



newsletter

National Association of Boards of Pharmacy®

March 2008 / Volume 37 Number 3

aid to government
the profession
the public
1904 to 2008

Upcoming Events

April 17-19, 2008
NAPLEX Item-Writing Workshop
NABP Headquarters
Mount Prospect, IL

May 17-20, 2008
NABP 104th Annual Meeting
Baltimore Marriott Waterfront
Baltimore, MD

June 5-7, 2008
MPJE Item-Writing Workshop
NABP Headquarters
Mount Prospect, IL

June 28, 2008
FPGEE Administration
New York City, NY
Northlake, IL
San Mateo, CA

Licensure Transfer Reaches Record Number of Requests for Ninth Consecutive Year

As the use of technology advances in the practice of pharmacy, and as the number of pharmacists entering the workforce increases and pharmacists become more mobile, NABP continues to see an upward trend in licensure transfers.

In 2007, NABP received a total of 8,257 Electronic Licensure Transfer Program® (ELTP®) requests compared to the 7,573 requests received in 2006. This increase of approximately 9% (684 requests) is the ninth consecutive year that pharmacists have requested a record number of licensure transfers.

Of the 8,257 ELTP requests, 1,411, or about 17%, represented requests to practice pharmacy in **two or more** states in addition to their state of original or current

licensure. This finding reflects the need for pharmacists to hold multiple licenses as Internet pharmacies, telepharmacy, and mail-order pharmacy services become more prevalent. According to the 2008 *Survey of Pharmacy Law*, 10 states currently have requirements regarding licensure of non-resident pharmacists.

Recently, Medco Health Solutions, Inc began construction of what it claims will be the world's largest mail-order facility. With the development of facilities such as Medco's, serving several, if not all 50 states, NABP and the boards of pharmacy continue their efforts to maintain patient safety. As a result, some boards have adopted mail-order regulations requiring that pharmacists conducting business within their



states be licensed within those states, even if they do not physically reside there. In order to comply with these mail-order regulations, pharmacists are finding that holding multiple licenses is essential to their employment.

As licensure transfer requests continue to escalate, the state boards of pharmacy can expect requests for licensure verification to increase.

"While the current system successfully manages licensure transfers, it does not support or relieve the workload for the boards of pharmacy," states NABP President Oren M. Peacock, Jr, RPh. "NABP is exploring

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NABP Accreditation Programs Thrive in Efforts to Promote Patient Safety

Accrediting more than 23,000 pharmacies combined, NABP accreditation programs continue to aid in promoting patient safety and protecting the public health. NABP created the Verified-Accredited Wholesale Distributors® (VAWD®) and the Verified Internet Pharmacy Practice Sites™ (VIPPS®) accreditation programs in order to provide the state boards of pharmacy with vehicles for determining if entities, including wholesalers and Internet pharmacies, are adhering to state and federal laws and regulations, and certain criteria. In a recent effort to further its mission to protect the public health, NABP received approval from the Centers for Medicare and Medicaid Services (CMS) to accredit licensed pharmacies supplying DMEPOS products through the Association's durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) accreditation program.



DMEPOS

During 2007, the Association awarded DMEPOS accreditation to three chain pharmacies including Walgreen Co, CVS Caremark Corporation, and Bioscrip Pharmacy, Inc, and more than 30 independent pharmacies, representing more than 11,000 suppliers total.

These pharmacies received accreditation during the first round of the DMEPOS competitive bidding cycle and are doing their part to ensure that Medicare beneficiaries receive the appropriate products, services, and patient care associated with DMEPOS products.

CMS recently announced the metropolitan statistical areas (MSAs) and product categories for the second round of the DMEPOS competitive bidding program. (See "CMS Announces DMEPOS Accreditation Deadline for All Suppliers" on page 50 and "MSAs, Product Categories Announced for Round Two of DMEPOS Competitive Bidding" on page 51.)



VAWD

In addition to DMEPOS accreditations, NABP awarded a total of 230 VAWD accreditations last year. By receiving VAWD accreditation, these facilities have proven that they are operating legitimately, are validly licensed in good standing, and are employing security and best practices for safely distributing prescription drugs from manufacturers to pharmacies and other institutions. To date, Indiana and North Dakota have introduced VAWD into their regulations, requiring that all licensed wholesale drug distributors are VAWD accredited.


Additionally, several states recognize VAWD accreditation as meeting wholesaler licensing requirements, and a handful recognize third-party inspections of wholesale distributors.



VIPPS

Fifteen pharmacy sites representing more than 12,000 pharmacies have received VIPPS accreditation since the program was first developed in 1999. The VIPPS program identifies to the public those online pharmacy practice sites that are appropriately licensed, are legitimately operating via the Internet, and that have successfully completed a rigorous criteria review and inspection.

In conjunction with the VIPPS program, NABP offers the Report-a-Site capability on the Association's Web site. With this feature, consumers can report any suspicious Internet pharmacy sites to NABP. In turn, NABP will follow up with this report and notify the appropriate regulatory authority of the suspicious site. The Report-a-Site feature can be accessed under the Resource Links section of the NABP Web site located at the bottom left of the home page.

Additional information on these accreditation programs as well as other NABP programs and services is available on the the NABP Web site at www.nabp.net. 

NABP Announces Nominees for 2008-2009 Executive Committee Posts

From August 2007 to November 2007, nominations for open positions on the 2008-2009 NABP Executive Committee were accepted at NABP district meetings. Three Executive Committee member positions and two officer positions are open and, as of press time, several nominations have been accepted. The nominees are:

President-elect (one-year term)

- Gary A. Schnabel, RPh, RN, Oregon State Board of Pharmacy

Treasurer (one-year term)

- William T. "Bill" Winsley, MS, RPh, Ohio State Board of Pharmacy

District 3 (three-year term)

- Michael A. Burleson, RPh, Kentucky Board of Pharmacy

District 4 (three-year term)

- Gregory Braylock, RPh, Ohio State Board of Pharmacy

- William J. Cover, RPh, Indiana Board of Pharmacy

District 8 (three-year term)

- Hal Wand, RPh, Arizona State Board of Pharmacy

Updates to the list of nominations are available on the NABP Web site at www.nabp.net.

Requirements for Floor Nomination

Executive Committee elections will be held on May 20, 2008, during the Final Business Session of the 104th Annual Meeting, which will take place May 17-20, at the Baltimore

Marriott Waterfront, Baltimore, MD. Nominations for each open district *member* position, in addition to nominations provided by the districts, may be made from the floor; however, only those individuals who have submitted a letter of intent, the expiration date for their term on the active member board, and a resume or curriculum vitae to the executive director/secretary at least 30 days prior to the Annual Meeting's First Business Session (**by April 18**), and deemed eligible by NABP, may be nominated from the floor, as stated in Article IV, Section 3(c)(ii) of the NABP Constitution and Bylaws.

As also outlined in the NABP Constitution and Bylaws, individuals who wish to run for an open *officer* position on the NABP Executive Committee must submit the aforementioned materials to the NABP executive director/secretary at least 60 days prior to the Annual Meeting's First Business Session (**by March 19**). Open 2008-2009 officer positions include president-elect and treasurer. The treasurer serves a one-year term, while the individual elected president-elect makes a three-year commitment to the Association. Following one year as president-elect, he or she serves one year as the NABP president before assuming the responsibilities of chairperson of the Executive Committee for a final year.

Qualifications and Voting Procedures

District member and officer nominees from the floor must meet the following criteria:

- The individual must be an affiliated member (administrative officer or board member) of the Association serving on a board of pharmacy of an active member state at the time of nomination and election.
- The individual must not, in addition to his or her board of pharmacy activities, currently serve as an officer, official, or board or staff member for any national or state pharmacy organization.
- The individual must not have a conflict of interest with the purpose, mission statement, and operation of NABP.

