

INNOVATIONS

RESILIENCE,
RESPONSIVENESS

2020
IN REVIEW



NABP
National Association of
Boards of Pharmacy

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2020 in Review

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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.*



Cristal Anderson, PharmD, RPh

Director of Compliance, Alabama State Board of Pharmacy

How long have you been serving as an inspector for the Board?

I have been working as a compliance director with the Board since October 2014. I began my career as a pharmacist in a large health care system. Later, I worked in a community pharmacy setting with Rite Aid and Target Pharmacy.

What tools or skills are a must-have in a pharmacy inspector's toolkit?

The practice of pharmacy is ever-evolving, so it is vital for an inspector to be flexible and adaptable. It is critical to make time to read and research changes or additions to rules and guidances, as well as to be aware of current events that might impact pharmacy practice sites.

Collaboration and communication with peers in other state or federal regulatory agencies are excellent tools for new and seasoned inspectors. Open dialogue with colleagues can create a united front for addressing widespread situations or practices that could endanger the public. Sharing experiences, actions, and outcomes is beneficial to everyone involved.

What are some common issues that you have witnessed and addressed as an inspector with the Board?

Unfortunately, I have seen good pharmacists and pharmacy technicians get entangled in unsavory pharmacy schemes or with irresponsible non-pharmacist owners. Many of these types of operations prey on licensees with previous disciplinary issues or less flexible schedules that might limit their employment opportunities. The thought process is that these employees will be so grateful for the work opportunity that they will look the other way and not ask questions about suspect operations. When the facility comes under investigation, the owners walk away and leave the employees holding the bag.

In Alabama, do inspectors also conduct investigations for other health regulatory boards?

We are not necessarily tasked with performing inspections or investigations

for other regulatory boards, but our investigators are often requested by other agencies when there is a common interest. Upon request, we have also consulted with and accompanied other agencies into non-pharmacy compounding operations.

Is there an inspection experience that you have found particularly interesting, egregious, or unusual?

Approximately two years ago, one of our investigators had suspicions concerning a nonsterile compounding facility. He asked me to look at its compounding operations while he was reviewing other aspects of the facility. When I began looking at invoices, I found that an extraordinary number of antibiotic and antiviral injectables were being ordered. Upon inquiry, the pharmacists advised they would reconstitute 30-60 vials of lyophilized product, decrimp, and pour the liquid into an amber bottle, so it could be used topically twice daily in "footbaths." The patient would also be instructed to squeeze the entire 30 g tubes of mupirocin and ketoconazole into the bath twice daily. These products were being used to "treat" foot ulcers or lacerations, and the patient's insurance was billed thousands of dollars per bottle. This was our Board's first knowledge of this type of business model.

What advice would you give to a new board inspector?

My advice is to recognize that you do not know everything and never will. When I first began, I felt, as a Board representative, that I was expected to know the answer to every question and be capable of handling any situation on the fly. I have since learned that it is completely acceptable to request time for research before responding to questions or situations. I would also recommend documenting your interactions. I usually have an inquiry emailed to me, so I have a record of my exact response. This can come in handy down the road if your answer is misinterpreted or misconstrued. ●

Alabama State Board of Pharmacy



Number of Board Members

5 pharmacist members



Number of Compliance Officers/Inspectors

11 investigators and 2 compliance officers



Rules & Regulations Established by State Board of Pharmacy



Number of Pharmacist Licensees

10,335



Number of Pharmacies

2,129



Number of Wholesale Distributors

572

New Rules for Sharing Patient Health Data Starting Next Month: An Information Blocking Rule Primer

Congress passed the 21st Century Cures Act in 2016 to streamline government processes related to medical research, drug development, and care delivery in order to encourage innovation and “get cures to patients faster.” Part of this law included a requirement that the United States Department of Health and Human Services’ (HHS) Office of the National Coordinator for Health Information Technology (ONC), along with the Centers for Medicare & Medicaid Services, release new rules to prevent “information blocking” of patient electronic health information (EHI) data.

ONC originally proposed its information blocking rule as required by the 21st Century Cures Act in March 2019 and took in significant stakeholder feedback to finalize the rule in May 2020. After a five-month delay due to the coronavirus disease 2019 (COVID-19) pandemic, the applicability date of the rule is around the corner.

On and after April 5, 2021, health care providers, health information technology (IT) developers of certified health IT, and health information networks (HINs)/health information exchanges (HIEs) will be subject to this rule.¹ Pharmacists and pharmacies do qualify as health care providers under the rule, meaning that if pharmacists or pharmacies engage in information blocking behavior on or after April 5, 2021, those individuals or entities may be at an increased risk of enforcement action.

The information blocking rule is widely seen as a significant regulation that will have far-reaching effects on how EHI is accessed, exchanged, and used by patients, providers, and a wide range of participants in the health care industry. The rule provides both a great deal of opportunity to improve the quality and availability of EHI and poses real risk for those entities that are not fully prepared.

Information Blocking Rule Basics

What is “information blocking”?

Information blocking is a practice by

an Actor that is likely to interfere with (ie, prevent, materially discourage, or otherwise inhibit) access, exchange, or use of EHI. However, there are specified exceptions to what is considered information blocking outlined below.

Who is considered an “Actor”? A health care provider, health IT developer of certified health IT, or HIN/HIE.

- **Health care provider** includes pharmacies and pharmacists. Other examples of health care providers include, but are not limited to, physicians, hospitals, and rural health clinics.
- **Health IT developer of certified health IT** means an individual or entity, other than a health care provider that self-develops health IT for its own use, that develops or offers health information technology, and which has, at the time it engages in a practice that is the subject of an information blocking claim, one or more health IT modules certified under a program for the voluntary certification of health IT that is kept or recognized by ONC.
- **HIN/HIE** means an individual or entity that determines, controls, or has the discretion to administer any requirement, policy, or agreement that permits, enables, or requires the use of any technology or services for access, exchange, or use of EHI:
 - Among more than two unaffiliated individuals or entities (other than the individual or entity to which this definition might apply) that are enabled to exchange with each other; and
 - That is for a treatment, payment, or health care operations purpose.²

What is a “practice”? A practice is an act or an omission by an Actor.

What is EHI? Until October 6, 2022, EHI is limited to the EHI identified by the data elements represented in the US Core Data for Interoperability (USCDI) standard.³ The USCDI is a standardized set of health

data classes and constituent data elements for nationwide, interoperable HIE. On and after October 6, 2022, the full definition of EHI will include electronic protected health information (ePHI), as defined by the Health Insurance Portability and Accountability Act (HIPAA), to the extent that it would be included in a designated record set. It is important to note that EHI will cover ePHI elements regardless of whether they are used or maintained by or for a covered entity under HIPAA. EHI, however, will not include (1) psychotherapy notes⁴ or (2) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

Different Actors Are Held to Different Standards

Health care providers. For health care providers, an information blocking offense can only have occurred if the providers knew that their practice was unreasonable and likely to interfere with access, exchange, or use of EHI.

