

INNOVATIONS



**NABP Accreditation
Programs Receive
New Names,
Seals to Promote
Unified Brand**



NABP

National Association of
Boards of Pharmacy

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INNOVATIONS

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NABP Mission Statement

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



NABP

National Association of Boards of Pharmacy

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

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Susan Ksiazek, RPh, DPh, NABP Chairperson

Fellow Members,

As reflected in our dynamic programs and services, the recent NABP rebranding, and in this newsletter's name – *Innovations* – we are an Association that reinvents itself to support member boards and respond appropriately to ever-evolving pharmacy practice and patient safety needs.

Therefore, beginning with this month's issue, we have enhanced *Innovations* to ensure that it aligns with NABP's newly defined brand position and visuals, including having a clean, crisp, contemporary design.

Some of the key changes include:

- a new *Innovations* color palette that complements the NABP brand colors and is used to better delineate sections and content;
- a new font family and improved page layouts chosen for ease of readability, both in print and digital formats; and
- enhanced and more customized artwork used to make articles, program updates, regulatory news, and NABP event information more engaging and accessible, whether a reader has 15 minutes or an hour to spend with each month's issue.

In addition to aligning *Innovations* with NABP's branding, the improvements made were in response to feedback received through our January 2019 *Innovations* readership survey. Results of the survey were largely positive and also indicated some areas for further improvements. Over 88% of member respondents were satisfied or extremely satisfied with the newsletter overall. At the same time, 35-45% of responses indicated a need for graphics to provide a better understanding of articles and be more engaging. The enhancements made respond to this feedback and also answer the 58% preference for short, high-level articles as opposed to too many lengthy, text-heavy articles. Indeed, your input was

In addition to aligning *Innovations* with NABP's branding, the improvements made were in response to feedback received through our January 2019 *Innovations* readership survey.

considered carefully, and NABP will be surveying the members later this year to get your input on this 2020 upgrade of your member newsletter, *Innovations*.

Also reflecting the dynamic and evolving nature of NABP services, it has been four years since we completely rebooted this monthly newsletter, with, at that time, a very dramatic transition from a two-color, text-heavy, bulletin-like format to a full color, more visually focused newsletter that highlights important topics with a cover, charts, and illustrations. At that time, we named the newsletter *Innovations*, and as change across all landscapes seems to happen more and more rapidly, this current refresh of *Innovations* keeps pace with the times, with the Association's goals, and the changing needs of our membership.

Happy reading! And we look forward to receiving your thoughts on *Innovations* at any time and later this year through the readership survey. ●

Sincerely,

Susan Ksiazek, RPh, DPh
NABP Chairperson

Federal and State Policymakers Push Forward With Drug Importation Proposals



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Over the last several years, there has been a continued focus at both the state and federal levels to address the decrease in patients' access to prescription drugs due to rapidly increasing prices. Along with federal policymakers, multiple state legislatures have sought to enact prescription drug pricing bills with a broad swath of proposals. Many such bills include proposals to allow for wholesale or personal importation of prescription drugs.

In 2019, four states (Colorado, Florida, Maine, and Vermont) enacted bills to allow for prescription drug importation with requirements that included deadlines for state agencies to submit plans to the United States Department of Health and Human Services (HHS) for approval. It is anticipated that more states will pass similar bills before state legislatures adjourn in 2020.

Federal Activity to Proceed With Foreign Drug Importation

In December 2019, the Trump Administration took a major step toward fulfilling its promise to lower prescription drug prices for American patients and allow states to import prescription drugs from Canada. HHS released a formal notice of the proposed rule and draft guidance for industry for comment. The proposed rule and guidance were developed to align with the Safe Importation Action Plan released by Food and Drug Administration (FDA) in July 2019. The comment period for the proposed rule closed March 9, 2020, and February 21, 2020, was the due date for comments on the guidance.

This proposed rule and states' response to it could have far-reaching implications on public health, patient safety, and the security of the US drug supply chain. Specifically, two pathways for importation were proposed:

- Pathway 1 provides states, in partnership with wholesalers or pharmacists, the ability to import certain prescription drugs from Canada under Section 804 of the Federal Food, Drug, and Cosmetic

Act (FD&C Act). Ultimately, Pathway 1 must also demonstrate "significant" cost savings for US consumers and no additional risk to public health and safety.

- Pathway 2 would provide pharmaceutical manufacturers with an opportunity to reimport prescription drugs destined for other countries under a new National Drug Code and requisite relabeling and testing to ensure pharmaco-equivalence.

Pathway I: Wholesale Drug Importation

Under the draft guidance for Pathway 1, to be eligible under a Section 804 Importation Program (SIP), a prescription drug must:

1. be approved by Health Canada;
2. meet the conditions in an FDA-approved drug application other than the labeling requirements, such that the drug could be sold legally in the US with appropriate labeling; and
3. meet the definition of "product" for the purposes of the Drug Supply Chain Security Act (ie, any prescription drug in finished dosage form, subject to certain exceptions).

Pathway 1 excludes several categories of prescription drugs, including controlled substances; biologics; infused drugs; intravenously, intrathecally, and intraocularly injected drugs; drugs that are inhaled during surgery; and drugs that are subject to risk evaluation and mitigation strategies.

Upon FDA's authorization of a SIP, the approved importer would still be subject to the subsequent supply chain security, testing, and relabeling requirements. Section 804 of the FD&C Act requires importers to provide documentation to FDA demonstrating that "each batch of the prescription drug in the shipment was statistically sampled and tested for authenticity and degradation." Importers could meet that requirement by either requesting that the manufacturer agree to conduct the necessary testing or by conducting the testing themselves, after

the manufacturer provides the requisite information. Personal importation is not allowed under the proposed rule.

Per Section 804 of the FD&C Act, HHS must be able to certify that the implementation of the provision will “pose no additional risk” to the public health, and “result in a significant reduction in the cost of covered products to the American consumer.” The proposed rule, however, does not define what constitutes “significant” cost savings for patients, leaving states the responsibility to interpret and incorporate those calculations into their submitted proposals.

HHS Secretary Alex Azar has previously indicated that the agency will seek to finish the rule as quickly as possible, upon a comprehensive review of the public comments. Several states have suggested that they seek to move forward, with or without HHS approval.

Where Are States on Importation?

With most state legislatures now in session, we have seen 21 states introduce with 16 states still moving ahead with bills seeking to allow personal and/or wholesale importation. Of the four states that passed bills in 2019, Florida and Vermont have already submitted concept papers to HHS, while Colorado and Maine are expected to do so by the end of the summer. Beyond those that have formally begun the process, we anticipate more states will begin drafting similar proposals for submission throughout the remainder of the year.

In early 2020, several governors also included initiatives related to prescription drug importation in their yearly budget proposals:

- New York Governor Andrew Cuomo announced in his January 8, 2020, State of the State remarks his intent to form a Prescription Importation Commission tasked with reviewing potential processes for safe and cost-effective importation programs and particular products of interest.

For its part, NABP continues to offer programs that contribute to supply chain and patient safety, including Drug Distributor Accreditation, the .Pharmacy Verified Websites Program, and patient resources, such as *safe.pharmacy*.

- New Mexico Governor Michelle Lujan Grisham included, as part of her fiscal year 2021 state budget, a \$350,000 proposal that would create a new office of wholesale drug importation to “develop, plan, apply for and negotiate with the federal government for approval of a Canadian wholesale drug importation plan to ensure drug safety and significantly reduce costs to New Mexicans across the state.”

