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Important News Update  
Legislative Updates for May 2011

The [Legislative Update Chart on page 2](#) is being provided to highlight all legislative issues that resulted in the final passage of a bill that might impact either the Indiana Board of Pharmacy or licensees of the Board during the 2011 Legislative Session

of the Indiana General Assembly. This list is meant for informational purposes only and is not an official endorsement or legal interpretation of any of the individual bills by the Board or employees of the Indiana Professional Licensing Agency. For more information on each

individual bill, please visit the General Assembly's website at: <http://www.in.gov/apps/lsa/session/billwatch/billinfo>.

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Comments from INSPECT  
**RX WATCH COMING SOON!**

INSPECT, the State of Indiana's drug prescription monitoring program, is excited to announce the creation of a new companion site to the INSPECT PMP Portal, dubbed *Rx Watch*. *Rx Watch* is currently in its testing and development phase and will be rolled out for public use in the coming months. A link to *Rx Watch* is available on our Board and Inspect homepage at [www.bop.in.gov/inspect](http://www.bop.in.gov/inspect).

*Rx Watch* will have content

intended for the public as well as certain functions that will be accessible only by registered INSPECT users. Among other things, content will include drug distribution maps, pharmacy robbery and burglary data, practitioner initiated alerts, videos on INSPECT and usage of the program, FAQs, and other general information about the program. If you are not signed up for INSPECT, our free prescription monitoring program which is available

24/7, please visit [www.bop.in.gov/inspect](http://www.bop.in.gov/inspect) and click "Register". For any questions on *Rx Watch* or to receive a *Rx Watch* username and password, please email us at [inspect@pla.in.gov](mailto:inspect@pla.in.gov).



*Legislative Chart,( cont. from page 1)*

BILL NAME/NUMBER	SUMMARY	EFFECTIVE DATE
<b><u>SEA 57: Synthetic Cannabinoids (Spice/K2) and Salvia</u></b>	This bill amends Indiana code to define “salvia” and “synthetic cannabinoids.” It makes possession and dealing of those substances illegal, with the level of crime determined by the amount. It also makes both substances schedule 1 controlled substances. This is the spice/K2 bill that will both prohibit manufacture and distribution, and criminalize possession and use. It applies to both individuals and businesses.	July 1, 2011
<b><u>SEA 178: Outpatient Benefits Study (Redefining PBMs)</u></b>	This Bill establishes a Study Committee to examine including “Pharmacy Benefit Managers” under the definition of HMO. It also requires them to examine the definitions for insured, insurer, etc. The bill requires the commission to consider prohibitions against PBMs from contacting patients or their physicians to encourage them to switch to generics (or to inform them they are required to switch to a generic to obtain coverage) or from limiting the quantity of certain refills.	July 1, 2011
<b><u>SEA 363: Criminal Background Checks of Licensed Professionals</u></b>	This bill requires that initial license applicants for certain health care professions submit to and obtain a national criminal background check (through the FBI database) from the Indiana State Police before being approved for licensure. The results of this background check are to be shared by MOU between the State Police and Indiana Professional Licensing Agency. The individual licensing Boards will have the authority and discretion to act upon information in these checks to determine whether or not a license should be issued. The bill also allows boards during renewals to require a random selection of renewing applicants to obtain a background check.	July 1, 2011
<b><u>SEA 503: Sale of Ephedrine or Pseudoephedrine</u></b>	Requires electronic tracking of sales of ephedrine or pseudoephedrine (the primary meth precursors) by retailers. It does NOT require a prescription (multiple scheduling bills died during committee hearings). It also adjusts the maximum amount of PSE that a retailer may legally sell. Electronic sales data must be reported to the NPLeX system (system provided by CHPA and NADDI – version of Meth Check). Requires NPLeX to share the data with the State Police on a weekly basis. The system also comes with a stop sale alert.	July 1, 2011
<b><u>HEA 1017: Unused Medications (Returns from Jails)</u></b>	Allows jails, county sheriffs, etc. to return unused medications to the Pharmacy and be credited for the unused amount by the pharmacy. This is the same authority that the Department of Corrections currently maintains. Drugs and medical devices must be returned in the original and unopened packaging. The pharmacy or pharmacist is permitted to negotiate for a processing fee for returns.	July 1, 2011

