The National Association of Boards of Pharmacy® (NABP®), on behalf of its Executive Committee and member boards of pharmacy, is pleased to provide this annual report of the Association’s activities to the members of the American Association of Colleges of Pharmacy (AACP) for its 117th Annual Meeting. NABP values its longstanding partnership with AACP and endorses its mission to lead and partner with members in advancing pharmacy education, research, scholarship, practice, and service to improve societal health.

Proper education and preparation is a vital element in enabling new pharmacists entering into practice to utilize the appropriate skills and robust knowledge that facilitates their ability to provide advanced patient care. NABP applauds AACP’s leadership and commitment to evolving quality education and elevating the standards of pharmacy practice, thereby safeguarding the public health and improving the practice of pharmacy for years to come.

Providing the States With Additional Resources to Facilitate Nonresident Pharmacy Licensure Processes

NABP continues to operate the Verified Pharmacy Program® (VPP®), the information sharing network and inspection service developed by NABP in partnership with member boards of pharmacy. VPP facilitates the communication of important inspection and licensure information between the state boards of pharmacy and serves as an information hub that provides verified data to support boards’ existing licensure processes for nonresident pharmacies.

VPP provides the capability for boards of pharmacy to share critical information for pharmacies and other facilities operating in multiple states by creating or matching each pharmacy to an e-Profile, through which verified data is made available electronically to the boards through the NABP e-Profile Connect, the same platform the boards use for other NABP services. These pharmacy or facility e-Profiles will also link to key personnel e-Profiles, including those of the pharmacist-in-charge (PIC) in the state of domicile, as well as any nonresident PICs.

The information in the pharmacy e-Profile includes license verification for all states in which a pharmacy is licensed, any known disciplinary action by a state or federal agency, and any inspection reports that have been provided by a resident state. Through VPP, NABP also works to fill in the gaps through inspection services to the states that request additional assistance; however, the focus remains continuing to provide training, education, and tools to the states to assist in maintaining robust state inspection processes and resources while providing VPP as an information sharing mechanism.

Approximately 48 state boards of pharmacy are believed to be utilizing VPP in some manner, and NABP continues to provide support and assistance to the state boards of pharmacy as they work to implement aspects of the Multistate Pharmacy Inspection Blueprint – a tool.
identifying the minimum and critical inspection information required and agreed upon by the states – into their own inspection processes. Drafted using previous state inspection projects and VPP as the baseline, the blueprint was thoroughly vetted in early 2015 through a VPP Working Group and Inspection Blueprint Development Workshop, which consisted of representatives from 42 states. To ensure that the blueprint remains a timely and useful resource for the boards, NABP is expected to convene the first meeting of the Multistate Pharmacy Inspection Blueprint’s governance body in 2016. Inspection services provided through VPP also utilize the blueprint criteria, and NABP will continue to work with the states to ensure that the program provides support and assistance to supplement existing inspection processes where necessary and streamline data sharing.

The boards can recognize VPP and/or require that nonresident pharmacies apply to VPP when seeking to obtain or renew licensure. Boards may access existing VPP inspection reports through the secure network developed as part of VPP. In addition, boards may upload their state inspection reports and access reports shared by other states. VPP and inspection reports are accessed through the NABP e-Profile Connect.

VPP can also assist pharmacies with the overall nonresident licensure process by providing supplemental documentation directly to the boards of pharmacy while applying to the board for renewals or to obtain new licenses. This can be particularly beneficial if a pharmacy intends to dispense to patients in multiple states and United States jurisdictions.

To date, more than 415 pharmacies have applied to VPP and currently have or soon will have verified data available for the state boards. Of these pharmacies, nearly 45 have reapplied for a more current inspection after having been inspected previously through VPP. NABP anticipates a continued increase in volume of pharmacies applying to VPP due to increased utilization by the boards of pharmacy, as well as by third-party payers and accrediting partners. These third parties recognize the standardization and uniformity that the boards of pharmacy and NABP are building through VPP and accordingly are taking steps to incorporate the program into their processes.