Where Does Canada Stand on Importation?

Canada’s acting ambassador to the US, Kirsten Hillman, stressed the need for “a steady and solid supply of medications at affordable prices for Canadians.” Hillman noted the US’ 44% share of global prescription drug utilization compared to 2% for Canada (4.2 billion prescriptions versus 699 million prescriptions, respectively, in 2018) as well as the ongoing issue of drug shortages in Canada, manufacturing quotas, and inability of the Canadian pharmaceutical infrastructure to withstand US patients looking north for medication. Hillman noted that a September 2019 study from University of Texas at Austin Professor Dr Marvin D. Shepherd indicates that if 20% of all US prescriptions were shifted to the Canadian supply chain, Canadian drug reserves would be exhausted in approximately 165 days. This number drops to 118 days – or less than four months – if 40% of demand was shifted north.

Concerns around implications of the US importation proposal have also been expressed by a varied group of stakeholders dedicated

to the health and safety of Canadian patients. In a November 2019 letter to Canadian Prime Minister Justin Trudeau, 15 domestic organizations stressed the impact of external pressures from US patients on the Canadian drug supply chain and potential exacerbation of existing drug shortages.

If such reimportation policies do not achieve the desired outcomes, will more patients be at risk from ordering medications from unsafe internet sites? Will the benefits of any such policies outweigh potential risks to supply chain integrity? Policymaking in these areas must retain a focus on public health and patient safety. For its part, NABP continues to offer programs that contribute to supply chain and patient safety, including Drug Distributor Accreditation, the .Pharmacy Verified Websites Program, and patient resources, such as *safe.pharmacy*. ●

This article was written by Beena S. Patel, MPP; Libby Baney, JD; and Matthew J. Rubin with Faegre Drinker Biddle & Reath LLP. Please note, the opinions and views expressed by Faegre Drinker Biddle & Reath do not necessarily reflect the official views, opinions, or policies of NABP or any member board unless expressly stated.

NABP Accreditation Programs Receive New Names, Seals to Promote Unified Brand



The careful thought and deliberation that has gone into NABP's rebranding process, as detailed in the September 2019 issue of *Innovations*, has led to a number of changes to the Association's messaging, logos, and other front-facing materials, but the Association's focus on assisting member boards and protecting the public health remains unchanged. Over the coming months, the next area of focus in this ongoing process will be centered on NABP's accreditation programs. Specifically, NABP has updated its accreditation names and logos to promote simplicity, ease of recognition, and a more unified brand.

The accreditation programs have been updated as follows:

- Verified Internet Pharmacy Practice Sites® (VIPPS®) transitioned to Digital Pharmacy Accreditation.
- Verified-Accredited Wholesale Distributors® (VAWD®) transitioned to Drug Distributor Accreditation.
- Verified-Accredited Device Integrity Program® (VDIP®) transitioned to OTC Medical Device Distributor Accreditation.
- NABP's durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) accreditation transitioned to DMEPOS Pharmacy Accreditation.

Rebranding Timeline for NABP Accreditation Customers



NABP accreditation is also offered for specialty pharmacy, community pharmacy, home infusion pharmacy, and compounding pharmacy.

In addition to these simplified names, the accreditation programs will also see new logos, or seals, used to identify accredited entities. The new seals will highlight the accreditation category, replacing the current program acronym, and create a uniform look for businesses with multiple accreditations.

While these changes are significant, they will not have an impact on the underlying accreditation program processes, standards, or criteria. Businesses that apply for accreditation under the new program names will undergo the same processes and adhere to the same rigorous standards expected under the current names. The changes are being implemented to help accredited businesses more easily promote and maintain their accreditations, and to help consumers more easily identify these entities.

Why Rebrand?

During the rebranding strategy process, NABP staff determined that these changes were necessary to place a renewed focus on NABP's "master brand." In other words, the new program names and unified accreditation seals will help to emphasize the relationship between NABP's accreditations and the Association itself. These changes will also remove a source of confusion for consumers, who have previously struggled to recognize the relationship between NABP and programs like VAWD and VIPPS.

The new approach supports NABP's efforts to provide customers with a more streamlined, cost-effective accreditation process. The simplified names will help customers more easily identify the accreditation services that they need. The new seals will clearly show that an accreditation has been awarded by NABP. This strategy also provides enhanced flexibility for future growth in accreditation offerings.

Another benefit of this change is that it will make it easier to bundle accreditation services in a way that preserves the high standards of the accreditation programs while improving the

customer experience. For example, NABP plans to make it easier for customers to get reaccreditations in tandem – that is, businesses with multiple accreditations will be able to renew them at the same time rather than going through multiple reaccreditation processes throughout the year.

In conjunction with the roll out of the new branding, NABP is also introducing a new digital seal system to customers. This technology provides accredited businesses with the necessary code to place the new seals on their websites. NABP can then use that code for greater control over how the seal is displayed. For example, if an entity fails to achieve reaccreditation, NABP will have the ability to prevent the seal from being visible on that business' website(s).

Transitional Period

During this period of transition, NABP will continue to reference the former program names in its promotional materials and on its website to ensure that state boards of pharmacy and other stakeholders have time to adjust, and to update any relevant references to NABP programs. NABP plans to reference the legacy names in all materials for as long as necessary to accommodate its member boards.

In March 2020, NABP accredited customers began receiving updated certificates and new digital seals. In addition, they were provided a kit containing promotional materials, including sample news release templates, social media kits, and usage guidelines. This will allow accredited facilities to not only show they are accredited, but to promote their status. The kit also details a timeline outlining the steps of the transition process NABP has asked them to take in switching over to the new branding.

NABP's use of its legacy program seals has served the Association for many years. NABP anticipates continued success with the new branding in the future, and will keep its customers focused on the fact that these programs are offered from the national association that assists the boards of pharmacy in their mission of protecting the public health. ●

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 January 28-29, 2020, at NABP Headquarters. Continuing the 2019 forum theme “Turning Data Into Information, and Information Into Insight,” the event provided opportunities for discussion, NABP program updates, and networking. The meeting format featured two days of sessions. Sessions on designated topics began with attendees who served as panelists and shared their boards’ experiences, which kicked off the discussion. Shared topics sessions were open forums for discussion on varied topics suggested by attendees via a pre-meeting survey. ●



NABP Exams – Testing a Wealth of Information



(Above) In this session, panelists shared their experiences as item writers, and NABP staff presented on examination development and security. Pictured are (left to right) session moderator Bradley S. Hamilton, RPh, member, NABP Executive Committee; William Finnerty, PharmD, RPh, NABP competency assessment manager; Maureen Garrity, PharmD, RPh, NABP competency assessment director; Jeenu Philip, BPharm, RPh, Florida Board of Pharmacy; Donna S. Wall, PharmD, RPh, Indiana Board of Pharmacy; and Richard B. Mazzoni, RPh, member, NABP Executive Committee, who moderated the shared discussion topics session that followed.

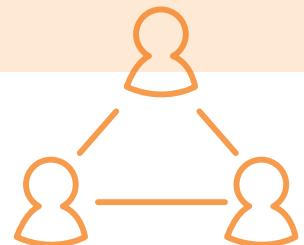
Important Information About Importation



(Above) Panelists shared updates on importation regulations from their states, and NABP staff presented on drug supply chain safety and litigation related to online pharmacy. Pictured are (left to right) Gregg Jones, RPh, NABP compliance senior manager; Neil B. Leikach, RPh, Maryland Board of Pharmacy; William Chatoff, RPh, BCNP, Vermont Board of Pharmacy; session moderator Lenora S. Newsome, PD, member, NABP Executive Committee; and Melissa A. Madigan, PharmD, JD, NABP policy and communications director.



