NEWSLETTER OF THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY®

INNOVATIONS®

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

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Allison Vordenbaumen Benz, MS, RPh, Executive Director/Secretary, Texas State Board of Pharmacy

Allison Vordenbaumen Benz, MS, RPh,
Executive Director/Secretary, Texas State Board of Pharmacy

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

I graduated from the University of Texas College of Pharmacy in August 1988 and completed a master of science in pharmacy administration at the University of Texas at Austin in December 1994. Following graduation, I worked as a community pharmacist in California and Texas. I have been an employee of the Texas State Board of Pharmacy since August 1994. I served for six years as senior enforcement officer, three years as assistant director of enforcement, and 14 years as director of professional services before being appointed to my present position of executive director/secretary on December 1, 2017. As executive director/secretary, I serve as the chief executive officer of the agency and as an ex-officio member and secretary of the Board.

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

After becoming executive director/secretary, the agency initiated a mobile inspection process using tablets instead of paper forms.

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

We contracted with a vendor to implement the mobile inspections. After getting the inspection forms set up online and conducting training, we did several months of field testing to work out any issues or problems with the program. All 12 inspectors are now using the tablets to conduct inspections. The pharmacy community has welcomed the change from paper to electronic documents.

What other key issues has the Board been focusing on?

In 2016, the Texas Prescription Monitoring Program (PMP) was transferred to the Texas State Board of Pharmacy. The agency has been working to expand and improve the PMP. Prescribers and pharmacists will be required to query the PMP beginning September 1, 2019. In order to improve access to the PMP, the agency is seeking legislative approval to provide statewide integration and utilize NarxCare to analyze all PMP data. In addition, our enforcement program has been working to streamline its processes by eliminating paper files and maintaining records electronically.

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

Seek out your stakeholders and listen to their suggestions and concerns. ■

Texas State Board of Pharmacy

Number of Board Members: 7 pharmacist members, 3 public members, 1 pharmacy technician
Number of Compliance Officers/Inspectors: 21
Rules and Regulations Established by: State Board of Pharmacy
Number of Pharmacist Licensees: 46,835
Number of Pharmacies: 8,370 (in-state)
Number of Wholesale Distributors: 377

PBM Legislation in the States and Congress

Evan Bonnstetter, JD,
Faegre Baker Daniels LLP

Jay Warmuth, JD,
Faegre Baker Daniels LLP

Rising prescription drug costs remain a key policy issue in 2019 for boards of pharmacy, as such costs are closely tied to patient access to needed medications. Predictions are that the focus on pricing reform will continue into 2020 and the next presidential election. Legislators at both the state and federal levels are concentrating their attention on pharmacy benefits managers (PBMs), given their unique role in managing drug utilization, and thus costs, for payers and patients. This activity promises direct and indirect implications for pharmacies and, therefore, boards of pharmacy. Here is what you need to know.

What's Happening Now?

As of press time, there are 27 PBM-related bills pending in state legislatures. At the federal level, drug costs and PBMs also continue to attract the attention of both chambers of Congress, as well as the Trump Administration, perhaps presenting opportunities to reach across the aisle in an otherwise heavily partisan environment. United States Representative Elijah Cummings, chairman of the House Oversight Committee, started off the new year by opening an investigation into the pharmaceutical industry; and Senator Chuck Grassley, newly minted as the Senate Finance Committee chair, recently announced that the committee's first hearing in 2019 will be on drug costs, and it will be the first in a series of hearings regarding this subject and potential policy solutions. PBMs are sure to be part of these discussions, given their critical position in the drug supply chain.

In a push for increased transparency and other policy solutions, the Administration remains focused on drug costs and the role of PBMs, though the Administration's ultimate position with respect to PBMs is unclear. On one hand, the Administration has proposed additional drug benefit and utilization management flexibility for Part D plans and their PBMs (through the Medicare Part D drug pricing proposed rule issued last November), thus allowing PBMs additional leverage in negotiations with manufacturers. On the other hand, the Administration has consistently criticized the role of PBMs and the lack of transparency and accountability with respect to prescription drug rebates. In addition, a proposed rule regarding the elimination or modification of the anti-kickback rebate safe harbor has been under consideration by the Office of Management and Budget since summer 2018.

Gag Clauses

Numerous states recently have enacted legislation to prohibit "gag clauses" – contractual provisions that seek to prohibit or penalize pharmacists who discuss drug price information or cost-saving opportunities with consumers. Going into 2019, at least 29 states already had laws prohibiting PBMs from including gag clauses in their contracts with pharmacies. The number of states with anti-gag clause legislation is likely to increase in 2019. There are several bills introduced in 2018 still pending and new bills targeting gag clauses have already been introduced in eight states as of press time.

In addition to state activity regarding gag clauses, two federal bills prohibiting gag clauses were signed into law by President Donald J. Trump in October 2018.

1. Know the Lowest Price Act (Senate Bill [SB] 2553) – prohibits gag clauses in Medicare Advantage and Medicare Part D plan contracts with pharmacists.

2. Patient Right to Know Drug Prices Act (SB 2554) – prohibits gag clauses with respect to group plans sponsored by employers and also in the individual market.

State Oversight – Registration, Licensing, and Reporting Requirements

At least 21 states already require PBMs to be licensed by or otherwise registered with the state (typically under the supervision of the state department of insurance). A mere two weeks into 2019, four states already saw licensing and oversight legislation introduced. While some licensing or registration laws are limited in scope (and require little more than an annual fee), other licensing laws are more robust, requiring PBMs to provide evidence of compliance with certain state laws, including prohibitions on clawbacks and gag clauses, pharmacy auditing procedures, and/or maximum allowable cost reimbursement processes.

Further, some states already have, or are considering implementing, ongoing PBM transparency laws or rules in the form of periodic reporting requirements, and this may be an area to watch for new developments. Bills introduced in Indiana and Minnesota earlier this year would require PBMs to file annual reports detailing for all insurers and each individual insurer: (i) aggregate rebates received from all manufacturers; (ii) aggregate administrative fees received from all manufacturers; (iii) aggregate rebates retained by the PBM and not passed through to insurers; and (iv) the highest, lowest, and mean aggregate retained rebate. Moreover, in some states, these reports would be published online, exempting information considered to be the PBMs' trade secrets. Similar reporting laws have already been enacted in the following states:

- Connecticut – PBM reporting law is set to go into effect January 1, 2020
- Louisiana – PBM reporting law requires reporting beginning June 1, 2020

Lastly, in December 2018, the National Council of Insurance Legislators (NCOIL) finalized the Pharmacy Benefits Manager Licensure and Regulation Model Act, aimed at increasing uniform regulation of PBMs at the state level. The NCOIL model act places PBMs under the jurisdiction of the state insurance commissioners by requiring PBMs to obtain a license. Among other things, the model act also prohibits gag clauses. However, perhaps most notable is what the NCOIL model act does not expressly regulate, but rather specifically leaves to individual states to determine. A drafting note encourages state legislatures to provide the insurance commissioner with authority to adopt regulations relating to certain items that were under consideration by NCOIL but did not make it into the final version, including:

- PBM network adequacy requirements (including consideration of whether mail-order pharmacies may satisfy any such requirements)
- Rebate transparency
- Prohibitions and limitations on the corporate practice of medicine by PBMs
- Pharmacy reimbursement processes and requirements, including a mandatory reimbursement arbitration process
- Procedures for pharmacy audits conducted by or on behalf of a PBM
- Affiliated PBM/pharmacy information sharing restrictions

The NCOIL model act is based on a comprehensive Arkansas bill enacted earlier in 2018 that is being challenged by the PBM industry on an Employee Retirement Income Security Act of 1974 preemption and other grounds. It remains to be seen whether the model act will be introduced or adopted in any states, or whether it will be successful in increasing uniformity among states in a decidedly inconsistent area of law. If the NCOIL model act is adopted widely, it may position Arkansas as a sort of bellwether of PBM regulation, in which newly finalized regulations from the insurance department implementing the Arkansas law may be indicative of what else is to come.

