NEWSLETTER OF THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY®

INNOVATIONS®

Pharmacogenomics:
New Advances in Pharmacy Practice, New Regulatory Challenges

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INNOVATIONS®
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Innovations
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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

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.

Interview With a Board Executive Director

Jennifer Zaelit, BS, CPhT
Bureau Manager,
Division of Occupational and
Professional Licensing, Utah
Board of Pharmacy

Jennifer Zaelit, BS, CPhT

Bureau Manager, Division of Occupational and Professional Licensing, Utah Board of Pharmacy

How long have you served as bureau manager of the Utah Board of Pharmacy? What was your role prior to working with the Board?

September 2018 was my one-year anniversary at the Division of Occupational and Professional Licensing (DOPL). The Utah Board of Pharmacy is an advisory board to DOPL. In addition to pharmacy, I oversee eight other boards. Prior to this position, I was a pharmacy and health program manager for the state of Utah. I have worked in several pharmacy settings, including independent retail and home infusion pharmacies. My education from the University of Utah focused on how social, economic, political, and physical environments affect families and consumers. My background in social science research and my public policy orientation has helped me navigate my way through my new position.

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

Over the last year, challenges relating to technology have come up. We are striving to improve access to health care in underserved areas through telepharmacy. We have also seen a huge influx of virtual manufacturers. We are currently looking at which parts of United States Pharmacopeia (USP) Chapter <800> to implement in our state. The Board has also worked with the other professions to decrease opioid prescribing and overdose deaths.

What actions were taken by the Board to address these issues?

To address telepharmacy, the Board is looking closely at what other states have done. We invited specialists in telepharmacy to facilitate a discussion during a Board meeting. After the discussion, DOPL realized operating standards needed to be written before telepharmacy could be fully implemented. Regarding opioid issues, partial fills of prescriptions for opioids have been utilized to reduce the number of medications dispensed, and a standing prescription order allows for dispensing naloxone. A USP <800> study is being funded by DOPL, which focuses on handling hazardous medications, risk of exposure, and best practices for handling hazardous drugs for compounding.

What other key issues has the Board been focusing on?

The Board has been focused on expanding pharmacy technician roles. Pharmacy technicians in Utah will be able to give immunizations with the proper training. We believe this will improve immunization compliance in underserved areas. Giving immunizations will be voluntary for pharmacy technicians.

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

Collaborate with other states, boards (physicians and nursing), and specialists to help your board find the best outcome for the state. Attend an NABP conference to get to know other state board of pharmacy executives and learn what they have done. ■

Utah Board of Pharmacy

Number of Board Members: 5 pharmacist members, 1 public member, 1 pharmacy technician
Number of Compliance Officers/Inspectors: Centralized investigations pool
Rules and Regulations Established by: Division of Occupational Professional Licensing
Number of Pharmacist Licensees: 3,270
Number of Pharmacies: 1,830 (in-state)
Number of Wholesale Distributors: 0

The 116th Congress: Election Updates and Predictions for the 2019 Legislative Year

Libby Baney, JD,
Faegre Baker Daniels LLP

Megan S. Herber, MPH,
Faegre Baker Daniels LLP

The much-anticipated 2018 midterm elections brought the highest midterm voter turnout percentage in more than a century. As expected, health care played a key role in voters' decisions at the polls, and the results will have an impact on what type and how much legislation gets passed in 2019 and 2020. In this article, we provide an update on the makeup of the new 116th United States Congress, which will be in place through December 2020, and the potential effects of the current political environment on federal health care policy.

Changes in the House of Representatives

In this Congress, we have a divided government with Democrats newly in charge of the US House of Representatives and Republicans retaining control of the Senate and the White House. This is the first time since 2011 that Democrats have had the majority in the House. Democrats hold 235 seats to Republicans' 199 seats. (At press time, one seat remained vacant.) Leadership of the House has also changed, with Nancy Pelosi (D-CA) once again holding the speakership and Kevin McCarthy (R-CA) the new minority leader taking over for Paul Ryan (R-WI), who retired from Congress.

The main House committees with jurisdiction over health and pharmacy issues are the Energy and Commerce Committee and the Committee on Ways and Means. The makeup of those committees has changed from the last session of Congress. Key committee members who were known for working on health care issues but are no longer in office include Representatives Peter Roskam (R-IL), Erik Paulsen (R-MN), Kevin Yoder (R-KS), and Leonard Lance (R-NJ). The Energy and Commerce and Ways and Means Committees have also lost multiple health-focused members to retirement, pursuit of other offices, or primary defeats: Representatives Joe Barton (R-TX), Gregg Harper (R-MS), Gene Green (D-TX), David Reichert (R-WA), Lynn Jenkins (R-KS), Diane Black (R-TN), Jim Renacci (R-OH), Sander Levin (D-MI), and Joe Crowley (D-NY). In addition, former Energy and Commerce Committee members Marsha Blackburn (R-TN) and Kevin Cramer (R-ND) are now senators, and former Representative Kristi Noem (R-SD) is now governor of South Dakota.

Due to the shift in power and the new makeup of Congress, leadership of key committees has also changed. In addition to Energy and Commerce and Ways and Means, the House Committee on Appropriations is relevant as it oversees all discretionary spending, including Centers for Disease Control and Prevention programs that support state prescription monitoring programs (PMPs), while the Judiciary Committee is responsible for antidrug trafficking policy. In this Congress, Democrats will chair each committee and Republicans hold ranking member minority leadership positions. The members in these roles are outlined in the table on page 5.

With these changes, there will be enhanced focus on administrative oversight with an emphasis on ensuring that each agency under the Department of Health and Human Services (HHS) is properly performing its duties within the appropriate statutory guidelines. We expect the Judiciary Committee

will want to ensure that grant programs run by the Department of Justice (DOJ) are administered in a way that benefits their states and Congressional districts and are consistent with Congressional intent. This Congressional oversight may, for example, sway the DOJ Bureau of Justice Assistance's imposition of special conditions on its Comprehensive Opioid Abuse Site-based Program Category 5 grants for enhancing PMPs, a significant issue of concern for the boards of pharmacy.