During the First Business Session on Sunday, May 18, NABP President Oren M. Peacock, Jr, RPh, will announce the open Executive Committee officer and member positions. The president will also announce nominations from the floor of those candidates who have submitted the required materials to run for office by the specified deadlines and have been qualified by NABP. The final ballot for the Executive Committee will include those individuals

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Executive Committee

Lawrence H. "Larry" Mokhiber
Chairperson

One-year term

Oren M. Peacock, Jr

President

One-year term

Richard A. "Rich" Palombo

President-elect

One-year term

Gary A. Schnabel

Treasurer

One-year term

Karen M. Ryle

Member, District 1

Serving first year of a three-year term

Elizabeth Scott "Scotti"

Russell

Member, District 2

Serving first year of a three-year term

Reginald B. "Reggie" Dilliard

Member, District 3

Serving third year of a three-year term

William T. "Bill" Winsley

Member, District 4

Serving third year of a three-year term

Lloyd K. Jessen

Member, District 5

Serving first year of a three-year term

Malcolm J. Broussard

Member, District 6

Serving second year of a three-year term

Cathryn J. Lew

Member, District 7

Serving first year of a two-year term

Patricia F. Harris

Member, District 8

Serving third year of a three-year term

The NABP Executive Committee is elected each year at the Association's Annual Meeting.

Conviction Set Aside, But Not Far

By Dale J. Atkinson, JD

Boards of pharmacy are obligated to review applications for licensure and renewal under criteria established in applicable statutes that determine the eligibility of such candidates. Certain qualifications related to education, examination, and experience, while at times complicated by various nuances, are somewhat standardized and uniformly applied. Other criteria may present more difficult challenges, particularly the good moral character assessment.

More specifically, the existence of a criminal conviction, whether misdemeanor or felony, complicates the licensure process and interjects an element of subjectivity into eligibility determinations. Of course, public protection is paramount and must be taken into consideration by the board within the realm of the statutory mandates enacted by the legislature. What constitutes grounds for licensure denial may be subject to legal challenge. Consider the following:

In May 2002, an applicant applied to the Alaska Board of Nursing for licensure by examination as a certified nurse aide. The licensure application asked whether the applicant had been convicted of a criminal offense and stated that convictions include suspended imposition of sentence. The applicant disclosed a conviction but

did not provide any further explanation.

In performing its due diligence, the board investigated the criminal conviction of the applicant and found that she had been convicted (based upon a no contest plea) in June 1998 of two counts of forgery in the second degree and one count of theft in the second degree, both Class C felonies. The applicant was in severe financial distress during the years 1996 through 1998 and forged several checks of the pastor of her church and another acquaintance she met in church. She was indicted on 14 counts of forgery and one count of theft. Based upon the plea, the applicant was given a suspended imposition of sentence on the condition that she serve six months in jail and pay restitution. In addition, she was placed on probation for five years.

In December 1999, while still on probation, the applicant was convicted of third-degree theft, a misdemeanor, for shoplifting child-care products. Rather than revoking her suspended imposition of sentence, the judge continued her probation and sentenced her to 90 days in jail for the probation violation.

In June 2002, the board considered and denied the application for licensure based upon a determination that her 1998 forgery convictions were “substantially related to the qualifications, functions or duties of a certified nurse aide,” the statutory language, in part, empowering the board to deny licensure. The applicant appealed the denial indicating that she expected to have her convictions set aside by late 2003.

An administrative hearing was held in March 2003 on the board denial of licensure. The hearing officer found that the applicant had been convicted of forgery and a suspended imposition of sentence was imposed. The hearing officer assumed such convictions would be set aside by the time the Board issued its final decision. In his conclusions of law, the hearing officer held that there was no legal barrier to consideration of a set-aside conviction in making an employment decision and that a person against whom a judgment of

conviction has been entered and subsequently set aside is a person who “has been convicted” within the meaning of Alaska law. Nevertheless, the hearing officer recommended that the board exercise its discretion and grant licensure to the applicant because she would be a competent, caring, committed nurse aide who was unlikely to engage in criminal activity in the long term.

After additional briefs on the issues, the board declined to adopt the recommendation of the hearing officer and denied licensure of the applicant. It placed significant weight on the “serious and repeated criminal conduct” and the close relationship between the victims and the applicant. The denial was appealed to the superior court which, relying on a particular case, reversed the decision of the board. The superior court held that the board improperly treated the applicant “as if she remained convicted” despite the fact that her conviction had been set aside. The board appealed the matter to the Alaska Supreme Court.

After identifying the standard of review, the Supreme Court outlined the issue as follows:

The legislature has authorized the board to deny certification to any individual who “has been convicted of a crime substantially

related to the qualifications, functions, or duties of a certified nurse aide.” Exercising its power to adopt regulations necessary “to protect the health, safety, and welfare of clients served by nurse aides,” the board classified forgery and theft as such crimes. The central issue presented is whether an individual whose conviction has been set aside pursuant to [Alaska statute] remains someone who “has been convicted of a crime substantially related to the qualifications, functions, or duties of a certified nurse aide” under [Alaska statute].

The court explained the consequences of a set-aside conviction. It held that a conviction that has been set aside loses much of its legal importance in future legal proceedings. For example, a set-aside conviction does not qualify as “a ‘conviction’ in situations in which a sentence is increased or a crime is defined by a prior conviction.” It cannot trigger a presumptive sentence and can be used as an affirmative defense to some repeat offender statutes. That is, the act of setting a conviction aside creates “a settled expectation that the state [will] not subsequently use the conviction . . . as a basis for imposing brand-

new affirmative burdens on [the defendant].”

The court continued that, although setting aside a conviction limits the consequences of the conviction itself, it does not change the fact that an individual was previously found guilty of committing a crime. A set-aside conviction does not mean that the crime and the events surrounding the crime never occurred, nor does it expunge the conviction from the applicant’s criminal record, which means that both the conviction and the judgment setting it aside remain in the public record. While a set-aside indicates that the applicant has made “a substantial showing of rehabilitation,” it does not erase the fact of a conviction.

Based upon its conclusions, the court held that ignoring the conviction based upon a set-aside judgment would be inconsistent with the Board’s duty to protect the health, safety, and welfare of clients served by nurse aides because it would prevent the Board from undertaking a thorough and informed evaluation of each applicant. Thus, the court concluded that, despite the fact that the applicant’s forgery and theft convictions had been set aside, she remained a person who “has been convicted” of a criminal offense within the meaning of Alaska law.

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Attorney Dale J. Atkinson is a partner in the law firm of Atkinson & Atkinson, counsel for NABP.

Internet Drug Distributors Posing New Concerns

Despite state and federal controls on the dispensing of controlled substances and other prescription medications, vast numbers of Internet drug distributors continue to sell prescription medications outside of that regulatory framework. Obscured by the anonymity that the Internet provides, these high-tech drug dealers evade the laws and regulations implemented to ensure patient safety, thus placing at risk the health and privacy of consumers seeking less expensive and/or more accessible medications online.

Diversions Trend Troubles DEA

“The illegal sale of controlled substances via the Internet poses a serious threat to the public health and safety,” Drug Enforcement Administration (DEA) states in a letter introducing its “Notice: Diversion Trends via the Internet,” sent to pharmacy professionals in summer 2007. “Over the last several years, the Internet has increasingly been used by drug seekers to illegally obtain controlled substance pharmaceuticals.” In the notice, DEA names medications such as hydrocodone combination products, benzodiazepines, and phentermine as the most sought after via these illicit sites.

Indicating the extent of the problem, Joseph T. Rannazzisi, JD, deputy assistant administrator for the DEA

Office of Diversion Control, testified at a May 16, 2007 Senate Judiciary Committee hearing that 34 rogue Internet drug distributors dispensed nearly 100 million dosage units of hydrocodone-containing medications in 2006. Rannazzisi also noted that controlled substances such as hydrocodone account for 11% of prescriptions at legitimate brick-and-mortar pharmacies in the United States compared to 95% for rogue online distribution sites.

Questionable Practices Common

“Questionable business practices are more the norm than the exception” for Internet drug distributors, according to the MarkMonitor, Inc summer 2007 *Brandjacking Index*. Based on the investigation of millions of unsolicited

e-mail messages (ie, spam) and Web pages advertising and/or selling prescription medications, MarkMonitor reports, “[t]he vast majority of online sites selling the most popular prescription drugs are operating without proper credentials from the pharmacy regulatory bodies. Furthermore, some of the drugs being sold on these sites may be fake, expired, stolen, diluted or alternatives.”

