

# INNOVATIONS®



NABP Solutions, LLC, *Launches* –  
Consultants Bring *Clarity*  
to Accreditation Processes



# INNOVATIONS® table of contents

## EXECUTIVE COMMITTEE

**Jeanne D. Waggener**  
Chairperson

**Susan Ksiazek**  
President

**Jack W. “Jay”  
Campbell**  
President-elect

**Timothy D. Fensky**  
Treasurer

**Bradley S. Hamilton**  
Member, District 1

**Caroline D. Juran**  
Member, District 2

**Reginald B. “Reggie”  
Dilliard**  
Member, District 3

**Philip P. Burgess**  
Member, District 4

**Gary W. Dewhirst**  
Member, District 5

**Lenora S. Newsome**  
Member, District 6

**Nicole L. Chopski**  
Member, District 7

**Richard B. Mazzoni**  
Member, District 8

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

### Innovations

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

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

### National Association of Boards of Pharmacy

1600 Feehanville Drive, Mount Prospect, IL 60056 • 847/391-4406  
[www.nabp.pharmacy](http://www.nabp.pharmacy) • [help@nabp.pharmacy](mailto:help@nabp.pharmacy)

**Carmen A. Catizone**  
Executive Director/Secretary

**Amy Suhajda**  
Communications Manager

©2019 National Association of Boards of Pharmacy. All rights reserved. No part of this publication may be reproduced in any manner without the written permission of the executive director/secretary of the National Association of Boards of Pharmacy.

### NABP Mission Statement

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

**4 Policy Perspectives**  
Federal PMP Grants Poised to Disrupt

**9 Association News**  
VPP Moves to NABP’s New e-Profile System

**11 PCOA Results Show**  
Pharmacy Students’ Knowledge Levels as They Develop Over Program Years

**22 State Board News**  
Arizona Governor Signs Bill to Amend State’s Opioid Rules Approved in 2018

**23 Professional Affairs Update**  
ONDCP Releases National Drug Control Strategy to Reduce Drug Trafficking and Abuse



### Feature News

NABP Solutions, LLC, Launches — Consultants Bring Clarity to Accreditation Processes



### Feature News

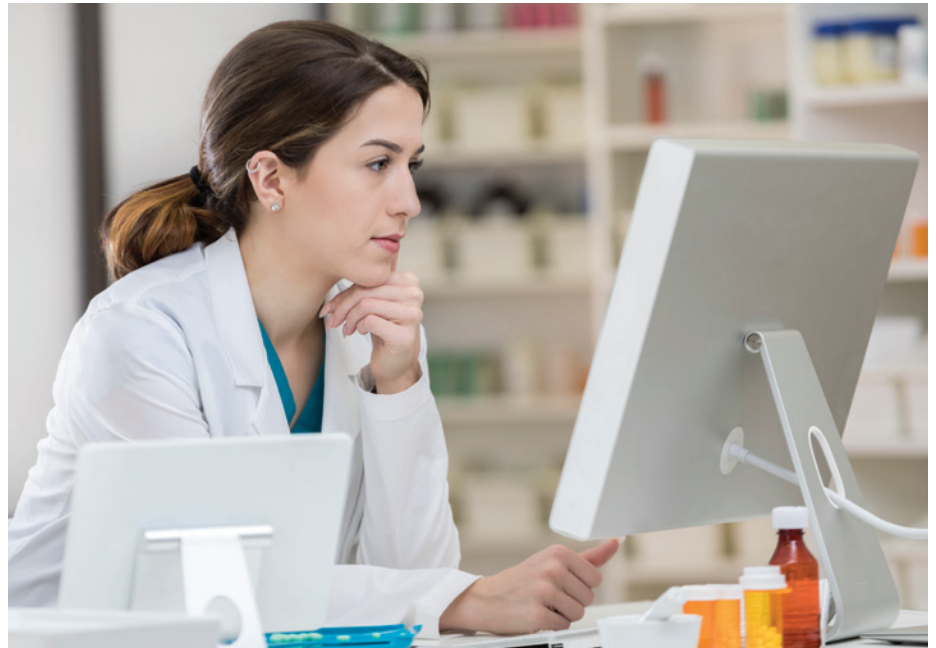
NABP Launches Specialty Pharmacy Accreditation

## NABP Encourages Pharmacists to Participate in Pharmacy Practice Analysis Survey Available in Fall 2019

NABP will soon be seeking responses from all pharmacists to a survey about pharmacy practice. Analysis of the survey results is used to evaluate the North American Pharmacist Licensure Examination® (NAPLEX®) competency statements and is conducted every five years.

This survey of pharmacy practice is conducted in accordance with best practices of examination development for high-stakes testing. Specifically, the analysis of practice supports the relevance of the NAPLEX competency statements, which define the content for the examination. This analysis helps ensure that competency statements, otherwise known as the examination “blueprint,” are in line with pharmacy practice standards and measure the knowledge, skills, and abilities of entry-level pharmacists. Pharmacist practitioners in all areas of practice as well as pharmacy academicians will be solicited by NABP to participate.

Survey responses are carefully analyzed and weighted, and results of the analysis are presented to the



NAPLEX Review Committee, the Advisory Committee on Examinations, and the NABP Executive Committee for policy recommendations and final approval. The resulting approved competencies and blueprint are expected to be utilized for the NAPLEX

beginning in 2020, and all schools and colleges of pharmacy, as well as the state boards of pharmacy, will be notified of any revisions in advance.

This periodic analysis and review is one of many ongoing efforts to ensure that the NAPLEX remains a valid measure of entry-level pharmacists’ knowledge and skills. The review supports the NABP mission to protect the public health by providing the state boards of pharmacy with a reliable means of assessing competency that assists them with licensure decisions to support safe and effective practice.

The current version of the NAPLEX blueprint is located in the Programs section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■

### Respond to the Survey of Pharmacy Practice, Help Inform NAPLEX Review

- Participation from pharmacists in all areas of practice is needed
- Link to survey will be available on the NABP website in fall 2019
- Survey data is analyzed and reviewed by NABP exam committees to inform their review of NAPLEX competency standards

## Federal PMP Grants Poised to Disrupt



**Libby Baney, JD,**  
Faegre Baker Daniels LLP

**R**unning prescription monitoring programs (PMPs) is an important function of state agencies, including boards of pharmacy, and NABP has worked to support states in their PMP efforts for a number of years. In 2010, the Association launched NABP PMP InterConnect® to support states in their efforts to share data across state lines. By 2011, the interstate data sharing hub was up and running, with Ohio, Indiana, and Virginia as the first three states sharing PMP data. Today, 48 states plus the District of Columbia and Puerto Rico share data more than 47 million times every month. In January, the United States Department of Defense's Defense Health Agency joined these states to connect and share data for military members.

Congress has been involved in the state PMP effort to authorize federal grants encouraging the development of PMPs and to facilitate their use and interstate data sharing. This involvement has only intensified with lawmakers' focus on combating the opioid epidemic. Both overprescribing and patient doctor shopping have contributed to an overabundance of prescription opioids available for abuse, and Congress has looked to PMPs to prevent these activities. However, PMPs are only effective if they are used by clinics and pharmacies, and we know that the best way to ensure utilization is making them easy to use. That is why states are focusing on integrating their PMPs into electronic health records and pharmacy systems to make the experience seamless for clinicians and increase use and effectiveness.

Of course, truly combating the opioid epidemic will take partnerships

not only between prescribers and pharmacists, but among the whole range of stakeholders affected by the issue. This includes law enforcement as many who suffer from opioid use disorder (OUD) end up in the criminal justice system. The overlap between a medical issue like OUD and the traditional criminal justice system naturally creates a tension between different approaches to solving the problem. Public health advocates prefer to carry out interventions that treat substance use disorder as a disease, while law enforcement tends to focus on illegal behavior. Unfortunately, sometimes law enforcement tactics can have a chilling effect on information sharing with health care providers, and such tactics often criminalize those with a disease.