Conclusion

We expect PBMs to be under continued and even increased scrutiny in 2019, given the bipartisan focus on prescription drug costs, patient access to needed drugs, and related issues. This will likely result in more states adopting anti-gag clause legislation, PBM licensing or registration requirements, and/or drug price and rebate reporting requirements. In the states that have already adopted such laws, we may see increased regulatory authority and enforcement over PBMs. We also expect increased PBM scrutiny at the federal level, both from Congress and the Administration. While any federal activity will likely be centered on Medicare, Medicaid, and other federal health care programs, the ramifications may extend into the private sector and/or provide a blueprint for states to follow.

This article was written by Evan M. Bonnstetter, JD, and Jay A. Warmuth, JD, 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.

NABP Enhances e-Profile App for Improved User Experience

In April 2018, NABP launched the CPE Monitor® plus plan, an enhanced, subscription-based service for CPE Monitor intended to help pharmacists stay compliant with licensure renewal requirements. Developed in partnership with the Accreditation Council for Pharmacy Education (ACPE), the upgraded features of the plus plan provide pharmacists with even more information to keep track of continuing pharmacy education (CPE) requirements and deadlines necessary to maintain their licenses. It also enables licensees to upload and apply non-ACPE-accredited CPE courses and certificates or relevant state licenses; receive notifications when CPE cycle deadlines are approaching; and generate reports of CPE activity using a custom data range or the current CPE cycle of the relevant license.

> **"The key to improving the user experience was updating the appearance and functionality of the mobile app's user interface as well as adding a desktop version."**

Initially, CPE Monitor's new, expanded features were only available via the NABP e-Profile mobile app; in March 2019, NABP expanded the desktop version to include these features. Now, those who upgrade from the standard plan to the plus plan can log in to their e-Profile on their desktop as well as via the mobile app to experience the expanded CPE Monitor features. The standard plan – the free version that has been available to pharmacists since CPE Monitor launched in 2011 – is also available for use on mobile devices.

Improving the Mobile App Experience

Since introducing the expanded features for the CPE Monitor last year, the Association has been reviewing feedback from pharmacists and working with a consultant to improve the user experience in the mobile app version. The key to improving the user experience was updating the appearance and functionality of the mobile app's user interface as well as adding a desktop version. The original multicolor alert system has been replaced by simple progress wheels with clear numerical counts so users can easily see their progress on fulfilling CPE requirements. A unified color is being used to improve readability; changes in color are limited and only used to indicate completion of CPE requirements or when users must take a closer look at their progress.

In addition to the change in the visual design, the screens and the navigation have been streamlined for a more intuitive experience. For example, rather than being taken to a menu page after logging in, the user is taken directly to his or her home page that shows the CPE status information for all their enrolled

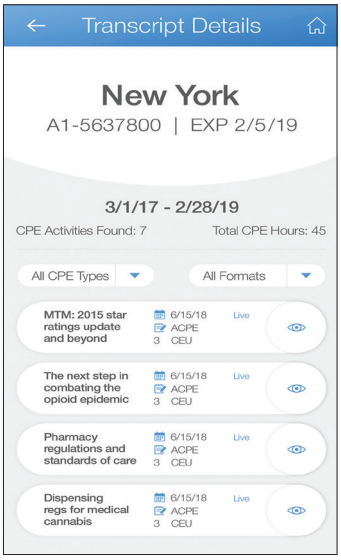
licenses. This personalized home page provides easy access to the non-ACPE credit upload feature as well as ACPE's Pharmacists' Learning Assistance Network (P.L.A.N.) and Continuing Professional Development (CPD) site. Throughout the mobile app version, the number of screens needed to complete actions or view information has also been reduced to improve the user experience, including the transcript section, uploading non-ACPE credit, and changing topics (if available for that state). In the mobile app version, standard users can sort their CPE activity by home and live.

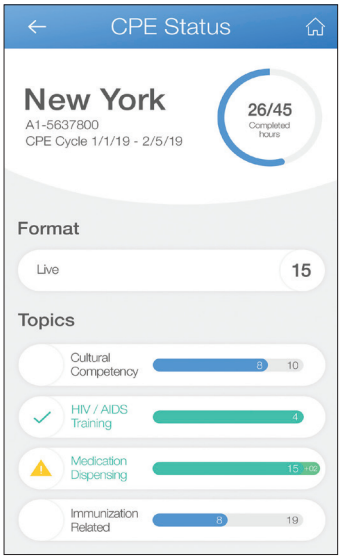
Another improvement to the mobile app is the addition of a demonstration that highlights the differences between CPE Monitor's free, standard plan and the plus plan. This demonstration will be shown the first time someone downloads the mobile app.

Updates to the payment process for those who want to upgrade CPE Monitor from the standard plan to the plus plan have also been made to provide additional conveniences to customers. In addition to a renewal mechanism being added, an option for a two-year subscription is now available. Users have the option of subscribing to the plus plan for a single year for $29.95 or for two years at $54.95. Or, of course, pharmacists may continue to use the free standard version. Recognizing that users may not have all the information they need at the time they want to subscribe, customers can purchase their subscription and come back later to enroll their licenses. Specific information, such as license expiration dates and initial dates of licensure, is needed for some licenses to ensure that pharmacists receive the full benefits of the plus plan.

In the mobile app version of CPE Monitor, the CPE Transcripts section, which gives different levels of detail to users depending on if they have the standard or the plus plan, is now found in a menu located in the top left-hand corner of the screen. The menu will display to all mobile app users; however, users with a standard plan will receive a pop-up alerting them if a feature requires the plus plan. The menu includes:

- Notifications – to view messages regarding CPE cycles;
- Transcripts – to view consolidated transcripts for each state license (plus and standard);
- Upload non-ACPE credits – to upload credits to licenses in states where this is allowed;
- CPD – to access ACPE's continuing professional development;
- P.L.A.N. – to connect to the Pharmacists' Learning Assistance Network to find CPE (plus and standard);
- Settings – to set up which alerts are received and how they are received; and
- e-Profile Information – to edit license information in e-Profile (plus and standard).





In the mobile app version of CPE Monitor, the CPE Transcripts section (far left) gives different levels of detail to users depending on if they have the standard or the plus plan. The CPE Status section (left) is only available to users with the plus plan and enables them to monitor their continuing pharmacy education credits.

Improving the Standard Experience

Pharmacists automatically have access to the free standard plan of CPE Monitor once they enter a license in their NABP e-Profile. CPE Monitor users who do not upgrade to the plus plan may export transcripts of their CPE activity using custom date ranges; however, they are not able to view activity by state. In March 2019, the CPE Monitor desktop experience was improved to provide standard users with an easier-to-read transcript. When viewing CPE Monitor on their desktop, users can sort the information by any column. In addition, when users click on the CPE Monitor tile after logging in to e-Profile on their desktop, they are brought directly to their personal transcript page, eliminating the need to choose from additional navigation buttons.