Focusing on six prescription medications – three of the most popular drug brands according to trade industry reports and three of the most searched-for drugs on popular search engines – MarkMonitor tracked more than 100,000 medication-related spam landing sites during June 2007 and found that more than half of this traffic originated either in China (38%), reputedly the world’s biggest supplier of counterfeit drugs, or in the Russian Federation (24%). The Verified Internet Pharmacy Practice Sites™ (VIPPS®) program provides assurance that accredited online pharmacies are appropriately licensed, are legitimately operating, and have successfully completed a rigorous criteria review and inspection. Average prices for medications on the drug distribution sites MarkMonitor assessed are approximately 75% less than those listed on VIPPS-accredited sites, providing a strong indication that the

medications are counterfeit, stolen, adulterated, or expired.

In addition to placing patient health at risk, many rogue sites jeopardize consumers' financial and/or personal information. MarkMonitor found that the majority of servers hosting the sites do not protect customer transaction data with SSL (Secure Socket Layer) encryption. More than 20% of the post-purchase e-mail captured in the analysis contained links to unprotected customer data.

Sites Violate Pharmacy Law

Studies indicate that most Internet drug distributors violate state and/or federal statutes regarding the dispensing of controlled substances and other prescription medications. Columbia University's National Center on Addiction and Substance Abuse (CASA) notes in its 2007 report, *"You've Got Drugs!" IV: Prescription Drug Pushers on the Internet*, as many as 84% of Web sites offering controlled substances do not require patients to provide a prescription – an increase over previous years. Of the sites MarkMonitor assessed, 10% openly state that no prescription is required. Online consultation, generally in the form of a questionnaire, was the

primary means of obtaining prescription medications online, both studies found.

Many state statutes, DEA, and the VIPPS program clearly state that a prescription based on an online questionnaire is not legitimate. In its notice on diversion trends, DEA cites the Code of Federal Regulations (Title 21, §1306.04), which requires prescriptions for controlled substances to be "issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice," meaning that "there must be a bona fide doctor/patient relationship," including an in-person physical examination. DEA stresses that a prescription based solely on an online questionnaire is illegal.

Most Internet drug distributors, unless they are licensed in every state in which they sell medications, also violate state licensure requirements. While few states have provisions specifically addressing Internet pharmacies, most do require that nonresident or out-of-state pharmacies – including Internet and mail-order drug distributors – conducting business within their jurisdictions be licensed by or registered with the local board of pharmacy and comply with its applicable rules and statutes.

GAO Reports Safety Violations

The US Government Accountability Office (GAO) garnered further evidence of illegal and unsafe practices by Internet drug distributors. GAO provided its findings in a report, "Internet Pharmacies: Some Pose Safety Risks for Consumers and Are Unreliable in Their Business Practices," as testimony before a 2004 US Senate committee. During its investigation, GAO obtained 68 samples of 11 different medications, each from a different Web site in the US, Canada, or other foreign countries, including Argentina, Costa Rica, Fiji, India, Mexico, Pakistan, Philippines, Spain, Thailand, and Turkey. Of those sites, 24 of the 29 US sites and all 21 foreign sites (not including Canada) issued prescriptions based on their own medical questionnaires or had no prescription requirements. None of the 21 samples obtained from foreign sites other than Canada included dispensing pharmacy labels that provided instructions for use, and only a third included warning information. More disturbing, three samples of a temperature-sensitive medication were received in envelopes without insulation, and five samples contained tablets enclosed in punc-

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Internet Drug Distributors

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tured blister packs. The GAO researchers did not receive six of the orders they paid for, five of which were placed with non-Canadian foreign sites and one for which the location could not be determined. Additionally, they found that several of the orders were shipped from questionable locations, such as private residences. Other times they ordered brand-name drugs but received generic or foreign versions.

Illicit Sites on the Rise

CASA notes that over the four years it has been monitoring Internet drug distributors, the number of Web sites identified that offer controlled substance medications has increased. Case in point, CASA identified 581 Web sites offering Schedule II through V controlled substances in its 2007 study – up 70% from 342 in 2006. Of those 581 sites, 394 (68%) were portal sites, ie, sites that act as a conduit to an anchor site that makes the sale, and 187 (32%) were anchor sites. From 2006 to 2007, the number of portal sites increased by 135%; the number of anchor sites increased by 7%. Over the four years that CASA has studied these trends, the number of anchor sites found has increased by 21%, and the number of portal sites found has increased by 17%. The controlled substances of-

ferred for sale on these sites most frequently in 2007 were benzodiazepines and opioids, CASA reports.

Counterfeiters Masquerade Online

With an increase in drug distribution sites comes additional opportunities for the sale of counterfeit medications. Counterfeiters commonly take advantage of the anonymity, elusiveness, and weak regulation of Web sites to sell counterfeit medications to unsuspecting buyers. “In industrialized countries and to some extent in poorer countries,” the World Health Organization (WHO) reports, “Internet-based sales of pharmaceuticals are a major source of counterfeit medicines, threatening those who seek cheaper, stigmatized or unauthorized treatments.” WHO notes on its Web site that more than half of medications purchased over the Internet from sites that conceal their physical address are counterfeit.

Alerting consumers to the potential dangers of buying prescription medications online, Food and Drug Administration (FDA) announced in May 2007 that 24 apparently related Web sites may be involved in the distribution of counterfeit prescription medications. On three occasions in early 2007, FDA received information that counterfeit versions of a name-brand weight loss medication were obtained by three consumers from two different Web sites. None of the capsules

received from the Web sites contained the active ingredient in the authentic medication, and one capsule contained a different active

Counterfeiters commonly take advantage of the anonymity, elusiveness, and weak regulation of Web sites to sell counterfeit medications to unsuspecting buyers.

ingredient with a different dosing and risk profile. Other samples obtained from two of the Internet orders contained only talc and starch. The Web sites, identified as grandpills.com and pillspharm.com, apparently were operating from outside the US. The two sites were found to be among 24 sites linked from an anchor site, pharmacycall365.com, four of which FDA previously found to be associated with the distribution of other counterfeit medications.

Wholesale Sites Feed Availability

Web-based wholesale distribution channels may be feeding into the availability of counterfeit and/or substandard medications. MarkMonitor found 390 listings of online business-to-business exchange Web sites for the six medications in its study. In addition, *New York*

Times investigators found more than 1,300 chemical companies offering pharmaceutical ingredients on major business-to-business Internet trading sites, the *Times* reports in the October 31, 2007 article, “Chinese Chemicals Flow Unchecked onto World Drug Market.” “Because the chemical companies [in China] are not required to meet even minimal drug-manufacturing standards, there is little to stop them from exporting unapproved, adulterated or counterfeit ingredients,” the *Times* reports. “The substandard formulations made from those ingredients often end up in pharmacies in developing countries and for sale on the Internet, where more Americans are turning for cheap medicine.”

Rogue Sites Sell Drugs of Abuse

While there is no clearly discernible connection between the increased prevalence of drug distribution Web sites and the increased abuse of prescription medications, it is noteworthy that the medications most commonly dispensed by these sites, eg, benzodiazepines and opioids, are also among those most commonly abused.

The 2006 National Survey on Drug Use and Health (NSDUH), conducted by Substance Abuse and Mental Health Services Administration, reports that 7 million (2.8%) of individuals age 12 and older had used prescription medications non-medically in the month preceding the survey. Among these respondents, 5.2 million

(74.3%) used prescription pain medication, up from 4.7 million in 2005.


These usage trends parallel those in the teen population, studies show. Factors contributing to teens' non-medical use of prescription medications include the perception of lower risk associated with prescription medications than with illegal drugs, and the relative ease of obtaining them, says Sean Clarkin, MBA, executive vice president of the Partnership for a Drug-Free America. The vast majority of teens, however, appear to be obtaining the medication from sources other than the Internet. Of 1,000

teens surveyed for the 2007 Partnership Attitude Tracking Study, conducted by the Partnership for a Drug-Free America, only 1% said they obtained the medications online, compared to 24% who said they obtained them from a friend and 15% who said they obtained them from the medicine cabinet in their own home. The NSDUH reports similar findings. The Partnership will lead a pre-meeting continuing pharmacy education session on teen abuse of prescription medications during the NABP 104th Annual Meeting on Saturday, May 17, 2008, in Baltimore, MD.

