockerham, MS, PharmD, RPh, BCOP, FASHP,** University of Louisiana – Monroe
- **Ariane Conrad, PharmD,** Silver Spring, MD
- **Dosha Cummins, PharmD, RPh, BCPS,** NYIT College of Osteopathic Medicine at Arkansas State University

- **Mark Decerbo, PharmD, RPh, BCPS, BCNSP,** Roseman University of Health Sciences
- **Betty Dong, PharmD, RPh,** University of California – San Francisco
- **Darla Gallo, RPh,** Philadelphia, PA
- **Robert P. Henderson, PharmD, RPh, BCPS,** Samford University
- **William A. Hopkins, Jr, PharmD, RPh,** Big Canoe, GA
- **Tom M. Houchens, RPh,** London, KY
- **Arthur I. Jackowitz, PharmD, RPh,** professor emeritus, West Virginia University
- **William Kehoe, Jr, MA, PharmD, RPh, BCPS,** University of the Pacific
- **Susan C. Lutz, RPh,** Altoona, IA
- **Tyler Martinson, PharmD, RPh,** Chesapeake, VA
- **Christina “Tina” Minden, PharmD, RPh, CGP, FASCP,** Little Rock, AR
- **David W. Newton, PhD,** Winchester, VA
- **Roy Parish, PharmD, RPh, BCPS,** professor emeritus, University of Louisiana – Monroe
- **Adam Pate, PharmD, RPh, BCPS,** University of Mississippi



- **Benjamin Prewitt, PharmD, RPh,** Lebanon, OH
- **David B. Roll, PhD,** professor emeritus, University of Utah
- **Eric F. Schneider, PharmD, BCPS,** Wingate University
- **James Scott, MEd, PharmD, RPh,** Western University of Health Sciences
- **Cynthia Sieck, PharmD, RPh,** Vancouver, WA
- **Winter Smith, PharmD, RPh, BCPS,** Texas Tech University Health Sciences Center
- **John L. Szarek, PhD,** Geisinger Commonwealth Medical College
- **Susan Cunha Villegas, PharmD, RPh,** Long Island University
- **Neal F. Walker, RPh,** Hill City, MN
- **Siu-Fun Wong, PharmD, RPh, FASHP, FCSHP,** Chapman University

Purple color denotes new member. ■

### In Memoriam: Frank Gilmore

NABP is sad to report that W. Franklin “Frank” Gilmore, emeritus professor and research professor of medicinal chemistry at Montana Tech of the University of Montana, passed away on February 14, 2018. He was an active member of the North American Pharmacist Licensure Examination® Review Committee for more than 15 years and a good friend and mentor to many. NABP’s thoughts and prayers are with his family, friends, and colleagues.





# TO CLIMB UPWARD, WE MUST THINK FORWARD

114<sup>th</sup> NABP Annual Meeting | May 5-8, 2018 | Denver, Colorado

## Schedule of Events

### Saturday, May 5, 2018

10 AM - 5 PM

**Registration Desk Open**

1:30 - 3:30 PM

**Pre-Meeting CPE  
Regulating Medical Cannabis – At  
the Height of Controversy**

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 Desk Open**

7:30 - 9 AM

**NABP AWAR<sub>x</sub>E Fun Run/Walk**

8:30 - 11:30 AM

**Hospitality Brunch and Educational  
Table Top Displays**

9 - 11 AM

**Joint CPE**

**Educational Poster Session:  
Thinking Forward to Educate**

9:30 - 10:30 AM

**Public Member Forum**  
*(By invitation only)*

Noon - 3:15 PM

**First Business Session**

**Presiding: Jeanne D. Waggener,  
RPh, DPh, NABP President**

- Welcome Remarks  
Carmen A. Catizone, MS, RPh,  
DPh, NABP Executive Director/  
Secretary
- Presentation of Colors
- National Anthem
- Keynote Address  
Aron Ralston, Author and  
Adventurer
- Call to Order
- Greetings From the Host State  
Colorado State Board of  
Pharmacy
- Report of the Executive  
Committee  
Hal Wand, MBA, RPh,  
Chairperson, NABP Executive  
Committee
- President’s Address  
Jeanne D. Waggener, RPh, DPh,  
NABP President
- Report of the Treasurer  
Jack W. “Jay” Campbell IV, JD,  
RPh, NABP Treasurer
- Announcement of Candidates  
for Open Executive Committee  
Officer and Member Positions
- Open Microphone Session  
(Time permitting)

