



newsletter

National Association of Boards of Pharmacy®

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aid to government
the profession
the public
1904 to 2009

Teen Abuse of Prescription Medications: Curtailing a Growing and Dangerous Trend

Upcoming Events

January 20-21, 2009
Committee on Law
Enforcement/Legislation
Meeting
NABP Headquarters
Mount Prospect, IL

March 9-20, 2009
PCOA Administrations

April 7, 2009
Committee on
Constitution and Bylaws
Conference Call

April 14, 2009
Computerized FPGEE
Administration

May 16-19, 2009
NABP 105th Annual
Meeting
Hyatt Regency Miami
Miami, FL

Teen-targeted, anti-drug campaigns have shifted focus to tackle the current culprit in teen drug abuse: prescription medications. The nonprofit Partnership for a Drug-Free America (Partnership), and government agencies such as the Office of National Drug Control Policy (ONDCP) are using Web sites and televised public service announcements to educate parents and teens about the dangers of prescription drug abuse as well as prevention strategies. In support of such efforts, NABP is taking steps to raise awareness among pharmacy stakeholders about the urgency of the issue, the benefits of prevention counseling for parents and teens, and support of local medication disposal programs.

A Trend with Deadly Consequences

The teen prescription drug abuse trend demands an assertive approach, as the Centers for Disease Control and Prevention (CDC) indicates that unintentional drug poisoning from misuse of prescription drugs is now the second leading cause of accidental death in the United States. Further, according to the Drug Abuse Warning Network, emergency room visits for prescription medication abuse and “street drugs” are almost equal. Substance Abuse and Mental Health Services Administration (SAMHSA) studies reveal that more teens are trying prescription medications in order to “get high” than marijuana.

To complicate matters, a study done by the Partnership suggests that



prescription drugs are not just replacing illicit drugs but instead appear to be an intermediate step in drug use. As one survey participant stated, “[T]aking pills made me much more open to taking x [ecstasy]. At a certain point, it just became another pill.”

Prescription Drugs of Choice for Teens

Pain relievers such as Vicodin® and OxyContin®, stimulants such as

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Teen Abuse of Prescription Medication

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Adderall® and Ritalin®, and tranquilizers such as Xanax® and Valium® are the prescription medications most frequently abused by teenagers, the Partnership finds.

Putting the problem in perspective, SAMHSA studies from 2007 show that 2.1 million adolescents age 12 or older tried prescription medications for nonmedical uses – the same number that tried marijuana. Tranquilizers (1.2 million teens), cocaine (0.9 million teens), ecstasy (0.8 million teens), inhalants (0.8 million teens), and stimulants (0.6 million teens) were the next drugs most frequently chosen by teens for first time use. SAMHSA reports that, every day, 2,500 youths (age 12-17) abuse a prescription pain reliever for the first time. Among teens who have abused painkillers, nearly one-fifth (18%) used them at least weekly in the past year.

Teens are also abusing over-the-counter products such as cough/cold medications. According to a SAMHSA study, 3.1 million people aged 12 to 25 had tried cough or cold medications to get high in their lifetime, and almost 1 million had done so in 2005.

Why Teens Choose Prescription Medications

In surveys conducted by the Partnership, teens reported that they used prescription drugs to help them deal with problems, manage their lives, lower stress, and enhance performance, as well as to get high.

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According to ONDCP's 2008 report, *Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation's Teens*, teens think that using prescription medications to manage stress or get high is safer than using street drugs. Further, prescription medications are more easily available to teens than illicit drugs such as cocaine or ecstasy. Teens obtain medications from the medicine cabinet at home, through friends, or at friends' homes.

While prescription drugs may be more readily accessible for teens, large numbers are combining these medications with alcohol and/or illicit drugs. For example, 49% of teens who abused painkillers reported using two or more other drugs, including alcohol (81%) and marijuana (58%), ONDCP

reports. Further, the report notes, poisonings as a result of combining prescription and over-the-counter drugs have risen drastically.

Stemming the Growth of Prescription Drug Abuse

In response to this growing problem, organizations and government agencies recommend both educating parents and teens about the dangers of prescription drug abuse, as well as modifying and encouraging the use of prescription medication disposal programs.

At its recent 104th Annual Meeting, NABP passed a resolution that stipulates use of its newsletter programs to keep pharmacists and other constituents informed about the urgent issue of teen prescription drug abuse, so that they in turn can help to provide parents and teens with current prevention information. Such educational efforts are vital, as the Partnership reports that most parents do not realize that teens are intentionally abusing medications to get high, and that they think their teens are not vulnerable to prescription drug abuse. Further, the Partnership finds that, like many teens, parents tend to think that teen abuse of prescription medications is safer than teen abuse of street drugs.

Organizations such as the Partnership aim to educate parents and teens

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NABP Launches Vet-VIPPS Program to Provide Accreditation of Online Veterinary Pharmacies

In January 2009, NABP launched the Veterinary-Verified Internet Pharmacy Practice Sites™ (Vet-VIPPS™) program to provide a vehicle for evaluating and accrediting legitimately operating online veterinary pharmacy practice sites in an effort to protect companion animals as well as non-food producing animals.

Vet-VIPPS is designed to assist the states in their efforts to maintain control over the Internet-based distribution of prescription drugs and devices for non-food producing animals as well as hold Internet veterinary drug distributors accountable for meeting patient/client safety practice standards.

The newly developed Vet-VIPPS, which is based on the Association's original VIPPS® criteria will also incorporate new criteria specific to veterinary pharmacies.

After holding discussions with several state boards of pharmacy, including Idaho, Iowa, Florida, Nebraska, and Virginia, NABP learned that Boards were being confronted with complaints related to the business and dispensing practices of some sites that sell pet medications. The aforementioned boards have received consumer complaints against Internet pharmacies dispensing prescription drugs without a veterinarian-patient/client relationship. In part, these

concerns prompted development of the new program.

In order to receive Vet-VIPPS accreditation, Internet pharmacy practice sites that dispense prescription veterinary drugs for use in companion animals such as dogs, cats, and horses must be licensed in

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good standing with their respective state boards of pharmacy, and also adhere to Vet-VIPPS criteria and program requirements. **Pharmacies that dispense prescriptions for food-producing animals are not eligible to apply for accreditation.**


The Vet-VIPPS accreditation process includes a thorough review of all policies and procedures regarding the practice of pharmacy and dispensing of



medicine over the Internet, as well as on-site surveys of all facilities used by the site to receive, review, and dispense medicine.

In drafting Vet-VIPPS criteria, NABP staff utilized the following resources: VIPPS criteria, FDA standards and guidelines, and input from the American Association of Veterinary State Boards, the American Veterinary Medical Association, and veterinary schools.

Currently, Virginia requires all Internet non-resident pharmacies to be accredited through the VIPPS program or certified by a substantially similar program approved by the Board, which includes the Vet-VIPPS program. Utilizing the Vet-VIPPS program, the Virginia Board of Pharmacy will be able to ensure that applicants undergo a systematic process for license verification and that all dispensations are based on a valid veterinarian-patient/client relationship.

