



PHARMACY EXAMINING BOARD

Contact: Dan Williams (608) 266-2112
Room 121A 1400 East Washington Avenue, Madison, WI 53703
February 11, 2015

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the action and deliberation of the Board.

AGENDA

10:00 A.M.

Or immediately following the pharmacy rules committee meeting.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. **Adoption of Agenda (1-4)**
- B. **Approval of Minutes of December 10, 2014 (5-8)**
- C. **Informational Public Hearing on Implementation of Act 199 as it Relates to Prescription Drug Monitoring Program (PDMP) (9-10)**
- D. **Pharmacist Administration of Non-vaccine Injections (11)**
- E. **Administrative Updates – Discussion and Consideration(12-16)**
 - 1) Staff Updates
 - 2) Election of Officers
 - 3) Appointments of Liaisons and Delegated Authorities
 - 4) Board Member – Term Expiration Date
 - a. Franklin LaDien – 7/1/2016
 - b. Terry Maves – 7/1/2014
 - c. Charlotte Rasmussen – 7/1/2014
 - d. Thaddeus Schumacher – 7/1/2015
 - e. Kristi Sullivan – 7/1/2016
 - f. Philip Trapskin – 7/1/2017
 - g. Cathy Winters – 7/1/2017
- F. **Variiances (17-21)**
 - 1) Reports
 - a. University of Wisconsin Hospital and Clinics
 - 1. Pilot Project (17-18)
 - 2. Tech-Check-Tech (TCT) (19-21)

G. Legislation/Administrative Rule Matters – Discussion and Consideration (22-29)

- 1) Update on Recent Federal Controlled Substances Scheduling
- 2) Genoa Request for Exemption to 2013 Act 199 be Promulgated
- 3) Draft Amending Phar 1, 8 and 18, Relating to Definitions, Controlled Substances and PDMP
- 4) Approval of Scope for Phar 6, Relating to Temperature and Humidity
- 5) Update on Phar 2 and 4, Relating to Act 114 and Exams
- 6) Update on Phar 5, Relating to Reinstatement/Renewal
- 7) Update on Phar 7, Relating to Practice of Pharmacy
- 8) Update on Phar 15, Relating to Compounding Pharmaceuticals
- 9) Update on Pending and Possible Rulemaking Projects

H. PDMP Update – Discussion and Consideration (30-75)

- 1) PDMP Operations Update
 - a. Statistics **(31-32)**
 - b. PDMP Enhancements
- 2) Grants Update
 - a. Substance Abuse and Mental Health Services Administration (SAMHSA) Electronic Health Records (EHR) and PDMP Data Integration Grant Update
 - b. Harold Rogers PDMP Enhancement Grant Update
- 3) Projects Update
 - a. SAMHSA Drug Abuse Policy Academy
 - b. National Governors Association (NGA) Policy Academy on Reducing Prescription Drug Abuse
 1. January 29, 2015 Presentation **(33-75)**
 - c. Emergency Medical Technician (EMT) PDMP Access Pilot
- 4) Miscellaneous Items

I. Speaking Engagement(s), Travel, or Public Relations Request(s) (76-79)

- 1) National Association of Boards of Pharmacy (NABP) 111th Annual Meeting – May 16-19, 2015 - New Orleans, LA – Discussion and Consideration **(76)**
- 2) NABP Multistate Pharmacy Jurisprudence Examination (MPJE) Item Development Workshop – March 19-20, 2015 – Mount Prospect, IL – Discussion and Consideration **(77-79)**

J. Items Received After Preparation of the Agenda

- 1) Introductions, Announcements and Recognition
- 2) Presentations of Petition(s) for Summary Suspension
- 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 4) Presentation of Proposed Final Decision and Order(s)
- 5) Informational Items
- 6) Division of Legal Services and Compliance (DLSC) Matters
- 7) Education and Examination Matters
- 8) Credentialing Matters
- 9) Practice Questions/Issues
- 10) Legislation/Administrative Rule Matters

- 11) Speaking Engagement(s), Travel, or Public Relations Request(s)
- 12) Prescription Drug Monitoring Program Information
- 13) Consulting with Legal Counsel
- 14) **Liaison Report(s)**
 - a. CE Liaison: Terry Maves
 - b. Credentialing Liaison: Thaddeus Schumacher, Franklin LaDien
 - c. Digest Advisory: Philip Trapskin
 - d. Legislative Liaison: Philip Trapskin, Thaddeus Schumacher, Terry Maves
 - e. DLSC Liaison: Thaddeus J. Schumacher
 - f. PAP Liaison: Franklin LaDien
 - g. Monitor Liaison: Franklin LaDien
 - h. PHARM Rep to CSB: Franklin LaDien
 - i. Variance Report Liaison: Philip Trapskin
 - j. PHARM Rep to SCAODA: Charlotte Rasmussen
 - k. Screening Panel: Cathy Winters, Franklin LaDien, Charlotte Rasmussen
 - l. PDMP Workgroup: Terry Maves, Philip Trapskin

K. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

L. **Deliberation of Disciplinary Matters (80-179)**

- 1) **Monitoring (80-164)**
 - a. John Bosnjak, Pharm.D. – Requesting Modification **(82-113)**
 - b. Ryan J. Nelson, Pharm.D. – Requesting Modification **(114-135)**
 - c. Erin Orth, R.Ph. – Requesting Modification **(136-164)**
- 2) **Case Status Report and Case Closure Deliberation(165-179)**
 - a. 14PHM014 **(165-167)**
 - b. 14PHM079 **(168-171)**
 - c. 14PHM125 **(172-175)**

M. Deliberation of Items Received After Preparation of Agenda

- 1) Credential Issues and/or Reviews
- 2) Application Review
- 3) Education and Examination Matters
- 4) Disciplinary Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Monitoring Matters
- 7) Administrative Warnings
- 8) Review of Administrative Warning
- 9) Proposed Stipulations, Final Decisions and Orders
- 10) Proposed Final Decisions and Orders

- 11) Orders Fixing Costs/Matters Related to Costs
- 12) Petitions for Summary Suspension
- 13) Designation of Hearing Examiner
- 14) Case Closings
- 15) Case Status Report
- 16) Petitions for Re-Hearing
- 17) Motions

N. Consult with Legal Counsel

RECONVE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

O. **Voting on Items Considered or Deliberated upon in Closed Session, if Voting is Appropriate**

P. **Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration**

ADJOURNMENT

The next scheduled meeting is March 25, 2015.

**PHARMACY EXAMINING BOARD
MEETING MINUTES
December 10, 2014**

PRESENT: Franklin LaDien, Terry Maves (*via GoToMeeting*), Charlotte Rasmussen, Thaddeus Schumacher, Kristi Sullivan, Philip Trapskin, Cathy Winters (*via GoToMeeting, arrived at 12:06 p.m.*)

STAFF: Dan Williams – Executive Director, Taylor Thompson – Bureau Assistant, and Sharon Henes – Rules Coordinator

CALL TO ORDER

Thaddeus Schumacher called the meeting to order at 12:04 p.m.

ADOPTION OF AGENDA

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF NOVEMBER 12, 2014

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan, to approve the minutes of November 12, 2014 as published. Motion carried unanimously.

ADMINISTRATIVE UPDATES

VARIANCES

MINISTRY HEALTH CARE REQUESTS

DOOR COUNTY MEDICAL CENTER

MOTION: Philip Trapskin moved, seconded by Cathy Winters, the Board accepts the Tech-Check-Tech Variance Request submitted by Door County Medical Center with standard reporting requirements. Motion carried unanimously.

GOOD SAMARITAN HEALTH CENTER

MOTION: Philip Trapskin moved, seconded by Cathy Winters, the Board accepts the Tech-Check-Tech Variance Request submitted by Good Samaritan Health Center with standard reporting requirements. Motion carried unanimously.

HOWARD YOUNG MEDICAL CENTER

MOTION: Philip Trapskin moved, seconded by Cathy Winters, the Board accepts the Tech-Check-Tech Variance Request submitted by Howard Young Medical Center with standard reporting requirements. Motion carried unanimously.

MERCY MEDICAL CENTER

MOTION: Philip Trapskin moved, seconded by Cathy Winters, the Board accepts the Tech-Check-Tech Variance Request submitted by Mercy Medical Center with standard reporting requirements. Motion carried unanimously.

SACRED HEART – ST. MARY’S HOSPITAL

MOTION: Philip Trapskin moved, seconded by Cathy Winters, the Board accepts the Tech-Check-Tech Variance Request submitted by Sacred Heart – St. Mary’s Hospital with standard reporting requirements. Motion carried unanimously.

SAINT CLARE’S HOSPITAL

MOTION: Philip Trapskin moved, seconded by Cathy Winters, the Board accepts the Tech-Check-Tech Variance Request submitted by Saint Clare’s Hospital with standard reporting requirements. Motion carried unanimously.

ST. ELIZABETH HOSPITAL

MOTION: Philip Trapskin moved, seconded by Cathy Winters, the Board accepts the Tech-Check-Tech Variance Request submitted by St. Elizabeth Hospital with standard reporting requirements. Motion carried unanimously.

ST. JOSEPH’S HOSPITAL

MOTION: Philip Trapskin moved, seconded by Cathy Winters, the Board accepts the Tech-Check-Tech Variance Request submitted by St. Joseph’s Hospital with standard reporting requirements. Motion carried unanimously.

ST. MICHAEL’S HOSPITAL

MOTION: Philip Trapskin moved, seconded by Cathy Winters, the Board accepts the Tech-Check-Tech Variance Request submitted by St. Michael’s Hospital with standard reporting requirements. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

MOTION: Kristi Sullivan moved, seconded by Charlotte Rasmussen, to request DSPS staff draft a Scope Statement amending Phar 6 relating to Temperature and Humidity Controls. Motion carried unanimously.

SPEAKING ENGAGEMENT(S), TRAVEL, OR PUBLIC RELATIONS REQUEST(S)

CONCORDIA REQUEST

MOTION: Charlotte Rasmussen moved, seconded by Philip Trapskin, to delegate Franklin LaDien to speak on behalf of the Board at the Pharmacy Law Course at Concordia School of Pharmacy in 2015. Motion carried unanimously.

CLOSED SESSION

MOTION: Kristi Sullivan moved, seconded by Charlotte Rasmussen, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Thaddeus Schumacher read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Franklin LaDien-yes; Terry Maves-yes; Charlotte Rasmussen-yes; Thaddeus Schumacher-yes; Kristi Sullivan-yes; Philip Trapskin-yes; Cathy Winters-yes. Motion carried unanimously.

The Board convened into Closed Session at 1:02 p.m.

RECONVENE TO OPEN SESSION

MOTION: Kristi Sullivan moved, seconded by Philip Trapskin, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 2:09 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Kristi Sullivan moved, seconded by Terry Maves, to affirm all motions made in closed session. Motion carried unanimously.

MONITORING

SCOTT ISAACSON, R.PH. –REQUESTING TERMINATION OF THERAPY REQUIREMENT

Franklin LaDien recused himself in the deliberation, discussion, and voting in the matter of Scott Isaacson.

MOTION: Charlotte Rasmussen moved, seconded by Kristi Sullivan, to deny the request of Scott Isaacson for termination of therapy requirement. The Board grants a temporary stay of the therapy requirement until he resumes employment as a pharmacist at which time the therapy requirement will resume under the terms of the February 24, 2012 Board order. Motion carried.

ADJOURNMENT

MOTION: Kristi Sullivan moved, seconded by Philip Trapskin, to adjourn the meeting.
Motion carried unanimously.

The meeting adjourned at 2:12 p.m.

DRAFT

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 30 January 2015 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board			
4) Meeting Date: 11 February 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Informational Public Hearing on implementation of Act 199 as it relates to PDMP	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Hold Public Hearing at 10:00 Discuss any public hearing comments.			
11) Authorization			
<i>Sharon Henes</i>		<i>30 January 2015</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
PHARMACY EXAMINING BOARD

IN THE MATTER OF RULE-MAKING :
PROCEEDINGS BEFORE THE : NOTICE OF INFORMATIONAL
PHARMACY EXAMINING BOARD : PUBLIC HEARING

NOTICE IS HEREBY GIVEN the Pharmacy Examining Board will hold an informational public hearing, pursuant to s. 227.16(6), Stats., at the time and place indicated below to solicit public comments on implementation of 2013 Act 199 as it relates to submission to the Prescription Drug Monitoring Program before preparing a proposed rule in draft form.

Hearing Date, Time and Location

Date: February 11, 2015
Time: 10:00 a.m.
Location: 1400 East Washington Avenue
Room 121A
Madison, Wisconsin

APPEARANCES AT THE HEARING:

Interested persons are invited to present information at the hearing. Persons appearing may make an oral presentation but are urged to submit facts, opinions and argument in writing as well. Facts, opinions and argument may also be submitted in writing without a personal appearance.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8366, or by email to Sharon.Henes@wisconsin.gov. Comments must be received at or before the public hearing.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at Sharon.Henes@wisconsin.gov.

Pharmacist Administration of Nonvaccine Injections

Background:

In Wisconsin, pharmacists have been safely and effectively administering vaccines since 1997; however, they are restricted to administering nonvaccine injectable medications for the purposes of patient teaching only. Specifically, statute 450.035(1)(r) states: *A pharmacist may not administer by injection a prescribed drug product or device unless he or she has successfully completed a course of study and training in injection technique conducted by a course provider approved by the Accreditation Council for Pharmacy Education or the board. A pharmacist may administer a prescribed drug product or device under this subsection only in the course of teaching self-administration techniques to a patient. A pharmacist who administers a prescribed drug product or device under this subsection shall comply with the requirements and procedures established in rules promulgated by the board under s. 450.02 (2g) (b).*

In a survey conducted in 2012, pharmacists in 21 states were found to have privileges for administering nonvaccine injectable medications. Pharmacists were authorized to administer these drugs through completion of training approved by the Accreditation Council for Pharmacy Education, physician delegation, valid prescription orders, board certification, or other privileges as specified in state regulations.ⁱ

Issue:

Pharmacists serve an essential role in supporting patient access to medications in the community and owning the medication use process in team-based care settings. The statute referenced above, enacted by 1997 Wisconsin Act 68, is restricting pharmacists ability to serve a very important role in ensuring access, utilization, and adherence to nonvaccine injectable medications. For example, in the community setting, pharmacist administration of long-acting antipsychotic injectables would provide another opportunity for patients with mental health disorders to access care. This is a strategy that promises to meet goals outlined by the National Governor's Association Policy Academy on Healthcare Workforce Core Area on Mental / Behavioral Health. While in institutional settings, pharmacists acting on code teams, qualified and authorized to administer emergent medications, would allow for the rest of the care team to provide other time-sensitive, lifesaving interventions.