Sites' Elusiveness Confounds Enforcement

One of the difficulties in controlling Internet drug distributors is the elusiveness of Web sites, which can be posted and taken down almost instantaneously. "Web sites that sell controlled prescription drugs have an extremely high turnover and may attempt to avoid detection by changing their Web names and addresses," CASA reports. Of 152 non-VIPPS-accredited sites CASA identified in 2004, only 29 remained in business a year later, and only 11 were still operating four

years later. Many Internet drug distributors also operate under multiple names. "This fluidity in Web sites increases the difficulty of tracking and closing down rogue sites," CASA notes.

Nonetheless, as the state boards of pharmacy and government health care agencies hone in on the illicit practices and operations of rogue Internet drug distributors, they tighten the regulatory controls little by little. More information on the steps these entities are taking to weed out rogue Internet drug distributors will be forthcoming in the April issue of the *NABP Newsletter*. 

NABP Developing Program to Monitor Online Drug Distributors

To assist the states in their efforts to establish and maintain controls over the Web-based distribution of prescription medications, NABP is stepping up its efforts to hold Internet drug distributors accountable for meeting patient safety standards.

The Internet Drug Distributor Identification program will establish a much needed comprehensive database of Internet sites involved in the distribution and dispensing of prescription drugs with the primary purpose of protecting the public health. The program will identify Internet sites that offer prescription medications and that are licensed and practicing in compliance with state and federal laws, as well as sites


selling and distributing medications illegally.

The result will be to increase the knowledge and information provided to boards of pharmacy, consumers, regulators, and practitioners so as to readily identify illegally practicing Internet drug distributors and to provide patients and the boards of pharmacy with trusted information regarding legitimate Internet pharmacies.

NABP will post on its Web site a list of Internet drug distributors in compliance with minimum standards for legitimate pharmacy operation and a list of those distributors that do not meet those standards. Distributors that are not only compliant but have taken the extra steps to become Verified Internet Pharmacy Practice Sites™ (VIPPS®)-accredited

will be distinguished as having the full assurance of NABP that they are appropriately licensed, legitimately operating, and have successfully completed the well recognized and rigorous NABP criteria review and on-site inspection. NABP also will provide information on noncompliant Internet drug distributors, including their domain and source information if found, to the state boards of pharmacy and federal law enforcement authorities. Criteria for distinguishing licensed Internet pharmacies from Web sites illegally offering prescription medication will be based on a modified version of the existing NABP VIPPS program. These standards are currently being developed with input from stakeholders throughout the pharmacy community.

Established through a grant from Pfizer Inc, the new project is an outgrowth of NABP Resolution No. 103-3-07, "Internet Pharmacy Public Safety Awareness," passed at the 103rd Annual Meeting in 2007, in which NABP pledges to continue collaborating with federal agencies and other interested stakeholders to educate the public and health care professionals of the dangers of acquiring drugs illegally through the Internet and from foreign sources.

More information on this and other initiatives of NABP, the state boards of pharmacy, and public and private health care organizations to rein in illegal Internet drug distributors will be forthcoming in the April issue of the *NABP Newsletter*. 

Licensure Transfer

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new methods to lessen the burden facing board staff, allowing the boards to focus on important regulatory issues in their states rather than the resource intensive validation of pharmacists' licenses."

An unexpected finding involved the number of transfers involving California. Contrary to arguments advanced against California recognizing the North American Pharmacist Licensure Examination™ and score transfer in 2004, the number of California licensed pharmacists using their California license as the

basis for licensure transfer to other states has increased significantly and exceeds the number of requests to use a non-California license as the basis for licensure transfer to California. Since the new requirement was implemented, several states have adjusted their licensure transfer requirements and will now accept licensure transfers of pharmacists licensed in California after January 1, 2004.

The Virgin Islands Board of Pharmacy renewed its participation in ELTP for the first time in 2007, receiving 25 requests for licensure transfer to the territory and five requests for licensure transfer from the territory. "The Board strongly believes

it will continue to see an increase in licensure transfers to the territory as additional pharmacists take advantage of transferring their licenses by way of reciprocity," states Lydia T. Scott, executive assistant, Virgin Islands Board of Pharmacy.

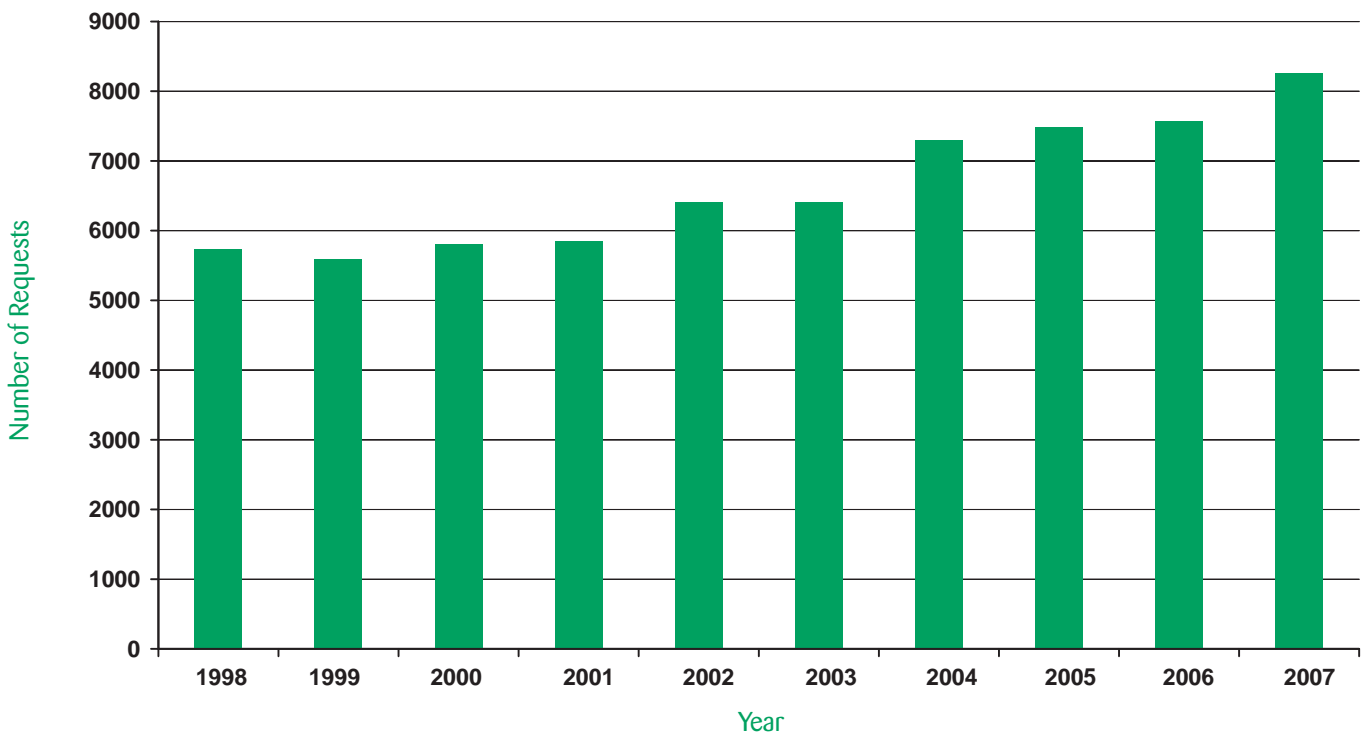
In 2007, the most requests for licensure transfer to the state were for Texas with a total of 428 requests. New York had the second most requests from pharmacists to transfer their license to the state, with 366. The third most requests for licensure transfer to a state were for Pennsylvania, with 350.

The accompanying chart and map provide an over-

view of the 2007 licensure request totals.