An online application is available for those interested in receiving Vet-VIPPS accreditation. More information about Vet-VIPPS program criteria and applications for accreditation are available in the Accreditation Programs section of the NABP Web site at www.nabp.net. 

Executive Committee

Oren M. Peacock, Jr
Chairperson
One-year term

Rich Palombo
President
One-year term

Gary A. Schnabel
President-elect
One-year term

William T. "Bill" Winsley
Treasurer
One-year term

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Member, District 1
Serving second year of a three-year term

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Member, District 2
Serving second year of a three-year term

Michael A. Burleson
Member, District 3
Serving first year of a three-year term

Gregory Braylock, Sr
Member, District 4
Serving first year of a three-year term

Lloyd K. Jessen
Member, District 5
Serving second year of a three-year term

Malcolm J. Broussard
Member, District 6
Serving third year of a three-year term

Cathryn J. Lew
Member, District 7
Serving second year of a two-year term

Hal Wand
Member, District 8
Serving first year of a three-year term

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

Dentist Subject to Cavity Search

By Dale J. Atkinson, JD

In regulating the various professions, especially those that are involved in the distribution of controlled substances, there is a potential for the contemporaneous pursuit of administrative and criminal prosecutions. As criminal prosecutions involve the potential for loss of life and liberty, the United States Constitution (and likely each state constitution) calls for strict adherence to legal procedures related to search and seizure of potentially incriminating evidence. Coordinated efforts between law enforcement officials investigating potential criminal wrongdoings and the administrative investigative teams may be crucial to successful resolution of both the criminal and administrative prosecutions. Consider the following.

A dentist (licensee) was duly licensed in 1972 by the Pennsylvania State Board of Dentistry. Since that time, there have been no known administrative disciplinary actions against such licensee by the board. In June 2001, the Pennsylvania State Police began investigating the licensee with respect to controlled substances prescribed to certain patients whom the police had arrested for drug violations. The police investigations were conducted in conjunction with the federal Drug Enforcement Administration (DEA).

As part of its investigation, the police obtained a search warrant for certain books and records of the licensee, including files related to 14 specific patients. The warrant was served on November 7, 2001, whereby police personnel spent 2.5 hours conducting their search. Also in attendance was a DEA agent who videotaped the extant circumstances of the licensee's office. An additional six patients, also known to police from their ongoing investigations, were identified. An additional search warrant was obtained regarding the records of these six patients.

In the end, the files and records of 20 patients were seized by police officials.

Copies of the seized files of the 20 patients were forwarded to both DEA and the Pennsylvania Department of State, under which the board operated. DEA provided such files to its consultant, a University of Pittsburgh professor who set forth his conclusions in a May 2002 "Review of Records: Summary of Findings" finding that the licensee's activities with at least four of his patients were "not in accordance with the treatment principles accepted by a responsible segment of the medical profession."

In March 2003, the board filed an eight-count complaint against the licensee asserting the violation of several sections of the dental act and regulations. Specifically, the complaint alleged that the licensee inappropriately prescribed, administered, and dispensed controlled substances, and failed to prepare, maintain, and retain appropriate records. Additional counts also alleged unprofessional conduct related to ignoring patients' drug diversion behavior, using certain herbal therapy, and sterilizing dental equipment in a deep fryer filled with vegetable oil.

In response to the complaint, the licensee disputed the accuracy of

the facts alleged, but also argued to suppress the evidence obtained under the search warrants based upon the exclusionary rule in that probable cause was lacking for the issuance of such warrants. Under the exclusionary rule, evidence obtained in violation of the search and seizure protections of the US Constitution cannot be used at a subsequent trial of such defendant.

After a hearing whereby numerous witnesses testified, the hearing officer issued a proposed adjudication finding that the licensee should be disciplined on all eight counts and recommending active license suspension for one year, a \$5,000 civil penalty, and successful completion of coursework related to prescribing, infection control, and record keeping. The board adopted the findings of the hearing officer, but enhanced the sanction to five-year suspension (two years active suspension and three years on probation) and a prohibition from prescribing, dispensing, housing, purchasing, receiving, or administering any controlled substance for those five years. The board declined to apply the exclusionary rule. The matter was affirmed by the Commonwealth Court in all respects. The licensee appealed to the Pennsylvania Supreme Court.

The Supreme Court granted the appeal to specifically determine whether the exclusionary rule applies to civil administrative proceedings, a matter of first impression in Pennsylvania. The court first held that the issue is one purely of law and that the judicial scope of review is plenary. Second, the court noted that the arguments of the licensee regarding the exclusionary rule asserted rights solely under the Fourth Amendment of the US Constitution and contained no independent argument under the Pennsylvania Constitution.

The licensee argued that the search warrants were facially defective in that probable cause for issuance did not exist, thus the seized evidence should have been suppressed in the administrative proceedings. The Pennsylvania Supreme Court cited the Commonwealth Court analysis, which concluded that because the licensee had not been charged with a crime, exclusion of the evidence was not required, even if the warrants had been issued improperly. The Pennsylvania Supreme Court also cited United States Supreme Court precedence:

The United States Supreme Court has 'emphasized repeatedly that the State's use of evidence obtained in violation of the Fourth Amendment

does not itself violate the Constitution.' . . . The Supreme Court has explained that the 'wrong' which the Fourth Amendment condemns is 'fully accomplished' by the unlawful search or seizure itself; use of the fruits of such unlawful search or seizure does not work an additional Fourth Amendment wrong. . . . The exclusionary rule therefore is 'neither intended nor able to cure the invasion of the defendant's rights which he has already suffered.' . . . It thus is well-established that the exclusionary rule is not a personal constitutional right of the aggrieved party, but rather is a judicially-created remedy designed to safeguard Fourth Amendment rights in general, through the rule's intended deterrent effect. (Citations omitted).

The court concluded that the exclusionary rule is a rule of prudence, applying only where its deterrence benefits outweigh the substantial costs of application, namely that of precluding reliable, probative evidence. Thus, a balancing test must be undertaken. However, the court noted that the judiciary has repeatedly refused to extend the exclusionary rule to proceedings other than criminal trials.

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

Teen Abuse of Prescription Medication

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directly, informing them about the abuse trend, and emphasizing the necessity of using prescription medications appropriately.

Knowledge of this information is important to pharmacists since they are in an excellent position to counsel parents on teen drug abuse when dispensing prescriptions with high abuse potential.

Phil Bauer of the Partnership stated in his presentation at the NABP 104th Annual Meeting: "We need to reach out and empower parents, give them the information they need. Parents talking to kids reduces drug use by 50%." Similar to past drug prevention

programs that focused on illicit drugs, Bauer and the Partnership encourage parents to communicate with their kids about prescription drug abuse and its dangers. Likewise, ONDCP reports that when parents express strong disapproval of drug abuse, teens are much less likely to adopt this dangerous behavior.

Another immediate step parents can take, the Partnership advises, is safeguarding the medications kept in their homes. Safeguarding involves properly disposing of unused and expired medications, and taking an inventory of all current medications. Further, parents can keep medications stored in an area that is not readily accessible to teens or their friends.