*Legislative Chart, (cont. from page 2)*

BILL NAME/NUMBER	SUMMARY	EFFECTIVE DATE
<b><u>HEA 1017:</u> Eprescribe for Controlled Substances</b>	Allows prescribers to utilize electronic prescribing software to prescribe controlled substances. Previously controls could only be prescribed via written prescriptions. Still requires prescribers and pharmacies to comply with the DEA rule for implementation of an eprescribe solution for controlled substances.	July 1, 2011
<b><u>HEA 1102:</u> Synthetic Cannabinoids and Salvia</b>	House of Representatives version of the same salvia and spice Bill that was passed by the Senate. Makes both substances schedule 1 controlled substances and makes illegal possession, distribution, and manufacture.	July 1, 2011
<b><u>HEA 1121:</u> Unused Medication (Pharmacy Take Back Bill)</b>	This is the Board and Attorney General's Prescription Drug Take Back Bill. It authorizes the Board to implement rules that provide a framework for pharmacies and other specified healthcare providers (i.e. – health departments) to accept back unused or expired prescription medications. The bill requires programs to follow certain destruction, security, and other protocols as designed by the Board to implement a safe program for use in their communities. The Bill gives the Board emergency rule making authority to implement the Take Back Rule and requires that there be no fiscal for the State or on law enforcement.	July 1, 2011
<b><u>HEA 1233:</u> Shingles Vaccine</b>	This Bill expands the immunization authority of pharmacists to include the shingles vaccine (herpes zoster). The authority will work the same as it does with influenza and require a physician protocol. It is only available to the age ranges permitted by the current influenza statute.	July 1, 2011
<b><u>HEA 1233:</u> Expanded Ability for Drug Therapy Protocols</b>	This Bill expands the scope of collaborative practice between physicians and pharmacists. Currently, limited collaborative practice occurs in an inpatient hospital setting, but this Bill expands that authority and allows for the physician to establish protocols that would allow pharmacists to adjust drug regimens for certain patients in other settings outside a hospital. The physician would still remain in charge and the bill requires "direct" supervision (doesn't necessarily require onsite or line of sight supervision) and that the medical record of the patient be available to the pharmacist at all times. ❌	July 1, 2011

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### Notes from the Director, Phil Wickizer

### **Senate Enrolled Act 363: Criminal Background Checks of Licensed Professionals**



Prior to adjourning the 2011 Legislative Session the Indiana General Assembly passed Senate Enrolled Act 363 titled **Criminal Background Checks of Licensed Professionals**. This Bill requires individuals obtaining licensure in certain healthcare professions to obtain a national criminal background check prior to being given a license.

This Bill came about a year ago as a result of media investigations that took place here in Indiana and across the country revealing that many licensed professionals were actively practicing a healthcare profession despite having been convicted of crimes that had a direct bearing on their ability to practice safely. Specifically, the media uncovered and reported multiple instances where nurses were practicing on active unencumbered licenses and had knowingly failed to disclose their past convictions.

Their crimes ranged from theft

and drug/substance abuse to malpractice, license discipline, and more severe crimes, all of which, if properly disclosed, would have potentially had a direct bearing on their ability to obtain a license, and more importantly, their ability to practice safely to the public.

In response, investigations were conducted in multiple states and by the Federal Agency that oversees the National Practitioner Data Bank to review what was reported, what was disclosed by individual applicants, and what action should have been taken as a result of the applicant's convictions. The goal was to help ensure that licensed professionals were safe and competent to practice and that individuals that posed a danger to patients and consumers generally were actively monitored and/or removed from practice if necessary.

Given the nature of the majority of healthcare related jobs (both with respect to access to private health information and the level of personal care expected), there is an assumption (perhaps naïve) that because these individuals are licensed and monitored by the individual state licensing boards that they are competent and safe to practice at all times and pose

no harm to the patients they serve and the public generally.

In many states (but previously, not Indiana), individuals seeking to obtain licensure are required to submit to criminal background checks as a prerequisite to licensure, and there were tools in place to protect the public and manage the risk associated with licensees with criminal records. Yet, still in many of those states there are no explicit mechanisms for reviewing those background checks or taking action on information uncovered as a result of a background check.

Here in Indiana, until this Bill, we did not require initial applicants to undergo a criminal background check. Rather, we required them to answer a series of questions and sign an affidavit attesting to the truth of those assertions. We are (were) what is referred to as a self disclosure state. Our Boards have always been empowered to revoke, deny, or suspend a license on the basis of a criminal conviction, but we always relied on self reporting or referrals of convictions. In the event a past conviction was uncovered that was not disclosed, we've always had the ability to actively discipline

*Notes from the Director. (cont. from page 4)*

## Useful Pharmacy Links

[BOP Homepage](#)

[INSPECT](#)

[Report Theft or Loss of Controlled Substance](#)

[Board Meeting Dates](#)

[Board Minutes and Agenda](#)

[Pharmacy Laws and Regulations](#)

[Indiana Code and the Indiana Administrative Code](#)

[Office of the Attorney General](#)

[License Litigation Search](#)

[NABP](#)

the existing license. This Bill changes that process in that we will no longer rely on self disclosure alone, but be required to review the results of an actual background check before we decide to issue a license. Accordingly, this Bill requires an administrative process that will evaluate individuals with criminal records to determine eligibility for licensure.