Solution:

The Pharmacy Society of Wisconsin seeks to change statute 450.035(1)(r) by removing the stricken statement below. Subsequently, the Pharmacy Examining Board would revise Phar 7.10, Administration of drug products and devices other than vaccines.

450.035(1)(r): A pharmacist may not administer by injection a prescribed drug product or device unless he or she has successfully completed a course of study and training in injection technique conducted by a course provider approved by the Accreditation Council for Pharmacy Education or the board. ~~A pharmacist may administer a prescribed drug product or device under this subsection only in the course of teaching self-administration techniques to a patient. A pharmacist who administers a prescribed drug product or device under this subsection shall comply with the requirements and procedures established in rules promulgated by the board under s. 450.02 (2g) (b).~~

ⁱ Oji V, McKoy-Beach Y, Pagan T, et al. Injectable administration privileges among pharmacists in the United States. *Am J Health Syst Pharm.* 2012; 69(22): 2002-2005.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Nilajah Madison-Head, Bureau Assistant		2) Date When Request Submitted: 01/30/15 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board			
4) Meeting Date: 01/11/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? E. Administrative Updates – Discussion and Consideration 1) Staff Updates 2) Election of Officers 3) Appointments of Liaisons and Delegated Authorities	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Submitted for Board consideration and approval.			
11) Authorization			
Nilajah Madison-Head		01/30/15	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

2014 OFFICER ELECTION RESULTS	
Board Chair	Thaddeus Schumacher
Vice Chair	Franklin LaDien
Secretary	Philip Trapskin

2014 LIAISON APPOINTMENTS	
CE Liaison	Terry Maves
Credentialing Liaisons	Thaddeus Schumacher, Franklin LaDien,
Digest Liaison	Philip Trapskin
Legislative Liaison	Philip Trapskin, Thaddeus Schumacher, Terry Maves
DLSC Liaison	Thaddeus Schumacher
PAP Liaison	Franklin LaDien
Monitor Liaison	Franklin LaDien
PHARM Rep to CSB	Franklin LaDien
Variance Report Liaison	Philip Trapskin
PHARM Rep to SCAODA	Charlotte Rasmussen
PDMP Work Group	Terry Maves, Philip Trapskin

2014 SCREENING PANEL APPOINTMENTS	
January-December 2014	Cathy Winters, Franklin LaDien, Charlotte Rasmussen,

DELEGATION OF AUTHORITY

- MOTION:** Cathy Winters moved, seconded by Terry Maves, that the Board delegates authority to the Chair to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair has the ability to delegate this signature authority to the Board’s Executive Director for purposes of facilitating the completion of assignments during or between meetings. Motion carried unanimously.
- MOTION:** Cathy Winters moved, seconded by Terry Maves, in order to facilitate the completion of assignments between meetings, the Board delegates its authority by order of succession to the Chair, highest ranking officer, or longest serving member of the Board, to appoint liaisons to the Department where knowledge or experience in the profession is required to carry out the duties of the Board in accordance with the law. Motion carried unanimously.
- MOTION:** Cathy Winters moved, seconded by Terry Maves, to adopt the “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor” document. Motion carried unanimously.
- MOTION:** Cathy Winters moved, seconded by Terry Maves, to adopt the “Pharmacy Examining Board Delegated Authority to the Credentialing Liaison” document. Motion carried unanimously.
- MOTION:** Cathy Winters moved, seconded by Kristi Sullivan, to delegate authority to the Legislative Liaison(s) to address issues related to legislative matters with approval by the Chair, or Vice Chair. Motion carried unanimously.
- MOTION:** Franklin LaDien moved, seconded by Kristi Sullivan, to delegate authority to the Variance Report Liaison to address all issues related to variance report matters. Motion carried unanimously.

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors to enforce Board/Section orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing education.
6. **Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.**

Monitoring Liaison currently has the authority to grant an extension up to 90 days. This change will allow the Liaison to grant payment plans and longer extensions on a case-by-case basis, which will be particularly helpful for Board/Sections that do not meet every month.

7. **Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain the signature or written authorization from the Liaison.**

This addition was initiated and approved by the Medical Examining Board in October 2014. The Liaison may choose to defer a particular request to the full Board/Section for review if needed.

Current Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board/Section-ordered CE and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.

**PHARMACY EXAMINING BOARD
DELEGATED AUTHORITY TO THE CREDENTIALING LIAISON**

The Pharmacy Examining Board delegates certain credentialing authority on an ongoing basis until such motion is hereinafter modified or withdrawn by the Board. The Board appoints Credentialing Liaison(s) and alternates with authority to act on the Board's behalf with respect to the following:

- a) To grant a credential within the board's jurisdiction if all required information required by law is submitted, and as otherwise limited by paragraphs, b), through f), set forth herein.
- b) To grant requests for further examination under Wis. Admin. Code §Phar 4.05, upon such conditions as authorized by those rules. Any determination by the liaison to deny such a request must be presented to the Board for final determination.
- c) To grant a credential for licensure as a pharmacy, grant requests for a variance under Wis. Admin. Code § Phar 6.06 (2), for any enumerated items contained Wis. Admin. Code §Phar 6.06 (1)(a) through (i). Any determination by the liaison to deny such a variance request must be presented to the Board for final determination.
- d) To grant a credential for licensure as a pharmacy, grant requests for a variance under Wis. Admin. Code §Phar 6.04 (1). Any determination by the liaison to deny such a variance request must be presented to the Board for final determination.
- e) To grant requests for temporary pharmacy location and/or approval of a remodel plan for an existing pharmacy including requests included therewith for a variance under Wis. Admin. Code § Phar. 6.06 (2), for any enumerated items contained in Wis. Admin. Code § Phar. 6.06 (1)(a) through (i); and requests for a variance under Wis. Admin. Code §Phar 6.04 (1). Any determination by the liaison to deny a request under this paragraph must be presented to the Board for final determination.
- f) To grant the issuance of a credential as a licensed prescription drug distributor, drug manufacturer or pharmacy, following the review of any discipline or conviction of crime as reported by the applicant and upon making the determination that the reported discipline or conviction of crime does not, at the time of application, pose a significant threat to the public health, safety, or welfare. Any determination by the liaison to deny a request under this paragraph or grant a credential with limitations must be presented to the Board for final determination.
- g) To grant requests to issue a new pharmacy license that requires the transfer of an existing practice limitation or variance from an existing pharmacy license to the new pharmacy license. Any determination by the liaison to deny a request under this paragraph or grant a credential with different limitations must be presented to the Board for final determination.
- h) To grant a variance pursuant to Wis. Stat. § 450.02 (3m), in the instance of a natural or man-made disaster or emergency which is necessary to protect the public health, safety, or welfare.

Approved for 2014

Wisconsin Department of Safety & Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
 FAX #: (608) 261-7083
 Phone #: (608) 266-2112

1400 E. Washington Avenue
 Madison, WI 53703
 E-Mail: web@dps.wi.gov
 Website: http://dps.wi.gov

PHARMACY EXAMINING BOARD

PHARMACY VARIANCE REPORT

TECH-CHECK-TECH (FIRST DOSE)

This is the second reporting period for the first dose tech-check-tech variance. Training and set-up for the program occurred in the months of April and May. First dose TCT went live in June. This report will be submitted on a quarterly basis. The reporting period for this second report is September 1, 2014 through November 30, 2014. Pharmacy information must be the name or title under which business is operated and the variance is granted. (This must be the name on the pharmacy label.)

DBA NAME OF PHARMACY: (This must be the name on the pharmacy label.)	WI LICENSE NUMBER:	DATE VARIANCE GRANTED:
University of Wisconsin Hospital and Clinics	5940-42	May 2014 (12 month pilot approved with quarterly reporting)
TELEPHONE:	EMAIL:	
608-263-1282	srough@uwhealth.org	
CONTACT PERSON:		

Steve Rough – Director of Pharmacy

PHARMACY ADDRESS (pharmacy location to which the variance applies): number, street, city, zip code

600 Highland Avenue, Madison, WI 53792

FIRST DOSE TECH-CHECK-TECH VARIANCE REPORT OVERALL ACCURACY RATES FOR PHARMACY

FOR TIME PERIOD September 1 – November 30, 2014
 FOR ADDITIONAL TECHNICIANS, PLEASE COPY AND ATTACH TO THIS FORM

Technician Designation	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
3	See below	2278	1	99.98%	6874	33.1%
1	See below	4687	1	99.98%	13943	33.6%
2	See below	609	0	100%	1832	33.2%
Total		7574	2	99.97%	22649	33.4%

OTHER REPORTING REQUIREMENTS: Yes No If yes, attach additional sheets.

Wisconsin Department of Safety and Professional Services

I/We declare that the foregoing statements and attached corresponding documents are true and correct to the best of my/our knowledge and belief; the variance applied for covers only the pharmacy indicated above and at the location(s) specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.


 Reporter Signature

Director of Pharmacy 12/16/2014
 Title Date

Steve Rough
 Printed Name of person signing above

Wisconsin Department of Safety and Professional Services

Pharmacy License #: 5940-42

Report Period: 09/01/2014 – 11/30/2014

FIRST DOSE TECH-CHECK-TECH VARIANCE REPORT ACCURACY RATES BY MONTH BY TECHNICIAN

FOR ADDITIONAL TECHNICIANS, PLEASE COPY AND ATTACH TO THIS FORM

Technician Designation **3**

Month Check Range	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
September	5, 8, 16, 18, 24, 26	742	1*	99.9%	2383	31.1%
October	2, 3, 10, 15, 21, 27, 29	872	0	100%	2516	34.7%
November	13, 17, 19, 20, 21, 25	664	0	100%	1975	33.6%
Total		2278	1	99.98%	6874	33.1%

*Vancomycin HCL/D5W 750 mg/150 mL bag (reason: wrong quantity-too few doses)

Technician Designation **1**

Month Check Range	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
September	2, 3, 4, 10, 11, 12, 19, 22, 23, 25, 29, 30	1622	0	100%	4857	33.4%
October	1, 6, 7, 8, 9, 13, 14, 16, 17, 20, 22, 23, 24, 28, 30, 31	1898	0	100%	5733	33.1%
November	3, 5, 6, 7, 11, 14, 18, 24, 26, 28	1167	1*	99.9%	3353	34.8%
Total		4687	1	99.98%	13943	33.6%

*Lidocaine HCL 10 mg/1 mL 10 mg injection (reason: expired medication)

Technician Designation **2**

Month Check Range	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
September	9, 17	277	0	100%	821	33.7%
October	N/A					
November	4, 10, 12	332	0	100%	1011	32.8%
Total		609	0	100%	1832	33.2%

Wisconsin Department of Safety & Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

PHARMACY EXAMINING BOARD

PHARMACY VARIANCE REPORT

TECH-CHECK-TECH

COMPLETED REPORTS MUST BE SUBMITTED TO THE BOARD ON OR BEFORE JANUARY 31 AND JULY 31 OF EACH YEAR AFTER A TECH-CHECK-TECH VARIANCE IS GRANTED. Pharmacy information must be the name or title under which business is operated and the variance is granted. (This must be the name on the pharmacy label.)

DBA NAME OF PHARMACY: (This must be the name on the pharmacy label.)	WI LICENSE NUMBER:	DATE VARIANCE GRANTED:
University of Wisconsin Hospital and Clinics	5940-42	Feb 2004
TELEPHONE:	EMAIL:	
608-263-1282	srough@uwhealth.org	

CONTACT PERSON:

Steve Rough – Director of Pharmacy

PHARMACY ADDRESS (pharmacy location to which the variance applies): number, street, city, zip code

600 Highland Avenue, Madison, WI 53792

TECH-CHECK- TECH VARIANCE REPORT

OVERALL ACCURACY RATES FOR PHARMACY

FOR TIME PERIOD January 1-June 30 July 1-December 31

FOR ADDITIONAL TECHNICIANS, PLEASE COPY AND ATTACH TO THIS FORM

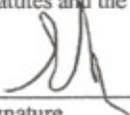
Technician Designation	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
R	See below	3383	0	100.0%	29936	11.3%
S	See below	3126	0	100.0%	28943	10.8%
T	See below	142	0	100.0%	1302	10.9%
U	See below	2895	1	99.9%	21255	13.6%
X	See below	1914	0	100.0%	16826	11.4%
Y	See below	3266	1	99.9%	26191	12.5%
Total		14726	2	99.99%	124453	11.8%

OTHER REPORTING REQUIREMENTS: Yes No If yes, attach additional sheets.

Wisconsin Department of Safety and Professional Services

I/We declare that the foregoing statements and attached corresponding documents are true and correct to the best of my/our knowledge and belief; the variance applied for covers only the pharmacy indicated above and at the location(s) specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

Reporter Signature



Director of Pharmacy

Title

1/8/2015

Date

Steve Rough

Printed Name of person signing above

Wisconsin Department of Safety and Professional Services

Pharmacy License #: 5940-42

Report Period: 07/01/2014- 12/31/2014

TECH-CHECK- TECH VARIANCE REPORT

ACCURACY RATES BY MONTH BY TECHNICIAN

FOR ADDITIONAL TECHNICIANS, PLEASE COPY AND ATTACH TO THIS FORM

Technician Designation **R**

Month Check Range		Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
X							
January	July	1,4,13,22,24,25,28	506	0	100%	4139	12.2%
February	August	5,10,20,21,22,25	509	0	100%	4655	10.9%
March	September	15,19,22,30,	421	0	100%	3921	10.7%
April	October	4,5,13,16,17,20,28	547	0	100%	5227	10.4%
May	November	1,2,7,10,11,13,14,17,18,21,25,30	905	0	100%	7724	11.7%
June	December	1,2,10,11,14,26	468	0	100%	4270	10.9%
Total			3356	0	100%	29936	11.2%

Technician Designation **S**

Month Check Range		Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
X							
January	July	8,9,10,16,17,23,31	535	0	100%	4909	10.8%
February	August	6,7,13,14,15,27	509	0	100%	4754	10.7%
March	September	3,4,9,12,20,24	535	0	100%	5085	10.5%
April	October	1,8,9,22,23,29,30,31	576	0	100%	5320	10.8%
May	November	5,6,12,16,19,26,27	506	0	100%	4711	10.7%
June	December	3,4,12,15,16,21	465	0	100%	4164	11.1%
Total			3126			28943	10.8%

Technician Designation **T**

Month Check Range		Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
X							
January	July	26	66	0	100%	607	10.87%
February	August						
March	September						
April	October						
May	November						
June	December	23	76	0	100%	695	10.94%
Total			142			1302	10.9%

Note: Technician T participated in first dose TCT between the months of August and November and therefore does not require revalidation.

