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Iowa Board of Pharmacy News

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Board Mission

The Iowa Board of Pharmacy promotes, preserves, and protects the public health, safety, and welfare through the effective regulation of the practice of pharmacy and the licensing of pharmacies, pharmacists, and others engaged in the sale, delivery, or distribution of prescription drugs and devices. Iowa Code §155A.2(1).

Outreach Efforts to Iowa Pharmacists and Technicians – Evening Dinner Meetings

Pharmacy Outreach

The Board is pleased to announce that it is initiating a new program to reach out to all Iowa pharmacists and technicians. As part of this effort, the Board will be holding a series of meetings across the state during the last half of 2011. The purpose of the meetings is to engage Iowa pharmacists and technicians in meaningful dialogue to learn what their concerns are and what they need help with. The Board will also use these meetings as an opportunity to educate pharmacists and technicians about changes in laws and rules, as well as issues that the Board is dealing with. Meetings will be held from 6 PM to 9 PM, beginning with dinner and ending with a "townhall" type meeting. The meetings will focus on and encourage audience participation. Meetings will be held as follows:

- Tuesday evening, **September 13, 2011,** at the Blank Park Zoo in Des Moines
- Thursday evening, **October 13, 2011,** in Council Bluffs
- Thursday evening, **November 10, 2011,** in Iowa City

Meeting venues for Council Bluffs and Iowa City have not yet been selected and will depend on the number of persons who register to attend the dinner meetings. There will be no registration fee. However, reservations are required and attendees need to register at least two weeks prior to the meeting. Any pharmacist or technician who wishes to attend one of the meetings should send an e-mail to the Board office to Becky Hall at rebecca.hall@iowa.gov. E-mails should include the attendee's full name and address, indicate whether the attendee is a pharmacist or a technician, and indicate which meeting he or she wishes to attend. The Board office will confirm all meeting reservations and provide attendees with detailed meeting information. These meetings will be limited to the first 300 persons who register for each location. The Board will award 1.5 hours of continuing education (non-ACPE) for this meeting.

Other Outreach Efforts

In addition to the dinner meetings referred to above, the Board will also utilize other outreach methods. Beginning in mid-2011, the Board will send electronic opinion surveys to Iowa pharmacists on various issues relating to practice issues, regulatory issues, and the use of licensing and registration fees collected by the Board. The Board will increase the use of its Web site and RSS feeds, as well as direct e-mail alerts and broadcasts. In addition, the Board will explore innovative ways to better communicate with licensees and registrants, including the use of various forms of social media such as Facebook, Twitter, and Google. The Board believes that improved and more frequent communication with the pharmacy community will be beneficial to all.

Board Receives National Award

The Iowa Board of Pharmacy was awarded the Fred T. Mahaffey Award by the National Association of Boards of Pharmacy® (NABP®) at the NABP 106th Annual Meeting in Anaheim, CA, on May 25, 2010. The Board was recognized for its efforts to combat the illegal distribution of drugs via the Internet and also for its efforts to reclassify marijuana as a Schedule II controlled substance. Vern Benjamin, RPh, accepted the award on behalf of the Board. The award is given for exceptional contributions to the protection of the public health and welfare and furthering the mission of NABP. The award plaque is now on permanent display at the Board office. The Board thanks NABP for this prestigious honor.

Pharmacists Provide Feedback at APhA: 'It's About Time! What a Great Tool'

Since the March 2011 launch of the new CPE Monitor™ service, more than 10,000 pharmacists and technicians have created their National Association of Boards of Pharmacy® (NABP®) e-Profile and obtained their permanent identification number. In its effort to educate licensees, NABP answered questions about CPE Monitor during the American Pharmacists Association (APhA) Annual Meeting and Exposition on March 25-28, 2011, in Seattle, WA, in which pharmacists shared with NABP staff positive feedback about the new service. Visitors to the booth noted that they are looking forward to using the new tool to track their continuing pharmacy education (CPE).

Beginning in the latter part of 2011, the CPE Monitor service will allow pharmacists and technicians to easily track their Accreditation Council for Pharmacy Education (ACPE)-accredited CPE credits. The service will also provide a streamlined reporting and compliance verification process for participating state boards of pharmacy, a capability scheduled for availability in 2012. In the latter part of 2011, the e-Profile ID and birth date (MMDD) will be required to receive credit for any CPE activities taken from ACPE-accredited providers. Providers will ask CPE participants to provide the ID either when registering for CPE or when submitting participation data to the provider.

