

# INNOVATIONS®



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# INNOVATIONS®

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### Innovations

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### Association News

AWARxE Program Supports CVS Health and Walgreens Drug Disposal Initiatives, New Locations Added

### A guide to safe use of pain medication

When used appropriately, prescription opioids play a role in the treatment of some severe types of acute and chronic pain. This guide about you and your role in helping you understand what you should know about using this medication safely, so you can stay informed and protected.

#### Helping you take your medication safely.

Take the lowest dose needed for the shortest period of time.

According to the Centers for Disease Control and Prevention (CDC), when opioids are used for acute pain, a time-limited supply or less will often be enough, and more than seven days of opioid use will rarely be needed.

For some patients suffering from chronic pain, prescription opioids may provide relief and restore function. If you are not receiving adequate pain relief, consult your health care provider to

determine if you require a change in dose. You should never take opioids in greater amounts or more often than prescribed.

Do not drink alcohol while taking this medication, as it can increase the risk of respiratory depression and death. Do not drive or operate heavy machinery or do any activity that requires alertness until you are sure that you can perform such activities safely.

#### Protect others and the environment.

##### Keep your prescription secure.

Do not share your medication with others. Secure your medication in a locked box or container where others do not have access. About 4 in 10 teens who have misused or abused a prescription drug have obtained them from their parents' medicine cabinet. Always keep your medication in a protected place.

##### Properly dispose of medication.

Unneeded or expired prescriptions left in the home can lead to accidental poisoning and can be an easy source for those seeking to abuse prescription medication. Be sure to safely and appropriately dispose of all remaining medication as soon as possible. If you need help finding a disposal location, visit [nabp.org/medication-disposal](http://nabp.org/medication-disposal) for information.

See how to safely dispose of your medication. For more information, visit [nabp.org/medication-disposal](http://nabp.org/medication-disposal).

CVS pharmacy

## Pew, NABP Report Finds Majority of States Adopted Policies to Strengthen Oversight of Sterile Compounding

According to a new report prepared by The Pew Charitable Trusts and NABP, state officials have strengthened compounding oversight laws and rules since 2015, and the majority of states now conform to two out of three best practices. The February 2018 report, *State Oversight of Drug Compounding*, highlights the significant progress made by states in adopting United States Pharmacopeial Convention (USP) quality standards on sterile compounding and aligning with federal law on compounding without prescriptions. The current report is an update to data collected in 2015 and published in a 2016 report that identified best practices for state oversight of drug compounding and a 2016 assessment of state policies relative to those best practices.

In 2015, only 26 states required USP General Chapter <797>, Pharmaceutical Compounding—Sterile Preparations, or equivalent quality standards for sterile compounding. Also in 2015, representatives from nearly two-thirds of the state boards of pharmacy that responded to the Pew assessment allowed traditional compounding pharmacies to produce drugs without prescriptions to at least some extent. The new findings, outlined below, show states' progress in the application of USP quality standards on sterile compounding and harmonization with federal law on compounding without a prescription.

- 32 state boards of pharmacy require traditional pharmacies that compound sterile drugs for humans to be in full compliance with Chapter <797>.
- An additional 11 states have strong requirements on sterile compounding practice, and 10 of them have requirements “equivalent

to or stricter than” Chapter <797>, even if some elements are less specific.

- An additional four states have pending policy changes that, if passed, would require full compliance with Chapter <797> or other strong quality standards.
- 39 states and the District of Columbia prohibit traditional pharmacies from compounding for sterile office stock for human use through their laws, regulations, or state guidance, or by advising compounders to follow the federal Drug Quality Security Act, which requires registration as an outsourcing facility.

However, findings show that states may be inspecting traditional pharmacies that do sterile compounding for humans less frequently now than in 2015. At that time, 26 states and the District of Columbia conducted routine inspections at least annually for in-state pharmacies that perform sterile compounding, whereas just 22 states and the District now do so. Improvements in inspection frequency for facilities that perform sterile compounding will require resources, indicates the report, but interim measures, such as harmonizing inspection forms and processes among states, may enhance efficiencies and allow states to optimize the use of existing resources.

NABP has the tools and resources to empower states to work together on robust inspection processes. After seeking input from state boards of pharmacy, NABP created the Multistate Pharmacy Inspection Blueprint Program in an effort to bring uniformity to sterile compounding pharmacy inspections while allowing boards of pharmacy

to ensure compliance with their own state-specific requirements. To date, 12 states have signed on to participate in the NABP Blueprint Program, and others are considering participation. More information about the Blueprint Program is available under Inspection Tools and Services in the Member Services section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy).

The report *State Oversight of Drug Compounding* is available at [www.pewtrusts.org/~media/assets/2018/02/drug\\_safety\\_assessment\\_web.pdf](http://www.pewtrusts.org/~media/assets/2018/02/drug_safety_assessment_web.pdf). ■

“According to a new report prepared by The Pew Charitable Trusts and NABP, state officials have strengthened compounding oversight laws and rules since 2015, and the majority of states now conform to two out of three best practices.”



## In Pari Delicto



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

**“Boards of pharmacy are statutorily created and delegated with authority to enforce the relevant laws in the interest of public protections.”**

Numerous criminal, civil, and administrative cases are adjudicated each year involving the misuse of prescribed drugs. These cases involve prescribers, pharmacists, wholesalers, and patients, and encompass numerous licensed professions. Boards of pharmacy are statutorily created and delegated with authority to enforce the relevant laws in the interest of public protection. Under certain circumstances and based upon their involvement in potential wrongdoing, members of the public (perhaps patients) may not be entitled to such government protections. Such may also be true in civil cases whereby a patient is involved in the scheme to acquire and use prescription drugs. Consider the following.

A husband and wife (Plaintiffs) civilly sued a pharmacist (Defendant) alleging violations under the Racketeer Influenced and Corrupt Organizations Act (RICO), unfair and deceptive trade practices, and breach of fiduciary relation of trust and good faith. The pharmacist had filled numerous prescriptions for both the husband and wife in staggering numbers. In an 18-month period, the pharmacist dispensed 5,160 oxycodone pills and 1,560 tramadol pills to the husband. During that same period, the pharmacist dispensed 6,540 oxycodone pills and 1,650 tramadol pills to the wife. In addition, the pharmacist also accepted cash payments for such dispensed medications in violation of Medicaid rules and regulations.