### DOJ Imposes Special Conditions

Due to this long-standing tension and because it has invested millions in an alternate system, the US Department of Justice (DOJ) has been at odds with the current PMP system, particularly PMP InterConnect. Unfortunately, this has now resulted in the DOJ taking steps to derail the great progress that has been made in the states with their PMPs.

Last spring, the DOJ announced a grant opportunity under Category 5 of the Comprehensive Opioid Abuse Site-based Program, ostensibly to allow states to improve their PMPs. Many states applied for this funding to do things like add functionality or improve clinical integration of their PMPs. Twenty-three states were excited to receive nearly \$1 million each last fall to carry out these activities. However, strings were later attached to the funding in the form of "special conditions" that had not been previously

announced by the DOJ, which, in some cases, effectively prevent states from using the funding for the activities laid out in their applications.

The special conditions require that grantee states do two main things that are problematic.

First, the special conditions require grantee states to connect to the DOJ Bureau of Justice Assistance's designated interstate prescription drug monitoring program data sharing system hub, RxCheck. For the majority of the grantee states that do not currently use RxCheck, connecting to it would require technical and administrative burdens to either duplicate or replace the system that they are already using.

The DOJ has expressed concern that most states contract with a single vendor for the technical capability of connecting to PMP InterConnect and claims that the special conditions provide states with the choice to not use that vendor. However, states have had the option of using PMP InterConnect or RxCheck for several years, or any other vendor of their choice, so forcing states to use RxCheck actually limits choice rather than expanding it.

In addition, the projects that several states proposed for DOJ funding are completely unrelated to PMP data sharing. So, the requirement to use RxCheck adds burdens to the state without affecting the enhancements for which states want to use grant funds.

Second, the special conditions require grantee states to share data with the DOJ or other agencies upon request. Given that state laws currently govern data sharing related to PMPs,

requiring data sharing with the federal government may be contrary to state law and current practice.

## States Request Waivers of the Special Conditions

At least eight states have requested waivers of the special conditions because compliance will be difficult or illegal, will disrupt current PMP interstate data sharing, and may not allow states to use the grants for their original intended purposes. Unfortunately, the DOJ has not yet granted the requests, causing at least three states to reject the funding. States that did not receive the grants (non-grantee states) are also concerned that if the states they share PMP data with switch to RxCheck, it will interrupt data flow between some states. If data does continue to flow from non-grantee states to grantee states, the data from the non-grantee state would then potentially be subject to the data request by the DOJ or other agencies.

## NABP Action

On behalf of states, and because of DOJ's apparent unwillingness to change course, NABP is working with the federal government, Congress, and governors to resolve this issue.

In particular, members of the Senate Committee on Appropriations are interested in ensuring proper stewardship of the federal grant funding that they have appropriated and have attempted to open lines of communication with the DOJ regarding the status of this grant. Senators and members of Congress are concerned about the public health impact of disrupting the existing PMP system during the opioid epidemic. They are

also concerned, in particular, if their state is unable to accept or implement the grant funding they have been awarded. NABP is actively conducting outreach to relevant senators and members of Congress to connect them with their state boards of pharmacy and ensure they are aware of this issue and can take action.

Governors, of course, hear directly from their state boards about their concerns, and NABP is currently helping coordinate state leaders on this issue to Congress and the Trump Administration.

## CDC Imposes Special Conditions

While much of NABP's efforts in fall and winter 2018 were focused on reversing DOJ's decision, there has been some hint of these special conditions spreading to grants distributed by the Centers for Disease Control and Prevention (CDC). That possibility posed an even greater threat, as CDC funds for PMPs are more robust and many states rely on that funding to run their programs and provide the integration of PMP data into provider workflow. In February, the dreaded worst-case scenario came to fruition when CDC released its Notice of Funding Opportunity for the Overdose Data to Action federal grant and later, in a revised announcement, included the same special conditions. This is especially concerning because CDC is a public health agency, but is requiring state public health entities and boards of pharmacy to connect to a system run by the DOJ. And, of course, the data sharing, violating state law, and lack of choice concerns apply here as well.

continued on page 8

## NABP Solutions, LLC, Launches – Consultants Bring Clarity to Accreditation Processes



**“NABP Solutions, a separate organization created by the Association but functioning outside the business operations of the Association, will offer consulting services from qualified experts who are knowledgeable about NABP’s accreditation and inspection services and application processes.”**

Recognizing the value that NABP accreditation brings to public health protection and seeing a need for qualified consultants to help businesses successfully achieve accreditation, a new company, NABP Solutions, LLC, will be launching in May 2019. NABP Solutions, a separate organization created by the Association but functioning outside the business operations of the Association, will offer consulting services from qualified experts who are knowledgeable about NABP’s accreditation and inspection services and application processes.

Business entities, including pharmacies and wholesalers, understand the value that NABP accreditation brings to their business practice. Many entities, however, require assistance with NABP’s accreditation processes and often seek consulting services from an outside third party. NABP Solutions will offer these same consulting services, with the added value of having consultants who are conversant in and have a comprehensive understanding of NABP’s accreditation criteria and processes.

### **Sound Guidance Maximizes an Applicant’s Return on Investment**

Over its decades of offerings in the accreditation space, the Association has observed several common pitfalls faced by applicants seeking accreditation. The majority of applicants that fail to meet NABP’s standards are unprepared, lack transparency in their operations, do not have compliant and thorough policies and procedures in place, or lack the resources to provide timely submissions of requested information. Industry blogs note reasons why applicants seeking Verified-Accredited Wholesale Distributors® (VAWD®) accreditation may not be successful, such as cookie-cutter submissions that do not reflect actual operations, lack of planning, resistance to change, and inadequate resources.

With its extensive criteria, the NABP accreditation process, although requiring a dedicated effort, has been demonstrated to improve businesses and their practices, especially for those that lack resources, time, and proper planning. Seeking outside consultants to do the heavy lifting is becoming more and more common. However, not all consultants are fully qualified or able to handle the growing number of cutting-edge pharmacy-related and supply

chain businesses seeking accreditation. Using knowledgeable and well-qualified consultants, NABP Solutions will assist organizations up front by assessing their business model, operations, and policies for compliance with applicable requirements, and counsel businesses throughout each step of the accreditation processes. Moreover, guided by a strong sense of innovation and agility, NABP Solutions can quickly adapt to changes in the industry and regulatory requirements.

Becoming a client of NABP Solutions will not in any way guarantee successful accreditation. However, it will assist an entity to meet the federal and state regulatory and quality standards of pharmacy care and drug supply chain safety embodied in the VAWD Criteria. Importantly, to protect the integrity of NABP's accreditation process, legal and corporate policy firewalls have been implemented to establish clear lines of separation between NABP Solutions and the Association's accreditation and verification programs, and maintain confidentiality. These firewalls protect from disclosure to NABP clients and confidential information that clients provide to NABP Solutions, disclosure of confidential Association accreditation program information to NABP Solutions, and the independence of the Association's decision making in the accreditation programs.

## Meeting the Growing Demand for Compliance

In addition, as the pharmacy and supply chain industry continues to evolve, the demand on businesses to demonstrate compliance or achieve accreditation has grown. This is especially true for facilities engaged in wholesale drug distribution. In the coming year, these facilities will be impacted by the implementation of the new federal requirements under the Drug Supply Chain Security Act. Similarly, changes to compounding criteria standards under United States Pharmacopeia (USP) will impact pharmacies and outsourcing facilities. More and more

state boards of pharmacy are exploring the implementation of Verified Internet Pharmacy Practice Sites® (VIPPS®) and VAWD as a prerequisite for licensure. Currently, 24 states recognize and four states require VAWD as a component of licensure, respectively.

