NEWSLETTER OF THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY®

INNOVATIONS®

You Can Take It With You: NABP Enhances *Long-Standing* Licensure Transfer Model

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

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Interview With a Board Executive Director

Carrie Phillips, MS, PharmD, RPh, Executive Officer, Vermont Board of Pharmacy

Carrie Phillips, MS, PharmD, RPh

Executive Officer, Vermont Board of Pharmacy

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

I just finished serving my first year as executive officer. I started in this role on August 7, 2017. Prior to joining the Vermont Office of Professional Regulation, I was director of pharmacy for six and a half years at Copley Hospital, a 25-bed critical access hospital in Morrisville, VT. Prior to that role, I worked at St Peter's Hospital in Albany, NY, as an intravenous admixture and decentralized inpatient pharmacist.

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

Sterile compounding issues related to in-state, high-risk compounders and oversight of nonresident entities have been our most significant challenges this past year.

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

The Board was successful in curtailing some sterile compounding issues identified at inspections. Additionally, I attended CriticalPoint, LLC's Sterile Compounding Inspector Training course and Food and Drug Administration's (FDA's) 2017 Inter-governmental Working Meeting on Pharmacy Compounding, and took steps to improve information sharing with FDA. We are also pursuing more modern and accurate license categories that better characterize and identify our licensees such as "compounding," "home infusion," "nuclear," and "outsourcers."

What other key issues has the Board been focusing on?

The Board has also been focusing on rule revisions, with particular attention to developing rules related to clinical pharmacy, as well as on developing more practical standards for pharmacy technician training and certification. Additionally, I am working with our compounding inspector to optimize our compounding inspection tool and to prepare for United States Pharmacopeia Chapter <800>.

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

I recommend working closely with other state board of pharmacy executives to learn from their experiences and enhance regional regulatory consistency. States should also consider collaborating with other health-science boards (eg, nursing and dentistry) on shared goals affecting patient care. ■

Vermont Board of Pharmacy

Number of Board Members: 5 pharmacist members and 2 public members
Number of Compliance Officers/Inspectors: 1
Rules and Regulations Established by: Board of Pharmacy
Number of Pharmacist Licensees: 1,103
Number of Pharmacies: 149 (in-state)
Number of Wholesale Distributors: 814 (including manufacturers)

Authorization for Authorization Form

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

> **"Over multiple decades, pharmacists have watched the evolution of the learned intermediary doctrine addressing a pharmacist's duty to warn patients of the potential for contraindications or other serious consequences regarding drug regimens."**

Over multiple decades, pharmacists have watched the evolution of the learned intermediary doctrine addressing a pharmacist's duty to warn patients of the potential for contraindications or other serious consequences regarding drug regimens. Evolution of this doctrine has proceeded slowly from a limited role of "count, pour, lick, and stick" to a recognition of the important role pharmacists play as the last line of defense between patients and medications. This judicial evolution has also recognized the education of pharmacists, their ability to inform patients and physicians of treatment options, the administration of inoculations, certain prescriptive authority, and enhanced relationships with their patients. Recently, the role or mandate of pharmacists to communicate with physicians under specified circumstances was considered by the Massachusetts Supreme Judicial Court in a case of first impression. Consider the following.

An 18-year-old patient was diagnosed with epilepsy after a seizure and hospitalization in Massachusetts. She was prescribed Topamax®, an antiepileptic medication, by hospital physicians, which was later confirmed by a neurologist. The state insurance program, MassHealth, covered the cost of the prescription. Through her mother, the patient attempted to refill the prescription at a chain drugstore but was refused as the original doses were not completely used. At that time, the pharmacist notified the patient and her mother that MassHealth would require a prior authorization form with any subsequent refills to cover the costs of the medication. According to the patient's mother, the pharmacist also stated that, according to company policy, the pharmacy would contact the physician by facsimile or phone of the need for the prior authorization.

Eventually, the facts would show that no evidence existed that the pharmacy contacted the physician about this authorization form.

In August 2009, the patient ran out of her medication and attempted to have it refilled on multiple occasions. Numerous telephone calls were made from the patient's guardians seeking preparation of the appropriate forms. In September 2009, the patient suffered a second seizure and was hospitalized in Rhode Island. Upon her discharge, she was provided with a small amount of Topamax and a prescription. She attempted to fill the prescription through the same pharmacy but was told MassHealth denied coverage due to a lack of prior authorization. At that time, the patient was 19 years of age. MassHealth requires prior authorization for patients over the age of 18. Allegations state that this pharmacist also promised to contact the physician regarding the need for prior authorization. Again, no evidence indicates that such contact was ever made.

The family attempted to have the prescription refilled on at least four additional occasions without success, as there was no prior authorization and the family could not afford to directly pay for the medication. On October 29, 2009, the patient died after suffering a third seizure. Thereafter, the family instituted a wrongful death lawsuit arguing negligence on the part of multiple parties, including the pharmacy. For purposes of this article, the analysis will be limited to the pharmacy. The pharmacy filed a motion for summary judgment,

arguing that it did not owe a duty to the patient to notify the physician of the need for prior authorization to fill a prescription for a 19-year-old for Topamax. Summary judgment motions argue that the facts are not in dispute and the court, as a matter of law, can determine the outcome without the need for a fact-finding trial. The lower court ruled in favor of the pharmacy and dismissed the complaint.

The family appealed the matter. The Supreme Judicial Court transferred the case from the appellate court. The court found that the issue to be decided was whether the family can establish a legal duty on the part of the pharmacy/pharmacist to notify the physician of the need for a prior authorization form to fill a prescription of a 19-year-old patient. Negligence claims require a plaintiff to establish a duty, a breach of that duty, damages, and a causal connection between the breach and such damages.

The court engaged in a thorough analysis of the pharmacist-patient relationship, specific knowledge and the modern trend of pharmacy, industry standards, and foreseeability. It noted that pharmacists no longer stand behind a counter and dispense medications to consumers. Rather, pharmacists engage in a myriad of responsibilities including interaction with the prescribers, prospective drug utilization reviews, identification of contraindications, incorrect dosages or durations, drug-allergy interactions, and offers to and, when requested, provision of counseling to patients.

The modern pharmacist-patient relationship entails much more than that of past interactions. The modern pharmacist is educated to assess the situation and react or, under certain circumstances, contact the prescriber. This evolution of pharmacists and their relationships with patients dictates a higher standard than that of the past. The duty to warn cases recognizes this evolution.

Next, the court noted that under certain circumstances, pharmacists have specific knowledge that may also trigger a duty to act (or not act). The court identified such past cases and applied them to the current matter. In this case, the pharmacist had specific knowledge of the patient and circumstances, including the need for prior authorization. Again, under the modern pharmacist, a duty may exist where the pharmacist has specific knowledge regarding the danger to a particular patient. Here, such knowledge was present.

