

INNOVATIONS®



New CPE Monitor Plus Subscription Supports Licensure Compliance



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CPE Hours: 20/30



Arizona
License: SO5656
CPE Hours: 30/30



Maine
License: PR1212
CPE Hours: 15/15



Florida
License: PS7878
CPE Hours: 15/30





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

Innovations

(ISSN 2472-6850 – print; ISSN 2472-6958 – online) is published 10 times a year by the National Association of Boards of Pharmacy® (NABP®) to educate, to inform, and to communicate the objectives and programs of the Association and its 66 member boards of pharmacy.

The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABP or any board unless expressly so stated. The subscription rate is \$70 per year.

National Association of Boards of Pharmacy

1600 Feehanville Drive, Mount Prospect, IL 60056 • 847/391-4406
www.nabp.pharmacy • help@nabp.pharmacy

Carmen A. Catizone
Executive Director/Secretary

Amy Suhajda
Communications Manager

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NABP Mission Statement

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2018 Special Issue Coming Soon!

The 2018 *Innovations* Special Issue will be mailing soon. The newsletter will include an overview of NABP’s 114th Annual Meeting in Denver, CO; biographies of the 2018-2019 Executive Committee officers and members; resolutions approved by member board of pharmacy delegates; and photos of the 2018 Annual Award recipients. The Special Issue will also be available in the Publications and Reports section of the NABP website at www.nabp.pharmacy.



Interview With a Board Executive Director



**Chelsea Church, PharmD, DPh,
Executive Director,
Oklahoma State Board of Pharmacy**

Chelsea Church, PharmD, DPh Executive Director, Oklahoma State Board of Pharmacy

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

I was named executive director in July 2017. I began working with the Board in February 2012 as a compliance officer covering central and southwest Oklahoma. During that time, I became a certified peace officer. Prior to joining the Board, I was an associate professor of pharmacy practice with Southwestern Oklahoma State University College of Pharmacy.

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

One of the most significant challenges was Oklahoma's legislative session and the state budget shortfall. We had some statute changes to clean up our language, along with additions related to pilot programs, delivery options, and language to align with our rules. Our bill passed both the Senate and the House but was vetoed by the governor without notice. During the same 2017 legislative session, the state took \$500,000 from our revolving fund.

Another significant challenge during the last year has been the reorganization of Board staff. We have been understaffed due to illnesses, retirements, and advancements. We have had to look closely at how the Board operates and adapt our processes to accommodate our consumers. We used this time to review our processes and make some positive changes. The staff committed itself and pushed through to overcome these obstacles and function as a team.

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

Having become the executive director after that legislative session, I made it a top priority to be extremely involved in the 2018 session. I met with our lobbyist and attorney in early fall to begin preparing for the spring session. The lobbyist sent weekly reports and updated the Board at each Board meeting. I studied the legislative process and followed bills closely. Our lobbyist and I also met with several legislators, other lobbyists, and interest groups throughout the session. I made it a point to reach out to other agency heads to strengthen our networking endeavors.

What other key issues has the Board been focusing on?

We formed three volunteer committees to recommend rules concerning automation, comingling, and repackaging; retail remote order entry; and United States Pharmacopeia Chapter <800> guidelines. These committees met several times and developed strong recommendations for the Board to consider when regulating these various areas of practice.

The Board has also been working closely with other agencies to help combat the opioid epidemic. We recently hosted two free six-hour continuing education (CE) conferences for pharmacists, helped develop a six-module training CE for opioid prescribers, and had significant input on new legislation mandating electronic prescribing and day supply

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Oklahoma State Board of Pharmacy

Number of Board Members: 5 pharmacist members and 1 public member

Number of Compliance Officers/Inspectors: 6

Rules and Regulations Established by: State Board of Pharmacy

Number of Pharmacist Licensees: 7,296

Number of Pharmacies: 1,857 (in-state)

Number of Wholesale Distributors: 99 (includes manufacturers, repackagers, third-party logistics providers, and outsourcing facilities)

Risky Business



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

“While many such lawsuits are premised on antitrust issues, additional counts are also propounded against state boards causing legal and legislative action and reaction.”

The 2018 NABP Report of Counsel will address the risk management issues that boards of pharmacy face as the legal and political climates continue to evolve. While the ubiquitous issues surrounding the *North Carolina State Board of Dental Examiners v. Federal Trade Commission* case have monopolized the recent landscape, this report will consider additional risk management issues relevant to boards of pharmacy. This is not to say that the principles related to state action defense and immunity are not significant, but merely to remind readers that boards of pharmacy are involved in numerous activities that implicate legal issues other than antitrust concerns. Naturally, many legal issues overlap with the antitrust allegations propounded by plaintiff lawyers against regulatory boards and other state agencies. The *North Carolina State Board of Dental Examiners* case has prompted over 30 lawsuits against state boards of the various professions and occupations. While many such lawsuits are premised on antitrust issues, additional counts are also propounded against state boards causing legal and legislative action and reaction. Such a form of reactive risk management is not an efficient means of protecting boards of pharmacy. This report will address the many issues that shape and define board roles and risks.

Risk Management Defined

First, the phrase risk management must be defined. Borrowing from numerous sources, risk management generally involves the anticipation and identification of, and reaction to real or perceived threats to

organizations, in the case of the *Innovations* audience, the state boards of pharmacy. It involves the process of identifying, assessing, and controlling threats to an organization's capital and earnings. These threats, or risks, could stem from a wide variety of sources, including financial uncertainty, legal liabilities, strategic management errors, accidents, and natural disasters. Public sector entities face unique challenges as actors on behalf of government. But, at the same time, such public entities may be entitled to various defenses and immunity protections in order to fulfill their responsibilities without intimidation of litigation. For purposes of boards of pharmacy, which act as an arm of government, the protections available in the event of a legal or political challenge may differ from the private sector. In short, statutory and common law protections likely exist to protect the boards of pharmacy.

Public Sector

In order for there to be risk, there must necessarily be actions (or inactions) on the part of a board of pharmacy. Numerous activities undertaken by state boards may trigger allegations of inappropriate or unlawful activity. Boards of pharmacy issue and deny licensure and renewal of licensure, recognize education and continuing education (CE), interact with the legislature, academia, applicants, licensees, and media, and engage in enforcement activities. All of these actions may result in legal reactions from disgruntled parties and must be proactively considered as part of the board deliberations. The makeup of the board may also play a role in triggering scrutiny of board actions.

Complicating the anticipation of and reaction to risks to the public sector

is the current use of licensees as decision makers in government regulatory structures. Regulatory determinations that are made by licensees of the same field being regulated may be subject to accusations of self-service or self-interested decisions made under the guise of government. Maintaining and applying robust conflicts of interest policies and procedures, including regular board member education, will help reduce the risks associated with these accusations.

Through delegation of authority, boards of pharmacy likely use board and/or state staff for certain decisions in order to be more efficient between board meetings. Such decisions include issuance of initial and renewal of licensure, acceptance of CE providers or programs, complaint processing, and initiation of investigations. It is imperative for this delegation of decision-making authority from board to staff to be memorialized into written policies formally adopted by the board. Such policies protect the board and its staff and employees as well as ensure that all parties understand the role and processes to be undertaken.

An additional way for boards to address risk is to understand what is and is not within the authority of the board. While seemingly a basic principle, certain ambiguous language in the practice act or administrative procedures act may require interpretation by the board. A misunderstanding by the complainant as to the authority of the board also contributes to the filing of complaints that are not within the authority of the board to decide. Consumers can be caught up in the confusion of the purpose for boards of pharmacy

resulting in requests for board action. Certain complaints that likely do not fall within the purview of the board include fee disputes, employment matters, turf protection issues, and financial or economic aspects of the practice. Making sure that the board members are well trained and understand the board's role, as well as that of the members themselves, will ensure that decisions will not fall prey to self-serving, profession-driven interests.

Understanding the options available to boards when making decisions will allow for reasoned approaches to decision making based upon an informed benchmark. Exposure of the potential risks will enhance appropriate decisions, thus minimizing potential challenges and risks. Options to realize the risks and mitigate consequences are key to risk management analysis. The options available are numerous and include the following, each of which have strengths and weaknesses.

Legislative Changes

On matters of a significant and ongoing nature that fall outside the scope of board authority, there may be the need for a legislative change. The authority of currently enrolled students to engage in supervised practice, board of pharmacy jurisdiction over unlicensed practice issues, the ability to engage in criminal background checks of initial and renewal licensure applications, and interpretative action related to scopes of practice are a few examples of where legislative action may be necessary to clarify the board's authority. Legislative change can provide a measured level of risk management for anticipated board decisions about these areas ripe for legal challenge. While boards of

pharmacy may have little to no authority to initiate legislative change, boards can and should be an information source to legislators and the relevant legislative committees. Where there are voids in the statutes in need of attention, regulatory boards can play an important role by providing accurate and timely information. A robust statute that provides a board with adequate authority and resources can and will lead to effective and efficient regulation of the profession and minimize risks of legal challenge.