Given the sizable number of brand-new members of Congress, NABP will engage in relationship building and education of staff on issues of importance to the boards of pharmacy. New members of Congress with health care backgrounds include:

- Senator Rick Scott (R-FL), a former hospital executive
- Representative Donna Shalala (D-FL), former HHS secretary
- Representative John Joyce (R-PA), a dermatologist
- Representative Lauren Underwood (D-IL), a nurse and former HHS advisor
- Representative Kim Schrier (D-WA), a pediatrician

Changes in the Senate

The Senate has experienced less change than the House, but it did get some new faces. Republicans hold a majority with 52 seats, while Democrats hold 47 seats (including two Independents who caucus with the Democrats). Champions of issues that NABP has supported, including Senators Amy Klobuchar (D-MN) and Rob Portman (R-OH) for the Synthetics Trafficking and Overdose Prevention (STOP) Act, remain in the Senate.

New senators include:

- Kyrsten Sinema (D-AZ), former US representative
- Rick Scott (R-FL), former governor of Florida
- Mike Braun (R-IN), former Indiana House representative
- Josh Hawley (R-MO), former Missouri attorney general
- Jacky Rosen (D-NV), former US representative
- Kevin Cramer (R-ND), former US representative
- Marsha Blackburn (R-TN), former US representative
- Mitt Romney (R-UT), former candidate for US president and former governor of Massachusetts

In a major change to Committee leadership, Senator Chuck Grassley (R-IA) is now chairman of the Senate Finance Committee, with jurisdiction over Medicare, Medicaid, and tax policy, following Senator Orrin G. Hatch's retirement. Senator Grassley is a longtime supporter of prescription drug importation and has been a leader on drug pricing and manufacturer transparency initiatives. In taking on the chairmanship of Senate Finance, Senator Grassley ceded his position as chairman of the Senate Judiciary Committee, which is now chaired by Senator Lindsey Graham (R-SC). Senator Dianne Feinstein (D-CA) remains the ranking member.

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Committee	Chairman (D)	Ranking Member (R)
Energy and Commerce	Frank Pallone (NJ)	Greg Walden (OR)
• Health Subcommittee	To Be Determined	Michael Burgess (TX)
Ways and Means	Richard Neal (MA)	Kevin Brady (TX)
• Health Subcommittee	To Be Determined	To Be Determined
Appropriations	Nita Lowey (NY)	Kay Granger (TX)
• Labor HHS Subcommittee	Rosa DeLauro (CT)	Tom Cole (OK)
Judiciary	Jerry Nadler (NY)	Doug Collins (GA)
• Crime, Terrorism, Homeland Security, and Investigations Subcommittee	Sheila Jackson Lee (TX)	Jim Sensenbrenner (WI)

Pharmacogenomics: *New Advances* in Pharmacy Practice, New Regulatory Challenges

Pharmacogenomics, once a hypothetical, someday-in-the-future ideal, promising optimal medication usage and improved treatment outcomes, is increasingly becoming a reality – with the notable involvement of pharmacists. Often abbreviated PGx, this marriage of pharmacology and genomics gives pharmacists and other health care practitioners patient-specific information about how a person's genes will affect the way he or she responds to a particular medication. The United States Food and Drug Administration (FDA) currently includes PGx information on the labeling of more than 200 therapeutic products, encompassing medications used in diverse medical areas, from oncology (the most common) and psychiatry to infectious disease and cardiology, to name a few. While PGx by itself does not explain all variability in patients' response to medications, it nonetheless provides important data that can inform clinical decision making and has the potential to improve medication-related outcomes in a number of ways, including better selection of appropriate therapies, reduction in adverse drug events, improved medication adherence, and decreased treatment costs. As pharmacology experts and trusted, easily accessible health care professionals, pharmacists in numerous practice settings are well placed to assist patients and other health care providers in accessing and navigating the continually evolving PGx field. Nonetheless, barriers still exist that impede the easy spread of pharmacist-provided PGx care services, even as a recent regulatory change allowing the sale of direct-to-consumer PGx tests has raised new questions about how consumers will choose to use the resulting data, and where and how they might turn for professional assistance.

“Often abbreviated PGx, this marriage of pharmacology and genomics gives pharmacists and other health care practitioners patient-specific information about how a person's genes will affect the way he or she responds to a particular medication.”

Pharmacists as PGx Experts

Many members and observers of the pharmacy profession, including numerous academics and professional associations such as the American Society of Health-System Pharmacists (ASHP) and the American Pharmacists Association, have recognized that pharmacists' medication expertise and easy accessibility make them ideal candidates to help lead, shape, and participate in the still nascent world of PGx. Furthermore, these stakeholders have publicly advocated for the development of such services. Commonly recognized barriers for pharmacists, however, include the need for PGx education, the ability to easily incorporate PGx data into electronic health records and workflow systems, insurance coverage of PGx testing,

and reimbursement for pharmacist care services.

Pharmacy stakeholders have tackled the education barrier most vigorously. Pharmacy students now study PGx as part of their degree program. Recognizing the crucial role knowledgeable providers play in the ability to safely provide PGx-based care, the Accreditation Council for Pharmacy Education has included PGx as a required part of the PharmD curriculum since 2016. Formalizing mastery of PGx concepts is unique to the pharmacy profession. While basic genetic concepts have become an official part of the education of many health care professions, the competencies specific to PGx appear to be required only for pharmacists at this point.

The importance of developing PGx knowledge and expertise among pharmacists already in practice has also been recognized. Efforts are underway to provide practicing pharmacists with PGx educational opportunities via an array of continuing education and certification programs, including a professional Pharmacogenomics Certificate program unveiled by ASHP in October 2018. Furthermore, several resources have emerged to assist in applying PGx to clinical decision making, from PharmGKB, which bills itself as "a pharmacogenomics knowledge resource," to the National Human Genome Research Institute's Implementing Genomics in Practice initiative, which seeks to assist the clinical implementation of genomic medicine and PGx through informational tools, and to the Clinical Pharmacogenetics Implementation Consortium, an oft-cited resource that makes available evidence-based gene/drug clinical practice guidelines (currently providing detailed information on about 35 drug-gene interactions).