Turning its attention to industry practice, the court reviewed the legal precedent that when one renders services in the practice of a profession, he or she must exercise the skill and knowledge normally possessed by members of that profession. As conceded at oral argument, the pharmacy admitted that it owed a duty to notify the patient of the need for prior authorization. The pharmacy argued, however, that it owed no duty to notify the prescribing physician. The family provided evidence that the chain not only notifies patients of the need for prior authorization for certain medication, but also routinely notifies the prescribing physicians. Additional evidence presented also supported the industry standards that physicians are notified regularly of the need for prior authorization.

Finally, the court addressed the foreseeability of injury in the event of failure to notify the prescribing physician of the need for prior authorization. As the pharmacy had admitted that failure to take the Topamax will likely result in future seizures, foreseeability of consequences for failure to act was established.

As noted by the court, present pharmacy practices dictate that pharmacists play a role in assisting patients under these circumstances. It concluded that the pharmacy has a "limited" duty to take reasonable steps to notify both the patient and the prescribing physician of the need for prior authorization each time a patient attempts to fill or refill a prescription. Under the current practices, the court held that such an obligation on the part of the pharmacist is not unduly burdensome as it is already practiced in the industry. However, the court also stressed that the obligation is for the pharmacist to "attempt" to notify the prescriber as distinguished from assuring that the prescriber actually receives such notification. Thus, the duty is limited to sending notice, not verifying receipt of or continuously forwarding notice. One-time notice is sufficient. Accordingly, the award of summary judgment was reversed and the matter was remanded to the lower court. If not settled, the matter will proceed to trial where facts and law will be determined. It is emphasized that this case merely addresses the award of summary judgment, not a trial on the merits.

This ruling recognizes the important role pharmacists play in ensuring an appropriate drug regimen is prescribed and followed and "expands" the duty of pharmacists. As with the duty to warn cases, this expansion of roles is a positive recognition of the education and role of pharmacists. Boards of pharmacy may be confronted with similar facts in the future and will determine the effect on licensure.

Correa v. Schoeck, 2018 WL 2729350 (MA 2018)

Left or Right?
Making Medication Safe Again

NABP Interactive Forums
Fall 2018 | Mount Prospect, IL

Interactive Executive Officer Forum
October 2-3, 2018

Interactive Member Forum*
November 28-29, 2018

This year's forums provide attendees a unique opportunity to discuss today's important issues with fellow pharmacy regulation experts. Highlights of the forums include:

- **Network with colleagues**
- **Discuss topics submitted by fellow attendees**
- **Discover solutions for shared challenges**
- **No registration fees**
- **Travel, hotel, and meal expenses paid by NABP**
- **Held at NABP Headquarters**

Executive officers received registration information for the Executive Officer Forum in August. Members will receive registration information for the Member Forum in September. For more information about the forums, contact ExecOffice@nabp.pharmacy. **One member per board may attend at no charge.*

Past Interactive Forum participants shared their experiences with NABP:

- **"Loved the format."**
- **"Included an excellent range of topics."**
- **"Great meeting. Great dialogue. Well organized and informative.**
- **"The group discussions are very beneficial because you get to share one-on-one with other boards."**

At the 2017 NABP Interactive Compliance Officer and Legal Counsel Forum, attendees were able to discuss topics related to their roles at the boards of pharmacy and network with colleagues. The Interactive Compliance Officer and Legal Counsel Forum is held every other year.

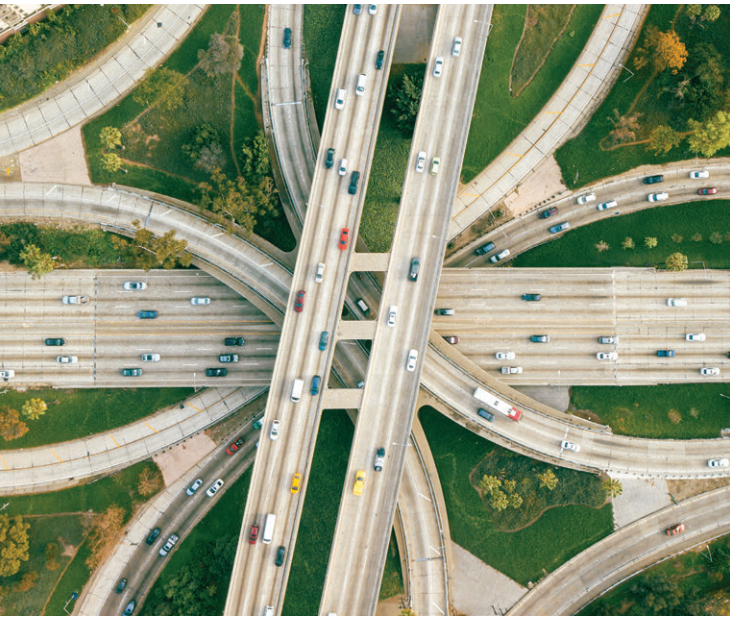
Active Versus Associate: A Look at NABP Memberships

NABP membership is composed of 54 active member boards of pharmacy (the 50 United States, District of Columbia, Guam, Puerto Rico, and the Virgin Islands) and 12 associate member boards of pharmacy (10 Canadian provinces, Australia, and the Bahamas). These member boards of pharmacy are grouped into eight districts, each of which is represented by an Executive Committee member.

While each district is composed of both active members and associate members, each member group's participation in NABP and access to its programs and services vary. The chart below highlights differences in voting, proposing resolutions and amendments, serving on committees, and member privileges and benefits.

	Active Member Boards	Associate Member Boards
Membership	• Required to actively report to the NABP Clearinghouse • Must require all candidates to transfer licensure both into and out of the state as provided by the Bylaws • Board administrator or member considered an affiliated NABP member during and after his or her board tenure	• May choose to adopt and abide by NABP Constitution and Bylaws (CBL) provisions • Can transition to active member status • Board administrator or member considered an affiliated NABP member during and after his or her board tenure
Voting	• May cast one vote on each issue put to a vote at the Annual Meeting • May cast one vote on all matters coming before the member board's district • May vote on candidates for the open officer and member positions • Eligible to host district meetings and serve on district meeting governance committees and leadership	• May participate in discussions on subjects considered by NABP membership at the Annual Meeting (non-voting voice) • Eligible to host district meetings and serve on district meeting governance committees and leadership
Offices and Committees	• Eligible for open officer or member positions on the NABP Executive Committee • Eligible to serve on standing committees, task forces, and ad hoc committees	• Eligible to serve on ad hoc committees (not standing committees) and single-issue task forces
Privileges	• Can submit resolutions and propose amendments to the CBL; vote on resolutions and amendments to the CBL; and nominate candidates for NABP awards	• Can nominate candidates for NABP awards
Benefits	• **Unlimited** access to NABP programs and services; training, education, and tools focused on operational and inspection best practices; education and resources relative to emerging issues; and information about current and proposed US state and federal legislation and regulations • Eligible for one travel grant to attend Annual Meeting and to participate in Interactive Forums • Receive various complimentary NABP communications • Eligible for a discount on an annual **NABP***LAW*® subscription	• **Limited** access to NABP programs and services; training, education, and tools focused on operational and inspection best practices; education and resources relative to emerging issues; and information about current and proposed US state and federal legislation and regulations • May attend the NABP Annual Meeting and participate in Interactive Forums • Receive various complimentary NABP communications • Eligible for a discount on an annual **NABP***LAW*® subscription
Annual Dues	• $250	• $250