Beyond the wholesale distribution market, the growing threat of rogue online drug outlets has also increased the demand for online pharmacies and related businesses to demonstrate professional practices that focus on optimizing consumer health. Currently, nearly 95% of pharmacy websites operate out of compliance with pharmacy laws and practice standards. NABP's Pharmacy Verified Websites Program and VIPPS program help consumers separate the good websites from the bad.

Many non-pharmacy-related businesses are also understanding the value in tackling the illegal pharmacy problem. For example, credit card company Visa updated its policies to require third-party certification and monitoring for pharmacy merchants that conduct card-not-present transactions, and NABP is one of only two recognized certifiers under this rule change. Also of note, social media sites Twitter and Snapchat and search engines Google, Bing, and Yahoo! require pharmacy-related advertisers to obtain NABP verification. Meeting the standards of the NABP online verification programs is good business practice for entities operating in the online pharmacy space, and NABP Solutions consultants can assist such entities in successfully completing the verification process.

In addition, many boards require a current inspection by a board-approved third party, and NABP's Verified Pharmacy Program® (VPP®) may assist nonresident pharmacies in meeting this requirement. Compounding pharmacies are also challenged by demonstrating compliance with USP Chapters <795> and <797>. To support pharmacies with these challenges, NABP Solutions will also be offering VPP inspection support services.

## Supporting Boards to Protect Public Health

As the industry evolves, compliance and quality assurance are paramount for protecting the public from medications and medical supplies that have been adulterated, counterfeited, or improperly acquired.

Because NABP Solutions consultants will work with entities to understand and demonstrate that they meet NABP's accreditation criteria, it also contributes to public health protection. For example, it is not enough for an entity to develop new policies and procedures; the entity must also demonstrate, through such means as documentation and on-site survey results, that it is consistently operating under documented professional (or compliant) policies and procedures. When NABP Solutions assists entities to meet such requirements, those entities are also better able to comply with state regulatory requirements and even achieve industry best practices. Thus, the more NABP Solutions clients that work toward and achieve NABP accreditation or verification, the more the new consulting service helps support the state boards of pharmacy in protecting the drug supply chain and, ultimately, consumers.

To learn more about the accreditation consulting services offered by NABP Solutions, contact [info@nabp.solutions](mailto:info@nabp.solutions). ■

## Reminder: Boards Can Request Custom CPE Monitor Audits

As a reminder, NABP offers custom continuing pharmacy education (CPE) audits to the boards, upon request, utilizing data in the CPE Monitor® system. Reports can be customized to suit each board's needs, allowing them to see specific CPE data that is relevant to their licensure renewal decision-making processes.

After receiving a request for a customized CPE audit report, NABP will send boards a form to indicate the search parameters for the audit, such as the date range, and whether they want information on pharmacists, pharmacy technicians, or both. Members may also request details on information that is broad (such as all pharmacists who took live courses) or specific (such as pharmacists who took a course in a specific topic (topic designator).

Audit reports can include data such as total hours, Accreditation Council for Pharmacy Education-accredited CPE courses, topics, specific hours per topic designator, and whether or not the courses were live.

The customizability of this report can help boards make licensure decisions as appropriate by giving quick access to the information they need, while leaving out that which is not important. For example, some states require a specific amount of CPE hours in certain topics, such as pharmacy law, or immunizations. For boards that need this information, an audited report can provide it in an easy-to-reference Microsoft Excel format.

For additional information or to request an audit, boards of pharmacy may contact NABP at [licensure@nabp.pharmacy](mailto:licensure@nabp.pharmacy). ■



## Policy Perspectives

continued from page 5

NABP has reached out directly to CDC, which has typically been supportive of NABP and PMP InterConnect, to get to the bottom of this issue and work to rectify it. NABP is also doubling up on efforts with Congress, the Administration, and states to ensure that states are able to best serve their constituents and that we do not backpedal on our efforts in the midst of the opioid epidemic. Stay tuned for results of these efforts and please do not hesitate to reach out to NABP with any shared or additional concerns.

*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.* ■



## Newly Accredited DMEPOS Facilities

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

### Custom Care Pharmacy LLC

Jersey Village, TX

### Medicap Pharmacy

Lafayette, IN

### Oak Family Pharmacy

Ortonville, MI

### O'Neill Family Pharmacy

O'Neill, NE

### Simpson Pharmacy, PLLC

Broken Bow, OK

### Tri-State Pharmaceutical LLC

Lakewood, NJ

### U Save Pharmacy

North Platte, NE

A full listing of approximately 250 DMEPOS-accredited companies representing almost 25,000 facilities is available on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy).



## VPP Moves to NABP's New e-Profile System

*Boards Now Have Access to More Comprehensive Data to Support Licensure Decisions*

In March 2019, the Verified Pharmacy Program® (VPP®) took the final step in transitioning to the Association's new e-Profile system, providing boards of pharmacy with access to more data via e-Profile Connect to support their licensure decisions. Like individual customers, VPP applicants and pharmacies can now easily create, access, and maintain an e-Profile for one or multiple facilities via the NABP e-Profile login link on the Association's website. Many new features have been added to facilitate pharmacy compliance with state licensure, regulatory, and inspection requirements. Such features have streamlined the application process and allow applicants to:

- request a facility e-Profile ID;
- view all of their facilities on a dashboard and maintain each

facility's e-Profile, including facility details, activities, ownership information, contact and staff information, and facility licenses;

- upload resident and nonresident inspection reports, which can be accessed by the boards of pharmacy;
- provide each facility's full accreditation history; and
- use one application to submit VPP applications for multiple facilities simultaneously. Information from the facility's e-Profile is automatically pre-populated, making the application process much easier.

In addition, when reapplying for VPP, users can simply update their license list by updating any expiration dates and changes to the pharmacist-in-charge as needed.



Bringing VPP into the same database as other NABP programs provides the power to cross-reference data across profiles. For further discussion on these improvements to NABP's e-Profile system, see "Stepping Up Member Board Services With Centralized, Comprehensive e-Profile Data" in the March 2019 issue of *Innovations*.

More information about VPP's transition to the new e-Profile system will be available in future issues of *Innovations*. ■

## Volunteers Convene to Develop Exam Items for MPJE

In March 2019, volunteer item writers convened at NABP Headquarters to develop new examination questions for the Multistate Pharmacy Jurisprudence Examination® (MPJE®). ■



(Above, left to right) Darla Zarley, PharmD, RPh, former member, Nevada State Board of Pharmacy, and Leo Basch, PharmD, RPh, former member, Nevada State Board of Pharmacy.



(Above, left to right) Benjamin Miles, PharmD, RPh, BCPS, member, District of Columbia Board of Pharmacy, and Shauna White, PharmD, RPh, MS, executive director, District of Columbia Board of Pharmacy.

## NABP Announces 2019-2020 FPGEE/PCOA Review Committee Members

NABP is pleased to announce 26 returning members and one new member of the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®)/Pharmacy Curriculum Outcomes Assessment® (PCOA®) Review Committee for 2019-2020. This group of dedicated volunteers contributes its time and expertise to review and verify the examination questions and forms and assists with the development of new test questions for the FPGEE and PCOA programs.