3:45 - 4:45 PM

**Joint CPE**

**Medication-Assisted Treatment:  
The Next Step in Combating the  
Opioid Epidemic**

### Monday, May 7, 2018

7:30 AM - 1 PM

**Registration 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**

**Education: Essential Tools to  
Catapult Your Board to the Top**

10:45 AM - 12:30 PM

**Second Business Session**

**Presiding: Jeanne D. Waggener,  
RPh, DPh, NABP President**

- Report of the Executive Director/  
Secretary  
Carmen A. Catizone, MS, RPh,  
DPh, NABP Executive Director/  
Secretary
- Report of the Committee on  
Resolutions  
Susan Ksiazek, RPh, NABP  
President-Elect and Chairperson,  
Committee on Resolutions  
– First Reading of Resolutions

continued on page 24

## Schedule of Events

continued from page 23

- Report of the Committee on Constitution and Bylaws  
Stuart T. Williams, JD,  
Chairperson, Committee on Constitution and Bylaws  
– Presentation of Proposed Amendments to the Constitution and Bylaws
- Candidate Speeches for Open Executive Committee Officer and Member Positions

12:30 - 1 PM

### Informal Member/Candidate Discussion

Free Afternoon

(No programming)

## Tuesday, May 8, 2018

7:30 AM - 4 PM

### Registration Desk Open

7:30 - 8:30 AM

### NABP Breakfast

8:30 - 10 AM

### Executive Officer and Board Member CPE

### Climbing to the Highest Peak – Transitioning Pharmacy Regulation to Standards of Care

8:30 - 10 AM

### Compliance Officer CPE

### Measuring the Way: Metrics Supporting Regulation

10:30 AM - Noon

### Expanding on Forum Discussions – Moving Forward With Shared Topics

Noon - 1:30 PM

### Lunch Break

(On your own)

1:30 - 4:15 PM

### Final Business Session

### Presiding: Jeanne D. Waggener, RPh, DPh, NABP President

- Election of the 2018-2019 Executive Committee Officers and Members
- Remarks of the Incoming President Susan Ksiazek, RPh, NABP President-Elect
- Installation of 2018-2019 Executive Committee Officers and Members
- Final Report of the Committee on Constitution and Bylaws  
Stuart T. Williams, JD,  
Chairperson, Committee on Constitution and Bylaws  
– Discuss and Vote on Amendments to the Bylaws
- Final Report of the Committee on Resolutions  
Susan Ksiazek, RPh, 2018-2019 NABP President and Chairperson, Committee on Resolutions  
– Discuss and Vote on Resolutions
- Invitation to the 2019 Annual Meeting in Minneapolis, MN

6 - 6:45 PM

### Awards Dinner Reception

7 - 9 PM

### Annual Awards Dinner

Dress: semiformal

### Presiding: Susan Ksiazek, RPh, NABP President

- Presentation to 2018 Honorary President
- Presentation to Jeanne D. Waggener, RPh, DPh, 2018-2019 Chairperson, NABP Executive Committee
- Presentation of the 2018 Fred T. Mahaffey Award
- Presentation of the 2018 John F. Atkinson Service Award
- Presentation of the 2018 Lester E. Hosto Distinguished Service Award

Note: The 114<sup>th</sup> Annual Meeting schedule is subject to change. The final schedule will be posted prior to the meeting at [www.NABPAnnualMeeting.pharmacy](http://www.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](mailto: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](http://www.NABPAnnualMeeting.pharmacy). Instructions for claiming CPE credits, including continuing legal education credits, also are provided.

## CPE to Address Medical Cannabis, Opioid Epidemic, and Other Timely Topics

The NABP 114<sup>th</sup> Annual Meeting offers attendees the chance to earn Accreditation Council for Pharmacy Education (ACPE)-accredited continuing pharmacy education (CPE) credit. The Annual Meeting's knowledge-based CPE activities are designed to address current issues affecting the regulation of pharmacy practice.