You Can Take It With You: NABP Enhances Long-Standing Licensure Transfer Model



Other Health Care Professions Explore Interstate Compact Solutions

Two partially competing – yet also overlapping –national trends are in the process of altering the landscape of professional licensing. One trend seeks to rein in or eliminate a large amount of licensing and limit the role of licensees in regulating their respective professions; the other focuses more on accommodating the free movement of licensed professionals (including health care providers) and facilitating increasingly common wide-reaching, interstate business models. As part of the "reform" trend, a number of states, including Arizona, Nebraska, and Oklahoma, have greatly increased scrutiny over their licensing boards and called into question the need to license various professions. In April of this year, the United States Department of Labor indicated its desire for further action on this front by announcing $7.5 million in grant funds to encourage states to engage in occupational licensing reform and reduce excessive licensing. (For a more complete discussion of the trends affecting occupational licensing, see "Patient Safety Concerns Crucial in Licensing Reform Discussions," in the March 2018 issue of *Innovations*.) Meanwhile, both in response to and as part of the "portability" trend, states and health care professions alike are looking to make licensing more flexible in relation to state boundaries, in part through the use of multistate compacts that allow health care professionals to practice across state boundaries without obtaining separate licenses for each state. These professions are hoping that carefully designed compacts will facilitate newer methods of providing health care, business models, and workforce mobility, while still protecting the public health and ensuring accountability.

> **"These professions are hoping that carefully designed compacts will facilitate newer methods of providing health care, business models, and workforce mobility, while protecting the public health and ensuring accountability."**

Enhanced Nurse Licensure Compact

Originally begun in 2000, the Nurse Licensure Compact (NLC), which was developed by the state boards of nursing, took an early lead among health care professions in creating a multistate license and eventually included 25 participating states. In 2014, the boards of nursing began working to update and enhance the program, ultimately establishing a list of 11 uniform license requirements that applicants for the multistate license must meet, including submitting to state and federal criminal background checks. The new Enhanced Nurse Licensure Compact (eNLC) became effective in mid-2017 and was implemented in early 2018; by mid-2018, roughly 30 states had enacted or were enacting legislation to join the compact.

The eNLC allows qualifying registered nurses and licensed practical nurses or vocational nurses to have a multistate license that allows them to practice in person or via telehealth in their home state as well as in other eNLC states. The National Council of State Boards of Nursing (NCSBN) has compared the NLC to a driver's license compact. Like a driver's license, the NLC license is issued in the primary state of residence. If the nurse moves to a different state, he or she must apply for that state's nursing license. The nurse must obey the laws of the state in which he or she is practicing. If a law is violated, the state in which the law is violated may remove the nurse's practice privileges. And if a nurse violates one state's law and the state takes action against the nurse, the home state is notified (and can usually take action against the licensee). License fees vary by state, and a qualifying nurse in a compact state may automatically be issued an eNLC license that functions as his or her primary license in his or her home state.

Interstate Medical Licensure Compact

Physicians began practicing medicine in multiple states in 2017, when the threshold number of states (in this case, seven or more) had adopted the Interstate Medical Licensure Compact (IMLC). The IMLC was written in 2013 and 2014 by a group of state medical board executives, administrators, and attorneys and was facilitated by the Federation of State Medical Boards. Described by its governing commission as a "voluntary expedited pathway to licensure for qualified physicians who wish to practice in multiple states," the IMLC aims to increase health care access for patients residing in rural or underserved areas, and allow these underserved patients to access medical experts through telemedicine. The IMLC does not differentiate between physicians by specialty. By mid-2018, 24 states and one territory (and the 31 medical and osteopathic boards in those jurisdictions) were participating in the IMLC.

Physicians apply for the IMLC license through the IMLC Commission, which verifies the physician's qualifications with the applicant's State of Principal License (SPL); the applicant must also submit to a criminal background check and pay a $700 fee to the Commission. Unlike the eNLC, the IMLC requires physicians to individually select the compact states in which they wish to practice, and individual fees are also paid to each state from which they receive a license. Disciplinary action may be taken against a licensee in any state in which the physician is practicing, and the other compact states may impose the same or lesser sanctions. If the SPL revokes a physician's license or requires the licensee to surrender or relinquish the license, all IMLC licenses held by the physician are automatically placed in the same status; if a compact state takes a similar action, the license is automatically placed on the same status for 90 days, so other licensing

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NABP, Member Boards Enhancing e-LTP to Support Evolving Practice

NABP and its member licensing boards of pharmacy are enhancing their long-established Electronic Licensure Transfer Program® (e-LTP™), which provides license mobility and portability for pharmacists in all United States jurisdictions. The e-LTP process, which currently allows for same-day processing of licensure transfer requests, will be supplemented with new components to support evolving pharmacy practices while maintaining a high level of public protection and patient access to quality pharmacy care.

"We are truly excited to work with our member boards as we continue to find innovative ways to enhance our existing reciprocity system and support the future of pharmacy practice," says NABP President Susan Ksiazek, RPh, DPh.

Included in the e-LTP process is licensure verification through the NABP Clearinghouse, an essential component of ensuring that pharmacists seeking the authority to practice in multiple states hold a license in good standing. "The Clearinghouse contains vital disciplinary information that, when combined with NABP's national database of education, competence, and licensure information, provides the boards of pharmacy with a robust tool as they make licensure transfer decisions," states Ksiazek. "When protecting patients is foremost in your mind, all of this information is key to determining if a licensure candidate meets the qualifications to practice in your state."

While the current licensure transfer system offers 100% mobility for pharmacists across all 54 US jurisdictions, accounting for the transfer of more than 164,500 pharmacists' licenses over the last 10 years, the proposed enhancements to the e-LTP will focus on the rapidly changing practice and regulatory challenges posed by remote practice models and telepharmacy. The member boards of pharmacy and NABP recognize the importance of seeking additional methods of licensure mobility in the e-LTP process to enhance patient access to pharmacists whose licenses have been verified and validated.

Licensure Transfer Model

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compact states and the SPL may conduct their own investigations.

Psychology Interjurisdictional Compact

Licensed psychologists may soon be able to practice across state lines on a temporary face-to-face and/or remote (telehealth) basis, via the Psychology Interjurisdictional Compact (PSYPACT). Originally approved in early 2015 by the Association of State and Provincial Psychology Boards (ASPPB) board of directors, PSYPACT legislation had been enacted in six states by mid-2018; the compact becomes operational after seven states have enacted it.