**Connecting the States’ Prescription Monitoring Programs**

Since NABP’s last report in 2015, prescription monitoring programs (PMPs) in Alaska, Iowa, and Maryland have gone live with NABP PMP InterConnect®, the system that facilitates the secure sharing of data between state PMPs, which is a key element for the early detection, intervention, and prevention of abuse and diversion of controlled substances. These three PMPs join PMPs in Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, and Wisconsin, which had previously implemented the use of PMP InterConnect, giving authorized PMP users the ability to request and share program data across state lines. Seven more PMPs have signed memorandums of understanding (MOUs): District of Columbia, Maine, Montana, New York, North Carolina, Texas, and Vermont. An additional three PMPs have MOUs under review: Massachusetts, Pennsylvania, and Wyoming. Currently, PMP InterConnect is processing more than one million requests each month.
PMP InterConnect is a highly secure communications exchange platform that does not house any data. The PMP InterConnect rules engine allows each participating state the autonomy to program and enforce its rules of access to data, and all data is encrypted during the transfer process. The PMP InterConnect Steering Committee was formed to serve as the governing and advisory body as it relates to the administration and function of PMP InterConnect, and is comprised exclusively of representatives of the PMPs that are participating in the system.

It is anticipated that more than 40 states will be sharing data using PMP InterConnect or working toward connection in 2016. NABP has paid all costs associated with the development and implementation of PMP InterConnect, and will pay the state participation fees through at least June 30, 2018, using exclusively its own revenues derived from program resources.

2015-2016 Task Forces

NABP is indebted to its task forces for their accomplishments this past year as they made many recommendations to further the protection of the public health and provide regulatory guidance to the boards of pharmacy. NABP convened three single-issue task forces in 2015.

Pharmacist Prescriptive Authority

The Task Force on Pharmacist Prescriptive Authority met September 1-2, 2015, at NABP Headquarters. This task force was established in response to Resolution 111-4-15, which was approved by the NABP membership at the Association’s 111th Annual Meeting in May 2015, to review existing state laws and regulations addressing pharmacists’ prescriptive authority; propose key messages that should be conveyed to boards of pharmacy, key stakeholders, and the public about the patient care benefits of granting pharmacists limited prescriptive authority; and to review and possibly recommend changes to the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act) as it relates to addressing pharmacists’ prescriptive authority. Being that the pharmacist is the most accessible health care provider, the task force recommended that boards of pharmacy and departments of health support pharmacists’ initiatives to provide timely drug therapy in circumstances where patient access to drug therapy is warranted yet not deemed critical. The NABP Executive Committee accepted the report; however, concluded that the recommendations did not adequately address the task force charge and therefore decided that additional research is necessary in order to develop specific recommendations for states to establish and recognize pharmacist prescriptive authority. The full report can be found on the NABP website at www.nabp.net/news/2015-report-of-the-task-force-on-pharmacist-prescriptive-authority.

Regulation of Pharmacist Care Services

The Regulation of Pharmacist Care Services met September 9-10, 2015, at Westin O’Hare, in Rosemont, IL, pursuant to Resolution 111-6-15, and was charged with reviewing current state laws and regulations pertaining to the provision of pharmacist care outside of the traditional pharmacy setting, as well as reviewing and possibly recommending changes to the Model Act. The task force concluded that the Model Act should be amended to streamline the definition of the “practice of pharmacy” by making it more general and relevant to the evolving practice with room to grow. The task force also amended the Model Act to include provisions for pharmacist care services outside of the premises of a licensed pharmacy. Furthermore, the
The task force encourages state boards of pharmacy to expand the scope of activities that pharmacists may delegate to qualified certified pharmacy technicians in order to increase the amount of time for pharmacists to engage in pharmacist care services. The full report can be found on the NABP website at www.nabp.net/news/2015-report-of-the-task-force-on-the-regulation-of-pharmacist-care-services.