In order to obtain these prescriptions, the Plaintiffs conspired with a nurse practitioner

who knew of the Plaintiffs' "pill use" and vulnerable condition. The nurse practitioner proposed to and did, in fact, write prescriptions to the Plaintiffs for the powerful narcotics. In exchange, the Plaintiffs agreed to share one half of the pills with the nurse practitioner. Initially, the Plaintiffs attempted to fill the prescriptions at a pharmacy in Tucumcari, NM. However, that pharmacy refused to fill these prescriptions based on the large quantities. Thereafter, the Plaintiffs took the prescriptions to the Defendant, who did fill such orders. According to the complaint, the Defendant knew the prescriptions were "bogus."

The Plaintiffs became addicted to these powerful drugs and eventually lost custody of their child, lost their employment, and the wife suffered an overdose. The Plaintiffs experienced painful withdrawal symptoms after losing access to the drugs. Thereafter, the Plaintiffs filed suit against the Defendant alleging RICO violations, along with the other counts referenced above. They sought actual and punitive damages in addition to attorney's fees. The Defendant filed motions to dismiss the litigation, arguing the Plaintiffs are barred from recovery under the New Mexico "wrongful conduct rule."

The New Mexico wrongful conduct rule prohibits a cause of action by a plaintiff where "in order to establish his cause of action, he must rely, in whole or in part, on an illegal or immoral act or transaction to which he is a party, or where he must base his cause of action, in whole or in part, on a violation by himself of the criminal or penal laws." The basis for

such a principle is that courts will not come to the aid of a party whose cause of action is premised upon illegal or immoral acts. Furthermore, the wrongful conduct rule forecloses recovery by a plaintiff even when the defendant has participated equally in the illegal activity. Where there is a causal nexus between the plaintiff's illegal conduct and asserted damages, there will be a bar to recovery.

Additional courts have held that the wrongful conduct rule is akin to the doctrine of *in pari delicto*. Under such a doctrine, the courts have held that where the parties are equally in the wrong, "the law will not lend itself to afford relief to one as against the other, but will leave them as it finds them." Thus, both the wrongful conduct rule and the *in pari delicto* doctrine may apply to this situation.

Turning its attention to the Defendant's motion to dismiss, the United States District Court for the District of New Mexico first addressed the RICO claims. RICO claims involve allegations that a person or persons engaged in any act or threat involving delineated criminal activity, including dealing with a controlled substance, is chargeable under state law and punishable by imprisonment for more than one year. A pattern of racketeering requires at least two acts of racketeering activities within a specified period of time. The Defendant was criminally charged with violations of criminal statutes. He was also charged administratively and entered into a settlement with the New Mexico Board of Pharmacy whereby his license was suspended, and he entered a pre-prosecution diversion program. The Plaintiffs

alleged that the activities of the Defendant directly and proximately caused their damages. Alleged damages included pain and suffering, loss of employment, loss of income, and loss of earnings capacity. The Plaintiffs claimed treble damages under applicable federal law.

The court agreed with the Defendant that the Plaintiffs' injuries were caused by their willing participation in criminal conduct. It noted that to dismiss a RICO claim under an unclean hands doctrine, the defendant must show the plaintiff actively participated in the RICO violation and the defense will not interfere with the policy goals of RICO. Because the Plaintiffs instigated the criminal activities and actively participated in the scheme, and dismissal of the litigation would not interfere with the policy goals of the RICO statutes, the dismissal of the RICO claims was warranted.

Regarding the Plaintiffs' tort claims, the court applied the wrongful conduct rule. It held that the Plaintiffs were at least equally responsible for causing their own injuries through their criminal activities involving the invalid prescriptions. The court also rejected their claims that the Defendant was "more" culpable due to the vulnerabilities of the Plaintiffs. The Plaintiffs cited a recent New Mexico case wherein a pharmacist was held to a higher duty of care, thus establishing *more* culpability on the part of the Defendant/pharmacist when filling such excessive prescriptions. This argument was rejected by the court under the current facts. It held that the wrongful conduct rule would not be ignored or abandoned under this set of facts.

Finally, the court addressed the Plaintiffs' unfair practices act claims. The court held that the elements of unfair practices include, among other criteria, false, misleading, or deceptive representation(s). Under the facts of this case, the court noted that the Plaintiffs presented false prescriptions for narcotics and the Defendant filled such scripts and sold narcotics to the Plaintiffs. The Plaintiffs failed to allege any misrepresentations related to the filling of the prescriptions. Without being able to substantiate the first element, the court agreed with the Defendant and dismissed the unfair practices claims. As a result, the court dismissed with prejudice the Plaintiffs' civil action against the pharmacist.

This case presents an important example of how persons who engage in unlawful acts may be precluded from asserting civil actions against their accomplices. Boards of pharmacy, however, should not be discouraged from administratively prosecuting persons alleged to have violated the practice act or regulations.

*Inge v. McClelland*, 2017 US Dist LEXIS 98386 (US District Ct NM 2017) ■

## NABP Launches New e-Profile System to Provide Support, Flexibility for Boards and Customers



In April 2018, NABP launched a new e-Profile system that features a more intuitive, easy-to-navigate interface and streamlines the processes used by member boards of pharmacy, schools and colleges of pharmacy, and other customers. Upgrades to the system include both NABP e-Profile Connect, which is utilized by boards of pharmacy and schools and colleges of pharmacy for accessing NABP programs and services, and the customer-facing site, which provides pharmacists, pharmacy technicians, and students a means to register and subscribe to a number of NABP programs. In preparation for the launch, NABP held training webinars for board staff and faculty and staff of schools and colleges of pharmacy as well as reviewed data security measures to ensure a successful launch.