Under PSYPACT, qualified psychologists will be able to apply for ASPPB certificates that would allow them to practice in other compact states under specific circumstances. The E.Passport certificate allows a psychologist to practice telepsychology across jurisdictional lines, in participating jurisdictions, while the Interjurisdictional Practice Certificate permits a psychologist to provide short-term, face-to-face psychological services across jurisdictional lines. Both certificates require psychologists to already possess a "home state" license based on a doctoral degree, and, as with most other compacts, the licensee is subject to complying with the state's scope of practice when practicing within that state. The home state maintains authority over the license; in essence, action taken by a receiving state against a psychologist affects the licensee's eligibility to hold ASPPB mobility certificates, while action taken by the home state affects the psychologist's license. Information about disciplinary actions taken against the psychologist is shared among the home state, receiving state, and commission.

Other Compacts

Other health care professions are looking into multistate licensing compacts as well. In 2014, the Federation of State Boards of Physical Therapy launched the creation of a physical therapy compact, for example; in 2017, the legislatures in 10 states had approved compact language and the Physical Therapy Compact became official, although it was not expected to be operational for licensees until mid-2018. In another example, the NCSBN has, along with establishing the NLC/eNLC, worked on a compact for advanced practice registered nurses (APRNs), the APRN Compact. The APRN Compact was approved in 2015, model legislation and rules were issued, and by 2018, three states had enacted APRN Compact legislation (10 states must enact the legislation to reach the implementation threshold). In contrast to other compacts, the APRN Compact has faced opposition from more than 80 professional medical organizations and state medical associations, which have argued that the compact grants prescriptive authority to APRNs and allows them to practice independently of a collaborative relationship with a physician, regardless of state law, and have called on NCSBN to remove or revise the relevant language.

And Pharmacy?

At present, pharmacist licenses are one of the more portable and easily transferred of professional licenses. Pharmacists currently manage multiple state licenses through NABP's Electronic Licensure Transfer Program® (e-LTP™), which is available for all 50 states. Once an applicant submits his or her information for licensure transfer, NABP verifies the information within about two business days – sometimes as fast as the same day – and forwards this to the relevant board(s) of pharmacy for their use in evaluating and processing the application. Most states require applicants to demonstrate their knowledge of local laws and regulations by passing the Multistate Pharmacy Jurisprudence Examination®. Assuming applicants schedule and take their law exam around the same time they submit their application information, transferring a license to a new state can happen within a couple of weeks. (For a recent discussion of the e-LTP program and its changes over time, see "NABP Licensure Transfer Program Stands Test of Time to Support Member Boards' Reciprocity, Uniformity Needs," in the April 2018 issue of *Innovations*.)

Nonetheless, pressures to increase portability of licenses are not going away. And while e-LTP offers one of the health care industry's more user-friendly and fast systems of transferring licenses between jurisdictions, there remains the possibility that pharmacy regulators may consider other modes of licensure transfer to provide additional flexibility to the system in order to better enable such areas as disaster relief services, or to accommodate certain telehealth practices, while still protecting patient health and safety. Further, NABP members passed a related resolution titled "Cooperative Interstate Registration System" at the Association's 114th Annual Meeting, held in May 2018. The resolution tasks NABP with exploring the development of enhancements to the current interstate transfer of licensure model operated through NABP by the states, e-LTP, that allows for the processing of transfer requests within 24 hours. In response to this resolution, the Task Force on Mutual-Recognition Licensure will convene on September 11-12, 2018.

In keeping with the resolution, NABP will be working with the boards of pharmacy to examine the issue and help them keep regulation current and responsive to a changing landscape. Updates on this issue will be provided in future issues of *Innovations*.

Task Force Examines Laws and Regulations Addressing the Patient-Pharmacist Relationship

During the Task Force on the Definition of a Patient-Pharmacist Relationship, members reviewed existing state laws and regulations addressing the patient-pharmacist relationship and made several recommendations. According to the report of the task force, members recommended that NABP should not amend the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to include a definition of the "patient-pharmacist relationship"; should assist state boards of pharmacy in revising the current definition of and responsibilities for the provision of "pharmacist care services" beyond the current regulatory oversight of pharmacists' responsibilities associated with dispensing; and should develop and adopt a code of ethics into the *Model Act*.

Defining Patient-Pharmacist Relationship

Members of the task force recommended that NABP not amend the *Model Act* to include a definition of patient-pharmacist relationship at this time. They noted that the patient-pharmacist relationship is currently assumed and implicitly defined by standards of care that, for the most part, are related to the dispensing of a prescription. The members agreed that if a definition is adopted by states, it should be defined as a patient-pharmacist relationship, as per Resolution 113-2-17, to keep the patient as the primary focus of the relationship.

Pharmacist-Care Services

After reviewing current language in the *Model Act*, task force members unanimously agreed that NABP should assist state boards of pharmacy in revising the current definition and responsibilities for the provision of pharmacist care services beyond the current regulatory oversight of pharmacists' responsibilities associated with dispensing, including, but not limited to, areas such as team-based practice, direct patient care, and other patient-centered services.

The members determined that, in lieu of adding a new definition of patient-pharmacist relationship in the *Model Act*, NABP should collaborate with member pharmacy boards to possibly revise the definition of pharmacist care services to encompass emerging practices and expand their geographic application. The new definition would not contravene the present definition and associated standards of care, but would be utilized to establish the pharmacist's role in the expanded responsibilities and team-based care when needed.

Addressing the Evolution of Pharmacy Regulation

Further, the task force unanimously recommended that NABP explore an alternative approach to regulation based on the development and adoption of a code of ethics into the *Model Act* to support the evolution of pharmacy regulation and address the accountability and responsibility of the pharmacist. While the Executive Committee recognizes that pharmacy regulation is continuously changing and appreciates the spirit of the recommendation, it does not support the adoption of a code of ethics into the *Model Act* at this time.

At the 114th Annual Meeting in May 2018, NABP membership voted to pass Resolution 114-4-18 to create the Task Force to Develop Regulation Based on Standards of Care. This interdisciplinary task force is scheduled to convene October 9-10, 2018, at NABP Headquarters to explore considerations for transitioning from strictly prescriptive rule-based regulations to a model that includes a standard of care process. According to this resolution, the practice of pharmacy is continuing to evolve toward direct patient care, and pharmacists are, in some settings, currently prescribing drugs and devices, ordering and interpreting

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Task Force Charge

The Task Force on the Definition of a Patient-Pharmacist Relationship met September 18-19, 2017, and accepted the following charge:

1. Review existing state laws and regulations addressing the patient-pharmacist relationship.
2. Examine information related to the definition of patient relationships with pharmacists concerning the pharmacist's role in patient care services such as, but not limited to, disease state manager and patient care advocate.
3. Recommend, if necessary, amending the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* to include a patient-pharmacist relationship.