To raise awareness among families and the public, the Partnership, along

with ONDCP, launched a media campaign using their Web sites as well as televised public service announcements aired during the 2008 Super Bowl. The Partnership Web site provides a list of facts parents can stress to teens. The Web site states: "The Partnership is urging parents, both through this new campaign and through our online resources and information to learn about this serious problem, share the information with their teens, and take action to prevent teens from accessing these medications at home."

NABP also passed a resolution at the 104th Annual Meeting to convene a task force on medication disposal programs to help prevent diversion and abuse. The NABP task force met in December 2008 to review medication collection programs, as well as

assess and recommend any necessary revisions to the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* to provide guidance for regulating such programs.

Federal medication disposal guidelines prepared by ONDCP (available online at www.whitehousedrugpolicy.gov/drugfact/factsht/proper_disposal.html) include removing unused medication from packaging and disposing of it in the trash, preferably mixing with an undesirable substance such as cat litter or coffee grounds. Individuals can also use community pharmaceutical disposal programs where they are available.

More information and resources are available on the Partnership Web site at www.drugfree.org. 

Legal Briefs

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Consistent with previous Pennsylvania judicial rulings, the licensee argued that the basis for applying the exclusionary rule is to deter police officials from engaging in improper conduct. But, the court noted that such previous judicial rulings specifically identify deterrence of law enforcement officials from engaging in improper conduct "for the purpose of obtaining *criminal* convictions." Thus, like the US Supreme Court rulings, the Pennsylvania courts have


also limited the application of the rule solely to criminal proceedings. The court rejected the licensee's arguments that various cases supported application of the rule.

Next, the licensee argued that the dental practice act is "penal" in nature thus triggering application of the exclusionary rule. While agreeing that the practice act has an element of punishing authority, the court held that the proceedings at issue are civil and implicate civil remedies. Further, the court rejected arguments that the Pennsylvania police investigated the licensee

on behalf of the board and were inappropriately enforcing the dental practice act. To that argument, the board stated that the Department of State and the police are both agencies of the state, but have no formal relationship and are not in any way involved in or responsible for one another's operations. Accordingly, suppression of the evidence in the instant case would have no deterring impact upon future police activities.

The Pennsylvania Supreme Court concluded that the federal exclusionary rule does not apply in civil administrative

proceedings and affirmed the findings and sanctions rendered by the board. The judicial opinion also noted that the licensee failed to specifically identify how the search warrants were defective. However, boards of pharmacy are encouraged to seek legal advice regarding the extent to which board and criminal investigative personnel may or should work together, as acquired evidence may be used in subsequent criminal proceedings.

Kerr v Pennsylvania State Board of Dentistry, 2008 WL 4926766 (PA 2008) 

NABP Announces Nominees for Open Officer and Member Positions on the 2009-2010 NABP Executive Committee

The new 2009-2010 NABP Executive Committee officers and members will be elected this May during the 105th Annual Meeting in Miami, FL.

Open officer positions include president-elect and treasurer. The treasurer serves a one-year term, while the individual selected as 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.

Individuals interested in running for an open officer position must submit a letter of intent, the expiration date for their term on the active member board, and a resume or curriculum vitae to the NABP executive director/secretary at least 60 days prior to the Annual Meeting's First Business Session (**by March 18**). Currently, NABP has received the following nominations for the open officer positions.

President-elect (one-year term)

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

Treasurer (one-year term)

- Malcolm J. Broussard, RPh, Louisiana Board of Pharmacy

Nominations for open member positions on the NABP Executive Committee were accepted from August 2008 to November 2008, during the NABP district meetings. As of press time, the following nominations have been accepted for the two Executive Committee member positions.

District 6 (three-year term)

- Joseph L. Adams, RPh, Louisiana Board of Pharmacy
- Frank Whitchurch, RPh, Kansas State Board of Pharmacy

District 7 (three-year term)

- Cathryn J. Lew, RPh, Oregon State Board of Pharmacy

Additional Nominations

In addition to the nominations made by the districts for the open district **member** positions, nominations 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 NABP executive director/secretary at least 30 days prior to the Annual Meeting's First Business Session (**by April 17**), and have been deemed eligible by NABP, may be nominat-

ed 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 from the floor for an open **officer** position on the NABP Executive Committee must submit the aforementioned materials to the NABP executive director/secretary at least 30 days prior to the Annual Meeting's First Business Session (**by April 17**).

Qualifications and Voting Procedures

District member and officer nominees 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 of the Annual Meeting on Sunday, May 17, NABP President Rich Pal-

ombo, 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 nominated at the district meetings, as well as those nominated from the floor.

During the Annual Meeting, time will be designated for candidate speeches and/or speeches given on the candidates' behalf for open Executive Committee officer and member positions. Individuals giving candidate speeches must be affiliated members of NABP, and a maximum of two speeches may be given for each candidate, including the candidate's own speech. Individuals giving speeches must limit their remarks to two minutes.

Voting will take place during the Final Business Session on Tuesday, May 19. Candidates, whether running opposed or unopposed, must receive a majority of the delegate votes present in order to be elected to office. If more than two candidates are slated for office, the candidate(s) receiving the fewest votes will be eliminated from subsequent ballots.

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Consumer Medication Information Fails to Meet Target Compliance Levels

Generally speaking, the vehicle is working, but the message is not. That is to say, dispensing printed materials about prescription medications at the point of purchase has proven a reliable vehicle for delivering information to patients about their medications. Study results show that approximately 94% of patients do receive some form of printed information about their medicine when they pick up their prescriptions, as required by federal law. This written consumer medication information (CMI) is intended to educate patients on the proper way to take their medication, potential risks, and what to do in case of adverse events. That message, however, is not getting through clearly enough. Study results show that the content, format, and overall comprehensibility of CMI lag far behind the target compliance levels set forth in Public Law 104-180.

Formatting was found to be most problematic, with type sizes as small as 5 point font and crowded line spacing, impeding legibility and comprehension levels. Other impediments and inconsistencies included word counts varying by thousands of words, with some CMI being extremely lengthy and repetitive, and a lack of clear action steps for patients to take in case of adverse events or other concerns. Study results also showed a lack of clear organization or prioritization of information, and

the cluttering of important information with unnecessary verbiage such as patient privacy information, store coupons, and, in one instance, a Bible verse.

These findings are based on the results of a research project NABP recently conducted to evaluate the progress of community pharmacies in meeting federally mandated goals for dispensing useful written CMI, with a grant provided by Food and Drug Administration (FDA). The key word here is *useful*, and it is described in the law and

quantified in the study. The purpose of the study was to determine whether today's practices are in line with target compliance levels for 2006. The principal investigators for the study were Carole L. Kimberlin, PhD, and Almut G. Winterstein, PhD, of the University of Florida, Gainesville, FL.