Sponsorship of NABP District and Annual Meetings

The Task Force on Sponsorship of NABP District and Annual Meetings met on October 21, 2015, at NABP Headquarters. In accepting its charge, the task force reviewed present practices and policies for accepting sponsorships and grants for NABP District and Annual Meetings. The task force agreed that there have been no improprieties involved and appropriate safeguards are in place for the acceptance and use of sponsorship funding provided to NABP. The task force recommended that NABP may continue to allow sponsorship of continuing pharmacy education (CPE) sessions at the Annual Meeting because of the oversight and safeguards afforded through the Accreditation Council for Pharmacy Education (ACPE) Standards as an ACPE-accredited provider of CPE. Furthermore, the task force agreed that the NABP Executive Committee should examine the various ways that sponsors are currently recognized at the Annual Meeting and determine alternate means of recognition that do not convey a perception of bias or potential conflicts of interest.

Additionally, the task force recommended that NABP work with the districts to develop and implement consistent requirements and monitoring processes for receiving and utilizing sponsorships parallel to those of the Annual Meeting. The full report can be found on the NABP website at http://www.nabp.net/news/2016-report-of-the-task-force-on-sponsorship-of-nabp-district-and-annual-meetings.

Examination Updates

NABP competency assessment programs provide stakeholders such as the boards of pharmacy, ACPE, and schools and colleges of pharmacy with professionally developed examinations that are used for a variety of purposes including pharmacist licensing and educational assessment and evaluation in the professional pharmacy curriculum.

The number of doctor of pharmacy graduates from ACPE-accredited schools and colleges of pharmacy continues to increase, resulting in an increase in the number of candidates taking the North American Pharmacist Licensure Examination® (NAPLEX®) and the Multistate Pharmacy Jurisprudence Examination® (MPJE®). In addition, candidates and schools and colleges of pharmacy continue to utilize the Pre-NAPLEX®, the only practice examination for the NAPLEX developed by NABP.

NAPLEX

Showing a consistent increase from year to year, NAPLEX administrations continue to rise. From January 1, 2015, to December 31, 2015, there were a total of 16,661 NAPLEX administrations, which represents a 4.7% increase from 2014. Eighty-six percent (14,270) of the administrations were to graduates of schools accredited by ACPE who took the NAPLEX for the first time. The pass rate for first-time candidates who graduated from ACPE-accredited programs decreased from 94.64% in 2014 to 92.6% in 2015. The 2015 data pass rate reflects score outcomes through October 31, 2015. On November 1, 2015, NABP implemented the
new NAPLEX content domains, competency statements, and passing standard. Pass rate data from the last two months of 2015 for first-time candidates who graduated from ACPE-accredited programs was limited (726 administrations) and will be included in 2016 reporting. Overall, NABP has observed a three-year trend of decreased pass rates for graduates of US pharmacy programs.

Members of the NAPLEX Review Committee are responsible for the review, coding, and validation of all items written at the NAPLEX item development workshops throughout the year. In addition, the committee reviews examination content and statistical performance measures of NAPLEX items to assist with decisions regarding the promotion of items that will be used to score the NAPLEX. The NAPLEX Review Committee is comprised of dedicated practitioners, academicians, and researchers who uphold the standards for professional, high-stakes test development.

**Pre-NAPLEX**
The number of Pre-NAPLEX administrations increased slightly (~1%) in 2015 when compared to the previous year. There were 10,013 Pre-NAPLEX administrations delivered via the NABP test delivery system from January 2015 through December 2015.

Schools and colleges of pharmacy are purchasing Pre-NAPLEX vouchers for their students, and many are hosting proctored examination sessions. NABP cautions that the interpretation and use of practice examination scores should be evaluated within the context of the purpose of the test.

NABP updated the Pre-NAPLEX and increased the number of questions to 100 in each of the available two forms. The Pre-NAPLEX provides individuals with practice items that were scored items on the NAPLEX for the specific purpose of assisting with the preparation for the NAPLEX.

**Correlation**
Scores for 7,033 Pre-NAPLEX administrations were matched to candidates’ operational NAPLEX scores. The Pearson correlation between Pre-NAPLEX and NAPLEX scores was 0.571 (p=.000), which indicates a positive, moderate relationship between paired scores on the two examinations. The Pre-NAPLEX and NAPLEX are taken under different testing conditions and for different purposes (practice versus high-stakes), so caution should be exercised relating to inferences made from comparisons/correlations of the scores.