Judicial Relief

On matters of statutory interpretation of language within the practice and duly enacted by the legislature, the board may wish to seek judicial intervention through a proceeding seeking declaratory relief. In this process, the board files a motion before an appropriate court and seeks a ruling as to an interpretative issue. A prime example may include a question over whether the scope of practice of a profession includes a certain modality. Seeking judicial relief through a declaratory judgment can provide certainty to a scope issue and minimize the potential for litigation against the board alleging turf protection and self-serving interests. While such an approach involves a financial commitment, a dedication of time and resources, and has the potential to be unsuccessful, the protections of a judicial order will minimize, or perhaps eliminate, risk related to legal challenges. In addition, adverse judicial decisions can stimulate legislative changes to remedy the issue.

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Promulgation of Rules/Regulations

Regarding matters involving profession-specific issues of general applicability, the board should promulgate regulations as a means of protecting itself through consistent application of the regulations to its decisions. Rules provide details to the framework of the practice act. Based upon the fact that duly promulgated rules have the force of law, rule promulgation must follow administrative procedures before adoption. The use of the rulemaking process can provide protections from litigation or other legislative challenges related to the enforcement of law. It is imperative that board members understand the difference between policy and rule. There is much litigation over the general application of policies that should, in order to be duly enforced, have been subjected to the rulemaking process. For example, the Nevada Supreme Court recently reversed and remanded a lower court opinion and held that a policy adopted by the Board of Physical Therapy prohibiting the use of certain titles was actually a rule subject to the application of the Administrative Procedures Act. Based upon a failure to promulgate an applicable rule, the matter was remanded to the lower court. (*Dunning v. Nevada State Board of Physical Therapy Examiners*, 2016 Nev LEXIS 483)

Adoption of Policies

Addressing operational matters, the board should adopt policies as a way of identifying and clarifying the roles played by staff. In particular, policies should identify what authority is delegated from board to staff to allow for efficient operations between board meetings. Examples include application processing, issuance and renewal of licensure, recognition of CE, accounts receivable and

accounts payable, and interactions with constituents. In the event of a challenge, it is beneficial for the board to be able to point to adopted policies that were followed. This will assist in establishing uniformity in decision making based upon the memorialization of processes followed. Furthermore, adopted written policies will protect the board and staff, thereby minimizing the potential for liability in the event of a mistake. Such policies will also protect the board in the event of an employment dispute.

The use of any or all of these formal processes can reduce the potential for litigation levied against the board related to decision making. In the event of litigation, the board will be in a position to defend allegations of arbitrary and capricious decision making.

Separate Process from Content

Many issues related to risk management involve processes rather than content-driven decision making. Board actions relate to both process (receiving and processing information, applications, renewals, and complaints) as well as content (interpretation of statutory or regulatory language as applied to situations). As referenced above, understanding the issues and identifying resolutions are important in managing the risks and consequences of such decisions. In general, operational inconsistencies or other avenues of inefficient decision making can be resolved through the adoption of policies. Matters of inconsistencies and inefficiencies in content can be resolved through statutory enactments, promulgation of rules, and/or judicial intervention.

Understanding Roles

Members of the boards of pharmacy must understand and respect their roles as public protectors. Regulatory boards are statutorily created and delegated with enforcement authority

to regulate the profession in the interest of public protection. Boards are populated with a combination of licensees and consumer/public members. Licensee board members are essential to ensuring efficiencies in regulation as their expertise allows for the promulgation of rules and other decision-making responsibilities with profession-specific application. Public members are equally important, lending a balance to decision making and ensuring that the profession is not acting in a self-interested manner. One significant factor stimulating the increased political and legal scrutiny of regulatory boards is the fact that board members with an interest in the profession act on behalf of the profession. Whether actual or perceived, the notion of self-regulation of the profession continues to drive movement toward regulatory change. In the wake of the United States Supreme Court case, licensees serving on regulatory boards have become perceived as prioritizing the preservation of scopes and economic protectionism over public protection. As noted earlier, a multitude of cases against state boards have been filed challenging the motives of the boards and board members.

From a risk management perspective, board members must be meaningfully trained when appointed to the board, preferably in conjunction with commencement of service terms. Training topics should include the role of the board, role of board members, and conflict of interest. Additional topics should include statutory and regulatory navigation, complaint processes, enforcement, post board order action, outreach and media presence, to name just a few. Investment in board member training will enhance the knowledge of those asked to serve and provide a valuable means of controlling the risks related to government regulation of the professions.

Roles of Trade Association

In addition to the role of public protectors, boards of pharmacy must be aware of and understand the role of the trade association. Separation of regulation from trade is essential to lawful involvement of government in regulating a profession. Far too often, regulatory decisions may be unduly influenced by trade perspectives and comingling trade with regulation in government decision making resulting in continued legal and political scrutiny. Lawsuits challenging board action under antitrust theories will continue and legislative enactments to minimize potential legal liability will continue to be introduced. Of late, legislation (and Executive Orders) consolidating boards have generally been an attempt to diminish the ability of professionals in one profession from using trade perspectives when enforcing the practice acts. If a multitude of professions are regulated under one consolidated board, one profession will not dominate decision making. Readers may agree or disagree as to the benefits of certain board structures, but what is clear is the perception that licensees serving on boards cannot be “trusted” to fulfill the public protection mandates of the statute without sufficient state oversight.

Accessibility/ADA Issues

Another area of relevance is assessing risk management issues and how to anticipate proactively minimizing potential threats involving disability laws. Societal views of how technology and other developments may disadvantage persons with disabilities are on the forefront. Virtually all regulatory boards have a website with many others maintaining a social media presence. Accessibility to such websites is under scrutiny and should be anticipated by boards of pharmacy. Several lawsuits are currently pending regarding accessibility of

websites by sight-impaired persons. The lawsuits challenge private companies (eg, Domino’s, Winn-Dixie) but can be instructive to the public sector. Boards of pharmacy should anticipate accessibility issues related to websites and proactively pursue solutions, keeping in mind that these issues involve not only applicants and licensees, but the consuming public as well.

Use of Private Sector

The 1904 advent and subsequent growth of NABP has provided member boards with opportunities to confer collectively and problem solve using the wisdom of all member boards. This evolution and ability to collaborate minimizes risks to boards of pharmacy by promoting uniformity in licensure criteria while recognizing states’ rights. Through uniformity in criteria and subsequent licensure transfer programs, arguments related to unnecessary barriers to licensure are diminished, thereby protecting the rights of the states to determine applicant eligibility. Member boards are encouraged to actively participate in NABP programs and services and meaningfully engage in the evolution and development of future programs that continue to allow governmental boards to enhance effectiveness and efficiencies.

Case law supports the rights of the states to rely upon programs and services provided by associations of boards that lessen burdens on state government. NABP’s membership consists of the state boards of pharmacy and, like its member boards, the Association is keenly aware and respectful of the notion of separation of regulation from trade. Under certain circumstances, states (through legislation) and boards of pharmacy (through rules/regulations) may delegate certain aspects of assessment and operations to NABP while recognizing decision-making authorization to government.

Boards of pharmacy must be aware of the potential for “other” private sector entities to attempt to engage government by offering to provide services. Private sector groups are aggressively seeking inroads into servicing government by developing ways to manage data and provide backroom services to regulatory boards. Certain political ideologies are promoting the privatization of government activities. NABP provides the unique organizational structure to include the users of the products and services as members and decision makers. In addition, its Internal Revenue Service recognition as a section 501(c)(3) organization distinguishes NABP from other private sector entities. Control over NABP direction through elections, resolutions, district meetings, and the Annual Meeting provides boards of pharmacy with direct input into decision making.

Conclusion

The topic of risk management is vast and encompasses virtually all aspects of what boards of pharmacy are statutorily obligated to fulfill. This report merely skims the surface of this topic and attempts to identify broad scopes of board responsibilities. With responsibilities comes the potential for risk or liability. Boards of pharmacy are protected by immunity and other statutory or common law principles to allow for the fulfillment of public protection mandates without undue influence or threat of liability. Acting within the scope of authority and in good faith is critical to the successful application of these immunity protections. However, understanding the risks will better equip boards and board members to meet their obligations and minimize challenges. The increased political and legal spotlight is an opportunity. Now is the time for regulatory boards to shine. ■

2017-2018 Annual Report on Association Legal Affairs

Enhancement and expansion aptly describe the noteworthy accomplishments of NABP over the past year. From providing educational development opportunities to supporting growth of the NABP intellectual property portfolio, the Legal Affairs department helped advance core objectives of the boards and Association.