This nationwide assessment was the second of two similar studies, the first measuring compliance levels for 2001. In that study, the quality of CMI failed to meet the federally mandated standards about 50% of the time. Though improved from 2001 compliance levels, pharmacies met the standards approximately 70% of the time in the recent study. The law, however, calls for compliance levels of 75% by the end of 2000, and 95% by the end of 2006.

"While a larger percentage of critical content was met in this 2008 study when compared to the 2001 study, certain criteria remained of substandard quality," the investigators report. "This was true especially with directions on medication use and actions to take when side effects or other problems occurred, which were only met by half of the CMI, reflecting a lack of specific instructions to patients how to monitor and manage their drug therapy."

In regard to formatting, the investigators report, "[t]he high reading level re-

quired to comprehend CMI, the small font sizes used, the lack of use of bullets or headings on separate lines, the narrow spacing between lines of text all continue to be problematic.” In one unfortunate formatting error, the Side Effects section of a CMI leaflet began with the statement “See also Warning Section,” but there was no warning section to be found.

Adopted in 1996, Public Law 104-180 specifies compliance rates for the distribution of CMI to patients having new prescriptions filled. A steering committee – convened by the Keystone Center and comprising NABP and health care professionals, consumer groups, voluntary health agencies, pharmaceutical manufacturers, prescription drug wholesalers, CMI developers, and drug information database companies – developed a long-range *Action Plan for the Provision of Useful Prescription Drug Information* to meet these goals. The action plan includes agreed-upon criteria for what constitutes *useful* written patient information. In response to results of the 2001 study, FDA issued a guidance document in 2006 to clarify the criteria.

To collect the patient information evaluated in the recent study, professional shoppers visited community pharmacies in January through March 2008 to fill prescriptions provided by

FDA through participating physicians and collected written materials provided by the pharmacies at the point of purchase.


A national expert panel used procedures and criteria similar to those used in the 2001 study to assess whether the written materials meet the agreed-upon criteria. Researchers in the recent study gauged the CMI according to the following eight criteria established by the Keystone Center steering committee and used in the first study in 2001:

1. Inclusion of generic and brand names, phonetic spelling of generic names, and information about indications for use
2. Inclusion of specific information about contraindications and what to do if applicable
3. Inclusion of specific directions about how to use, monitor, and get the most benefit from the medication
4. Inclusion of specific precautions and information about how to avoid harm while using the medication
5. Inclusion of information about the symptoms of serious or frequent adverse reactions and what to do
6. Inclusion of general information and encouragement to ask questions
7. Information must be scientifically accurate, unbiased, and up-to-date

8. Information must be readily comprehensible and legible

The content of the CMI leaflets is determined by a small number of private vendors who sell drug monographs to pharmacy outlets through their pharmacy software vendors. The pharmacies and/or their software vendors then determine the formatting of the CMI, often resulting in very different content because of editing by pharmacy outlets.

The law requires the Secretary of the US Department of Health and Human Services to evaluate the private sector’s progress toward meeting the goals in the law and, if the goals are not met, to seek public comment on other initiatives to meet the goal. The law prohibited FDA from taking further regulatory steps specifying uniform content or format for CMI if private-sector initiatives met the goals of the plan within the specified time frames. As target compliance levels have not been met, however, FDA will now evaluate alternatives for ensuring that patients receive appropriate written information with their prescription medications.

The final CMI study report is available on the FDA Web site at www.fda.gov/cder/news/CMI/default.htm. FDA is accepting comments on the report [Docket No. FDA-2008-S-0627] until June 1, 2009. 

NABP MIAMI: Registration is Hot! Hot! Hot!

Registration is now available for the 105th Annual Meeting themed “NABP MIAMI: Quality Care – It’s Hot! Hot! Hot!” The meeting will be held May 16-19, 2009, at the Hyatt Regency Miami in Florida. Attendees are encouraged to register using the new and improved online registration form by visiting the Meetings section of the NABP Web site at www.nabp.net. A printable registration form can also be downloaded.

Both types of registration offer attendees three payment options:

1. Mailing in the payment,

2. Using a credit card, or
3. Paying in Miami.


Each year attendees of the meeting 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 discussed and voted upon. In addition, attendees will be able to participate in timely and exciting continuing pharmacy education sessions led by educators, regulators, and others who will share knowledge, experience, and

insight about the practice of pharmacy.

To benefit members, NABP has confirmed a special sleeping room rate at the Hyatt Regency Miami of \$180 single/double occupancy plus 13% state and local tax. Rooms may be reserved online by visiting the Meetings section of the NABP Web site and clicking on the link for the hotel special group rate or attendees may make their reservations by calling the hotel directly at 305/358-1234, and mentioning that they will be attending the NABP 105th Annual Meeting. To ensure accom-

modations at the special rate, reservations must be received by the Hyatt Regency Miami no later than Monday, April 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 NABP105.

Please note, the last event of the 105th Annual Meeting is the Annual Awards Dinner, which will take place from 7-11 PM on Tuesday, May 19. Please make your travel arrangements accordingly. 

Share Your Knowledge: Participate in the Educational Poster Session at the 105th Annual Meeting

NABP is currently seeking participants for the Educational Poster Session, themed “Continuous Quality Improvement” to be held Sunday, May 17, from 8 to 11:30 AM during the NABP 105th Annual Meeting, May 16-19, 2009, in Miami, FL.

State board of pharmacy members and staff as well as students and faculty of schools and colleges of pharmacy are all invited to participate in this event, which will offer those displaying posters the opportunity to share information about their organization’s latest legislative issues, technology, policy development, and/or disciplinary cases as they relate to continuous quality improvement.

Participating boards and schools and colleges of pharmacy will be provided with one four-foot by six-foot bulletin board, which should be manned by a qualified representative during display times. Posters must coincide with the Poster Session theme, “Continuous Quality Improvement.” Assembly time will be available on Sunday, May 17, from 6:30 to 7:45 AM. Student presenters must be accompanied by a licensed pharmacist. Participating pharmacy school students will receive a free voucher valued at \$50 to take the Pre-NAPLEX[®], a practice examination for students preparing for the North

American Pharmacist Licensure Examination[®].


Participants of this session may earn one contact hour (0.1 CEU) of Accreditation Council for Pharmacy

Education-approved continuing pharmacy education (CPE) credit for their attendance and participation. To earn CPE, participants must

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Tips for Submitting a Poster

For those interested in participating as a presenter, the following is a list of tips on preparing a poster:

- Poster topics must adhere to the theme “Continuous Quality Improvement.”
- Make the font size at least 14 point and double-space paragraph lines to ensure readability from two to four feet.
- Enlist the help of students and/or interns on rotation in your office to prepare the poster.
- Prepare handouts to provide an overview of the poster and/or additional information including contact names, should attendees have questions.
- The display should be manned by a qualified representative throughout the duration of the session. 

Miami – Providing a Unique, Vibrant Culture, Entertainment, and Tropical Splendor for 105th Annual Meeting



Set in a playground of tropical beaches and diverse cultures and art, the NABP 105th Annual Meeting, to be held May 16-19, 2009, in Miami, FL, will provide attendees an exciting and lively atmosphere as they participate in important business sessions and timely continuing pharmacy education (CPE) sessions.