**MPJE**
There were 28,317 MPJE administrations from January 1, 2015, to December 31, 2015. This is a 5% increase from 2014 administrations. Eighty-eight percent (N=25,007) of the examinations were administered to graduates of ACPE-accredited schools who were sitting for the first time for a specific state’s MPJE. The pass rate for administrations from January 1, 2015, through December 31, 2015, for graduates of ACPE-accredited programs held steady from the previous year at 92.89%.

NABP reports school-level outcomes for candidates who take the MPJE in the same jurisdiction as they were educated in on the NABP website.
Members of the MPJE Review Committee are responsible for reviewing, coding, and editing items for all of the participating jurisdictions. The state boards of pharmacy are responsible for contributing to item development for the program. In addition, the participating jurisdictions review their respective state pools annually and provide NABP with any changes to laws/regulations that may affect the operational item pool throughout the year.

In 2015, NABP completed the review of the MPJE content areas and conducted a survey among pharmacy regulators to obtain measures targeting the importance of the content in practice as well as the frequency that a practitioner might encounter the event in practice.

The results of the survey were consistent with the previous 2010 survey assigning the highest content weights (83%) to topics in Area 1, Pharmacy Practice. The survey respondents included board of pharmacy members, executive directors, compliance officers, inspectors, counsel, pharmacy law instructors, and practitioners.

The new MPJE was implemented on April 15, 2016, with modifications to content domains and additional examination questions (120 from 90). The additional number of items in the examination will facilitate better coverage over the competency domain sub-topics and improved reliability.

**FPGEC**

From January 1, 2015, to December 31, 2015, there were a total of 1,771 Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) applications received, representing a stable number of applications compared to the same time frame in 2014.

**FPGEE**

The 2015 administration totals for the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) were 1,496, which is a 10.9% decrease from testing volume in 2014. Pass rates for candidates taking the FPGEE for the first time were 71.46% and 67.34% for the spring and fall testing events respectively.

**Pre-FPGEE**

The number of Pre-FPGEE® administrations from January 2015 to December 2015 was 665, representing an 8% decrease compared to the number of exams administered in 2014.

**PCOA**

The Pharmacy Curriculum Outcomes Assessment® (PCOA®) was launched in 2008 in response to requests for assistance with measurements of student performance in content covering curriculum in US pharmacy programs.

The number of PCOA administrations in 2015 was 7,843, which represents a 50.4% increase in administrations as compared to the previous year. Likewise, the number of participating schools and colleges of pharmacy increased 44.7% from 2014 to 2015.

In 2015, observed trends were consistent with previous years with a step-wise pattern of overall knowledge growth and retention as students matriculate through the professional curriculum.
In 2015, more students took the PCOA than in previous years since its launch. Performance (scores) has generally held steady even as the volume of participating students has continued to increase, providing quantitative evidence that the PCOA is an interpretable measure of the knowledge, skills, and abilities acquired within the pharmacy curriculum at various points in the student’s academic experience.

In 2016, NABP expects to test cohorts of students who are representative of all ACPE-accredited programs as the schools and colleges of pharmacy shore up their efforts to comply with ACPE Standards 2016, Appendix 3, Required Documentation for Standards and Key Elements 2016.

NABP began offering the PCOA exclusively in a computer-based format in 2015. The advantages of computer-based testing include quicker access to the data, ability to review data forensics (time spent on items, irregular response patterns), and the opportunity to introduce alternative item formats to the program.

**PARE**
The Pharmacist Assessment for Remediation Evaluation® (PARE®) is an Internet-based test that consists of 210 items and includes three main content domains: medication safety and the practice of pharmacy (~50%); professional ethics and pharmacist judgment (~25%); and clinical pharmacy practice (~25%). The boards of pharmacy may consider assigning the PARE as a component of board action or in cases of brief departures from practice.

In 2015, there were 30 PARE administrations assigned by 11 boards of pharmacy.

NABP has secured a remote proctoring vendor for the PARE to provide an option to the boards of pharmacy to facilitate a secure, proctored examination in environments outside of the board offices.