Pharmacists whose names have changed since the last time they interacted with NABP will need to go through the name change process before beginning their CPE Monitor registration. Name changes can be made in the licensee's NABP e-Profile by submitting a photocopy of the document granting your name change and completing the correct NABP name change form. These downloadable forms are available on the NABP Web site at *www.nabp.net/programs/cpe-monitor/cpe-monitor-service* in the frequently asked questions section. One form pertains to those who have had their name change granted by a United States government agency, and the other form pertains to those who have had their name change granted by a foreign government agency. In addition to the form, licensees must submit a photocopy of the documentation noting the name change, which includes marriage license or certificate, divorce decree, or court ordered name change document.

Pharmacists and technicians may access additional information about CPE Monitor in the Programs section on the NABP Web site at *www.nabp.net/programs* or at *www.MyCPEmonitor.net.* CPE Monitor is a collaborative effort between NABP, ACPE, and ACPE providers.

Protecting Yourself from Identity Theft

Being asked for your Social Security number (SSN) when applying for a loan or credit card, or even when setting up an account with a business for a service, is now commonplace. With this increased use of SSNs comes the increased risk of identity theft, and reputable businesses have been diligent in taking measures to implement security protocols to protect their customers.

Although some may believe that non-governmental organizations are prohibited from obtaining SSNs, in fact there is no law banning private organizations, such as NABP, from collecting this information. In recent years, a federal government task force recognized the importance of SSN use by private entities and preservation of such use. In addition, many states' laws specifically permit private entities to collect and use individual SSNs for purposes of application and enrollment processes, to confirm SSN accuracy, or for internal verification or administrative purposes.

For many decades, NABP has supported the boards of pharmacy in their licensure processes and the Association adheres to state and federal laws when collecting SSNs for purposes of internal data verification and board of pharmacy licensure processes. In addition, NABP has high security protocols and utilizes required technologies and protections, including encryption technologies, to protect sensitive information.

Some pharmacists have asked about using the National Provider Identifier (NPI) number from the Centers for Medicare & Medicaid Services (CMS) as an alternative to providing their SSN. However, applying for an NPI number requires candidates to disclose their SSN to CMS, and may not address candidate concerns about providing their SSN to third parties. In addition, this excludes pharmacy technicians, who are not eligible for an NPI number.

A verification process using the SSN is the best way for organizations like NABP to help ensure the accuracy of data within its systems. NABP collects and reports data such as examination scores and continuing education records to the boards of pharmacy and having incorrect data could create serious adverse consequences for licensees. The use of the full nine-digit SSN, along with other demographic information such as license number(s), will help NABP internally verify that each profile created within its systems is unique, contains accurate information, and will match state board licensure records. The SSN is not used for any other purposes and is not shared with other entities except for the purposes of delivering requested services.

Reputable organizations use secure collection, storage, and disposal procedures, such as SSL encryption, access restriction and monitoring, firewalls, and shredding to protect customers information and thwart would-be hackers and identity thieves. Nevertheless, understanding how identity thieves steal your information will help you protect yourself from identity theft. According to the Social Security Administration thieves acquire your personal information by:

- Stealing wallets, purses, and your mail (bank and credit card statements, pre-approved credit offers, new checks, and tax information);
- Stealing personal information you provide to an unsecured site on the Internet, from business or personnel records at work, and personal information in your home;
- Rummaging through your trash, the trash of businesses, and public trash dumps for personal data;
- Posing by phone or e-mail as someone who legitimately needs information about you, such as employers or landlords; or
- Buying personal information from "inside" sources. For example, an identity thief may pay a store employee for information about you that appears on an application for goods, services, or credit.

Contaminated TPN Spurs ISMP Call for Action

In response to the infections of 19 Alabama patients by contaminated total parenteral nutrition (TPN), the Institute for Safe Medication Practices (ISMP) called upon Food and Drug Administration (FDA) to take several actions, including collaborating with boards of pharmacy in enforcing compounding standards. An investigation led by Alabama Department of Public Health and Centers for Disease Control and Prevention (CDC) determined that a failure in a step of the sterilization process for the compounded TPN most likely led to its contamination with Serratia marcescens bacteria. Of the 19 cases of infection that resulted in Birmingham, AL, area hospitals, nine were fatal. An investigation revealed that TPN produced by Meds IV was the common source of the infections and that a container and stirrer, and a tap water spigot at Meds IV are likely the sources of the bacteria. The product was recalled by Meds IV on March 24, 2011.