While the majority of process details still remain to be addressed in an MOU required by the Bill between the Indiana State Police and the Indiana Professional Licensing Agency, the General Assembly laid out the general framework required to obtain a healthcare related professional license. Effective July 1, 2011, all applicants seeking initial licensure will be required to submit to finger printing and a national criminal background check by the Indiana State Police (this is the background check that utilizes the criminal history record system of the Federal Bureau of Investigation).

The individual applicant will be responsible for the cost of the background check in addition to any of the usual costs associated with obtaining their license (the fees will be separate and be paid separately to different agencies). The results of the background check will be shared with the Indiana Professional licensing Agency

– in our case, with the Indiana Board of Pharmacy specifically – and after that, only confidentially with the appropriate government agencies and law enforcement entities listed in statute. If the background check evidences a prior criminal history, the Board will then have the discretion to determine whether or not the crime has a current and direct bearing upon the ability of the individual to practice safely to the public and to determine whether a license should be granted or denied (i.e., a Board may still grant a license even if an individual has a criminal conviction on their record if they determine that the individual is safe, competent, and no longer a threat to the public as a result of their conviction).

The Bill also allows each board to perform a random audit and selection of currently licensed individuals during the renewal process and require them to submit to a background check in order to renew their license. Practically speaking, it has not been decided how this component of the bill would be implemented.

As of publication of this document, we have determined that the Bill will impact initial licensure for all pharmacist and pharmacy technicians (including all tech-in-training applicants). It will NOT include facilities or pharmacist interns (who would

still have to obtain a background check when submitting their pharmacist licensure application upon graduation). As we continue to evaluate the Bill and work out the details with the Indiana State Police for conducting background checks and sharing the information, we will update our website, applications, Facebook Page, and this newsletter with additional details and information.

In the meantime, for more details about this Bill, please refer to the General Assembly's website, where you can read in detail the Bill Digest, the actual changes made to law, and the respective amendments and votes. Please see:

[http://www.in.gov/apps/lisa/session/billwatch/billinfo?year=2011&session=1&request=getBill&doctype=SB&docno=0363#latest\\_info](http://www.in.gov/apps/lisa/session/billwatch/billinfo?year=2011&session=1&request=getBill&doctype=SB&docno=0363#latest_info) 

**Ever Wonder Just What Those Acronyms Mean?****NABP**

National Association of Boards of Pharmacy

**NAPLEX**

North American Pharmacist Licensure Examination

**MPJE**

Multistate Pharmacy Jurisprudence Examination

**VAWD**

Verified-Accredited Wholesale Distributors

**VIPPS**

Verified Internet Pharmacy Practice Sites

**DMEPOS**

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Accreditation

***Compliance Calling, Zaneta Nunnally, Compliance Officer-West Importance & Requirement for Reporting Controlled Substances Theft/Loss in Indiana***

Recently, the Board website was updated to provide information on how licensed facilities can and should report thefts and/or losses of controlled substances. There are both Federal and State laws that require licensees to report this information to both the Board and the Drug Enforcement Administration (DEA). Under Federal law, every DEA registrant is required by 21 CFR 1301 to report any significant losses or thefts of controlled substances upon its discovery (21 CFR 1301, **Reports by Registrants of Theft or Significant Loss of Controlled Substances**). Indiana statute also requires that the licensee notify the Indiana Board of Pharmacy immediately in writing of any losses or theft of controlled substances regardless of quantity. As a result, this has led to some confusion by facilities as to which reporting requirement is correct, to what law to follow, and what agency to report losses.

Both requirements are correct when reporting loss or theft of controlled substances, however there is one major difference that should be clarified thus hopefully

preventing any future confusion. Generally speaking, the DEA wants to know about only significant losses while the Board needs to know about all losses (that is, the Board has heightened requirements). However, to save time for licensees, the report submitted to DEA can also be submitted to the Board, and in the event a report is not submitted to the DEA, a report that would otherwise be substantially similar to the one submitted to the DEA can be submitted to the Board.