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



### Members

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

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

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

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

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

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

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

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

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

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

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

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

**Kem P. Krueger, PharmD, PhD** •  
University of Wyoming School of  
Pharmacy

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

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

**Jennifer Mathews, PhD** • Albany  
College of Pharmacy and Health  
Sciences Vermont Campus

**David “Dave” McCaffrey, PhD** • St  
John Fisher College Wegmans School  
of Pharmacy

**Karen Nagel-Edwards, PhD, RPh** •  
Midwestern University Chicago  
College of Pharmacy

**Sreejayan “Sree” Nair, PhD** •  
University of Wyoming School of  
Pharmacy

**Philip “Phil” Proteau, PhD** • Oregon  
State University College of Pharmacy

**Ana Quiñones-Boex, PhD** •  
Midwestern University Chicago  
College of Pharmacy

**Ralph Raasch, PharmD, RPh, FCCP, BCPS** • professor emeritus, University  
of North Carolina at Chapel Hill  
Eshelman School of Pharmacy

**Kevin Rynn, PharmD, RPh, FCCP, DABAT** • University of Illinois at  
Chicago College of Pharmacy  
Rockford Campus

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

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

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

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

Color denotes new member

## PCOA Results Show Pharmacy Students' Knowledge Levels as They Develop Over Program Years

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

### Scores Increase as Students Advance

PCOA results show that scores generally increase gradually as students advance from the first year through the final year of their professional curriculum. This progression is evidence that PCOA results measure the expected increase in students' knowledge in US pharmacy school curricula.

**Figure A on this page shows the overall mean scaled scores for students testing in 2015-2018.**

The development and retention of student knowledge is also observed over the four content areas of the assessment, which are basic biomedical sciences, pharmaceutical sciences, social/behavioral/administrative pharmacy sciences, and clinical sciences. For example, PCOA data show that P1 students score higher in basic biomedical sciences than in clinical sciences. This is attributed to the fact that many pharmacy students have previously studied basic biomedical sciences, which are common prerequisites for entering pharmacy school, while many students do not gain clinical science experience until they begin their doctor of pharmacy program. This is evidenced in PCOA results, which show that P3 and P4 students score higher in the more specialized content areas, such as clinical sciences and social/behavioral/administrative pharmacy sciences.

**Figure B on page 12 illustrates the progression and retention of student knowledge over the four content areas.**

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

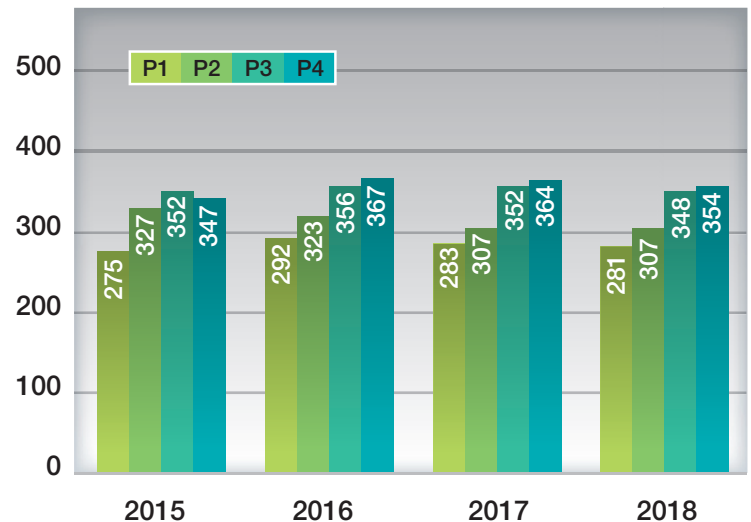
As part of a school or college of pharmacy's efforts in student and curricular strategies assessment, the PCOA may also be used to:

- evaluate educational objectives;
- measure the overall performance of pharmacy students and compare their scores to a representative national sample;
- evaluate student progress in the curriculum when used with classroom assessment, portfolios, etc;
- track scores from year to year in order to monitor student growth;
- review student performance after curricula have been modified or updated; and
- conduct educational research.

Since 2016, the PCOA has been a requirement for individuals nearing the completion of their didactic curriculum to meet Standard 24: Assessment Elements of the Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. In 2018, there were 19,887 PCOA exams

continued on page 12

**Figure A. Overall Mean Scaled Scores for All Students Testing in 2015-2018**

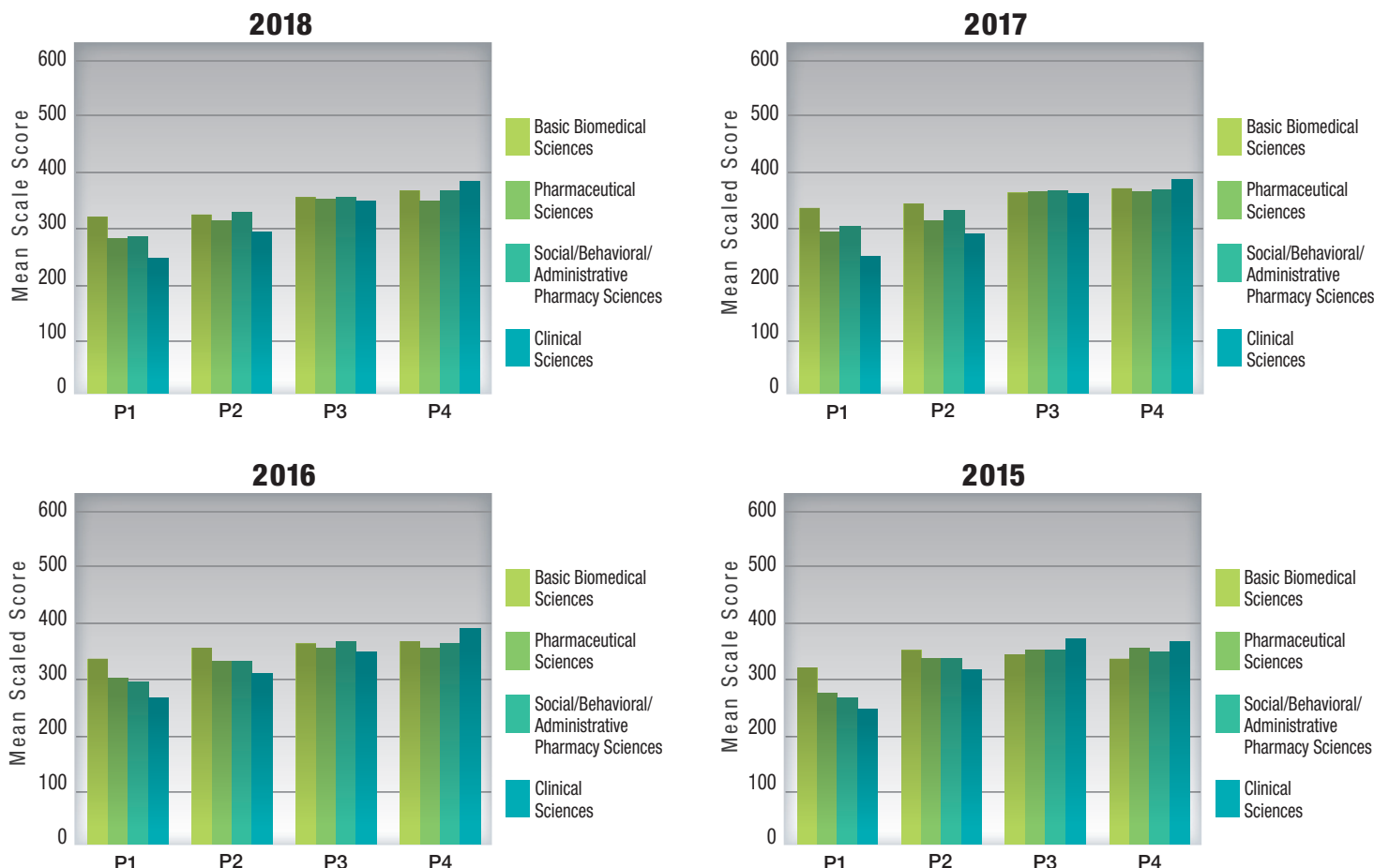


Data from 2015-2018 indicate that there is a progression of student scores from across program years P1 through P4. The number of P1-P4 students taking the PCOA each year is shown.