To this point, most PGx care has taken place within hospitals and clinics, in both inpatient and ambulatory settings. In 2017, it was estimated that about 7% of hospitals were using PGx testing, a number that was expected to increase dramatically by 2020, and a number of hospitals and health systems have established personalized medicine and/or PGx centers. Pharmacists may be involved in various aspects of the PGx care provided, including taking DNA samples, interpreting PGx test results, providing therapeutic recommendations, and counseling patients. Some institutions are beginning to integrate PGx information into their electronic health record systems, including automated clinical decision-making support tools that can, for example, send a notification of a drug-gene interaction at the time of prescribing or verifying a medication.

PGx is also moving into the community pharmacy setting. Numerous studies have been published examining the implementation of PGx services in the community setting, and a number of both independent and chain pharmacies have begun offering PGx testing. PGx services are often provided as an extension of medication therapy management services, and have included such elements as collecting the DNA samples, developing clinical recommendations based upon the test results and available guidelines, consulting with and making recommendations to patients' health care providers, and providing subsequent recommendations, information, and counseling to the patients.

PGx Regulation

Thus far, the expansion of pharmacist care services to include pharmacogenomics has not drawn much noticeable action from state lawmakers or regulators. The state boards of pharmacy generally do not address PGx directly in their rules and regulations governing the practice of pharmacy. For the most part, patient safety concerns involving PGx apply to non-genetic tests as well, such as false positive or false negative results, testing errors, or the misinterpretation or misuse of test results. In addition, and more specific to PGx, concerns exist regarding the quality of evidence used for clinical decisions (PGx has been criticized for its comparative lack of randomized controlled trials to test clinical utility), and the consideration of other patient characteristics that could materially affect the PGx-indicated therapeutic plan (such as drug-drug interactions). PGx proponents note, however, that pharmacist involvement in PGx services would tend to mitigate these patient safety issues. They also note that greater use of PGx is expected to improve patient safety overall by decreasing the risk of adverse drug events, which affected nearly 2 million patients in 2017 and caused more than 164,000 deaths that same year.

PGx regulation thus far has occurred at the federal level, through FDA and the Centers for Medicare & Medicaid Services (CMS). CMS regulates genetic testing through regulation of clinical laboratories; labs must receive certification through CMS' Clinical Laboratory Improvement Amendments (CLIA) program in order to conduct clinical testing, including genetic testing. FDA regulates PGx in part through regulating the drugs themselves and, as mentioned above, includes at least some PGx information on relevant drug labels. It also regulates the genetic tests themselves as medical devices.

FDA has treated genetic tests in two different ways, based on how those tests come to market. Manufacturers that produce a test "kit" (a group of reagents used to process genetic samples, packaged together) and sell it to multiple labs need to receive FDA approval before selling it on the market. If, on the other hand, a test is developed and performed by a single laboratory (termed a laboratory-developed test, and the most common way genetic tests come to market), FDA has applied enforcement discretion, in which it has the authority to regulate

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Board of Pharmacy Members Address Common Challenges During NABP Interactive Forum

Forty-two board of pharmacy members gathered for the annual NABP Interactive Member Forum, held November 28-29, 2018, at NABP Headquarters. Continuing the 2018 forum theme "Left or Right? Making Medication Safe Again," the event provided opportunities for discussion, presentations, and networking. The forum also reinforced the partnership between the boards of pharmacy and NABP and the shared mission to protect the public health. The meeting format featured two days of sessions to provide members an opportunity to discuss specific topics as well as issues of special interest provided by attendees via a pre-meeting survey.

(Above) The session "Is the Special Counsel After You?" focused on the impact opioid lawsuits have on state boards of pharmacy and the implications of sending information via text messages. Pictured are (left to right) Rebecca "Becca" Mitchell, PharmD, Arkansas State Board of Pharmacy; Greg Adams, DPh, Oklahoma State Board of Pharmacy; session moderator Richard B. Mazzoni, RPh, member, NABP Executive Committee; Fred Weaver, RPh, State of Ohio Board of Pharmacy; and Lindsey Laliberte, RPh, New Hampshire Board of Pharmacy.

(Above) During the session "Big League Data Exchange: It's Going to Be Huge!," panelists discussed sharing data via Twitter and a new feature that NABP is developing for e-Profile Connect. Pictured are (left to right) Nicole L. Chopski, PharmD, BCGP, ANP, member, NABP Executive Committee, who moderated the preceding Shared Discussion Topics session; Adam Somers, Nova Scotia College of Pharmacists; Danna Droz, JD, RPh, PMP senior manager, NABP; Dennis Wiesner, RPh, Texas State Board of Pharmacy; and session moderator Timothy D. Fensky, RPh, DPh, FACA, member, NABP Executive Committee.

Left or Right?
Making Medication Safe Again

NABP Interactive
Member Forum
November 28-29, 2018 • Mount Prospect, IL

(Above) The session "Competency, Standards of Care, and ICE (Independent Confirmation of Eligibility)" shared information on trends seen in NABP competency assessment data and updates in the NABP licensure transfer and Clearinghouse programs. Pictured are (left to right) Bill Finnerty, competency assessment manager, NABP; session moderator Gary W. Dewhirst, RPh, DPh, member, NABP Executive Committee; Jeanne D. Waggener, RPh, DPh, NABP chairperson; and Lawana Lyons, licensure programs senior manager, NABP.

(Above) The session "Follow the Freedom Road – Republicans, Democrats, and Socialists – Oh My!" provided updates from the meetings of the NABP Suspicious Orders Work Group, the Task Force on Mutual-Recognition Licensure, and the Task Force to Develop Regulations Based on Standards of Care. Pictured are (left to right) Pamela "Pam" Marshall, RPh, Missouri Board of Pharmacy; Kristina "Kris" Jonas, PharmD, RPh, Idaho State Board of Pharmacy; Deborah "Debbie" Mack, PD, Arkansas State Board of Pharmacy; Lemrey "Al" Carter, MS, PharmD, RPh, Illinois Department of Financial and Professional Regulation, Division of Professional Regulation – State Board of Pharmacy; Tejal Patel, PharmD, RPh, Delaware State Board of Pharmacy; Bradley S. Hamilton, RPh, member, NABP Executive Committee; Kerri Kilgore, RPh, Wyoming State Board of Pharmacy; Reginald B. "Reggie" Dilliard, DPh, member, NABP Executive Committee; and session moderator Lenora S. Newsome, PD, member, NABP Executive Committee.