Educational Opportunities for Board Staff

On November 29-30, 2017, NABP hosted the NABP Interactive Compliance Officer and Legal Counsel Forum for board of pharmacy legal counsel and compliance officers. Board attorneys shared their experiences with colleagues on topics that included medical marijuana program implementation and United States Pharmacopeia Chapter <800> addressing hazardous drugs.

In addition, the Legal Affairs department plans to host an educational webinar for board legal counsel in 2018. Topics suggested by

board attorneys who participated in the 2017 Forum are under review.

Patent Granted

In September 2017, the Association proudly earned a patent for its Test Pallet Assembly and Family Assignment, a methodology that promotes security in test delivery to candidates. This is the second patent that NABP has garnered for its secure testing systems. The first was issued in May 2016 for the NABP Outlier Detection Tool, which assists in identifying aberrant behavior, including candidates who attempt to memorize NABP examination content.

Litigation

Litigation involving a candidate seeking certification through the Foreign Pharmacy Graduate Examination Committee™ program has ended. In November 2017, the US Supreme Court declined to review the case. The candidate sued NABP in August 2015, claiming, among other things, that NABP had conspired with another testing organization to invalidate a score on an English language test.

Both the US District Court for the District of Columbia and the US Court of Appeals for the District of Columbia Circuit dismissed the candidate's case against NABP.

In August 2017, a candidate sued NABP in the US District Court for the District of Colorado alleging, among other things, that NABP was negligent in delivering the North American Pharmacist Licensure Examination® because the candidate experienced technical difficulties that impacted his examination performance. NABP contends the allegations are baseless and filed a motion to dismiss the case, which is pending.

Partner in Advancement

The Legal Affairs department values the strong partnership that NABP has forged with its members over many years. The team is committed to furthering board attorney and staff education, and providing exceptional support for the Association as it develops superior programs and services to assist member boards of pharmacy in their public health safety initiatives. ■

Chelsea Church

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limitations on opioid prescriptions. The Board has also begun preparing for the potential to help with the regulation of medical marijuana, if the public votes for legalization this summer.

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

For legislative issues, involvement is key. Consider hiring a lobbyist or having someone dedicated to following the process from beginning to end. Use your resources and never hesitate to ask for help or guidance. Reach out to your network of colleagues for advice and perspectives. Build a strong grassroots effort that is proactive. It is much easier being prepared than having to react and adjust. ■

NABP e-Profile Connect User Reminder

With the launch of the new NABP e-Profile system also came a new interface for staff at boards of pharmacy and schools and colleges of pharmacy. The upgraded e-Profile Connect was launched on April 2, 2018, and included all the same functionalities as before, but offered several new features. Key additions were Electronic Licensure Transfer Program® application processing for board of pharmacy staff and Pre-NAPLEX® voucher purchasing for schools and colleges of pharmacy staff.

For staff to obtain a login to NABP e-Profile Connect, the executive officer of the board of pharmacy or the dean of the school or college of pharmacy must submit the request to NABP via email. Only the executive officer or the dean may request access and assign responsibilities for their staff member. Logins prior to April 2, 2018, are no longer valid.

To request e-Profile Connect access for a staff member, please email eProfileAccess@nabp.pharmacy. All requests must come from the executive officer of the board or the dean of the school or college of pharmacy. ■

Ensure Your State's MPJE Has the Most Current Items; Attend the MPJE State-Specific Review in Person or Remotely

The annual Multistate Pharmacy Jurisprudence Examination® (MPJE®) state-specific item pool review and new item selection will take place September 6-7, 2018. State board participation is critical to ensure that the MPJE maintains the highest validity standards with the most up-to-date questions on the examinations and that the items on the MPJE are defensible. NABP requests that all MPJE-participating jurisdictions schedule resources and time to complete this important set of tasks.

How to Complete the Review

NABP will reimburse travel expenses (travel, food, lodging) for up to two participants from each jurisdiction to attend the review at NABP Headquarters in Mount Prospect, IL. Please note, space is limited and NABP may need to limit attendance from any jurisdiction to one participant if responses exceed space and resource limitations.

Boards may also perform their review remotely. If your jurisdiction chooses to conduct the review and new item selection remotely, the item pools will be available on a password-protected,

secure website. NABP encourages your designated remote reviewers to schedule specific days and times to complete the review, just as if they were traveling to NABP Headquarters. NABP will send complete details to the designated remote reviewers in mid-August.

During the MPJE State-Specific Review, the responsibility of each board is to:

1. Select new items to be pre-tested for future pool, and
2. Complete review of the current operational (scored) item pool.

The MPJE State-Specific Review provides each participating board the opportunity to approve those questions applicable in their state or jurisdiction. NABP will work with states throughout the year to identify any shallow or incomplete parts of their exam item pool. State laws and regulations pertaining to the practice of pharmacy must be reviewed regularly, as changes may impact the MPJE. Such regulatory changes that may impact the MPJE item pool include, but are not limited to changes to:

- **The list of vaccines that pharmacists are permitted to administer, or changes in the defined patient population to which pharmacists may administer vaccines;**
- **Statute language, official titles, definitions, etc, that would render MPJE language invalid;**
- **Initial license, renewal, or continuing education requirements;**
- **Collaborative practice agreements;**



- **State drug schedules;**
- **Pharmacists' right to refuse prescriptions;**
- **Requirements regarding prescription expiration dates;**
- **Pharmacist-to-technician ratio requirements;**
- **Permissions for accessing emergency kits; and**
- **Changes to requirements for dispensing syringes**

New federal- and state-specific items to test the pharmacy jurisprudence knowledge of candidates seeking licensure were developed by board of pharmacy-designated item writers during the MPJE Item Development Workshop held March 7-8, 2018, at NABP Headquarters. To date, 49 boards utilize the MPJE and are asked to participate in at least one State-Specific Review meeting each year to determine the appropriateness of items in the MPJE for candidates seeking licensure. ■

“**State laws and regulations pertaining to the practice of pharmacy must be reviewed regularly, as changes may impact the MPJE.**”

New CPE Monitor Plus Subscription Supports Licensure Compliance



Since its launch in 2011, CPE Monitor® has been helping pharmacists ensure licensure compliance by enabling them to track their Accreditation Council for Pharmacy Education (ACPE)-accredited continuing pharmacy education (CPE) units. Provided through the collaborative efforts of NABP, ACPE, and ACPE-accredited providers, the CPE Monitor system transmits verified ACPE data to licensees' e-Profiles for easy viewing and tracking.

Today, as more pharmacists are obtaining licensure in multiple states, licensees are challenged with keeping track of varying state rules and regulations, CPE requirements, and CPE deadlines. Further, pharmacists taking non-ACPE CPE courses or attaining non-ACPE certificates must determine if and how these educational achievements are relevant to their state licenses.

To help pharmacists address these and future compliance challenges, NABP partnered with ACPE to develop CPE Monitor Plus, an enhanced, secure, subscription-based service for CPE Monitor. Launched in April 2018, the new service comprises advanced features that enable pharmacists to perform a variety of tasks, such as uploading and applying non-ACPE CPE courses and certificates to relevant state licenses, receiving emails when CPE cycle deadlines are approaching, and generating simplified, automated reports. (See the sidebar for more CPE Monitor Plus features.)

CPE Monitor Plus is available for an annual, renewable subscription fee of \$29.95, regardless of how many licenses a pharmacist has or adds at a later date. After subscribing, the pharmacist may access CPE Monitor Plus by downloading the app from Google Play (Android) or the App Store (iPhone). NABP launched the mobile app version of CPE Monitor Plus prior to the desktop version because of the demand for real-time viewing of CPE status while at trade shows or other events where pharmacists obtain CPE. The desktop version will be provided in future releases, and in July, pharmacists will be able to subscribe to the service via the app. The standard CPE Monitor service is still available for free and can also be accessed via the app by signing in with e-Profile login credentials. CPE Monitor users can upgrade to CPE Monitor Plus by logging into their NABP e-Profile.

The Complexity of State Rules and Regulations

Developing the enhanced CPE Monitor service required a great deal of research and effort. To ensure that CPE Monitor Plus would enable pharmacists to meet the compliance requirements of multiple jurisdictions, NABP studied

“Today, as more pharmacists are obtaining licensure in multiple states, licensees are challenged with keeping track of varying state rules and regulations, CPE requirements, and CPE deadlines.”

the CPE rules and regulations of 51 jurisdictions (50 states and the District of Columbia) as well as how they are interpreted and implemented by each jurisdiction's board of pharmacy. The Association also examined board of pharmacy websites and data from the NABP *Survey of Pharmacy Law*.