More information about the two plans CPE Monitor offers – standard and plus – is available at *www.nabp.pharmacy/plans*. ■

2019-2020 NAPLEX Review Committee Announced

NABP is pleased to announce the members of the 2019-2020 North American Pharmacist Licensure Examination® (NAPLEX®) Review Committee, commending 30 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.

The following NAPLEX Review Committee members began their terms on February 1, 2019.

- **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,** Silver Spring, MD
- **Dosha Cummins, PharmD, RPh, BCPS,** NYIT 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,** Philadelphia, PA
- **Robert P. "Bob" Henderson, PharmD, RPh, BCPS,** Birmingham, AL
- **William A. "Bill" Hopkins, Jr, PharmD, RPh,** Big Canoe, GA
- **Tom M. Houchens, RPh,** London, KY
- **Arthur I. "Art" Jacknowitz, PharmD, RPh,** professor emeritus, West Virginia University
- **William "Bill" Kehoe, Jr, MA, PharmD, RPh, BCPS,** University of the Pacific
- **Susan C. Lutz, RPh,** Altoona, IA
- **Tyler Martinson, PharmD, RPh,** Chesapeake, VA
- **Christina "Tina" Minden, PharmD, RPh, CGP, FASCP,** Little Rock, AR
- **David W. Newton, PhD,** Winchester, VA
- **Roy Parish, PharmD, RPh, BCPS,** professor emeritus, University of Louisiana – Monroe
- **Adam Pate, PharmD, RPh, BCPS,** University of Mississippi
- **Benjamin "Ben" Prewitt, PharmD, RPh,** Lebanon, OH
- **Eric F. Schneider, PharmD, BCPS,** Wingate University
- **James "Jim" Scott, MEd, PharmD, RPh,** Western University of Health Sciences
- **Cynthia Sieck, PharmD, RPh,** Vancouver, WA
- **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,** Hill City, MN
- **Siu-Fun Wong, PharmD, RPh, FASHP, FCSHP,** Chapman University. ■

> "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."

Register for Annual Program Review and Training

June 18-19, 2019 | NABP Headquarters

A few spots still remain for board of pharmacy staff to participate in the annual training that provides information and updates on NABP programs and services and how they can benefit day-to-day board operations.

NABP e-Profile Connect

- Accessing official applications from the Electronic Licensure Transfer Program®
- NABP Clearinghouse reporting 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: new online application process, Foreign Pharmacy Graduate Equivalency Examination®, and certification process
- Continuing pharmacy education records: requesting batch reports for use in audits of licensees
- Updates on Verified Internet Pharmacy Practice Sites®; Verified-Accredited Wholesale Distributors®; Verified-Accredited Device Integrity Program®; and durable medical equipment, prosthetics, orthotics, and supplies accreditations
- Advances in the .Pharmacy Verified Websites Program
- Overview of resources and services available from representatives of the Member Relations and Government Affairs, Professional Affairs, Communications, and Marketing staff

Call or Email to Register

Contact NABP Human Resources at 847/391-4406 or hr@nabp.pharmacy. *Limited spots are available!*

Travel Funds

NABP offers to cover travel, one night's hotel accommodations, and meal expenses for one participant per board.

.pharmacy® Newly Approved .Pharmacy Websites

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

Adlakha Investments Inc, dba Grand Ave Pharmacy
www.grandave.pharmacy
www.grandavenuerx.com

Agile Clinical Research Trials
www.agilecrt.com

AHSSHC
www.expedienrx.com

AmerisourceBergen Drug Corporation
www.bellcogenerics.pharmacy
www.bellcogenerics.com

Armitage Pharmacy, Inc
www.armitagepharmacy.com

Austin Compounding Pharmacy
www.austincompounding.pharmacy
www.rxaustintx.com

Axline's Inc
www.axline.pharmacy
www.axlinepharmacy.com

Bank's Apothecary
www.banks.pharmacy
www.banksapothecary.com

Body in Mind, PLLC
www.bewellmedspa.pharmacy
www.bewellmedspa.com

Costco Wholesale Canada Ltd
www.costcocanada.pharmacy
www.costcopharmacy.ca

DelivRxd
www.delivrxd.pharmacy
www.delivrxd.com

Direct Pharmacy Source
www.directpharmacysource.pharmacy
www.directpharmacysource.com

Five Pharms Inc
www.mercyplazapharmacy.pharmacy
www.skinenvyskincare.com

Friends Healthcare
www.savondrugskeyport.pharmacy
www.savondrugskeyport.com

HealthDirect Institutional Pharmacy Services, Inc
www.hdrxservices.pharmacy
www.hdrxservices.com

IHC Health Services, Inc
www.intermountainhealthcare.pharmacy
www.intermountain.pharmacy
www.intermountainhealthcare.org/services/pharmacy

Inverness Apothecary Trinity LLC
www.invtrinity.com

Jaime S Schwartz MD PC
www.drjaimeschwartz.pharmacy
www.drjaimeschwartz.com

McKesson Canada
www.well.pharmacy
www.well.ca

Meijer, Inc
www.meijerspecialtypharmacy.pharmacy
www.meijer.pharmacy
www.meijerpharmacy.pharmacy
www.meijer.com

Melrose Pharmacy LLC
www.melrose.pharmacy
www.melrosepharmacy.com

New Image Works
www.newimageworks.pharmacy
www.newimageworks.com

NH Enterprises, LLC
www.csipharmacy.pharmacy
www.csipharmacy.com

North Huntingdon Medical, Inc
www.accupacrx.pharmacy
www.accupacrx.com

NuDAK Ventures, LLC
www.nucara.pharmacy
www.nucara.com

NW, LLC
www.expressrx.pharmacy
www.expressrx.net

OncoMed Specialty LLC
www.onco360.com

Orchard Pharmaceutical Services, LLC, dba Envision Pharmacies
www.envisionpharmacies.pharmacy
www.envisionpharmacies.com

Petco Animal Supplies, Inc
www.petco.pharmacy
www.petcoach.pharmacy
www.petco.com
www.petcoach.co

Pharmacy Associates, Inc
www.comprecarerx.pharmacy
www.comprecarehealth.com
www.pursuecarerx.com

Pharmacy Partners Inc
www.unimedpharmacy.com

PocketPills Pharmacy Inc
www.pocketpills.pharmacy
www.pocketpills.com

Precision Pharmacies, LLC
www.myprecisionpharmacy.pharmacy
www.precisionpharmacy.pharmacy
www.myprecisionpharmacy.com

RxSafe, LLC
www.pakcheckrx.pharmacy
www.compliance.pharmacy
www.pakmymeds.pharmacy
www.blistercard.pharmacy
www.rxsafe.pharmacy
www.automation.pharmacy
www.accucardrx.pharmacy
www.adherence.pharmacy
www.rapidpakrx.pharmacy
www.rxsafe.com

Serve You Custom Prescription Management, Inc
www.serve-you-rx.pharmacy
www.serve-you-rx.com

TwelveStone Health Partners
www.12stonehealth.pharmacy
www.12stonehealth.com

Union Pacific Railroad Employes Health Systems
www.depotdrug.pharmacy
www.depotdrug.com

University of Virginia Retail Pharmacy
www.uvapharmacy.pharmacy
www.uvahealth.com

VIP Plastic Surgery
www.vipplasticsurgery.pharmacy
www.vipplasticsurgery.com

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

Ransomware Continues to Plague the Health Care Industry

NABP Stays Abreast of Security Threats to Protect Data

Since the 1990s, cybercriminals have been using ransomware, a type of malicious software, or malware, to lock and encrypt data on the computers of businesses, organizations, and individuals. Victims of ransomware attacks are informed by cybercriminals that they must pay a ransom – usually money or cryptocurrency like Bitcoin – within a given period of time. Those who do not pay the ransom risk losing permanent access to their data. Unfortunately, paying the ransom does not guarantee victims that they will regain access to their data.