Health care providers will be subject to yet-to-be defined “appropriate disincentives” for violating the information blocking rule. What those appropriate disincentive penalties will be and how they will be determined and assessed are subject to future rulemaking.

Developers of health IT and HINs/HIEs. For Actors that develop or offer certified health IT or are HINs/HIEs, an information blocking offense may have occurred if that Actor knew or should have known that its practice was likely to interfere with access, exchange, or use of EHI.

The penalty for an offense by health IT developers or HINs/HIEs is civil monetary penalties (CMPs) of up to \$1 million per violation. While health IT developers and HINs/HIEs must comply with the rule starting April 5, 2021, the date of enforcement of CMPs has not yet been finalized. That date will be determined in a final rulemaking by the HHS Office of the Inspector General.



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A Health Care Provider Is Not Always Just a Health Care Provider

Actors regulated by the information blocking rule are not regulated based on who they are or what type of entity they represent – but rather based on the capacity in which they are acting. An important ramification of this is that a health care provider could also be regulated as a health IT developer of certified health IT or as an HIN/HIE based on its practice at issue. Thus, it is critical to understand which “hat” an Actor is wearing with any given practice because the capacity in which an Actor is acting can determine the standard that applies and the applicable penalties for a violation.

Information Blocking Exceptions

As described above, information blocking is a practice that is likely to interfere with (ie, prevent, materially discourage, or otherwise inhibit) access, exchange, or use of EHI. However, there are specific scenarios in which withholding EHI is deemed appropriate and will not qualify as information blocking.

Exceptions that involve not fulfilling requests to access, exchange, or use EHI include if the information is being withheld

in order to prevent harm, protect an individual’s privacy, or maintain security of the EHI. Exceptions will also be made if it is infeasible to share the EHI, or if the health IT system housing the data is undergoing maintenance or improvements. The final rule details what must occur in these scenarios for the exception to apply. The final rule also includes a separate set of exceptions that involve procedures for fulfilling requests to access, exchange, or use EHI. These additional exceptions explain when an Actor can charge fees for the access, exchange, or use of EHI, and when an Actor can license interoperability elements in order for EHI to be accessed, exchanged, or used. Finally, this separate set includes an exception that allows Actors to limit the content of their response to, or the manner in which they fulfill, a request to access, exchange, or use EHI.

Readers of this information blocking rule primer should take note for two key reasons. First and foremost, as noted, the information blocking rule applies to pharmacists and pharmacies. Therefore, you might need to take steps to ensure that you are adequately prepared for the April 5, 2021 applicability date. Second, if you are requesting certain information after the applicability date on

behalf of a patient who has authorized you to do so, the information blocking rule will provide additional protections to your right to receive EHI in a timely manner. ●

This article was written by Jeffrey T. Ganiban, JD; Alex Eschenroeder, JD; and Jonathan Keller, PharmD, JD, RPh, 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 noted.

¹45 CFR Part 171—Information Blocking
²as such terms are defined in 45 CFR § 164.501, regardless of whether such individuals or entities are subject to the requirements of 45 CFR Parts 160 and 164
³adopted in 45 CFR § 170.213
⁴as defined in 45 CFR § 164.501



**For NABP, like most associations, 2020 was the year of “adapting.”
Founded in 1904, NABP is no stranger to challenging times.**

The Association's resilience has been a driving force in responding to its member boards' needs in the pursuit of public health protection, and in 2020, that mission was more evident than ever. Whether through the development of the NABP Passport, navigating state lockdown challenges to continue inspections, ensuring that pharmacist candidates were able to test, or shifting pertinent meetings to a remote format, NABP programs and services faced each unprecedented challenge head on. In this issue of *Innovations*, NABP is pleased to report the results and successes of 2020 for its Clearinghouse, examination, accreditation, and inspection programs.

2020 Exam and Assessment Volume Remained Stable

This table provides the volume of 2020 administrations for the following programs:

- North American Pharmacist Licensure Examination® (NAPLEX®);
- Pre-NAPLEX®;
- Multistate Pharmacy Jurisprudence Examination® (MPJE®);
- Pre-MPJE®;

- Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®);
- Pre-FPGEE®; and
- Pharmacy Curriculum Outcomes Assessment® (PCOA®).

More information on NABP examinations and assessments is located in the Programs section of the NABP website. ●



Though testing sites were closed and capacity was limited at the beginning of the pandemic, NABP worked tirelessly with member boards, schools of pharmacy, academic centers, and Pearson VUE Professional Centers to add sites, communicate with candidates, and increase capacity through the end of 2020. As a result, administration volume is very close to previous year levels.

Volume of Examination and Assessment Administrations		
	2019	2020
NAPLEX	17,974	17,177
Pre-NAPLEX	14,460	13,868
MPJE	34,123	30,715
Pre-MPJE*	1,014	8,939
FPGEE	1,294	912
Pre-FPGEE	449	349
PCOA	18,938	16,479
Program Year 1	1,991	733
Program Year 2	2,506	1,564
Program Year 3	14,283	14,028
Program Year 4	158	154

* NABP launched the Pre-MPJE in September 2019.

Socially Distant, Yet Socially Collaborative

For the first time in the Association’s history, many of NABP’s key, collaborative meetings (including the Annual Meeting) went from a traditional in-person format to a fully remote meeting. NABP wishes to thank all board of pharmacy members and staff who participated in the following remote meetings in 2020.

- 116th NABP Annual Meeting
- NABP Interactive Forums
- NABP/AACP District Meetings
- Task Force Meetings
- Committee on Constitution and Bylaws
- Committee on Law Enforcement/ Legislation
- Advisory Committee on Examinations
- NAPLEX Review Committee
- MPJE Review Committee
- FPGEE/PCOA Review Committee
- NAPLEX/MPJE/FPGEE/PCOA Item Development Workshops
- NAPLEX Standard Setting Meeting
- MPJE State-Specific Review
- PMP InterConnect Steering Committee
- Accreditation Surveyor Workshop
- Program Review and Training
- Live Educational Webinars

NABP Clearinghouse Records 4,677 Disciplinary Actions From Boards in 2020

The Association's year-end data results for 2020 showed that a total of 4,677 disciplinary records were submitted to the NABP Clearinghouse by the state boards of pharmacy on 3,963 individual and business e-Profiles. The majority of disciplinary records submitted were for pharmacists, pharmacy technicians, and pharmacies. 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.