ISMP has expressed support for the provision of additional resources to boards of pharmacy so that boards can survey compounding pharma-

cies to enforce compliance with United States Pharmacopeia Chapter 797 standards. ISMP also calls upon FDA to work with state boards of pharmacy to support enforcement efforts and to provide guidance documents for industry on relevant good pharmacy compounding practices. More information about ISMP's call for action is available in an April 7, 2011 article on the ISMP Web site at *www.ismp.org*.

ISMP Provides Strategies to Enhance Safety Procedures in Pharmacies

This column was prepared by ISMP. ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Care Edition by visiting www.ismp.org. *ISMP is a federally certified patient safety organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also an FDA MedWatch partner. Call 1-800/FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program or report online at* www.ismp.org. *ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.*

When investigating errors, look for contributing factors and then apply prevention recommendations that make sense for your organization. Use a variety of the strategies listed below to focus on system issues and human factors, to continually enhance safety procedures in your pharmacy. Share this information with colleagues at your site and within your greater organization.

Fail-safes and constraints involve true system changes in the design of products or how individuals interact within the system. For instance, when the pharmacy computer system is integrated with the cash register, a fail-safe would prevent the clerk from "ringing up" the prescription unless final verification by a pharmacist had occurred.

Forcing functions are procedures that create a "hard stop" during a process to help ensure that important information is provided before proceeding. For example, a pharmacy computer system is integrated with the cash register and requires the patient's date of birth be asked and entered at the point of sale.

Automation and computerization of medication-use processes can reduce reliance on memory. Examples include true electronic systems that can receive electronic prescriptions from a prescriber, thus eliminating data entry misinterpretation at the pharmacy and robotic dispensing devices with bar coding.

Standardization creates a uniform model to adhere to when performing various functions and to reduce the complexity and variation of a specific process. For example, create standardized processes to guide the pharmacist's final verification of a medication.

Redundancies incorporate duplicate steps or add another individual to a process, to force additional checks in the system. Involving two individuals in a process reduces the likelihood that both will make the same error with the same medication for the same patient. Examples include use of both brand and generic names when communicating medication information. Patient counseling is often an underutilized redundancy that can detect many errors.

Reminders and checklists help make important information readily available. For example, prescription blanks that include prompts for important information (eg, medication indication, allergies, patient birth date).

Rules and policies are useful and necessary in organizations. Effective rules and policies should guide staff toward an intended positive outcome. However, some may add unnecessary complexity and may be met with resistance, especially when implemented in haste in response to an error. Because their use relies on memory, they should be used as a foundation to support other strategies that target system issues.

Education and information are important tactics when combined with other strategies that strengthen the medication-use system. The effectiveness of these tactics relies on an individual's ability to remember what has been presented. Thus, on their own, they offer little leverage to prevent errors. An example of an education strategy would be having pharmacy personnel read and review policies and procedures on how to correctly perform a function such as prescription verification.

FDA Warning on Benzocaine Use

FDA has issued a warning to consumers and health care providers regarding the use of benzocaine and its association with a rare, but serious condition, methemoglobinemia. FDA also stresses that benzocaine products should not be used on children less than two (2) years of age, except under the advise of a health care provider. Methemoglobinemia results in the amount of oxygen carried through the bloodstream being greatly reduced, and in the most severe cases, can result in death. Benzocaine gels and liquids are sold over-the-counter under different brand names – such as Anbesol®, Hurricaine®, Orajel®, Baby Orajel, Orabase®, and store brands – and are used to relieve pain from a variety of conditions including teething, canker sores, and irritation of the mouth and gums. Benzocaine is also sold in other forms such as lozenges and spray solutions.

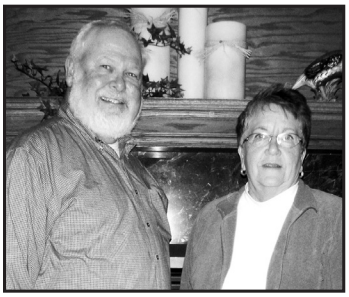
FDA notes that methemoglobinemia has been reported with all strengths of benzocaine gels and liquids, including concentrations as low as 7.5%. Further, the cases occurred mainly in children aged two years or younger who were treated with benzocaine gel for teething. Symptoms include pale, gray, or blue colored skin, lips, and nail beds; shortness of breath; fatigue; confusion; headache; lightheadedness; and rapid heart rate and usually appear within minutes to hours of applying benzocaine. Symptoms may occur with the first application of benzocaine or after additional use. FDA advises that if consumers or their children experience any of these symptoms after taking benzocaine, they should seek medical attention immediately. The FDA safety warning is available at *www.fda.gov*.