**Accreditation Programs**

**DMEPOS**
In 2009, NABP had an influx of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) applications in response to the Centers for Medicare & Medicaid Services (CMS) accreditation deadline of January 1, 2010. Nearly 800 pharmacies were awarded the three-year accreditation in 2009. Since then, the DMEPOS program has seen a decrease in the number of applications, mainly because accreditation is no longer required for some pharmacies.

Beginning January 1, 2011, the Patient Protection and Affordable Care Act (ACA), otherwise known as the health care reform bill, exempted pharmacies meeting specific criteria from the DMEPOS accreditation requirement; however, chain and independent pharmacies continue to seek accreditation through NABP in order to obtain a Medicare Billing Number for the purposes of billing DMEPOS covered items to Medicare Part B or to participate in CMS competitive bidding programs. The DMEPOS program has nearly 450 accredited entities
representing more than 28,000 facilities, with approximately 39 new applications and reaccreditation applications in process.

On January 30, 2012, CMS opened the second round of competitive bidding and a national mail-order competition (for diabetic testing supplies). Round 2 included 91 metropolitan statistical areas (MSAs), expanding the total competitive bidding MSAs from nine in the first round to 100. The mail-order competition included all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, and American Samoa. Round 2 and national mail-order contracts and payment amounts went into effect in July 2013.

There are currently two DMEPOS Competitive Bidding Program Recompetes in process: the Round 2 Recompete and National Mail-Order Recompete and the Round 1 2017 Recompete.

- In July 2014, CMS began Round 2 Recompete and the national mail-order recompete of the DMEPOS Competitive Bidding Program. CMS is required by law to recompete competitive bidding contracts at least once every three years. The bid window closed at the end of March 2015; new contracts are scheduled to become effective on July 1, 2016, and will expire on December 31, 2018.
- In August 2015, per the CMS DMEPOS Competitive Bidding Program website, “CMS is conducting the Round 1 2017 competition for eight product categories in the same nine metropolitan statistical areas (MSAs) included in the Round 1 Recompete. [Competitive Bidding Areas (CBAs)] in multi-state MSAs have been defined so that there are no multi-state CBAs. As a result, 13 CBAs are in Round 1 2017.” The bid window closed in December 2015 and the evaluation and contract process will proceed through 2016, with contracts scheduled to become effective on January 1, 2017.

In 2015, CMS announced updates to the durable medical equipment (DME) face-to-face requirements for certain DME. Section 6407 of the ACA established a face-to-face encounter requirement for certain DME items (including common DME items such as home blood glucose monitors and nebulizers). Per the CMS website, the updates include the following items.

- “CMS will not start actively enforcing or expect full compliance with the DME face-to-face requirements [set forth in the ACA] until further notice. The delay of enforcement only applies to the face-to-face requirements in CFR §410.38(g)(3). CMS expects full compliance with the remaining portions of the regulation.”
- “The DME Medicare Administrative Contractors (MACs) began enforcing the detailed written order requirement as of January 1, 2014. The delay in enforcement on the face-to-face encounter requirements applies to reviews conducted by the DME MACs, Recovery Auditors, the Zone Program Integrity Contractors (ZPICs) and Program Safeguard Contractors (PSCs). The delay in enforcement does not apply to reviews completed by the Comprehensive Error Rate Testing Program (CERT). CERT must review claims in accordance with all Medicare policies to produce an unbiased improper payment rate.” Therefore, a supplier who undergoes a CERT audit would be subject to the face-to-face requirements if applicable for the DME item being reviewed.
“The law originally required a physician to document that a physician, nurse practitioner, physician assistant or clinical nurse specialist had a face-to-face encounter with the patient. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) eliminated the requirement for physicians to document face-to-face encounters conducted by allowed nurse practitioners, physician assistants, or clinical nurse specialists. As revised by MACRA, a physician, nurse practitioner, physician assistant or clinical nurse specialist must document they have written the order for DME pursuant to a face-to-face encounter with the patient. The encounter must occur within the 6 months before the order is written for the DME.”

NABP monitors topics such as the DME face-to-face requirements and incorporates updates accordingly. NABP continues to conduct outreach to accredited chain and independent customers to ensure continuity of services as pharmacies evaluate decisions relative to DMEPOS accreditation and CMS for the longer term.