### Key Changes

As part of the upgraded e-Profile system, the following enhancements have been implemented as of April 2:

- All e-Profile users will encounter an improved login system featuring self-service “forgot password” functionality with secure verification for added security.
- All paper has been eliminated from the Electronic Licensure Transfer Program®. Licensure transfer applicants no longer need to take the second step of completing and mailing a paper NABP Official Application to the boards of pharmacy of the jurisdictions where they are seeking license transfer. Instead, NABP will transmit all the application information to the respective boards electronically so that they may make their final determinations on licensure.
- A new, two-step registration process has been implemented for the North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination®: (1) apply for the examination and (2) purchase the examination. This change helps put the focus on boards’ eligibility requirements. It also provides new opportunities for those boards seeking to have NABP confirm eligibility.
- Schools and colleges of pharmacy can now order Pre-NAPLEX® vouchers online through e-Profile Connect rather than manually.
- Various improvements have been made to the Pharmacy Curriculum Outcomes Assessment® administrative interface, the NABP Clearinghouse, score reports, and e-Profile searches. More enhancements will be added over time.

“NABP’s new e-Profile and data security systems position the Association to begin offering more services to boards of pharmacy in the future.”

## Data Security

As NABP continues to expand its online applications and workflow programs, it also has been enhancing its infrastructure security. In 2017, for instance, the Association implemented new software that instantly identifies any threats to external- and internal-facing systems.

NABP is also taking preventive measures to address application vulnerabilities, data breaches, and cyber attacks. A key tool in the software provides NABP developers with insight into coding errors as code is written. This immediate feedback allows staff to rectify the issue in real time and reduce risk of vulnerabilities that could breach the security of NABP platforms.

NABP will continue to deploy data security best practices and tools and is committed to ensuring that its board-, college-, customer-, and staff-facing systems operate seamlessly and that the transition of data via its online applications is secure. To that end, last fall, NABP successfully completed a series of routine cyber security tests that simulate cyber attacks using several scenarios that hackers or malicious users could take to gain access to sensitive information.

More details on these data security measures were provided in November/December 2017 and February 2018 issues of *Innovations*.

## Future Enhancements

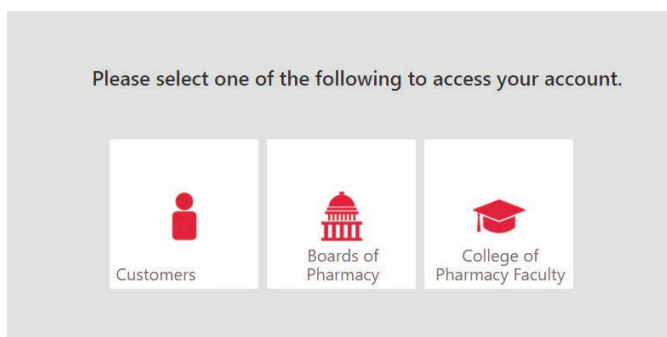
NABP's new e-Profile and data security systems position the Association to begin offering more services to boards of pharmacy in the future. NABP will also be able to automate and streamline processes it currently uses to implement some of the programs used by the boards and schools and colleges of pharmacy.

For instance, NABP is working with state boards of pharmacy to add more data and more reporting features to the NABP e-Profile Connect system,

## NABP Expands Eligibility Services for Member Boards

With the launch of the new online customer application and enhanced e-Profile Connect, NABP is expanding its exam eligibility service. Currently, NABP confirms eligibility to take the North American Pharmacist Licensure Examination® and Multistate Pharmacy Jurisprudence Examination® for the boards of pharmacy in Colorado, Maine, Oregon, and Utah. The Boards in Michigan and Nebraska will also soon be using NABP's eligibility service. The newly launched system will enable greater automatization of the eligibility review process, such as the elimination of paper applications and the uploading of Americans with Disabilities Act forms during the online application process. With the automatization, the Association can now expand the service to additional boards.

State boards interested in this service may contact the Member Relations and Government Affairs department via email at [GovernmentAffairs@nabp.pharmacy](mailto:GovernmentAffairs@nabp.pharmacy) for more information. ■



(Left) NABP's upgraded e-Profile system features a streamlined dashboard that enables customers, boards of pharmacy, and school and college of pharmacy faculty to easily access their account.

which boards use to access data attached to individual e-Profile IDs, access and report Clearinghouse data, process examination eligibility, access candidate examination scores, verify Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) certification, and access and upload facility inspection reports. In addition, the Association is working with several boards to develop standards, synchronize data, and test the rollout of automatic data exchanges between the state boards of pharmacy and NABP.

NABP is also exploring ways to streamline the facility e-Profile data it maintains on pharmacies – demographic, ownership, and pharmacist-in-charge information, current and previous licenses, current

licensure status, inspection and disciplinary history, and accreditations – to help pharmacies more easily comply with state license, regulatory, inspection, and compliance requirements.

Furthermore, NABP plans to transition the FPGEC program and several accreditation programs – Verified Internet Pharmacy Practice Sites®, Verified-Accredited Device Integrity Program®, Verified-Accredited Wholesale Distributors®, and durable medical equipment, prosthetics, orthotics, and supplies – to the new system at a later time.

Upcoming improvements to NABP's e-Profile and security systems will be covered in future issues of *Innovations*. ■



## 2017-2018 ACE Members Convene to Address Association's Examination and Certification Programs



Members of the 2017-2018 Advisory Committee on Examinations (ACE) convened at NABP Headquarters in March to oversee the development and administration of the Association's examination and certification programs. Pictured are (left to right) Mark T. Conradi, JD, RPh, Clanton, AL (ex officio member, Multistate Pharmacy Jurisprudence Examination® program); Mark Decerbo, PharmD, RPh, BCNSP, BCPS, Roseman University of Health Sciences; Reginald "Reggie" Dilliard, DPh, NABP Executive Committee liaison; Benjamin L. Prewitt, PharmD, RPh, Lebanon, OH (ex officio member, North American Pharmacist Licensure Examination® program); Anita Young, EdD, RPh, Northeastern University Bouvé College of Health Sciences; Michael A. Bureson, BSPharm, RPh, former executive director, Kentucky Board of Pharmacy; David Chikao Young, PharmD, RPh, Salt Lake City, UT; Neal F. Walker, RPh, Hill City, MN; Debra Glass, BPharm, RPh, Tallahassee, FL; and Bruce Waldrop, PhD, RPh, Samford University McWhorter School of Pharmacy (ex officio member, Foreign Pharmacy Graduate Equivalency Examination®/Pharmacy Curriculum Outcomes Assessment® program). ■



### Newly Accredited DMEPOS Facilities

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

**Biologic Infusion Pharmacy**  
Cypress, CA

**UCHealth Springs Pharmacy**  
Colorado Springs, CO

A full listing of nearly 310 accredited DMEPOS companies representing almost 26,000 facilities is available on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy).