## PCOA Data

continued from page 11

### Figure B. Progression and Retention of Knowledge From 2015-2018



Data from 2015-2018 demonstrate progression and retention of knowledge in the four core competency areas as students progress through the professional curriculum.

administered to students enrolled in one of the 137 ACPE-accredited schools and colleges of pharmacy.

NABP recently surveyed pharmacy students regarding their demographic information and work and study habits. The Association is using the data to better understand how these factors impact a student's PCOA results. More information on the survey results will be available in future NABP communications.

In 2018, NABP successfully transitioned the registration process for the PCOA to the Association's new online system. It was a seamless transition and did not cause any disruption in providing test scores. The goal for the PCOA is to eventually create a process that is completely paperless and more streamlined for the students and schools.

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

### Change Is Under Way for the PCOA Testing Process

In response to feedback received by the schools and colleges of pharmacy, NABP will be updating to a new test delivery system for the PCOA. The new system will provide more features and an improved test-taking experience for students. More information will be provided in future NABP communications. ■

## .Pharmacy Program Standards Help to Protect Consumers From Illegal, Unscrupulous Websites

In 2014, NABP launched the .Pharmacy Verified Websites Program to provide an easy method for consumers and other stakeholders to identify pharmacy and pharmacy-related websites that are safe and trustworthy. Nearly five years later, the program has verified more than 630 legitimate websites offering pharmacy services and related products, services, and information in the United States, Canada, the Netherlands, and the United Kingdom, which all now have a .pharmacy domain name.

The review process for earning a .pharmacy domain is deliberately rigorous and requires applicants to adhere to a set of 10 strict program standards that include requirements for legal compliance, website transparency, and proper licensure. In certain circumstances, applicants may also be required to undergo an on-site inspection.

These stringent requirements have allowed the Association to protect the integrity of the .Pharmacy Program and to ensure every website that bears the distinction of a .pharmacy domain is held to the same high standards that ensure consumer safety.

Because of those strict standards, some applications are inevitably rejected for the .Pharmacy Program. NABP strives to provide a clear and transparent process for applicants, as detailed on the .Pharmacy Verified Websites Program page in the *Initiatives* section on the NABP website. Nevertheless, some applicants are surprised when they are rejected for not meeting those standards.

The legal compliance program standard is one that is often a sticking point in NABP's reviews of .pharmacy applicant websites. For example, one application was closed last year because NABP discovered that the



applicant organization was affiliated with websites that illegally ship unapproved, foreign medications into the US, which is a violation of US law because it puts consumers at risk for receiving counterfeit or substandard drug products.

For the same reason, issues related to Canadian imports continue to be a concern for regulatory bodies in the US. For example, on February 26, 2019, US Food and Drug Administration (FDA) issued a warning letter to a Canadian pharmacy business called CanaRx, based in Ontario. The letter describes illegal business practices involving the distribution of unapproved and misbranded drugs to American consumers, and a business model that involves Canadian prescribers rewriting prescriptions for American patients whom they had never actually met. These kinds of practices are considered as operating outside of the law, and are therefore not eligible for a .pharmacy domain. In fact, such safety concerns led the American Pharmacists Association and the Canadian Pharmacists Association to release

a joint statement in March 2019 that opposes federal legislation that would authorize personal and commercial importation of prescription drugs from Canada into the US.

By contrast, NABP has verified several Canadian pharmacy websites that source medications from approved sources and ship them only to patients in Canada.

Another problematic trend seen among .pharmacy applicants has been pharmacies and other entities participating in types of telepharmacy and telemedicine practices that do not follow regulations for all states they distribute or ship to. For example, a number of sites ask patients to fill out a questionnaire about medical conditions such as low testosterone, and will then diagnose and prescribe medication to a patient based on those responses. In most circumstances, this is not a valid form of telepractice, and is an explicit violation of some state regulations.

continued on page 16

## NABP Launches Specialty Pharmacy Accreditation



NABP, in conjunction with the Center for Pharmacy Practice Accreditation (CPPA) and CPPA's specialty pharmacy standards, recently launched an accreditation service aimed at pharmacies that deal with specialty drugs, those medications used to treat diseases or conditions that require high levels of comprehensive patient care and are often characterized by high costs and stringent handling, storage, and shipping requirements. Specialty pharmacy accreditation is not new: For example, third-party payers, pharmacy benefits managers, pharmacy-related organizations, and other stakeholders have endorsed accreditation as a mechanism to ensure that specialty pharmacies have the capability to appropriately handle these medications and provide the intensive patient care services involved. Through NABP's newly available specialty pharmacy service, pharmacies can use NABP's array of specialty pharmacy offerings (for example CPPA) to address both accreditation and licensing needs, simplifying their compliance process while improving outcomes.

“As part of NABP's specialty pharmacy accreditation, pharmacies are able to receive a customized compliance package that addresses the pharmacy's licensure and regulatory compliance needs, online pharmacy activities, supply chain integrity, and clinical care.”

### The Rise of Specialty Medications

The importance of pharmacies that can accommodate the specialized needs of treatments involving high-cost drugs and intensive patient care and monitoring has increased as the number of specialty medications continues to rise as a percentage of the pharmaceutical market. An April 26, 2018 report by *Specialty Pharmacy Times* found that the amount spent on specialty medication out of the total net spending on medication across institutional and retail settings had increased from 24.7% in 2008 to 46.5% in 2017. While specialty medications consist of less than 3% of prescription volume, they make up a large share of new drugs coming to market. The same report noted that in 2017, 32 of the 42 “active substances” launched that year were for specialty treatments.

### NABP's Comprehensive Compliance Solution

While meeting accreditation standards is crucial in demonstrating their ability to operate within the specialty medicine space, specialty pharmacies, in common with other pharmacies, must also meet numerous other licensing and regulatory requirements in order to maximize patient safety and ensure quality care. NABP is uniquely positioned to assist them in meeting these requirements with the specialty pharmacy compliance solution. As part of NABP's specialty pharmacy accreditation, pharmacies are able to receive a customized compliance package that addresses the pharmacy's licensure and

regulatory compliance needs, online pharmacy activities, supply chain integrity, and clinical care.

The standard specialty pharmacy compliance package can also be combined with NABP's multistate-recognized inspection (Verified Pharmacy Program® (VPP®)) and internet pharmacy programs. Built as such, this suite of programs and services offered by NABP does more than simply ascertain that the pharmacy meets the accreditation standards and assesses patient care performance metrics, such as patient satisfaction and treatment compliance. It also helps facilitate compliance with multiple state nonresident licensing requirements by providing an annual on-site, multistate inspection service through VPP that includes evaluating compliance with United States Pharmacopeia (USP) compounding standards when relevant. In addition, NABP's services provide verification of the pharmacy's licenses, including status and disciplinary action history via the NABP Clearinghouse.

If the specialty pharmacy has an internet presence, NABP will verify the website through the .Pharmacy Verified Websites Program, and the pharmacy can choose to extend coverage by adding the Verified Internet Pharmacy Practice Sites® accreditation to the package. NABP's website verification programs not only allow an online pharmacy to let consumers know that they are on a safe, legitimate site, but also satisfy business needs such as: Mastercard and Visa requirements for card-not-present transactions, major search engine and social media site advertising guidelines, many state regulations regarding online or mail-order transactions, and more.

In addition to the compliance package, specialty pharmacies can add other accreditations for cost and time efficiencies. Combining NABP accreditations and services allows increased ease in maintaining regulatory compliance across the board, providing an attractive and efficient solution to pharmacies and third-party payers alike.