Technician Designation U

Month Check Range		Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
X							
January	July	12,15,18	225	0	100%	2043	11.0%
February	August	1,2,12,17,28,29	535	0	100%	4615	11.5%
March	September	2,11,14,16,26	998	0	100%	3639	27.4%
April	October	7,10,14,25,26,27	402	1	100%	3665	10.9%
May	November	15,20,22,28,29	294	0	99.9%	2890	10.1%
June	December	17,18,25,27,30	441	0	100%	4403	10.0%
Total			2895	1	99.9%	21255	13.6%

Technician Designation X

Month Check Range		Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
X							
January	July	3,5,6,7,14,19,20,21,29	610	0	100%	5494	11.1%
February	August	3,4,8,11,18,19,26,31	638	0	100%	5415	11.7%
March	September	1,8,23,28	299	0	100%	2668	11.2%
April	October	3,6,18,19	367	0	100%	3249	11.2%
May	November						
June	December						
Total			1914			16826	11.3%

Technician Designation Y

Month Check Range		Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
X							
January	July	2,11,27,30	322	0	99.9%	3934	8.1%
February	August	9,16,23,24,30	418	1	100%	3864	10.8%
March	September	6,7,10,13,17,18,21,25,27	1424	0	100%	7607	18.7%
April	October	2,15,21,24	278	0	100%	2562	10.8%
May	November	3,4,8,9,23,24	375	0	100%	3782	9.9%
June	December	5,6,7,8,9,22	449	0	100%	4442	10.1%
Total			3266	1	99.9%	26191	12.4%

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 30 January 2015 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board			
4) Meeting Date: 11 February 2015	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislation and Rule Matters – Discussion and Consideration 1. Update on recent federal controlled substance scheduling 2. Genoa request for exemption to 2013 Act 199 be promulgated 3. Draft amending Phar 1, 8, 18 relating to definitions, controlled substances and PDMP 4. Update on Phar 2, 4 relating to Act 114 and exams 5. Update on Phar 5 relating to reinstatement/renewal 6. Update on Phar 7 relating to practice of pharmacy 7. Update on Phar 15 relating to compounding pharmaceuticals 8. Update on pending and possible rulemaking projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>30 January 2015</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



Sharon Hennes
Dan Williams
Pharmacy Examining Board
WI Department of Safety and Professional Services
Division of Policy Development
1400 E. Washington Ave.
PO Box 8366
Madison, WI 53708-8366

Subject: 2013 WI Act 199 – Dispensing of Controlled Substances
Exemption to the Identification Card Requirement

Dear Sir/Madam,

I am writing to request that there be an addition made to the list of exemptions noted under the identification card requirement (per WI Act 199). The list currently includes:

- Hospital
- Nursing home
- Community-based residential facility
- Continuing care facility
- Mental health institution
- County home
- County infirmary
- County hospital
- County mental health complex
- Veterans home
- Center for the developmentally disabled
- Local health department dispensary
- Adult family homes
- Residential care apartment complexes

Genoa Healthcare is a pharmacy situated within the Journey Mental Health clinic, a non-profit mental health clinic located in Madison WI. A large portion of the business we provide for Journey involves their Community Support Programs (CSPs) within the Madison area. These CSPs provide nursing care and case management to its consumers on an individual basis.

Office 608.251.1838
Fax 608.251.2184

625 West Washington Ave.
Madison, WI 53703

As the pharmacy provider, we deliver medications to the CSPs where they are signed for by a CSP staff member. The medications are then individually distributed to the consumers by nursing and case management staff. Sometimes the meds are provided under witnessed administration at the CSP site, other times they are delivered to the consumer at their place of residence. Given the pharmacy's lack of direct contact with the consumer, and the multi-leveled care provided to that consumer, I am requesting that the category of "Community Support Program" be added to the list of exemptions under Act 199.

I would be happy to appear at a future Board meeting to further discuss the topic, if requested. I can be reached by phone at (608) 251-1838 or email at sgraham@genoahealthcare.com.

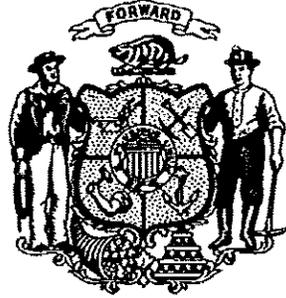
Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Stacy Graham". The signature is written in a cursive style with a long, sweeping underline.

Stacy Graham, PharmD
Pharmacy Manger
Genoa Healthcare
625 W. Washington Ave.
Madison, WI 53703

State of Wisconsin



2013 Assembly Bill 445

Date of enactment: April 7, 2014
Date of publication*: April 8, 2014

2013 WISCONSIN ACT 199

AN ACT to amend 450.19 (2) (b); and to create 450.11 (1b), 450.11 (9) (bm) and 450.19 (2m) of the statutes; relating to: identification presentation, name recording, monitoring for certain prescription drugs, and authorizing the exercise of rule-making authority.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 450.11 (1b) of the statutes is created to read:

450.11 (1b) IDENTIFICATION CARD REQUIRED FOR CERTAIN CONTROLLED SUBSTANCES. (a) In this subsection:

1. "Health care facility" means a facility, as defined in s. 647.01 (4); any hospital, nursing home, community-based residential facility, county home, county infirmary, county hospital, county mental health complex, or other place licensed or approved by the department of health services under s. 49.70, 49.71, 49.72, 50.03, 50.032, 50.033, 50.034, 50.35, 51.08, or 51.09; a facility under s. 45.50, 51.05, 51.06, 233.40, 233.41, 233.42, or 252.10; and any other facility identified by the board by rule.

2. "Identification card" means any of the following:

a. An operator's license issued under ch. 343 or under a comparable law of another state.

b. An identification card issued under s. 343.50 or under a comparable law of another state.

c. An identification card issued by a U.S. uniformed service.

d. A U.S. or foreign passport.

(b) Except as provided under par. (e), a controlled substance included in schedule II or III of ch. 961 may not be dispensed, and may not be delivered to a representa-

tive of the ultimate user, without an identification card belonging to the person to whom the drug is being dispensed or delivered.

(bm) A pharmacist or other person dispensing or delivering a drug shall legibly record the name on each identification card presented under par. (b) to the pharmacist or other person, and the name of each person to whom a drug is dispensed or delivered subject to par. (e) 2., and shall maintain that record for a time established by the board by rule or, for a record that is subject to s. 450.19, until the name is delivered to the board under s. 450.19, whichever is sooner.

(c) If the person to whom a drug subject to par. (b) is being delivered is not the ultimate user of the drug, the person delivering the drug may ask the ultimate user of the drug to designate a person who is authorized to pick up the drug on behalf of the ultimate user and may inform the person to whom the drug is being delivered that his or her identification is being recorded.

(d) A pharmacist is immune from any civil or criminal liability and from discipline under s. 450.10 for any act taken by the pharmacist in reliance on an identification card that the pharmacist reasonably believed was authentic and displayed the name of the person to whom the drug was being delivered if the sale was made in good faith.

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

TEXT OF RULE

SECTION 1. Phar 1.02 (intro) is amended to read:

Phar 1.02 (intro) **Definitions.** As used in chs. Phar 1 to 18:

SECTION 2. Phar 1.02 (10) is amended to read:

Phar 1.02 (10) “Pharmacy” means any place of practice licensed by the board under ~~s. ss.~~ 450.06 or 450.065, Stats. unless otherwise provided for in s. 450.065.

SECTION 3. Phar 8.07 (2) is amended to read:

Phar 8.07 (2) The partial dispensing of a prescription containing a controlled substance listed in schedule II is permissible, if the pharmacist is unable to supply the full quantity called for in a written or ~~emergency~~ electronic or emergency oral prescription order, and the pharmacist makes a notation of the quantity supplied on the face of the written hard copy prescription order or written record of the electronic or emergency oral prescription order. The remaining portion of the prescription may be dispensed within 72 hours of the first partial dispensing. If the remaining portion is not dispensed within the 72 hour period, the pharmacist shall so notify the prescribing individual practitioner. No further quantity may be supplied beyond the 72 hours without a new prescription order.

SECTION 4. Phar 18.02 (4) is repealed.

SECTION 5. Phar 18.02 (11r) is repealed

SECTION 6. Phar 18.02 (15g) is repealed.

SECTION 7. Phar 18.02 (17) is amended to read:

Phar 18.02 (17) “Practitioner” has the meaning given in s. 450.19 (1) (ar, Stats, including persons granted temporary licenses to practice medicine and surgery, visiting professor licenses, camp physician or locum tenens license, or temporary educational permits to practice medicine and surgery.

SECTION 8. Phar 18.03 (3) is repealed.

SECTION 9. Phar 18.08 (1) (intro) is amended to read:

Phar 18.08 (1) The board shall exempt a dispenser from compiling and submitting dispensing data and from submitting a zero report as required under this chapter until the dispenser is required to renew ~~his or her~~ their license, or until the dispenser dispenses a monitored prescription drug, if the dispenser satisfies all of the following conditions:

SECTION 10. Phar 18.10 (1) (c) is amended to read:

Phar 18.10 (1) (c) The denial, suspension, revocation or other restriction or limitation imposed on the dispenser's, dispenser delegate's, practitioner's, or practitioner delegate's account pursuant to s. Phar 18.09 (3).

SECTION 11. Phar 18.10 (2) (a) is amended to read:

Phar 18.10 (2) (a) The dispenser's, dispenser delegate's, practitioner's, or practitioner delegate's name and address, including street address, city, state and ZIP code.

SECTION 12. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

STATEMENT OF SCOPE

Pharmacy Examining Board

Rule No.: Phar 6

Relating to: Temperature and Humidity Controls

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

The objective of the proposed rule is to create rules relating to temperature and humidity requirements to ensure the integrity of the pharmaceuticals prior to dispensing.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

Currently there are not rules relating to the temperature and humidity requirements for a pharmacy. Pharmaceuticals need to be stored, compounded or maintained in the correct environment in order to ensure the product quality, safety and efficiency.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

15.08(5)(b) The Board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the relating to the particular trade or profession.

450.02(3) The Board may promulgate rules relating to the manufacture of drugs and the distribution and dispensing of prescription drugs.

450.02(3)(d) The Board may promulgate rules necessary for the administration and enforcement of this chapter and ch. 961.

450.02(3)(e) The Board may promulgate rules establishing minimum standards for the practice of pharmacy.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

80 hours

6. List with description of all entities that may be affected by the proposed rule:

Pharmacies and Pharmacists

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

Minimal economic impact. It is not likely to have a significant economic impact on small business.

Contact Person: Sharon Henes, Administrative Rules Coordinator, (608) 261-2377

Department Head or Authorized Signature

Date Submitted

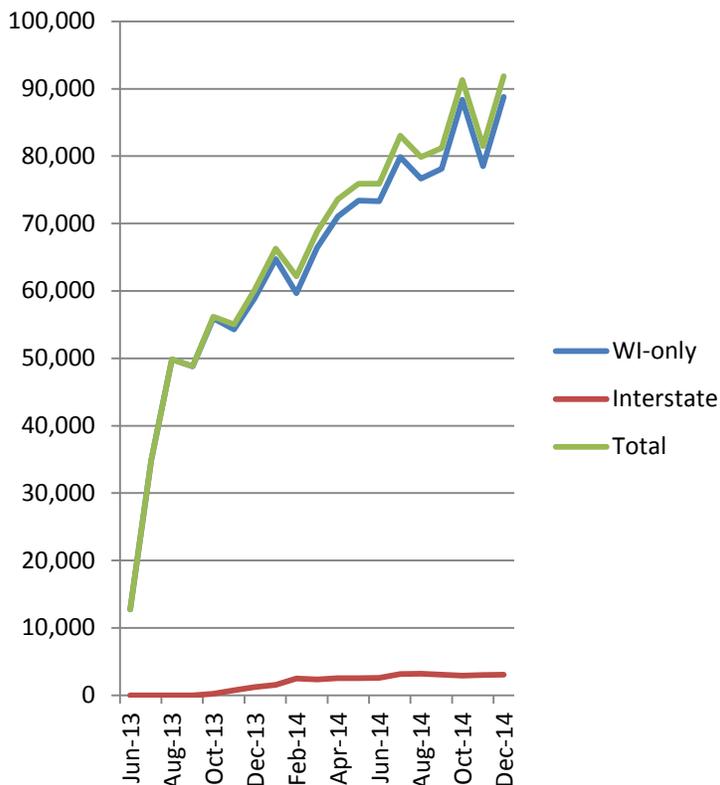


Operational Statistics of the WI PDMP

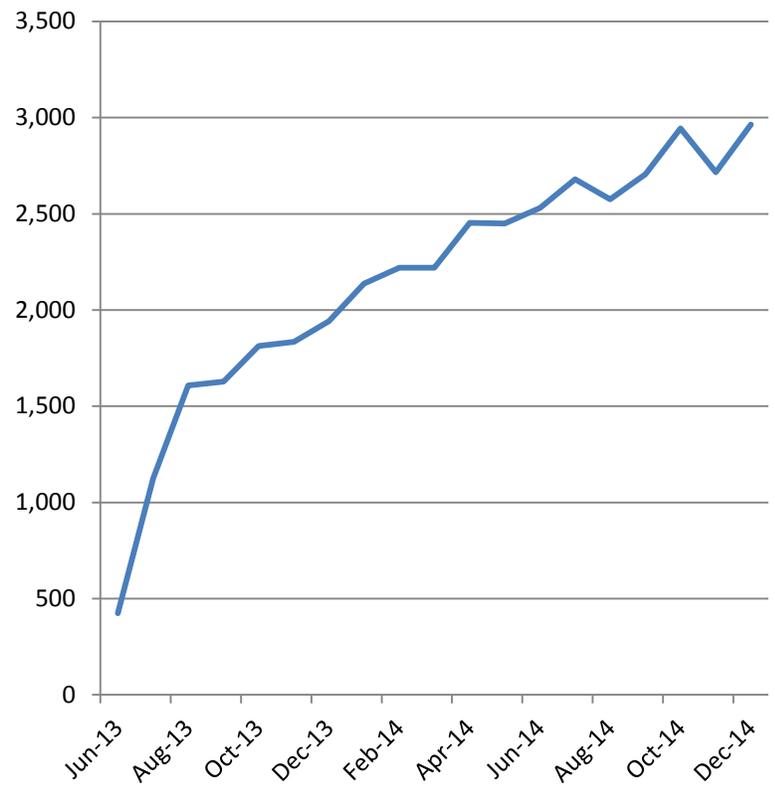
Compiled on January 28, 2014

- Approximately 22 million R_x records in the database
- Approximately 1,800 dispensers actively submitting data
- Approximately 11,000 healthcare users have query accounts
- Healthcare users have created over 1,250,000 million recipient queries since June 1, 2013
 - In addition, healthcare users have created over 37,000 interstate queries since October 1, 2013
- Healthcare Users have initiated approximately 950 PDMP Alerts since July 1, 2013