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Interactive Forum
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(Above) During the session "The Big Blue-Red Wave," panelists focused on the impact of federal policy on regulations of pharmacy in the states. Pictured are (left to right) Jeenu Philip, BPharm, RPh, Florida Board of Pharmacy; Susan Ksiazek, RPh, DPh, NABP president, who moderated the Shared Discussion Topics session that followed; Roderick Peters, RPh, Maryland Board of Pharmacy; and session moderator Philip P. Burgess, MBA, DPh, RPh, member, NABP Executive Committee.

Policy Perspectives
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Other committee leadership posts remain intact. The Finance Committee ranking member remains Ron Wyden (D-OR). The Committee on Health, Education, Labor, and Pensions, known as the HELP Committee, continues to be led by Chairman Lamar Alexander (R-TN) and Ranking Member Patty Murray (D-WA). The Appropriations Committee, which oversees discretionary spending, is still led by Chairman Richard Shelby (R-AL) and Ranking Member Patrick Leahy (D-VT).

As with the House, Senate Committee leadership is important as committees dictate both oversight and legislative policy priorities in their respective areas of jurisdiction. With similar Senate committee leadership in this Congress, we should expect some continuation of past priorities, such as combating the opioid epidemic by building upon successes of PMPs, which include enhanced interstate information sharing and integration of information into clinical workflow, and by targeting illegal drug trafficking.

What It Means: Impact of Health Care Legislation

When it comes to the biggest health care issue of recent years – the fight over whether to keep or eliminate the Affordable Care Act – the effort to make a full repeal is extremely unlikely with Democrats in charge of the House. Despite this, there have been bipartisan efforts to address health care issues, including the passage of HR 6, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, or SUPPORT for Families and Communities Act, to combat the opioid epidemic. As reviewed in the November/December 2018 issue of *Innovations*, HR 6 contains a variety of provisions that may affect state boards of pharmacy, including new authorities and/or funding related to PMPs, counterfeit drugs, and trafficking enforcement; Drug Enforcement Administration authorities to prevent diversion; expansion of telemedicine for substance use disorder; and new opioid prescribing rules.

The question for this new Congress is whether it will be able to come together to further efforts around the opioid epidemic and other hot topics such as prescription drug costs.

With this new Congress, NABP will continue to engage on issues that help and allow state boards of pharmacy to fulfill their public health missions and will continue to seek ways to work together with federal agency partners to benefit patient health and safety.

This article was written by Libby Baney, JD, and Megan S. Herber, MPH, both with Faegre Baker Daniels LLP. Please note, the opinions and views expressed by Faegre Baker Daniels do not necessarily reflect the official views, opinions, or policies of NABP or any member board unless expressly stated. ■

New: Professional Outreach Presentation Template Available for Boards to Download

Available for download from the NABP website, a new presentation template is available for boards to use as an outreach tool to educate pharmacists, pharmacy technicians, students, and consumers about the role of state boards of pharmacy. Developed as part of NABP Chairperson Jeanne D. Waggener's 2017-2018 presidential initiative, boards can use this presentation to show how proactive licensee education enhances compliance and how such efforts improve patient care.

In addition, the presentation includes information on the boards' role in addressing the opioid epidemic. For example, included are examples of how the boards promote education related to the opioid epidemic, drug take-back programs, and naloxone distribution. Other key discussion items include the role of prescription monitoring programs. The presentation was developed with assistance from a number of state boards of pharmacy staff who provided information about their boards' outreach efforts.

Boards of pharmacy are encouraged to download and customize this presentation. NABP will also keep this presentation updated with relevant new information.

The PowerPoint presentation is available for download on the Operational Resources for Boards page in the Member Services section of the NABP website at *www.nabp.pharmacy*. Boards that have recently engaged in educational activities and would like to share information for possible inclusion in the presentation may contact NABP at Marketing@nabp.pharmacy. ■

NABP Foundation Offering 10 Grants to Attend APhA Institute on Alcoholism and Drug Dependencies

The NABP Foundation® is accepting grant applications from qualified board of pharmacy members or staff who would like to attend the American Pharmacists Association (APhA) Institute on Substance Use Disorders in Salt Lake City, UT, on May 29-June 2, 2019. This year NABP will award 10 grants to assist with some of the costs associated with attending. The APhA Institute sessions provide educational programs for attendees on alcohol and drug dependency and how to effectively support pharmacists who are in recovery. More information about the APhA Institute is available at *https://aphainstitute.pharmacist.com*.

To apply for a grant, interested board of pharmacy members and staff should contact the NABP Executive Office at ExecOffice@nabp.pharmacy by February 15, 2019. Grants will be assigned on a first-come, first-served basis. Due to limited space available, those interested in applying for the grant must be prepared to register for the APhA Institute by March 1, 2019. ■

APhA Institute Provides Opportunity to:

- Participate in four days of education, networking, and personal development
- Help increase awareness of the health and social problems related to alcoholism and drug dependencies
- Gain information and instruction for providing programs to support pharmacists in recovery
- Earn continuing pharmacy education

Presidential Focus Group Convened in October 2018

The Presidential Focus Group convened in October 2018 at NABP Headquarters to provide insight into business planning for the Association. Focus group members pictured are (left to right) Michael Duteau, RPh, New York State Board of Pharmacy; John Clay Kirtley, PharmD, RPh, Arkansas State Board of Pharmacy; Edward G. McGinley, MBA, RPh, DPh, New Jersey State Board of Pharmacy; Joseph L. Adams, RPh, Louisiana; Susan DelMonico, RPh, JD, Rhode Island; Michael A. Podgurski, RPh, Pennsylvania; Michael A. Moné, BSPharm, JD, FAPhA, Ohio; Patricia F. Donato, BSPharm, RPh-I, DPh, New York State Board of Pharmacy; Susan Ksiazek, RPh, DPh, NABP President; and John A. Fiacco, RPh, Missouri.