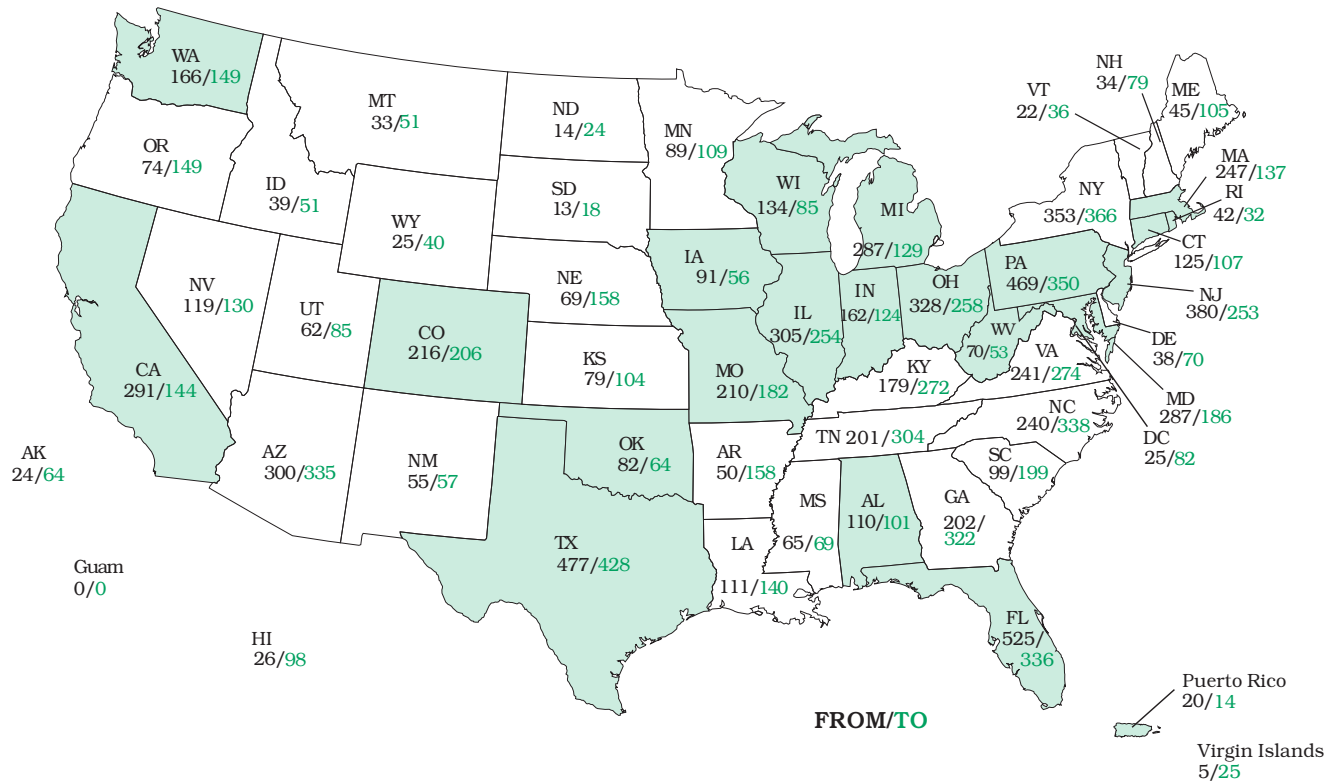
In 2007, NABP launched the Internet-based ELTP application. Pharmacists are now able to begin the licensure transfer process directly online. The application also features a "save" attribute, which allows applicants to return to their applications at another time as well as transfer their licenses to another state at a later date by simply logging on to retrieve their previously completed applications and making the applicable changes. The application is available in the Licensure Programs section of the NABP Web site at www.nabp.net. ©

ELTP Requests by Year, 10-year Trend



A total of 8,257 licensure transfer requests were submitted in 2007, which is an increase of 44% when compared to the 5,731 requests submitted in 1998.

2007 ELTP Requests by State



Standardized Medication Container Labels Touted as Prescription for Patient Safety

To date, efforts to reduce medication errors have focused on a systems approach, with less attention being paid to patients' comprehension of instructions for proper medication use. Studies have shown, however, that, nearly half of patients misunderstand at least some dosing instructions printed on prescription drug container labels. Researchers and health care organizations point to inconsistent and confusing labels as impeding patient comprehension, and call for standardized, patient-centered labels as a key to increasing patient comprehension of instructions and reducing medication errors caused by patients' incorrect use.

A study published in 2006 in the *Annals of Internal Medicine* shows that 46% of patients taking part in a medical literacy study misunderstood one or more instructions printed on the container labels of five common prescription medications. The study, "Literacy and Misunderstanding Prescription Drug Labels," found a higher frequency of misunderstanding label instructions in patients with low literacy, in elderly patients, and in patients taking multiple prescription medications.

Adding to patients' confusion is the variability between prescription drug labels, as well as label formatting that emphasizes the prescribers' instruc-

tions to the pharmacy, as opposed to patient instructions on proper use of the medication. The American College of Physicians Foundation (ACPF) notes that the dose and frequency schedule for the same prescribed medication may be written in several different ways, with varying degrees of specificity, eg, twice daily, every 12 hours, once in the morning and once in the evening, or at 8 AM and 5 PM. Some labels also include Latin or other abbreviations, and most are formatted to emphasize the dispensing pharmacy's logo and name, ACPF reports in a white paper, "Improving Prescription Drug Container Labeling in the United States: A Health Literacy

and Medication Safety Initiative," presented at the October 12, 2007, Institute of Medicine Roundtable on Health Literacy. "Rather than emphasizing the information patients need to take their medications safely and appropriately, current label design focuses on pharmacy brand recognition and assisting the pharmacist," ACPF states.

The Federal Food, Drug, and Cosmetic Act requires container labels to include the name and address of the dispensing pharmacy, serial number and date of the prescription or of its filling, name of the prescriber, name of the patient (if stated in the prescription), instructions for use, and any cautionary statements. State boards of pharmacy have the authority to implement additional requirements. Inconsistencies between states' requirements, however, complicate matters, especially for chain pharmacies, which report they must have 31 different label formats for use in the 50 states.

To alleviate these inconsistencies and to improve patient comprehension of label instructions, the authors of the *Annals* article, along with several other private and public organizations, recommend developing standards for prescription drug container labels. The authors conclude, "patients of all ages would benefit from ad-

ditional efforts to improve the clarity and comprehensibility of labeling on prescription drugs. The text and format of existing primary and auxiliary labels on prescription medication containers should be redesigned and standardized. Less complex and more explicit dosing instructions may improve patient understanding.” The authors note, however, that further research is needed to determine the effectiveness of different label formats.

ACPF also calls for national standards for prescription drug container labeling to improve patient safety. “The problems associated with prescription container labeling are ultimately the result of an apparent lack of standards and regulatory oversight,” ACPF states.

The state boards of pharmacy and NABP share the ACPF goal of improving patient safety, but maintain that the responsibility for regulating pharmacy, including label requirements, rests with the states. In the past, when establishing regulatory consistency from state to state has been in the best interest of the public health, NABP has worked with and on behalf of the boards and with national organizations to develop model language for inclusion in its *Model State Pharmacy Act and Model Rules of the National Association of Boards of Phar-*

macy (Model Act), for use by the boards in crafting their own regulations. Examples, to name a few, include pharmacy education standards, peer review and quality improvement program procedures, and emergency preparedness guidelines. The *Model Act* currently includes recommended language for basic prescription drug container label requirements in Section 3, E, (4) of “Model Rules for the Practice of Pharmacy.” The *Model Act* states that labels shall include the following information: name and address of the dispensing pharmacy, name of the patient, name of the prescribing practitioner, directions for use as stated on the prescription drug order, date of dispensing, any cautions required by federal or state law, serial number of the prescription drug order, name or initials of the dispensing pharmacist, the proprietary or generic name of the drug and its strength, name of the manufacturer or distributor, beyond-use date, and – if dispensed via a centralized prescription processing or filling system – a code that provides an audit trail of dispensing and pharmacist-care activities.