Snapchat's New Advertising Policy Requires NABP Verification for Online Pharmacies in US and Canada

Snap, Inc, a technology and camera company, has updated its advertising policy related to online pharmacies. In the United States and Canada, an online pharmacy must be verified by NABP in order to advertise on Snap's mobile app, Snapchat. Over 180 million people use Snapchat every day. The core user demographic includes teenagers as young as 13.

Snapchat joins Google, Bing, Yahoo!, and Twitter in requiring that pharmacy-related advertisers obtain NABP verification. In addition, both Visa and Mastercard consider NABP a recognized third party for the verification of pharmacy merchants selling prescription drugs in a card-not-present environment. The Association offers two verification products: the .Pharmacy Verified Websites Program, which verifies pharmacy-related websites worldwide, and the Verified Internet Pharmacy Practice Sites® program, which accredits US-based pharmacies with a web presence.

"As of earlier this year, Twitter was the most recent social media company to join the fight against fake medicines on the web by requiring .pharmacy verification, NABP's newest online consumer safety program. We are pleased that Snapchat is also joining the effort to prevent the promotion of rogue websites to their users," said NABP President Susan Ksiazek, RPh, DPh. "Our hope is that more social media sites follow these companies in putting patient safety first."

Snap's advertising policy for pharmaceutical and health care products and services can be found at *www.snap.com/en-US/ad-policies/#pharmaceutical.*

.pharmacy® Newly Approved .Pharmacy Websites

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

Ahold USA
www.giantfoodstores.pharmacy
www.martinsfoods.pharmacy
www.giantfood.pharmacy
www.stopandshop.pharmacy
www.giantfoodstores.com
www.martinsfoods.com
www.giantfood.com
www.stopandshop.com

Barnegat Pharmacy LLC, dba Jersey Shore Pharmacy
www.jerseyshore.pharmacy
www.jerseyshorepharmacybarnegat.com

Chewy, Inc
www.chewy.pharmacy
www.chewy.com

Crowell Inc
www.roysecityrx.pharmacy
www.roysecityrx.com

Giant Eagle, Inc
www.gianteagle.pharmacy
www.gianteagle.com

Hannaford Bros. Co, LLC
www.hannaford.pharmacy
www.hannaford.com

Heartland Veterinary Pharmacy, LLC
www.dog.pharmacy
www.cat.pharmacy
www.heartland.pharmacy
www.heartlandvetsupply.pharmacy
www.heartlandvetsupply.com

HEB Grocery Company LP
www.heb.pharmacy
www.h-e-b.pharmacy
www.hebrx.pharmacy
www.heb.com

Kaup Pharmacy
www.kauppharmacy.pharmacy
www.kauppharmacy.com

Lake Regional Health System
www.lakeregional.pharmacy
www.lakeregional.com

Maple Corporation
www.getmaple.pharmacy
www.getmaple.ca

Meera Inc, dba Giannotto's Specialty Pharmacy
www.giopharm.pharmacy
www.webdrugs.pharmacy
www.giopharm.com

NURX Inc
www.nurx.pharmacy
www.nurx.com

Pharmacie Ian-Philip Paul-Hus Inc
www.pharmaciepaul-hus.pharmacy
www.pharmaciepaul-hus.com

PharmBlue LLC
www.pharmblue.pharmacy
www.pharmblue.com

Postmeds, Inc
www.truepill.pharmacy
www.truepill.com

Propel Pharmacy, LLC
www.propel.pharmacy
www.propelpharmacyllc.com

Rite Aid Corporation
www.riteaid.pharmacy
www.makeitpersonal.pharmacy
www.rediclinic.pharmacy
www.riteaid.com
www.makeitpersonal.com
www.rediclinic.com

Roman Health Pharmacy LLC
www.getroman.pharmacy
www.romanhealthpharmacy.com

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

NABP Shares VPP Data Trends, Critical Findings to Support Boards, Enhance Regulatory Compliance

Through the Verified Pharmacy Program® (VPP®), NABP has obtained a vast network of usable VPP data and has developed metrics for analyzing that data. Since its inception in 2012, VPP has conducted more than 900 pharmacy inspections to date. Of these, more than 400 pharmacies have been inspected for compliance with United States Pharmacopeia (USP) Chapter <797>.

As VPP utilization increases among states, more member boards of pharmacy benefit from a unified resource that provides critical information on resident and nonresident pharmacy licenses and pharmacist-in-charge licenses. VPP also assures boards that a qualified inspection has occurred, by either the resident state in accordance with the established uniform standards or by NABP. This key data is accessible to boards through e-Profile Connect.

Relying on robust data collected in an e-Profile for each pharmacy and pharmacy personnel through VPP, NABP continues to assist the state boards of pharmacy in making informed licensure decisions and ensuring that medications are safe for patients.

Data Trends, Compliance Issues

In an effort to ensure patient safety and regulatory compliance and to refine the VPP inspection process and the Universal Inspection Form used for the NABP Multistate Pharmacy Inspection Blueprint Program, NABP evaluated inspection reports from 2017 to gain insight into trends and compliance issues found during sterile compounding inspections.

NABP's data analysis was based on inspection findings from facilities and personnel preparing compounded sterile preparations in low-risk (82%), medium-risk (75%), and high-risk (29%) conditions. In addition, 60% of the facilities handled hazardous drugs. Within this inspection data, NABP found that 67% of pharmacies deemed as accredited had significant deficiencies in certain inspection criteria.

Further, the findings from 2017 show that many of the compounding inspection criteria, which are based on relevant USP chapters, did not meet established standards. For instance, 25% had improper compounding records; 25% did not use hand scrub with persistent activity; 21% had documentation that was missing or was incomplete regarding personnel having passed an initial observed gowning procedure and three gloved fingertip sampling tests (GFT); and 19% had media fill issues. Less than one-third of pharmacies were identified as having improper hand-cleaning, issues with temperature and humidity, and the GFT not done to the genus.

Resident Inspection Project in Michigan to Assess Compliance

Building on the Association's efforts to assist member boards in making informed licensure decisions, NABP continues to work with the states to provide services through VPP. In 2017, NABP and the state of Michigan began a project in which NABP performed inspections of sterile compounding pharmacies residing in Michigan and assessed compliance with USP standards.

The Michigan pharmacies were divided geographically (east, west, and north) and were chosen based on risk levels (eg, types of compounding, amounts, and out-of-state). For instance, in Michigan, 88% of the sites compounded sterile preparations and 86% handled hazardous drugs. Of the sterile compounding sites in Michigan, NABP identified 94% as low-risk, 89% as medium-risk, and 13% as high-risk.