**VAWD**
The Verified-Accredited Wholesale Distributors® (VAWD®) program’s work with industry and state boards of pharmacy to maintain the safety of the prescription drug supply chain places it in a unique position to affect adherence to state and federal prescription drug distribution laws designed to protect the public health.

In the 10 years since VAWD was launched, it has grown from a program accrediting a mere 23 wholesale drug distributors in November 2006 to 560 VAWD-accredited facilities at the close of 2015. The growth in the number of accredited facilities illustrates the acceptance by the states and the industry of VAWD’s role in protecting the prescription drug supply chain; most specifically, states recognizing the positive effects of licensing facilities that have undergone the rigors of an accreditation program, as well as industry recognizing that participation in the VAWD program leads to improved operations. Today, 24 states recognize VAWD accreditation as a means to obtain a license to distribute prescription drugs in their state. Three of those states – Indiana, Wyoming, and North Dakota – require it as a condition of licensure.

Globalization and improved technologies have contributed to the need for further protection of the drug supply chain. In a September 17, 2015, *Newsweek* article entitled, “The Fake Drug Industry Is Exploding, and We Can’t Do Anything About It,” the magazine references that different organizations have estimated that anywhere from 100,000 to 1 million people worldwide (and probably more) die every year due to falsified drugs.

While the article posits, “we can’t do anything about it,” legislation, such as the Drug Quality and Security Act signed into law in 2013, and VAWD represent two things that can begin, and continue to, address the problem. They both represent efforts to protect patients by following not only the chain of ownership, but also ensuring the efficacy of prescription drugs.

**VIPPS**
The Verified Internet Pharmacy Practice Sites® (VIPPS®) program, developed by NABP in 1999 as the Association’s first accreditation program, identifies to the public pharmacies that
are appropriately licensed, legitimately and lawfully operating via the Internet, and have successfully completed a thorough criteria review and survey. According to the 2016 NABP Survey of Pharmacy Law, 19 states now recognize the VIPPS program. For instance, in the District of Columbia, any nonresident pharmacies that are solely Internet-based or operating primarily as an Internet-based pharmacy must submit District of Columbia Department of Health-approved proof of VIPPS accreditation for each registered domain. In the state of Maryland, VIPPS is recognized for any nonresident pharmacies performing sterile compounding.

Additionally, the VIPPS program serves as a model for regulations in some states as an alternative to developing new rules and laws pertaining to pharmacies operating over the Internet. In Virginia, nonresident pharmacies that dispense more than 50% of their total prescription volume pursuant to an original prescription order received as a result of solicitation on the Internet, including by electronic mail, must be accredited by the VIPPS program or a similar program as approved by the Virginia Board of Pharmacy.

The VIPPS program continues to see steady applicant volume, particularly since Google announced in March 2010 that it would begin accepting advertisements from only those pharmacies in the US that are accredited through the VIPPS program, thereby making it more difficult for rogue Internet drug outlets to advertise on its site. Yahoo! and Microsoft’s Bing soon followed suit. More recently, VIPPS has been a requirement for pharmacies looking to contract with certain pharmacy benefit managers and third-party payers. Additionally, all VIPPS-accredited websites are pre-approved for a .pharmacy Top-Level Domain (TLD) if the domain name requested is available. The .Pharmacy TLD Program application will not be required for a VIPPS-accredited website, and no fee will be assessed by NABP. The applicant will, however, need to pay the domain registration fee. There are currently 45 VIPPS-accredited entities with 31 new applications in process.

**NABP e-Advertiser Approval Program**

NABP developed the e-Advertiser Approval Program in 2010. The e-Advertiser Approval Program was developed as a complementary program to identify Internet advertisers that offer only limited pharmacy services or other prescription drug-related services online, including physician’s offices and wholesale drug distributors/pharmaceutical manufacturers, as compared to the VIPPS program, which is structured to address licensed pharmacies engaged in the practice of pharmacy and a full range of defined business activities online. NABP-approved e-Advertisers may advertise on Google, Yahoo!, and Bing.com. All e-Advertiser-approved websites are pre-approved for a .pharmacy TLD if the domain name requested is available. The .Pharmacy TLD Program application will not be required for an e-Advertiser-approved website, and no fee will be assessed by NABP. Currently, there are 133 e-Advertiser-approved entities with 48 new applications in process.