Located in the southeast corner of Florida, Miami is ranked as a global city for its importance in finance, commerce, media, entertainment, arts, and international trade. Officially incorporated as a city on July 28, 1896, Miami was inhabited for more than 1,000 years by the Tequesta Indians, and later

was claimed by Spain in the 16th century. Miami holds the distinction of being the only major city founded by a woman, Julia Tuttle, who later convinced railroad tycoon, Henry Flagler, to expand the Florida East Coast Railroad to the region, which drew many new cultures from all over the world.

Although Miami fell into a deep depression three years before the rest of the nation with the 1926 Miami Hurricane, the city's resilient spirit brought it out of the 1930s depression ahead of the rest of the country in part due to Pan American Airway's advancement in modern aviation, advertising Miami

as the "Gateway to the Americas."

Perfectly located on the southern coast, the city played a key role in the battles against German submarines during World War II. After Fidel Castro rose to power in 1959, many Cubans sought refuge in Miami, transforming Miami into a true connector to Latin America.

From 1896 to 2006, Miami's population grew from 5,000 residents to nearly 5.5 million residents, giving Miami its nickname, "The Magic City." The population grew so rapidly from one year to the next that visitors say it was like magic.

Miami Attractions

Additional information on the Miami sites and attractions mentioned in this article is available at the following Web sites and phone numbers.

Adrienne Arsht Center for the Performing Arts

www.arshtcenter.org
305/949-6722

Coconut Grove

www.coconutgrove.com
305/461-5506

Coral Gables

www.coralgables.com
305/446-6800

Miami Design Preservation League

www.mdpl.org
305/672-2014

Villa Vizcaya

www.vizcayamuseum.com
305/250-9133

Local Attractions

Today, Miami draws more than 12 million visitors each year for its beaches, conventions, festivals, and events. For 105th Annual Meeting attendees, the Hyatt Regency's central downtown location allows for easy access to the city's many noteworthy sites and attractions. Miami is home to the historical Art

(continued on page 12)

Qualified Voting Delegates Eligible to Receive NABP Travel Grant to Defray Annual Meeting Transportation and Hotel Costs

NABP is again offering a travel grant for the 105th Annual Meeting to be held May 16-19, 2009, at the Hyatt Regency Miami Hotel in Florida. The Association established the grant to assist boards in sending representatives to the Annual Meeting so they may participate in important business including discussing and voting upon resolutions, electing

NABP Executive Committee members and officers, and attending educational sessions regarding current issues facing pharmacy regulators.

The NABP Annual Meeting travel grant program was created to lessen costs for designated state board of pharmacy voting delegates by providing funds for travel expenses, including airfare, hotel

rooms, meals, taxis, parking, and tips. Qualified voting delegates will have the opportunity to receive up to \$1,200 in grant monies to attend the NABP 105th Annual Meeting. The grant does not include Annual Meeting registration fees.

Last year, NABP was able to provide 30 state boards of pharmacy with grants to attend the NABP 104th Annual Meeting.

Grant applications and submission instructions may be obtained from NABP upon the direct requests of executive officers of the state boards of pharmacy. NABP requests that applications be submitted to NABP Headquarters prior to the Annual Meeting. All applicants will be informed of whether or not they have qualified for the grant. ☎

Miami

(continued from page 11)

Deco district in Miami Beach, which is widely regarded as one of the most glamorous in the world for its famous nightclubs, beaches, historical buildings, and shopping. Also, the hotel is just a 15-minute drive from South Beach, home to Coconut Grove, known for its nightlife, restaurants, bohemian shops, and historic parks and gardens such as the Villa Vizcaya.

Not only known for its nightlife and beaches, Miami is also home to many entertainment venues, theaters, museums, and parks. As the newest addition to the Miami arts scene, and

just two miles from the hotel, the Adrienne Arsht Center for the Performing Arts serves as the showcase for the finest in established and developing cultural programs. The new facility hosts Broadway shows, dance productions, and concerts.

Optional Tour

Attendees of the meeting will have the opportunity to see several of these sites and many others during the optional Magic City Tour, which will take place Monday, May 18 at 1:30 PM for \$49 per person. Guests will be greeted aboard an air conditioned motor coach for an informative and exciting adventure through South Beach, Miami Beach, downtown Miami, Coconut Grove, and Calle Ocho. Meeting

attendees will also travel through the Coral Gables neighborhood, famous for its Venetian-like canals, winding roads, wrought iron work, and sculptures. The Biltmore Hotel and Venetian pool are also just a couple of highlights within Coral Gables.

Advanced registration is required by **April 27**, as space is limited.

Transportation

Located in downtown Miami, the Hyatt Regency Miami is in walking distance of many attractions. Guests wishing to use local transportation around the city can use both the Metromover and Metrorail. The Metromover adjoins the hotel by tunnel to access the surrounding downtown area, free of charge. The Metrorail can be reached via the

Metromover that adjoins the hotel at the Bank of America Tower. Metrorail stations are located in 22 locations throughout Miami-Dade County with a fare of \$1.50.

A 24-hour Super Shuttle is available at the Miami International Airport for \$18 per person. Meeting attendees wishing to utilize this service can find the Super Shuttle station located at the van/limo booth directly outside the lower-level baggage claim near the curbside pick-up.

Taxi services are also available and cost between \$20 and \$25 one-way.

Registration and additional information about the 105th Annual Meeting are available in the Meetings section of the NABP Web site at www.nabp.net. ☎

NABP 105th Annual Meeting Provides Organizations with Sponsorship and Educational Grant Opportunities

Organizations have an opportunity to gain exposure through numerous sponsorship and educational grant opportunities available at the NABP 105th Annual Meeting to be held May 16-19, 2009, at the Hyatt Regency Miami in Florida. Organizations that con-

tribute help NABP provide quality programs designed to assist board members, executive officers, and compliance staff to meet their responsibilities for safeguarding the public health while creating visibility for the sponsoring organization. All contributing organizations will

be recognized by session or event, and will also be identified in meeting program materials, the *NABP Newsletter*, on meeting signage, and on the NABP Web site at www.nabp.net. In addition, sponsoring organizations contributing \$5,000 or more to the meeting are entitled to

two complimentary meeting registrations valued at \$575 each. Contributions of \$1,000 to \$4,999 entitle the donors to one complimentary meeting registration. For more details on sponsorship and grant opportunities, organizations may e-mail custserv@nabp.net. ☺

Volunteers Sought for Committee and Task Force Positions

NABP is seeking volunteers from its active member boards of pharmacy to serve on the Association's 2009-2010 committees and task forces. Each executive officer and board member interested in serving on a committee or task force

is encouraged to submit a letter of interest and a current resume or curriculum vitae. In addition, NABP encourages interested board staff to volunteer for NABP task forces. All submissions must be sent to NABP Executive Direc-

tor/Secretary Carmen A. Catizone by Friday, May 22, 2009. Letters should outline the volunteer's applicable experiences and accomplishments, along with the reasons he or she wishes to be considered for appointment to a commit-

tee or task force. All materials will be forwarded to NABP President-elect Gary A. Schnabel, RPh, RN, who will make the appointments when he becomes NABP president following the Association's 105th Annual Meeting. ☺

Date Set for Advanced Distribution of Proposed Resolutions

Proposed resolutions received at NABP Headquarters by Thursday, March 12, 2009, will be distributed to state boards of pharmacy on the following Thursday, March 19, 2009, for review prior to the 105th Annual Meeting, where the resolutions will be presented and voted upon. This mailing will constitute the only pre-conference distribution of proposed resolutions. All resolutions – those distributed for early review as well as those received after March 12 – will be presented to the voting delegates during the Annual Meeting on

Monday, May 18, by the chair of the Committee on Resolutions.