## NABP Announces 2018-2019 FPGEE/PCOA Review Committee Members

NABP is pleased to announce 25 returning members and one new member of the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®)/Pharmacy Curriculum Outcomes Assessment® (PCOA®) Review Committee for 2018-2019. This group of dedicated volunteers contributes its time and expertise to review and verify the examination questions and forms and assists with the development of new test questions for the FPGEE and PCOA programs.

The FPGEE/PCOA Review Committee ensures the integrity and validity of the examination programs and acts under the policy and planning guidance of the NABP Advisory Committee on Examinations and the NABP Executive Committee. The FPGEE/PCOA Review Committee is composed of pharmacists and academicians who are representative of the diversity of pharmacy education and are specialists in the areas of clinical sciences, pharmaceutical sciences, and basic biomedical sciences, as well as social, behavioral, and administrative pharmacy sciences. NABP appreciates the assistance of these committee members as they evaluate examination content and ensure that it meets the specified competency statements. The FPGEE/PCOA Review Committee members are appointed to a three-year term.



### Members

**Sally A. Arif, PharmD, RPh, BCPS •**  
Midwestern University Chicago College of Pharmacy

**Melissa Badowski, PharmD, RPh, BCPS •** University of Illinois at Chicago College of Pharmacy

**Kimberly “Kim” Burns, JD, RPh •**  
Lake Erie College of Osteopathic Medicine School of Pharmacy

**Jean Carter, PharmD, PhD, RPh •**  
University of Montana Skaggs School of Pharmacy

**Carolyn Friel, PhD, RPh •**  
Massachusetts College of Pharmacy and Health Sciences

**Brian Hemstreet, PharmD, RPh, FCCP, BCPS •** Regis University School of Pharmacy

**Brian M. Hodges, PharmD, RPh, BCPS, BCNSP •** West Virginia University School of Pharmacy

**Sheldon G. Holstad, PharmD, RPh •**  
American College of Clinical Pharmacy

**Rebecca Jayakumar, PharmD, RPh •**  
Roseman University of Health Science College of Pharmacy

**Lynn Kassel, PharmD, RPh •** Drake University College of Pharmacy & Health Sciences

**William “Bill” Kolling, PhD, RPh •**  
Southern Illinois University Edwardsville School of Pharmacy

**Karen Kopacek, RPh •** University of Wisconsin School of Pharmacy

**Kem P. Krueger, PharmD, PhD •**  
University of Wyoming College of Health Sciences

**Matthias “Matt” Lu, PhD •** professor emeritus, University of Illinois at Chicago College of Pharmacy

**Holly L. Mason, PhD •** Purdue University College of Pharmacy

**Jennifer Mathews, PhD •** Stony Brook University School of Pharmacy

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**Kelly M. Shields, PharmD, RPh •** Ohio Northern University Raabe College of Pharmacy

**Bruce Waldrop, PhD •** Samford University McWhorter School of Pharmacy

**Ronald “Ron” Worthington, PhD •**  
Southern Illinois University Edwardsville School of Pharmacy

**Dale Eric Wurster, Jr, PhD •** University of Iowa College of Pharmacy ■

Orange color denotes new member

## Volunteers Convene to Write and Review Exam Items

Two item-development workshops were held at NABP Headquarters in March 2018. One group of volunteer writers reviewed items for the Multistate Pharmacy Jurisprudence Examination® (MPJE®). A second group of volunteers evaluated and developed new test questions for the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) and the Pharmacy Curriculum Outcomes Assessment® (PCOA®).



(Above, left to right) Joe Ball, RPh, chief investigator, Oregon State Board of Pharmacy, and Brian Murch, RPh, inspector, Oregon State Board of Pharmacy, were among the MPJE volunteer item writers on March 7-8.

(Below, left to right) Lisa V. Hunt, RPh, inspector/compliance officer, Wyoming State Board of Pharmacy, and Kerri J. Kilgore, RPh, vice president, Wyoming State Board of Pharmacy, reviewed items for the MPJE on March 7-8.



(Below, left to right) Sudip K. Das, MPharm, PhD, Butler University; Manas Mandal, MSc, PhD, Roseman University of Health Sciences College of Pharmacy; and Stephen Kerr, PharmD, PhD, Massachusetts College of Pharmacy and Health Sciences, were among the FPGEE/PCOA volunteer item writers on March 21-23.



(Above, left to right) Frank Romanelli, PharmD, MPH, University of Kentucky College of Pharmacy; and Emily P. Peron, PharmD, MS, BCPS, FASCP, Virginia Commonwealth University School of Pharmacy reviewed items for the FPGEE/PCOA at NABP Headquarters on March 21-23.



## AWARxE Program Supports CVS Health and Walgreens Drug Disposal Initiatives, New Locations Added

To help facilitate proper and timely disposal of opioids and other medications that could be diverted or misused, CVS Health has been expanding its safe medication disposal program to select CVS Pharmacy locations and law enforcement locations throughout the United States. The expansion of the safe medication disposal program is part of CVS Health's strategy to address and prevent opioid abuse that was announced in September 2017. In addition, Walgreens announced it would install safe medication disposal kiosks in more than 500 drugstores in 39 states and Washington, DC.

In support of these initiatives, NABP is working with CVS Health and Walgreens to add these new drug disposal locations to the Drug Disposal Locator Tool on the AWARxE® Prescription Drug Safety Program page of the NABP website.

In addition to expanding its safe medication disposal programs, CVS Health is also working on developing

relationships with first-time opioid users. CVS Health will be working on encouraging pharmacists to sit down and counsel first-time opioid users to ensure they understand how to take their medication safely. A flyer will be provided to these patients that also includes a link to the AWARxE web page to help them find a drug disposal location in their area.