Pharmacogenomics

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but chooses not to – an approach initially followed because clinical genetic testing was comparatively rare. As genetic testing has become much more widespread, however, FDA has drafted, but not yet implemented, guidance proposing a new regulatory framework for lab-developed tests, as well as guidance on how the agency will regulate next-generation sequencing tests and verify their analytical and clinical validity.

In late October 2018, FDA gave its approval for the 23andMe genomics and biotechnology company to market a direct-to-consumer PGx test that tests for 33 variants for multiple genes, introducing a host of new questions to the PGx arena. The test is considered to have demonstrated analytical validity, meaning that it does predict the presence or absence of those genes or gene variants it claims to test. FDA's approval does not hinge on the test providing clinical utility, or whether it leads to improved health outcomes. Indeed, users are supposed to be re-tested by a CLIA-approved laboratory before the information is used for clinical decisions. FDA described the test report as "for over-the-counter use by adults over the age of 18 and provides genetic information to inform discussions with a healthcare professional about metabolism of therapeutics . . . The information provided by this report should not be used to start, stop, or change any course of treatment."

Some observers have raised concerns that many health care providers, lacking expertise in PGx, may not be able to meet the needs of patients bringing in their test results, and that many pharmacists, even if more knowledgeable about PGx, may lack a reimbursement mechanism for consultation services. Patient safety questions also arise, if, for example, a user disregards the label warnings and decides to stop or change a medication. The appearance of direct-to-consumer PGx tests have the potential to raise a number of these and other direct and tangential issues, from the provider status of pharmacists to pharmacists' potential legal liabilities.

After years of promise, PGx is becoming a clinical reality with its role in patient care expanding rapidly. Pharmacists have taken a leading role incorporating PGx into their training and continuing education, working to ensure patient safety and positioning the profession at the forefront of this dynamic field. At the same time, PGx is a young field undergoing constant change and growth, and pharmacists' role within it is likewise in a state of ongoing development. NABP will continue to monitor developments and provide support to the boards of pharmacy as they address the many questions and issues that arise.

.pharmacy® Newly Approved .Pharmacy Websites

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

American Advantage Association, dba TruScript
www.truscript.pharmacy
www.truscript.com

Brown's Pharma Limited
www.brownspharmacy.eu

California Specialty Pharmacy, Inc
www.csprx.pharmacy
www.csprx.com

Campbell Facial Plastics, S.C.
www.myquintessa.pharmacy
www.myquintessa.com

Costco Wholesale Corporation
costco.pharmacy

D&H Prescription Drug Company, Inc
www.dhdrugstore.pharmacy
www.dhdrugstore.com

Dallas Metro Skin Center, PA
www.dallasskincentre.pharmacy
www.dallasskincentre.com

Emergency Medical Products, Inc
www.buyemp.pharmacy
www.buyemp.com

Far Rockaway Drugs Inc
www.striprx.pharmacy
www.striprx.com

FarmVet.com, Inc, dba FarmVet.com
www.farmvet.pharmacy
www.farmvet.com

Fiduscript
www.fiduscript.com

Fisher Pharmacy Ltd
www.vanier.pharmacy
www.vanierpharmacy.ca

Franklin Square Pharmacy Inc
www.square.pharmacy
www.franklinsquarepharmacy.com

GenScripts LLC, dba GenScripts Pharmacy
www.genscripts.pharmacy
www.genscripts.com

Glenridge Pharmacy LLC
www.glenridge.pharmacy
www.glenridgerx.com

Harris Teeter
www.harristeeterpharmacy.pharmacy
www.harristeeter.pharmacy
www.harristeeterpharmacy.com
www.harristeeter.com

Hope Specialty Pharmacy
www.hopesp.pharmacy
www.hopesp.com

Infinity Compounding Solutions, LLC
www.infinity.pharmacy
www.icsrx.com

Malooka Pharma Corp
www.lakewoodranchpharmacy .pharmacy
www.lwrpharmacy.com

MedOne, L.C.
www.medone.pharmacy
www.medone-rx.com

OVME LLC
www.ovme.pharmacy
www.ovme.com

PersonalRX
www.personalrx.pharmacy
www.personalrx.com

Pet Care Rx, Inc
http://petcarerx.pharmacy
www.petcarerx.com

Pharmacy Network Services, Inc
www.pns.pharmacy
www.pnspharmacy.com

Prescribe Wellness, LLC
www.prescribewellness.pharmacy
www.prescribewellness.com

Prince Edward Island College of Pharmacists
www.pecollege.pharmacy
www.pepharmacists.ca

PRN Pharmacies Ltd
www.medshoppehhs.pharmacy
www.medshoppehhs.com

QuickRx Specialty
www.quickrxspecialty.pharmacy
www.quickrxspecialty.com

Rood & Riddle Veterinary Pharmacy, LLC
www.rrvp.com

Trillium Health, Inc
www.trilliumhealth.pharmacy
www.mylocalrx.org

United Texas Supermarkets
www.unitedsupermarkets.pharmacy
www.marketstreetunited.pharmacy
www.amigosunited.pharmacy
www.albertsonsmarket.pharmacy
www.unitedsupermarkets.com
www.marketstreetunited.com
www.amigosunited.com
www.albertsonsmarket.com

Valley Vet Clinic, PA, dba Valley Vet
www.valleyvet.pharmacy
www.valleyvet.com

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

Schedule of Events

Wednesday, May 15, 2019

5 - 7 PM
Registration Desk Open

Thursday, May 16, 2019

7 AM - 5 PM
Registration Desk Open

7:30 - 8 AM
Annual Meeting Program Orientation

8:30 - 11:30 AM
Hospitality Brunch and Educational Table Top Displays

9 - 11 AM
CPE Educational Poster Session

Noon - 3:30 PM
First Business Session

- Welcome Remarks
- Keynote Address
- Greeting from the Host State
- Report of the Executive Committee
- President's Address
- Announcement of Candidates for Open Executive Committee Officer and Member Positions