The process revealed that no states have exactly the same CPE requirements. For instance, the number of CPE hours required for licensure varies from 10 to 20 hours per year among states, while the duration of licenses ranges from one to three years. In addition, some states allow pharmacists to carry over excess CPE hours from one licensure period to the next; others allow pharmacists to apply excess CPE hours from the prior licensure period to the current period if they do not have enough hours for the current period. Some states do not allow pharmacists to carry over any CPE hours at all.

The license renewal cycle varies among the states, too. In some states, license renewal occurs for all pharmacists at the same time each or every other year; other states renew licenses continuously throughout the year.

After analyzing and compiling each jurisdiction's CPE requirements, NABP forwarded the information to the individual boards of pharmacy for review and feedback. The Association used the information to generate a computer algorithm that analyzes the information related to each CPE course and automatically assigns the course to the right category when it is submitted to the licensee's e-Profile, thus eliminating the need by pharmacists to manually add and cross-check CPE credits against multiple state requirements.

CPE Monitor Plus was initially tested by several members of NABP task forces and committees, who provided feedback

and suggestions for improvements. In October and November 2017, a second test was performed by pharmacists who gave NABP permission to use their existing CPE Monitor data.

Moving Forward

To maintain current information about the boards of pharmacy rules and regulations, NABP staff and resources will monitor changes to the states' and boards' CPE rules and regulations, so the CPE Monitor Plus algorithm can be updated as needed. NABP also encourages the state boards to inform the CPE Monitor team of such changes as they occur, as tools that make accurate licensure compliance easier for pharmacists may result in less work for boards of pharmacy dealing with tighter budgets and fewer resources. State boards should send their CPE updates to CPEmonitor@nabp.pharmacy. ■

CPE Monitor Plus Subscription Features



The CPE Monitor® Plus subscription service is available for \$29.95 per year and includes these unique features:

- Accreditation Council for Pharmacy Education (ACPE) and non-ACPE credits in one place. You can add completed non-ACPE credits to your e-Profile. All continuing pharmacy education (CPE) credit will appear in one consolidated transcript;
- Automatic tracking of CPE credits earned and remaining credits needed for each state license;
- A cross-check of CPE credits against all your licenses. NABP checks your CPE credit against multiple licenses and looks for crossover in the requirements;
- Alerts for CPE deadlines. Receive alerts when your license is nearing the end of a cycle;
- Search ACPE Pharmacists' Learning Assistance Network (P.L.A.N.) to locate additional CPE activities; and
- Link to My CPD for ACPE's Continuing Professional Development.

Quarterly updates and new features will be introduced in the coming months. NABP invites state boards of pharmacy and CPE Monitor Plus users to submit suggestions for additional features to CPEmonitor@nabp.pharmacy.



Newly Approved .Pharmacy Websites

The following entities were approved through the .Pharmacy Verified Websites Program in the first quarter of 2018:

ADW Diabetes, LLC

www.adw.pharmacy
www.adwdiabetes.com

Allina Health System

www.allinahealth.pharmacy
www.allinahealth.org

Americare Pharmacy Services LLC, dba Pegasus Express Pharmacy

www.pegasusrx.pharmacy
www.pegasusrx.com

Banfield Pet Hospital

www.banfield.pharmacy
www.banfield.com

Belle Mead Pharmacy Inc

www.longisland.pharmacy

CareFirst Specialty Pharmacy LLC

www.cfspharmacy.pharmacy
www.cfspharmacy.com

Clear Skin Concierge

www.clearskinconcierge.pharmacy
www.clearskinconcierge.com

Express Veterinary Pharmacy, LLC

www.expressvet.pharmacy
www.expressvetpharmacy.com

Good Neighbor Pharmacy

www.mygnp.pharmacy
www.mygnp.com

Henry Ford Health System, dba Pharmacy Advantage

www.pharmacyadvantagerx.pharmacy
www.pharmacyadvantagerx.com

Iodine Inc

www.iodine.com

KLIX, LLC Easy Drug Card

www.easydrugcard.pharmacy
www.easydrugcard.com

London Drugs Ltd

www.londondrugs.pharmacy
www.londondrugs.com

MobiMeds, Inc, dba The Pill Club

www.thepillclub.pharmacy
www.thepillclub.com

North Huntingdon Medical Inc, dba AccuServ Pharmacy

www.accuserv.pharmacy
www.accuservpharmacy.com

Overwaitea Food Group LP

www.saveonfoods.pharmacy
www.saveonfoods.com

P&M Pharmacy

www.pandm.pharmacy
www.pandmpharmacy.com

Parata Systems, LLC

www.parata.pharmacy
www.parata.com

PetMed Express, Inc

www.1800petmeds.pharmacy
www.petmeds.pharmacy
www.petmed.pharmacy
www.1800petmeds.com

Pet's Choice Pharmacy, LLC, dba Lambert Vet Supply and petsupplies4less.com

www.vetmedicinesforless.pharmacy
www.lambertvetsupply.pharmacy
www.petsupplies4less.pharmacy
www.petschoicepharmacy.pharmacy
www.vetmedicinesforless.com
www.lambertvetsupply.com
www.petsupplies4less.com
www.petschoicepharmacy.com

Phil, Inc

www.phil.pharmacy
www.phil.us

Ritzman Pharmacies, Inc

www.ritzmanrx.pharmacy
www.ritzmanrx.com

Rocky Mountain Skin Care Clinic

www.rockymountainskincareclinic.pharmacy
www.rockymountainskincareclinic.com

TABcom, LLC

<http://dogdotcom.pharmacy>
www.dog.com
www.horse.pharmacy
www.horse.com
www.statelinetack.pharmacy
www.statelinetack.com
www.petsupplies.pharmacy
www.petsupplies.com
www.kvsupply.pharmacy
www.kvsupply.com

The Pharmacy Network, Corp

www.pace.pharmacy
www.toronto.pharmacy
www.canadacompounding.pharmacy
www.pacepharmacy.com

Towers Administrators, Inc, dba SingleCare Administrators

www.singlecare.pharmacy
www.singlecare.com

University of Utah Health Care

www.uuh.pharmacy
www.healthcare.utah.edu/pharmacy

University of Wisconsin Hospitals and Clinics Authority

www.uwhealth.pharmacy
www.uwhealth.org

VetCara, LLC, dba VetRxDirect

www.vetrxdirect.pharmacy
www.vetrxdirect.com

VMC Grace, dba Gateway Pharmacy

www.gateway.pharmacy
www.mygatewaypharmacy.com

Wellness Mgmt Group LLC

www.lowtmedicalclinic.pharmacy
www.medicalweightlosscentersofamerica.pharmacy
www.lowtmedicalclinic.com
www.medicalweightlosscentersofamerica.com

A full listing of .pharmacy verified websites is available in the Find a Safe Site section at www.safe.pharmacy.

NABP Updates Content on *safe.pharmacy* Site to Focus on Consumers, Moves Applicant Information to *nabp.pharmacy*

In April 2018, NABP updated the .Pharmacy Verified Websites Program website to focus on informing consumers of safe internet pharmacy websites. The updated content on the .Pharmacy Program's home page gives the public quick and easy access to verified and legitimate pharmacy (human and veterinary) websites and resources. While the URL remains the same (www.safe.pharmacy), the simplified content helps the Association carry out its mission of protecting the public health and safety through its program by educating consumers about rogue sites and providing them with sites that are properly licensed and meet the program standards. The Find a Safe Site section will be updated on a regular basis with newly verified pharmacies and pharmacy-related resource websites.

Previously, the *safe.pharmacy* site featured information and instructions for applicants to the .Pharmacy Program. This content was moved to the Programs section of NABP's website at www.nabp.pharmacy, where businesses may apply for approval to register a .pharmacy domain or obtain more information about the application process and program standards.

Site Highlights Verified Pharmacy Services for Consumers

Consumers can be assured that online pharmacies and medication-related websites found on the .Pharmacy Program's *safe.pharmacy* site are operating in compliance with pharmacy laws and practice standards that protect the public health. With a simplified navigation bar, the *safe.pharmacy* site aids consumers in locating legitimate online pharmacies by listing the verified websites in the Find a Safe Site section.

The updated website also informs consumers about which sites to avoid

in the Not Recommended Sites section. Sites listed as Not Recommended, for example, may dispense prescription medicine without a prescription, dispense medicine based solely on a questionnaire, dispense foreign or unapproved medicine, or may redirect patients to sites that facilitate the distribution of medications in violation of state or federal law or NABP standards. In addition, consumers can submit questions or concerns about pharmacy websites and buying medication safely online to NABP using the email address and phone number provided in the About Us section. By focusing on the public with the *safe.pharmacy* site, NABP is able to widen the availability of its resources to consumers.