The findings for the Michigan project determined several criteria were not in compliance with relevant standards. NABP's observation in Michigan found improper monitoring of temperature and humidity and a plan was not in place to detect excursions. NABP also found that the term "expiration date" was commonly used instead of "beyond-use date." Further, NABP detected other significant deficiencies in certain inspection criteria, including that an air pattern analysis using smoke testing was not performed under dynamic conditions (eg, people working in hoods and rooms) as well as that an air pattern analysis was not conducted around particle-generating equipment while the equipment was in operation to confirm airflow.

The Association continues to offer custom services to state boards of pharmacy. As part of its commitment to providing board staff with critical information when making licensure decisions in each state, NABP will continue to carefully monitor and evaluate data and will report meaningful findings to the boards.

Educating Boards to Safeguard Compounding Practices

At NABP's 114th Annual Meeting, the Association offered a continuing pharmacy education (CPE) session – titled "Measuring the Way: Metrics Supporting Regulation" – geared toward compliance officers. During the CPE session, NABP and the participants discussed how regulatory

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VPP Data Trends

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boards and associations can best use data to further their mission to protect the public health. Additionally, participants discussed the many ways that metrics can be developed and utilized by state boards of pharmacy to ensure that regulation and regulatory outcomes are evidence-based. The CPE session also presented board of pharmacy compliance officers with an opportunity to discuss how they can increase the use of metrics to better support boards' efforts to ensure regulatory compliance.

To date, 46 states utilize VPP in some manner. Virginia, for instance, requires a VPP inspection for nonresident sterile compounding pharmacies if a resident state inspection cannot show compliance with USP Chapter <797>. Also, Utah requires a VPP inspection in accordance with Blueprint Program standards for all nonresident compounding pharmacies within two years of application. At press time, VPP was recognized as an approved inspection entity by either regulation or policy in Colorado, Florida, Iowa, Kansas, Louisiana, North Carolina, North Dakota, New Mexico, Ohio, Pennsylvania, and Texas.

NABP's practice with VPP has long been, and will always be, to share the critical information needed in order for the boards to make informed licensing decisions. As state boards consider how to regulate nonresident pharmacies, NABP encourages boards to consider recognizing only inspections that fall within the national inspection network that member boards helped establish through VPP and the Blueprint Program. ■

NABP Receives Award for Editorial Excellence

NABP received a 2018 EXCEL Award during Association Media & Publishing's (AM&P's) 38th Annual EXCEL Awards Gala, held June 25, 2018, at the National Housing Center in Washington, DC. AM&P's prestigious EXCEL Award program recognizes excellence and leadership in nonprofit association media, publishing, marketing, and communications.

NABP received the honor in the Editorial Excellence (Print) category for the August 2017 issue of *Innovations*. NABP received the Gold award level.

AM&P's 2018 EXCEL Awards program drew 841 entries in seven broad categories ranging from digital publishing and magazines to books and promotional campaigns. Of those, the judges selected 300 entries to receive EXCEL Awards. During the Awards Gala, AM&P announced the award levels for each of the awards (Gold, Silver, and Bronze). The 2018 EXCEL Award winners will be featured in the August/September issue of AM&P's *Signature* magazine. ■

Task Force Overview

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drug therapy-related tests, and administering drugs. Technology is also continuing to develop and lead to advancements within the pharmacy profession. Further, medical and nursing regulations include standards of care have allowed flexibility in their professional scope of practice, while preserving the ability of their respective regulatory boards to maintain patient safety.

The Task Force on the Definition of a Patient-Pharmacist Relationship was established in response to Resolution 113-2-17, which was approved by the NABP membership at the Association's 113th Annual Meeting. Task force members included Sabrina Beck, PharmD, RPh; Fiona Karbowicz, RPh; Timothy R. Koch, RPh, CHC; Sam Lanctin, BScPharm, MBA; Leo Lariviere, MS, RPh; Dennis K. McAllister, RPh, FASHP; Jeff Mesaros, MS, PharmD, JD, RPh; Steven Saxe, RPh, FACHE; Deena Speights-Napata, MA; Christian Tadrus, PharmD, RPh, AE-C; Donna S. Wall, PharmD, RPh; Cynthia "Cindy" Warriner, RPh; and Dennis F. Wiesner, RPh. Susan Ksiazek, RPh, DPh, 2018-2019 NABP president, served as Executive Committee liaison. Ralph Loomis, MD, Federation of State Medical Boards, was a guest attendee.

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*. ■

Model Act Updates Address Veterinary Compounding, Long-Term Care Pharmacy Rules, and More

NABP recently amended the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to provide the state boards of pharmacy with model language that may be used for developing state laws or board rules for purposes of protecting the public health. Amendments to the *Model Act* were incorporated as a result of the NABP Executive Committee-approved recommendations suggested by the Task Force on Best Practices for Veterinary Compounding, the Task Force on Long-Term Care Pharmacy Rules, and the 2017-2018 Committee on Law Enforcement/Legislation. The following is a summary of the *Model Act* changes.

Veterinary Compounding Best Practices

The Committee on Law Enforcement/Legislation agreed with the Task Force on Best Practices for Veterinary Compounding that a new section addressing compounded drug preparations for veterinary use be added to the *Model Rules for Compounded or Repackaged Pharmaceuticals*. The new language was developed using existing California and North Dakota pharmacy regulations addressing veterinary compounding. The language will assist boards and licensees with identifying appropriate instances of compounding for office use by veterinarians as well as appropriate dispensing of such compounded products in emergency situations. Further, a definition for "veterinary dispensing" was added to recognize that the veterinary patient population is part of the practice of pharmacy.

In addition, the committee members agreed with the task force that the definition of "compounding" in Section 105 of the *Model Act* should clarify that reconstitution per Food and Drug Administration (FDA)-approved labeling is not compounding. Therefore, the definition in the *Model Act* was revised to define compounding as manipulation beyond "FDA-approved labeling." In addition, a footnote was added stating, "Reconstitution of an FDA-approved drug according to labeling is not compounding."

Long-Term Care Pharmacy Rules

The Committee on Law Enforcement/Legislation agreed with the Task Force on Long-Term Care Pharmacy Rules that the bidirectional transmission of chart orders between an institutional pharmacy and an institutional facility should be allowed, but recommended that the pharmacist-in-charge (PIC) maintain policies and procedures regarding this activity. Committee members also agreed with the task force that chart orders should be ongoing, unless discontinued by the prescriber or by means of an automatic stop order to decrease the chance of a patient's drug therapy being unnecessarily interrupted. Further, the committee concurred with the task force that duplicate text found in the *Model Rules for Institutional Pharmacy* in the Definitions section should be removed.

The Committee on Law Enforcement/Legislation members also agreed with the task force's recommendations regarding drug provisions in the absence of a pharmacist. The section title was changed to clarify that the rules are for pharmacies located within an institutional facility, and the rules were updated to include drug storage in the Automated Pharmacy section.

Regarding the use of emergency kits by institutional facilities, the committee agreed that a new section under Institutional Pharmacy should be devoted to emergency kits.