NABP's specialty pharmacy accreditation officially launched in March 2019 and is accepting applications. Information is available online in the Programs section of the NABP website at [www.nabp.pharmacy/specialty](http://www.nabp.pharmacy/specialty). NABP will report on further developments in future issues of *Innovations*. ■

## Comprehensive Compliance Solution for Specialty Pharmacies

### Specialty Accreditation

- ✓ Payer criteria and requirements for provider network participation
- ✓ CPPA standards

### Pharmacy Inspection and Compliance via Verified Pharmacy Program®

- ✓ Board of Pharmacy requirements for nonresident pharmacies
- ✓ USP compounding standards
- ✓ License status checks for the facility, pharmacists, and technicians

### Pharmacy Website Verification\*

- ✓ Mastercard and Visa for card-not-present purchase requirements
- ✓ Google, Yahoo!, Bing, Twitter, and Snapchat advertising criteria
- ✓ State regulations for online or mail-order pharmacies

NABP's specialty pharmacy accreditation helps applicants simplify the compliance process by incorporating the Association's multistate-recognized inspection and internet pharmacy programs. Together, these programs create a comprehensive compliance package to address multiple accreditation, regulatory, and licensing needs with a streamlined application process and one annual inspection.

\* The .Pharmacy Verified Websites Program is automatically included as part of specialty pharmacy accreditation in order to satisfy search engine, credit card processor, and social media requirements. Specialty pharmacy applicants may also choose to seek accreditation for online services by upgrading to pursue Verified Internet Pharmacy Practice Sites® accreditation.

## NABP Informs Payment Industry Experts About Rogue Internet Drug Sellers at G2 Risk Summit

To share information about ongoing concerns related to rogue online drug sellers and their connection to the opioid epidemic, NABP participated in the 10<sup>th</sup> Anniversary G2 Risk Summit. This annual three-event series is held to bring payment industry experts together from around the world and provide attendees with opportunities to learn about and discuss a variety of related topics. During the events held in January, February, and April 2019, NABP gave a presentation titled “How Online Merchants Feed Addictions.”

In addition to examining how websites selling drugs illegally contribute to the crisis, the presentation gave special attention to the role of illegally manufactured fentanyl, which Centers for Disease Control and Prevention says is driving the “continued sharp increases in deaths involving synthetic opioids other than methadone.”

In the presentation, NABP noted that approximately 20 illegal online pharmacy websites go live every day, and that thousands of those websites sell controlled substances, such as opioids, often without a prescription. In fact, using three major search engines, NABP has found that at least one illegal drug seller routinely shows up on the first page of results when searching online for prescription opioids. Further, 88% of people who have purchased prescription drugs online did not discuss the purchase with their health care provider.

The presentation also discussed the Visa and Mastercard policy, which recognizes NABP verification as meeting standards for pharmacy merchants conducting card-not-present transactions (ie, transactions in which the customer’s credit card is not physically present, such as via a website). Internet pharmacies that are not certified



may not be permitted to accept credit cards for online financial transactions.

Consumers who purchase from an unsafe online pharmacy risk receiving counterfeit medication that may contain fillers such as drywall or other dangerous substances, having their financial information stolen, and having their email inbox flooded with spam that could infect their home computers with viruses and other malware. Consumers who visit websites with a .pharmacy domain, however, can make purchases or find information with confidence, knowing that the website has been verified as safe and legitimate, and that it is operating in compliance with all applicable laws.

Additional information about the G2 Risk Summit Series is available from the G2 website at [www.g2risksummit.com](http://www.g2risksummit.com). More information about the .Pharmacy Verified Websites Program is available at [www.safe.pharmacy](http://www.safe.pharmacy). ■

### **.Pharmacy Program Standards**

continued from page 13

Other examples of problematic activity detected among .pharmacy applicants involves compounding. For instance, a pharmacy using compounding processes to duplicate FDA-approved drugs and illegally selling those products would not be approved for a .pharmacy domain.

Transparency is another requirement of all .pharmacy websites. Any form of deception is a “red flag” for NABP when reviewing applicant websites for compliance with program standards.

The .Pharmacy Program and the staff who support it continue to exercise vigilance when it comes to ensuring each applicant meets the program’s standards and other requirements,

and that those requirements are continuously met once a website has been verified. While the standards are demanding, they are a necessary part of NABP’s mission of protecting the public health and supporting the state boards of pharmacy. More information about the .Pharmacy Program, including a list of verified websites, is available at [www.safe.pharmacy](http://www.safe.pharmacy). ■





**Boards of Pharmacy & NABP**  
WORKING TOGETHER AS  
A TEAM MAKES

**ANYTHING POSSIBLE**

**NABP 115<sup>th</sup> Annual Meeting • May 16-18, 2019 • Minneapolis, MN**

## 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: The Value  
of Teamwork to Protect Public Health

**NOON - 3:30 PM**

**First Business Session**

**Presiding: Susan Ksiazek, RPh, DPh,  
NABP President**

- Welcome Remarks  
Carmen A. Catizone, MS, RPh, DPh,  
NABP Executive Director/Secretary
- Presentation of Colors
- National Anthem
- Keynote Address  
Robin Farmanfarmanian,  
Entrepreneur and Health Care  
Investor
- Call to Order
- Greeting From the Host State  
Minnesota Board of Pharmacy
- Report of the Executive Committee  
Jeanne D. Waggener, RPh, DPh,  
Chairperson, NABP Executive  
Committee

- President's Address  
Susan Ksiazek, RPh, DPh,  
NABP President

- Announcement of Candidates for  
Open Executive Committee Officer  
and Member Positions

**3:45 - 5:15 PM**

CPE

Shared Discussion Topics

**6 - 8 PM**

President's Welcome Reception  
Honoring NABP President Susan  
Ksiazek, RPh, DPh

### Friday, May 17, 2019

**7 AM - 3:30 PM**

Registration Desk Open

**7 - 9:30 AM**

NABP Breakfast

**7:30 - 9 AM**

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

**9:30 - 10:30 AM**

CPE

Artificial Intelligence - Reality and  
Possibilities in Improving Patient Care

**10:45 - 11:45 AM**

CPE

How to Make a Case in a Standards of  
Care World

**1 - 3 PM**

**Second Business Session**

**Presiding: Susan Ksiazek, RPh, DPh,  
NABP President**

- Report of the Treasurer  
Timothy D. Fensky, RPh, DPh, FACA,  
NABP Treasurer

- Report of the Executive Director/  
Secretary  
Carmen A. Catizone, MS, RPh, DPh,  
NABP Executive Director/Secretary

- Report of the Committee on  
Resolutions  
Jack W. "Jay" Campbell IV, JD,  
RPh, NABP President-elect and  
Chairperson, Committee on  
Resolutions  
- First Reading of the Resolutions

- Report of the Committee on  
Constitution and Bylaws  
Cynthia L.W. Warriner, RPh, CDE,  
Chairperson, 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

**7:30 - 8:30 AM**

NABP Continental Breakfast

**8:30 - 11:30 AM**

**Final Business Session**

**Presiding: Susan Ksiazek, RPh, DPh,  
NABP President**

- Election of the 2019-2020  
Executive Committee Officers and  
Members

continued on page 18

## Schedule of Events

continued from page 17

- Remarks of the Incoming President Jack W. "Jay" Campbell IV, JD, RPh, NABP President-elect
- Installation of the 2019-2020 Executive Committee Officers and Members
- Final Report of the Committee on Constitution and Bylaws Cynthia L.W. Warriner, RPh, CDE,

Chairperson, Committee on Constitution and Bylaws  
- Discuss and Vote on Amendments

- Final Report of the Committee on Resolutions Jack W. "Jay" Campbell IV, JD, RPh, 2019-2020 NABP President and Chairperson, Committee on Resolutions  
- Discuss and Vote on Resolutions
- Invitation to the 2020 Annual Meeting in Baltimore, MD

12:45 - 2:30 PM

### Annual Awards Luncheon

Presiding: Jack W. "Jay" Campbell IV, JD, RPh, 2019-2020 NABP President

- Presentation to 2019 Honorary President
- Presentation to Susan Ksiazek, RPh, DPh, 2019-2020 Chairperson, NABP Executive Committee
- Presentation of the 2019 Fred T. Mahaffey Award
- Presentation of the 2019 Henry Cade Memorial Award
- Presentation of the 2019 John F. Atkinson Service Award
- Presentation of the 2019 Lester E. Hosto Distinguished Service Award

Note: The 115<sup>th</sup> Annual Meeting schedule is subject to change. The final schedule will be posted prior to the meeting at [www.NABPAnnualMeeting.pharmacy](http://www.NABPAnnualMeeting.pharmacy). ■



The knowledge-based continuing pharmacy education (CPE) 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](mailto:Prof-Affairs@nabp.pharmacy) for more details.