FDA Reminder About Pradaxa Storage/Handling

FDA issued a safety alert regarding special handling instructions for Pradaxa® due to concerns that these requirements are not commonly known. FDA advises that Pradaxa, an anticoagulant medication known as a direct thrombin inhibitor, should only be dispensed and stored in the original bottle or blister package due to the potential for product breakdown from moisture and loss of potency.

Specifically, FDA advises pharmacists that Pradaxa should only be dispensed in the original manufacturer bottle with the original dessicant cap. Pradaxa should not be repackaged. Patients should be advised to store the medication in the original container and avoid using pill boxes or other containers for storage. Also, once a bottle is opened, the product must be used within 30 days to ensure potency. The Pradaxa label and medication guide contain more information about these storage and handling requirements. The FDA safety alert is available on the FDA Web site at *www.fda.gov*.

Board Members Retire



Board members **Vern Benjamin, RPh,** of Argyle, IA, and **Ann Diehl, ARNP,** of Osceola, IA, retired from the Board on April 30, 2011. Vern served nine years on the Board, beginning May 1, 2002, and was chairperson of the Board from May 1, 2009, until his retirement. Ann, a retired nurse practitioner, served on the Board three years, beginning May 1, 2008. Vern and Ann were instrumental in helping the Board establish the prescription monitoring program (PMP). They also worked tirelessly to assist the Board in achieving its mission to protect the public. The Board thanks Vern and Ann for their dedicated service to the public and to the profession of pharmacy.

New Board Members

Congratulations to pharmacist **James A. Miller, RPh,** of Dubuque, IA, who was appointed to a three-year term on the Iowa Board of Pharmacy by Governor Terry Branstad effective May 1, 2011. Jim is the president of Mercy Family Pharmacy in Dubuque, IA. He is a pharmacy graduate of the University of Iowa College of Pharmacy and also has a master's degree in business administration. Jim replaces Vern Benjamin. The Board welcomes Jim and looks forward to working with him.

Congratulations to **LaDonna Mae Gratias** of Clive, IA, who was appointed to a three-year term as a public member on the Iowa Board of Pharmacy by Governor Branstad effective May 1, 2011. LaDonna is a home builder and is the owner of Gratias Construction, Inc, of Clive, IA. LaDonna replaces Ann Diehl. The Board welcomes LaDonna and looks forward to working with her.

Board Member Reappointed

Congratulations to pharmacist **Edward Maier, RPh,** of Mapleton, IA, who was reappointed to a three-year term on the Iowa Board of Pharmacy by Governor Branstad effective May 1, 2011. Ed has served on the Board since 2008, when he was appointed by Governor Chet Culver.

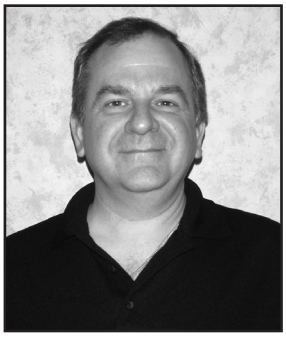
Board Officers Elected

Susan Frey, RPh, of Villisca, IA, has been elected Board chairperson for the term May 1, 2011, to April 30, 2012. Ed Maier, has been elected Board vice chairperson for the same term.

Board Rules Committee Appointed

Board Chairperson Sue Frey has appointed the following Board members to the Board's rules committee for the 2011-2012 term: **DeeAnn Wedemeyer-Oleson, PharmD, RPh, Ed Maier, RPh,** and **Mark Anliker, RPh.** The rules committee meets regularly to review the Board's administrative rules and recommend revisions that are needed due to new developments in pharmacy practice and the health care delivery system.

New Board Compliance Officer



Curtis Gerhold, RPh, of Atkins, IA, began employment with the Board as a compliance officer on January 21, 2011. Curt has been a pharmacist since 1986. He is a graduate of the University of Iowa College of Pharmacy. Curt was born and raised in the Cedar Rapids area. He worked in various retail pharmacies from 1986 to 1999, and then in long-term care pharmacy from 1999 to 2011. Curt's territory includes the following Iowa counties: Benton, Butler, Cerro Gordo, Davis, Grundy, Jasper, Lucas, Mahaska, Marion, Marshall, Monroe, Poweshiek, Tama, Wapello, Wayne, and Worth. In addition to these counties, Curt shares the city of Cedar Rapids with compliance officer **Bernard Berntsen, RPh,** and covers everything outside Cedar Rapids in Linn County. Curt receives e-mail at curtis.gerhold@iowa.gov.