Member Collaborations — Byte by Byte



(Above) Panelists were comprised of task force members who provided updates from the meetings of the NABP Work Group on the Development of an Interstate Endorsement Credential; Overview Task Force on Requirements for Pharmacy Technician Education, Practice Responsibilities, and Competence Assessment; Task Force on Requirements for Pharmacy Technician Education; and Task Force on Pharmacy Technician Competence Assessment. Pictured are (left to right) Lemrey "Al" Carter, MS, PharmD, RPh, Illinois Department of Financial and Professional Regulation, Division of Professional Regulation – State Board of Pharmacy; Cynthia LW. "Cindy" Warriner, RPh, CDE, Virginia Board of Pharmacy; Jacqueline L. Hall, MBA, RPh, Louisiana Board of Pharmacy; Diane Halvorson, RPhTech, CPhT, North Dakota State Board of Pharmacy; Jeffrey J. Mesaros, PharmD, JD, RPh, member, NABP Executive Committee; and session moderator Susan Ksiazek, RPh, DPh, NABP chairperson.

Compounding by the Numbers — Unlocking the Data of the MOU



(Above) Panelists in this session shared state updates on compounding regulation, and NABP staff provided information about a Food and Drug Administration grant to develop a data sharing system for improved oversight of compounding pharmacies and NABP's inspection findings as part of Verified Pharmacy Program® efforts. Pictured are (left to right) session moderator Jeffrey J. Mesaros, PharmD, JD, RPh, member, NABP Executive Committee; Julie Lanza, CPhT, Massachusetts Board of Registration in Pharmacy; Melissa A. Madigan, PharmD, JD, NABP policy and communications director; Erika Golder, MPH, NABP senior manager, pharmacy programs; and Shane R. Wendel, PharmD, RPh, member, NABP Executive Committee, who moderated the shared discussion topics session that followed.



Novel Approaches to Novel Ideas



(Above) Panelists shared information from their boards on standards of care for prescribing pharmacists, and NABP staff provided a demonstration of the enhanced **NABPLAW** Online database. Pictured are (left to right) Chris Woodul, RPh, New Mexico Board of Pharmacy; Eileen Lewalski, PharmD, JD, NABP professional affairs senior manager; session moderator Tejal J. Patel, MBA, PharmD, RPh, member, NABP Executive Committee; Kristina Jonas, PharmD, RPh, Idaho State Board of Pharmacy; and Maureen Schanck, PharmD, RPh, NABP professional affairs manager.

Conflict of Interest, Recusal, and Board Members' Electronic Communications



(Above) Panelists focused on conflict of interest, recusal, and board members' electronic communications during the final session. Pictured are (left to right) Jeffrey J. Mesaros, PharmD, JD, RPh, member, NABP Executive Committee, who moderated the shared discussion topics session that followed; Shawn C. Wilt, RPh, State of Ohio Board of Pharmacy; and session moderator Nicole L. Chopski, PharmD, BCGP, ANP, member, NABP Executive Committee. Moira Gibbons, PharmD, JD, RPh, NABP legal affairs director (not pictured), was also a session panelist.

REGISTRATION NOW OPEN

for Board Staff to Attend the 2020 NABP Program Review and Training



Training to take place June 16-17, 2020, at NABP Headquarters and will include the topics listed below.

NABP e-Profile Connect

- Accessing official applications from the Electronic Licensure Transfer Program®
- NABP Clearinghouse and National Practitioner Data Bank reporting
- Processing examination eligibility and examination scores for the North American Pharmacist Licensure Examination® and the Multistate Pharmacy Jurisprudence Examination®
- Accessing CPE Monitor® reports for licensees
- Accessing Verified Pharmacy Program® participant data, including inspection reports
- Accessing Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification status

NABP Programs and Services

- FPGEC: program updates, online application process, Foreign Pharmacy Graduate Equivalency Examination®, and certification process
- Continuing pharmacy education (CPE) records: requesting batch reports for use in audits of licensees
- NABP accreditation programs for pharmacies and pharmacy-related businesses
- Resources and services available from representatives of the Member Relations and Government Affairs, Professional Affairs, Communications, and Marketing staff. ●

To Register

Contact NABP Human Resources.
Call: 847/391-4406
Email: hr@nabp.pharmacy
Limited spots are available!

Complimentary to One Staff Member Per Board

NABP covers travel, hotel accommodations for one night, and meal expenses for one participant per board.

2020-2021 NAPLEX Review Committee Announced

NABP is pleased to announce the members of the 2020-2021 North American Pharmacist Licensure Examination® (NAPLEX®) Review Committee, commanding 28 returning members.

Composed of faculty and pharmacists who are representative of the diversity of pharmacy practice, the NAPLEX Review Committee is responsible for reviewing examination questions, attending and participating in meetings, and overseeing the development of new test questions. Acting under the policy and planning guidance of the Advisory Committee on Examinations and the NABP Executive Committee, these dedicated volunteers share the task of safeguarding the integrity and validity of the Association's examination. NABP appreciates the assistance of these committee members as they evaluate examination content and ensure that it meets the specified competency assessment statements. Committee members, whose terms began February 1, 2020, are as follows:



Marie Abate, PharmD, RPh
West Virginia University

Jennifer Beall, PharmD, RPh, BCPS
Samford University

**Christopher Betz, PharmD, RPh,
BCPS, FASHP**
Sullivan University

**Kristy Brittain, PharmD, RPh,
BCPS, CDE**
Medical University of South Carolina

**Michael Cockerham, MS, PharmD, RPh,
BCOP, FASHP**
University of Louisiana – Monroe

Ariane Conrad, PharmD
Maryland

Dosha Cummins, PharmD, RPh, BCPS
New York Institute of Technology
College of Osteopathic Medicine at
Arkansas State University