For a full breakdown of the actions and bases for actions taken on individuals during 2020, see the figures below and the figures on the next page for a full breakdown of the actions and bases for actions taken on businesses during 2020.

Of the 4,677 actions reported in 2020:

- 1,700 (36%) were on pharmacists;
- 1,509 (32%) were on pharmacy technicians;
- 1,165 (25%) were on pharmacies;
- 139 (3%) were on wholesalers, manufacturers, and distributors;
- 69 (1.5%) were on pharmacy interns;
- 51 (1.1%) were on other licensees;
- 19 (.4%) were on other individuals;
- 16 (.3%) were on Drug Enforcement Administration and Food and Drug Administration registrations; and
- 9 (.2%) were on controlled substance licenses.



	COUNT	%		COUNT	%
Publicly Available Fine/Monetary Penalty	1,142	27.1%	License/Certificate Restored or Reinstated, Complete, Conditional, Partial, or Denied	215	5.1%
Other Licensure Actions Not Classified	718	17.1%	Summary or Emergency Action, Limitation, Suspension, or Restriction on License	136	3.2%
Revocation of License/Certificate	445	10.6%	Denial of Initial License or Renewal License/Certificate	112	2.7%
Probation of License	416	9.9%	Reduction, Modification, or Extension of Previous Licensure Action	103	2.4%
Reprimand or Censure	296	7.0%	Limitation or Restriction on License	57	1.4%
Voluntary Surrender of License/Certificate	283	6.7%	Miscellaneous	18	0.4%
Suspension of License/Certificate	269	6.4%			

TOTAL 4,208

	COUNT	%		COUNT	%
Noncompliance With Requirements	1,718	43.8%	Improper Supervision or Allowing Unlicensed Practice	87	2.2%
Improper Prescribing, Dispensing, Administering Medication/Drug Violation	659	16.8%	Confidentiality, Consent, or Disclosure Violations	52	1.3%
Other	470	12.0%	Substandard Care or Patient Neglect/Abuse	41	1.0%
Criminal Conviction or Adjudication	460	11.7%	Unsafe Practice or Substandard Care	14	0.4%
Fraud, Deception, or Misrepresentation	416	10.6%	Conflict of Interest	4	0.1%

TOTAL 3,921



Accreditation and Verification Programs Remain Strong in 2020

Drug Distributor Accreditation

Formerly known as Verified-Accredited Wholesale Distributors® (VAWD®)

A total of 694 facilities held Drug Distributor Accreditation by the end of 2020. This figure includes 76 new accreditations and 129 reaccreditations awarded in 2020. The number of states currently requiring or recognizing Drug Distributor Accreditation is 28.

DMEPOS Pharmacy Accreditation

Formerly known as the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) program

DMEPOS Pharmacy Accreditation continues to receive a steady number of applications, resulting in 21 new accreditations and reaccreditations in 2020. Currently, 243 companies representing almost 25,000 facilities are NABP accredited for DMEPOS Pharmacy.

OTC Medical Device Distributor Accreditation

Formerly known as Verified-Accredited Device Integrity Program® (VDIP®)

NABP created OTC Medical Device Distributor Accreditation for business entities that distribute medical devices often designated as medium to high risk by Food and Drug Administration, specifically, diagnostic over-the-counter (OTC) devices such as diabetes medical supplies eligible for reimbursement. In 2020, a facility in Florida became the first

organization to be awarded OTC Medical Device Distributor Accreditation.

Digital Pharmacy Accreditation

Formerly known as Verified Internet Pharmacy Practice Sites® (VIPPS®)

Digital Pharmacy Accreditation awarded 12 accreditations and four reaccreditations. By the end of 2020, 79 businesses that account for tens of thousands of pharmacies across the United States were accredited and overall participation in Digital Pharmacy Accreditation has steadily increased since the program's inception in 1999.

.Pharmacy Verified Websites Program

NABP verified the websites of 409 customers, and 602 .pharmacy domain names were registered through the .Pharmacy Verified Websites Program. This includes:

- 455 pharmacies
- 46 boards of pharmacy and regulatory agencies
- 34 resource and referral sites
- 25 associations and consumer advocacy sites
- 24 professional sites
- 9 pharmacy automation distributors
- 4 manufacturers
- 2 pharmacy benefits managers
- 2 wholesale drug distributors
- 1 school or college of pharmacy

NABP's Newer Accreditations

Several of the Association's newer accreditations have demonstrated success in 2020, including Specialty Pharmacy Accreditation, Community Pharmacy Accreditation, Compounding Pharmacy Accreditation, and Home Infusion Therapy Pharmacy Accreditation. In 2020, nine new pharmacy accreditations were awarded through these programs, including one Community Pharmacy Accreditation and the first Specialty Pharmacy Accreditation and Home Infusion Therapy Pharmacy Accreditation.

In January 2021, Centers for Medicare & Medicaid Services began requiring accreditation for home infusion therapy services billed to Medicare. NABP is one of four organizations that the US Department of Health and Human Services has designated as an accrediting organization of home infusion therapy suppliers.

Boards of pharmacy and NABP faced many challenges to carrying out accreditation and inspection services in 2020 due to the coronavirus disease 2019 pandemic. More information on these challenges and the response to resuming these services is available in the November/December 2020 issue of *Innovations*. ●



2020 VPP Totals

In January 2021, NABP reported the total number of pharmacies that applied for Verified Pharmacy Program® (VPP®) inspections in 2020, including new and renewal applicants. The VPP inspection totals for 2020 were impacted due to the fact that in March 2020, NABP suspended all inspection activity due to the coronavirus disease 2019 pandemic. At the end of July 2020, NABP began offering inspections to select facilities that met Centers for Disease Control and Prevention, federal, state, local, and NABP guidelines for safety. For pharmacies that have not yet met the requirements, NABP is offering to perform a virtual inspection or survey until a physical on-site inspection can be done safely. More information about VPP can be found in the Programs sections of the NABP website. ●

VPP Inspections*	2020	Since Inception (2013)
General Retail Pharmacy Only	47	246
General and Nonsterile Compounding Only	26	535
General and Sterile Compounding Only	25	251
General, Nonsterile, and Sterile Compounding	48	508
Nuclear	5	50

*The totals above represent pharmacies whose inspections have already been completed in 2020 and do not include applicants who are awaiting an inspection or who recently submitted an application.

2020 Implementation of Universal Standards Streamlines Application Process

In 2020, NABP applied universal accreditation standards across all of its pharmacy accreditation programs. As with the universal application that was also introduced in 2020 for NABP’s accreditation and inspection programs, the universal standards are expected to further streamline and facilitate the application process for pharmacies, distributors, and other pharmacy-related businesses applying for multiple accreditation programs.