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

## Annual Meeting Mobile App Available Soon!

NABP is offering attendees a new Annual Meeting mobile app to help them maximize their meeting experience. The free, easy-to-download app will enable attendees to:



- access the Annual Meeting schedule;
- build their own agenda;
- access continuing pharmacy education (CPE) speakers' biographies;
- participate in CPE polls;
- participate in "click share" contests; and
- connect with other attendees.

Information on how to download the app will be emailed to all attendees prior to the Annual Meeting. ■



Online Registration  
Is Available at  
[www.NABPAnnualMeeting.pharmacy](http://www.NABPAnnualMeeting.pharmacy)



## Award Recipients to Be Honored at NABP 115<sup>th</sup> Annual Meeting

Leaders in the practice of pharmacy whose dedication and contributions have furthered the Association's mission of protecting the public health will be honored during the Annual Awards Luncheon on Saturday, May 18, 2019, during the NABP 115<sup>th</sup> Annual Meeting in Minneapolis, MN. The following awards will be presented:

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

Join NABP in Minneapolis to find out who receives these honors for 2019. Winners will also be announced in the upcoming *Innovations* Special Issue. ■

## Travel Grants for Annual Meeting Still Available

Are you an active board of pharmacy member or administrative officer who is attending the NABP 115<sup>th</sup> Annual Meeting? NABP still has travel grant opportunities available for qualified individuals that cover up to \$1,500 of the costs related to travel, hotel rooms, meals, taxis, parking, and tips. The grant does not include Annual Meeting registration fees.

- Each active NABP member board of pharmacy is eligible for one grant to be awarded to a current board member or administrative officer as designated by the board's administrative officer.
- To receive reimbursement, active member boards of pharmacy must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions.

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

## Helpful Tips for Annual Meeting Attendees

- The NABP 115<sup>th</sup> Annual Meeting features a new, streamlined schedule. This three-day meeting format was developed to better serve our members' needs and requests. The Annual Meeting Program Orientation on Thursday, May 16, 2019, will provide an overview of the revamped format.
- On-site payments will not be accepted this year. All payments must be received prior to the start of the Annual Meeting. Attendees may submit their registration payment online or mail in their payment.
- NABP encourages attendees to bring mobile devices to access meeting materials. New this year, attendees may download the Annual Meeting mobile app to access the meeting schedule, build their own agenda, participate in continuing pharmacy education polls, and connect with other attendees.
- Wi-Fi will be available for all attendees in the general business session rooms and complimentary internet access will be available in all guest rooms.
- Speaker presentations will be available on the Annual Meeting mobile app and website. Printouts will not be provided.
- Resolutions will be posted on the Annual Meeting website. Printouts will not be provided.
- Professional or business casual attire is appropriate for all meeting functions.
- Temperatures in meeting rooms may vary, so dressing in layers is recommended.
- Minneapolis temperatures in May range from average daytime highs of 69°F to lows of 49°F.
- Share your experiences with colleagues who cannot attend. Use #NABP2019 to tweet about the Annual Meeting events.

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



Photo courtesy of Meet Minneapolis



Photo courtesy of Walker Art Center and Meet Minneapolis

## Explore Minneapolis

- **Meet Minneapolis**  
<https://www.minneapolis.org>
- **Lonely Planet-Minneapolis**  
<https://www.lonelyplanet.com/usa/great-lakes/minneapolis>
- **Walker Art Museum**  
<https://walkerart.org>
- **Mill City Museum**  
<http://www.mnhs.org/millcity>
- **Mall of America**  
<https://www.mallofamerica.com>
- **Minneapolis Parks**  
<https://www.minneapolisparcs.org>

## Around the Association

### Board Member Appointments

- **John Fuller, RPh**, has been appointed a member of the Kentucky Board of Pharmacy. Fuller's appointment will expire January 1, 2023.
- **Tyler P. Paesens** has been appointed a public member of the Michigan Board of Pharmacy. Paesens' appointment will expire June 30, 2022.
- **Kathleen S. Pawlicki, MS, RPh, FASHP**, has been appointed a member of the Michigan Board of

Pharmacy. Pawlicki's appointment will expire June 30, 2021.

### Board Member Reappointments

- **Cynthia Boston, BHS, RPhT**, has been reappointed a member of the Michigan Board of Pharmacy. Boston's appointment will expire June 30, 2022.
- **Kathleen Burgess** has been reappointed a public member of the Michigan Board of Pharmacy.

Burgess' appointment will expire June 30, 2022.

- **J. Todd Barrett, RPh**, has been reappointed a member of the Mississippi Board of Pharmacy. Barrett's appointment will expire June 30, 2023.
- **Guy Phillips, RPh**, has been reappointed a member of the Mississippi Board of Pharmacy. Phillips' appointment will expire June 30, 2023. ■



### Newly Accredited VAWD Facilities

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

**Alpine Health LLC**  
Secaucus, NJ

**CityMedRx, LLC**  
Rego Park, NY

**Emily Corporation, dba  
DDP Medical Supply**  
St Petersburg, FL

**Golden State Medical  
Supply, Inc**  
Camarillo, CA  
(two locations)

**M&D Specialty  
Distribution, LLC**  
Shreveport, LA

**Medline Industries, Inc**  
Lacey, WA

**Seacoast Medical, LLC,  
dba Seacoast Medical**  
Omaha, NE

**Spartan Stores  
Distribution, LLC, dba  
SpartanNash Pharmacy  
Warehouse**  
Wyoming, MI

**Thermo-Pak Co, Inc**  
Wood Dale, IL

**Woodfield Distribution,  
LLC**  
Pompano Beach, FL

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

## Reminder: NABP's Exam Eligibility Service Expanded

NABP has expanded its exam eligibility service to include additional member boards. This service allows NABP to confirm eligibility to take the North American Pharmacist Licensure Examination® and Multistate Pharmacy Jurisprudence Examination®. NABP's new online system and enhanced e-Profile Connect allow for greater automation of the eligibility review process by eliminating paper applications and uploading the Americans with Disabilities Act forms during the online application process. The boards of pharmacy in Colorado, Maine, Michigan, Nebraska, Oregon, and Utah currently use the eligibility service, and NABP would like to offer the service to additional boards.

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

## Arizona Governor Signs Bill to Amend State's Opioid Rules Approved in 2018

Arizona Governor Doug Ducey has signed a bill that will amend the Arizona Opioid Epidemic Act of 2018, which passed unanimously in January 2018, to fix several unintended consequences of the legislation that made it difficult for patients to receive opioid medications for legitimate medical issues. House Bill 2075 delays a mandate that health care providers write electronic prescriptions for certain controlled substances after more than 40,000 providers requested waivers.