**Mark Decerbo, PharmD, RPh,
BCPS, BCNSP**
Roseman University of Health Sciences

Betty Dong, PharmD, RPh
University of California – San Francisco

Darla Gallo, RPh
Pennsylvania

**Robert P. "Bob" Henderson, PharmD,
RPh, BCPS**
Alabama

**William A. "Bill" Hopkins, Jr,
PharmD, RPh**
Georgia

Tom M. Houchens, RPh
Kentucky

**William "Bill" Kehoe, Jr, MA, PharmD,
RPh, BCPS**
California

Susan C. Lutz, RPh
Iowa

Tyler Martinson, PharmD, RPh
Virginia

**Christina "Tina" Minden, PharmD, RPh,
CGP, FASCP**
Arkansas

**Roy Parish, PharmD, RPh, BCPS,
professor emeritus**
University of Louisiana – Monroe

Adam Pate, PharmD, RPh, BCPS
University of Mississippi

Benjamin "Ben" Prewitt, PharmD, RPh
Ohio

Eric F. Schneider, PharmD, BCPS
Wingate University

James "Jim" Scott, MEd, PharmD, RPh
Western University of Health Sciences

Cynthia Sieck, PharmD, RPh
Washington

Winter Smith, PharmD, RPh, BCPS
University of Texas at Tyler

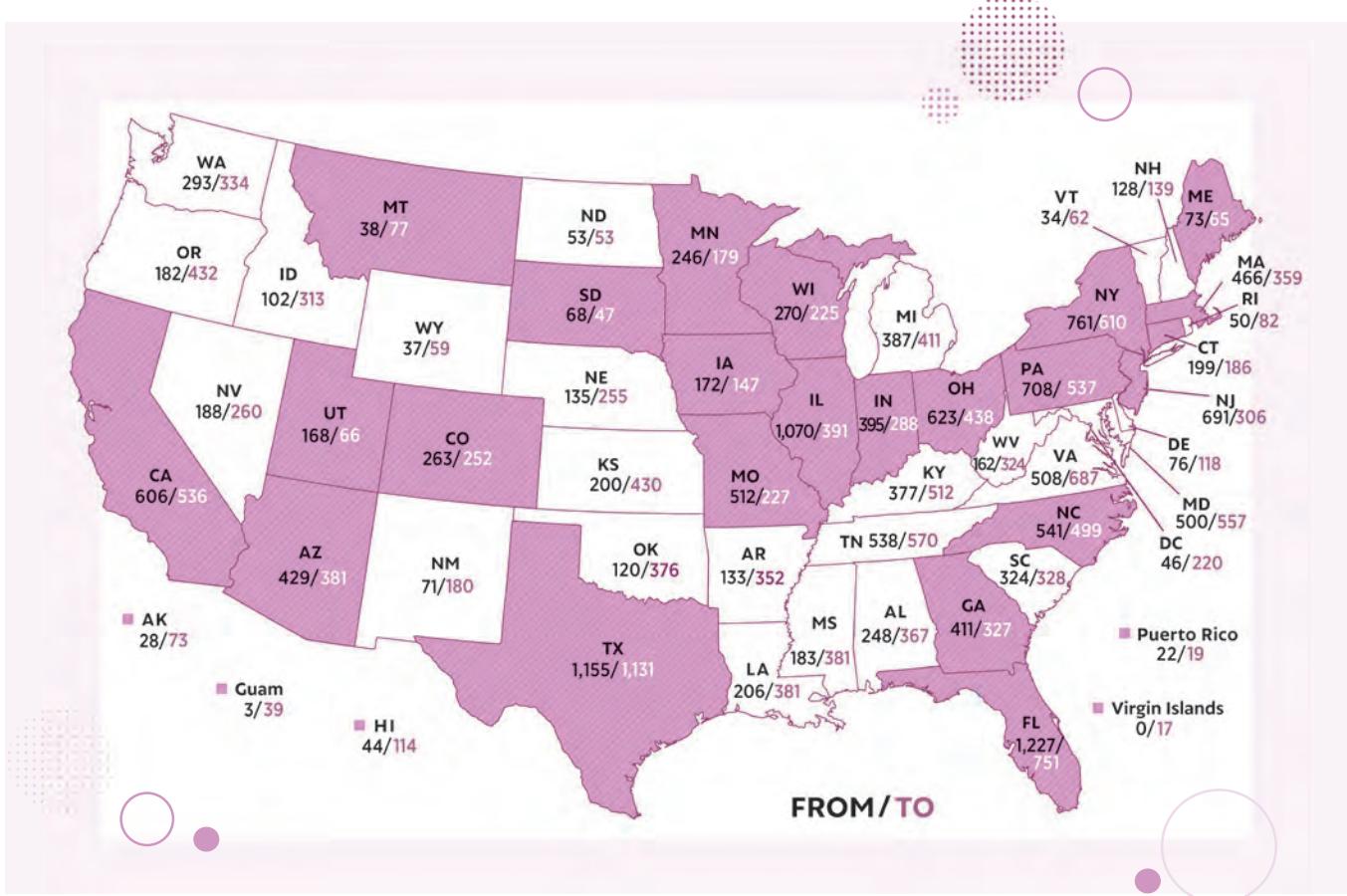
John L. Szarek, PhD
Geisinger Commonwealth
School of Medicine

Susan Cunha Villegas, PharmD, RPh
Long Island University

Neal F. Walker, RPh
Minnesota

**Siu-Fun Wong, PharmD, RPh,
FASHP, FCSHP**
Chapman University ●

NABP Reports 2019 Electronic Licensure Transfer Requests



Shaded areas denote states where the number of applications for transfer from the state is greater than the number of applications requesting transfer to the state. Puerto Rico also saw more transfers from the territory than transfers to the territory.

The number of licensure transfer requests submitted through the NABP Electronic Licensure Transfer Program® (e-LTP™) in 2019 was approximately 16,470 requests. This figure represents a slight decrease of 1.6% compared to the 16,740 requests submitted in 2018.

Transfers to the State

Similar to past licensure trends reported by NABP, Texas had the highest number of requests to transfer licensure to the state, with a total of 1,131 requests submitted in 2019.

Additional states with the highest number of licensure transfer requests to the state in 2019 are:

- Florida – 751 requests;
- Virginia – 687 requests;
- New York – 610 requests; and
- Tennessee – 570 requests.

Of the five states with the highest number of licensure transfer requests to the state in 2019, Texas and Florida reported totals of 35,283 and 34,157 licensed pharmacists, respectively, also making them two of the top five states in terms of number of licensed pharmacists, according to the NABP 2020 *Survey of Pharmacy Law*. The other three states with a higher number of licensed pharmacists are California (47,085 licensed pharmacists), New York (27,113 licensed pharmacists), and Pennsylvania (23,838 licensed pharmacists).

Transfers From the State

The 2019 e-LTP data show Florida, Texas, Illinois, New York, and Pennsylvania as having the highest number of requests to transfer from states in 2019. The total

number of requests to transfer licenses from these states is as follows:

- Florida – 1,227 requests;
- Texas – 1,155 requests;
- Illinois – 1,070 requests;
- New York – 761 requests; and
- Pennsylvania – 708 requests.

e-LTP Enhancements

In 2018, NABP members passed a resolution titled “Cooperative Interstate Registration System” at the Association’s 114th Annual Meeting. The resolution tasked NABP with exploring the development of enhancements to its e-LTP process, including allowing for same-day processing of transfer requests. In response to this resolution, the Task Force on Mutual-Recognition Licensure



convened in September 2018. Since then, NABP and its member boards have been working on enhancing the e-LTP process, including supplementing new components to support evolving pharmacy practices while maintaining a high level of public protection and patient access to quality pharmacy care. While the current licensure transfer system offers 100% mobility for pharmacists across all 54 United States jurisdictions, the proposed enhancements will focus on the rapidly changing practice and regulatory challenges posed by remote practice models and telepharmacy. The member boards of pharmacy and NABP recognize the importance of seeking additional methods of licensure mobility in the

The member boards of pharmacy and NABP recognize the importance of seeking additional methods of licensure mobility in the e-LTP process to enhance patient access to pharmacists whose licenses have been verified and validated.

e-LTP process to enhance patient access to pharmacists whose licenses have been verified and validated. For a discussion on how other health care professions navigate interstate compacts, see “You Can Take It With You: NABP Enhances Long-Standing Licensure Transfer Model,” in the September 2018 issue of *Innovations*.