**Public Awareness and Outreach Efforts**

**Internet Drug Outlet Identification Program**

Because websites selling prescription medications illegally online continue to pose a threat to patient health, NABP continues to identify and document such websites. As of the close of the fourth quarter of 2015, NABP’s Internet Drug Outlet Identification Program has reviewed
over 11,000 websites selling prescription drugs and has identified 96% of them as Not Recommended. These sites appear to be operating out of compliance with state and federal laws or NABP patient safety and pharmacy practice standards.

Of the websites identified by NABP as Not Recommended, the majority were found to be dispensing prescription drugs without a valid prescription. These findings include sites dispensing drugs, including controlled substances, based solely on an online questionnaire, as well as those requiring no prescription at all. Many also offer foreign and unapproved drugs. Both of these factors pose a public health risk that undermines the regulations put in place in the US and other developed countries that set standards for the practice of pharmacy, standards for medication safety and efficacy, and regulations for safeguarding the medication supply chain from counterfeit drugs. Most sites selling drugs illegally online do not post any address, and nearly half have their domain names registered anonymously.

As a result of site reviews completed during the year 2015, the Not Recommended list has grown to 10,668 from the 10,521 sites posted by the end of 2014. While the overall total has climbed, the number of sites reviewed and verified as Not Recommended during 2015 declined compared to 2014, which continues to reflect the shift in focus for NABP’s Internet-related programs. NABP continues to allocate resources to identifying legitimate Internet pharmacies and other prescription drug-related entities in support of its VIPPS and Vet-VIPPS accreditation programs, e-Advertiser Approval Program, and the .Pharmacy TLD Program.

NABP prepares and distributes the Internet Drug Outlet Identification Program Progress Report for State and Federal Regulators four times a year to help raise awareness of the public health concern posed by illegal online drug sellers. These reports continue to be well received by the pharmacy community, and are frequently referenced in related articles and reports through other media sources.

AWARxE

The AWARxE® Prescription Drug Safety Program’s main focus is raising public awareness about prescription drug misuse and abuse. Through the promotion of safe medication acquisition, secure storage, appropriate use, and proper disposal, AWARxE alerts consumers to potential opportunities for misuse and abuse by friends and family that may be right in front of them. The program also provides information about avoiding health hazards, like counterfeit medications and the rogue Internet drug outlets that sell them, in addition to sharing the stories of people who have struggled with addiction, as well as abuse and misuse facts.

The program’s newly redesigned website, www.AWARErx.pharmacy, Twitter account (handle @AWARERx), and Facebook page (www.facebook.com/AWARxE) are the primary vehicles for delivering the AWARxE message on a daily basis. The new website has a .pharmacy domain, which shows consumers that the pharmacy-related information they receive from the website is legitimate. The website is broken into four main sections (Acquire Safely, Use Safely, Prevent Abuse, and Dispose Safely) to make navigation easy. The Drug Disposal Locator Tool search engine, which allows consumers to type in their location (address, city, and state) to receive a list of drug disposal sites in their area, continues to receive a high number of views and helps consumers properly dispose of unneeded or expired medications.
The Resources section of the website provides free educational materials for consumers, corporations, and pharmacists. Printable flyers can be downloaded online on topics such as secure medication storage and proper disposal of unused medications, as well as buying and taking medications safely. A communications kit, which includes FAQs, sample newsletter articles, and three types of PowerPoint presentations (standard, management, and student), is available for interested companies and organizations nationwide.

The fight to end prescription drug abuse and misuse is being taken into the hands of pharmacists, pharmacy students, health care workers, and the community-at-large via a pledge that was created by 2015-2016 NABP President Edward G. McGinley, MBA, RPh, at the NABP 111th Annual Meeting in 2015. The pledge is intended to encourage pharmacists and other interested parties to reach out to their communities using their knowledge, skills, and experience. The pledge was made into a wallet-sized card that has been distributed to more than 31,000 people since its inception in May 2015. AWARxE also provides signees with 10 ways to implement the pledge and start making a difference.