States Move toward Patient-Centered Container Labels

On the state level, **California** has taken the lead in establishing labeling standards for prescrip-

tion medications dispensed in the state. California’s legislation, passed in October 2007, requires the California State Board of Pharmacy to promulgate regulations that require, on or before January 1, 2011, a standardized, patient-centered, prescription drug label on all prescription medication dispensed to patients in California. It also requires the Board to hold public meetings statewide to solicit information from consumer groups and health care professionals and to consider the following factors when developing requirements for prescription drug labels: medical literacy research that points to increased understandability of labels, improved directions for use, improved font types and sizes, placement of information that is patient-centered, the needs of patients with limited English proficiency, the needs of seniors, and the technology necessary to implement the standards.

Other states recently have passed or are considering legislation to make prescription drug container labels more patient-friendly, such as requiring a legible font size or the inclusion of specific information. For example:

- **Michigan** Senate Bill 717 would modify certain criteria regarding pharmacy labeling and would require the prescriber’s name to appear on the label. The bill was filed and sent to

(continued on page 50)

CMS Announces DMEPOS Accreditation Deadline for All Suppliers

Recently, the Centers for Medicare and Medicaid Services (CMS) announced the accreditation deadlines for **all** suppliers of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). Suppliers must meet these accreditation deadlines in order to apply and maintain their National Supplier Clearinghouse (NSC) DMEPOS billing privileges. The ultimate goal of the DMEPOS program, launched by CMS in 2006, is to maintain patient safety while ensuring that Medicare beneficiaries receive quality service at lower out-of-pocket costs.

The following deadlines were set by CMS for suppliers to obtain accreditation.

- **March 1, 2008** – New DMEPOS suppliers submitting an enrollment application to NSC for Medicare reimbursement on or after March 1, 2008, must be accredited **prior** to submitting their application to NSC. (Note: DMEPOS suppliers who have 25 or more enrolled locations

as of January 1, 2008, will not be required to obtain accreditation for existing and new locations until September 30, 2009.)

- **January 1, 2009** – New DMEPOS suppliers who enrolled for the first time with NSC between January 1, 2008, and February 29, 2008, must obtain and submit an approved accreditation to NSC by January 1, 2009.
- **September 30, 2009** – Existing DMEPOS suppliers enrolled in the Medicare program are required to obtain and submit an approved accreditation to NSC by September 30, 2009.

“With these recently announced deadlines, the state boards of pharmacy can expect an increase in licensure verification requests for both pharmacies and pharmacists. NABP and CMS strongly encourage suppliers to seek accreditation as soon as possible to avoid any potential difficulties that could affect their ability to bid,” states NABP President Oren M. Peacock, Jr, RPh.

In addition, as the DMEPOS program expands, individual states are beginning to express interest in the program. Eventually, state run Medicaid programs may begin to require DMEPOS suppliers

“NABP is well positioned to successfully handle the anticipated high volume of accreditation seekers in 2008.”

NABP President
Oren M. Peacock, Jr,
RPh

to be accredited in order to obtain Medicaid reimbursement. Implementation of this requirement could also lead to an increase in necessary pharmacy and pharmacist license verification by the state boards of pharmacy.

“NABP is well positioned to successfully handle the anticipated high

volume of accreditation seekers in 2008,” states Peacock. “We are eager to continue with the second round of accreditations for DMEPOS suppliers, and will process applications as rapidly as possible while ensuring that CMS quality standards are met.”

In order to assist suppliers, CMS began providing quarterly educational forums on DMEPOS accreditation, the first of which was held on January 22, 2008.

Additional information regarding the DMEPOS program is available on the CMS Web site at www.cms.hhs.gov/CompetitiveAcqforDMEPOS and under the Accreditation Program section of the NABP Web site at www.nabp.net. For information on the DMEPOS competitive bidding program including a listing of the product categories for round two of the bidding program, see the article “MSAs, Product Categories Announced for Round Two of DMEPOS Competitive Bidding” on page 51. 

Standardized Medication Labels

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committee in September 2007.


- **New York** Assembly Bill 3305 would require the drug information label to include usage and warning labels in “legible

and conspicuous English words in at least 16-point print.” The bill was filed and sent to committee January 24, 2007.

- **Texas** House Bill 948 establishes requirements for prescription drug retail labels, including cautionary statements, to be printed in visible type at

least 8-point size, to avoid potential patient error. This legislation became effective on September 1, 2007.

While their approach varies somewhat, the states have a common goal – patient safety first – and many are taking steps to ensure that medication labels are legible and

understandable. NABP has been approached and will likely commission a task force addressing this issue as a forum for discussion later this year. NABP will continue to monitor this issue and will provide updates as more information becomes available. 

MSAs, Product Categories Announced for Round Two of DMEPOS Competitive Bidding

In January 2008 the Centers for Medicare and Medicaid Services (CMS) released the metropolitan statistical areas (MSAs) and product categories for the second round of the Medicare durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) competitive bidding program. (See sidebar for product categories.) The competitive bidding program, which CMS launched in spring 2007, is designed to improve the effectiveness of Medicare's DMEPOS payments, reduce beneficiary out-of-pocket costs, and save the Medicare program money while ensuring beneficiary access to quality DMEPOS items and services.

All suppliers must meet quality standards and be accredited by a CMS-recognized accreditation organization to obtain a contract under the Medicare DMEPOS competitive bidding program. (See article "CMS Announces DMEPOS Accreditation Deadline for All Suppliers" on page 50.)

Pre-bidding activities for the second round of the DMEPOS competitive bidding program, such as bidder education and registration for user identifications and passwords, are expected to begin in spring 2008 with the anticipation that the bidding period will run for 60 days beginning in summer 2008. CMS has yet to release a timeline detailing spe-


cific competitive bidding activities; however, over the next few months, the detailed timeline as well as information regarding the competitive bidding areas and items in each product category, initial registration for suppliers interested in competitive bidding, educational opportunities, and other resources and fact sheets about the program are expected to be announced.

Updates and announcements on the DMEPOS competitive bidding program, including the list of MSAs, are available in the Accreditation Programs section of the NABP Web site at www.nabp.net as well as the CMS Web site at www.cms.hhs.gov/CompetitiveAcqforDMEPOS. 

Product Categories for Round Two of Competitive Bidding

The following eight product categories will be included in the second round of the DMEPOS competitive bidding program.

1. Oxygen supplies and equipment
2. Standard power wheelchairs, scooters, and related accessories
3. Complex rehabilitative power wheelchairs and related accessories
4. Enteral nutrients, equipment, and supplies
5. Continuous positive airway pressure devices, respiratory assist devices, and related supplies and accessories
6. Hospital beds and related accessories
7. Negative pressure wound therapy pumps and related supplies and accessories
8. Walkers and related accessories

Although mail-order diabetic supplies and support surfaces (for Miami, FL, and San Juan, PR, only) were included in the first round of competitive bidding, they will not be included in the second round. 

Legal Briefs

(continued from page 41)


The court also noted its recognition of the potential prejudicial nature and social stigma of criminal convictions and the impact of its ruling. However, the court held that its interpretation was consistent with the contemplation of the legislature in enacting the applicable laws.

Turning its attention to the issue of whether substantial evidence supports the decision of the board denying the licensure appli-

cation, the court noted the right of the board to decline to adopt the recommendation of a hearing officer. Deferring to the expertise of the Board and the fact that it substantiated its decision to reject the hearing officer recommendation, the court held that substantial evidence supported the licensure denial decision of the board. Thus, the Alaska supreme court affirmed the decision of the board and reversed the superior court.

Criminal convictions present interesting issues to regulatory boards related

to licensure and renewal applications, as well as administrative discipline for which the criminal convictions form the basis of subsequent board action. This opinion identifies the impact, or lack thereof, of a set-aside conviction in a subsequent administrative action. Boards of pharmacy are encouraged to understand the applicable laws related to the impact of criminal convictions on board actions.