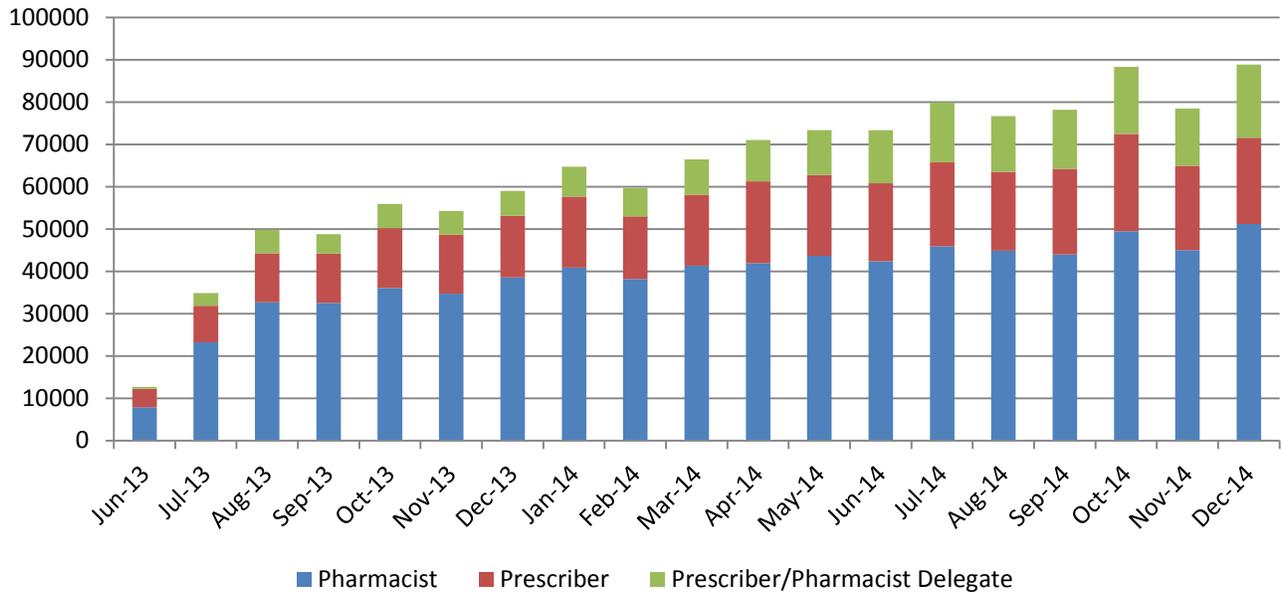
Number of Healthcare Patient Queries Per Month



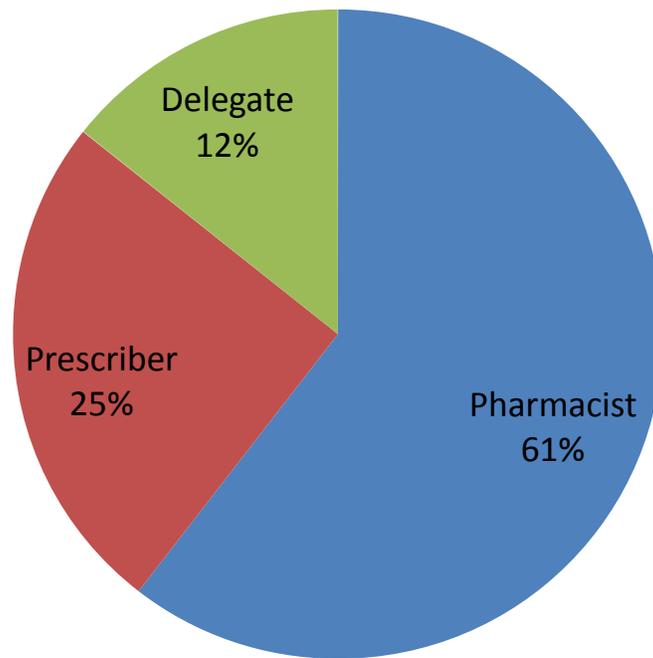
Average Number of Healthcare Patient Queries Per Day



Recipient Queries Performed by User Group



Recipient Queries Performed by User Group





WI PRESCRIPTION DRUG MONITORING PROGRAM

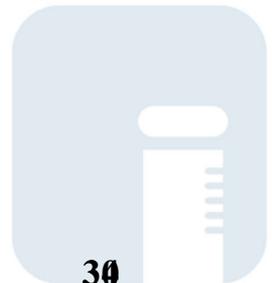
Wisconsin Meeting:
National Governor's Association Policy Academy on
Reducing Rx Drug Abuse

January 29, 2015

Presenter

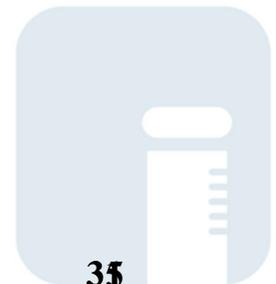
Chad Zadrazil

Program Director of the Wisconsin PDMP
Wisconsin Department of Safety and Professional Services



Agenda

1. Current Operations
2. User Experience Enhancements
 - Unsolicited Reports
 - Interstate Data Exchange
 - Data Integration
3. Public Health Enhancements
 - DHS Collaboration
 - Public Health Portal



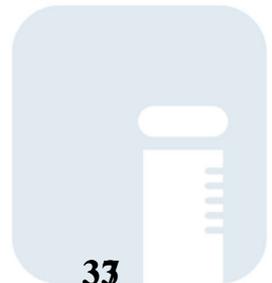
1

Current Operations of the PDMP



3 Steps of PDMP Operations

1. Pharmacies and other dispensers of controlled substances collect and submit data to the PDMP.



Step 1: Data Elements

Prescriber	Dispenser	Drug	Patient
Name	Name	NDC Number	Last Name
DEA Number	DEA Number	Name, Strength, Form	First Name
NPI Number	NPI Number	Quantity Dispensed	Address
State License Number	State License Number	Estimated Days Supply	Date of Birth
Location	Location	Rx Number	Gender
<p>Key: Bold: Submitted by most dispensers Green: Obtained using submitted data Red: Beginning April 2016 or after</p>		Refills Authorized	Payment Method
		Dates Prescribed and Dispensed	ID of Person Picking up Rx



3 Steps of PDMP Operations

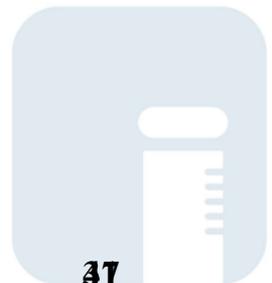
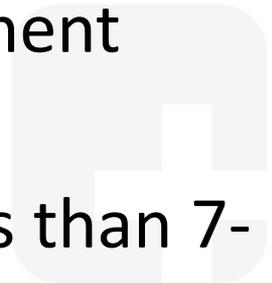
1. Pharmacies and other dispensers of controlled substances collect and submit data to the PDMP.
2. The data is cleansed and added to a statewide database.
3. Authorized users access and obtain data from the PDMP to verify prescription information.

Step 3: Accessing and Obtaining Data

- Dispensers, Prescribers, and their Delegates can directly **access** the data
- Other entities can **obtain** data upon request
 - Other users include:
 - Patients and their Representatives
 - Law Enforcement Authorities
 - Federal and State Governmental Agencies
 - County Coroners and Medical Examiners
 - Researchers (de-identified data only)

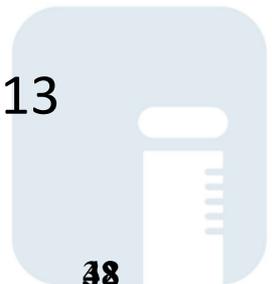
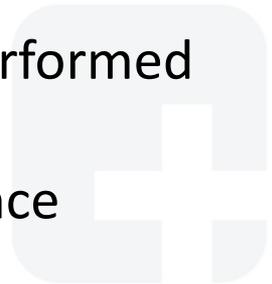
Current Limitations of Data

- Data may be up to 7+ days old
- Data may be incomplete or contain errors
- The PDMP does not contain data about:
 - Drugs directly administered to patients
 - Drugs dispensed by veterinarians, opioid treatment programs, or the military
 - Schedule V non-narcotic drugs dispensed in less than 7-day supplies
- Limited ability to de-identify data



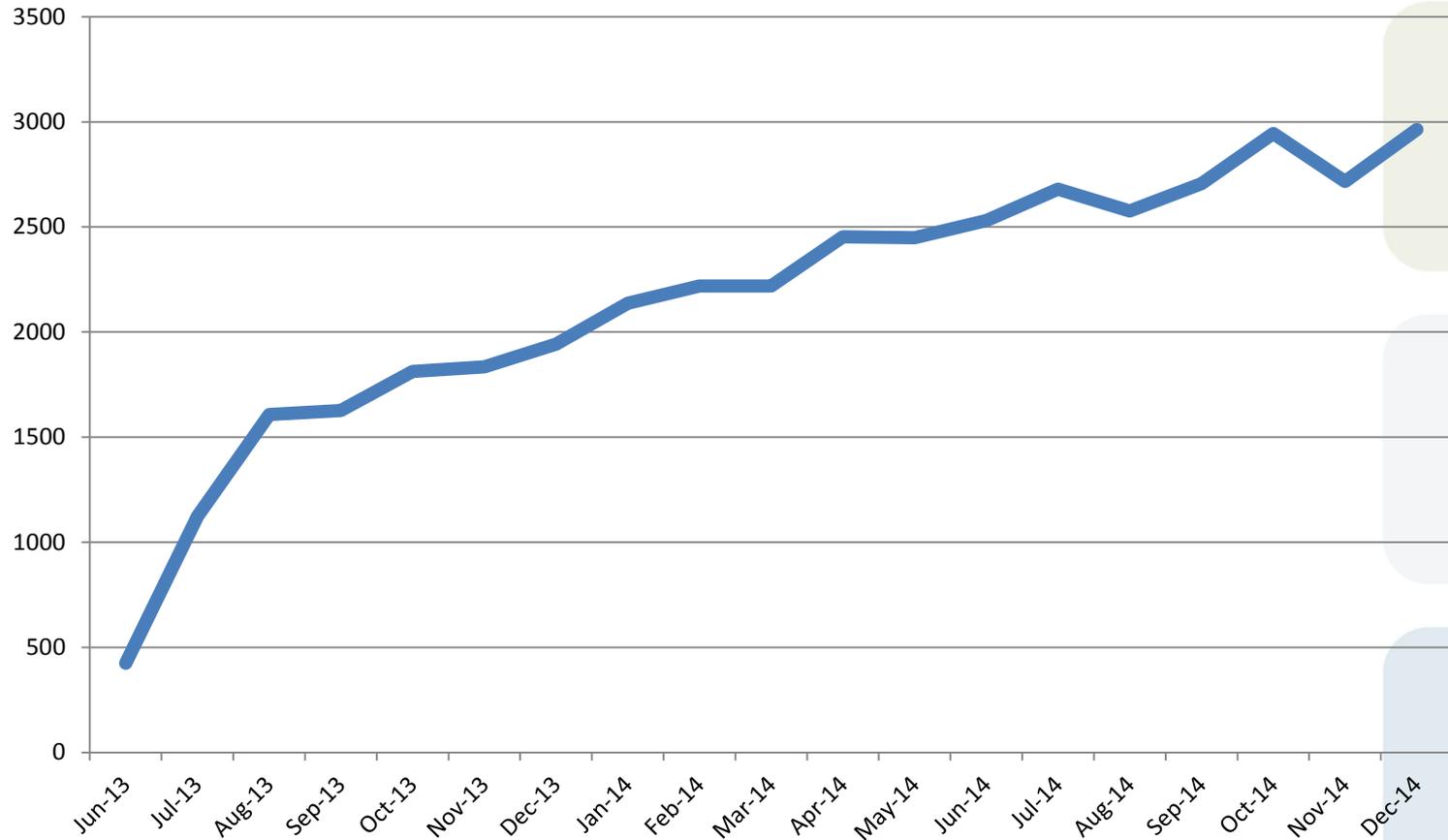
Operational Statistics

- Over 22 million R_x records in the database
- Approximately 1,800 dispensers actively submitting data
- **User Registration:** Over 11,000 users with query accounts
- **Healthcare Queries:** Over 1.25 million recipient queries performed since June 1, 2013
 - Approximately 37,000 interstate queries performed since October 1, 2013
- **Healthcare User Alerts:** Approximately 950 since July 1, 2013