In 2019, the average processing time for e-LTP requests was one and a half days. Most e-LTP requests are processed in 24 hours and sent directly to the boards. Approximately 11,467 applications were processed in 2019. For more information about e-LTP, visit the NABP website at www.nabp.pharmacy. ●

2019 NABP Clearinghouse Totals Announced

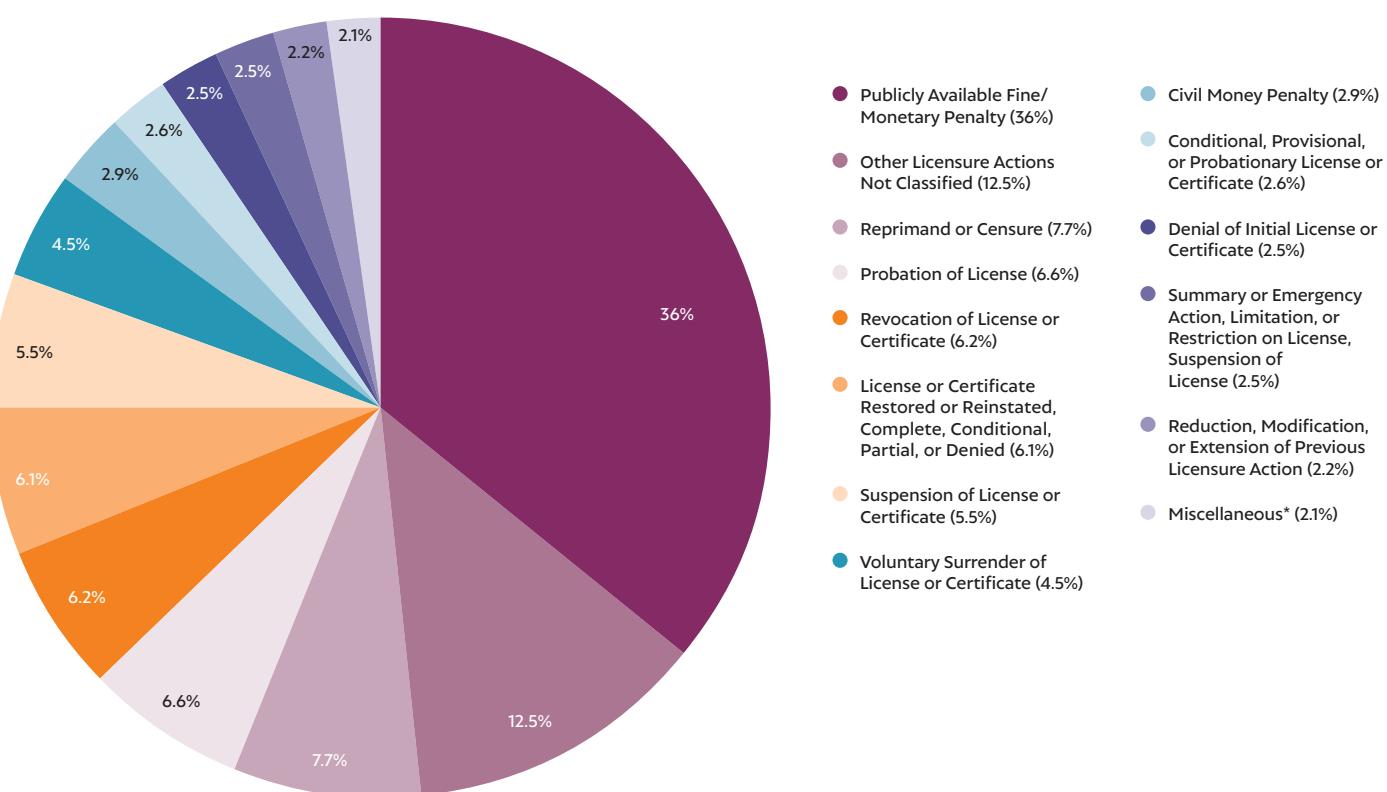
The Association's year-end data results for 2019 showed that a total of 6,204 disciplinary records were submitted to the NABP Clearinghouse by the state boards of pharmacy on 4,983 individual and organization e-Profiles. The majority of disciplinary records submitted were for pharmacists, pharmacies, and pharmacy technicians. Please note that a disciplinary record can have multiple "actions" and "bases for actions," which explains why there will always be more actions and bases for actions than records reported.

Contained in the 6,204 disciplinary records were 7,586 actions reported to the NABP Clearinghouse. Of the 7,586 actions, the three most reported actions in 2019 were publicly available fine/monetary

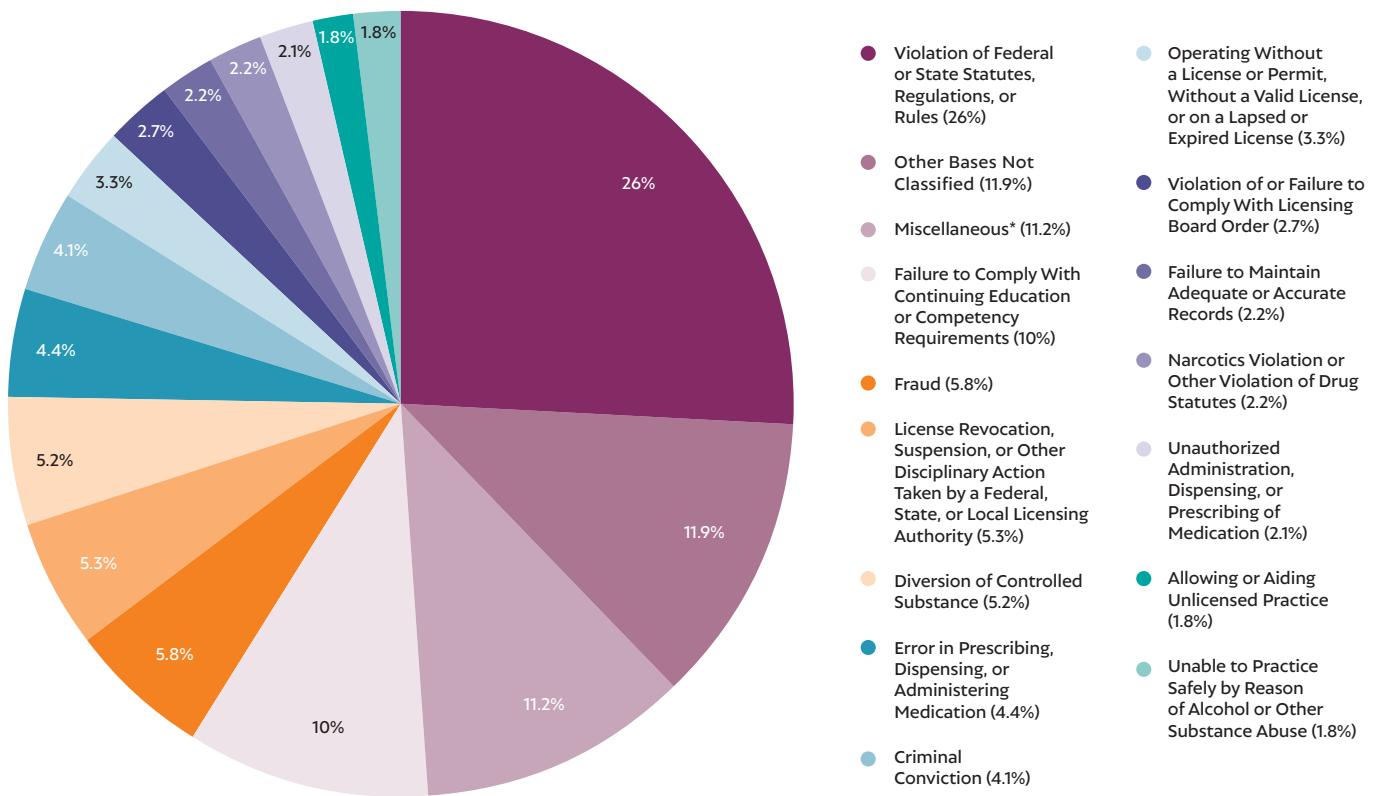
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Figure A: Clearinghouse Action Codes Reported in 2019



* The miscellaneous category includes closure of facility; completion of an investigation; denial of license or certificate renewal; directed in-service training; directed plan of correction; interim action – voluntary agreement to refrain from practice or to suspend license pending; limitation or restriction on license; monitoring; publicly available negative action or finding; restrictions on admissions or services; and voluntary limitation or restriction on license.