State of Alaska, Board of Nursing v Platt, 169 P 3d 595 (AK 2007) 

May 17-20, 2008

Baltimore Marriott Waterfront

Baltimore, MD

Saturday, May 17, 2008

10 AM - 7 PM

Registration/Information
Desk Open

2 - 4 PM

Pre-Meeting CPE
Programming

Teen Addiction – Prescription Medications: The New Heroin?
Sponsored by Walgreen Co
ACPE #205-000-08-001-L04-P
(0.2 CEU – 2 contact hours)

5 - 6 PM

Annual Meeting Orientation

7 - 10 PM

President's Welcome
Reception

Sponsored by Wal-Mart Stores, Inc
Dinner will be served.
Dress: business casual

Sunday, May 18, 2008

6:30 AM - 5:15 PM

Registration/Information
Desk Open

6:30 - 7:30 AM

Fun Run/Walk

Sponsored by Pfizer Inc

8 - 11:30 AM

Hospitality Brunch

Sponsored by Pearson VUE
(Same area as Poster Session.)

8 - 11:30 AM

Joint CPE Programming

Educational Poster Session
ACPE #205-000-08-002-L04-P
(0.1 CEU – 1 contact hour)

12 - 4 PM

First Business Session

- Welcome Remarks
 - Call to Order
 - Presentation of Colors
 - National Anthem
 - Greetings from the Host State
- Keynote Address: **Tom Daschle**, Former Senate Majority Leader
Sponsored by Abbott Laboratories
- Report of the Executive Committee
- President's Address
- Report of the Treasurer
- Report of the Committee on Constitution and Bylaws
 - Reading of Proposed Amendments
- Announcement of Candidates for Open Executive Committee Officer and Member Positions

4 - 5 PM

Joint CPE Programming

Legislative and Regulatory Update
Sponsored by Medco Health Solutions, Inc
ACPE #205-000-08-003-L03-P
(0.1 CEU – 1 contact hour)

Monday, May 19, 2008

7 AM - 2 PM

Registration/Information
Desk Open

7 - 8 AM

NABP/USP Breakfast

Sponsored by United States Pharmacopeia

8:15 - 10:15 AM

Joint CPE Programming

Pedigree Update: RFID and Diversion from Common Carriers
Sponsored by CVS Caremark Corporation
ACPE #205-000-08-004-L03-P
(0.2 CEU – 2 contact hours)

10:30 AM - noon

Second Business Session

- Report of Executive Director/Secretary
- Report of the Committee on Resolutions
 - First Reading of Resolutions
- Vote on Proposed Amendments to the Bylaws
- Candidate Speeches for Open Executive Committee Officer and Member Positions

Noon - 12:30 PM

Informal Member/Candidate
Discussion

1:30 - 5 PM

Optional Tour

Baltimore Charm City
(Afternoon free.)

Tuesday, May 20, 2008

7:30 AM - 4:15 PM

Registration/Information
Desk Open

8 - 9 AM

Continental Breakfast

9 - 10:30 AM

Executive Officer and Board
Member CPE Programming

Medicaid Fraud: Tamper-Resistant Prescription Pads and Beyond

Sponsored by Merck and Co, Inc
ACPE #205-000-08-005-L03-P
(0.15 CEU – 1.5 contact hours)

9 - 10:30 AM

Compliance Officer CPE
Programming

Case Strategy: How to Investigate an Internet Pharmacy
ACPE #205-000-08-006-L03-P
(0.15 CEU – 1.5 contact hours)

10:45 AM - 12:15 PM

Joint CPE Programming

Compounding Update: Where is USP 797?
ACPE #205-000-08-007-L03-P
(0.15 CEU – 1.5 contact hours)

12:15 - 1:30 PM

Lunch Break

On your own.

1:30 - 4 PM

Final Business Session

- Election of 2008-2009 Executive Committee Officers and Members
- Remarks of the Incoming President
- Installation of Executive Committee Officers and Members
- Final Report of the Committee on Resolutions
 - Discuss and Vote on Resolutions
- Invitation to the 2009 Annual Meeting

5:45 - 6:45 PM

NABP/NACDS Reception

Sponsored by the National Association of Chain Drug Stores

7 - 10:30 PM

Annual Awards Dinner

Dress: semiformal

Program subject to change.



NABP and the NABP Foundation is accredited by the Accreditation Council for Pharmacy Education (ACPE) a provider of continuing pharmacy education. ACPE Provider Number: 205. Participants may earn up to nine hours of ACPE-approved continuing pharmacy education credit from NABP. Participants in continuing pharmacy education programs will receive credit by completing a "Statement of Continuing Pharmacy Education Participation" and submitting it to NABP. A validated Statement of Continuing Pharmacy Education Credit will be sent as proof of participation within approximately six weeks. Full attendance and completion of a program evaluation form for each session are required to receive continuing pharmacy education credit and a Statement of Continuing Pharmacy Education Credit.

Continuing Legal Education (CLE) Policy: NABP staff will be available to assist attendees on an individual basis to apply for CLE credit for attending conference CPE sessions. To apply for CLE credit, attendees must initiate the program approval process in their own states by completing and submitting the appropriate application materials and forms. NABP will provide documentation as necessary.

Senator Tom Daschle to Explore America's Health Care System at 104th Annual Meeting Keynote Address

Speaking on the topic of, "Healthcare Reform: New Ideas for an Old Debate," former Senate Majority Leader Tom Daschle will be the keynote speaker at the NABP 104th Annual Meeting to be held May 17-20, 2008, at the Baltimore Marriott Waterfront in Baltimore, MD. At this event, Senator Daschle will take a closer look at America's health care system and lay out a series of ideas for solutions to the country's problems.

Known for cultivating a legacy as a tireless fighter for America's common man, Senator Daschle is one of the most influential political figures in the United States. Born in Aberdeen, SD, he graduated from South Dakota State University in 1969, and soon after entered the United States Air Force where he served as an intelligence officer in the Strategic Air Command until mid-1972. In 1978, Senator Daschle was

elected to the House of Representatives, serving a term of eight years. He was one of the first members of Congress to serve in a Democratic leadership position in his first term of office as a regional whip.

Senator Daschle was elected to the Senate in 1986, and two years later became the first co-chairman of the Senate Democratic Policy Committee. During his tenure as leader, Senator Daschle co-managed the impeachment trial of President Bill Clinton, led the Senate in response to the September 11 attacks, and took action upon an anthrax attack on his office.

In 2007, along with former Majority Leaders George Mitchell, Bob Dole, and Howard Baker, he created the Bipartisan Policy Center, an organization dedicated to finding common ground on some of today's pressing public policy challenges.


Today, Senator Daschle is special policy advisor to the law firm of Alston and Bird where he provides strategic advice on public policy issues, such as climate change, energy, health care, trade, financial services, and telecommunications. He is also a distinguished fellow at the Center for American Progress, a visiting professor at Georgetown University, and a member of the Council of Foreign Relations. Senator Daschle also serves on the advisory boards of Intermedia Partners and BP America, Inc and on the board of directors for CB Richard Ellis, Mascoma Corporation, Prime BioSolutions, the Freedom Forum, the Mayo Clinic, the LBJ Foundation, and the National Democratic Institute for International Affairs.

Senator Daschle has published articles in newspapers and periodicals, and is the author of the book, *Like*



Senator Tom Daschle will provide the Keynote Address on Sunday, May 18, 2008, during the NABP 104th Annual Meeting.

No Other Time. In the spring of 2008 he is releasing a new book, *Critical: What We Can Do About the Health Care Crisis*, identifying the problems our country faces in providing quality health care, and offering innovative solutions to this crisis. He also holds a number of honorary doctorate degrees.

Information and registration forms for the 104th Annual Meeting are available on the NABP Web site at www.nabp.net. 

Register Now for NABP 104th Annual Meeting

The NABP 104th Annual Meeting will be held May 17-20, 2008, at the Baltimore Marriott Waterfront in Baltimore, MD. Those who register on or before **Friday, April 4**, will be eligible to receive the early registration rate. Attendees can register directly online by visiting the Meetings section of the NABP Web site at www.nabp.net. A registration form is also available to download and print. Both types of registration offer attendees three payment options: (1) mailing in

the payment, (2) using a credit card, or (3) paying on site. Those individuals eligible for the board of pharmacy group rate may also take advantage of online registration; registrants whose board will be processing the payment and sending it to NABP at a later date, may simply choose "Mail in Payment."