Walgreens is also rolling out a naloxone initiative that will make the medication available without a prescription in 35 states and Washington, DC.

More information about the CVS Health and Walgreens initiatives is available in the companies' newsroom and press release sections at <https://cvshhealth.com/newsroom> and at <http://news.walgreens.com/press-releases/general-news/>, respectively. More information about the AWARxE Prescription Drug Safety Program, including its Disposal Locator Tool, is available in the Initiatives section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■

### A guide to safe use of pain medication

When used appropriately, prescription opioids play a role in the treatment of some severe types of acute and chronic pain. We care about you and are here to help you understand what you should know about using this medication safely, so you can stay informed and protected.



#### Helping you take your medication safely.

Take the lowest dose needed for the shortest period of time.<sup>1</sup>

According to the Centers for Disease Control and Prevention (CDC), when opioids are used for acute pain, a three-day supply or less will often be enough, and more than seven days of opioid use will rarely be needed.

For some patients suffering from chronic pain, prescription opioids may provide relief and restore function. If you are not receiving adequate pain relief, consult your health care provider to

determine if you require a change in dose. You should never take opioids in greater amounts or more often than prescribed.

Do not drink alcohol while taking this medication; do not drive, operate heavy machinery or do any activity that requires alertness until you are sure that you can perform such activities safely.

### Protect others and the environment.



#### Keep your prescription secure.

Do not share your medication with others. Secure your medication in a locked box or location where others do not have access.

Almost 4 in 10 teens who have misused or abused a prescription drug have obtained them from their parents' medicine cabinet.<sup>2</sup> Always keep your medication in a protected place.



#### Properly dispose of medication.

Unneeded or expired prescriptions left in the home can lead to accidental poisoning and can be an easy source for those seeking to abuse prescription medication.

Be sure to safely and appropriately discard all remaining medication as soon as possible. If you need help finding a disposal location, visit [nabp.pharmacy/drug-disposal](http://nabp.pharmacy/drug-disposal) for information.

Talk to the health care provider who prescribed this medication if you require a change in dose, or if you experience any side effects while taking the medication or after you stop taking the medication.  
<sup>1</sup>Centers for Disease Control and Prevention (CDC). CDC Guidelines for Prescribing Opioids for Chronic Pain – United States, 2016. *MMWR* Recomm Rep 2016; 65 (No. RR-11):1–46.  
<sup>2</sup>Partnership for Drug-Free Kids. The Partnership Attitude Tracking Study (PATS). <https://drugfree.org/wp-content/uploads/2014/07/PATS-2013-FULL-REPORT.pdf>. Accessed January 4, 2018.  
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The above image is page one of the flyer that CVS Health distributed to pharmacists to provide to first-time opioid users. The flyer includes a link to the AWARxE web page.

## Got Drugs?

Turn in your unused or expired medication for safe disposal  
Saturday, April 28  
10 a.m. – 2 p.m.

Visit [www.dea.gov](http://www.dea.gov)  
or call 800-882-9539  
for a collection site near you



## DEA to Hold 15<sup>th</sup> Prescription Drug Take-Back Day on Saturday, April 28, 2018

Drug Enforcement Administration (DEA) will hold a National Prescription Drug Take-Back Day event on Saturday, April 28, from 10 AM to 2 PM, at participating locations nationwide. DEA will list collection sites on its website. Consumers unable to visit a location on the Take-Back Day can find permanent disposal locations using the AWARxE® Prescription Drug Safety Program's Drug Disposal Locator Tool, which can be found in the Initiatives section on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). Those pharmacies that offer permanent disposal sites may submit their location for inclusion in the locator tool by downloading and emailing the form per the instructions on the site.



## NABP PMP InterConnect Is the Answer to White House Call for National Interoperability of PDMPs

Providing interoperability and data sharing among state prescription drug monitoring programs (PDMPs), NABP's interstate data hub, NABP PMP InterConnect®, positions the 45 states that are currently participating to support "President Donald J. Trump's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand."

On March 19, 2018, the White House announced its plan to reduce demand and overprescribing of opioids, in part by leveraging federal funding to support states using a nationally interoperable PDMP network. PMP InterConnect, operational since 2011, now has 45 participating state PDMPs exchanging interstate data. The program currently processes over 17.8 million requests and 39 million responses per month.

A few days prior to the White House announcement, on March 13, 2018, NABP convened a Congressional briefing and presented details about the history, success, and future of PMP InterConnect to approximately 30 staff members from United States Senate offices and committees. In addition, details on how the program enhances efforts to combat

drug diversion, abuse, and addiction were discussed. The March 13 briefing, "Prescription Drug Monitoring Programs – Scaling Up: One-Click Access. Expanding the Next Generation of Technology to All Providers," was presented by Danna Droz, JD, RPh, PMP senior manager, NABP; Ralph A. Orr, program director, Virginia Prescription Monitoring Program; and Jeffrey D. Forman, MD, FCCP, MHCDS, chief medical officer, population health, Bayview Physicians Group.

The briefing allowed for a robust discussion around the future of PDMPs, as well as their role in promoting appropriate care and saving lives from the misuse, abuse, and diversion of controlled substances.