Figure B: Bases Codes for Clearinghouse Actions Reported in 2019

Participation in the Clearinghouse is required as part of a board of pharmacy's membership to the Association. Timely reporting to the Clearinghouse is essential to maintaining the integrity of the licensure transfer program.

continued from page 13

penalty (2,729 or 36 of all actions); other actions not classified (952 or 12.5% of all actions); and reprimand of censure (587 or 7.7% of all actions).

Of the 7,057 bases for actions cited in 2019, violation of federal or state statutes, regulations and rules, or health and safety requirements (1,826 bases or 26%); other bases not classified (838 bases or 11.9%); and those classified in the miscellaneous category (791 bases or 11.2%) were the top reasons why disciplinary actions were taken during the year.

For a full breakdown of the actions taken and the bases for actions taken

during 2019, see Figure A (page 13) and Figure B (above).

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

* The miscellaneous category includes breach of confidentiality; conduct evidencing ethical unfitness; conduct evidencing moral unfitness; default on

health education loan or scholarship obligations; deferred adjudication; disruptive conduct; diverted conviction; drug screening violation; expired drugs in inventory; exploiting a patient for financial gain; failure to comply with patient consultation requirements; failure to consult or delay in seeking consultation with supervisor/proctor; failure to cooperate with board investigation; failure to maintain equipment/missing or inadequate equipment; failure to meet licensing board reporting requirements; failure to meet the initial requirements of a license; failure to pay child support/delinquent child support; failure to provide medically reasonable and/or necessary items or services; failure to take corrective action; immediate threat to health or safety; improper or abusive billing practices; improper or inadequate supervision or delegation; inadequate or improper infection control practices; inadequate security for controlled substances; incompetence; lack of appropriately qualified professionals; misappropriation of patient property or other property; misbranding drug labels/lack of required labeling on drugs; misrepresentation of credentials; negligence; nolo contendere plea; operating beyond scope of license; other unprofessional conduct; practicing beyond the scope of practice; sexual misconduct; substandard or inadequate care; substandard or inadequate skill level; unable to practice safely; unable to practice safely by reason of physical illness or impairment; unable to practice safely by reason of psychological impairment or mental disorder; and violation of federal or state tax code.



BOARDS OF PHARMACY AND NABP | WHEN MEMBERS UNITE IDEAS IGNITE

116th NABP Annual Meeting • May 14-16, 2020 • Baltimore, MD



SCHEDULE OF EVENTS

Wednesday, May 13, 2020

3 – 5:30 PM
Information Desk Open

Thursday, May 14, 2020

8 AM – 5 PM
Information Desk Open

8:30 – 9:30 AM
Informal Roundtables on Annual
Meeting Processes

9:30 – 11 AM
Networking Brunch and Educational
Table Top Displays

NOON – 3:30 PM
First Business Session
• Welcome Remarks
• Presentation of Colors
• National Anthem
• Keynote Address
• Greeting From the Host State
• Report of the Executive Committee
• President's Address
• Treasurer's Report
• Announcement of Candidates
for Open Executive Committee
Officer and Member Positions

3:45 – 5:15 PM
CPE Session*

6 – 8 PM
President's Welcome Reception

Friday, May 15, 2020

7:45 AM – 12:15 PM
Information Desk Open

7:45 – 8:15 AM
NABP Breakfast (continental)

8:30 – 10:30 AM
Second Business Session
• 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

10:30 – 11 AM
Informal Member/Candidate
Discussions

10:30 AM – 12:15 PM
Educational Poster Session CPE*

12:30 – 2:15 PM
Annual Awards Luncheon

2:30 – 4 PM
Information Desk Open

2:30 – 4 PM
CPE Session*

5 – 6 PM
New NABP Executive Director Reception

Saturday, May 16, 2020

7:30 – 10:30 AM
Information Desk Open

7:30 – 8:15 AM
NABP Breakfast

8:30 – 11:30 AM
Final Business Session
• Election of the 2020-2021 Executive
Committee Officers and Members
• Remarks of the Incoming President
• Installation of the 2020-2021
Executive Committee Officers
and Members
• Final Report of the Committee
on Constitution and Bylaws
• Final Report of the Committee
on Resolutions
• Invitation to the 2021
Annual Meeting

11:30 AM
Grab-N-Go Lunch

Note: The 116th NABP Annual
Meeting schedule is subject
to change. The final schedule will
be posted prior to the meeting at
www.NABPAccreditedMeeting.pharmacy.

* This activity is eligible for ACPE credit;
see final CPE activity announcement
for specific details.



The knowledge-based continuing pharmacy education (CPE) activities presented at the Annual Meeting are developed specifically for pharmacists and pharmacy technicians. Activities are relevant to all attendees from the Association's member boards of pharmacy, including executive officers, board staff, board members, compliance staff, and board counsel, as well as 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.
- Compare 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 at www.NABPAccreditedMeeting.pharmacy. Instructions for claiming CPE credits, including continuing legal education credits, will also be provided.



Annual Meeting Travel Grant Still Available

Travel grant opportunities are still available for the NABP 116th 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.

IMPORTANT DEADLINES

Early Registration Rate – **ENDS APRIL 10, 2020**

Voting Delegate Submissions – **DUE APRIL 14, 2020**

Early Hotel Reservation Rate – **ENDS APRIL 15, 2020**

Online Registration Is Available at
www.NABPAnnualMeeting.pharmacy



Jesse Cushman

Program Manager II, Nebraska Board of Pharmacy

How long have you served as program manager II of the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit?

I have happily served as a program manager within the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit for the Nebraska Board of Pharmacy since July 2018. As program manager, I serve in the role as executive director. I also serve in the same capacity for seven boards: Nebraska Boards of Medicine and Surgery, Veterinary Medicine and Surgery, Podiatry, Optometry, Dentistry, Medical Radiography, and Physician Assistant Committee.

What was your role prior to working with the Board?

Prior to working with the Nebraska Board of Pharmacy and the Division of Public Health, I served as a process improvement coordinator for the Department of Health and Human Services. In that role, I was responsible for collaborating with a variety of teams and leaders across the state who were working on projects to improve existing processes and create a more effective, efficient, and customer-focused state government. I was able to use my skills in communication and meeting facilitation to bring together various individuals from frontline staff to department or division leaders. Several of the projects I worked on involved multiple state agencies. These process improvement projects had a direct and positive impact on my fellow Nebraskans.

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

In 2019, we focused on rewriting the regulations for all our professions. To that end, I have reached out and worked with key stakeholders inside and outside of the agency. This has been particularly challenging as we all have various pulls and differing views on what will best protect the public. My experience in meeting facilitation has proved

invaluable as I work to bring together all this great feedback into a chapter of regulation that reflects our state statutes, while also serving the needs of our stakeholders.