The Committee on Law Enforcement/Legislation members recommended that the Institutional Pharmacy Delivery Room section proposed by the Task Force on Long-Term Care Pharmacy Rules be simplified to remove details about how a delivery room is operated and recommended that specific requirements detailing who can access the delivery room be removed, so long as a PIC maintains policies and procedures addressing these topics.

The committee commended the task force's recommendation to add a prepackaging section to the *Model Rules for Institutional Pharmacy*, viewing it as necessary to minimize confusion between prepackaging and repackaging, the latter of which requires FDA registration.

Virtual Manufacturers and Wholesale Distributors

The Committee on Law Enforcement/Legislation unanimously agreed that the definitions of "virtual manufacturer" and "virtual wholesale distributor" that have been added to the criteria for the Verified-Accredited Wholesale Distributors® program be added to the *Model Act*.

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Board Staff Learn About NABP at Annual Program Review and Training

(Right) Twenty-two board of pharmacy staff representing 21 boards of pharmacy attended the NABP Annual Program Review and Training on June 26-27, 2018, at NABP Headquarters. The two-day interactive session provided information about NABP's examinations, licensure transfer, accreditation programs, and more. Information about the 2019 training, which will take place in summer 2019, will be provided in future issues of *Innovations*.

Model Act

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Global Exchange Pharmacy Students

In response to Resolution 113-3-17, the Committee on Law Enforcement/Legislation recommended that a definition for "global exchange pharmacy student" be added to the *Model Act* and that a global exchange pharmacy student could participate, as an observer, in experiential activities as part of a formal educational exchange program without requiring board licensure as a pharmacy technician or pharmacy intern. However, if the global exchange pharmacy student is involved in clinical activities (ie, patient care), then the student must be qualified by the Accreditation Council for Pharmacy Education-accredited or board-approved school or college of pharmacy, as exists for introductory pharmacy practice experience and advanced pharmacy practice experience experiential rotations.

Concurrent Disciplinary Actions

After reviewing Resolution 113-5-17, Adjudication of Concurrent Disciplinary Actions, which concerns sister-state disciplinary actions, the Committee on Law Enforcement/Legislation agreed that the *Model Act* should be amended to clarify that jurisdictions should consider taking subsequent, concurrent disciplinary action if a licensee's action "involves or may result in direct patient impact or harm in states other than that of the initiating Board."

The updated *Model Act* will soon be available for free download in the Publications and Reports section of the NABP website at *www.nabp.pharmacy*.

NABP Joins Efforts to Raise Awareness of Counterfeit Drugs Made With Fentanyl

The Fentanyl Council – a joint project formed by NABP, National Association of Drug Diversion Investigators, and the Partnership for Safe Medicines (PSM) – is working to raise awareness of the danger illicit fentanyl poses to Americans. Specifically, the Council is working to develop federal and state solutions to the problem of illicitly manufactured fentanyl contaminating illicit and counterfeit medication, making them exponentially more deadly.

During PSM's 2018 Interchange conference held June 7, 2018, the Council presented its initiatives, which include creating a guide to help local law enforcement agencies develop policies to protect officers from fentanyl exposure and a white paper about the regulation of the pill presses that make the production of oral fentanyl-laced drugs possible. At the conference, representatives from United States and Canadian federal enforcement agencies and academia discussed policy and law enforcement challenges related to foreign drug importation. Family members of victims also discussed the impacts of counterfeit drugs made with fentanyl.

More details about PSM's conference can be found at *www.safemedicines.org/2018-interchange*. To learn more about the Council's efforts, visit PSM's web page at *www.safemedicines.org/fentanyl-council.*

Around the Association

Board Member Appointments

- **Ricardo "Rick" Fernandez, RPh,** has been appointed a member of the Texas State Board of Pharmacy. Fernandez's appointment will expire August 31, 2023.
- **Daniel Guerrero** has been appointed a public member of the Texas State Board of Pharmacy. Guerrero's appointment will expire August 31, 2023.
- **Lori Henke, RPh,** has been appointed a member of the Texas State Board of Pharmacy. Henke's appointment will expire August 31, 2023.
- **Donald "Donnie" Lewis, RPh,** has been appointed a member of the Texas State Board of Pharmacy. Lewis' appointment will expire August 31, 2019.
- **Juliann "Julie" Spier, RPh,** has been appointed a member of the Texas State Board of Pharmacy. Spier's appointment will expire August 31, 2023.

Board Member Reappointments

- **Jason Hansel, PharmD, RPh,** has been reappointed a member of the Iowa Board of Pharmacy. Hansel's appointment will expire April 30, 2021.
- **Edward McKenna, RPh,** has been reappointed a member of the Iowa Board of Pharmacy. McKenna's appointment will expire April 30, 2021. ■

2019 PCOA Testing Windows

The 2019 Pharmacy Curriculum Outcomes Assessment® (PCOA®) testing windows are:

- **January 14, 2019 – February 15, 2019**
  School registration deadline: October 16, 2018
- **April 8, 2019 – May 17, 2019**
  School registration deadline: January 8, 2019
- **June 17, 2019 – June 28, 2019**
  School registration deadline: March 19, 2019
- **August 19, 2019 – September 13, 2019**
  School registration deadline: May 21, 2019
- **November 11, 2019 – December 13, 2019**
  School registration deadline: August 13, 2019

More information about the PCOA, including registration details, will be available soon in the Programs section of the NABP website at *www.nabp.pharmacy.*

Newly Accredited VIPPS Facilities

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

MedCart Specialty Care, LLC, dba MedCart Specialty Pharmacy
www.medcartpharmacy.com

ScriptDash Inc, dba Alto Pharmacy
www.alto.com

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.*

District of Columbia's Death With Dignity Program Is Operational

In 2017, the District of Columbia passed the "Death with Dignity Act of 2016" (D.C. Official Code §7-661-01 et seq). This Act provides for District of Columbia residents, qualified with a terminal disease, to die in a humane and peaceful manner through the voluntary use of prescribed medications. The District of Columbia Department of Health (DC Health) is responsible for the implementation and regulation of the District of Columbia Death with Dignity Program, which is currently operational and accepting patients.

DC Health has launched a website with instructions and forms for terminally ill patients, physicians, and pharmacists who wish to participate in the program. Physicians who choose to participate in the Death with Dignity Program must be licensed in the District of Columbia, sign up via the physician portal on the Death with Dignity Program website, and are encouraged to complete a physician training module. Patients who wish to participate must show proof of current residency in the District of Columbia, have a terminal illness that is expected to result in death within six months, and are encouraged to complete a patient training module. The educational modules and additional information about the program can be found on DC Health's website at *https://dchealth.dc.gov/page/death-dignity-act-2016.*

Idaho Laws on CS Scheduling and PMP Reporting Take Effect

The Idaho Legislature passed several bills that impact pharmacy practice. Signed into law by Idaho Governor Butch Otter, the following bills took effect July 1, 2018.