Among other concerns raised by the original legislation, physician assistants (PAs) were unable to prescribe opioids for more than a three-day supply, and providers were unable to write legal prescriptions for the medications if their electronic systems were down or inaccessible due to unreliable internet access, such as in rural areas, the *Associated Press* reported. In addition, some pharmacies were unable to fill opioid prescriptions due to conflicts with federal regulation, and veterinarians were unable to write certain prescriptions due to a lack of adequate electronic prescription software.

Despite these issues, however, it appears that the original legislation, in addition to other efforts, has had an impact on fighting Arizona's opioid issues. During 2018, the state saw a 60% decrease in patients participating in "doctor shopping" for opioid prescriptions, and a 58% increase in overdose cases resulting in referrals to behavioral health providers, according to a news release sent by the governor's office in December 2018.

## District of Columbia Establishes Policy Statement on Dispensing Naloxone

DC Health established a policy statement to allow pharmacists to dispense naloxone without a prescription pursuant to a standing order. The policy will allow national pharmacy organizations (NPOs) to use their own training programs and standing orders to dispense naloxone to District of Columbia residents. The NPO standing order must be signed by a District of Columbia-licensed physician. The training program must meet the requirements outlined in the policy statement.

Pharmacies that are not members of an NPO can dispense naloxone if the pharmacists have completed DC Health's

naloxone training program and have signed the DC Health standing order. Additionally, the pharmacist-in-charge (PIC) will need to complete the written standing order from DC Health and provide a certificate of completion from the DCRx course.

If there is a change in the PIC, a new DC Health standing order must be completed. A copy of the standing order must be maintained at the pharmacy and be readily available upon request by the District of Columbia Board of Pharmacy.

## North Carolina Board Publishes Proposed Amendment to Pharmacist-Manager Rule

The North Carolina Board of Pharmacy published a proposed amendment to the existing rule, Board Rule 21 North Carolina Administrative Code 46.2502, that governs the obligations of pharmacist-managers. This rule currently states that a pharmacist-manager may only serve in that capacity on one full-service pharmacy permit. The Board proposed amending the rule to permit a pharmacist to continue to serve as the pharmacist-manager at one pharmacy, while also serving as the pharmacist-manager for a newly permitted pharmacy during the time that the newly permitted pharmacy has not yet begun providing pharmacy services to patients. The Board recognized that newly permitted pharmacies often take time to prepare to provide pharmacy services to patients. The Board wishes to accommodate that process by allowing a person to continue serving as a pharmacist-manager elsewhere, while also preparing the newly permitted pharmacy to provide pharmacy services to patients.

## Prescribing Abilities of Out-of-State Practitioners Are Updated in Oklahoma

In Oklahoma, pharmacies can now fill non-controlled dangerous substance (CDS) prescriptions from out-of-state optometrists, PAs, and advanced practice registered nurses (APRN). For pharmacies to fill CDS prescriptions from out-of-state optometrists, the optometrist needs to be licensed in Oklahoma. For pharmacies to fill CDS prescriptions from out-of-state PAs and APRNs, they need to be licensed in Oklahoma and supervised by an Oklahoma-licensed physician. This rule change went into effect on November 1, 2018. ■

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.

## ONDCP Releases National Drug Control Strategy to Reduce Drug Trafficking and Abuse

The Office of National Drug Control Policy (ONDCP) has released its *National Drug Control Strategy*, which breaks down the Trump Administration's priorities in addressing the opioid crisis, with an emphasis on three areas: prevention, treatment and recovery, and reducing availability.

- Prevention efforts are focused on educating both consumers and caregivers about the dangers of opioid misuse and include a new national media campaign, continued efforts to expand prescription monitoring programs, and improving the ability of state, local, and tribal communities to identify and prevent substance abuse.
- Treatment and recovery recommendations include improving access to naloxone, improving evidence-based addiction treatment, and eliminating barriers for accessing treatment.
- Reducing availability strategies are focused on disrupting illegal supply chains, defeating drug traffickers, increased cooperation with international partners, and combating illegal internet drug sales.

The *Strategy* notes that the "most important criterion of success" is saving lives and calls for the federal government to work closely with state and local governments, as well as other stakeholders. Additional information, including the full strategy document, is available at [www.whitehouse.gov/opioids](http://www.whitehouse.gov/opioids).

## New Study Predicts Opioid Overdose Epidemic Will Worsen Over the Next Decade

More than 700,000 people will die from opioid overdoses between 2016 and 2025, and annual overdose deaths will reach nearly 82,000 by 2025, a new study published to *JAMA Network Open* estimates. The estimate is based on an analysis of data from the National Survey on Drug Use and Health and the Centers for Disease Control and Prevention from 2002 to 2015.

Researchers also noted that prevention of prescription opioid misuse alone is projected to have a modest affect on lowering opioid overdose deaths. The study noted that more people are directly initiating opioid use with illicit opioids rather than prescription drugs, and illicit opioids have become more lethal with the availability of illegally manufactured fentanyl.

The researchers encourage policymakers to take "a stronger and multipronged approach" to reduce the impact of the ongoing opioid overdose epidemic. The

full study is available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2723405>.

## FDA Announces New Efforts to Increase Oversight of Dietary Supplements

Noting that three in four Americans now take at least one dietary supplement on a regular basis, and that the dietary supplement industry has expanded to include as many as 80,000 different products for consumers, Food and Drug Administration (FDA) has announced new plans to increase the agency's oversight of dietary supplements. These initiatives include communicating to the public as soon as possible when there is a concern about a dietary supplement on the market, ensuring that the regulatory framework is flexible enough to adequately evaluate product safety, and continuing to work closely with industry partners. FDA is also developing new enforcement strategies to respond to entities that violate standards established under the Dietary Supplement Health and Education Act of 1994.

On February 11, 2019, FDA sent 12 warning letters and five online advisory letters to foreign and domestic companies that are illegally selling more than 58 products. The products are being illegally marketed as unapproved new drugs, which make unproven claims about preventing, treating, or curing Alzheimer's disease, as well as a number of other serious diseases and health conditions, such as diabetes and cancer. In the statement, former FDA Commissioner Scott Gottlieb, MD, noted that most stakeholders in the industry act responsibly, but he expressed concern over the ability of bad actors to exploit the system by providing potentially dangerous products and making unproven or misleading claims about the health benefits supplements may offer.

FDA is planning a public meeting on the topic this spring and will release additional information about these efforts in the coming months.

## Canadian Consumer Survey Shows Perceptions of Online Pharmacies and Patient Safety

Most Canadians think they should have the option to purchase prescription medication online, according to a new consumer study released by the Alliance for Safe Online Pharmacies (ASOP Global). The study, *Canadians Demand Regulation of Online Pharmacies*, indicates that 87% of Canadians believe the pharmaceutical and pharmacy industries should play a key role in ensuring patient safety online. In addition, 80% of Canadians believe that government should regulate the sale of prescription medication online. As noted in the ASOP Global news release, citizens across Canada were surveyed by phone and online to better understand their awareness, knowledge, attitudes, and motivations toward purchasing pharmaceuticals online. ■



# INNOVATIONS<sup>®</sup>

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

First Class  
U.S. Postage  
**PAID**  
Permit #583  
Schaumburg, IL 60173

## UPCOMING EVENTS

### **NABP 115<sup>th</sup> Annual Meeting**

May 16-18, 2019  
Minneapolis, MN

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

June 18-19, 2019  
NABP Headquarters

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

July 16-17, 2019  
NABP Headquarters

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

August 7-9, 2019  
Duluth, MN

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

August 11-13, 2019  
Chattanooga, TN

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

September 19-21, 2019  
Burlington, VT

### **2019 Tri-Regulator Symposium**

September 26-27, 2019  
Frisco, TX

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

October 1-2, 2019  
NABP Headquarters

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

October 6-9, 2019  
Boise, ID

**NEVER MISS A MINUTE. FOLLOW US ON SOCIAL.**