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

The members of the Board have provided me with vital information not only related to current practice, but also with historical context. Board members have been gracious with their time to review regulations and have additional meetings as needed to complete this important work. Currently, we are awaiting public hearings on several of our pharmacy chapters.

What other key issues has the Board been focusing on?

Continued and existing issues that the Board has been focusing on include ongoing opioid issues and how the various professions work with the prescription drug monitoring program (PDMP); increasing use of the PDMP by in-state and out-of-state pharmacies and practitioners; the ongoing regulatory process; long-term care services; and the proper regulation of advanced technologies in the practice of pharmacy.

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

My unique role in Nebraska means that I hold the same role with several different professional boards. I use this position to bring in other viewpoints as I work across professions. Being able to use the experience of those boards to bring new perspective to the other boards has been such an important aspect of the job. I would recommend that the executive director in each state have regular, crossover meetings, especially if he or she is new to the role. Reaching out to a counterpart at a different board or using that experience from working with another board can provide new insights into the challenges faced in the state. Using the national resources at NABP has proved to be extremely valuable since I started this new role. ●

Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit



Number of Board Members
4 pharmacist members and 1 public member



Number of Compliance Officers/Inspectors
3



Rules & Regulations Established by
Board of Pharmacy and Division of Public Health, Licensure Unit



Number of Pharmacist Licensees
5,495



Number of Pharmacies
478



Number of Wholesale Distributors
502



Linda Witzal, RPh

Member, New Jersey State Board of Pharmacy

When were you appointed to the Board of Pharmacy? What type of member are you (pharmacist, technician, public member, other)?

I was appointed to the New Jersey State Board of Pharmacy in March 2013, and I am a pharmacist member.

What steps should a board member take to be successful in his or her role?

I would ask every board member to look at the NABP website, especially public members. Review *The Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* and review your current state regulations. Also, it is important to learn about the other board members and the pharmacy practices that have been part of their career paths. Do not be afraid to ask questions.

What are some recent policies, legislation, or regulations your Board has implemented or is currently working on?

United States Pharmacopeia (USP) Chapter <800> has been the biggest policy regulation adaptation we have faced. New Jersey is one of the few states that required compliance with USP Chapter <800> on December 1, 2019. We also created opioid addiction sticker regulations that mandate an ancillary notification on each prescription identifying its addictive properties. In addition, we have a very active rules and regulations subcommittee that has been working on collaborative practice language, currently reviewing the technician registration and certification process and addressing new pharmacy practices and technology.

Has the Board encountered any challenges to developing and/or implementing these new policies, legislation, or regulations?

Yes, any time new regulations are implemented, we try to anticipate any questions that licensees might pose and then introduce a guideline for licensees, if needed. We provided guidance on

USP Chapter <800> to help educate licensees prior to their 2019 registration renewal applications. We recognized the challenges with the USP <800> effective date of December 1, 2019, and the concerns for the public safety, so a guidance for licensees with frequently asked questions was created. The guidance then offered our licensees the opportunity to identify the gaps and challenges that would delay their ability to be fully compliant on December 1, 2019. To date, we have issued over 65 waivers.

What advice would you give to a new board member?

Get involved and participate in NABP task forces, committees, forums, and any other opportunities at NABP, and attend district meetings and the Annual Meetings. The opportunity to interact with fellow members of the different state boards at these events was, for me, extremely helpful. You might hear solutions to problems that your board is experiencing and understand that a different road map is needed for each solution.

Have you served as a member of any NABP task forces or committees, or attended NABP or district meetings?

I have served on multiple task forces and committees. Additionally, I have attended district meetings and the Annual Meeting since I became a member. Early on, I had two great mentors from the Board who helped me understand the meaning of "get involved," so I got involved by participating in the NABP Interactive Member Forums and the Committee on Law Enforcement/Legislation and participated remotely in the Multistate Pharmacy Jurisprudence Examination® State-Specific Review. ●

New Jersey State Board of Pharmacy



Number of Board Members

8 pharmacist members and 3 public members (including 1 member who is a state executive department member and serves "at the pleasure of the governor")



Number of Compliance Officers/Inspectors

4



Rules & Regulations Established by State Board of Pharmacy

4



Number of Pharmacist Licensees

17,637



Number of Pharmacies

2,230



Number of Wholesale Distributors

N/A

Executive Officer Changes

- **Anne Sodergren** has been named executive officer of the California State Board of Pharmacy. She replaces Virginia "Giny" Herold, MS, who retired in 2018. Sodergren has more than 25 years of experience with the Board. Most recently, she served as the Board's interim executive officer. Prior to that position, she was assistant executive officer for 10 years. Sodergren has extensive experience in policy development, legislation, strategic planning, budgets, and personnel management. She holds a bachelor degree in communication studies from California State University, Sacramento.
- **Sarah H. Siok, PharmD**, has been named executive secretary of the Delaware State Board of Pharmacy. She replaces Geoffrey N. Christ, RPh, JD.

Board Member Appointments

- **Gina Anoushka Archer, MHA, RPh**, has been appointed a member of the Bahamas Pharmacy Council. Archer's appointment will expire June 2021.
- **Alanna S. Isobe, RPh**, has been appointed a member of the Hawaii State Board of Pharmacy. Isobe's appointment will expire June 30, 2022.
- **Helen C. Park, PharmD, RPh**, has been appointed a member of the Nevada State Board of Pharmacy. Park's appointment will expire November 2022.
- **Jabeen Ahmed, PharmD, RPh**, has been appointed a member of the New Jersey State Board of Pharmacy. Ahmed's appointment will expire June 2024.

Board Member Reappointments

- **Andrew Behm, PharmD, RPh**, has been reappointed a member of the

Minnesota Board of Pharmacy. Behm's appointment will expire January 2021.

- **James Bialke** has been reappointed a public member of the Minnesota Board of Pharmacy. Bialke's appointment will expire January 2022.
- **Stacey Jassey, PharmD, RPh**, has been reappointed a member of the Minnesota Board of Pharmacy. Jassey's appointment will expire January 2022.
- **Rabih Nahas, RPh**, has been reappointed a member of the Minnesota Board of Pharmacy. Nahas' appointment will expire January 2021.
- **Mary Phipps, PharmD, RPh**, has been reappointed a member of the Minnesota Board of Pharmacy. Phipps' appointment will expire January 2024.
- **Steve Irsfeld, RPh**, has been reappointed a member of the North Dakota State Board of Pharmacy. Irsfeld's appointment will expire May 8, 2024. ●

OPPORTUNITIES OPEN TO BOARD MEMBERS AND STAFF

**Committee on Constitution and Bylaws**

Review amendments to the Constitution and Bylaws.

Single-issue Task Forces

Address resolution topics approved at Annual Meeting.

Examination Committees

Write and review exam items at two-day workshops.

Committee on Law Enforcement/Legislation

Review proposed changes to NABP Model Act.

Visit nabp.pharmacy/volunteer to learn more and fill out an interest form.



North Dakota Expands Pharmacists' Scope of Practice

The sections of state law pertaining to pharmacists' ability to provide medication administration were modified by the North Dakota state legislature to remove the requirement for a separate injection/immunization certification and broaden the authority for a pharmacist to administer medications to a patient. The North Dakota State Board of Pharmacy will still grant authority to a pharmacist who has completed the appropriate training and/or education to administer medications to a patient. This approach will likely require a pharmacist to attest to meeting the standards to provide medication administration to his or her level of knowledge and expertise. This is a move toward the standard of care in the profession of pharmacy and removes the need for a separate certification to be carried for these duties. Each rule draft is available on the Board's website.