### Saturday, May 5 • Pre-Meeting CPE

#### Regulating Medical Cannabis – At the Height of Controversy

ACPE UANs: 0205-0000-18-001-L03-P/T  
(0.2 CEUs – 2 contact hours)

The number of states enacting medical cannabis/marijuana laws in conflict with existing federal law continues to grow and is fast approaching more than 30 states and the District of Columbia. The current and future legal landscape is uncertain, particularly for state boards of pharmacy who find themselves with varying roles and responsibilities in regard to the regulation and distribution of medical cannabis/marijuana. As states move forward with regulations, the foundational discussion centers around medical cannabis/marijuana – containing only pharmacotherapeutic and non-psychotropic compounds – as an effective treatment modality for various disease states, balanced against the documented potential for abuse and impact as a gateway for escalating drug use. This session will provide an in-depth discussion on medical cannabis/marijuana, including the current laws enacted by various states, how the drug is being used to treat certain disease states, and future actions to recognize or restrict its use.

### Sunday, May 6 • Joint CPE

#### Educational Poster Session: Thinking Forward to Educate

ACPE UANs: 0205-0000-18-002-L04-P/T  
(0.1 CEU – 1 contact hour)

Providing the opportunity to interact with presenters and fellow attendees, the annual Educational Poster Session also offers an opportunity to earn CPE credit. Board of pharmacy and school and college of pharmacy representatives will present various poster displays related to “thinking forward to educate” on new pharmacy practices in furtherance of protecting the public health. CPE is earned through interactive participation with presenters for one hour during the two-hour offering and by completing and passing a post-session test.

### Joint CPE

#### Medication-Assisted Treatment: The Next Step in Combating the Opioid Epidemic

ACPE UANs: 0205-0000-18-003-L03-P/T  
(0.1 CEU – 1 contact hour)

Despite state prescription monitoring programs (PMPs) and other efforts to eliminate unnecessary or excessive prescribing of controlled substances, the opioid crisis continues to claim lives. Decreased access to opioids is shifting abuse to heroin and lethal fentanyl analogs. Educating practitioners and patients as well as providing treatment for those with opioid use disorders are necessary next steps in the battle against the opioid crisis. Attendees will learn from pharmacy regulators and other experts about opioid treatment programs and how incorporating the use of medication-assisted treatments will provide another tool to help address the opioid epidemic.

### Monday, May 7 • Joint CPE

#### Education: Essential Tools to Catapult Your Board to the Top

ACPE UANs: 0205-0000-18-004-L03-P/T  
(0.1 CEU – 1 contact hour)

Too often, the perception of the state board of pharmacy is that of a stark, regulatory enforcement agency that is quick to take punitive measures, but offers little in terms of support and education for licensees. This session will show how to develop essential tools, including social media, to help message and educate pharmacists, pharmacy technicians, and students about the importance of the boards of pharmacy, and how regulations are developed and implemented to improve compliance and patient care.

continued on page 26

Learning objectives and speaker information for each CPE session, as well as requirements for obtaining CPE credit, will be available at [www.NABPAnnualMeeting.pharmacy](http://www.NABPAnnualMeeting.pharmacy).

## Travel Grant to Attend Annual Meeting Still Available

Are you an active board of pharmacy member or administrative officer who is attending the NABP 114<sup>th</sup> Annual Meeting? NABP still has travel grant opportunities available for qualified individuals that cover up to \$1,500 of the costs related to travel, hotel rooms, meals, taxis, parking, and tips. The grant does not include Annual Meeting registration fees.



- 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.
- Active member boards of pharmacy must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions in order to receive reimbursement.