Applicant Information Targeted to Accreditation Customers on NABP Site

Now located in the Programs section of NABP's website (www.nabp.pharmacy), the .Pharmacy Program pages are more visible to entities considering applying for a .pharmacy domain name. Likewise, information on Accreditation and other NABP programs is close at hand for prospective .pharmacy applicants.

In January 2019, an update to the Affiliated Websites standard will become effective, requiring non-pharmacy applicants to

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Strong Showing of .Pharmacy Domains Among Canadian Member Boards and Agencies

To date, eight out of 10 Canadian member boards of pharmacy have an active .pharmacy domain, including Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, and Saskatchewan. Specifically, the following boards of pharmacy in Canada have registered a .pharmacy domain, signaling that they are committed to safe pharmacy practice online.

- Alberta College of Pharmacy
- College of Pharmacists of British Columbia
- College of Pharmacists of Manitoba

- New Brunswick College of Pharmacists
- Newfoundland and Labrador Pharmacy Board
- Nova Scotia College of Pharmacists
- Ontario College of Pharmacists
- Saskatchewan College of Pharmacy Professionals

In addition, NABP provides a list of pharmacies, resources and referral sites, and professional organizations that have secured a .pharmacy verified domain name. To learn more, visit www.safe.pharmacy.

Fifteen Member Boards Deemed Blueprint States

Three state boards of pharmacy – Arizona, Arkansas, and Michigan – are the latest states to join the Multistate Pharmacy Inspection Blueprint Program, bringing the total number of “Blueprint states” to 15. The other states that have signed the Multistate Pharmacy Inspection Blueprint Program Participation Agreement include Kentucky, Louisiana, Mississippi, New Jersey, North Carolina, North Dakota, Ohio, South Dakota, Tennessee, Virginia, West Virginia, and Wyoming. States participating in the Blueprint Program ensure sterile compounding pharmacies that ship product out-of-state are being routinely and consistently inspected by trained inspectors, and that the inspection reports shared on these facilities reflect this robust, uniform approach.

Blueprint Program Criteria

Member boards that are deemed Blueprint states utilize inspection forms and processes that cover the minimum requirements agreed upon by most member boards. These requirements focus on general areas of pharmacy and national compounding standards, primarily United States Pharmacopeia Chapter <797> and referenced chapters. To become a Blueprint state, boards may use either the Universal Inspection Form provided by NABP or their own state inspection form that has been

crosswalked by NABP and deemed equivalent to the Universal Inspection Form.

In addition, boards of pharmacy that join the Blueprint Program must attest that the inspectors and compliance officers who conduct these inspections receive qualified training in inspecting sterile compounding facilities, which includes NABP and CriticalPoint Sterile Compounding Inspector Training (SCIT), where inspectors must earn the CriticalPoint Certification in Sterile Compounding Inspections or NABP in-state inspection training.

Qualified Training

In 2018, in-state training with NABP surveyors was provided to state pharmacy inspectors and compliance officers from Colorado, Louisiana, and New Mexico. Last year, in-state training with NABP surveyors was provided to state pharmacy inspectors and compliance officers from Michigan, Mississippi, New Hampshire, and Vermont. Through a grant funded by The Pew Charitable Trusts and administrated by NABP, this in-state training with NABP surveyors included educational webinars, on-site observation of sterile compounding inspections, and a follow-up analysis. In addition, participants are presented with an opportunity to practice sterile gowning and garbing for

an inspection of a clean room, inspecting for all elements in the universal inspection sterile compounding module, and completing the inspection report.

Further, the next CriticalPoint SCIT sessions will be held July 16-19, October 8-11, and November 5-8, 2018, in Totowana, NJ. NABP will continue to offer one scholarship to each state to defray travel costs associated with this valuable training. Pew funding is also available for states to send an additional inspector to this training or assist with travel expenditures.

Working Together

The Blueprint Program was established after working with the member boards of pharmacy to develop the Multistate Pharmacy Inspection Blueprint, a living document that provides a minimum set of inspection criteria for pharmacy inspections. The blueprint is regularly reviewed to ensure it stays current with evolving pharmacy regulations and practices.

NABP wants to help boards of pharmacy build inspection programs that ensure the highest pharmacy quality standards. Contact the NABP Member Relations and Government Affairs department at GovernmentAffairs@nabp.pharmacy to learn more about sterile compounding training opportunities or how to become a Blueprint state. ■

Sterile Compounding Best Practices and Regulations Questions

The CriticalPoint Peer Network for inspectors, an online forum designed to support 503A entities and their regulators, was developed to support the Sterile Compounding Inspection Training offered by CriticalPoint, LLC, in conjunction with NABP. The CriticalPoint Peer Network provides online access to the latest information, tools, and resources related to sterile compounding.

At a discounted cost, CriticalPoint is offering board of pharmacy inspectors the Platinum Subscription for \$25

per year instead of the normal price of \$129.99. The platinum-level content includes videos, standard operating procedures, webinars, training resources, and over 300 searchable questions that have been asked by users who inspect to United States Pharmacopeia standards. Additionally, subscribers will be able to ask two new questions per year. To learn more about the discounted subscription service, contact the NABP Professional Affairs department at prof-affairs@nabp.pharmacy. ■

Task Force Examines Laws and Regulations on Compounding Animal Products, Makes Recommendations

During the Task Force on Best Practices for Veterinary Compounding, members reviewed existing state and federal laws and regulations pertaining to the compounding of animal (non-food-producing) products and made several recommendations. According to the report of the task force, members recommend that NABP collaborate with various stakeholders to assist them in developing model language on veterinary compounding, encourage veterinary drug education in schools and colleges of pharmacy and continuing pharmacy education (CPE) activities, and determine appropriate entities to develop a veterinary pharmaceutical care certification program for pharmacists.

Members of the task force concluded that a new definition of veterinary dispensing should be added to the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to recognize the importance of this emerging role in pharmacist care services. Additionally, the task force recommends that a new section be added to the *Model Act* under the Model Rules for Compounded or Repackaged Pharmaceuticals to incorporate Food and Drug Administration's (FDA's) current position and identify appropriate instances for compounding for office

use by veterinarians, and subsequent dispensing for emergency situations.

Further, the value of collaboration between NABP and stakeholders to align regulatory language and further clarify issues of concern was discussed by the task force. The members recommend that NABP collaborate with stakeholders – such as the American Association of Veterinary State Boards (AAVSB), the American Veterinary Medical Association (AVMA), and state veterinary associations – to assist in developing model language on veterinary compounding to provide regulatory boards with the framework to enhance regulation.

Members of the task force also support NABP collaborating with pharmacy education stakeholders to educate pharmacists and pharmacy students on veterinary dispensing. The task force discussed several issues related to prescribing practices for animals as opposed to prescribing practices for humans. The members agreed that continuing education may be helpful in solving immediate safety concerns for veterinary dispensing, but determined that the use of a universal language should be considered in pharmacy and veterinary curricula to facilitate accurate communication among practitioners. The members

recommend that NABP collaborate with stakeholders – including the American Association of Colleges of Pharmacy, the Accreditation Council for Pharmacy Education, and others – to encourage veterinary drug education in schools and colleges of pharmacy and CPE activities to educate pharmacists to better serve veterinary patients.

Specialty knowledge and maintenance of that knowledge is very important for pharmacists who routinely compound veterinary medications, indicates the task force report. Members support the development of an optional certification for pharmacists to demonstrate competency in veterinary compounding. This will assist veterinarians and their clients in identifying the safest places to obtain medication. The members recommend that NABP collaborate with stakeholders to determine appropriate entities to develop a veterinary pharmaceutical care certification program for pharmacists to demonstrate competency in veterinary compounding.

To keep pharmacists and boards of pharmacy apprised of veterinary compounding issues, the task force members recommend that NABP distribute information to pharmacists via NABP publication vehicles.

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Task Force Charge

The Task Force on Best Practices for Veterinary Compounding met August 14-15, 2017, and accepted the following charge:

1. Review existing state laws and regulations addressing compounding of animal (non-food-producing) products.
2. Review existing federal laws and regulations pertaining to the compounding of animal (non-food-producing) products.
3. Determine the applicable role of state boards of pharmacy in regulating the compounding of animal (non-food-producing) products and develop model regulations to amend the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* accordingly.