To be considered during the Annual Meeting, resolutions must adhere to the requirements of Article IV, Section 6, Part (d) of the NABP Constitution and Bylaws, which states:

(d) Any active member board, district, or committee of the Association may submit resolutions to the Association. Except as otherwise provided in subparagraph (c) of this section, all resolutions submitted in writing to the Association at least twenty (20) days prior to

the date of the Annual Meeting shall be presented at the Annual Meeting for consideration. Resolutions not presented within such time limitations may be presented during the Annual Meeting and will be considered for adoption by the Association upon the affirmative vote of three-fourths (3/4) of those Association members present and constituting a quorum.

Questions regarding resolution procedures should be directed to NABP Executive Office via e-mail at exec-office@nabp.net. ☺

Around the Association

Board Member Appointments

- **Charles Fanaras, RPh**, has been appointed a member of the New Hampshire Board of Pharmacy. Fanaras's appointment will expire on September 6, 2013.
- **Joe Anderson, RPh**, has been appointed a member of the New Mexico Board of Pharmacy. Anderson's appointment will expire on July 1, 2013.
- **Amy Buesing, RPh, MBA**, has been appointed a member of the New Mexico Board of Pharmacy. Buesing's appointment will expire on July 1, 2012.
- **Leigh Briscoe-Dwyer, PharmD**, has been appointed a member of the New York State Board of Pharmacy. Briscoe-Dwyer's appointment will expire on July 31, 2013.
- **Denise DuBois**, has been appointed a public member of the New York State Board of Pharmacy. DuBois' appointment will expire on September 30, 2013.

Board Member Reappointments

- **Donald Taylor, RPh**, has been reappointed
(continued on page 15)

FDA Creates Web Page with Medication Safety Information for Patients, Professionals

Patients and health care professionals can now go to a single page on the Food and Drug Administration (FDA) Web site to find a wide variety of safety information about prescription medications. The Web page provides links to information on drug labeling; drugs that have a Risk Evaluation and Mitigation Strategy to ensure that their benefits outweigh their risks; post-market studies of drugs' safety, efficacy, or optimal use; clinical trials; drug-specific safety information; warning letters; and consumer articles.

Establishing such a Web page is one of the requirements of the Food and Drug Administration Amendments Act of 2007 and is among FDA's efforts to address the safe use of medications throughout their lifecycle. The Web page can be found at www.fda.gov/cder/drugSafety.htm.

FDA Issues Final Rule Requiring Toll-Free Number on Medication Labeling

FDA has issued a final rule requiring the labeling for certain medications to include a toll-free number for patients to report side effects. The final rule confirms the interim final rule "Toll-Free Number for Re-

porting Adverse Events on Labeling for Human Drug Products" and its requirement for the addition of a statement to the labeling for certain human drug products for which an application is approved under section 505 of the Federal Food, Drug, and Cosmetic Act. The statement must include a toll-free number and advise that the number is to be used only for reporting side effects and is not intended for medical advice. This final rule also affirms the interim final rule's addition of a new part 209 to the regulations requiring distribution of the side effects statement.

This final rule implements provisions of the Best Pharmaceuticals for Children Act (Public Law 107-109) and the Food and Drug Administration Amendments Act of 2007. The final rule became effective November 28, 2008, and the compliance date is July 1, 2009.

More information is available in the *Federal Register* [Docket No. FDA-2003-N-0313].

HHS Issues Interim Guidance for Patient Safety Organizations

A new interim guidance that outlines how to become a Patient Safety Organization (PSO) is now available from the United States Department of Health and Human Services (HHS). The Patient Safety and Quality Improvement Act authorized the creation of PSOs

to improve safety through the collection and analysis of data on patient safety events. By providing both privilege and confidentiality, PSOs will create a secure environment where clinicians and health care organizations can voluntarily collect, aggregate, and analyze data that enable the identification and reduction of the risks and hazards associated with patient care.

The interim guidance allows the HHS Agency for Healthcare Research and Quality to begin receiving applications from qualified entities that wish to become PSOs. This guidance will remain effective until HHS issues a final rule for PSOs, which will then supersede the interim guidance. A final rule is expected to be released by the beginning of 2009.

More information, the interim guidance, and the notice of proposed rule-making are available on the PSO Web site at www.pso.ahrq.gov.

Tests Find Several Pharmaceutical Product Packages Lacking in Safety

Testing of prescription packages by nine major manufacturers found several of them lacking in terms of child resistance, resistance to moisture vapor permeation, and/or resistance to light transmission. Pharmacy Healthcare Solutions, Inc (PHSI), a

(continued on page 16)

WA Board to Require Pharmacy Technician National Standardized Certification Exam

The Washington State Board of Pharmacy adopted new credentialing requirements for pharmacy technicians. The new requirements are described in the July 2008 *Washington State Board of Pharmacy Newsletter* article No. 969. Effective January 1, 2009, all new applicants for pharmacy technician certification must pass a national standardized certification examination in addition to completing a Board-approved training program.

Examinations administered by programs accredited by the National Commission for Certifying Agencies (NCCA) meet the new examination prerequisite for credentialing. To verify if an examination is Board-approved, the Board recommends visiting the National Organization for Competency Assurance Web site at www.noca.org. Approved programs will be listed under NCCA Accreditation.

NV Board Stresses Pharmacist's Responsibility in Preventing Technician Diversion

The Nevada State Board of Pharmacy noted that recent prescription drug abuse articles have been highlighting the ever-increasing number of com-

plaints received by Nevada Board staff involving the diversion of controlled substances by pharmacy technicians. Current information from Drug Enforcement Administration clearly indicates that prescription drugs are rapidly becoming the "entry level" substance for drug abuse by young Americans, starting as early as middle school.

Besides the fact that many of the drugs are obtained by "pharming" parents' and grandparents' medicine cabinets, recent cases involving pharmacy technicians also demonstrate that sometimes large quantities of controlled substances are being diverted. Board staff reminds pharmacists that they are responsible for their technician's activities, and that managing pharmacists must accept responsibility for the operation of their pharmacy. To assist in preventing diversion, the Board stresses that pharmacists should:

- know their technicians;
- know and monitor their inventory levels;
- know who is ordering what and who is checking it in;
- evaluate their controlled substance stocking practices (eg, is it easier to monitor controlled substances if they are stocked in one area versus scattered amongst other stock);
- consider "running inventories" for controlled substances or at least those that are highly abused (eg, hydrocodone); and

- be confident and comfortable with the number of technicians that they are able to supervise at once.