To obtain a grant application, board administrative officers may contact the NABP Executive Office at [ExecOffice@nabp.pharmacy](mailto:ExecOffice@nabp.pharmacy). ■

### Online Registration

Is Available at

[www.NABPAnnualMeeting.pharmacy](http://www.NABPAnnualMeeting.pharmacy)

## Support Children's Hospital Colorado With Purchase of AWAR<sub>x</sub>E Fun Run/Walk T-shirts



Annual Meeting attendees can support Children's Hospital Colorado by purchasing an AWAR<sub>x</sub>E Fun Run/Walk t-shirt for \$20 when registering for the Annual Meeting at [www.NABPAnnualMeeting.pharmacy](http://www.NABPAnnualMeeting.pharmacy) or at the meeting, or by making a cash donation. A limited quantity of t-shirts is available. All proceeds will go to the nonprofit organization, which cares for children at all ages and stages of life.

A few spots are open for the AWAR<sub>x</sub>E Fun Run/Walk, which takes place on Sunday, May 6, at 7:30 AM. To hold a spot for the event, select the Fun Run/Walk session during the online meeting registration process.

### CPE Sessions

continued from page 25

**Tuesday, May 8 • Executive Officer and Board Member CPE**

### Climbing to the Highest Peak – Transitioning Pharmacy Regulation to Standards of Care

ACPE UANs: 0205-0000-18-005-L03-P/T  
(0.15 CEU – 1.5 contact hours)

While pharmacists continue to expand their scope of practice, pharmacists often construe the pharmacist's legal scope of practice as preventing the provision of optimal patient care. Pharmacy practice acts and regulations, by request of the profession and regulatory design, seek to clearly define practice and eliminate any ambiguity or deference to interpretive standards. This session will

present for discussion and analysis the comparison of the current model of regulation governing the practice of medicine's reliance on standards of care and its possible application in pharmacy practice acts and regulations.

### Compliance Officer CPE

### Measuring the Way: Metrics Supporting Regulation

ACPE UANs: 0205-0000-18-006-L03-P/T  
(0.15 CEU – 1.5 contact hours)

There is a voluminous amount of data collected by regulatory boards. Is all this data being analyzed so it can be used as advantageously as possible? Attendees will learn how the other national regulatory associations have obtained a vast network of usable data and developed metrics for analyzing that data. Also discussed will be how the Virginia Board of Pharmacy is using its PMP data to enhance regulatory compliance and enforcement and what the future holds. ■

## Law Enforcement/Legislation Committee Convenes



In January 2018, the Committee on Law Enforcement/Legislation convened at NABP Headquarters to review and comment on existing legislation and rules for the practice of pharmacy. Pictured are (left to right) Jeenu Philip, BPharm, RPh, member, Florida Board of Pharmacy; Debbie Mack, PD, RPh, member, Arkansas State Board of Pharmacy; Lee Ann F. Bundrick, RPh, administrator, South Carolina Department of Labor Licensing and Regulation – Board of Pharmacy; Debbie Chisolm, RPh, member, Connecticut Commission of Pharmacy; Gayle D. Ziegler, RPh, member, North Dakota State Board of Pharmacy; Steven Schierholt, Esq, executive director, State of Ohio Board of Pharmacy (committee chair); Virginia “Giny” Herold, MS, executive officer, California State Board of Pharmacy; Jack W. “Jay” Campbell, IV, JD, RPh, NABP Executive Committee liaison; Lenora Newsome, PD, RPh, member, Arkansas State Board of Pharmacy; Allison Vordenbaumen Benz, MS, RPh, executive director/secretary, Texas State Board of Pharmacy; and Lemrey “Al” Carter, MS, PharmD, RPh, member, Illinois Department of Financial and Professional Regulation, Division of Professional Regulation – State Board of Pharmacy. ■

## Workgroup on International Membership Meets in January



The Workgroup on International Membership met January 10, 2018, at NABP Headquarters to review the impact analysis compiled by NABP staff and provide input on the feasibility of the Task Force on Expanding International Membership recommendations and any other alternatives identified by staff in the context of the impact analysis. Pictured are (left to right) Malcolm J. Broussard, RPh, executive director, Louisiana Board of Pharmacy; Joseph L. Adams, RPh, DPh, Louisiana; Philip P. Burgess, MBA, DPh, RPh, member, NABP Executive Committee; Stuart Williams, JD, member, Minnesota Board of Pharmacy; and Sam Lanctin, BScPharm, MBA, registrar, New Brunswick College of Pharmacists. ■