Previously, each NABP program had its own accreditation standards pertaining to general qualifications, licensure, personnel, compliance with laws and regulations, and other requirements. The Association examined each program’s standards and combined those common to all NABP accreditation programs to develop universal standards. Subsets applicable to the pharmacy programs and distributor programs, as well as subsets applicable to the individual programs within those two categories, provide program-specific information.

Universal Standards Benefits

In addition to streamlining the application process for those applying for multiple NABP accreditation programs, the universal accreditation standards may enable

applicants to save both time and money by making it easier for them to create a comprehensive compliance package. For example, with certain programs, the universal accreditation standards may enable NABP to consolidate duplicative processes, thus saving time and enabling discounts.

Boards of pharmacy may also benefit from the universal accreditation standards. Being familiar with the standards that NABP’s accreditation programs have in common may enable boards to better understand the various programs and how they help advance public health protection. In addition, because pharmacies and distributors applying for NABP accreditation must have an NABP e-Profile account, boards using NABP e-Profile Connect – the portal that allows state boards to access information on e-Profile holders – will have access to cleaner, more consistent, and more up-to-date data.

The universal standards will give NABP access to more reliable and cleaner data as well. In addition, they will allow the Association to continue to make its processes more efficient and, in the future, launch new programs. ●



Programs Currently Under the Universal Accreditation Standards:

- Community Pharmacy
- Compounding Pharmacy
- Digital Pharmacy
- Home Infusion Therapy Pharmacy
- Specialty Pharmacy

Programs Transitioning to the Universal Accreditation Standards in 2021:

- DMEPOS Pharmacy
- Drug Distributor
- OTC Medical Device Distributor

2020 Supply Chain Inspection Totals

Due to the impact of the coronavirus disease 2019 pandemic, the number of inspections conducted in 2020 was significantly less than in 2019. Two inspections were completed in 2020, bringing the total number to 47 inspections conducted since the inception of the Supply Chain Inspection program in 2019. ●

Visit the **Accreditations and Inspections** section of the NABP website for information about these programs.





Virtual Interactive Member Forum

With the coronavirus disease 2019 pandemic continuing to impact business travel and the health and safety of the public, NABP moved the traditional in-person meeting to a completely virtual and interactive format.

Online Meeting Tools Helped Board Members Collaborate

Building upon the success of the virtual Interactive Executive Officer Forum in September 2020, the NABP Interactive Member Forum on Wednesday, January 27, 2021, followed a similar format and included many of the same interactive elements. Chat discussions, a virtual café, and polling questions are just some of the ways in which 45 board of pharmacy members connected and collaborated with fellow colleagues and peers during the forum. With the coronavirus disease 2019 pandemic continuing to impact business

travel and the health and safety of the public, NABP moved the traditional in-person meeting to a completely virtual format. Themed “Network, Exchange, Innovate,” the virtual event offered attendees an opportunity to discuss common challenges faced by the boards, as well as reinforce the partnership between the boards of pharmacy and NABP and their shared mission to protect the public health.

Lively Virtual Discussions

NABP Executive Committee members and NABP staff served as panelists to kick off session discussions, and several members

of the NABP Executive Committee served as moderators. The panelist-led sessions included an overview of the work being done by NABP's 2020-2021 task forces as well as an update on the Food and Drug Administration memorandum of understanding and NABP's Compounding Information Sharing Network. NABP staff also provided an update and received member input on NABP programs and services, including the NABP Passport and data exchange via the NABP e-Profile system. In addition, attendees had a lively discussion on several of the shared discussion topics they submitted prior to the meeting.

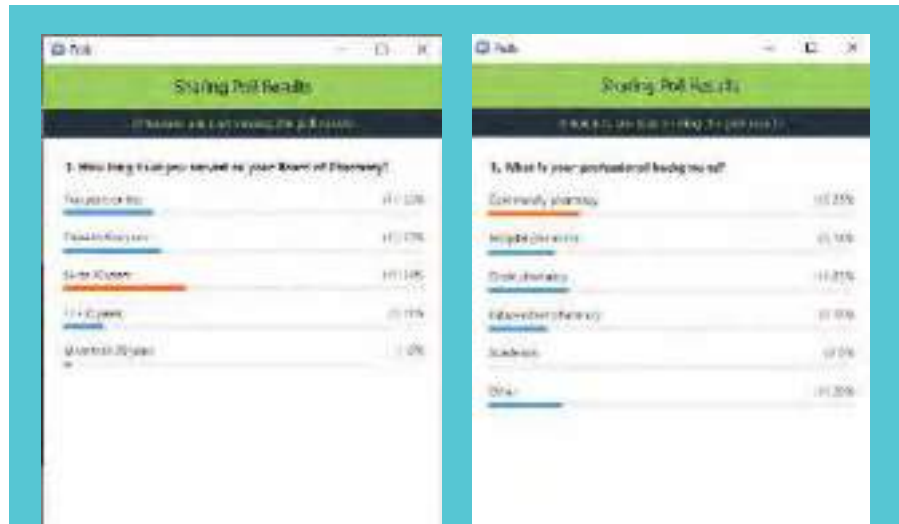
Interactive Features Keep Collaboration Alive

To create an engaging experience that included as much attendee participation as possible, the forum utilized a variety of online meeting features.

- The results of live polls conducted during several sessions gave the attendees an idea of their fellow participants' board experience and the various states' use of NABP Passport and CPE Monitor® data. Polling was also used to prioritize the topics suggested by attendees for the shared topics session.
- Attendees were placed in virtual breakout rooms to allow for discussion in smaller groups on pre- and post-pandemic issues.
- During a virtual café lunch, attendees were able to choose a lunch "table" for networking, each focusing on a different topic, and the breakout room feature was used to place them at their virtual lunch tables.

Thank You, Moderators and Panelists!

NABP would like to thank the Executive Committee members for serving as moderators and panelists and sharing their expertise to spark discussion on topics during the forum. ●



Above: Throughout the forum, attendees responded to various polling questions. The above poll on the left asks how long each member has served on their board of pharmacy. Results indicate that 34% of attendees have served six to 10 years on their board, followed by 27% serving three to five years, 25% serving two years or less, 11% serving 11 to 20 years, and 2% serving more than 20 years. The above poll on the right asks each member what their professional background is. Results indicate that 25% work in a community pharmacy, 22% work in a chain pharmacy, 18% work in a hospital pharmacy, 16% work in an independent pharmacy, and 20% work elsewhere. Opposite: Pictured are attendees from the forum interacting through the Zoom video feature.

Themed "Network, Exchange, Innovate," the virtual event offered attendees an opportunity to discuss common challenges faced by the boards, as well as reinforce the partnership between the boards of pharmacy and NABP and their shared mission to protect the public health.