NJ Board Recommends Pharmacists Review ISMP's List of High-Alert Medications

According to the National Coordinating Council for Medication Error Reporting and Prevention, a medication error is "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use."

The New Jersey Board of Pharmacy warns that a medication error involving a high-alert medication can have tragic consequences. The erroneous dispensing of methotrexate 2.5 mg for minoxidil 2.5 mg, and Purinethol® 50 mg for propylthiouracil 50 mg are just two examples of medication errors associated with patient fatalities that have occurred in New

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Around the Association

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a member of the Maryland Board of Pharmacy. Taylor's appointment will expire on April 30, 2012.

- **Vahrij Manoukian, RPh**, has been reappointed a member of the New Hampshire Board of Pharmacy. Manoukian's appointment will expire on September 6, 2013.

Board Officer Changes


The Michigan Board of Pharmacy has elected the following officers to the Board:

- **David Bach, RPh**, Chair
- **Laura Shaw, RPh**, Vice Chair

The New Hampshire Board of Pharmacy has elected the following officer to the Board:

- **Kristina Genovese, RPh**, Treasurer

The North Carolina Board of Pharmacy has elected the following officers to the Board:

- **L. Stanley Haywood, RPh**, President
- **Robert McLaughlin, RPh**, Vice President 

nabp newsletter

State Board News

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Jersey. The Institute for Safe Medication Practices (ISMP) publishes a list of high-alert medications, which are defined as “drugs that bear a heightened risk of causing significant patient harm when they are used in error.” Examples include intravenous (IV) adrenergic agonists such as epinephrine, IV adrenergic antagonists such as propranolol, antithrombotic agents such as warfarin, chemotherapeutic agents, oral hypoglycemic agents, and total parenteral nutrition solutions.

ISMP recommends additional safeguards to minimize the risk of selecting the wrong medication when filling and dispensing a prescription for a high-alert medication. These safeguards may include improving pharmacist access to drug information, storing high-alert medications in such a way as to limit access to them, using auxiliary labels and automated alerts, and

employing a standardized process for ordering, storage, and dispensing. In addition, ISMP recommends the use of manual redundancies such as independent double-checks when these medications are dispensed. The Board encourages licensees to review the ISMP list of high-alert medications and recommendations for preventing medication errors on the ISMP Web site at www.ismp.org.

Bill Signed Extending Date of Implementation for E-Pedigree Requirements in CA

California Governor Arnold Schwarzenegger signed Senate Bill (SB) 1307 on September 30, 2008, as the year’s legislative session drew to a close. SB 1307 reflects a compromise between the proposal’s sponsor, the California State Board of Pharmacy, members of the pharmaceutical distribution chain, and consumer protection advocates in

an effort to better protect Californians from the growing problems associated with counterfeit, diverted, or misbranded drugs.

This law now replaces the 2011 implementation date for e-pedigree requirements with a series of staggered implementation dates requiring:

- 50% of a manufacturer’s product lines must be serialized before January 1, 2015, for trafficking through the supply chain
- The remaining 50% of the manufacturer’s product lines must be serialized before January 1, 2016
- Wholesalers and repackagers must accept and pass e-pedigrees by July 1, 2016
- Pharmacies and pharmacy distribution centers must accept e-pedigrees by July 1, 2017

There is preemption language that would repeal California’s provisions if federal law regarding e-pedigrees is enacted, and if federal

standards are enacted, they would take effect in California.

In addition, there are provisions that define drop shipments, third-party logistics providers, repackagers, and manufacturers. Grandfathering provisions for drugs already in the supply chain are included. The Board will ultimately have to develop regulations for various components, regarding the circumstances and standard operating procedures under which pharmaceutical shipments may be received.

The bill’s supporter, Senator Mark Ridley-Thomas (D-Los Angeles), added a letter to the Senate Journal reflecting the agreement of those who worked on amendments to California’s e-pedigree law. A copy of this letter is available at www.pharmacy.ca.gov/about/e_pedigree.shtml. A copy of SB 1307 is available at www.leginfo.ca.gov/pub/07-08/bill/sen/sb_1301-1350/sb_1307_bill_20080826_enrolled.pdf. 

Professional Affairs Update


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Pittsburgh, PA-based consulting firm, conducted the study based on Consumer Product Safety Commission standards for child

resistance and United States Pharmacopeia standards for moisture vapor permeation and light transmission. SPC Technologies, LLC, also in Pittsburgh, PA, provided analysis of the test data.

Of the products and manufacturers tested, only one product passed

all three test criteria at the highest levels. To ensure the safety and integrity of the medications dispensed, PHSI advises pharmacists to request documentation from prescription package manufacturers on test results for child resistant protocol, moisture perme-

ation, and light transmission. The results should show that the package meets or exceeds all testing standards. Study results are available from PHSI at www.phsirx.com/ComputerTalk/Medications_Dispensing.pdf. 

NABP Expands and Centralizes License Verification Process to Save Boards Time and Resources

In an effort to improve the license verification process, as well as to provide the state boards of pharmacy with relief from resource- and time-intensive tasks, NABP recently expanded and centralized its license verification process.

Over the past year, NABP has been focusing on the verification component of the license transfer process to better serve the boards of pharmacy and pharmacists seeking to reciprocate their licenses from one state or jurisdiction to the next. Now, as an added benefit, the licensure verification request process is

centralized to verify all licenses including those of pharmacists and pharmacies at companies seeking Verified-Accredited Wholesale Distributors® (VAWD®), durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), and Verified Internet Pharmacy Practice Sites™ (VIPPS®) accreditation.

Centralizing all license verification will benefit board staff by eliminating confusion as to which NABP department will handle their license verification needs.

In the past, the boards of pharmacy had to contact various NABP departments

for licensure verification requests, as well as VAWD, DMEPOS, and VIPPS verification, depending on the ultimate purpose of the verification. For example verifications for pharmacists wishing to transfer their licenses would go through the Licensure Transfer Department, whereas verifications dealing with wholesale distributors went through the Accreditation Department. Now that the Licensure Verification Department verifies all licenses for the Electronic Licensure Transfer Program®, it has provided the boards of pharmacy and other stakeholders a simpler, easier,

and less time-consuming approach to the license verification process, as well as further expediting the license transfer and accreditation processes as a whole.

With the advancement of the newly expanded centralized license verification process, NABP has already begun seeing improvements. Since the department centralized in June 2008, the license transfer department has verified more than 18,500 licenses.