Recently, the DEA has become aware of registrants filing a DEA Form 106 to document minor losses or inventory discrepancies which led to unnecessary amount of filings. As a result, DEA clarified that an online DEA Form 106 or initial notification should only be used to report significant losses or thefts of controlled substances. Any registrants filing a DEA Form 106 should determine in each instance what constitute a "significant" loss. DEA states that a registrant should consider the following factors:

- (1) *The actual quantity of controlled substances lost in relation to the type of business;*
- (2) *A pattern of such losses, and the results of efforts taken to resolve them; and, if known,*
- (3) *Local trends and other indicators of the diversion*

*potential of the missing material.*

Specific questions which a registrant should ask to identify whether a loss is significant include, but are not limited to:

- (1) *Has a pattern of loss been identified? Would this pattern result in a substantial loss of controlled substances over that period of time?*
- (2) *Are specific controlled substances being lost, and do the losses appear to be random?*
- (3) *Are the specific controlled substances likely candidates for diversion?*
- (4) *Can losses of controlled substances be associated with access to those controlled substances by specific individuals? Can losses be attributed to unique activities which may take place involving the controlled substances?*

In turn, Indiana law requires that every licensee report all losses or thefts of controlled substances, regardless of quantity, reported on the DEA Form 106 or a similar letter explaining each occurrence. Furthermore, the Indiana Board of Pharmacy requires that upon completion of any investigation it be notified of the outcome. This includes whether controlled substances were recovered or not, and whether any legal actions were taken against the individuals

### How to print out your new license!

1. Go to <http://www.bop.in.gov>
2. On the top right, click on the link that says "Purchase License Card". That will take you to the login screen.
3. Login using your license number for your LOGIN ID, and the LAST 4 DIGITS of your SSN.
4. Once logged in, you can click the link for "Renew your license" if you would like to renew or click the link to "Order license" if you would like to get your free paper printout or blue card.
5. If you are renewing, follow the instructions on the screen to renew
6. If you are ordering a license card, click "continue" next to your license. This will take you to the online ordering screen.
7. You will have two options at this screen: 1. Free Paper Certificate Printout, 2. License w/expiration Date. If you would like to do the free paper printout, choose that option. If you would like to order a blue card, select license w/expiration date. *\*Please note, there is a charge of \$13.77 if you chose to order a blue card.*
8. In the Quantity Requested field, input 1.
9. Click Add to Shopping Cart.
10. Click NEXT STEP – Checkout.
11. If you chose the free paper printout option, you may print as many copies as you need. If you chose to order a blue card, you will be prompted for your credit card information. Enter your credit card information and submit and your blue card will be mailed to you.

Contributed by Andre Phillips

*Compliance Calling. (continued from page 6)*

involved (customer or employee).  
Accordingly, where appropriate, please submit a copy of the filed DEA Form 106 along with any additional documentation to the Indiana

Board of Pharmacy by faxing 317.233.4236, e-mail to [pla4@pla.in.gov](mailto:pla4@pla.in.gov), or by mailing to 402 W Washington Street Rm. W072, Indianapolis, Indiana, 46204. As always, if you have questions concerning whether

or not you need to be filing a report with the Board or reaching out to other law enforcement agencies, please do not hesitate to contact your Indiana Board of Pharmacy Compliance Officer. We are to help! 📧

### FAQ: Asked and Answered

**Q: I am graduating from my Pharmacist program and I want to test for my license in another state. How do I get my intern hours transferred?**

A: To request verification of intern hours to another state's Board of Pharmacy, simply provide us with a letter of request for verification of intern hours on file with a \$10.00 fee (check or money order). Generally, the hours verification letter will be sent to the intern's address of record; however, the hours can be sent to another location upon request. For example, some states want verification information sent directly from the verifying state Board of Pharmacy to the receiving Board of Pharmacy rather than the intern sending this information. A separate fee and request letter is required for each verification request.

**Q: I want to test for my Pharmacist license in another state and have my test scores reported to Indiana. How do I make that request?**

A. Indiana requires that all Pharmacist candidates seeking initial licensure must take the [MPJE](#). However, we do accept score transfers for the [NAPLEX](#) with a passing score of 75 or better.

Now, to the procedure for score transfer, the Pharmacist candidate must apply to test with Indiana by completing the Pharmacist Application and providing the \$100.00 check or money order fee. In the section of the application that requests which tests are to be taken, check the "MPJE" and "score transfer." Once the application is accepted as complete, an approval for testing notice is emailed to the candidate. When registering for testing with the [NABP](#), it is critical to indicate score transfer to Indiana at the time of registration, otherwise the NAPLEX score will post only to the primary state.

**Q: How long will it take to get my score results after I test?**

A. Generally, the Board estimates that the whole process can take 20 days after

the test(s) are taken. However, Pharmacy School graduations in May generate significant increases in the testing volume, which can slow the testing process. While every effort is made to process posted test scores as soon as possible, keep in mind our processing timeframes allow up to 10 business days to process scores and send notifications. Last, note that we are prohibited from giving test scores over the phone under any circumstances. However, NABP does provide a service whereby a pharmacist test candidate can get test score information prior to hearing from the Board. You can visit [www.nabp.net](http://www.nabp.net) for additional information.

\* \* \* \* \*

If you have questions you would like to see published here, or comments on this article, you can submit a request to the following email address:

[pla4@pla.in.gov](mailto:pla4@pla.in.gov) : Subject – Newsletter. 📧

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