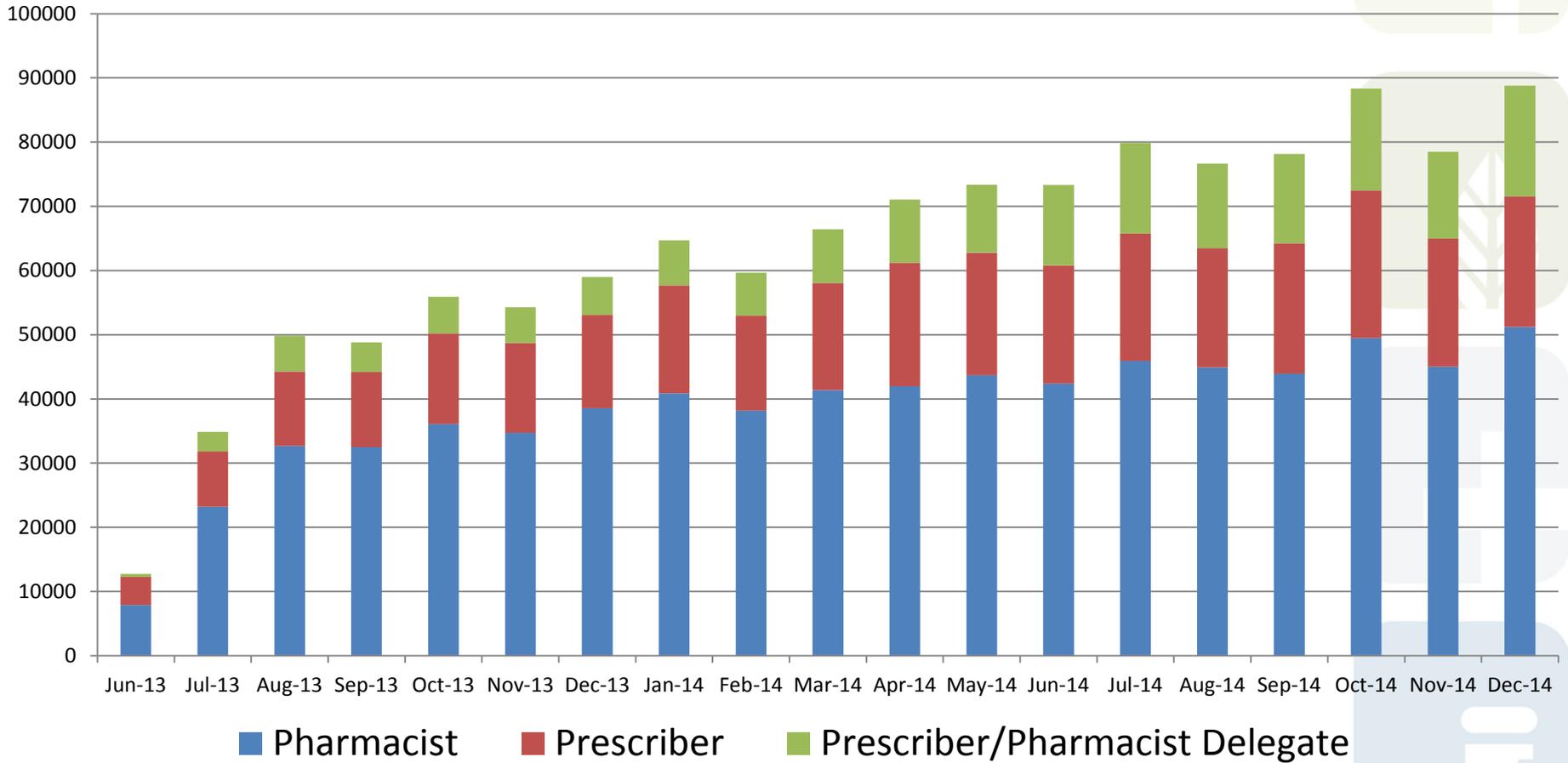
Healthcare Queries

Average Number of Healthcare Patient Queries Per Day Per Month



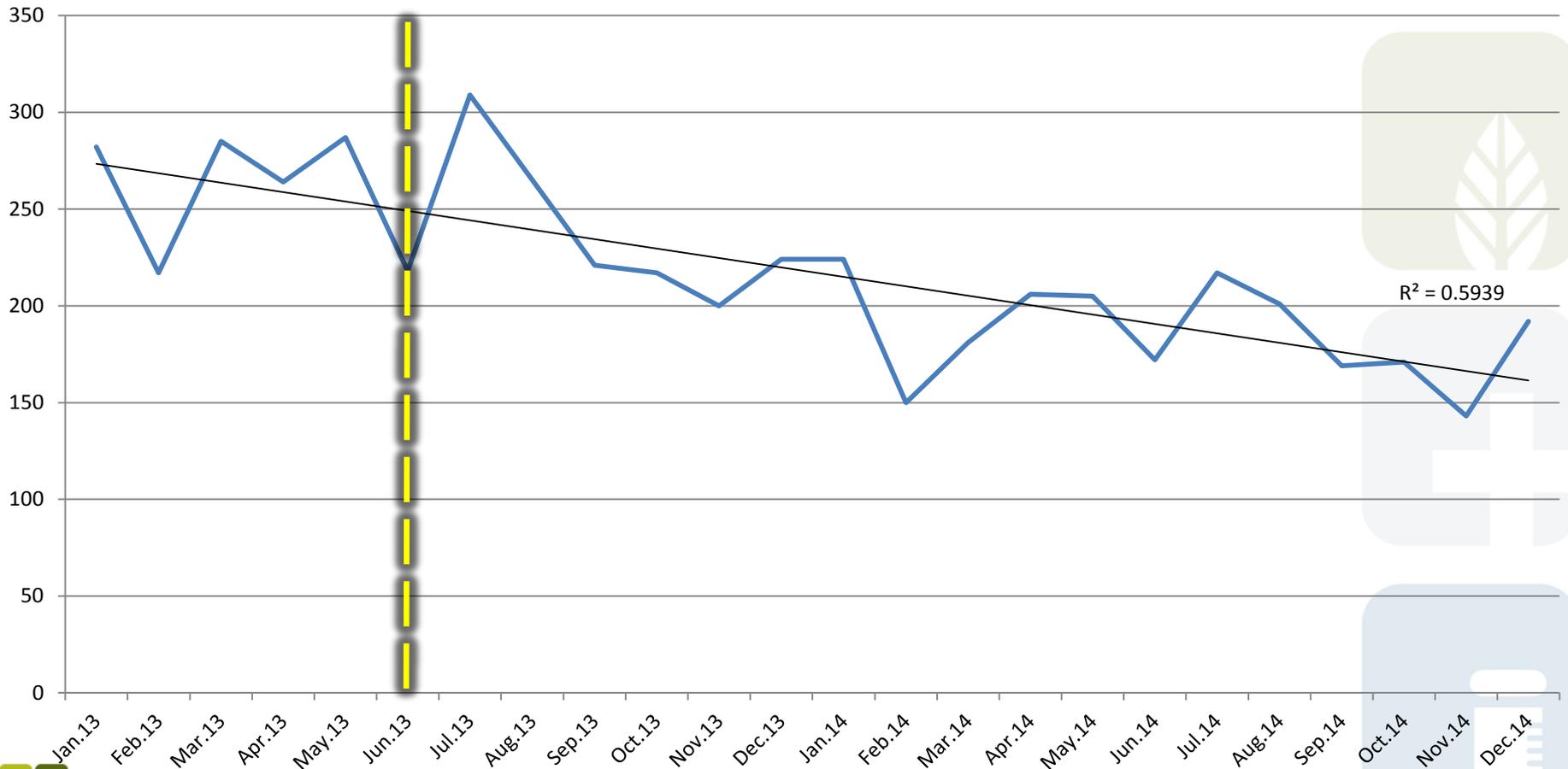
Healthcare Queries

Healthcare Patient Queries Performed by User Group



Doctor Shopping Trend

Number of patients obtaining Rx orders from 4 or more prescribers and monitored drugs from 4 or more dispensers per calendar month



Number of patients obtaining Rx orders from 4 or more prescribers and monitored drugs from 4 or more dispensers per calendar month

2013 Month	Number of Recipients	2014 Month	Number of Recipients	2013 to 2014 Monthly Change	2013 to 2014 Monthly Percent Change
Jan.13	282	Jan.14	224	-58	-21%
Feb.13	217	Feb.14	150	-67	-31%
Mar.13	285	Mar.14	181	-104	-36%
Apr.13	264	Apr.14	206	-58	-22%
May.13	287	May.14	205	-82	-29%
Jun.13	218	Jun.14	172	-46	-21%
Jul.13	309	Jul.14	217	-92	-30%
Aug.13	265	Aug.14	201	-64	-24%
Sep.13	221	Sep.14	169	-52	-24%
Oct.13	217	Oct.14	171	-46	-21%
Nov.13	200	Nov.14	143	-57	-29%
Dec.13	224	Dec.14	192	-32	-14%

25% Average Decrease

when comparing the month in 2013 to the same month in 2014

2

User Experience Enhancements and Data Integration

“Unsolicited” Reports

Message Developer Adobe PDF

From: DSPS PDMP Sent: Thu 3.6.2014 4:28 PM
 To: DSPS PDMP
 Subject: New Wisconsin Prescription Drug Monitoring Program Alert Received

You have received a new alert in the Wisconsin Prescription Drug Monitoring Program (PDMP). The alert contains important information about a current or former patient of yours or your pharmacy's, a lost or stolen prescription pad, or suspected unauthorized prescribing of a controlled substance or Tramadol. To view the alert, please log in to the PDMP database <https://wipdmp-ph.hidinc.com>. The alert is available in your "Alert Queue," which is accessible under the "Alert Management" tab.

Please contact us if you have any questions at PDMP@wisconsin.gov.

Wisconsin Department of Safety and Professional Services
 Prescription Drug Monitoring Program
 1400 East Washington Avenue
 PO Box 8366
 Madison, WI 53708-8366

Phone: 608-266-0111
 Web: <http://dps.wis.gov/PDMP>
 Email: PDMP@wisconsin.gov

Scott Walker, Governor
Dave Ross, Secretary

[DATE]

[PROVIDER NAME]
 [ADDRESS 1]
 [ADDRESS 2]
 [CITY], [STATE] [ZIP CODE]

The Wisconsin Prescription Drug Monitoring Program (WI PDMP) has identified the following individual as your patient:
 [PATIENT NAME], DOB: [MM/DD/YYYY].

The specified patient appears to be obtaining monitored prescription drugs* of the same or similar nature from multiple practitioners and/or multiple pharmacies. The Wisconsin Pharmacy Examining Board (Board) and the Wisconsin Department of Safety and Professional Services (Department) make no conclusions or judgments on the basis of this information. To make your own determination about this patient's prescription history, you may wish to log in to the WI PDMP and perform a recipient query on this patient. If you do not have a WI PDMP query account but wish to obtain one, please visit the Registration Site of the WI PDMP database access portal:
<http://dps.wisconsin.gov/widmp/access/prescriber>.

After reviewing and assessing the patient's prescription history, you might determine that one or more of the following actions are appropriate:

- Coordinate the patient's care with the other practitioners listed on the report by consulting and sharing a copy of the report with them. You may notify other practitioners in the report by creating a Concerning Patient History alert from the Create Alert button at the bottom of the report. Please note that these alerts will only go to practitioners who also have WI PDMP query accounts.
- Verify the validity of any prescription record listed on the report with the dispensing pharmacy.
- If you determine you did not prescribe one or more of the prescriptions attributed to your credential, contact the pharmacy that dispensed the prescription and ask them to correct the error in their information system.
- If you believe the patient may be addicted or has a substance abuse disorder, you may visit the Wisconsin Department of Health Services' Substance Abuse Services website for information about substance abuse and treatment options: <http://www.dhs.wisconsin.gov/substance/>. You may also obtain a list of state-specific resources from the Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov/treatment/index.aspx>.

The WI PDMP database is an accumulation of information submitted to it by Wisconsin-licensed pharmacies and dispensing healthcare practitioners. The Pharmacy Examining Board and the Department of Safety and Professional Services make no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the contents of recipient reports within the WI PDMP and expressly disclaim liability for errors and omissions in the contents of these reports.

The Board and Department have provided this unsolicited report in support of the program's mission to improve patient care and prevent the abuse of monitored prescription drugs.

*"Monitored Prescription Drugs" are defined as:

- State Controlled Substances in Schedule II, III, IV or V that require a prescription order to be lawfully dispensed;
- Federally Controlled Substances in Schedule II, III, IV or V that require a prescription order to be lawfully dispensed;
- Tramadol, a drug identified by the Board as having a substantial potential for abuse.

WI PRESCRIPTION DRUG MONITORING PROGRAM

Home About Alerts Queue User Management Alert Management Help Quick Links Log Out

Wisconsin Practitioner Query Site

Alert Queue
 Query History
 Prescription History
 Query

HELP ALERTS FOR YOUR REVIEW
 Concerning Patient Prescription History
 Lost or Stolen Prescription Pad
 Suspicious or Unauthorized Prescribing
 To view the alerts, go to Alert Queue.

Query Credentials
 Make your alerts as general as possible, and then drill down to more specific information as you go. Identify the location to which you are looking. For example, you could enter the full name of the individual, the full name of the facility, and a city, state, and zip code. These five pieces of information are required to identify the person that you wish to query and then you can select to submit the query for processing.

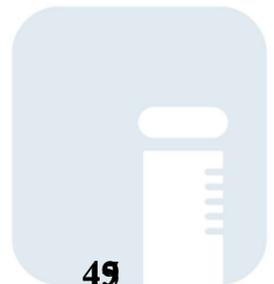
If you enter a search for data for an individual and the query results are blank, click the filter field just below the Date of Birth field and check the "All" radio button. If you do not check this box, you will only see results for the date range you specify.

Click on the results of the query for processing. You will be redirected to the Report Queue in the Next-Click. All the query results are numbers to view the report you selected. The query results are not a prescription, and you cannot refresh the button. The query results will appear as a "Number" when the report is ready for viewing.

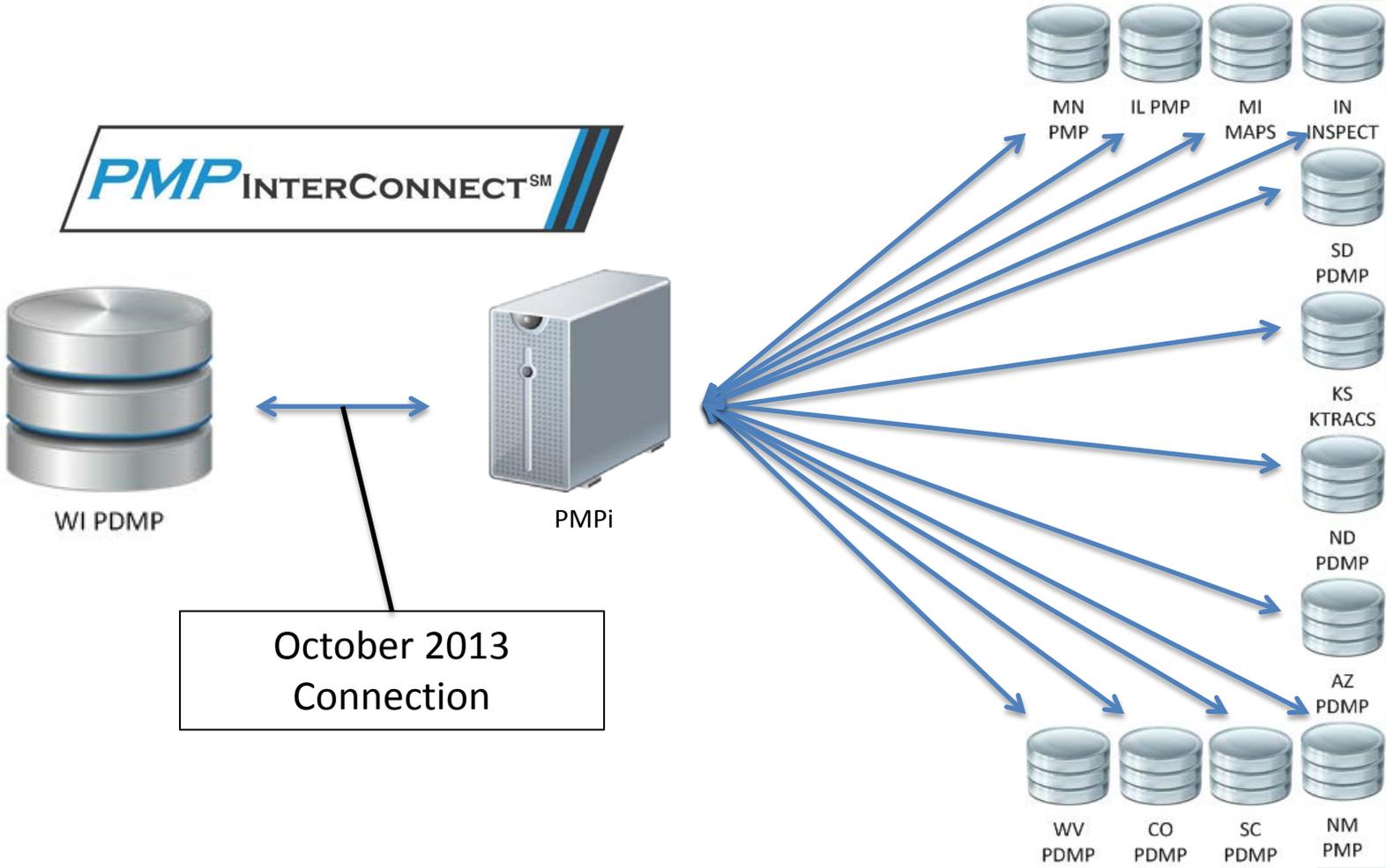
Wisconsin Department of Safety and Professional Services
 1400 East Washington Avenue
 Madison, WI 53708-8366
 Phone: 608-266-0111
 Fax: 608-266-0111

RESENTRY
 Copyright © 2013 Resentry Information Systems, LLC
 This report is the property of Resentry Information Systems, LLC.