2021-2022 MPJE Review Committee Members Announced

Twelve members are continuing their service on the 2021-2022 Multistate Pharmacy Jurisprudence Examination® (MPJE®) Review Committee.

The committee is composed of experts in pharmacy law and regulation authorities who are representative of the diversity of pharmacy practice. The committee shares the responsibility for developing and reviewing the items in the MPJE.

Committee members, whose terms began February 1, 2021, are as follows:

MPJE Review Committee

- Mark Brown, MBA, RPh, Hawaii
- N. Katie Busroe, RPh, Kentucky Board of Pharmacy
- Mark T. Conradi, JD, RPh, PC, Alabama
- Debra Glass, RPh, Florida
- Amy Mattila, PharmD, RPh, Wisconsin
- Susan B. McCoy, RPh, Mississippi Board of Pharmacy
- Michael A. Moné, JD, RPh, Ohio
- Beth O'Halloran, RPh, Virginia Board of Pharmacy
- Alan M. Shepley, RPh, Iowa
- John D. Taylor, RPh, Florida
- Dean Wright, RPh, Arizona
- David C. Young, PharmD, RPh, Utah ●



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.

Enhancing **Networks** and Expanding **Access** to Protect **Public Health**

117th NABP Annual Meeting | Virtual | May 13-14, 2021

Join Your Colleagues for:

NABP Annual Business Sessions

Virtual networking opportunities

Keynote: Kris Paronto, inspiring hero of
the 2012 Benghazi attack

Educational Poster Session
(Contact Prof-Affairs@nabp.pharmacy for details.)

Continuing pharmacy education (CPE) sessions,
including pre-meeting CPE on May 12

Important Deadlines

- MARCH 29, 2021 – Proposed CBL amendments must be received at NABP Headquarters.
- APRIL 13, 2021 – Signed Official Delegate Certificates must be submitted to NABP.
- APRIL 23, 2021 – Proposed resolutions must be submitted to be considered at the Annual Meeting.

Registration available in March at
www.NABPAnnualMeeting.pharmacy

Understanding the Annual Meeting Business Session Processes

Much of the foundation for issues addressed at the Annual Meeting is laid at the district level. District meetings provide a voice for each district to take part in the decision-making processes of the Association and, in turn, shape the business processes for the Annual Meeting.

It All Starts at the District Meetings

During the district meetings, board delegates vote on candidates who run for NABP Executive Committee open member positions in their district. Also, during these meetings, members may submit resolutions for consideration by their district. Resolutions passed at the district meetings are then submitted to NABP and are reviewed by the Committee on Resolutions before being voted on at the Annual Meeting. These resolutions have the potential to result in NABP actions such as the development of task forces to explore or address an issue or revisions to the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy*, which provides the boards with model language that may be used when developing state laws or board rules. In addition, once approved by the membership, resolutions document the Association's stance on issues affecting the practice of pharmacy and public health. They can also express NABP's intention to work with other key stakeholders.

Voting

When there is an open NABP Executive Committee member position for a district, the district may nominate up to two candidates at its district meeting. After the district meeting, there is also an opportunity for individuals to be nominated outside the district process. Nominees for Executive Committee officer positions of president-elect and treasurer submit their interest and qualifications for these positions directly to NABP. NABP then determines if they meet the criteria to be candidates. At the Annual Meeting, the membership votes on the slate of candidates, including the open

member positions and officer positions of president-elect and treasurer. The president and chairperson positions are progressively assumed. Amendments to the NABP Constitution and Bylaws are also voted on at the Annual Meeting. These amendments may be submitted by any active member board, the Committee on Constitution and Bylaws, or the Executive Committee within a specific time frame prior to the Annual Meeting. Although newly proposed amendments to the Constitution may be presented during any Annual Meeting business session, they may not be discussed and voted on until the next succeeding Annual Meeting. By contrast, proposed amendments to the Bylaws may be presented and voted on at the same Annual Meeting. Finally, resolutions that were submitted by the districts, active member boards, or NABP committees are discussed and voted on at the Annual Meeting.

Business Sessions

So that the member boards can be provided with the opportunity to thoroughly review what the Association has accomplished and plans to accomplish for the upcoming year, this year's virtual business processes have been divided into two sessions during the Annual Meeting rather than three that are held as part of an in-person meeting.

At the First Business Session, attendees will hear the Keynote Address and abbreviated reports of the NABP Executive Committee chairperson, president, and treasurer. Attendees are also introduced to the candidates running for the open Executive Committee officer and member positions. Attendees will then hear the candidate speeches for

these positions. In addition, resolutions that were submitted by the districts, active member boards, or committees of the Association, and proposed amendments to the Constitution and Bylaws are also read during this session. This session closes with elections taking place for the open Executive Committee officer and member positions.

During the Final Business Session, attendees will hear the report from the executive director/secretary, announcement of the annual award recipients, and remarks of the incoming president. Election results will then be announced, followed by the installation of the new 2021-2022 Executive Committee. The final reports of the Committee on Constitution and Bylaws and the Committee on Resolutions are presented. During these reports, the proposed amendments and resolutions that were read during the First Business Session are discussed and voted on. Although only designated voting delegates from active member boards may vote, any affiliated member may participate in the discussion portion of the Final Business Session's agenda. An affiliated member is any individual who is a current or former member or administrative officer of an active or associate member board of the Association. With important outcomes such as new Executive Committee officers and members, amendments to the NABP Constitution and Bylaws, and adoption of policy-setting resolutions, attendees can see the significance of the business sessions to the NABP member boards. It is through participation in these sessions that members have the opportunity to help shape the Association's actions for the coming year. ●

In 2020, NABP commissioned four task forces, which were established in response to resolutions voted on during the 116th Annual Meeting. The task force reports are available in the Resources section of the NABP website.

NABP Business Session Processes

NABP/AACP DISTRICT MEETINGS

- Board of Pharmacy delegates nominate individuals to run for the open Executive Committee positions representing their district.
- Board of Pharmacy delegates discuss and vote on proposed resolutions to be submitted to NABP for consideration by the full membership.



Annual Meeting

FIRST BUSINESS SESSION

- Candidates for open Executive Committee member and officer positions introduced.
- Proposed amendments to the Constitution and Bylaws (CBL) presented.
- Proposed resolutions presented.
- Candidate speeches.
- Board of Pharmacy delegates vote for new Executive Committee members and officers on behalf of their board.



FINAL BUSINESS SESSION

- Members invited to discuss proposed resolutions and CBL amendments.
- Board of Pharmacy delegates vote on proposed resolutions and CBL amendments.
- Newly elected officers and Executive Committee members are installed.