New NABP Report Examines Practice and Regulation of White Bagging and Brown Bagging

A review of state practice acts and regulations determined that few states define the concepts of “white bagging” or “brown bagging,” according to a new NABP report. As the specialty pharmacy model becomes more prevalent and is often mandated by third-party payers, it appears that the practices of white bagging and brown bagging will be utilized more often and incorporated into the care of a considerable number of patients. Two of the issues most relevant to the role and responsibility of the boards of pharmacy include the control and responsibility for the integrity and timely delivery of the medications under each bagging practice, indicates the NABP report, *White and Brown Bagging Emerging Practices, Emerging Regulation*.

According to professional literature, white bagging refers to the distribution of patient-specific medication from a pharmacy (typically a specialty pharmacy) to the physician’s office, hospital, or clinic for administration. On the other hand, brown bagging refers to the dispensing of a medication from a pharmacy (typically a specialty pharmacy) directly to a patient, who then transports the medication(s) to the physician’s office for administration. As noted in the NABP report, the boards must determine who is accountable for

verifying the authenticity and integrity of the drug before administration. Also, regulators must decide who is responsible when a delay in therapy, due to a lack of coordination between patient, prescriber, and pharmacy, leads to adverse outcomes for patients.

In response to Resolution 112-1-16 passed at the 112th Annual Meeting in May 2016, NABP conducted a study to review and define the practices of white bagging and brown bagging. The Executive Committee directed NABP staff to review professional literature, utilize **NABPLAW**[®] Online, and other resources to determine how state boards of pharmacy have defined and regulated the practice, and develop model language, if appropriate. The study determined that there is a legitimate patient protection issue when a specialty drug is distributed to an entity other than the patient.

The report recommends that the pharmacy distributing the specialty drug is responsible for appropriate notification to the dispensing pharmacy or to the patient’s agent if the specialty drug is to be administered by the agent. Additionally, the practice of dispensing a specialty drug directly to the patient, who then transports the specialty drug to the physician’s

“As noted in the NABP report, the boards must determine who is accountable for verifying the authenticity and integrity of the drug before administration.”

office, or clinic, colloquially referred to as brown bagging, is determined to be included in the definition of the practice of pharmacy. Thus, there is no need to define this concept separately in the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy*.

NABP’s report – *White and Brown Bagging Emerging Practices, Emerging Regulation* – can be found in the Research Briefs and Papers section under Publications and Reports at www.nabp.pharmacy. ■

.Pharmacy Update

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the .Pharmacy Program to have affiliations only with pharmacies or wholesale distributors that are accredited or approved by NABP. In addition, as of 2017, applicants to the Verified Internet Pharmacy Practice Sites[®] program are required to obtain and maintain .pharmacy verification. Therefore, the content reorganization bringing the customer-focused web pages to the NABP website among the accreditation programs streamlines the information for visitors interested in obtaining verification or accreditation.

Further, the layout of the .Pharmacy Program web page mirrors those of NABP’s other Accreditation programs in terms of the navigation menu items, such as Apply, Application Instructions, Program Standards, and FAQ pages.

Customers who may apply for a .pharmacy domain include a range of entities, such as human and veterinary pharmacies, schools and colleges of pharmacy, advocacy or consumer education groups, drug distributors and manufacturers.

While facilitating the application process for entities seeking a .pharmacy domain via resources on the NABP site, the Association remains committed to maintaining the accessibility of safe internet pharmacy sites for customers. ■

NABP's Stringent Policies and Procedures Ensure Integrity and Security of Association's Data

In addition to launching the new e-Profile system in April 2018, and continuously reviewing and enhancing its technology infrastructure security to identify and prevent any potential threats to external and internal facing systems, NABP maintains stringent security through customer service and facility procedures.

Protecting Privacy of Customers

NABP Customer Service staff are dedicated to maintaining the privacy and protection of all NABP customers. As part of this process, Customer Service staff maintains a policy that requires staff to only correspond or speak to a customer that has directly applied to an NABP program or service, regardless if it is a family member or someone calling on behalf of the customer. Also, Customer Service staff is trained to screen inquiries using a multi-layered verification process. When a customer sends an inquiry, whether by phone, email, or web chat, NABP Customer Service staff requires the customer to provide their name and e-Profile ID, along with other tiers of unique, identifying criteria that only the customer would know.

Security is of utmost importance when also handling changes to names, dates of birth, and social security numbers in a customer's e-Profile. Such fixes require documentation, including a photocopy of the official document showing the change and completing a form. With the exception of a name change by a United States government agency that can be sent via fax, the documentation and forms can only be sent via mail for security reasons. Soon, this documentation will be able to be uploaded to an individual's e-Profile. In addition to protecting its customers, this level of security also protects the integrity and security of the Association's examination programs by ensuring the candidate's name on their official ID matches their e-Profile and the Authorization to Test.

Keeping Headquarters Safe

NABP has various policies and procedures in place to prevent data breaches, protect examination and other proprietary information, and keep NABP staff safe. NABP is strictly a "secure" building and only staff can enter with a security key card. All visitors and vendors must have an appointment to enter and they must only enter through the building's main entrance. Also, visitors are required to sign in to a guest book and wear a badge while on the premises. In conjunction with the move from a temporary off-site building to the newly renovated Headquarters in 2017, NABP revamped its building access security. A new procedure was set in place that requires all staff to wear ID badges throughout the work day to be easily identified by other staff. Key staff are also trained to



handle the security of the building and sound any alarms in case of a possible threat.

Policies and procedures are also in place with NABP Technology staff to protect the safety of the Association's physical server equipment at Headquarters. NABP's physical server is located in an access-controlled environment that only select staff can enter.

Background Checks

In order to comply with federal, state, and local data security and privacy laws and regulations and to better serve its customers, NABP conducts criminal background checks on all new employees prior to their start date. NABP also may perform these checks at any time during the candidate's employment, if needed, in compliance with applicable laws and rules.

As NABP continues to grow and enhance its online applications and workflow programs, the Association will continue to keep its members informed on how it implements data security best practices and tools to keep its information secure and protected. More information about data security measures were provided in the November/December 2017 and February 2018 issues of *Innovations*. ■

NABP Announces 2018-2019 ACE Appointments

NABP is pleased to announce that the following individuals have been appointed to serve on the 2018-2019 Advisory Committee on Examinations (ACE). This standing committee, established by NABP in 1912, was created to safeguard the integrity and validity of NABP examinations.

ACE oversees the development and administration of all of the Association's examination and certification programs. ACE also considers policy matters, evaluates long-range planning strategies, and recommends appropriate action to the NABP Executive Committee.

ACE typically convenes twice per year. The committee consists of individuals who are affiliated members of NABP, including current active board of pharmacy members and administrative officers, individuals who have served within the last five years as a member or administrative officer of a board of pharmacy, and non-affiliated individuals who are practicing pharmacists or serving as pharmacy school faculty. Members serve three-year terms and ex officio members serve one-year terms. The following members began their terms on June 1, 2018. Lenora S. Newsome, PD, Executive Committee member, is serving as the Executive Committee liaison.

Task Force

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The Task Force on Best Practices for Veterinary Compounding was established in response to Resolution 113-1-17, which was approved by the NABP membership at the Association's 113th Annual Meeting. Task force members included Jillian Foster, MBA, PharmD; Diane Halvorson, RPhTech, CPhT; Mark Hardy, PharmD, RPh, chair; Patti Smeelink Keim, RPh; Brenda McCrady,



2018-2019 ACE Members

- **Michael A. Burleson, BSP Pharm, RPh** • Lexington, KY
- **Mark Decerbo, PharmD, RPh, BCNSP, BCPS** • Las Vegas, NV
- **Debra Glass, B Pharm, RPh** • Tallahassee, FL
- **Theresa M. Talbott, BSP Pharm, RPh** • Stroudsburg, PA
- **Neal F. Walker, RPh** • Hill City, MN
- **Anita Young, EdD, RPh** • Boston, MA
- **David Chikao Young, PharmD, RPh** • Salt Lake City, UT
- **Mark T. Conradi, JD, RPh** • Clanton, AL (ex officio member, one-year term, Multistate Pharmacy Jurisprudence Examination® program)
- **Benjamin L. Prewitt, PharmD, RPh** • Lebanon, OH (ex officio member, one-year term, North American Pharmacist Licensure Examination® program)
- **Bruce Waldrop, PhD** • Indian Springs, AL (ex officio member, one-year term, Foreign Pharmacy Graduate Equivalency Examination®/Pharmacy Curriculum Outcomes Assessment® programs) ■

RPh; William Mixon, RPh; Krystal Brashears Stefanyk; Jennifer Downing Yoakum, RPh; Anita Young, EdD, RPh; and Timothy D. Fensky, RPh, DPh, FACA, Executive Committee liaison.