## Around the Association

### Executive Officer Changes

- **Geoffrey N. Christ, RPh, JD**, has been named executive secretary of the Delaware State Board of Pharmacy. Prior to accepting the position, Christ was a pharmacist with Walgreens for 10 years. He also served as a member, serving for two years as president on the Board from 2006-2012. While on the Board, he served on two task forces – one for tamper-proof prescription pad legislation and one for establishing a prescription monitoring program – that resulted in legislation still in force. Christ graduated from the University of Maryland School of Pharmacy and Widener University Delaware Law School in 2002.
- **Larry A. Hadley, RPh**, has been named executive director of the Kentucky Board of Pharmacy, replacing Steve Hart. Prior to this position, he served as a member of the Board from 2009-2017. Hadley's career has primarily been based in community retail, both chain and independent. He served as director of operations for Begley Drug Company and served in district and regional positions for Rite Aid Corporation. Most recently, Hadley owned and operated an independent pharmacy in Frankfort, KY. Hadley was awarded the Bowl of Hygeia in 2005 and the Kentucky Pharmacists Association Distinguished Service Award in 2009. He graduated from the University of Kentucky College of Pharmacy in 1975.
- **Cheranne McCracken, PharmD, RPh**, has been named executive director/chief drug inspector of the New Mexico Board of Pharmacy. McCracken has served as a drug inspector with the New Mexico Board of Pharmacy for six years and is a graduate of the University of New Mexico College of Pharmacy.

- **Jeana Wendel, BSc, BSc, Pharm**, has been named registrar of the Saskatchewan College of Pharmacy Professionals, replacing Ray Joubert. Most recently, Wendel was site manager at Allan Blair Cancer Centre in Regina, Saskatchewan. She holds a bachelor of science in biology from the University of Regina and a bachelor of science in pharmacy from the University of Alberta in Edmonton, Alberta. In addition, she owned and practiced in a community pharmacy before practicing pharmacy with the Saskatchewan Cancer Agency.

### Board Member Appointments

- **Brian Gonzales** has been appointed a public member of the Colorado State Board of Pharmacy. Gonzales' appointment will expire July 1, 2019.
- **Jonathan Hickman, PharmD, RPh**, has been appointed a member of the Florida Board of Pharmacy. Hickman's appointment will expire October 31, 2021.
- **Richard Montgomery, BPharm, MBA, RPh**, has been appointed a member of the Florida Board of Pharmacy. Montgomery's appointment will expire October 31, 2018.
- **Blanca Rivera, MPharm, MBA, RPh**, has been appointed a member of the Florida Board of Pharmacy. Rivera's appointment will expire October 31, 2019.
- **David Wright, BPharm, RPh**, has been appointed a member of the Florida Board of Pharmacy. Wright's appointment will expire October 31, 2019.
- **Glen Pietrandoni, RPh**, has been appointed a member of the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation – State

Board of Pharmacy. Pietrandoni's appointment will expire April 1, 2022.

- **Peter P. Cohron, JD, RPh**, has been appointed a member of the Kentucky Board of Pharmacy. Cohron's appointment will expire January 1, 2022.
- **Joe Davis Forgy** has been appointed a public member of the Kentucky Board of Pharmacy. Forgy's appointment will expire January 1, 2022.
- **Jill Rhodes, RPh**, has been appointed a member of the Kentucky Board of Pharmacy. Rhodes' appointment will expire January 1, 2022.

### Board Member Reappointments

- **David Bisailon** has been reappointed a public member of the Florida Board of Pharmacy. Bisailon's appointment will expire October 31, 2018.
- **Jeffrey Mesaros, PharmD, JD, RPh**, has been reappointed a member of the Florida Board of Pharmacy. Mesaros' appointment will expire October 31, 2020.
- **Mark Mikhael, PharmD, RPh**, has been reappointed a member of the Florida Board of Pharmacy. Mikhael's appointment will expire October 31, 2020.
- **Jeenu Philip, BPharm, RPh**, has been reappointed a member of the Florida Board of Pharmacy. Philip's appointment will expire October 31, 2019.
- **Joseph Bruno, RPh**, has been reappointed a member of the Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation – Board of Pharmacy. Bruno's appointment will expire November 30, 2020.