Administrative Rules Proposed in Oregon Impact Practice of Pharmacy

As it relates to naloxone, if a pharmacist is dispensing an opioid prescription in excess of 50 morphine milligram equivalents (MMEs)/day, he or she should consider prescribing naloxone and the necessary supplies for administration to the patient. This does not preclude a pharmacist from

prescribing naloxone to a patient with an MME less than 50. Additionally, pharmacies providing naloxone services must provide written notice in a conspicuous manner that naloxone is available at the pharmacy.

Other proposed rules address the Board policy and regulation related to expedited licensure for military spouses/domestic partners and removal of licensure barriers for immigrants and refugees.

Per House Bill 2935, effective as of January 1, 2020, a pharmacy must notify a person who is blind, visually impaired, or print disabled that a prescription reader is available to the person upon request.

Also effective, the provision of law in Oregon Revised Statute 689.689(1)(a)(b) was removed, meaning that the requirement for a person under age 18 to provide evidence of a previous prescription from a primary care or women's health care practitioner is removed, thereby removing contraceptive prescribing age requirements, via repeal of Oregon Administrative Rule 855-019-0420.

Wyoming Removes Redundancies in Rules, Creates New Chapter

The Wyoming State Board of Pharmacy has proposed several amendments to Wyoming Pharmacy Act Rules and Regulations. The amendments clarified sections, cleaned up redundancies, corrected formatting and grammar issues, as well as deleted the prohibition on technician in training license renewals and deleted the pharmacist-to-technician ratio.

Amendments in Chapter 16 include:

- the deletion of redundant definitions, inclusion of a definition for "high-risk minors," reorganization of sections;
- designation of Basic Life Support as the approved certification;

- an update to incorporate by reference the current Centers for Disease Control and Prevention guidelines for immunizations;
- removal of the requirement for epinephrine to be of the auto-inject variety;
- deletion of the requirement to provide the patient with two copies of the Immunization Questionnaire and Consent Form;
- an update to the length of time to keep these on file for two years; and
- deletion of the requirements for sponsoring organizations to keep the records for six years.

The Board also proposes to create a new Chapter 9 of the Wyoming Controlled Substances Act Rules and Regulations to provide the exemptions to the seven-day prescribing limit required in Wyoming Statute 35-7-1030(e).

The proposed amended rules and new chapters are posted on the Wyoming Secretary of State website at <http://rules.wyo.gov>.

Iowa Enforces USP Chapter <800>; Offers Delayed Compliance Petitions

The Iowa Board of Pharmacy has amended its rules to require compliance with United States Pharmacopeia (USP) Chapter <800>, effective December 1, 2019. Per Board rules, a pharmacy engaged in compounding of hazardous drugs may request delayed compliance for specific requirements of USP Chapter <800> pertaining to compounding. The Board has received and responded to several petitions filed under these provisions.

More details on Iowa's enforcement of USP Chapter <800> are provided in the Board's December 2019 *Newsletter*. ●



State Board News articles are selected from the newsletters of state boards that participate in the NABP State Newsletter Program. Five years' worth of issues are posted on the NABP website on each participating state's page.

NASEM Report Recommends Framework for Opioid Prescribing Guidelines for Acute Pain

Contracted by Food and Drug Administration (FDA), a December 2019 report by the National Academies of Sciences, Engineering, and Medicine (NASEM) seeks to develop evidence-based clinical practice guidelines for prescribing opioids for acute pain. The report also develops a framework to evaluate existing guidelines and recommends indications for which new evidence-based guidelines should be recommended. The report, *Framing Opioid Prescribing Guidelines for Acute Pain: Developing the Evidence*, examines existing opioid analgesic prescribing guidelines, identifies where there were gaps in evidence, and outlines the type of research that will be needed to fill these gaps. NASEM also held a series of meetings and public workshops to engage a broad range of stakeholders who contributed expert knowledge on existing guidelines, and provided emerging evidence or identified specific policy issues related to the development and availability of opioid analgesic prescribing guidelines based on their specialties.

"We recognize the critical role that health care providers play in addressing the opioid crisis – both in reducing the rate of new addiction by decreasing unnecessary or inappropriate exposure to opioid analgesics, while still providing appropriate pain treatment to patients who have medical needs for these medicines," said Janet Woodcock, MD, director of FDA's Center for Drug Evaluation and Research in a statement. "However, there are still too many prescriptions written for opioid analgesics for durations of use longer than are appropriate for the medical need being addressed. The FDA's efforts to address the opioid crisis must focus on encouraging 'right size' prescribing of opioid pain medication as well as reducing the number of people unnecessarily exposed to opioids, while ensuring appropriate access to address the medical needs of patients experiencing pain severe enough to warrant treatment with opioids."

FDA will next consider the recommendations included in the report as part of the agency's efforts to implement the SUPPORT for Patients and Communities Act provision requiring the development of evidence-based opioid analgesic prescribing guidelines.

Aurobindo Pharma Issues Mirtazapine Recall Due to Dosage Label Error

Aurobindo Pharma USA, Inc, has initiated a voluntary recall of one lot of mirtazapine tablets at the consumer level because some bottles labeled as containing 7.5 mg tablets may instead contain 15 mg tablets. Taking a higher dose of mirtazapine, which is indicated for treatment of major depressive disorder, increases the risk of certain side effects, such as sedation, agitation, increased reflexes, tremors, sweating, dilated pupils, gastrointestinal distress, constipation, and nausea.

Consumers should contact their health care providers if they have experienced any problems that may be related to using this drug product. Additional information, including the affected lot number, customer service contact information, and recall information is available in a press release available through the recalls section of the FDA website. Adverse reactions or quality problems experienced with the use of this product may be reported to FDA's MedWatch Adverse Event Reporting program.

Pharmacists Continue to Be Seen as Trustworthy, According to Latest Gallup Poll Results

Pharmacists were ranked as the fourth most honest and ethical profession in 2019, according to the results of the annual Gallup poll that asks American consumers to rate professions according to perceptions of honesty and ethical standards. Pharmacists were ranked as very high or high by 64% of those surveyed in the 2019 poll. Nurses ranked first at 85%, engineers were second with 66%, and medical doctors were third with 65%. Additional information on the results of the 2019 poll is available on the Gallup website.

Social Media Kit Available to Help Pharmacists Educate Consumers About Drug Safety

To help health care providers educate patients on prescription medication safety, NABP created a series of social media posts using the hashtag #SafePharmacy. Sample posts include links to images and relevant public service announcement videos that health care providers may share with their patient providers and networks. The social media posts can be accessed through NABP's consumer website, at <https://safe.pharmacy/social-kit>. ●

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





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National Association of
Boards of Pharmacy

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UPCOMING EVENTS

DEA National Prescription Drug Take-Back Day

April 25, 2020

116th NABP Annual Meeting

May 14-16, 2020 | Baltimore, MD

NABP Program Review and Training

June 16-17, 2020 | NABP Headquarters

NABP/AACP District 5 Meeting

August 5-7, 2020 | Winnipeg, Manitoba, Canada

NABP/AACP District 3 Meeting

August 9-12, 2020 | Hilton Head, SC

Never miss a minute. Follow us on social.