ANNUAL MEETING OUTCOMES

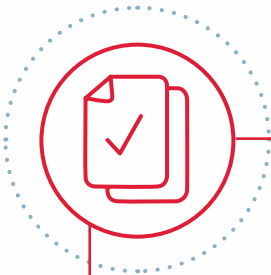
- Resolutions approved by the membership are posted on the NABP website and announced in *Innovations*.
- The CBL is updated on the website to reflect approved amendments, and background on the changes is provided in *Innovations*.
- Single-issue task forces may be convened, and/or potential revisions made to the NABP *Model Act*.

Kris 'Tanto' Paronto to Virtually Present Keynote Address

Inspiring Hero of the 2012 Benghazi Attack and Subject of the Book and Motion Picture, *13 Hours*

Affectionately known as “Tanto” in security contracting circles, Kris Paronto is a former Army ranger from the 2nd Battalion 75th Ranger Regiment, private security contractor, and inspiring hero of the 2012 Benghazi attack. He is also the subject of the book and major motion picture, *13 Hours: The Inside Account of What Really Happened in Benghazi*. He will share with attendees how his experience from Benghazi taught him the importance of depending on and trusting his team.

Paronto was originally scheduled to speak during the 116th Annual Meeting, prior to the meeting’s transition from an in-person meeting to a condensed virtual format. NABP looks forward to hearing his insights this year during the virtual meeting. The Keynote Address will take place during the First Business Session on Thursday, May 13. ●



Official Voting Delegate Submissions Due by April 13

In order to vote during the Final Business Session, active member state boards of pharmacy must submit their signed Official Delegate Certificates by April 13, 2021.

- 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 and one individual may serve as an alternate delegate.

For more information, contact ExecOffice@nabp.pharmacy.



NABP Now Accepting Proposals for Virtual Educational Poster Session

Pre-Annual Meeting Event Provides Opportunity for CPE Credit

NABP is holding a pre-Annual Meeting continuing pharmacy education (CPE) activity on Wednesday, May 12, 2021, one day prior to the 117th NABP Annual Meeting. The session will feature a virtual version of the Association's popular Educational Poster Session.

This year's proposed posters should reflect the theme of "Protecting the Public Health Through Enhanced Networks and Expanded Access." Board of pharmacy members and staff, as well as school and college of pharmacy students and faculty, are invited to submit poster proposals by Wednesday, March 31, 2021. Those interested in participating must be able to appear on video and present their information in a webinar format. Students selected to participate must be virtually accompanied by a credentialed adviser or licensed pharmacist on the day of the webinar.

Poster Session participants may be eligible to earn Accreditation Council for Pharmacy Education (ACPE)-accredited CPE credit. Details will be provided to individuals selected to present at the session. Pharmacy school student presenters will receive a complimentary voucher for the Pre-NAPLEX[®], a practice examination for students preparing for

the North American Pharmacist Licensure Examination[®] (NAPLEX[®]). The voucher is valued at \$75.

Individuals interested in submitting a proposal for the Educational Poster Session may contact NABP Professional Affairs staff for proposal guidelines and submission instructions via email at Prof-Affairs@nabp.pharmacy. ●

Virtual Educational Poster Session: Protecting the Public Health Through Enhanced Networks and Expanded Access

- Wednesday, May 12, 2021, 1-3 PM CT
- Eligible for two contact hours (0.2 CEU) of ACPE-accredited CPE credit

Last Year's Poster Session Available for Home Study CPE Credit

NABP's Virtual Educational Poster Session "Uniting to Protect Public Health" is available for home study continuing pharmacy education (CPE) credit through July 20, 2021. Originally held as a two-part webinar in June 2020, the three-part home study webinar features nine presentations by representatives from member boards of pharmacy and the schools and colleges of pharmacy on various topics

related to working together to educate on pharmacy practices in furthering the shared mission of protecting the public health. Each part is eligible for 0.75 Accreditation Council for Pharmacy Education-accredited CPE credit for a total of 1.5 CPE credits. Complimentary registration and CPE credit information is available in the Educational Programs section of the NABP website.



Cathy Winters, RPh

Member, Wisconsin Pharmacy Examining Board

When were you appointed to the Wisconsin Pharmacy Examining Board? Are you a pharmacist, technician, public member, or other type of member?

I was appointed to the Board by Governor Scott Walker. My term started on July 1, 2013. I am a pharmacist member.

In your opinion, what steps should a board member take to be successful in his or her role?

Prepare for the meetings. Research and read about the items on the agenda. Do not hesitate to ask questions. I was hesitant at first because I thought I might be the only one in the room who did not know the history of or answer to a question, but we all have different backgrounds and bring different perspectives to the table. Asking about an issue can sometimes lead to fresh and innovative conversations that can springboard into action. Do not be afraid to speak up and be persistent in advocating for patient safety.

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

The Board recently completed updating and rewriting its pharmacy practice chapter, Phar 7. It became effective on January 1, 2021. We are currently reviewing our chapter on requirements for controlled substances, Phar 8, to update and rewrite. As with all states, our Board is reviewing the ongoing need for coronavirus disease 2019 (COVID-19)-related variances at each of our meetings.

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

The Board is fortunate to have strong rules coordinators to lead and guide it through the drafting and development steps of all rules. It is challenging when some topics important to patient safety

cannot be addressed in the rules because they are not recognized in the statutes. Additionally, during the final approval phases of the Chapter Phar 7 rewrite and the public hearings phase, it was difficult to obtain an accurate economic impact from stakeholders. Further, at each Board meeting, under the guidance of our legal counsel, we have been reviewing the need for COVID-19-related variances. Stakeholder input is invaluable for the Board to learn what COVID-19-related issues pharmacies, facilities, and pharmacists are facing.

What advice would you give to a new board member?

Dive right in! Do not be afraid to speak up. Ask questions and give input. Make time to educate yourself on the issues.

Have you served as a member of any NABP task forces or committees, or attended NABP or district meetings? If so, in your experience, what are the benefits of participating in these NABP activities?

I served on the Work Group on the Development of an Interstate Endorsement Credential in 2019. I will serve as the District 4 representative of the Committee on Resolutions at the NABP Annual Meeting this May. I have attended interactive forums, district meetings, and annual meetings. The benefits of participating in and attending these activities are multifold. Not only are there the obvious networking opportunities, but there is also the opportunity to learn what other state boards of pharmacy are working on and how they are regulating (or not regulating) specific areas of practice.

Serving on task forces and committees gives you the opportunity to learn about and view issues from so many more perspectives. It also allows you to have a hand in shaping future activities and future model language of NABP. ●

Wisconsin Pharmacy Examining Board



Number of Board Members

5 pharmacist members and 2 public members



Number of Compliance Officers/Inspectors

1 (Nine investigators perform inspections; however, they also serve other health boards in the department. The actual full-time equivalent is estimated at one.)