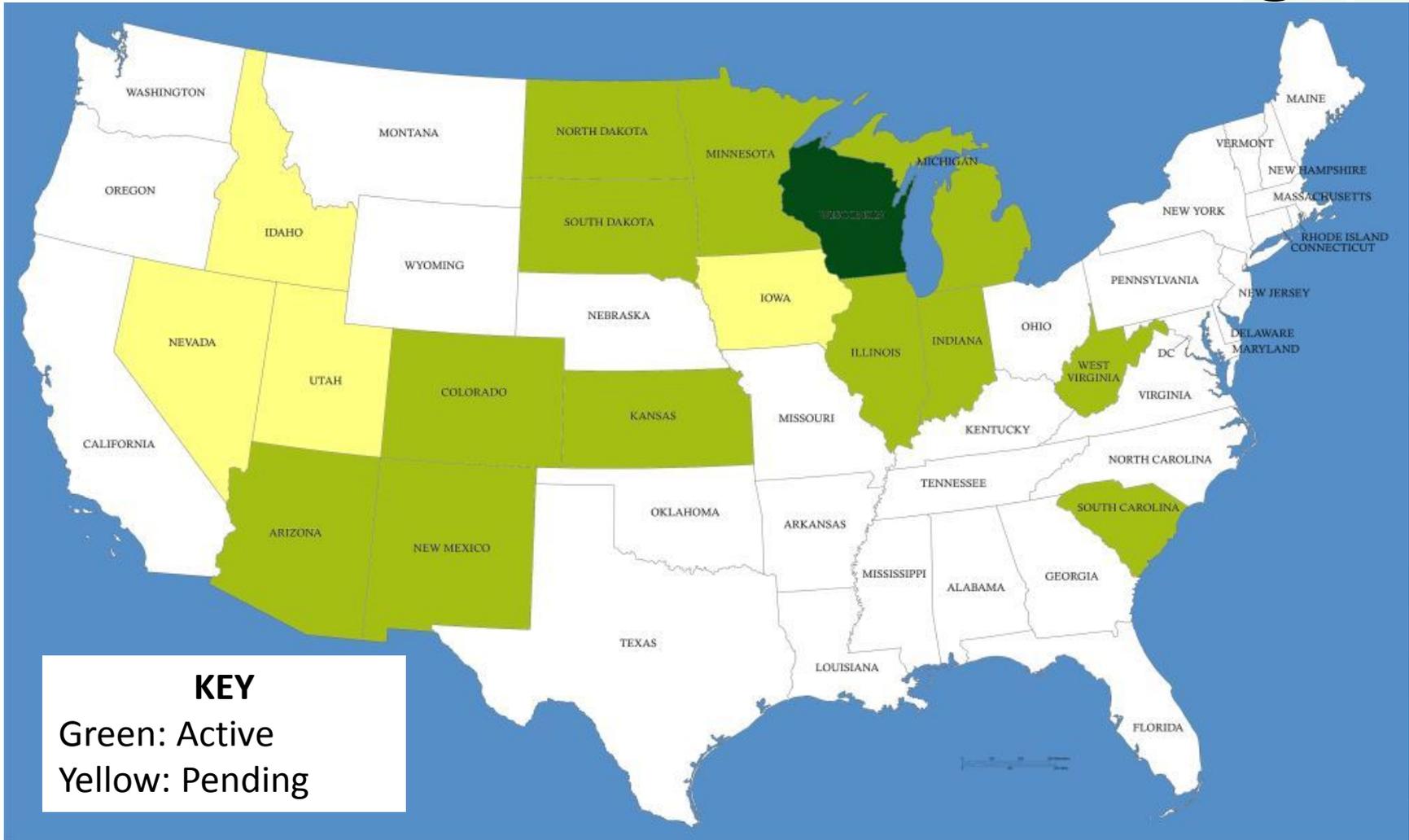
Interstate Data Exchange



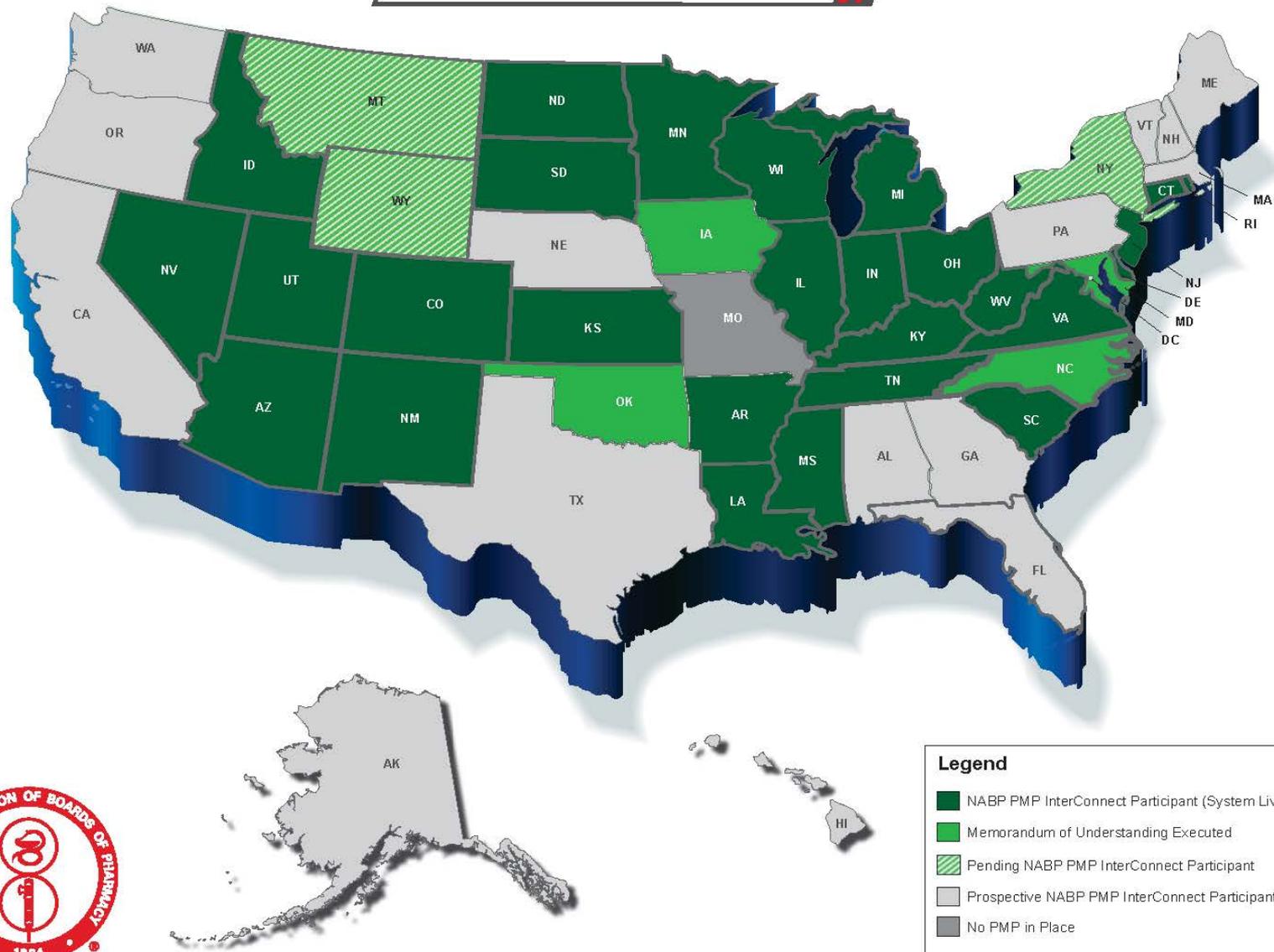
Interstate Data Exchange



Current Interstate Data Exchange



PMP INTERCONNECT®



Legend

- NABP PMP InterConnect Participant (System Live)
- Memorandum of Understanding Executed
- Pending NABP PMP InterConnect Participant
- Prospective NABP PMP InterConnect Participant
- No PMP in Place



Multiple State Query

ALL DATA IS FICTITIOUS

- Search History Query
- Prescriber History Query
- Multiple State Query**

Last Name: Holmes
 First Name: Sherlock
 Date of Birth: 01/06/1954
 Gender: Unknown
 Address: 1400 E WASHINGTON AVE
 City: OXFORD, IL
 State: IL
 Zip Code: 61201
 Dispensed Start Date: 11/05/2012
 Dispensed End Date: 11/05/2013
 Disclosing State: IL
 Request Status: IL Status: complete

Date Dispensed/ Date Prescribed	Drug Name/ NDC	Quantity Dispensed/ Days Supply	RX#	Prescriber	Dispenser	Recipient
12/31/2012 12/31/2012	ADDERALL 30 MG 54092037701	10 4	4100009	DR STRANGELOVE,	YE OLE PILL SHOPPE OXFORD, IL	HOLMES, SHERLOCK 01/06/1954 1400 E WASHINGTON AVE
12/29/2012 12/29/2012	COCAINE HCL 100 MG/ML 00186179278	40 10	0939345	DR HENRY JECKYLL,	YE OLE PILL SHOPPE OXFORD, IL	HOLMES, SHERLOCK 01/06/1954 1400 E WASHINGTON AVE
11/28/2012 11/28/2012	ADDERALL 30 MG 54092037701	15 3	1140921	DR HENRY JECKYLL,	BARBER AND OPETHACARY LIVERPOOL, IL	HOLMES, SHERLOCK 01/06/1954 1400 E WASHINGTON AVE
11/26/2012 11/26/2012	ADDERALL 30 MG 54092037701	12 3	1325352	DR MORIARTY,	YE OLE PILL SHOPPE OXFORD, IL	HOLMES, SHERLOCK 01/06/1954 1400 E WASHINGTON AVE
11/05/2012 11/05/2012	ADDERALL 30 MG 54092037701	30 6	0401255	DR STRANGELOVE,	DRUGS R US LONDON, IL	HOLMES, SHERLOCK 01/06/1954 1400 E WASHINGTON AVE

Recipient Report (Multiple State)

Last Name: holmes
 First Name: sherlock
 Date of Birth: 01/06/1954
 Gender: Unknown
 Address: 1400 E WASHINGTON AVE
 City: OXFORD, IL
 State: IL
 Zip Code: 61201
 Dispensed Start Date: 11/05/2012
 Dispensed End Date: 11/05/2013
 Disclosing State: MI
 Request Status: MI Status: NotFound

Date Dispensed/ Date Prescribed	Drug Name/ NDC	Quantity Dispensed/ Days Supply	RX#	Prescriber	Dispenser	Recipient
No results returned						

Data Integration

- SAMHSA PDMP-EHR Data Integration Grant Project
- S&I Framework PDMP-HIT Integration Effort
- U.S. Department of Veterans Affairs Pilot Project

SAMHSA Grant Background

- 2 Cohorts:
 - 2012: FL, IL, IN, KS, ME, OH, TX, WA, WV
 - 2013: KY, MA, NY, ND, RI, SC, WI
- 2013 Cohort:
 - 2-year awards (if sufficient progress is shown)
 - \$212,500 per year limit
 - Applicants that have not established integration of PDMP into EHR systems must propose **implementation** of systems to improve the state's ability to reduce prescription drug abuse.