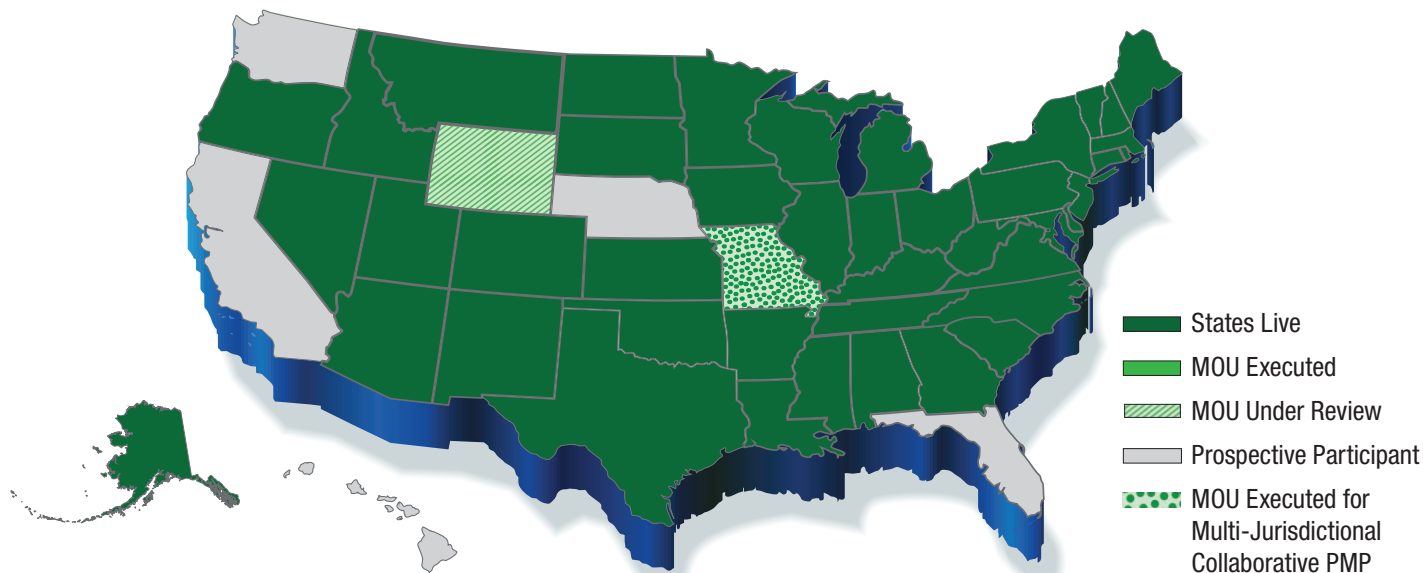
"We remain committed to advancing best practices for PDMPs in the interest of public health. PDMPs remain a vital item in the toolkit health care providers, including pharmacists, use to improve opioid prescribing and clinical practice. Our end goal is to save lives and improve patient care," said NABP President Jeanne D. Waggener, RPh, DPh. "We're encouraged by the level of interest, engagement, and commitment



from Congress and look forward to working together to promote evidence-based policy aimed at saving lives."

During the briefing, NABP encouraged attendees to be cognizant of the existing framework provided by state-run, interoperable PDMPs, which provide point-of-care access to PDMP information through electronic health records and pharmacy management systems, as they continue to evaluate how best to improve upon such existing infrastructure. The value of the existing network is evidenced by the 380 facilities in 33 states that have enabled this point-of-care, one-click access for health care providers. Additionally, eight states – Arizona, Indiana, Kansas, Massachusetts, Michigan, Ohio, Pennsylvania, and Virginia – have provided or have committed to provide one-click access for every prescriber and pharmacist in the state. For more information about PMP InterConnect, visit [www.nabp.pharmacy/PMP](http://www.nabp.pharmacy/PMP). ■

### PMP InterConnect Participation Overview





# 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**

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 14

## Schedule of Events

continued from page 13

- 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 are 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.



## Travel Grants for 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? The NABP Foundation® 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)**



## Award Recipients to Be Honored at NABP 114<sup>th</sup> Annual Meeting

Leaders in the practice of pharmacy whose dedication and contributions have furthered the Association's mission of protecting the public health will be honored during the Annual Awards Dinner on Tuesday, May 8, 2018, during the NABP 114<sup>th</sup> Annual Meeting in Denver, CO. The following awards will be presented:

- Lester E. Hosto Distinguished Service Award
- NABP Honorary President
- Fred T. Mahaffey Award
- John F. Atkinson Service Award

Join NABP in Denver to find out who receives these honors for 2018. Winners will also be announced in the upcoming *Innovations* Special Issue. ■

## NABP 2018-2019 Executive Committee Elections

Information about the nominees for the open officer and member positions is available on the Executive Committee page in the About section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy).

Voting will take place Tuesday, May 8, during the Final Business Session of the 114<sup>th</sup> Annual Meeting. ■



## Helpful Tips for Annual Meeting Attendees

Attendees should keep the following tips in mind when preparing for the Annual Meeting:

- NABP encourages attendees to **bring mobile devices** (eg, tablets, laptops) that can accommodate pdf documents.
- **Wi-Fi** will be available for all attendees in the general business session rooms and complimentary internet access will be available in all guest rooms.
- **Speaker presentations** and **continuing pharmacy education handouts** will be available for download on the Annual Meeting website.
- Resolutions will be posted on the Annual Meeting website.
- Professional or **business casual** attire is appropriate for most of the meeting functions, with the exception of the Annual Awards Dinner, which is semiformal.
- Temperatures in meeting rooms may vary, so **dressing in layers** is recommended.
- **Denver temperatures in May** range from average daytime highs of 71°F to lows of 43°F.

A reminder of these important details will be emailed to all attendees prior to the Annual Meeting. ■

## Denver Links

Visit Denver  
[www.denver.org](http://www.denver.org)

History Colorado Center  
[www.historycolorado.org](http://www.historycolorado.org)

Denver Mint  
[www.usmint.gov/about/mint-tours-facilities/denver](http://www.usmint.gov/about/mint-tours-facilities/denver)

Denver Art Museum  
[www.denverartmuseum.org](http://www.denverartmuseum.org)

American Museum of Western Art  
[www.anschutzcollection.org](http://www.anschutzcollection.org)

Clyfford Still Museum  
[www.clyffordstillmuseum.org](http://www.clyffordstillmuseum.org)

Red Rocks Park and Amphitheatre  
[www.redrocksonline.com](http://www.redrocksonline.com)



Photo courtesy of  
Stan Ober/VISIT DENVER



Photo courtesy  
of VISIT DENVER



Share your experiences with colleagues who cannot attend. Use #NABP2018 to tweet about the Annual Meeting events.



## Altitude Awareness

At an elevation of 5,280 feet, Denver truly is the “Mile High City.” To prevent the headaches, dizziness, and nausea of altitude sickness, drink plenty of water, limit your alcohol intake, and avoid strenuous physical activity for the first day or two.