AWARxE’s efforts align with the White House Prescription Drug Abuse Prevention Plan, as the current administration has emphasized education and safe medication disposal as two of the primary strategies for addressing this epidemic. In addition, AWARxE encourages participation in Drug Enforcement Administration National Prescription Drug Take-Back Days, which began in 2010 and are held in the spring and fall of each year. AWARxE will continue to promote disposal as an important way to prevent misuse and abuse.

Boards of pharmacy, student pharmacists, and community organizations partner with NABP to share AWARxE resources and to educate the public using educational displays at expos, health fairs, and other events.

**Tri-Regulator Symposium**

In conjunction with the Federation of State Medical Boards (FSMB) and the National Council of State Boards of Nursing (NCSBN), NABP formalized their advocacy partnership in 2011 with the creation of the Tri-Regulator Leadership Collaborative. Together, their various state member boards regulate a combined 5 million physicians, pharmacists, and nurses in the US and have committed to work together on issues of mutual concern and importance. Since the inception of the Tri-Regulator Leadership Collaborative and the convening of the first ever Tri-Regulator Leadership Collaborative Symposium in 2012, a historic, joint meeting of the governing boards of each organization was held on February 5, 2014. The collaborative also issued a position statement on interprofessional team-based care that was adopted by each organization and encourages regular dialogue between US medical, pharmacy, and nurse licensing boards, including facilitation of dialogue with board members of each respective organization and practitioners of each respective profession. In addition, a collaborative position statement on practice location for consumer protection has also been developed. A second Tri-Regulator Symposium was held October 6 and 7, 2015, in Arlington, VA. Hosted by FSMB, NABP, and NCSBN, 140 leaders participated in presentations and open forums on topics of high importance to the future of the US health care. Topics addressed during the day and a half Symposium ranged from successful team building to new practice models to communication ethics. A third Tri-Regulator Symposium to be held in 2017 is in the planning stages.
NABP launched the .Pharmacy TLD program in late 2014, and NABP is the exclusive registry operator for the .pharmacy domain name suffix. An extension of its long-standing accreditation programs, .pharmacy is a restricted online community for legitimate entities where the “safety seal” is built into the website address. The public health threat posed by rogue Internet drug outlets was the impetus for NABP’s development and launch of the .pharmacy TLD. While anyone can register a .com or most any other domain name, use of the .pharmacy TLD is restricted to website operators that meet program standards for safe and legal practice. The .pharmacy initiative aims to provide consumers around the world a means for easily identifying safe and legal online pharmacies and related resources.

As of December 31, 2015, NABP has granted approval for 351 domain names, and 230 .pharmacy domain names have been registered, including such high-profile pharmacies as CVS, Express Scripts, PetMed Express, and Rite Aid. Of the 230 .pharmacy domain names registered, 185 are registered to pharmacies, two are registered to professional sites, 33 are registered to boards of pharmacy and regulatory agencies, four are registered to manufacturers, and six are registered to resource sites. The 43 pharmacies that have registered 185 domain names represent approximately 12,000 brick-and-mortar stores.

Legitimate pharmacies, schools and colleges of pharmacy, and prescription drug-related organizations worldwide are eligible to apply for domain names within the .pharmacy TLD. To be approved, applicants must demonstrate that they adhere to standards and policies that were developed in collaboration with a global coalition of stakeholders, including the International Pharmaceutical Federation. Based on relationships created with each country’s health care regulators, the .Pharmacy TLD Program is currently able to process applications from organizations located in Australia, Canada, Great Britain, Hong Kong, Ireland, and Spain.

**Best Wishes on a Successful Annual Meeting**

As the schools of pharmacy continue to improve patient care through their advancement of pharmacist education and training, NABP and AACP continue to share common goals of improving the practice of pharmacy and the protection of the public health. NABP looks forward to the District meetings this year, as they give NABP and its members the opportunity to collaborate with AACP and its member schools and colleges of pharmacy. As always, NABP is pleased to offer its support and best wishes to AACP and its members for an outstanding and successful 117th AACP Annual Meeting.