Grant Objectives

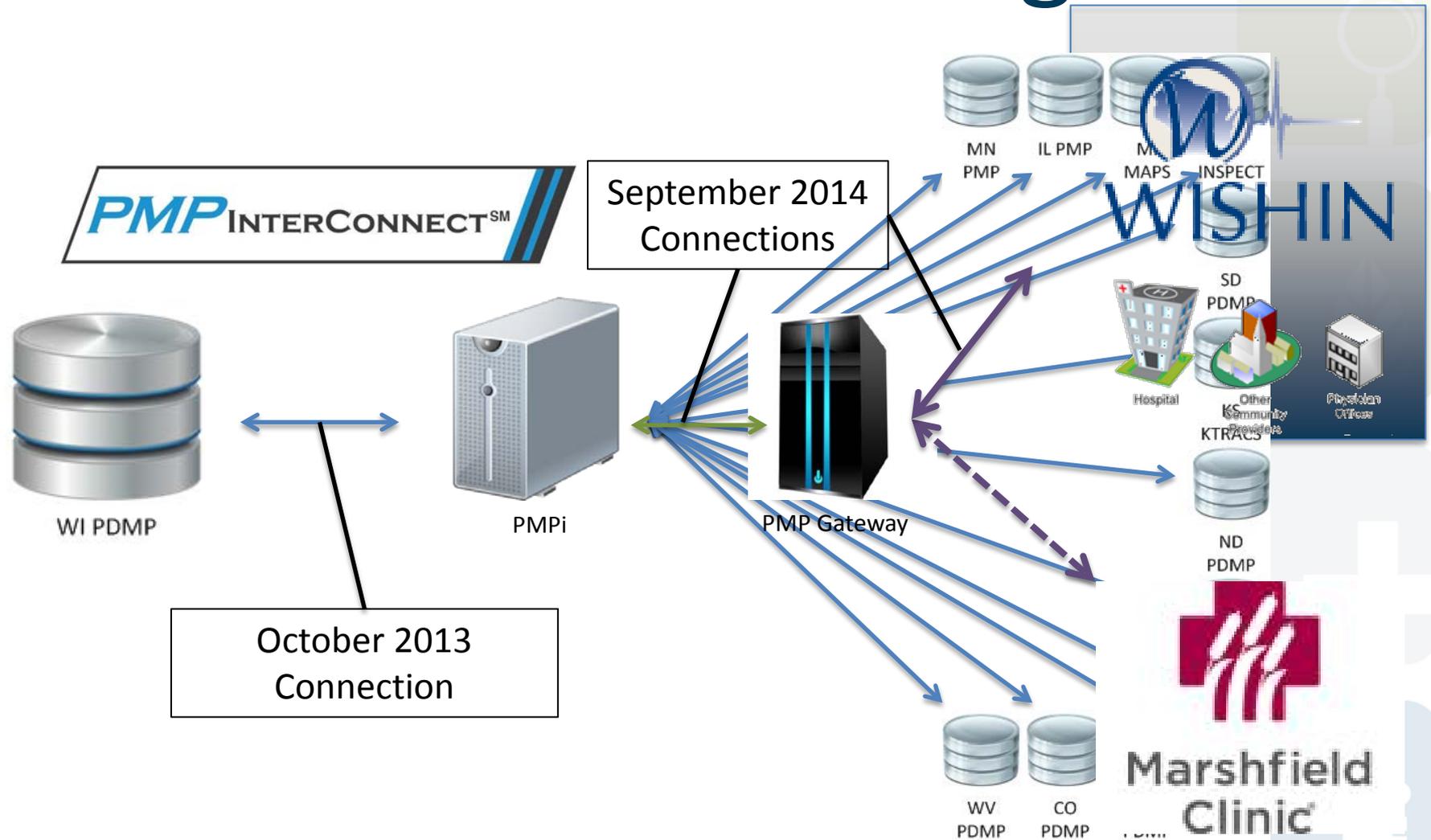
To foster the ability of states to reduce the nature, scope, and extent of prescription drug abuse, SAMHSA expects grantees to:

1. improve the quality of prescription drug information available to healthcare providers by **integrating PDMP data into existing technologies**, e.g., EHRs, Health Information Exchanges (HIEs); and
2. support real-time access to prescription drug information by **integrating PDMP data into existing clinical workflows**. Grant funds will assist states in addressing prescription drug misuse and abuse strategies by integrating their PDMP data into EHRs and other Health Information Technology (HIT) systems. These grant funds cannot be used to enhance or expand PDMPs and can only be used for the purposes of integrating PDMP data into health information systems.

WI SAMHSA Project Scope

- Total Award: \$387,820
- Project Period: 9/30/2013 - 9/29/2015
 - Sufficient progress already shown in year 1
- WI PDMP data must be viewable by providers at all of the following locations:
 - one retail pharmacy for each partner
 - one primary care facility for each partner
 - one emergency department for each partner

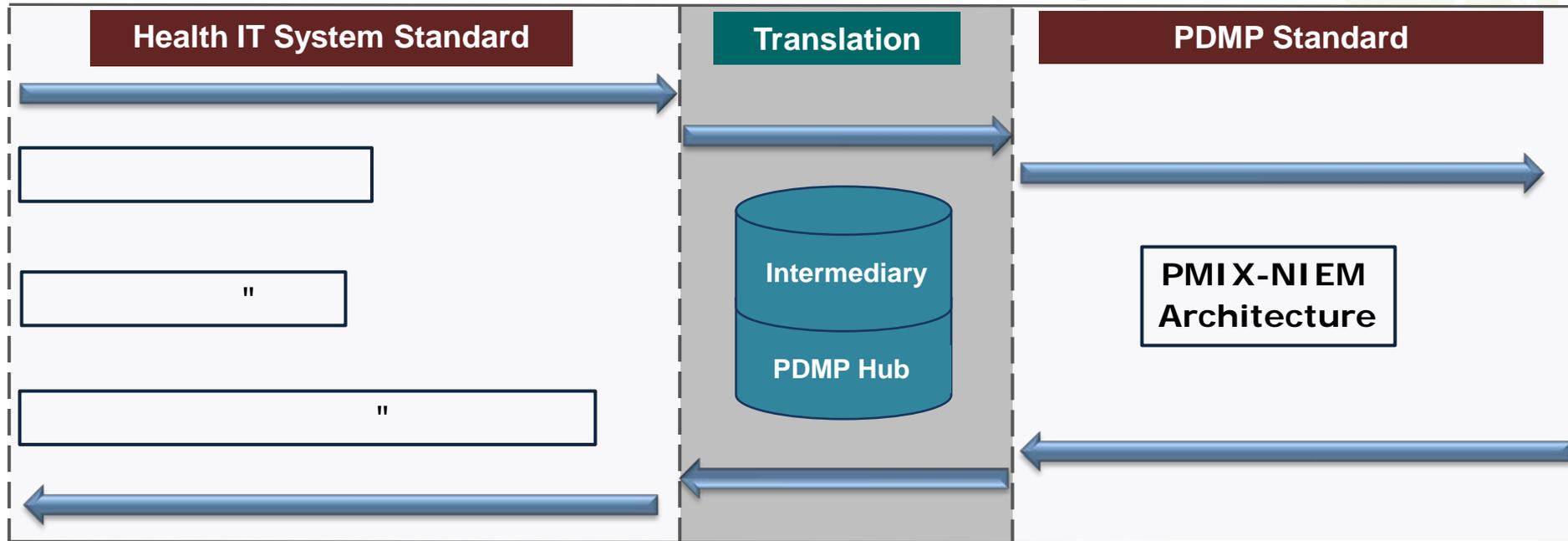
SAMHSA-Funded Integrations



S&I Initiative Background

- A collaborative community of participants from the public and private sectors who are focused on providing the tools, services and guidance to facilitate the functional exchange of health information.
- Creates a open and transparent process where healthcare stakeholders can focus on solving real-world interoperability challenges.
- Is a consensus-driven, coordinated, incremental standards process.
- Each S&I Initiative focuses on narrowly-defined, broadly applicable challenge, tackled through a rigorous development cycle, and provides input to Federal Advisory Committees for consideration.

S&I Initiative Background



Strategy Details

- ❑ Implementation Guide focus will shift to those organizations providing transformations/translation/ ETL services
- ❑ Data elements will need to be modified or added, specified within the PDMP & HITI Implementation Guide

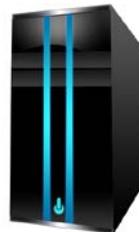
S&I Initiative Pilots



WI PDMP



PMPi



PMP Gateway

October 2013
Connection

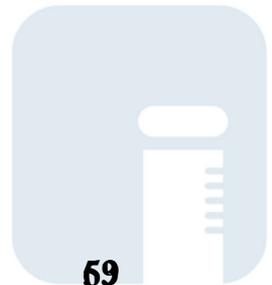
September 2014
Connection



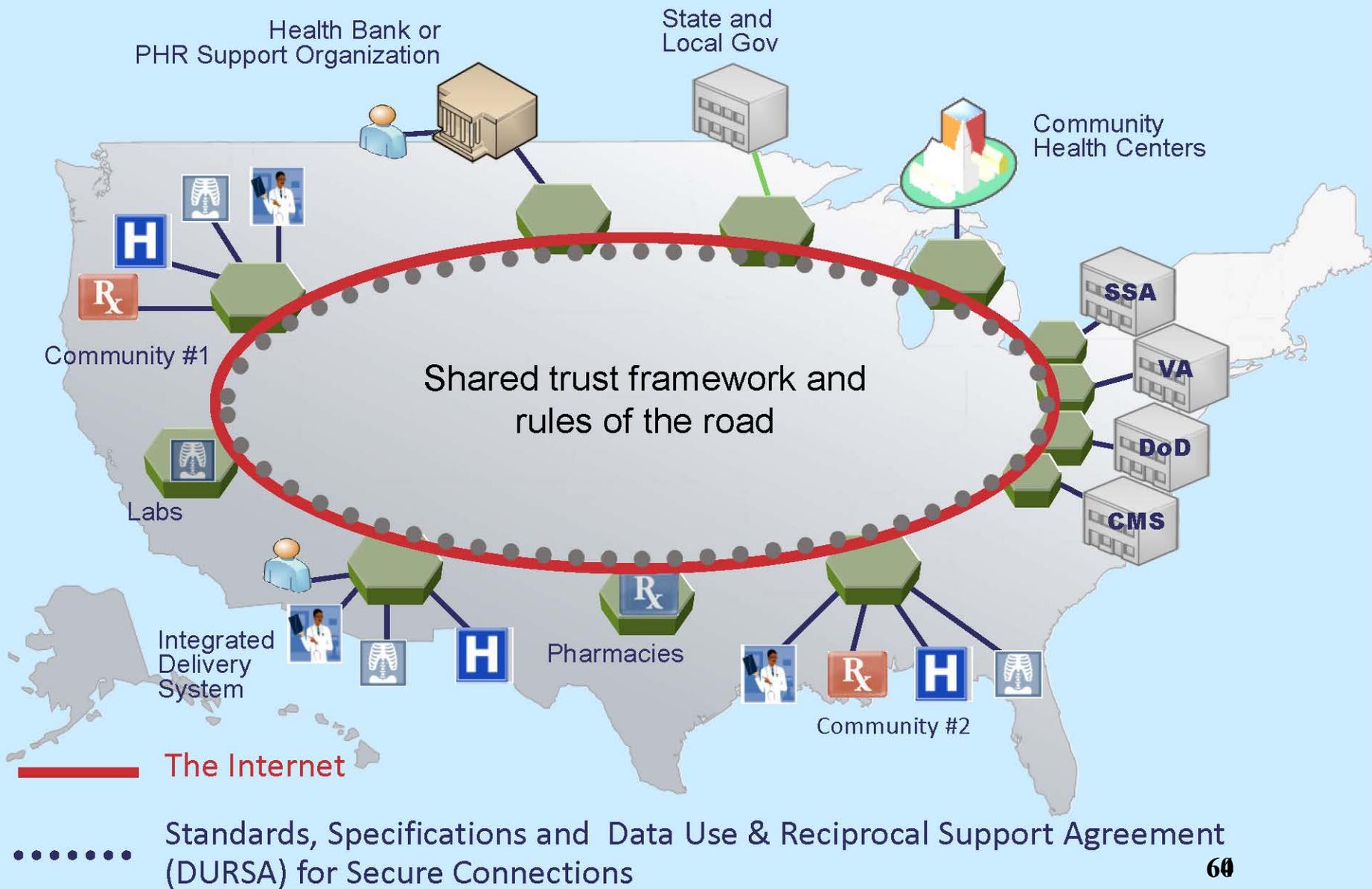
VA Integration Pilot Background

- U.S. Department of Veterans Affairs is a partner in the eHealth Exchange
- VA wants to incorporate PDMP data into its EMR
- Identified the WI PDMP as a partner to pilot the process
 - VA submits data to the WI PDMP
 - Wisconsin has several eHealth Exchange connections

VA Integration Pilot



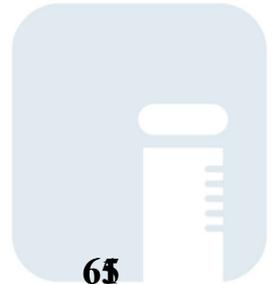
eHealth Exchange



VA Integration Pilot

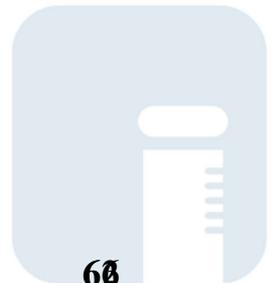


WI PDMP



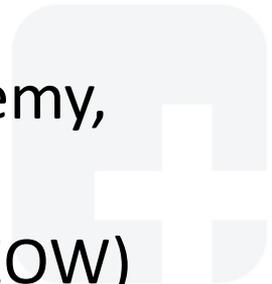
3

Public Health Enhancements



DHS Collaboration

- Medicaid
 - Office of Inspector General
- Division of Public Health
 - U.S. Department of Health and Human Services 50-State Working Meeting to Prevent Opioid-Related Overdose, July 17-18, 2014
 - SAMHSA's Prescription Drug Abuse Policy Academy, August 11-13, 2014
 - State Epidemiological Outcomes Workgroup (SEOW) Supplemental Grant Collaboration
 - Future grant funding opportunities



Query and Report Filters

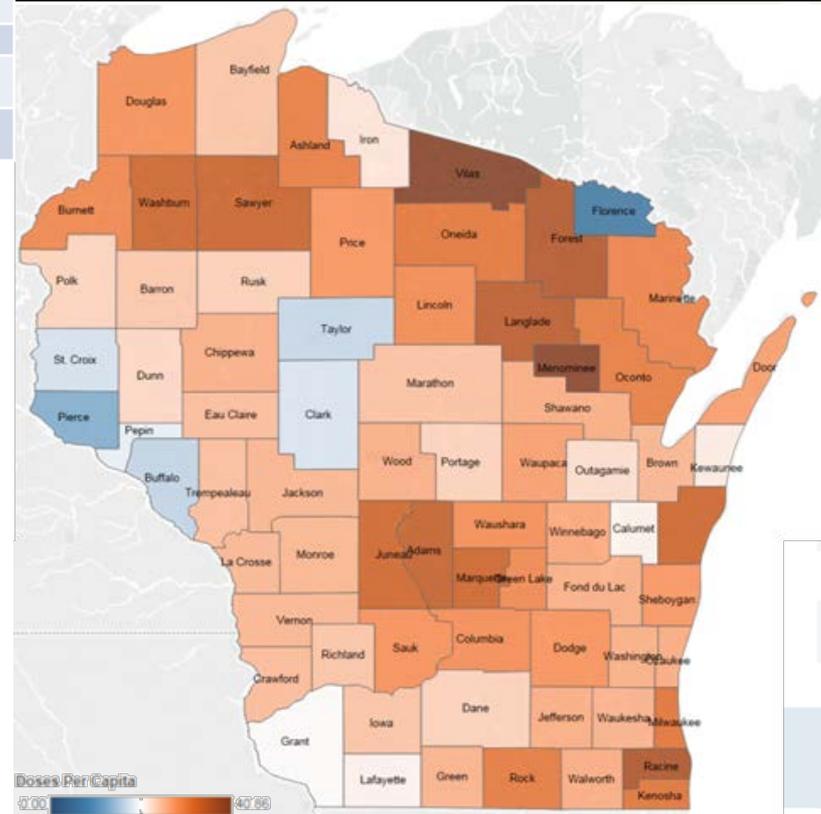


Patient	Drug	Prescriber	Dispenser
ZIP	Drug Name	ZIP	ZIP
County	DEA Schedule	County	County
Payment Type	Dosage Form		
Age	HIC3 Code (First Data Bank)		
Gender	Generic Sequence Number (First Data Bank)		
	American Society of Health-System Pharmacists (ASHP) Pharmacologic-Therapeutic Classification		