- **Kevin Holland, RPh**, has been reappointed a member of the Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation – Board of Pharmacy. Holland’s appointment will expire November 30, 2018.
- **Kirsten Martin** has been reappointed a public member of Maine Department of Professional and Financial Regulation, Office

of Professional and Occupational Regulation – Board of Pharmacy. Martin’s appointment will expire November 30, 2019.

- **Shane Savage, RPh**, has been reappointed a member of the Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation – Board of Pharmacy. Savage’s appointment will expire November 30, 2019.

- **Larry Calvert, RPh**, has been reappointed a member of the Mississippi Board of Pharmacy. Calvert’s appointment will expire June 30, 2022.
- **James O. Spoon, DPh**, has been reappointed a member of the Oklahoma State Board of Pharmacy. Spoon’s appointment will expire June 30, 2022. ■



## Newly Accredited VAWD Facilities

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

**A+ Secure Packaging, LLC**  
La Vergne, TN

**AmerisourceBergen Drug Corporation**  
Corona, CA  
Orlando, FL  
Phoenix, AZ  
Kansas City, MO

**Bioverativ US LLC**  
Waltham, MA

**Boston Medical Products, Inc**  
Shrewsbury, MA

**Burlington Drug Company, Inc**  
Milton, VT

**Crown Laboratories, Inc**  
Johnson City, TN

**Exel Inc, dba DHL Supply Chain (USA)**  
Stone Mountain, GA

**FFF Enterprises, Inc**  
Temecula, CA

**Fisher Scientific Company, LLC, dba Fisher Scientific and Fisher Healthcare**  
Federal Way, WA  
Raleigh, NC  
Dallas, TX  
Agawam, MA

**Galen US Inc**  
Souderton, PA

**Glenmark Pharmaceuticals Inc, USA**  
Mahwah, NJ

**Kreislers LLC, A Concordance Healthcare Solutions Co**  
Sioux Falls, SD

**McKesson Corporation, dba McKesson Drug Company**  
Montgomery, NY

**Medline Industries, Inc**  
Wilmer, TX

**Nephron Pharmaceuticals Corporation**  
West Columbia, SC

**Optime Care Inc**  
Earth City, MO

**Regeneron Healthcare Solutions, Inc**  
Tarrytown, NY

**RPH Partners, Inc, dba San Diego Wholesale Distribution**  
Ontario, CA

**The Hibbert Group, Inc, dba The Hibbert Group**  
Trenton, NJ

**Trigen Laboratories, LLC**  
Tampa, FL

A full listing of more than 600 accredited VAWD facilities is available on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy).

## Louisiana Regulatory Projects Amend Rules on Pharmacy Technicians and Intern Requirements

Effective January 1, 2018, the Louisiana Board of Pharmacy amended several sections of the Board's rules related to pharmacy technicians. After completing Regulatory Project 2015-9, the Louisiana Board amended sections of Chapter 9 – Pharmacy Technicians. The amendments are listed below.

- There are now three eligibility options for pharmacy technician candidate (PTC) registration.
- The PTC registration is now valid for 24 months instead of the previous 18 months, but is still not renewable.
- To qualify for the pharmacy technician certificate, the applicant must demonstrate practical experience as well as successful completion of a Board-approved technician certification examination.
- Pharmacy technicians are no longer prohibited from compounding high-risk sterile preparations as defined by United States Pharmacopeia.
- Technicians are now required to maintain their continuing education records through CPE Monitor®.

Further details on the amendments to this section may be found in the Board's January 2018 *Newsletter* available in the Boards of Pharmacy section of the NABP website.

## South Dakota Updates Prescriber Permissions Law for Nurse Practitioners and Nurse Midwives

In 2017, South Dakota passed legislation related to prescribers and prescribing authority. Specifically, the legislation removed the supervising physician protocol requirement for nurse practitioners (NPs) and nurse midwives (NMs). In addition, the legislation removed the 30-day limit on prescribing Schedule II medications for NPs and NMs. Through collaboration with all the affected professional licensing boards, the South Dakota State Board of Pharmacy updated a prescriber permissions document, which is available on the South Dakota Board's web page. The document, "Prescribers & Prescribing Authority Approved by the Board," can be found in the Quick Links section at <http://doh.sd.gov/boards/pharmacy>.