While ransomware remains a popular means of attack on data and new ransomware families are discovered each year, the number of reported ransomware attacks in the United States dropped from 2,673 in 2016 to 1,783 in 2017, according to Symantec Corporation, a provider of cybersecurity software and services for consumers and organizations.

Companies that track cybercrime and ransomware trends also recorded decreases in the number of ransomware attacks in 2018. Kaspersky Labs stated in "Ransomware and malicious cryptominers in 2016-2018" that the total number of computer users who encountered ransomware fell from approximately 2.6 million in 2016-2017 to approximately 1.8 million in 2017-2018, a decrease of almost 30%. Similarly, Malwarebytes Corporation, an anti-malware software provider, reported in "Q2 2018 Cybercrime Tactics and Techniques" that ransomware detections dropped in second quarter 2018 by 12% on the consumer side and 35% on the business side.

Barkly Protects, Inc, which specializes in advancing endpoint security, cited several reasons why ransomware is being used less frequently in malware campaigns in "Must-Know Ransomware Statistics 2018." According to the company, overexposure, increased awareness, cryptocurrency volatility, attention from law enforcement, and the refusal of victims to pay the ransom have contributed to the decrease in ransomware use.

Despite the overall decline in the use of ransomware by cybercriminals, some industries remain more susceptible to ransomware attacks than others. Global specialist insurer Beazley reported that the health care sector saw the most ransomware attacks in 2017, and the health care sector topped a list of nine industries affected by breaches and incidents in Verizon's 2018 Data Breach Investigations Report. The health care industry saw 536 breaches, followed by accommodations (338 breaches), public (304 breaches), financial (146 breaches), retail (169 breaches), professional (132 breaches), information (109 breaches), education (101 breaches), and manufacturing (71 breaches).

Ransomware attacks on numerous medical centers and health care-related companies made headlines in 2018. Victims of such attacks included Allscripts Healthcare Solutions, Inc, and the Center for Vitreo-Retinal Diseases in Illinois; Cass Regional Medical Center and Blue Springs Family Care PC in Missouri; Laboratory Corporation of America Holdings in North Carolina; East Ohio Regional Hospital and Ohio Valley Medical Center in Ohio; and Thundermist Health Center in Rhode Island.

Protecting Against Ransomware Attacks

Although ransomware attacks on business and consumer data appear to be declining, cybercriminals are continuing to develop more sophisticated ransomware, requiring computer users to remain proactive about protecting their data. NABP, for instance, conducted security awareness training to educate employees on how to respond to a ransomware attack if, and when, it occurs. The Association has also made infrastructure changes to fix identified vulnerabilities.

Health care organizations seeking industry-specific information about

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Data Security Corner

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managing cyber threats may find the US Department of Health and Human Services' "Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients" of interest. Released in December 2018, the four-volume publication aims to provide voluntary cybersecurity practices to health care organizations of all types and sizes, ranging from local clinics to large hospital systems. The main document explores the five most relevant and current threats to the industry, including ransomware attacks. It also recommends 10 cybersecurity practices to help mitigate these threats. Technical Volume 1 focuses on cybersecurity practices for small health care organizations, while Technical Volume 2 focuses on medium and large health care organizations. The fourth volume provides resources and templates that organizations can leverage to assess their own cybersecurity status as well as develop policies and procedures. A copy of the publication can be downloaded at *www.phe.gov/405d.*

NABP Security Initiatives

NABP continues to proactively maintain the security of its networks, computer systems, and web applications through a variety of efforts, including:

- participating in cybersecurity tests;
- utilizing a variety of cybersecurity tools, including firewalls, antivirus software, and (soon) multifactor authentication for system login;
- training its Customer Service staff to maintain NABP customer privacy;
- conducting employee background checks;
- maintaining a secure building; and
- providing all staff with security awareness training.

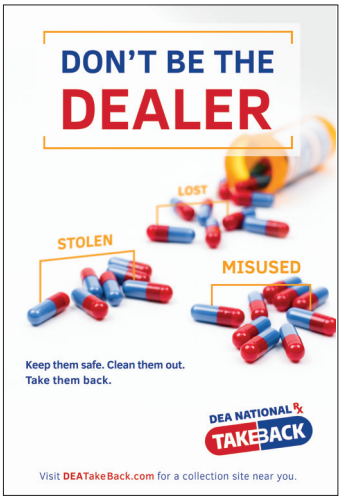
Details on these NABP data security efforts are available in past issues of *Innovations*, including the November/December 2017, June/July 2018, and November/December 2018 issues.

NABP will continue to stay abreast of security awareness trends for protecting data and will relay those efforts in future communications. ■

Cybersecurity 'Do's and Don'ts'

Symantec Corporation offers a list of "dos" and "don'ts" on its website that businesses and consumers can use to help protect themselves from a ransomware attack. The list includes the following tips:

- Using security software
- Keeping security software updated
- Updating operating systems and other software
- Not automatically opening email attachments
- Being wary of email attachments that require macros to view their content
- Backing up important data to an external hard drive
- Using cloud services
- Not paying the ransom



DEA to Hold 17th Prescription Drug Take-Back Day on Saturday, April 27, 2019

Drug Enforcement Administration (DEA) will hold a National Prescription Drug Take-Back Day event on Saturday, April 27, from 10 AM to 2 PM, at participating locations nationwide. DEA will list collection sites on its website. Consumers unable to visit a location on the take-back day can find permanent disposal locations using the AWAR$_X$E® Prescription Drug Safety Program's Drug Disposal Locator Tool, which can be found in the Initiatives section on the NABP website at *www.nabp.pharmacy*. Pharmacies that offer permanent disposal sites are encouraged to submit their location for inclusion in the locator tool by downloading and emailing the form per the instructions on the site. ■

Boards Report Nearly 6,000 Actions to the NABP Clearinghouse in 2018

The Association's year-end data results for 2018 showed a total of 5,816 actions (10.1% increase) reported to the NABP Clearinghouse. In 2017, 5,281 actions were reported. Of the 5,816 actions reported in 2018:

- 2,154 (37%) were on pharmacists;
- 1,762 (30%) were on pharmacy technicians;
- 1,583 (27%) were on pharmacies;
- 102 (2%) were on wholesalers;
- 95 (1%) were on other licensees*;
- 55 (1%) were on pharmacy interns;
- 35 (1%) were facility controlled substance licenses; and
- 30 (1%) were on federal registrations.

* Other licensees include durable medical equipment providers, manufacturers, other health professionals, outsourcing facilities, over-the-counter drug permit holders, pharmacy assistants, repackagers, sterile compounders, and veterinary organizations.