Quarterly PDMP Statistics

PDMP Operations			
	July – September 2014	2014 YTD	Since January 2013
# of Dispensers	1,752	1,973	2,504
# of Prescriptions	2,647,509	7,838,137	18,124,751
Quantity Dispensed	157,314,878	474,327,009	1,107,696,995
Estimated Days Supply	57,594,523	171,351,201	390,506,700

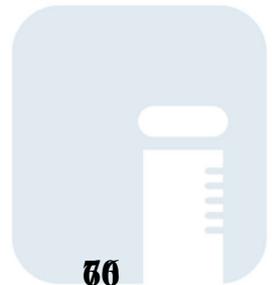
Monitored Prescription Drug Doses Dispensed / County Population
July - September 2014



Top 15 Monitored Prescription Drug Prescriptions
July - September 2014

Drug Name	Number of Prescriptions	Percent of MPD Prescriptions
HYDROCODONE/ACETAMINOPHEN	525,349	19.84%
DEXTROAMPHETAMINE/AMPHETAMINE	196,096	7.41%
TRAMADOL HCL	191,504	7.23%
OXYCODONE HCL	182,155	6.88%
ALPRAZOLAM	181,618	6.86%
LORAZEPAM	177,873	6.72%
OXYCODONE HCL/ACETAMINOPHEN	158,516	5.99%
ZOLPIDEM TARTRATE	153,709	5.81%
CLONAZEPAM	145,637	5.50%
METHYLPHENIDATE HCL	93,795	3.54%
MORPHINE SULFATE	74,160	2.80%
DIAZEPAM	72,242	2.73%
LISDEXAMFETAMINE DIMESYLATE	53,772	2.03%
ACETAMINOPHEN WITH CODEINE	53,436	2.02%
PREGABALIN	50,827	1.92%

Public Health Portal



Harold Rogers Grant Background

- Overseen by the Bureau of Justice Assistance of the U.S. Department of Justice
- Funded since 2002
- Up to \$400,000 per 18-month project
- The purpose is to enhance the capacity of regulatory and law enforcement agencies and public health officials to collect and analyze controlled substance prescription data and other scheduled chemical products through a centralized database administered by an authorized state agency.
- Focus on Priority Consideration Areas

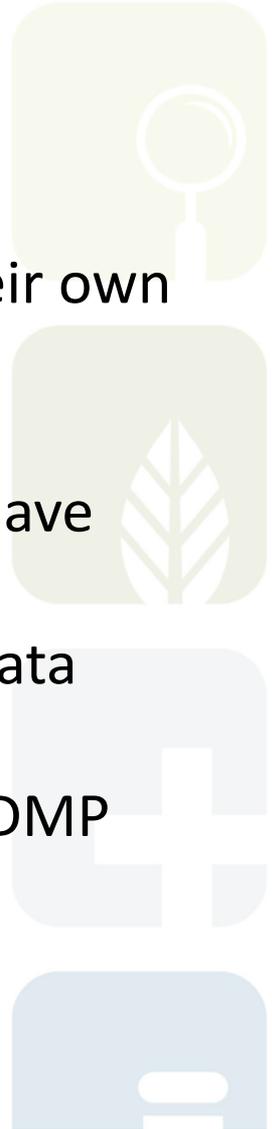
This project was supported by Award No. 2014-PM-BX-0012 awarded by the Bureau of Justice Assistance, Office of Justice Programs. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

WI Project Scope

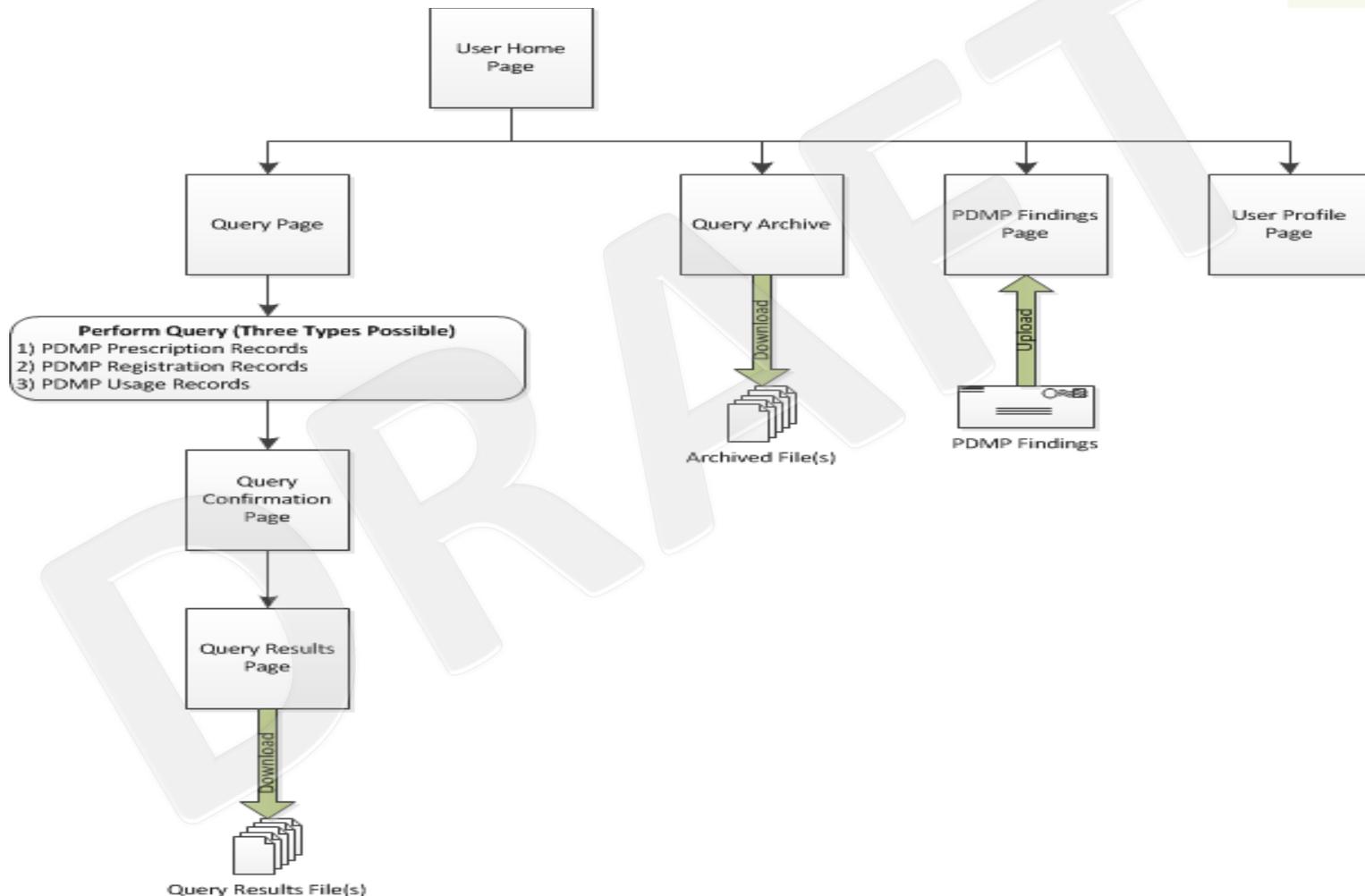
- Total Award: \$344,084
- Project Period: October 1, 2014 – March 31, 2016
- Goal: To give public health officials and other researchers access to de-identified data collected as part of the Prescription Drug Monitoring Program (PDMP).
- Proposed Project: Develop the **WI PDMP Public Health Portal**, a secure web-based database that authenticated users can query for specific de-identified information about the WI PDMP.

Public Health Portal

- Two types of User:
 - Public Health Officials and Researchers who have their own tools
 - Download flat file of PDMP data
 - Public Health Officials and Researchers who **do not** have their own tools
 - Interact with widgets and dashboards of PDMP data
- Obtain de-identified data by county, ZIP code or region
- Upload the final product based upon their research of PDMP data



Public Health Portal



This project was supported by Award No. 2014-PM-BX-0012 awarded by the Bureau of Justice Assistance, Office of Justice Programs. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

PDMP Contact Information

Technical Assistance:

Phone: 1-855-729-8918

E-Mail: wipdmp-info@hidinc.com

Administrative Assistance:

E-Mail: PDMP@wisconsin.gov

Chad Zadrazil: (608) 266-0011

chad.zadrazil@wisconsin.gov

Andrea Magermans: (608) 261-6546

andrea.magermans@wisconsin.gov

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Pharmacy Examining Board			
4) Meeting Date: Feb 22, 2015	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Annual Meeting Travel Grant Program for NABP's 111th Annual Meeting, May 16-19, 2015, New Orleans, LA – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>The National Association of Boards of Pharmacy Foundation (NABP Foundation) is pleased to continue the Annual Meeting Travel Grant Program for NABP members needing financial assistance to attend NABP Annual Meetings. NABP feels that it is essential for boards of pharmacy to participate in Annual Meetings because during this time NABP's member boards of pharmacy will vote upon Association resolutions, select Executive Committee officers and members, and present and discuss information on current issues facing pharmacy regulators.</p> <p>For the past 111 years, the mission of NABP has been to aid and support pharmacy regulators in creating standards that protect the public health. NABP realizes that budget constraints can prevent state boards of pharmacy from sending representatives to meetings, so the Annual Meeting Travel Grant Program will reimburse the board's designee up to \$1,500 in travel fees to defray expenses such as airfare, hotel rooms, meals, taxis, parking, and tips. Grant monies do not include Annual Meeting registration fees. Monies are limited and grants are available on a first-come, first-served basis. Please note that the NABP Annual Meeting Travel Grant reimbursement policy requires individuals to pay for all airfare, meals, hotel accommodations, and other meeting costs up front, and submit an expense report and original receipts to NABP after the Annual Meeting in order to receive reimbursement.</p> <p>One individual per active member board of pharmacy is eligible to receive the grant. Though the individual awarded the travel grant need not be the board of pharmacy's voting delegate, his or her board of pharmacy must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions in order to receive reimbursement.</p> <p>The chief administrative officer of the board must complete the attached application form to apply for the travel grant, or to request the grant be awarded to a current board member from his or her state. NABP must receive all applications before the 111th Annual Meeting, May 16-19, 2015, New Orleans, LA. NABP will inform applicants whether or not they have qualified for a grant, and at that time provide them with more detailed instructions on procedures for reimbursement.</p>			



National Association of Boards of Pharmacy

nabp

1600 Feehanville Drive • Mount Prospect, IL 60056-6014
Tel: 847/391-4406 • Fax: 847/391-4502
Web Site: www.nabp.net

TO: EXECUTIVE OFFICERS – MPJE Participating States, MPJE Item Writers, and MPJE Review Committee Members

FROM: Maria Incrocci, Competency Assessment Senior Manager

DATE: January 29, 2015

RE: REMINDER – MPJE Item Development Workshop – March 19-20, 2015

The National Association of Boards of Pharmacy® (NABP®) will host the Multistate Pharmacy Jurisprudence Examination® (MPJE®) Item Development Workshop on March 19-20, 2015, at NABP Headquarters in Mount Prospect, IL. The two-day meeting will begin with an overview of the MPJE program, followed by an instructional session on item writing led by NABP staff. Members from the MPJE Review Committee will be in attendance to assist item writers and to facilitate the meeting. The item writing process is a collaborative effort, and NABP encourages all MPJE participating states to attend this important event!

Following is a tentative meeting schedule: (All times are CST):

Thursday, March 19	8:30 AM to 5 PM (Group dinner to follow)
Friday, March 20	8:30 AM to 4 PM

NABP will reimburse approved expenses (travel, food, and lodging) for two participants from each state to attend the workshop. However, NABP may need to limit the attendance to one participant from each state in the event of space limitations. If your state board is unable to send a representative, the item writing assignment will need to be completed remotely. Full details, including content areas to be targeted and logistics, will be provided at a later date to the designated item writer(s).

Please provide contact information on the response form for the individual(s) assigned to attend the workshop or for those individuals who will complete the state item writing assignment remotely. The NABP Meeting Services department will forward travel and hotel information approximately six weeks prior to the meeting once NABP has secured the name(s) of the attendee(s).

NABP has recently developed a single database for all volunteer item writers. We will include MPJE Board-appointed writers in this database for more efficient communications. We request that all MPJE item writers complete this very brief questionnaire so we have a complete record of all MPJE item writers. Please follow the link to complete the questionnaire:

<http://fs23.formsite.com/NationalAssociationofBoardsofPharmacy/form4/index.html>

If you have any questions or comments, please contact Anne Woolridge, competency assessment coordinator, at awoolridge@nabp.net or 847/391-4534. You may also contact me at mincrocci@nabp.net or 847/391-4426.

2015 MPJE Item Development

Please indicate your state's commitment to the 2015 MPJE Item-Writing assignment by indicating either attendance at the workshop taking place March 19-20, 2015, **or** remote participation. This form is in a fillable format. It requires Adobe Reader 6.0 or higher to view. To complete the form, open the file, add the requested information, and click "Yes" to save the changes. Please email this form to Anne Woolridge at awoolridge@nabp.net or fax it to 847/391-4503 no later than **Friday, February 13, 2015**.

State Board: _____

Attending the MPJE workshop at NABP Headquarters.

NOT attending; will complete the item-writing assignment remotely.

MPJE Item Writer Contact Information

Please provide the contact information for the individuals who will attend the MPJE Workshop *or* will be completing the item-writing assignment remotely.

Item Writer: _____

Phone: _____

Email: _____

Item Writer: _____

Phone: _____

Email: _____

Item Writer: _____

Phone: _____

Email: _____