4 - 5 PM
CPE

6 - 9 PM
President's Welcome Reception

Friday, May 17, 2019

7 AM - 3:30 PM
Registration Desk Open

7 - 9:30 AM
NABP Breakfast

7:30 - 9 AM
NABP AWAR$_x$E Fun Run/Walk

9:30 - 10:30 AM
CPE

10:45 - 11:45 AM
CPE

1 - 3 PM
Second Business Session

- Report of the Treasurer
- Report of the Executive Director/ Secretary
- Report of the Committee on Resolutions
- Report of the Committee on Constitution and Bylaws
- Candidate Speeches for Open Executive Committee Officer and Member Positions

3 - 3:30 PM
Informal Member/Candidate Discussions

Saturday, May 18, 2019

7 - 11 AM
Registration Desk Open

7 - 8 AM
NABP Continental Breakfast

8:30 - 11:30 AM
Final Business Session

- Election and Installation of the 2019-2020 Executive Committee Officers and Members
- Remarks of the Incoming President
- Final Report of the Committee on Constitution and Bylaws
- Final Report of the Committee on Resolutions
- Invitation to the 2020 Annual Meeting

12:45 - 2:30 PM
Annual Awards Luncheon

Note: The 115th Annual Meeting schedule is subject to change. The final schedule will be posted prior to the meeting at *www.NABPAnnualMeeting.pharmacy.*

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

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

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

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

Entrepreneur, Angel Investor to Speak on the Future of the Patient, Value of Technology During Keynote Address

Robin Farmanfarmaian, an entrepreneur and health care investor, will speak on her passions of self-advocacy, understanding the value of technology in health care, and the impact of products and services that provide innovative health care solutions during the 115th Annual Meeting. She will present to attendees her views on the future of the patient and how new technology will enable the patient to be an active member and key decision maker in his or her health care.

In 2015, Farmanfarmaian published her book, *The Patient as CEO: How Technology Empowers the Healthcare Consumer*, which has become a top seller on Amazon. Her book delves into the many ways that technology is quickly transforming how people are diagnosed and treated, and how they recover. She emphasizes the importance of self-advocacy, which can transform how patients interact with their health care providers and ultimately improve the overall quality of patients' health care. Farmanfarmaian's book is a product of her own experiences: She was misdiagnosed with an autoimmune disease at the age of 16, which caused her to go through 43 hospitalizations and six major surgeries. She ultimately chose to take control of her health care, which was a life-altering and life-improving decision for her.

> "[Farmanfarmaian] will present to attendees the future of the patient and how new technology will enable the patient to be an active member and key decision maker of his or her health."

Farmanfarmaian invests in and has worked to help establish start-up companies with the potential to impact more than 100 million people through medical technology and scientific breakthroughs. She is the co-founder of the Organ Preservation Alliance, an organization that is developing technology to store organs and tissues long term for the purpose of organ banking and tissue engineering, with the goal of solving transplant shortage problems and improving the lives of millions of patients. She is an investor and business developer at Invicta Medical, a medical technology start-up company developing new treatment for sleep apnea; and Dance Biopharm, a start-up company developing insulin that can be inhaled using a smart, connected device, so people with diabetes do not need to inject themselves every day. She is the vice president of Actavalon, a company developing a cure for cancer by targeting two fundamental cancer pathways; and the strategic relations advisor to MindMaze, a company developing virtual reality to help rehabilitate people who have suffered strokes and brain injuries.

Farmanfarmaian has also been an integral part of Singularity University, which is a Silicon Valley think tank that provides nontraditional educational programs where the focus is on teaching students about quickly developing technologies that are likely to have wide-ranging impacts within the upcoming decades. During her time at Singularity University, Farmanfarmaian served as its vice president of strategic relations and as

an advisor for Exponential Medicine, a conference put on by Singularity that focuses on new technologies in the fields of health and medicine. She has also served as the president of Innovation for Jobs, a company that seeks to use innovation to improve the job market. Innovation for Jobs hosts conferences and workshops that focus on how technology is changing job markets and creates dialogues around improving innovation.

Along with her business leadership positions, Farmanfarmaian dedicates time to be on the advisory board of many start-ups and conferences, and she has mentored fellow entrepreneurs throughout her career. She has been a guest on many different technology, health care, and motivational podcasts; given talks around the world; and written articles for publications such as *Forbes* and *Wired UK*.

The keynote address will take place during the 115th Annual Meeting's First Business Session. ■

Reminder: Annual Meeting Travel Grant Available

Travel grant opportunities are still available for the NABP 115th Annual Meeting. Eligible individuals may receive up to $1,500 to cover the costs of travel, hotel rooms, meals, taxis, parking, and tips. The grant does not include Annual Meeting registration fees.

- One grant will be awarded to a current board member or administrative officer of each active NABP member board of pharmacy, as designated by the board's administrative officer.
- Active member boards of pharmacy must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions in order to receive reimbursement.

To obtain a grant application, board administrative officers may contact the NABP Executive Office at ExecOffice@nabp.pharmacy.

Online Registration Is Available at *www.NABPAnnualMeeting.pharmacy*

Important Deadlines

- Poster Proposals – Due February 27, 2019
- Proposed CBL Amendments – Due April 1, 2019
- Early Registration Rate – Ends April 15, 2019
- Voting Delegate Submissions – Due April 16, 2019
- Early Hotel Reservation Rate – Ends April 22, 2019

Proposals Requested for Educational Poster Session

NABP seeks proposals for the annual Educational Poster Session to take place on Thursday, May 16, 2019, during the Annual Meeting. Proposed posters should reflect the theme of "The Value of Teamwork to Protect Public Health." Those selected to display posters have the opportunity to share information about policy development, public health initiatives, legislative issues, or other topics as they relate to this year's theme. Proposed posters may be descriptive, scientific, or informational.