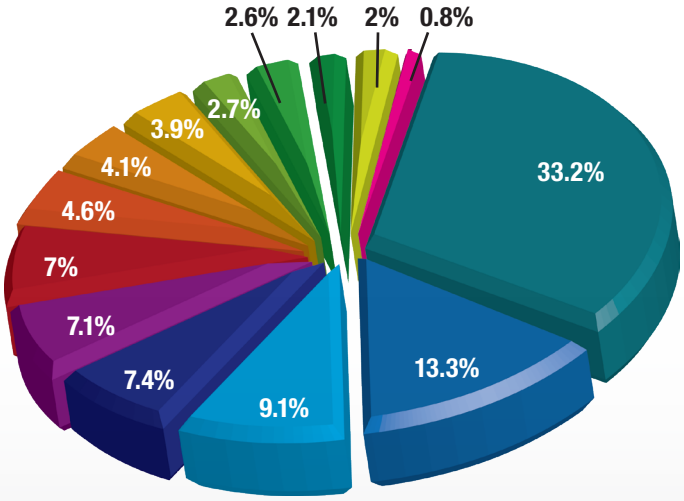
For a full breakdown of the actions taken and the bases for actions taken during 2018, see Figure A below and Figure B on page 14.

Ensuring Compliance for the Boards

As stated in the NABP Constitution and Bylaws, participation in the NABP Clearinghouse is required as part of a board of pharmacy's membership to the Association. Timely reporting to the NABP Clearinghouse is essential to maintaining the integrity of the licensure transfer program. In addition, NABP encourages all boards to designate NABP as their reporting agent to the National Practitioner Data Bank (NPDB). By doing so, boards can free up valuable resources and staff time to focus on other board matters. To date, 33 boards of pharmacy have designated NABP as a reporting agent, allowing the Association to transmit all required records to NPDB and provide feedback on NPDB rejected or accepted data. In addition, monthly Clearinghouse reports are available for the boards in NABP e-Profile Connect.

Additional information about the NABP Clearinghouse, including how to designate NABP as a reporting agent for NPDB, is available under the Member Services section on the NABP website at *www.nabp.pharmacy*.

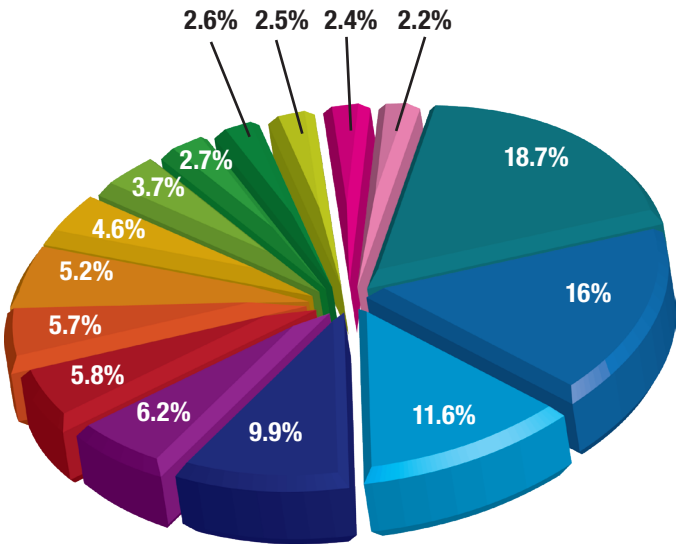
Figure A: Clearinghouse Action Codes Reported in 2018



Each Clearinghouse action can contain up to five action codes and five basis codes.

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

Figure B: Basis Codes for Clearinghouse Actions Reported in 2018



Each Clearinghouse action can contain up to five action codes and five basis codes.

- Miscellaneous (18.7%)
- Violation of Federal or State Statutes, Regulations, or Rules (16%)
- Other - Not Classified (11.6%)
- Failure to Comply With Continuing Education or Competency Requirements (9.9%)
- Diversion of Controlled Substance (6.2%)
- License Revocation, Suspension, or Other Disciplinary Action (5.8%)
- Fraud (5.7%)
- Error in Prescribing, Dispensing or Administering Medication (5.2%)
- Criminal Conviction (4.6%)
- Failure to Maintain Records (3.7%)
- Operating Without a License or Permit, Without a Valid License, With an Expired License, or on a Lapsed License (2.7%)
- Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse (2.6%)
- Unauthorized Administration, Dispensing, or Prescribing of Medication (2.5%)
- Narcotics Violation or Other Violation of Drug Statutes (2.4%)
- Allowing or Aiding Unlicensed Practice (2.2%)

*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; diverted conviction; drug screening violation; expired drugs in inventory; 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 supplies/missing or inadequate supplies; failure to meet the initial requirements of a license; failure to meet licensing board reporting requirements; failure to pay child support/delinquent child support; 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; misleading, false, or deceptive advertising or marketing; 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 or failure to comply with licensing board order.

NABP Reports Licensure Transfer Requests in 2018

The number of licensure transfer requests submitted through the NABP Electronic Licensure Transfer Program® (e-LTP™) increased from 2017 to 2018, with a total of 16,740 requests in 2018. This figure represents an increase of 3.4% compared to the 16,193 requests made in 2017. (The 2017 figures shown in this article differ slightly from those published in the March 2018 issue of *Innovations* due to NABP's transition to a new database management system in 2018.)