## Kansas Board Amends Regulations on Nonresident Pharmacies, Drug Repackaging

In November 2017, the Kansas State Board of Pharmacy adopted amended regulations affecting nonresident pharmacies and the repackaging of drugs. Amendments to Kansas Administrative Regulation (K.A.R.) 68-7-12a require each nonresident pharmacy to designate a pharmacist-in-charge, who must be licensed as a pharmacist in Kansas, and require all practicing pharmacists employed by or under contract with that nonresident pharmacy to be licensed in the state where that pharmacist is practicing. Additionally, the amendments require each nonresident pharmacy to provide

the Board with a satisfactory inspection conducted within the previous 18-month period by the nonresident pharmacy's state board of pharmacy. If no state inspection is available, the nonresident pharmacy may, at its own expense, contract with a Board-approved third party for an inspection, such as the Verified Pharmacy Program® (VPP®). More information about VPP can be found at [www.nabp.pharmacy/programs/verified-pharmacy-program](http://www.nabp.pharmacy/programs/verified-pharmacy-program).

Furthermore, amendments to K.A.R. 68-7-15 allow pharmacists to dispense and repackage a prescribed medication with an ingestible event marker designed to ensure medication adherence. With a valid prescription for each, a pharmacist can repackage the prescribed medication and the Food and Drug Administration (FDA)-approved device in the same capsule so they can be ingested simultaneously. The device then communicates with a patch on the patient's body, which transmits data to an app and can be viewed by the patient, prescriber, and pharmacist. The device monitors medication adherence, including when and whether a patient is taking the drug as prescribed, and further communicates heart rate, steps, and other physical metrics.

## Idaho Offers Pharmacists Referral Resources for Tobacco Cessation Medications

To help Idaho pharmacists in the process of referring patients for tobacco cessation medications, an evidence-based tobacco cessation service, Project Filter and the Idaho QuitLine, have made available several referral resources to Idaho pharmacists at no cost. In Idaho, pharmacists have independent prescriptive authority for all FDA-approved tobacco cessation drugs. No collaborative practice agreement is necessary, and there is no statewide protocol that pharmacists must follow.

Project Filter and the Idaho QuitLine help tobacco users quit through free counseling and nicotine replacement therapy. Pharmacists who formally refer patients to the Idaho QuitLine will receive de-identified data of referred patients, as well as monthly reports. The resources for Idaho pharmacists are listed below.

- Laminated informational sheet with a description of Idaho QuitLine services and step-by-step instructions for online and fax referrals.
- Patient brochure detailing the services of the Idaho QuitLine.
- Personalized fax pad (if fax referrals are preferred).
- Poster to display for patients interested in quitting smoking.

Pharmacists in Idaho may autonomously prescribe tobacco cessation drugs using their professional judgment provided certain conditions are met. A list of the conditions can be found in the December 2017 *Idaho State Board of Pharmacy Newsletter*, which is available in the Boards of Pharmacy section of the NABP website. ■

## FDA Issues 2018 Compounding Priorities Plan and Three Final Guidances Related to DQSA

In January 2018, Food and Drug Administration (FDA) announced its 2018 Compounding Policy Priorities Plan, which outlines how the agency will implement certain key aspects of the Drug Quality and Security Act (DQSA) and other provisions of the law relevant to compounders. While many of these policy priorities were well underway prior to the announcement, other policies will be rolled out over the course of the coming year. Specifically, the plan describes how FDA will:

- address manufacturing standards for outsourcing facilities;
- regulate compounding from bulk drug substances;
- restrict compounding of drugs that are essentially copies of FDA-approved drugs;
- solidify FDA's partnership with state regulatory authorities; and
- provide guidance on other activities that compounders undertake.