For detailed instructions on submitting a poster concept for consideration, please contact NABP Professional Affairs staff via email at Prof-Affairs@nabp.pharmacy. **Proposals must be submitted via email by Wednesday, February 27, 2019.**

Board of pharmacy members and staff as well as schools and colleges of pharmacy are invited to submit poster proposals. Students are welcome to submit proposals and if selected, must be accompanied by a credentialed advisor or licensed pharmacist. Selected poster presenters must be available in March and April for correspondence with NABP staff and to submit required materials and should be able to personally attend the Annual Meeting.

Poster Session participants may be eligible to earn Accreditation Council for Pharmacy Education (ACPE)-accredited continuing pharmacy education (CPE) credit. Details will be provided to individuals selected to present at the session. Pharmacy school students will receive a voucher for a free Pre-NAPLEX®, a practice examination for students preparing for the North American Pharmacist Licensure Examination® (NAPLEX®). The voucher is valued at $65. ■

Educational Poster Session Theme: The Value of Teamwork to Protect Public Health

- Thursday, May 16, 2019, 9-11 AM
- Eligible for one contact hour (0.1 CEU) of ACPE-accredited CPE credit.

Around the Association

Board Member Appointments

- **Charles Mollien, PharmD, JD, RPh,** has been appointed a member of the Michigan Board of Pharmacy. Mollien's appointment will expire June 30, 2022.
- **Angela K. Svoboda, PharmD, RP, FIACP,** has been appointed a member of the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit. Svoboda's appointment will expire November 30, 2021.
- **Debra B. Feinberg, JD, RPh,** has been appointed a member of the New York State Board of Pharmacy. Feinberg's appointment will expire February 28, 2022.
- **Mark G. Klang, MS, PhD, RPh, BCNSP,** has been appointed a member of the New York State Board of Pharmacy. Klang's appointment will expire April 30, 2022.
- **Anneliese B. Schumacher** has been appointed a public member of the New York State Board of Pharmacy. Schumacher's appointment will expire June 30, 2022.
- **Ashley Duggins, PharmD, RPh,** has been appointed a member of the North Carolina State Board of Pharmacy. Duggins' appointment will expire April 30, 2020.
- **Melissa A. McCall, PharmD, RPh,** has been appointed a member of the Tennessee Board of Pharmacy. McCall's appointment will expire July 15, 2024.

Board Member Reappointments

- **Steven Anderson, BSPharm, RPh,** has been reappointed a member of the Washington State Pharmacy Quality Assurance Commission. Anderson's appointment will expire January 19, 2022.
- **Olgy Diaz** has been reappointed a public member of the Washington State Pharmacy Quality Assurance Commission. Diaz's appointment will expire January 19, 2021.
- **Timothy Lynch, MS, PharmD, RPh,** has been reappointed a member of the Washington State Pharmacy Quality Assurance Commission. Lynch's appointment will expire January 19, 2022. ■

Newly Accredited VIPPS Facilities

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

Costco Wholesale Corporation
www.costco.com

Haysville Health Mart Pharmacy LLC
www.haysvillehealthmartpharmacy.com

Inverness Apothecary Trinity LLC
www.invtrinity.com

Orchard Pharmaceutical Services, LLC, dba EnvisionPharmacies
www.envisionpharmacies.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*.

New Help Section Live on NABP Website

A new Help section for customers is now available on the NABP website, *www.nabp.pharmacy*. The section addresses Frequently Asked Questions (FAQs) from pharmacists, technicians, students, and other customers regarding NABP programs and services. The FAQs are organized by program, then topic.

The new Help section improves the user experience by providing:

- Easy access to helpful materials from any page on the website
- Keyword or phrase search capabilities
- Improved content organization

The new Help section also provides customers with easy access to the online chat tool, which can be used to chat live with a customer service representative during regular business hours. ■

Nevada Clarifies New Regulation for Patient Consent, CS Prescriptions

Nevada Assembly Bill (AB) 474, which took effect on January 1, 2018, requires a practitioner to obtain informed written consent from a patient prior to issuing a controlled substance (CS) prescription. The Nevada State Board of Pharmacy approved regulations, effective June 26, 2018, that clarify and expand on sections of the bill. The Nevada Board's new regulations provide guidance on what can be accepted as obtaining informed written consent:

1. Viewing informed written consent . . . previously given by the patient and stored on a database maintained by the practitioner or a group of practitioners with which the practitioner is associated; and
2. Immediately before prescribing the controlled substance, discussing the provisions of the informed written consent . . . with the patient, allowing the patient to ask questions about those provisions and answering those questions.

As part of the new regulations, a patient may enter into a prescription medication agreement with a group of practitioners. However, if a practitioner or group of practitioners enters into a prescription medication agreement with a patient before issuing a prescription that requires an agreement, the prescriber must review the agreement immediately before issuing the prescription and update the agreement, if necessary. More details about AB 474 are available at *https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5735/Text.* The Board's approved regulation addressing AB 474 can be found at *https://www.leg.state.nv.us/Register/2018Register/R047-18AP.pdf*.

New Jersey Updates Pharmacy Practice Rules

In New Jersey, updated regulations affecting the practice of pharmacy took effect in December 2017. Under the regulations, the New Jersey State Board of Pharmacy requires pharmacies to notify the Board in writing within 48 hours of any temperature excursions. In addition, pharmacies must notify the Board in writing within 48 hours of any cleanroom environmental sampling results that are out of compliance with the standards set forth in the Board's rules. Pharmacies must become compliant with United States Pharmacopeia General Chapter <800> on the date that it becomes official, which is December 1, 2019.

The New Jersey State Board of Pharmacy has also updated the acceptable methods to notify the Board when a change of ownership occurs for a pharmacy. Additionally, when there is a change in a pharmacy's pharmacist-in-charge (PIC), both the outgoing and incoming PIC are required to conduct the controlled dangerous substances inventory.

Further, the pharmacy must notify the New Jersey Board in writing that the pharmacy has opened for business within 90 days of the Board's approval of a pharmacy permit application. After 90 days, if the pharmacy has not notified the Board that it has opened for business or requested an extension, the Board will rescind the pharmacy permit. The complete Board regulations can be found at *https://www.njconsumeraffairs.gov/regulations/Chapter-39-State-Board-of-Pharmacy.pdf*.