Transfers to the State

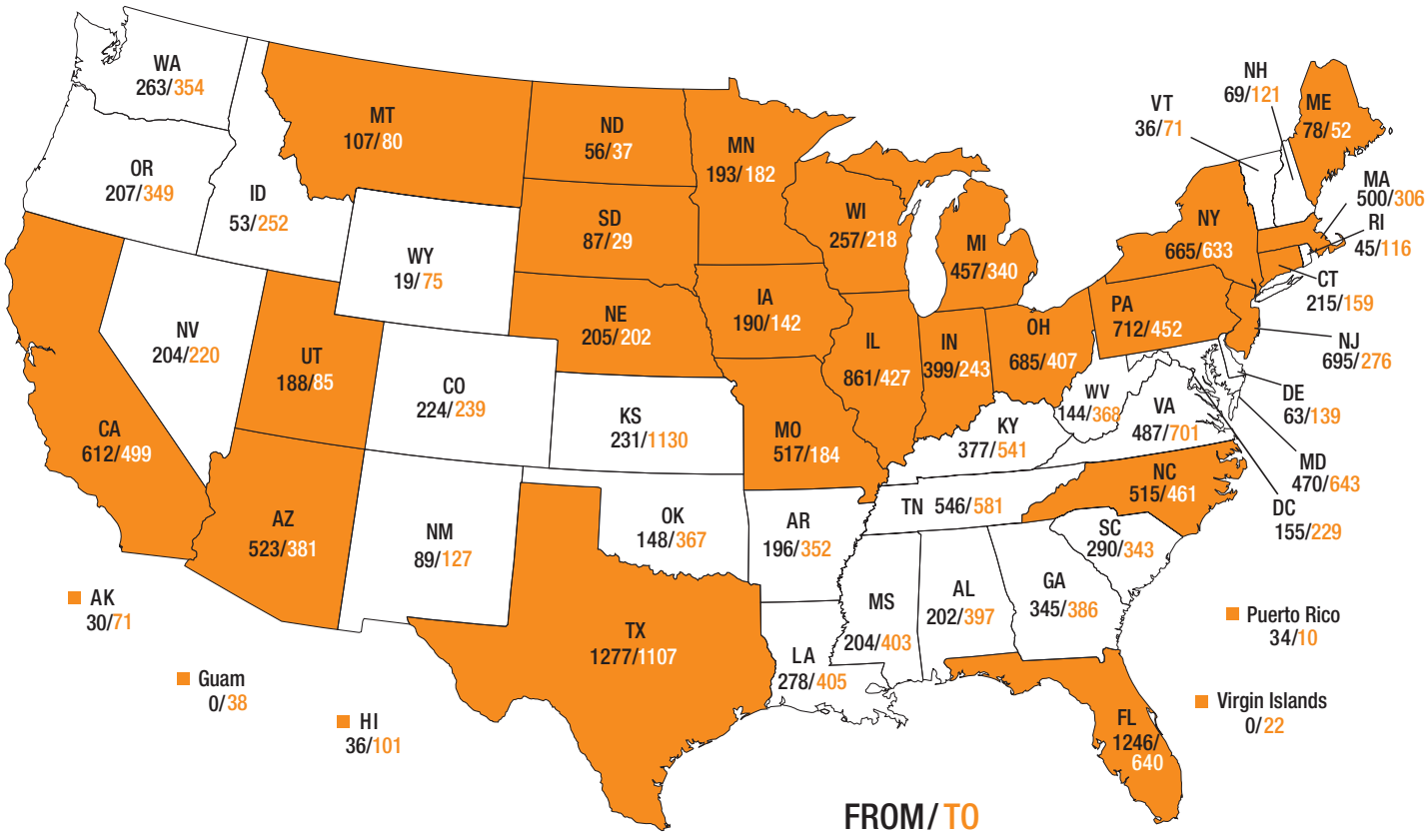
Kansas had the highest number of requests to transfer licensure to the state, with a total of 1,130 requests submitted in 2018. Potential factors for the increase in Kansas' licensure transfer requests include the state's 2017 adoption of amendments requiring each nonresident pharmacy to designate a pharmacist-in-charge, who must be licensed as a pharmacist in Kansas, and requiring all practicing pharmacists employed by or under contract with that nonresident pharmacy to be licensed in the state where that pharmacist practices.

Additional states with the highest number of licensure transfer requests to the state in 2018 are:

- Texas – 1,107 requests;
- Virginia – 701 requests;
- Maryland – 643 requests; and
- Florida – 640 requests.

Of the five states with the highest number of licensure transfer requests to the state in 2018, Texas and Florida reported totals of 46,835 and 37,366 licensed pharmacists, respectively, also making them two of the top five states in terms of number of licensed pharmacists, according to the NABP 2019 *Survey of Pharmacy Law*. The other three states are California (44,864 licensed pharmacists), New York (27,113 licensed pharmacists), and Pennsylvania (22,781 licensed pharmacists).

continued on page 16



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.

e-LTP

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Transfers From the State

The 2018 e-LTP data show Texas, Florida, Illinois, Pennsylvania, and New Jersey as having the highest number of requests to transfer from states in 2018. The total number of requests to transfer licenses from these states is as follows:

- Texas – 1,277 requests;
- Florida – 1,246 requests;
- Illinois – 861 requests;
- Pennsylvania – 712 requests; and
- New Jersey – 695 requests.

National Trends

The 2018 request totals vary slightly with trends in data on the demand for pharmacists nationally and in certain regions, as tracked by the Pharmacy Workforce Center (PWC), formerly Pharmacy Manpower Project, Inc. This project tracks the data through the monthly Pharmacist Demand Indicator (PDI) report (formerly the Aggregate Demand Index report), with a ranking of 1 indicating demand is much less than the pharmacist supply available and a ranking of 5 indicating high demand for and difficulty in filling pharmacist positions. A ranking of 3 indicates that the demand for pharmacists is in balance with the supply. PWC data through September 2018 reported a national average for generalist/staff pharmacists at that time of 3.14, indicating that the nationwide demand for pharmacists is fairly in balance with supply.

The PDI report also tracks demand by region. (Region ratings are population-adjusted, or weighted, values.) States in the West have the highest level of unmet demand for generalist/staff pharmacists at 3.4, followed by the Northeast, with a demand of 3.21; the Midwest (3.14); and the South (2.91).

The reported NABP data mentioned in this article include all applications for licensure transfers to and from the states from January 1, 2018, to December 31, 2018, including requests that may not have been completed or fulfilled.

e-LTP Enhancements

The 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 e-LTP process to enhance patient access to pharmacists whose licenses have been verified and validated. Information on the outcomes of this task force will be shared at the 115th Annual Meeting. 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 2018, the average processing time for e-LTP requests was two days. Most e-LTP requests are processed in 24 hours and sent directly to the boards. Approximately 11,502 applications were processed in 2018. For more information about e-LTP, visit the NABP website at *www.nabp.pharmacy*.

Newly Accredited VIPPS Facilities

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

IHC Health Services Inc
www.intermountainhealthcare.org/services/pharmacy

OncoMed Specialty LLC, dba Onco360 Oncology Pharmacy
www.onco360.com

WellEnterprises USA, LLC
www.eaglepharmacy.com

A full listing of the accredited VIPPS pharmacy sites representing more than 17,800 pharmacies is available on the NABP website at *www.nabp.pharmacy*.

Schedule of Events

Wednesday, May 15, 2019

5 - 7 PM
Registration Desk Open

Thursday, May 16, 2019

7 AM - 5 PM
Registration Desk Open

7:30 - 8 AM
Annual Meeting Program Orientation

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

9 - 11 AM
CPE
Educational Poster Session: 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 Farmanfarmaian, 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 - 9 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$_x$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 - 8 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
- Remarks of the Incoming President
  Jack W. "Jay" Campbell IV, JD, RPh, NABP President-elect

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Schedule of Events

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- Installation of the 2019-2020 Executive Committee Officers and Members
- Final Report of the Committee on Constitution and Bylaws
  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 115th Annual Meeting schedule is subject to change. The final schedule will be posted prior to the meeting at *www.NABPAnnualMeeting.pharmacy*.

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

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

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

NABP and NABP Foundation® are accredited by the Accreditation Council for Pharmacy Education (ACPE) as providers of CPE. ACPE provider number: 0205. Learning objectives and descriptions for each CPE session 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 CPE Activities Will Cover Artificial Intelligence, Standards of Care, and More

Attendees of the NABP 115th Annual Meeting will have the chance to earn Accreditation Council for Pharmacy Education (ACPE)-accredited continuing pharmacy education (CPE) credits. The Annual Meeting's knowledge-based CPE activities are designed to address current issues affecting the regulation of pharmacy practice.

Thursday, May 16

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

ACPE UANs: 0205-0000-19-001-L04-P/T
(0.1 CEU – 1 contact hour)

9-11 AM

Providing the opportunity to interact with presenters and fellow attendees, the annual Educational Poster Session also offers an opportunity to earn CPE credit. Board of pharmacy and school and college of pharmacy representatives will present poster displays related to the theme of teamwork to educate attendees on new pharmacy practices in furtherance of protecting the public health. CPE is earned through interactive participation with presenters for one hour during the two-hour offering and by completing and passing a post-session test.