As part of FDA's implementation of the 2018 Compounding Priorities Plan, the agency issued two final guidance documents explaining FDA's policies on the "essentially a copy" provisions of sections 503A and 503B of the Federal Food, Drug, and Cosmetic Act. The guidance documents describe the characteristics of drugs that may be considered "essentially a copy" and FDA's policies regarding prescriber review of changes between compounded drugs and commercially available or approved drugs to determine whether they produce a significant or clinical difference for individual patients. In addition, FDA issued a final guidance on mixing, diluting, or repackaging biological products, which describes the conditions under which the agency does not intend to take action when certain biological products are mixed, diluted, or repackaged in a manner not described in their approved labeling.

To learn more about the agency's plan and to obtain the final guidance documents, visit [www.fda.gov/NewsEvents/Newsroom/FDAInBrief/ucm592610.htm](http://www.fda.gov/NewsEvents/Newsroom/FDAInBrief/ucm592610.htm).

## DEA Enables Mid-level Practitioners to Prescribe and Dispense Buprenorphine

In January 2018, Drug Enforcement Administration (DEA) announced a deregulatory measure that will make it easier for residents of underserved areas to receive treatment for opioid addiction. Nurse practitioners and physician assistants can now become Drug Addiction Treatment Act-Waived qualifying practitioners, which gives them authority to prescribe and dispense the opioid maintenance drug buprenorphine from their offices. This final rule took effect January 22, 2018. More details about DEA's amendments are available in a *Federal*

*Register* notice titled, "Implementation of the Provision of the Comprehensive Addiction and Recovery Act of 2016 Relating to the Dispensing of Narcotic Drugs for Opioid Use Disorder" (Document Number: 2018-01173).

## ASHP Research and Education Foundation Predicts Trends to Affect Pharmacy in 2018

In the *2018 Pharmacy Forecast: Strategic Planning Advice for Pharmacy Departments in Hospitals and Health Systems*, the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation provides guidance on eight topics that will challenge pharmacy practice leaders in hospitals and health systems. Published in the January 15, 2018 issue of *American Journal of Health-System Pharmacy*, the new report focuses on the following areas:

- Therapeutic innovation;
- Data, analytics, and technology;
- Business of pharmacy;
- Pharmacy and health-system leadership;
- Advanced pharmacy technician roles;
- Population health management;
- Public health imperatives; and
- Coping with uncertainty and chaos.

The 2018 report is available at [www.ajhp.org/content/75/2/23](http://www.ajhp.org/content/75/2/23).

## USP Encourages Pharmacists to Help Patients Find Quality Dietary Supplements

Recall announcements, enforcement actions, and reports challenging the quality of dietary supplements are problematic issues facing pharmacists who want to ensure that the over-the-counter (OTC) products they are recommending to patients are of good quality. Many consumers purchase OTC dietary supplements and herbal products, often assuming they are regulated like prescription medications. While the law requires pharmaceuticals to meet specific quality standards set by the United States Pharmacopeial Convention (USP), the same requirements do not apply to supplements. For this reason, USP has created quality standards and a verification process specifically for these health products. Brands that display the USP Verified Mark signal to the public that "what's on their label is what's in the bottle." Health care practitioners can learn more about USP's efforts at [www.usp.org/dietary-supplements-herbal-medicines](http://www.usp.org/dietary-supplements-herbal-medicines).

Further, USP Dietary Supplement Verification Services are available to manufacturers and brands worldwide. They include Good Manufacturing Practice facility auditing, product quality control and manufacturing product documentation review, and product testing. Manufacturers that are participating in USP's verification program for dietary supplements can be found at [www.usp.org/verification-services/program-participants](http://www.usp.org/verification-services/program-participants). ■



# INNOVATIONS<sup>®</sup>

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## UPCOMING EVENTS

### **FPGEE Administration**

April 18, 2018

### **NABP 114<sup>th</sup> Annual Meeting**

May 5-8, 2018  
Denver, CO

### **NABP Program Review and Training**

June 26-27, 2018  
NABP Headquarters

### **PMP InterConnect Steering Committee Meeting**

July 24-25, 2018  
NABP Headquarters

### **NABP/AACP District 5 Meeting**

August 1-3, 2018  
Saskatoon, Saskatchewan, Canada

### **NABP/AACP District 3 Meeting**

August 12-14, 2018  
Asheville, NC