Rules & Regulations Established by

Pharmacy Examining Board



Number of Pharmacist Licensees

8,942



Number of Pharmacies

1,217



Number of Wholesale Distributors

109

Board Member Appointments

- **Jake Bynum** has been appointed a public member of the Tennessee Board of Pharmacy. Bynum's appointment will expire December 31, 2022.
- **Shanea McKinney, PharmD, RPh**, has been appointed a member of the Tennessee Board of Pharmacy. McKinney's appointment will expire July 31, 2026.
- **Bernard L. "Bernie" Henderson, Jr.**, has been appointed a public member of the Virginia Board of Pharmacy. Henderson's appointment will expire June 30, 2022.
- **Neal Davies, PhD, RPh**, has been appointed an ex officio member of the Alberta College of Pharmacy. Davies' appointment will expire April 1, 2021.
- **Stan Dyjur** has been appointed a member of the Alberta College of Pharmacy. Dyjur's appointment will expire June 30, 2022.
- **Shereen Elsayad, CDE, CTH, CTE, APA**, has been appointed a member of the Alberta College of Pharmacy. Elsayad's appointment will expire June 30, 2023.
- **Dana Lyons** has been appointed a member of the Alberta College of Pharmacy. Lyons' appointment will expire June 30, 2021.
- **Craig MacAlpine** has been appointed a member of the Alberta College of Pharmacy. MacAlpine's appointment will expire April 1, 2021.
- **Peter Macek** has been appointed a member of the Alberta College of Pharmacy. Macek's appointment will expire June 30, 2021.
- **Christine Maligec** has been appointed a public member of the Alberta College of Pharmacy. Maligec's appointment will expire May 14, 2021.
- **Judi Parrott** has been appointed a member of the Alberta College of Pharmacy. Parrott's appointment will expire April 1, 2021.
- **Irene Pfeiffer** has been appointed a public member of the Alberta College of Pharmacy. Pfeiffer serves at the discretion of the College.
- **Fayaz Rajabali** has been appointed a member of the Alberta College of Pharmacy. Rajabali's appointment will expire July 1, 2023.
- **Don Ridley** has been appointed a member of the Alberta College of Pharmacy. Ridley's appointment will expire June 30, 2021.
- **Navjot Singh** has been appointed an ex officio member of the Alberta College of Pharmacy. Singh's appointment will expire April 1, 2021.
- **Carmen Wyton** has been appointed a public member of the Alberta College of Pharmacy. Wyton's appointment will expire January 21, 2022.
- **Terra Young** has been appointed an ex officio member of the Alberta College of Pharmacy. Young's appointment will expire April 1, 2021.
- **Patrick Zachar** has been appointed a member of the Alberta College of Pharmacy. Zachar's appointment will expire June 30, 2023.
- **Tim Buchanan** has been appointed a member-at-large of the Newfoundland and Labrador Pharmacy Board. Buchanan's appointment will expire August 14, 2023.
- **Nicole MacDonald** has been appointed a member of the Newfoundland and Labrador Pharmacy Board. MacDonald's appointment will expire August 14, 2023.
- **Christopher Smith** has been appointed a public member of the Newfoundland and Labrador Pharmacy Board. Smith's appointment will expire September 16, 2023.
- **Jillian Thorne** has been appointed a member of the Newfoundland and Labrador Pharmacy Board. Thorne's appointment will expire August 14, 2023.
- **Tunde Awoyiga** has been appointed as a public representative of the Nova Scotia College of Pharmacists. Awoyiga's appointment will expire December 31, 2021.
- **Tanya Howley** has been appointed a member of the Nova Scotia College of Pharmacists. Howley's appointment will expire December 31, 2022.
- **Sabrina McLean** has been appointed a member of the Nova Scotia College of Pharmacists. McLean's appointment will expire December 31, 2021.
- **Jennifer O'Brien** has been appointed a member of the Nova Scotia College of Pharmacists. O'Brien's appointment will expire December 31, 2022.
- **Rami Saaloukeh** has been appointed a member of the Nova Scotia College of Pharmacists. Saaloukeh's appointment will expire December 31, 2022.
- **Jon Wright** has been appointed a member of the Nova Scotia College of Pharmacists. Wright's appointment will expire December 31, 2021.
- **Priyanka Campbell** has been appointed a member of the Prince Edward Island College of Pharmacy. Campbell's appointment will expire January 22, 2022.
- **Eileen Conway-Martin** has been appointed a public member of the Prince Edward Island College of Pharmacy. Conway-Martin's appointment will expire January 22, 2022.
- **Mary Anne McMahon** has been appointed a public member of the Prince Edward Island College of Pharmacy. McMahon's appointment will expire February 25, 2023.
- **Lorraine Robinson** has been appointed a public member of the Prince Edward Island College of Pharmacy. Robinson's appointment will expire September 20, 2022.
- **Josée Grégoire** has been appointed a member of the Quebec Order of Pharmacists. Grégoire's appointment will expire June 19, 2023.
- **Danièle Marcoux** has been appointed a member of the Quebec Order of Pharmacists. Marcoux's appointment will expire May 24, 2023.
- **Paula Parhon** has been appointed a public member of the Quebec Order of Pharmacists. Parhon's appointment will expire June 8, 2023.
- **Beverly Salomon** has been appointed a member of the Quebec Order of Pharmacists. Salomon's appointment will expire March 10, 2023. ●



Pharmacist Prescribing of Naloxone to Be Reported Under Pharmacists' NPI Number in Idaho

The Idaho Prescription Drug Monitoring Program (PDMP) was recently updated to allow pharmacists to use their National Provider Identifier (NPI) number when prescribing naloxone. In the past, these prescriptions were required to be reported using only the pharmacy's Drug Enforcement Administration (DEA) registration number. Licensees in the state are asked to use both the prescribing pharmacist's NPI number and the pharmacy's DEA number.

More information on this change is available in the Idaho State Board of Pharmacy's December 2020 *Newsletter*.

Kansas Mandates Electronic Prescribing for Schedule II-V CS

Beginning on July 1, 2021, every prescription order in Kansas issued for a Schedule II-V controlled substance (CS) that contains an opiate will be required to be transmitted electronically. The Kansas State Board of Pharmacy has been tasked with issuing waivers to prescribers who qualify for one or more of the exceptions.

When a prescriber prescribes a CS by nonelectronic prescription, the prescriber must indicate the prescription is made pursuant to a Board waiver. The pharmacist/pharmacy is not required to verify the validity of any waiver, either with the prescriber or the Board, but may do so in accordance with Kansas Statutes Annotated 65-1637.