Shared Discussion Topics

ACPE UANs: 0205-0000-19-002-L03-P/T
(0.15 CEUs – 1.5 contact hours)

3:45-5:15 PM

This interactive session will include discussion on regulatory issues that were submitted for the 2018 Interactive Executive Officer Forum and the 2018 Interactive Member Forum that have yet to be addressed. This format will provide participants with the unique opportunity to share insights and knowledge valuable to the boards' work and provide an environment in which attendees may work together to develop solutions to the challenges faced by the boards.

Friday, May 17

Artificial Intelligence – Reality and Possibilities in Improving Patient Care

ACPE UANs: 0205-0000-19-003-L03-P/T
(0.1 CEU – 1 contact hour)

9:30-10:30 AM

As machines are designed to complete an increasing number of human tasks, how can artificial intelligence (AI), which is the creation of intelligent machines that work and react like humans, affect the practice of pharmacy? Can AI that includes speech recognition, learning, planning, and problem-solving assist health care teams in improving patient care? And how is AI being regulated in the health care setting? Attendees will hear from experts in the field as to what types of AI are currently being used in the health care setting as well as what the future possibly holds.

How to Make a Case in a Standards of Care World

ACPE UANs: 0205-0000-19-004-L03-P/T
(0.1 CEU – 1 contact hour)

10:45-11:45 AM

As pharmacist care evolves, so will its regulation. In some cases, evolving patient services, such as pharmacist prescriptive authority, will be subject to standards of care-based regulatory models similar to those traditionally used by nursing and medicine. It is therefore necessary for boards of pharmacy to develop a new approach to regulate the expanding scope of pharmacist practice to protect the public. Participants will learn from a case-based scenario how other health care regulators rely on expert testimony and practice standards established by specialists and/or specialty boards using standards of care-based regulations, and how these models may be used in developing these new standards of care for pharmacy. ■

Learning objectives and speaker information for each CPE session, as well as requirements for obtaining CPE credit, will be available on the Annual Meeting website, *www.NABPAnnualMeeting.pharmacy.*

Official Voting Delegate Submissions Due by April 16

In order to vote during the Final Business Session of the NABP 115th Annual Meeting and qualify for the travel grant, active member state boards of pharmacy must submit their signed Official Delegate Certificates by April 16, 2019.

- Chief administrative officers of the boards may submit the completed and signed Official Delegate Certificate to NABP Executive Office via mail to NABP Headquarters or via email to ExecOffice@nabp.pharmacy.
- Only current board of pharmacy members or chief administrative officers qualify to serve as delegates or alternate delegates.
- Only one individual may serve as the official voting delegate; however, there is no limit on how many individuals may serve as alternate delegates.

For more information, contact NABP Executive Office at ExecOffice@nabp.pharmacy.

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

Important Deadlines

- Early Registration Rate – Ends April 15, 2019
- Voting Delegate Submissions – Due April 16, 2019
- Early Hotel Reservation Rate – Ends April 22, 2019

Support Minneapolis Charity: Purchase Annual Meeting T-shirts or Make a Donation

Annual Meeting attendees can support Phillips Neighborhood Clinic (PNC) in Minneapolis by purchasing an Annual Meeting t-shirt for $20 when registering for the Annual Meeting at *www.NABPAnnualMeeting.pharmacy* or at the meeting, or by making a donation. A limited quantity of t-shirts is available. All proceeds will go to PNC, which offers free health care services to patients in Minneapolis with unmet needs. PNC is operated by University of Minnesota health professional students who are supervised by licensed clinicians. The charity was selected by the Minnesota Board of Pharmacy.

Attendees are encouraged to wear their t-shirts during the AWAR$_x$E® Fun Run/Walk. Space is limited for this event. To hold a place in the event, select the Fun Run/Walk session during the online meeting registration process.

Travel Grants for Annual Meeting Still Available

Are you an active board of pharmacy member or administrative officer who is attending the NABP 115th 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.

Around the Association

Executive Officer Changes

- **J. David Wuest, RPh,** has been named executive secretary of the Nevada State Board of Pharmacy, replacing Larry L. Pinson, PharmD, RPh. Wuest has experience in numerous areas of pharmacy, having served on and presided over the Board and acted as the Board's deputy executive secretary for many years. In 1991, he received a bachelor degree of science in pharmacy from the University of Cincinnati College of Pharmacy.
- **Joseph "Joe" Schnabel, PharmD, RPh, BCPS,** has been named executive director of the Oregon State Board of Pharmacy. He previously served as a Board member from 1992-2000. Schnabel was director of pharmacy at Salem Hospital, a position he held since 2011. He is also a part-time instructor at the Oregon State University (OSU) College of Pharmacy, where he teaches pharmacy law and ethics. Schnabel has a bachelor degree of science in pharmacy from OSU and a doctorate of pharmacy from Purdue University.

Board Member Appointments

- **Ronnie Bagwell, RPh,** has been appointed a member of the Mississippi Board of Pharmacy. Bagwell's appointment will expire June 30, 2020.
- **Gener Dolnemar Barber Tejero, RPh,** has been appointed a member of the Nevada State Board of Pharmacy. Tejero's appointment will expire October 31, 2021.
- **Gwen V. Griscom** has been appointed a public member of the New Mexico Board of Pharmacy. Griscom's appointment will expire July 1, 2023. ■

Volunteers Convene in February to Develop Exam Items

Volunteer item writers convened at NABP Headquarters in February 2019 to evaluate and develop test questions for the Foreign Pharmacy Graduate Equivalency Examination® and the Pharmacy Curriculum Outcomes Assessment®. ■

(Above, left to right) Bernadette D'Souza, PhD, Samford University McWhorter School of Pharmacy; Manoranjan D'Souza, MD, PhD, Ohio Northern University College of Pharmacy; and Danielle Cruthirds, PhD, Samford University McWhorter School of Pharmacy.

(Below, left to right) Jean Carter, PharmD, RPh, University of Montana Skaggs School of Pharmacy, and Omar Attarabeen, PhD, RPh, Marshall University School of Pharmacy.

Iowa's New Opioid Bill to Impact PMP Reporting

Iowa House File 2377, commonly referred to as the "Opioid Bill," was signed into law on July 1, 2018, and numerous provisions of the bill require specific action be taken by the Iowa Board of Pharmacy's prescription monitoring program (PMP). To ensure future compliance with and comprehension of new requirements and anticipated changes, the Board provided licensees with the following notifications:

- Opioid antagonists dispensed by a pharmacy pursuant to a prescription or standing statewide protocol must be reported to the PMP.
- The record of each reportable prescription submitted to the PMP by a pharmacy or dispensing practitioner must include the patient's legal first and last names.
- Pharmacists involved in patient care will be required to have a PMP user account.
- The cap of six delegate users per practitioner will be changed to allow an adequate number of health care professionals that actively work with the practitioner to be approved.
- If patients believe information within their PMP record is false or erroneous, they are to notify the pharmacy that submitted the information, and the pharmacy must correct any errors that are validated.
- Proactive notifications may be disseminated by the Board to practitioners, both prescribers and dispensers, involved in the care of a patient who meets or exceeds identified threshold values that commonly correlate to prescription abuse or misuse.

The Opioid Bill also mandates that any prescriber who prescribes, administers, or dispenses controlled substances (CS) must maintain a PMP user account and query the PMP prior to prescribing an opioid.