During the Annual Meeting attendees will have the opportunity to assist in defining the direction of NABP by participating in business sessions during which officers and members of the

NABP Executive Committee will be elected and resolutions will be voted upon. In addition, the attendees may earn up to nine hours of timely and exciting Accreditation Council for Pharmacy Education-approved continuing pharmacy education sessions led by educators, regulators, and others who will share their knowledge, experience, and insight of the pharmacy profession.

NABP is offering a special meeting rate at the Baltimore

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Around the Association

Board Member Appointments

- **Elizabeth W. Barker, PharmD**, was appointed a member of the Louisiana Board of Pharmacy. Barker's appointment will expire on August 24, 2010.
- **Gwenesia Collins, PharmD**, was appointed a member of the Michigan Board of Pharmacy. Collins' appointment will expire on June 30, 2011.
- **Donald W. Fey, PharmD, RPh**, was appointed a member of the Nevada State Board of Pharmacy. Fey's appointment will expire on November 30, 2010.
- **Mary Lau** was appointed a public member of the Nevada State Board of Pharmacy. Lau's appointment will expire on October 31, 2010.
- **Chad M. Luebke, RPh**, was appointed a member of the Nevada State Board of Pharmacy. Luebke's appointment will expire on October 31, 2010. Ⓢ

FDA Issues Adverse Event Reporting Rules for OTC Products

Food and Drug Administration recently issued new adverse event reporting requirements for manufacturers, packers, and distributors of dietary supplements and over-the-counter (OTC) drug products marketed without an approved application. The new reporting requirements, as described in Public Law 109-462, became effective on December 22, 2007.

The act and the FDA *Guidance for Industry: Postmarketing Adverse Event Reporting for Nonprescription Human Drug Products Marketed without an Approved Application* are available via the FDA MedWatch Web site at www.fda.gov/medwatch/otc.htm.

Manufacturers Agree to Restrict Distribution of Methadone

As of January 1, 2008, manufacturers of methadone hydrochloride tablets 40 mg (dispersible) have voluntarily agreed to restrict distribution of this formulation to only those facilities authorized for detoxification and maintenance treatment of opioid addiction, and hospitals. Manufacturers will discontinue supplying this formulation to any facility not meeting these criteria.

The 5 mg and 10 mg formulations indicated for the treatment of pain will continue to be available to all authorized registrants, including retail pharmacies. The 40 mg methadone formulation is indicated for the treatment of opioid addiction; it is not FDA-approved for use in the management of pain. This measure comes in response to the reported increase in methadone-related adverse events.

For more information, see "Studies Show Increased Methadone-Associated Mortality Related to Pain Management" in the January 2008 issue of the *NABP Newsletter*, available on the NABP Web site, www.nabp.net.

DEA Proposes New Order Form for Controlled Substances

Drug Enforcement Administration (DEA) is proposing to implement a new format for order forms (DEA Form 222) for DEA registrants to use when ordering Schedule I and/or II controlled substances.

The present format utilizes a three-part, carbon-copy form. The proposed format will use a single-sheet form. The new form includes enhanced security features and is designed to be easier for DEA registrants to use.

More information is available in the Fed-

eral Register (Docket No. DEA-303P) at <http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/pdf/E7-22984.pdf>.

NABP Staff Discuss Technician Regulations at ASHP Meeting

NABP staff presented an educational program on the regulation of pharmacy technicians at the 42nd Mid-year Clinical Meeting and Exhibition of the American Society of Health-System Pharmacists (ASHP) December 2-6, 2007, in Las Vegas, NV.

The program, "Pharmacy Technician Regulation: An Evolution in Progress," highlighted the mission and role of NABP and the boards of pharmacy in technician regulation, the prevalence of technician regulation among the states, and the NABP examination validation procedure and its relationship to the Pharmacy Technician Certification Board examination.

NABP has long been an advocate for standardized, formal training and competency assessment as prerequisites for the registration or licensing of pharmacy technicians by the state boards of pharmacy. Currently, 39 states license/register or certify pharmacy technicians, and 29 states have mandatory training requirements. Ⓢ

2008-2009 MPJE Review Committee Announced

NABP is happy to announce the Multistate Pharmacy Jurisprudence Examination® (MPJE®) Review Committee members for 2008-2009. The MPJE Review Committee is composed of faculty and/or pharmacists who are representative of the diversity of pharmacy practice. Sharing the responsibility for developing and reviewing the MPJE, these dedicated volunteers, acting under the policy and planning guidance of the Advisory Committee on Examinations and the Executive Committee, convene to review the MPJE and safeguard the integrity and validity of the Association's examination. Responsibilities include reviewing the examination questions, attending and participating in meetings, and writing new test questions. NABP appreciates the assistance of these committee members as they evaluate examination content and ensure that it meets the specified competency assessment statements, which, in essence, determine the question pool. The MPJE Review Committee members are listed below. Their terms began February 1, 2008.

MPJE Review Committee

| | |
|--|--|
| MemberVance Alexander Birmingham, AL | MemberSteve Morse Pflugerville, TX |
| MemberCynthia A. Benning Milwaukee, WI | MemberDenise M. Frank Princeton, MN |
| MemberJames D. "J.D." Coffey Massachusetts Board of Registration in Pharmacy | MemberCharles W. Sauer Naperville, IL |
| MemberMichael A. Moné O'Fallon, MO | MemberAlan M. Shepley Mount Vernon, IA |
| MemberRichard "Dick" Morrison Washington State Board of Pharmacy | MemberJohn D. Taylor Florida Department of Health |

NEWLY ACCREDITED VAWD FACILITIES

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

Exel, Inc
Middletown, PA
Accredited January 11, 2008

Exel, Inc
Kingstown, PA
Accredited January 11, 2008

**Kroger Limited Partnership I
dba Peyton's Southeastern**
Cleveland, TN
Accredited January 11, 2008

Midwest Veterinary Supply, Inc
Wayne, IN
Accredited January 11, 2008




A full listing of accredited VAWD facilities is available on the NABP Web site at www.nabp.net.

Register Now

(continued from page 53)

Marriott Waterfront for \$199 single/double occupancy plus 13.5% state and local tax. Rooms may be reserved online by visiting the Meetings section of the NABP Web site and clicking on the hotel special group page link created specifically for attendees of the Annual Meeting. Attendees may also make their room reservations by calling the hotel directly at 410/385-3000 or by utilizing the central reservations number at 1-800/228-9290.

Attendees are asked to mention that they will be attending the NABP 104th Annual Meeting. To ensure accommodations, reservations must be received by the Baltimore Marriott Waterfront no later than **Thursday, April 17**. Please note that the last event of the 104th Annual Meeting is the Annual Awards Dinner, which takes place from 7 - 10:30 PM on Tuesday, May 20.

Special airfare and car rental rates are available through the NABP official travel agency, Options Travel, at 1-800/544-8785. When calling Options Travel, mention the NABP meeting code number, NABP104. 

Association Highlights

nabp newsletter

march 2008



On January 24-25, 2008, the Committee on Law Enforcement/Legislation met at NABP Headquarters in Mount Prospect, IL. Pictured from left to right: David W. Dryden, RPh, JD, Delaware State Board of Pharmacy; Carl W. Aron, RPh, Louisiana Board of Pharmacy; Lee Ann Bundrick, RPh, South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy; Mary K. Walker, RPh, Wyoming State Board of Pharmacy; Michael A. Burleson, RPh, Kentucky Board of Pharmacy; Heather Lee Pasquale, RPh, Ohio State Board of Pharmacy; Susan Ksiazek, RPh, New York State Board of Pharmacy; Executive Committee Liaison Reginald B. “Reggie” Dilliard, DPh, Tennessee; Michael A. Podgurski, RPh, Pennsylvania State Board of Pharmacy; and Kevin C. Borchert, RP, Nebraska Board of Pharmacy.



nabp newsletter

National Association of Boards of Pharmacy

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Mount Prospect, IL 60056

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NABP 104th ANNUAL MEETING

Online registration is now available in the Meetings section of the NABP Web site at www.nabp.net.