New Mexico Updates Regulation Regarding CS and Compounding

The New Mexico Board of Pharmacy amended its regulations, which impact the practice of pharmacy in the state. Specifically, the rule changes to New Mexico Administrative Code (NMAC) address new requirements for CS and compounding. The following is a summary of the amendments.

- **16.19.6 NMAC – Pharmacies** allows the transfer of an original, unfilled non-CS prescription. Record-keeping requirements are specified in the rule, and the transfer or forwarding of CS prescriptions is clarified for consistency with federal law. In addition, a nonresident pharmacy application not successfully completed within 12 months of receipt by the New Mexico Board of Pharmacy will be considered withdrawn, requiring a nonresident pharmacy as a condition of licensure to submit the procedure for ensuring proper medication storage conditions until the medication is delivered to the patient.
- **16.19.30 NMAC – Compounding of Non-sterile Pharmaceuticals** allows a licensed pharmacy to compound nonsterile, non-CS preparations in reasonable quantities for veterinarian office use. The office use preparation may be dispensed by a veterinarian for a patient under specific conditions, which include: the patient has an emergency condition that the compounded drug is necessary to treat, and timely access to a compounding pharmacy is not available. Up to a five-day supply can be dispensed for use in a single course of treatment.

Additional details are available in the Board's December 2020 *Newsletter*.

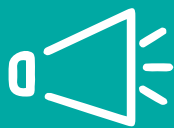
New Mexico Integrates PMP Into Health Care Software Systems

The New Mexico Board of Pharmacy is integrating the prescription monitoring program (PMP) system into eligible health care software systems across the state. The goal is to increase PMP utilization for both prescribers of CS and pharmacists ("providers") by providing seamless access to a patient's queried PMP report. The Board currently contracts with Appriss Health for integration services, which provides a proprietary solution called PMP Gateway to integrate PMP data within a provider's workflow. Health care entities in New Mexico that employ providers who are legally authorized to prescribe, administer, or dispense CS prescriptions are eligible to apply for this integration.

Virginia Board to Require Registration of Pharmacy Technician Trainees

The Virginia Board of Pharmacy adopted emergency regulations requiring the registration of pharmacy technician trainees. To be registered as a pharmacy technician trainee, a person will need to submit an application and fee to the Board prior to performing the duties of a pharmacy technician. The registration will be valid for no more than two years provided the trainee is enrolled in a pharmacy technician training program and actively progressing toward completion. The regulations also require the pharmacy technician trainee to be directly supervised by a pharmacist who holds a current active license and assumes full responsibility for the supervision of the trainee.

More information can be found in the Board's December 2020 *Newsletter*. ●



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

Federal Track-and-Trace Requirements Now in Place

As of November 27, 2020, pharmacies must now buy and sell certain drug products that include a product identifier on their packages to meet requirements of the Drug Supply Chain Security Act (DSCSA) of 2013 – also known as the “track-and-trace” law. Dispensers should be familiar with the requirements and have knowledge of what to do if a product identifier is not on the package. Under the law, all “Products” (as defined by the DSCSA) packaged by manufacturers, must be affixed or imprinted with a product identifier that features the products’ National Drug Code, plus a unique serial number, lot number, and expiration date. Visit the Food and Drug Administration (FDA) website for more information on these requirements.



DEA Publishes Proposed Rule on Partial Fills of Schedule II CS

To clarify regulations regarding the partial fill of Schedule II controlled substance (CS) prescriptions, Drug Enforcement Administration (DEA) has issued a notice of proposed rulemaking. The proposed rule clarifies regulations set forth in the 2016 Comprehensive Addiction and Recovery Act (CARA) and existing regulatory requirements not addressed in CARA to better inform patients and health care providers of the scenarios in which partial fills of these medications are permitted. Partial fills may help to lower the overall costs of a prescription by reducing the number of dosage units dispensed while also helping to remove the potential for unused or unwanted prescription opioids and other Schedule II substances from misuse or abuse.

Further details, including the complete text of the proposed rule, are available in the December 4, 2020 *Federal Register* announcement.

NABP Information Sharing Network to Facilitate the Collection of Compounding Data

Through its Information Sharing Network, NABP is providing a mechanism to collect compounding data and complaints

from its member boards of pharmacy for transmission to FDA, as described in a final memorandum of understanding (MOU) published by the agency. This compounding data will be collected and shared through two pathways: pharmacy accreditation applications and pharmacy business e-Profiles via NABP’s e-Profile system.

FDA published the final MOU in the *Federal Register* on October 27, 2020. The agency states that it considered comments in the 2015 draft standard MOU and 2018 revised draft standard MOU, as well as comments on the MOU provisions it received in connection with draft guidance on section 503A of the Federal Food, Drug, and Cosmetic Act. A summary of the provisions and changes FDA made to the final MOU is included in the announcement. State boards of pharmacy have until October 26, 2021, to sign the MOU, after which states that opt not to sign the MOU will be subject to FDA’s 5% limitation on the distribution of compounded human drugs.

In October 2019, NABP was awarded funding from FDA to create a network with the goal of sharing critical information that will help reduce the risk of injury to patients from improperly compounded drug products. More information about the Compounding Information Sharing

Network project is available in the September 2020 issue of *Innovations* and in the Members section of the NABP website.

Free Online Program Available to Help Pharmacists Treat OUD

The College of Psychiatric and Neurologic Pharmacists is hosting an Opioid Use Disorder (OUD) Education Program available free of charge. The OUD Education Program aims to educate pharmacists on how they can identify patients who might have an OUD, when to refer untreated patients to providers for treatment, how to develop or recommend treatment plans for patients, and the steps to monitor prescribed treatments. Over 20 hours of Accreditation Council for Pharmacy Education-approved programs are available that have been recorded by seasoned pharmacists and other health care professionals. For information about the program, visit cpnp.org.

With pharmacists on the front lines of the opioid epidemic, NABP continues to raise awareness and take steps in reducing OUD. Promoting pharmacist-provided medication-assisted treatment for patients diagnosed with OUD is the current initiative of NABP President Timothy D. Fensky, RPh, DPh, FACA. More information about Fensky’s initiative is available on the NABP website, www.nabp.pharmacy. ●



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UPCOMING EVENTS

Advisory Committee on Examinations

March 31, 2021 | Virtual Meeting

Committee on Constitution and Bylaws

April 5, 2021 | Virtual Meeting

117th NABP Annual Meeting

May 13-14, 2021 | Virtual Meeting

NABP Program Review and Training

June 15, 2021 | Virtual Meeting

NABP/AACP District 5 Meeting

Date TBD | Virtual Meeting

NABP/AACP District 6, 7, and 8 Meeting

August 29 – September 1, 2021 | Carefree, AZ

NABP/AACP District 3 Meeting

October 3-6, 2021 | Hilton Head Island, SC

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