## Around the Association

### Board Member Appointments

- **Leah Giambarresi, PharmD, RPh**, has been appointed a member of the Massachusetts Board of Registration in Pharmacy. Giambarresi's appointment will expire November 30, 2020.
- **Stephanie Hernandez, PharmD, BCBP, RPh**, has been appointed a member of the Massachusetts Board of Registration in Pharmacy. Hernandez's appointment will expire October 31, 2020.
- **Carly Jean-Francois, RN**, has been appointed a member of the Massachusetts Board of Registration in Pharmacy. Jean-Francois' appointment will expire October 31, 2020.

- **Kimberly "Kim" Tanzer, BSP, PharmD, RPh**, has been appointed a member of the Massachusetts Board of Registration in Pharmacy. Tanzer's appointment will expire November 30, 2020.
- **David G. Bowyer, RPh**, has been appointed a member of the West Virginia Board of Pharmacy. Bowyer's appointment will expire June 30, 2022.

### Board Member Reappointments

- **Reuben Minkus** has been reappointed a member of the Arizona State Board of Pharmacy. Minkus' appointment will expire January 17, 2022.

- **Lavanza K. Butler, PharmD, RPh**, has been reappointed a member of the California State Board of Pharmacy. Butler's appointment will expire June 1, 2021.
- **Deborah Veale, RPh**, has been reappointed a member of the California State Board of Pharmacy. Veale's appointment will expire June 1, 2021.
- **Ali S. Raja, MD, MBA, MPH**, has been reappointed a member of the Massachusetts State Board of Pharmacy. Raja's appointment will expire December 1, 2019. ■

## Mastercard Recognizes NABP's .Pharmacy Program as a Third-Party Verification Service

The NABP .Pharmacy Verified Websites Program is now considered a recognized third party for verification of pharmacy merchants under a Mastercard policy related to card-not-present transactions. Under Mastercard's policy, a merchant who is engaged in non-face-to-face selling of prescription drugs in a card-not-present environment must be verified by a recognized third party, such as NABP's .Pharmacy Program, to ensure that the merchant's activity complies with all applicable laws. This rule can be found in section "9.4.3 Pharmaceutical and Tobacco Product Merchants" in the *Security Rules and Procedures – Merchant Edition* document found on Mastercard's website.

Similarly, Visa, Inc, recognizes the .Pharmacy Program as a third-party internet pharmacy certification authority for pharmacy merchants engaged in card-not-present transactions. Under Visa's policy, an internet pharmacy merchant is required to maintain a valid certification with one



or more third-party internet pharmacy certification authorities recognized by Visa.

As more businesses are addressing rogue internet pharmacy merchants, NABP remains committed to protecting public health and vetting businesses that promote and distribute prescription medications over the internet. Online pharmacies and drug information sites accredited by the Association's .Pharmacy Program and Verified Internet Pharmacy Practice Sites® program are permitted to advertise on search engine platforms, including Microsoft Bing Ads, Google, and Yahoo!. In addition, Twitter is the latest entity to update its advertising policy to require NABP verification for paid advertising of health and pharmaceutical products and services. ■



## Minnesota Now Requires Criminal Background Checks for Pharmacists Seeking Licensure

As of January 1, 2018, Minnesota statutes require all individuals seeking to be licensed as a pharmacist for initial licensure, licensure by transfer (reciprocity), or license reinstatement to complete a fingerprint-based criminal background check (CBC) (Minnesota Statute §214.075). At this time, pharmacists with existing licenses do not have to complete a CBC. However, it is possible that the Minnesota Legislature will amend the statutes to require licensees to have a one-time CBC in the future, in conjunction with license renewal. Because pharmacist-interns and pharmacy technicians are registered, not licensed, they will not have to undergo a CBC.

The requirement to have a CBC applies to all professionals licensed by Minnesota's Health Licensing Boards (HLBs). The HLBs have cooperatively established a Criminal Background Check Program to help applicants efficiently complete the mandatory background check.

Further details on Minnesota's CBC process may be found in the February 2018 *Minnesota Board of Pharmacy Newsletter*.

## Illinois Public Act Creates Collaborative Pharmaceutical Task Force

Illinois Public Act 100-0497 created a Collaborative Pharmaceutical Task Force to discuss and make recommendations on how to further advance the practice of pharmacy in a manner that recognizes the needs of the health care system, patients, pharmacies, pharmacists, and pharmacy technicians in Illinois. Philip P. Burgess, MBA, DPh, RPh, NABP Executive Committee member representing District 4 and former member of the Illinois State Board of Pharmacy, has been appointed chair of the task force.

The task force is to include eight voting members and three nonvoting members. The task force will meet at least once per month or more frequently if deemed necessary by the task force chair. Further details may be found in the February 2018 *Illinois Department of Financial and Professional Regulation Pharmacy Newsletter*.

## Massachusetts Expands Naloxone Dispensing Via Standing Order

All pharmacies licensed by the Massachusetts Board of Registration in Pharmacy must maintain a naloxone standing order and a sufficient supply to meet the needs of the community. Naloxone may be dispensed in

Massachusetts to any person at risk for an opioid-related overdose or to family members, friends, or others in a position to assist a person at risk for an opioid-related overdose. Patient-specific prescriptions from practitioners may still be honored. Details about the policy may be found on the Board's website at [www.mass.gov/files/documents/2017/10/12/policy-2017-03.pdf](http://www.mass.gov/files/documents/2017/10/12/policy-2017-03.pdf).

## Ohio Board Requires Diagnostic Code for Opioids, Updates OARRS, and Offers Jurisprudence Quiz

The State of Ohio Board of Pharmacy has issued several updates related to an administrative rule, its prescription monitoring program (PMP), and an annual pharmacy law quiz.