New Mexico Updates Rules Related to Dishonorable Conduct

New Mexico amended its administrative code regarding pharmacists and dishonorable conduct to prohibit the solicitation of prescription business via preselected medications on prescription blanks or via prescription requests not initiated by the patient or practitioner.

North Dakota Launches Opioid and Naloxone Education Program

The ONE Rx team at North Dakota State University launched the opioid and naloxone education project in North Dakota on October 1, 2018. Since its launch, 131 North Dakota pharmacists have completed the three-hour ONE Rx training either in person or online. Forty-eight pharmacies have enrolled to be ONE Rx pharmacies, which requires screening all patients receiving opioids for both opioid misuse risk and accidental overdose. The program provides all participating pharmacies access to the REDCap online data entry system, which allows pharmacies to track patient care measures, such as naloxone dispensed, patients counseled about medication take back, and counseling about opioid misuse disorder. This program is easily woven into normal workflow, with minimal disruption of work time, and maximally focused patient counseling and support, which is based on individualized patient information.

ONE Rx has a recognition program of bronze, silver, and gold level pharmacies. Bronze level pharmacies earn a $500 incentive payment upon training half of their pharmacists in ONE Rx and screening 25 patients. Gold level results in an additional $500 incentive payment, and is earned after 75% of pharmacists are trained, a take-back program is put in place, and 100 patients are screened.

More information about the success of the program is available in the North Dakota State Board of Pharmacy's December 2018 *Newsletter*.

West Virginia Updates Central Fill Rules and Integrates CS Reporting Program

West Virginia had previously not allowed central filling of prescriptions. Central prescription filling means the filling of a new or refilled prescription at the request of the originating pharmacy for delivery to the patient when presented with a prescription. A given pharmacy can choose to outsource or use a central filling pharmacy for prescription filling if the pharmacies have the same owner, have an agreement that specifically outlines the responsibilities and services, and share a common electronic file system. There are specific requirements for the central fill pharmacy and originating pharmacy to ensure safety for patients. Details for the central fill rules can be found by viewing the West Virginia Code of State Rules §15-14 Rules for Centralized Prescription Processing.

The West Virginia Board of Pharmacy partnered with Appriss Health to integrate information from the West Virginia Controlled Substance Monitoring Program (CSMP) into the clinical workflow of prescribers and pharmacists via NarxCare. All practitioners who dispense to residents of West Virginia must report all Schedule II, III, IV, and V CS and opioid antagonists to the West Virginia CSMP each 24-hour period. There is data sharing with multiple states including Arizona, Arkansas, Colorado, Connecticut, Indiana, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, Ohio, Pennsylvania, South Carolina, Tennessee, and Virginia, along with the District of Columbia.

The NarxCare platform will be made available at no cost to all West Virginia health care providers via their electronic health record and pharmacy management system vendors providing vital data to clinicians.

Synthetic Opioid Deaths Increased More Than 45% in 2017, Reports CDC

Overdose death rates linked to synthetic opioids, likely from illicitly manufactured fentanyl, increased more than 45% in the United States from 2016 to 2017, while death rates from heroin and prescription opioids remained stable, reports the Centers for Disease Control and Prevention (CDC). At the same time, CDC's analysis also shows that overdose death rates involving heroin and prescription opioids were, respectively, seven and four times higher in 2017 than in 1999. These findings, made available in the January 18, 2019 *CDC Morbidity and Mortality Weekly Report*, are based on analysis of the latest available drug overdose death data and expand on data released in November 2018 by the National Center for Health Statistics.

The report analyzes the growing number of US drug overdose deaths from 2013 to 2017 and correlates with demographic and geographic characteristics from 2016 to 2017. Of the 35 jurisdictions reporting data sufficient for analysis, 23 states and the District of Columbia saw increased rates of death linked to synthetic opioids. Previously, deaths involving synthetic opioids mainly occurred east of the Mississippi River. The latest available data now show eight states west of the Mississippi had significant increases in such deaths. These eight states are Arizona, California, Colorado, Minnesota, Missouri, Oregon, Texas, and Washington.

FDA Releases Two Draft Guidances Related to REMS Programs

Food and Drug Administration (FDA) has released two draft guidances to ensure that risk mitigation programs put in place for certain drugs and biologics are working. FDA's primary risk management tool is FDA-approved product labeling. However, in limited cases, the agency may require a Risk Evaluation and Mitigation Strategy (REMS) to help ensure that a drug's benefits outweigh its risks. The draft guidances relate to the assessment of REMS programs.

- *REMS Assessment: Planning and Reporting Guidance for Industry* describes how to develop a REMS Assessment Plan by considering how REMS program goals, objectives, and REMS design may impact the types of metrics and data sources that could be used to assess whether the program is meeting its risk mitigation goals.
- *Survey Methodologies to Assess REMS Goals That Relate to Knowledge Guidance for Industry* provides recommendations on conducting REMS assessment surveys to evaluate patient or health care provider knowledge of REMS-related information, such as the serious risks and safe use of a medication.

Study Evaluates Trends of Pediatric Opioid Prescribing in Emergency Departments

A substantial portion of the pediatric population continues to be prescribed opioids when being treated in emergency departments, with significant variations related to race, age, diagnosis, payment method, and region of the country where the patient visit occurred, according to a recently published study. The authors concluded that the lack of consistency in prescribing opioids observed in this study underscores the need to develop a more standardized opioid use guideline in pediatrics, which can help guide prescribers to make informed decisions when considering opioids for the treatment of patients younger than 18 years.

Regarding age, those ages 13 to 17 years were significantly more likely to have visits associated with opioid use (16.2% of visits) compared with those ages 3 to 12 years (6.59% of visits) and 0 to 2 years (1.7% of visits). Although the overall rate of opioid prescribing for pediatric patients was lower than for adults, the authors note that more than 16% of all visits for those ages 13 to 17 years have an opioid associated with them, which suggests that overall opioid use is also relatively high in pediatric patients.

As for regional variability, the findings indicate that patient visits in the western region of the country are significantly more likely to be prescribed an opioid. Patient visits in the Northeast are associated with the lowest likelihood of an opioid being prescribed despite a lack of significant difference in pain-related diagnosis in these regions.

More information about the study is available in the article "Trends in Opioid Use in Pediatric Patients in US Emergency Departments From 2006 to 2015," which was published December 21, 2018, in *JAMA Network Open.*

FTC Sues Sellers of Nobetes, a Pill Claiming to Treat Diabetes

Nobetes Corporation and its two officers who advertised and sold Nobetes – a pill containing a concoction of vitamins, minerals, and plant extracts that they claimed treats diabetes – have settled a Federal Trade Commission (FTC) complaint alleging that the advertising claims for the product are false or unsubstantiated. The defendants advertised Nobetes on television, radio, Facebook, and YouTube. As stated in an FTC news release, the price of a 30-tablet bottle ranged from $29.95 (plus shipping and handling) to $50.60.

The order settling FTC's complaint prohibits the company and its officers from undertaking future deceptive practices, including making unsubstantiated health claims, misleading consumers about the terms of "free trial" offers, billing consumers without their consent, and other practices related to the use of "expert" endorsements and consumer testimonials. The order also requires them to pay $182,000. ■

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NABP 115th Annual Meeting
May 16-18, 2019
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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

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