Invited guests for the task force included Gigi Davidson, BSPH, DICVP, director of clinical pharmacy services at North Carolina State University, College of Veterinary Medicine; Julie Dohm, PhD, JD, senior science advisor for compounding at FDA's Center for Drug Evaluation and Research; Melissa Halvorson, PharmD candidate, North

Dakota State University School of Pharmacy; Diana Link, DVM, veterinary medical officer at FDA Center for Veterinary Medicine; Kent McClure, DVM, JD, chief of government relations at AVMA; and James Penrod, CAE, FASLA, executive director of AAVSB.

The task force report was approved by the Executive Committee during its December 2017 meeting and is available in the Publications and Reports section at www.nabp.pharmacy. ■

NABP Social Media Encourages Individuals to Volunteer

New Videos Share Value of Serving on Exam Committees and Item Writing Workshops

In summer 2018, NABP began sharing new video content on its YouTube channel to encourage individuals to get involved with the Association's examination committees and item writing workshops.

One video features an interview with NABP Executive Committee Member Reginald B. "Reggie" Dilliard, DPh, as he shares his experience of serving as Executive Committee liaison on the Advisory Committee on Examinations (ACE). In the video, Dilliard shares why he volunteers on ACE and explains how item writers are chosen. He also shares how the exam committees and item writers contribute to the NABP mission to protect the public health. The video of Dilliard will be available on the NABP YouTube channel at [youtube.com/c/NationalAssociationofBoardsOfPharmacy](https://www.youtube.com/c/NationalAssociationofBoardsOfPharmacy).

NABP will also soon be posting a video that highlights item writer experiences of drafting and reviewing content for the Association's examination programs. The video will feature a series of interviews with current item

writer volunteers as they explain the NABP item writing process, the lessons they learn through item writing, and advice for others that may be interested in serving as item writers.

The videos will also be shared through the NABP LinkedIn profile at <https://www.linkedin.com/company/national-association-of-boards-of-pharmacy>.

Since the beginning of 2018, NABP has been expanding use of its social media platforms to connect and share information with its member boards, students and faculty of the schools and colleges of pharmacy, pharmacists, technicians, and other stakeholders. NABP encourages individuals to follow the Association's Twitter, Facebook, LinkedIn, and YouTube accounts. These social media outlets can be accessed at the bottom of the NABP home page at www.nabp.pharmacy. In addition, the AWARD_xE[®] Prescription Drug Safety Program utilizes social media through its separate Twitter and Facebook accounts, with content focusing on



(Above) Reginald B. "Reggie" Dilliard, DPh, shares his experience of serving on the Advisory Committee on Examinations and the value of serving as a volunteer on NABP examination committees in a video available on NABP's YouTube channel.

prescription drug abuse prevention, proper disposal, and medication safety. The AWARD_xE social media pages can be found by visiting the AWARD_xE page located in the Initiatives section at www.nabp.pharmacy. ■

First Quarter 2018 NABP Clearinghouse Totals Announced

During the first quarter of 2018, the state boards of pharmacy reported a total of 1,188 disciplinary actions to the NABP Clearinghouse. The majority of actions were taken against pharmacists, pharmacies, and pharmacy technicians.

The three disciplinary actions most reported during first quarter 2018 were publicly available fine/monetary penalty (356 actions or 30%), suspension of license or certificate (129 actions or 10.9%), and other licensure action (118 actions or 10%).

Of the 1,130 bases for actions cited in the first quarter 2018, violation of federal or state statutes, regulations,

rules, or state health code (296 bases or 26.2%); diversion of controlled substance (136 bases or 12%); and license revocation, suspension, or other disciplinary action (81 bases or 7.2%) were the top reasons why disciplinary actions were taken during the period.

As stated in the NABP Constitution and Bylaws, participation in the Clearinghouse is required as part of a board of pharmacy's membership to the Association. Timely reporting to the Clearinghouse is essential to maintaining the integrity of the licensure transfer program. Boards may access the Clearinghouse using NABP e-Profile Connect. ■

NABP to Grant Wish Through Make-A-Wish Foundation

NABP Staff Organizes Fundraising Activities to Reach \$15,000 Goal

From grilling burgers and hot dogs to organizing a bake sale, staff at NABP Headquarters have been organizing various fundraising activities to help grant a wish for a child with a critical illness. Through the Make-A-Wish® Illinois chapter, NABP began fundraising in March 2018 and has until June 2019 to raise \$15,000. In addition to NABP departments organizing fundraising activities throughout the calendar year, NABP designates one day of each month as a “Make-A-Wish Day.”

To kick off the first Make-A-Wish Day in March 2018, NABP staff donated \$5 to wear their favorite baseball team’s apparel on Major League Baseball’s opening day. For the April Make-A-Wish Day, NABP staff donated \$5 to wear slippers at work. In May, staff organized a silent auction of gently-used or new household items

and donated the proceeds to the fundraising campaign. Follow NABP’s Twitter account @nabp to see the latest fundraising efforts.

With many activities and events planned at NABP through June 2019, NABP staff are excited to help Make-A-Wish Illinois grant more wishes to children while making a positive impact on their families and communities. To see how much NABP staff has raised to date and/or make a donation, visit the NABP Fundraiser web page at http://site.wish.org/site/TR/WishYourWay/Make-A-WishIllinois?px=3922792&pg=personal&fr_id=2715.

State boards of pharmacy can get involved with the local chapter in their area by visiting the Local Chapters section at www.wish.org. ■



(Above) NABP staff were able to purchase delicious treats – and support NABP’s Make-A-Wish Illinois fundraising campaign – during a May bake sale.



(Above) In March, NABP staff members donated \$5 to Make-A-Wish Illinois to wear their favorite baseball team’s apparel on Major League Baseball’s opening day.

(Left) NABP staff organized a silent auction of household items in May, the proceeds of which were donated to the Make-A-Wish Illinois fundraising campaign.

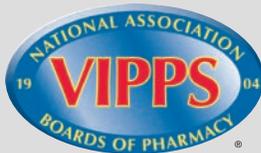
Around the Association

Board Member Appointments

- **Mohammad “Mo” Salari, RPh**, has been appointed a member of the Arizona State Board of Pharmacy. Salari’s appointment will expire January 17, 2022.
- **Ryan L. McCann, PharmD, RPh**, has been appointed a member of the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation – State Board of Pharmacy. McCann’s appointment will expire April 1, 2022.
- **Karla Evans, RPh**, has been appointed a member of the Maryland Board of Pharmacy. Evans’ appointment will expire April 30, 2021.
- **Neil B. Leikach, RPh**, has been appointed a member of the Maryland Board of Pharmacy. Leikach’s appointment will expire April 30, 2021.
- **Brenda Oliver** has been appointed a public member of the Maryland Board of Pharmacy. Oliver’s appointment will expire June 30, 2020.
- **Rhonda M. Toney, RPh**, has been appointed a member of the Maryland Board of Pharmacy. Toney’s appointment will expire April 30, 2021.
- **Paul Brand, PharmD, RPh**, has been appointed a member of the Montana Board of Pharmacy. Brand’s appointment will expire July 1, 2019.
- **Tony King, PharmD, RPh**, has been appointed a member of the Montana Board of Pharmacy. King’s appointment will expire July 1, 2021.
- **Lisa Tittle** has been appointed a public member of the Tennessee Board of Pharmacy. Tittle’s appointment will expire December 31, 2020.

Board Member Reappointments

- **Marian Jensen** has been reappointed a public member of the Montana Board of Pharmacy. Jensen’s appointment will expire July 1, 2022. ■



Newly Accredited VIPPS Facilities

The following internet pharmacies were accredited through the NABP Verified Internet Pharmacy Practice Sites® (VIPPS®) program:

Best Care Pharmacy, Inc, dba ASP Cares
www.aspcares.com

Encompass Rx, LLC
www.encompassrx.com

Essentia Health
www.essentiahealth.org

PANTHERx, LLC, dba PANTHERx Specialty Pharmacy
www.pantherspecialty.com

PharmaMedRx LLC, dba Mint Pharmacy and Skin Clinic
www.mintrxpharmacy.com

Quick Care Pharmacy Inc
www.quickcarepharmacy.com

US Med Acquisition, Inc
www.usmed-rx.com
www.uspharmamed-rx.com

Wake Forest Baptist Medical Center, dba North Carolina Baptist Hospital
prescriptions.wakehealth.edu

A full listing of the accredited VIPPS pharmacy sites representing more than 16,900 pharmacies is available on the NABP website at www.nabp.pharmacy.

Arizona Rule Changes Impact Opioid Prescribing and Dispensing

Beginning January 1, 2019, the Arizona Opioid Epidemic Act requires the submission of an electronic prescription to a pharmacy for a Schedule II drug that is an opioid in Maricopa, Mohave, Pima, Pinal, Yavapai, and Yuma counties. This same requirement becomes effective on July 1, 2019, in Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Navajo, and Santa Cruz counties.