- Under Ohio Administrative Code Rule 4729-5-30, a diagnosis/procedure code for all opioid prescriptions is required. As of December 29, 2017, prescribers (except for veterinarians) are required to indicate the first four alphanumeric characters of *The International Classification of Diseases, Tenth Revision, Clinical Modification* medical diagnosis code (eg, M16.5) or the Code on Dental Procedures and Nomenclature on all opioid analgesic prescriptions. The requirements for all other controlled substances will go into effect on June 1, 2018.
- The Ohio Automated Rx Reporting System (OARRS) has been updated to include advanced analytics and reporting through NarxCare, a comprehensive tool that provides a Narx Score (a three-digit risk score for the prescribing of narcotics, sedatives, and stimulants), predictive risk scores, red flags, a prescription graph, and access to resources in a single, easy-to-use interface. NarxCare is currently available using the OARRS web interface. Additional information about NarxCare, including how to read scores, is available in the OARRS user manual at [www.pharmacy.ohio.gov/manual](http://www.pharmacy.ohio.gov/manual).
- The Ohio Board has posted its annual online Jurisprudence Quiz, which provides one hour of free continuing education (CE) credit to its licensees, and is available at [www.pharmacy.ohio.gov/quiz](http://www.pharmacy.ohio.gov/quiz). The questions in the quiz relate to topics covered in the February, May, August, and November 2017 issues of the Board's *Newsletters*, available on the Board's website at [www.pharmacy.ohio.gov](http://www.pharmacy.ohio.gov), under the Publications tab. As in past years, the test is taken online and graded as soon as the test is submitted.

Further information about the new rule, PMP update, and CE offering is provided in the February 2018 *State of Ohio Board of Pharmacy Newsletter*. ■

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

## DEA Launches New Tool to Help Distributors Make Informed Decisions About Customers

In February 2018, Drug Enforcement Administration (DEA) launched a new tool to assist drug manufacturers and distributors with their regulatory obligations under the Controlled Substances Act. The agency added a new feature to its Automation of Reports and Consolidated Orders System (ARCOS) Online Reporting System, a comprehensive drug reporting system that monitors the flow of controlled substances (CS) from their point of manufacture through commercial distribution channels to the point of sale at the dispensing/retail level. This newly added function will allow the more than 1,500 DEA-registered manufacturers and distributors to view the number of competitors who have sold a particular CS to a prospective customer in the last six months.

DEA regulations require distributors to both “know their customer” and to develop a system to identify and report suspicious orders. Manufacturers and distributors have asked DEA for assistance in fulfilling these obligations and have requested ARCOS information to help them determine if new customers are purchasing excessive quantities of CS. This new tool will provide valuable information for distributors to consider as part of their assessment. More details are available in a news release at [www.dea.gov/divisions/hq/2018/hq021418.shtml](http://www.dea.gov/divisions/hq/2018/hq021418.shtml).

## Walmart to Provide Free Solution to Dispose Medications With Schedule II Prescriptions

In partnership with Walmart, DisposeRx will provide a safe and easy way to neutralize unused, unwanted, or expired prescription opioids. DisposeRx developed a powdered product, also called DisposeRx, that, when mixed with water, permanently dissolves and sequesters excess opioids and other drugs in a stiff, biodegradable gel that can be safely thrown in the trash. Walmart will provide a free packet of DisposeRx with every new Schedule II prescription filled at its 4,700 pharmacies nationwide.

“This partnership with DisposeRx is an exciting opportunity for Walmart to protect the safety of its customers and public health. Unwanted or expired prescription medications left inside consumers’ medicine cabinets can be an easy source for those seeking to misuse or abuse a prescription drug,” said Pharmacy Clinical Services Manager for Wal-Mart Health and Wellness and NABP President Jeanne D. Waggener, RPh, DPh. “We’re not just making it easy for patients to safely dispose of their medications, but we’re also helping prevent abuse before it starts.” Additional information is provided in a January 17, 2018 news release titled “Walmart Launches Groundbreaking Disposal Solution to Aid in Fight Against Opioid Abuse and Misuse.”

## PTCB Launches Certified Compounded Sterile Preparation Technician Program

In January 2018, the Pharmacy Technician Certification Board (PTCB) launched the PTCB Certified Compounded Sterile Preparation Technician (CSPT) Program. To be eligible to apply, a technician must:

- be a PTCB Certified Pharmacy Technician (CPhT) in good standing, and
- have completed either a PTCB-recognized sterile compounding education/training program and one year of continuous full-time compounded sterile preparation work experience; or three years of continuous full-time compounded sterile preparation work experience.

To earn CSPT Certification, eligible CPhTs are required to pass the CSPT Exam and submit competency attestation documentation from a qualified supervisor. The two-hour, 75-question CSPT Exam covers hazardous and non-hazardous compounded sterile products in the four domains of:

- medications and components (17%);
- facilities and equipment (22%);
- sterile compounding procedures (53%); and
- handling, packaging, storage, and disposal (8%).

The purpose of the Attestation Form is to document the candidate’s completion of required training, and certain skill and competency assessments in such areas as aseptic technique, equipment cleaning, and use of personal protective equipment.

More details about the CSPT Program are available on PTCB’s website at [www.ptcb.org](http://www.ptcb.org).

## New CDC Training Offers CPE on Antibiotic Stewardship

The Centers for Disease Control and Prevention’s (CDC’s) Office of Antibiotic Stewardship is offering free continuing education opportunities for health care professionals. Focused on judicious antibiotic prescribing and antibiotic resistance, the online training is offered in four sections, each with multiple modules. Section 1 of the “CDC Training on Antibiotic Stewardship” is open now and can be accessed at [www.train.org/cdctrain/course/1075730/compilation](http://www.train.org/cdctrain/course/1075730/compilation). Additional sections will be released throughout 2018. More information and resources about CDC’s national effort to help fight antibiotic resistance and improve antibiotic prescribing and use are available on its website at [www.cdc.gov/antibiotic-use/index.html](http://www.cdc.gov/antibiotic-use/index.html).

CDC is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). This program meets the criteria for 0.258 CEUs of CPE credit. The ACPE Universal Activity Number is 0387-0000-18-031-H05-P. ■



# INNOVATIONS<sup>®</sup>

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Schaumburg, IL 60173

## UPCOMING EVENTS

### **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

### **NABP/AACP Districts 1 and 2 Meeting**

September 20-22, 2018  
Washington, DC

### **NABP Interactive Executive Officer Forum**

October 2-3, 2018  
NABP Headquarters

### **NABP/AACP Districts 6, 7, and 8 Meeting**

October 14-17, 2018  
Kansas City, MO