North Carolina's Opioid Crisis PSAs Are Available for Download

Pharmacists are reminded that the North Carolina Board of Pharmacy produced a series of public service announcements (PSAs) concerning the opioid crisis. The PSAs feature Joseph L. "Joe" Adams, RPh, a pharmacist and past president of NABP, sharing his deeply personal story of losing his son to an opioid overdose in 2014. These PSAs emphasize the importance of obtaining help and the critical role pharmacists can play.

The PSAs come in 30-second, 60-second, and six-minute versions, and are available for download at *www.ncbop.org/opioidpsacampaign.htm*. Board members and staff welcome and encourage pharmacists to use these PSAs and to educate their patients and communities about proper medication use and the dangers of opioid abuse. Other resources for pharmacists and the public can be found on the NABP AWAR$_X$E® Prescription Drug Safety web page at *https://nabp.pharmacy/initiatives/awarxe.*

Washington State Institutes Drug Take-Back Programs

The 2018 Washington State Legislature passed House Bill 1047, which requires drug manufacturers to fund an approved program for safe and secure collection and disposal of unwanted medications across the state. All manufacturers that sell drugs in Washington must participate. The Washington State Department of Health is developing rules to regulate the drug take-back programs. More details are available on the Washington State Drug Take-Back Program website at *www.doh.wa.gov/forpublichealthandhealthcareproviders/healthcareprofessionsandfacilities/safemedicationreturnprogram.*

Newsletters of state boards that participate 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.

CDC Finds Lower Influenza Vaccination Coverage Among Health Care Personnel in Long-Term Care Settings

Health care personnel working in long-term care settings – the majority of whom work as assistants or aides – have lower influenza vaccination coverage than do health care personnel working in all other health care settings, indicate the results of an online survey conducted for Centers for Disease Control and Prevention (CDC). This trend puts the elderly in long-term settings at increased risk for severe complications for influenza.

To protect the elderly from severe influenza complications, the report notes that CDC tools are available for increasing vaccination among long-term care setting personnel. For instance, CDC's long-term care toolkit provides resources, strategies, and educational materials for increasing influenza vaccination among health care personnel in long-term care settings.

Overall, the survey found that vaccination coverage during the 2017-2018 influenza season was higher among physicians, pharmacists, nurses, nurse practitioners, and physician assistants, and lower among other clinical health care personnel, assistants, aides, and nonclinical health care personnel. In addition, 78.4% of health care personnel reported receiving influenza vaccination during the 2017-2018 season, similar to reported coverage in the previous four influenza seasons. According to the Advisory Committee on Immunization Practices, annual influenza vaccination is recommended for health care personnel to reduce influenza-related morbidity and mortality among staff and their patients and to reduce absenteeism among health care personnel.

The report, "Influenza Vaccination Coverage Among Health Care Personnel — United States, 2017–18 Influenza Season," is published in the September 28, 2018 *Morbidity and Mortality Weekly Report* available at *http://dx.doi.org/10.15585/mmwr.mm6738a2*. CDC's long-term care toolkit can be located at *www.cdc.gov/flu/toolkit/long-term-care/index.htm*.

New ASHP Guidelines Provide Recommendations for Preventing Patient Harm From Medication Errors

New guidelines from the American Society of Health-System Pharmacists (ASHP) describe opportunities for pharmacists on interprofessional teams to prevent errors across the continuum of care in hospitals and health systems. The "ASHP Guidelines on Preventing Medication Errors in Hospitals" are intended to apply to the acute care setting because of the special collaborative processes established in this setting. However, these guidelines may be applicable to practice settings outside of the acute care setting, especially in health systems.

Further, the ASHP press release notes that the guidelines address numerous areas in the medication-use process where errors may occur, including patient admission; selection and procurement; storage; ordering, transcribing, and reviewing; preparation; dispensing; administration; monitoring; evaluation; and patient discharge. Published in the October 1, 2018 issue of the *American Journal of Health-System Pharmacy*, the guidelines are available at *www.ajhp.org/content/75/19/1493*. ASHP's October 2, 2018 press release can be found in the News section at *www.ashp.org*.

NIDA Releases Opioid Treatment Resources for Emergency Department Clinicians

Buprenorphine is one of several medicines available for use in many emergency departments to treat opioid use disorders (OUD). In October 2018, the National Institute on Drug Abuse (NIDA) released informational resources for clinicians interested in initiating buprenorphine treatment in emergency department settings. To help guide emergency department clinicians, this new comprehensive set of tools includes information on best practices as well as case-based videos to show effective strategies and provide conversation tips to treat people with OUD. More details about the tools and resources that are available can be found in NIDA's announcement at *www.drugabuse.gov/news-events/news-releases/2018/10/new-opioid-treatment-resources-emergency-department-clinicians.*

FDA Discusses Efforts to Increase Naloxone Availability, Reduce Opioid Overdose Deaths

Food and Drug Administration (FDA) is addressing the opioid overdose crisis by looking at new ways to increase the availability of naloxone. According to FDA Commissioner Scott Gottlieb, MD, in an October 23, 2018 statement, the agency has been working to improve access to this life-saving treatment. Gottlieb states FDA convened a joint advisory committee meeting in December 2018 to solicit input and advice on strategies to increase the availability of naloxone products intended for use in the community. FDA also released a draft guidance for industry to facilitate the development of generic naloxone hydrochloride nasal spray.

Further, FDA is working to advance the development of an over-the-counter (OTC) naloxone product that consumers can understand how to use without the help of a health care professional by developing an OTC framework for naloxone manufacturers. More information is available in the FDA statement at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm624053.htm.* ■

INNOVATIONS®

National Association of Boards of Pharmacy
1600 Feehanville Drive
Mount Prospect, IL 60056

UPCOMING EVENTS

Committee on Constitution and Bylaws
April 8, 2019
Teleconference

FPGEE Administration
April 10, 2019

NABP 115th Annual Meeting
May 16-18, 2019
Minneapolis, MN

NEVER MISS A MINUTE. FOLLOW US ON SOCIAL.