As of April 2018, the following changes were made to the practice of pharmacy in Arizona:

- Dispensers of outpatient Schedule II opioids are required to use red caps on medication containers and include a warning label.
- Dispensing pharmacists are required to review the prescription monitoring program record of a patient receiving a Schedule II controlled substance for the preceding 12 months at the beginning of each new course of treatment.

Additional details about these requirements can be found in the April 2018 *Arizona State Board of Pharmacy Newsletter*, which is available in the Boards of Pharmacy section of the NABP website. The latest information about the Arizona Opioid Epidemic Act can be found on the Board's website at <https://pharmacymp.az.gov>.

Kentucky Allows Pharmacists and Prescribers to Enter Into Board-Approved Protocols

Under 201 Kentucky Administrative Regulation 2:380, which became effective in December 2017, Kentucky pharmacists and prescribers are allowed to enter into protocols authorized by the Kentucky Board of Pharmacy for 13 specific conditions. At press time, nine protocols have been authorized by the Board, including those related to:

- Tobacco Use Disorder
- Opioid Use Disorder (Naltrexone Therapy)
- Tuberculin Skin Testing
- Self-Care Conditions – Diabetes Testing Supplies
- Travel Health Therapies

Protocols must be authorized by the Board. Making any changes to the authorized protocols invalidates them until they are presented to the Board and authorized with the new language. As protocols are authorized, they will be posted on the Board's website at www.pharmacy.ky.gov for use by any pharmacist. Details about the other conditions can be found in the March 2018 *Kentucky Board of Pharmacy Newsletter*, available in the Boards of Pharmacy section of the NABP website.

New Mexico Updates Regulations to Align With DSCSA, Require Reporting Sale of Ephedrine-Containing Products

To align with Food and Drug Administration's Drug Supply Chain Security Act (DSCSA), Section 16.19.8 of the New Mexico Administrative Code (NMAC) has received a complete overhaul. This regulation now addresses wholesale drug distributors, third-party logistics providers, repackagers, and drug supply chain security. The updated regulation includes definitions, minimum standards, and licensing requirements (among many other rules) for the above-stated license types.

Also, 16.19.17 NMAC was amended to require reporting of the sale for any and all over-the-counter products containing ephedrine hydrochloride or ephedrine sulfate. A detailed list of regulation changes can be found on the New Mexico Board of Pharmacy website at www.rld.state.nm.us.

Tennessee Board Adopts Nonresidential Buprenorphine Treatment Guidelines as Policy

The Tennessee Board of Pharmacy voted to adopt the Tennessee Nonresidential Buprenorphine Treatment Guidelines as policy during its January 2018 meeting. The guidelines address common concerns with buprenorphine prescribing such as benzodiazepine co-prescribing, prescribing of buprenorphine without naloxone, and counseling requirements, as well as the importance of interprofessional collaboration.

Tennessee Public Chapter 112 of 2017 directed the commissioner for the Tennessee Department of Mental Health and Substance Abuse Services, in collaboration with the commissioner for the Tennessee Department of Health, to consult with expert stakeholders, including pharmacists, to develop the guidelines. The commissioners will review the guidelines and revise where needed each September beginning in 2019. The guidelines may be viewed at www.tn.gov/content/dam/tn/mentalhealth/documents/2018_Buprenorphine_Treatment_Guidelines.PDF.

Wyoming Requires Gabapentin Reporting to the PDMP

Wyoming requires all prescriptions for gabapentin, naloxone, and cyclobenzaprine dispensed within the state to be reported to the Wyoming Online Prescription Database (WORx), the state's prescription drug monitoring program. Wyoming has started to monitor gabapentin prescriptions through WORx to evaluate its pattern of use, which has already revealed a number of likely "doctor shoppers" previously unknown. The Board encourages prescribers and pharmacists to be vigilant for signs of abuse in patients with use of this medication and to be educated in offering the most appropriate treatment options. More details can be found in the March 2018 issue of the *Wyoming State Board of Pharmacy Newsletter*, which can be found in the Boards of Pharmacy section of the NABP website. ■

SAMHSA Publishes Guidance for Treating OUD

To help broaden health care professionals' understanding of medications that can be used to treat Americans with opioid use disorder (OUD), the Substance Abuse and Mental Health Services Administration (SAMHSA) offers guidance on clinical best practices in the February 2018 publication titled *Treatment Improvement Protocol 63, Medications for Opioid Use Disorder*. The publication reviews the use of the three Food and Drug Administration (FDA)-approved medications used to treat OUD – methadone, naltrexone, and buprenorphine – and other strategies and services needed to support recovery for people with OUD.

Additionally, in February 2018, SAMHSA released the publication *Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants*, which offers standard approaches for health care professionals. This publication provides evidence-based treatment options, including pharmacotherapy with methadone, buprenorphine, and buprenorphine/naloxone, for pregnant women with OUD. The *Clinical Guidance* also helps health care professionals and patients determine the most clinically appropriate action for a particular situation and informs individualized treatment decisions. Both publications can be found in the Publications section of SAMHSA's website at www.samhsa.gov.

Emergency Department Visits for Opioid Overdoses Rose 30%, Reports CDC

From July 2016 through September 2017, Centers for Disease Control and Prevention (CDC) reports emergency department (ED) visits for opioid overdoses – including prescription pain medications, heroin, and illicitly manufactured fentanyl – rose 30% in all parts of the United States. In particular, the Midwest saw opioid overdoses increase 70% during this time period. According to the March 9, 2018 *Morbidity and Mortality Weekly Report*, coordinated action between EDs, health departments, mental health and treatment providers, community-based organizations, and law enforcement can prevent opioid overdose and death. People who have had an overdose are more likely to have another; thus, being seen in the ED is an opportunity for action. EDs can provide naloxone, link patients to treatment and referral services, and provide health departments with critical data on overdoses.

The report, “Vital Signs: Trends in Emergency Department Visits for Suspected Opioid Overdoses — United States, July 2016–September 2017,” can be accessed at <http://dx.doi.org/10.15585/mmwr.mm6709e1>.

Most Adults in US Unaware of Safe Prescription Drug Disposal Methods

Most adults in the US are unaware of the importance of safely disposing of prescription opioid medications,

according to a national poll. The poll results underscore the need for outreach and education to patients, caregivers, and families to mitigate the likelihood of misuse before it occurs. Sixty-two percent of adults say their health care provider or pharmacist has not spoken to them about safe storage or disposal of prescription opioids. If they had information on how to do it, 68% of adults said they would be more likely to safely dispose of opioids.

In addition, a sizable percentage of adults do not know about disposal methods. When asked how much they have seen, read, or heard about safely disposing of opioids or other prescriptions, 25% reported “not too much” and 21% reported “not at all,” while 35% reported “some” and 20% reported “a lot.”

More than 70% of adults said detailed instructions from pharmacists would make a meaningful difference in addressing the crisis. Also, more than 80% said that public education about the risks of opioid abuse could help address the opioid abuse crisis. Commissioned by Allied Against Opioid Abuse, the poll surveyed a national sample of 2,201 adults using online interviews from February 16-18, 2018. More details are available in a March 2018 press release at <https://againstopioidabuse.org/press-release-survey-education>.

NABP provides a prescription drug disposal locator tool on its website at <https://nabp.pharmacy/awarxe>. Boards of pharmacy and pharmacists can refer consumers to this tool to find permanent drug disposal locations in their area. Pharmacies that are Drug Enforcement Administration-registered disposal locations can download a form in the AWAREx[®] Prescription Drug Safety Program section and email it to info@AWAREx.pharmacy to be added to the database.

EU-US Mutual Recognition Agreement Now Operational Between FDA and 12 Member States

In January 2018, FDA confirmed the capability of four more European Union (EU) member states – Czech Republic, Greece, Hungary, and Romania – to carry out good manufacturing practice inspections at a level equivalent to the US. With the addition of the four EU member states, FDA can now rely on inspection results from 12 EU member states. The mutual recognition agreement between the EU and US to recognize inspections of manufacturing sites for human medicines conducted in their respective territories is progressing as planned, indicates a European Medicines Agency (EMA) press release, with plans for the agreement to be operational in all EU member states by July 15, 2019. In 2017, FDA determined the agency will recognize eight European drug regulatory authorities in Austria, Croatia, France, Italy, Malta, Spain, Sweden, and the United Kingdom as capable of conducting inspections of manufacturing facilities that meet FDA requirements. The EMA news release, “Four more EU Member States benefit from EU-US mutual recognition agreement for inspections,” can be found in the News and Events section at www.ema.europa.eu. ■



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UPCOMING EVENTS

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

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