- House Bill (HB) 340 provides housekeeping to the Uniform Controlled Substances Act. Of note, the bill places acetyl fentanyl in Schedule I and removes dronabinol in oral solution from Schedule I consistent with Drug Enforcement Administration's scheduling of the product (Schedule II).
- HB 354 requires all controlled substances (CS) and opioid antagonists as defined in Section 54-1733B of the Idaho Code to be reported to the Idaho Prescription Monitoring Program (PMP). This requirement includes all naloxone dispensed in or into Idaho.

For details on these and other bills affecting pharmacy practice in Idaho, visit the Idaho State Board of Pharmacy's June 2018 *Newsletter* in the Boards of Pharmacy section on the NABP website.

Iowa to Require Electronic Prescriptions Beginning in 2020

In Iowa, every prescription issued must be electronically transmitted to a pharmacy beginning January 1, 2020, under House File 2377 (also referred to as the "opioid bill"). Certain exceptions have been identified in the bill – such as for patients residing in inpatient hospice care, long-term residential facilities, or correctional facilities – and exemptions for licensed veterinarians or practitioners who are unable to timely comply (with Iowa Board of Pharmacy approval). A pharmacist who receives a written, oral, or facsimile prescription after January 1, 2020, will not be required to verify that a prescription is subject to an exception and may still dispense the medication.

However, a pharmacist must exercise professional judgment in identifying and reporting suspected violations to the Board or to the appropriate professional licensing board. More information about the bill and the portions that affect pharmacists and pharmacies may be found in the Iowa Board of Pharmacy's June 2018 *Newsletter* available in the Boards of Pharmacy section on the NABP website.

Virginia Bills Set Requirements for the Use and Dispensing of CBD and THC-A Oil

The 2018 Virginia General Assembly passed bills – HB 1251/Senate Bill (SB) 726 and SB 330 – that set the requirements regarding the use and dispensing of cannabidiol (CBD) oil or tetrahydrocannabinolic acid (THC-A) oil. These bills also made amendments to the law. The changes enacted include:

- increasing the supply of CBD oil or THC-A oil that a pharmaceutical processor may dispense from a 30-day supply to a 90-day supply; and
- adding CBD oil or THC-A oil to the list of covered substances that when dispensed must be reported to the Virginia PMP.

For additional details on the requirements of these bills or to see other bills passed by the 2018 Virginia General Assembly, visit the Virginia Board of Pharmacy's June 2018 *Newsletter* in the Boards of Pharmacy section available on the NABP website. ■

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.

Office of National Drug Control Policy Launches Public Education Campaign About the Risks of Opioids

In June 2018, the White House Office of National Drug Control Policy, Truth Initiative, and Ad Council released a public education campaign aimed at preventing and reducing misuse of opioids among youth and young adults. The multichannel campaign, *The Truth About Opioids*, is designed to help young people understand the facts about opioids, the risk of addiction, and the crucial role young people can play in solving the crisis within their communities. Based on Truth Initiative research findings, the concept behind the campaign aims to close the knowledge gap about opioids and their risks and show a desire among young people to be part of a solution.

Further, the campaign features first-person stories of young Americans with opioid use disorder. President and chief executive officer of Truth Initiative, Robin Koval, stated that the "campaign will unfold over time across a variety of content formats designed to shift knowledge, attitudes, and behavior including reducing the stigma associated with the tragic disease of addiction." The campaign is supported in donated media by top digital, social, and linear platforms that align with young adults' media consumption, including Amazon, Facebook, Google, YouTube, NBCUniversal, Turner, and Vice. The campaign can be accessed from the news release at *www.multivu.com/players/English/8345551-ad-council-truth-about-opioids*.

Learn About Biosimilars and Interchangeable Products in FDA's New Video Series

To help promote understanding of biosimilars and interchangeable products among health care professionals and patients, Food and Drug Administration (FDA) released a five-part video series about these products in May 2018. Specifically, the video series provides an overview of biosimilar and interchangeable products, highlights key concepts about the development and approval of these products, and discusses how state-of-the-art technologies and tools are used to demonstrate biosimilarity. At press time, FDA had approved 12 biosimilar products. The number of FDA-approved biosimilar products continues to grow, indicates the agency's announcement. Currently, there are no FDA-approved interchangeable biosimilars. The video series along with other educational resources can be found in FDA's announcement at *www.fda.gov/Drugs/DrugSafety/ucm608573*.

AMA Report Finds Drop in Opioid Prescribing and Rise in PDMP Use

Physicians and health care professionals are writing fewer opioid prescriptions and using state prescription drug monitoring programs (PDMPs) more than ever, indicates a report issued by the American Medical Association (AMA) in May 2018. Specifically, the number of opioid prescriptions decreased by more than 55 million (a 22.2% decrease nationally) between 2013 and 2017, according to the AMA Opioid Task Force 2018 Progress Report, *Physicians' progress to reverse the nation's opioid epidemic*. The report also found that more than 1.5 million physicians and other health care professionals are registered in state-based PDMPs to date, and more than 300.4 million PDMP queries were made by physicians and health care professionals in 2017. States with and without mandates to use the PDMP saw significant increases, notes the AMA news release. The report can be accessed from the AMA news release at *www.ama-assn.org/ama-report-shows-national-progress-toward-reversing-opioid-epidemic*.

Delivery Truck Carrying Injectable Fertility Medications Stolen

On May 17, 2018, a delivery truck containing injectable fertility medications was hijacked near Bari, Italy, while on the way for shipment to the United States. The stolen truck contained 16,457 packages of prescription Gonal-f® RFF Redi-ject® (follitropin alfa injection) and Gonal-f® Multi-Dose (follitropin alfa for injection) that are stored refrigerated and room temperature, respectively. EMD Serono, Inc, of Rockland, MA, is working with FDA, Office of Criminal Investigations, the Italian Medicines Agency, and other law enforcement officials to recover cases of select lots of the stolen products.

The stolen lots – BA049137, BA049037, BA049143, and BA049040 – are exclusive to this specific shipment. These lot numbers are not valid for the US and therefore should be deemed suspect product. EMD Serono indicates that the product's trademark has been registered with US Customs, which has been alerted to the possibility of illicit shipments into the US. In addition, EMD Serono recommends that consumers, pharmacists, and other health care professionals should report any evidence of suspected product tampering to the company and to FDA's MedWatch Safety Information and Adverse Event Reporting Program at *www.fda.gov/MedWatch*. ■

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

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UPCOMING EVENTS

NABP/AACP Districts 1 and 2 Meeting
September 20-22, 2018
Washington, DC

FPGEE Administration
October 2, 2018

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

National Prescription Drug Take-Back Day
October 27, 2018

NABP/AACP District 4 Meeting
November 7-9, 2018
Grand Rapids, MI

NABP Interactive Member Forum
November 28-29, 2018
NABP Headquarters

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