For additional information about license transfer visit the Licensure Programs section on the NABP Web site at www.nabp.net.[®]

NEWLY ACCREDITED VAWD FACILITIES

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

Cardinal Health 200, Inc dba Cardinal Health
Wilsonville, OR
Accredited October 3, 2008

Cardinal Health 200, Inc dba Cardinal Health
Champlin, MN
Accredited October 20, 2008

McKesson Drug Company
Tolleson, AZ
Accredited October 3, 2008



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

NABP Announces Nominees

(continued from page 7)

The results of the election will be announced immediately and an installation ceremony

will be conducted for the new officers and members of the 2009-2010 Executive Committee. Terms commence immediately following the Annual Meeting. More information about the

procedures for nominating and electing Executive Committee officers and members is available in Article IV, Section 3(b) and 3(c) of the NABP Constitution and Bylaws.

Updates to the list of nominations will be posted on the NABP Web site at www.nabp.net. More information on the 105th Annual Meeting is available on page 10. [®]

Several States Update Regulations in Response to Florida's Rescinding of 12-Year Licensure Transfer Law

Over the last six months, several states have adjusted their licensure transfer requirements, eliminating stipulations associated with Florida-based licenses. This surge in regulation changes can be attributed to Florida's elimination of its requirement for license transfer applicants to have passed the North American Pharmacist Licensure Examination® (NAPLEX®) within 12 years from the date the transfer application was filed with the Florida Board of Pharmacy. Florida rescinded this requirement on June 23, 2008, and since then, 11 states have updated their requirements to allow pharmacists to reciprocate their licenses from Florida without condition.

Prior to Florida's regulation change, 23 states, the District of Columbia,

Puerto Rico, and the Virgin Islands accepted licensure transfers from Florida without condition, while 13 states did not reciprocate Florida licenses at all. In addition, 10 state boards of pharmacy reciprocated licenses of those pharmacists utilizing Florida licenses as the basis for transfer on the condition that the applicants met requirements similar to Florida's 12-year rule. The remaining three states held other conditions for pharmacists reciprocating their licenses from Florida.

With Florida's 2008 regulation change, 35 jurisdictions now reciprocate licenses with Florida without condition. Also, 10 states continue to have restrictions or conditions when transferring a Florida license, while seven states

still do not reciprocate licenses from Florida at all.

Specifically, the 11 states that have contacted NABP with changes to regulations include:

- Arkansas
- Georgia
- Kentucky
- Louisiana
- Nebraska
- Nevada
- Ohio
- Oregon
- South Dakota
- Tennessee
- Texas

NABP requests that if a board does update state license requirements, it notify NABP immediately in order to ensure that the Association is able to apply the change in restrictions for that particular board on the preliminary application that is submitted by

applicants. This will help support uniform license requirements as well as eliminate any difficulties applicants might come across when attempting to transfer their licenses to that state. Boards may contact the licensure programs manager via e-mail at custserv@nabp.net or via phone at 847/391-4406.

Florida was one of two states with specific restrictions on licensure transfer for all other states. California continues to require that all pharmacists have passed the NAPLEX after January 1, 2004 to transfer a license to that state.

A full listing of state restrictions is available in the Licensure Programs section of the NABP Web site at www.nabp.net. ©

Number of Internet Drug Outlets Appearing on NABP Not Recommended List Continues to Climb

In an effort to educate and protect patients from illegitimate drug outlets selling medications online, NABP continues to list Internet drug outlets on the NABP Web site that do and do not appear to meet state and federal laws and NABP patient safety and pharmacy practice standards.

As of January 5, 2009: 1,251 sites were reported

as Not Recommended. Of these:

- 1,183 sites do not require a valid prescription
- 804 sites offer foreign or non-FDA-approved drugs
- 606 sites are located outside the United States and selling drugs illegally to patients in the US

Fifteen sites are listed as Recommended.

These sites are accredited through the NABP Verified Internet Pharmacy Practice Sites™ program.

A full listing of Recommended, and Not Recommended sites, along with program criteria and related patient information, is available in the Internet Pharmacies section of the NABP Web site at www.nabp.net. ©

Poster Session

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spend at least 50 minutes interacting with other Poster Session presenters.

Those interested in presenting should contact NABP Professional Affairs Manager Eileen Lewalski via e-mail at elewalski@nabp.net by Monday, March 2, 2009. ©




Task Force Unites to Discuss Medication Collection Programs, Develop Protocols

The Task Force on Medication Collection Programs convened on December 6-7, 2008, in Tucson, AZ. Pictured above from left to right: Ex Officio Member Michael Grafton, diversion group supervisor, Drug Enforcement Administration; Ex Officio Member Connie T. Jung, RPh, PhD, senior policy advisor for pharmacy affairs, Food and Drug Administration; Chairperson John R. Dorvee, Jr, PharmD, former member, Vermont Board of Pharmacy; Elizabeth Scott “Scotti” Russell, RPh, NABP executive committee liaison; James Kaminski, RPh, pharmacist administrator, Delaware State Board of Pharmacy; invited guest Janet Goodwin, chief, technology and statistics branch, Environmental Protection Agency; Frank Whitchurch, RPh, member, Kansas State Board of Pharmacy; Sandra “Sandy” Robinson, RPh, member, Delaware State Board of Pharmacy; Kenneth H. Schell, PharmD, member, California State Board of Pharmacy; Betty Yamashita, RPh, member, Utah Board of Pharmacy; John Kirtley, PharmD, assistant director, Arkansas State Board of Pharmacy; Heather Pasquale, RPh, member, Ohio State Board of Pharmacy; invited guest Harry P. Hagel, MS, RPh, senior vice president of government and professional affairs, American Pharmacists Association; Edith Goodmaster, member, Connecticut Commission of Pharmacy; and invited guest Shirley Reitz, PharmD, associate director, pharmacy clinical services, Group Health Cooperative. 



Task Force Examines Feasibility of Standard Prescription Label Requirements

On December 6-7, 2008, the Task Force on Uniform Prescription Labeling Requirements met in Tucson, AZ, to evaluate current state and federal laws and regulations addressing prescription label format and content. Pictured above from left to right: William Prather, RPh, member, Georgia State Board of Pharmacy; invited guest Darren K. Townzen, RPh, MBA, director of pharmacy systems, National Council for Prescription Drug Programs; Karen M. Ryle, MS, RPh, NABP executive committee liaison; invited guest Colleen Brennan, RPh, manager and scientific liaison, Safe Medication Use Expert Committee, United States Pharmacopeia; Chairperson Michael J. Romano, RPh, member, Pennsylvania State Board of Pharmacy; Virginia Herold, MS, executive officer, California State Board of Pharmacy; Patricia Donato, RPh, member, New York State Board of Pharmacy; Ronald Huether, RPh, executive secretary, South Dakota State Board of Pharmacy; Barry J. Boudreaux, RPh, member, Nevada State Board of Pharmacy; Karen DiStefano, RPh, member, Rhode Island Board of Pharmacy; and Leo H. Ross, member, Virginia Board of Pharmacy. 



NEWLY ACCREDITED DMEPOS FACILITIES

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

Beans Pharmacy


Washington, IA
Accredited October 14, 2008

Dishman's Pharmacy

Lawton, OK
Accredited October 21, 2008

SUPERVALU INC

Franklin Park, IL
Accredited October 28, 2008

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



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Register now for the NABP 105th Annual Meeting.
See pages 10 and 11 for details.