Electronic Prescriptions – Requirements for Transmitting Agents

The Board office and the Board's compliance officers regularly receive questions regarding what is required when a prescriber utilizes an agent to communicate a new or refill prescription order to a pharmacy. To clarify this matter for all concerned, the Board's rule is provided below, with requirements for transmitting agents highlighted.

657—IAC 8.19 Manner of issuance of a prescription drug or medication order. A prescription drug order or medication order may be transmitted from a prescriber to a pharmacy in written form, orally including telephone voice communication, or by electronic transmission in accordance with applicable federal and state laws and rules. Any prescription drug order or medication order provided to a patient in written or printed form shall include the original, handwritten signature of the prescriber except as provided in rule 657—21.7.

8.19(1) *Verification.* The pharmacist shall exercise professional judgment regarding the accuracy, validity, and authenticity of any prescription drug order or medication order consistent with federal and state laws and rules. In exercising professional judgment, the prescribing practitioner and the pharmacist shall take adequate measures to guard against the diversion of prescription drugs and controlled substances through prescription forgeries.

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8.19(2) ***Transmitting agent.*** The prescribing practitioner may authorize an agent to transmit to the pharmacy a prescription drug order or medication order orally or by electronic transmission provided that the name of the transmitting agent is included in the order.

a. New order. A new written or electronically prepared and transmitted prescription drug or medication order shall be manually or electronically signed by the prescriber. If transmitted by the prescriber's agent, the **name and title** of the transmitting agent shall be included in the order [emphasis added].

b. Refill order or renewal order. An authorization to refill a prescription drug or medication order, or to renew or continue an existing drug therapy, may be transmitted to a pharmacist through oral communication, in writing, or by electronic transmission initiated by or directed by the prescriber.

(1) If the transmission is completed by the prescriber's agent and the name and title of the transmitting agent is included in the order, the prescriber's signature is not required on the fax or alternate electronic transmission [emphasis added].

(2) If the order differs in any manner from the original order, such as a change of the drug strength, dosage form, or directions for use, the prescriber shall sign the order as provided by paragraph *"a."*

The Board is currently proposing to change the existing rule to clarify the requirement that the **first and last name** of the transmitting agent be included on all prescriptions transmitted to the pharmacy by a prescriber's agent.

Update on e-Prescribing of Controlled Substances

The Board has proposed the following administrative rule regarding the electronic prescribing of controlled substances:

657 IAC—21.7(1) *Controlled substances.* A prescription for a controlled substance prepared pursuant to this rule may be transmitted to a pharmacy via facsimile transmission as provided by rule 21.9(124,155A) or rules 21.12(124,155A) through 21.16(124,155A). The transmitted prescription shall include the prescriber's original signature or electronic signature. ***A prescription for a controlled substance may be transmitted by a prescriber to a pharmacy via electronic transmission pursuant to DEA [Drug Enforcement Administration] requirements for electronic prescribing of controlled substances*** **[emphasis added].** Both the prescriber's electronic prescription application and the pharmacy prescription application shall be certified compliant with DEA regulations for electronic prescriptions. An electronically prepared prescription shall not be electronically transmitted to the pharmacy if the prescription has been printed prior to the electronic transmission. An electronically prepared and electronically transmitted prescription that is printed following the electronic transmission shall be clearly labeled as a copy only, not valid for dispensing.

Please watch the Board's Web site for further information regarding the adoption of this rule and its eventual effective date. Please visit DEA's Web site to learn more about DEA requirements for electronic prescriptions for controlled substances: *www.deadiversion.usdoj.gov/pubs/manuals/pharm2/pharm_content.htm*.

Iowa Prescription Monitoring Program Update

The PMP is proving to be a very successful health care tool for prescribers and pharmacists in Iowa. As of June 27, 2011, 2,597 prescribers and 1,108 pharmacists have registered to use the program. The number of data queries by prescribers grew by 164% between 2009 and 2010, from 16,806 queries in 2009 to 44,442 in 2010. The number of queries by pharmacists grew by 40% during the same time period, from 5,703 queries in 2009 to 7,988 in 2010. The PMP is showing significant increases in the use of controlled substances in Iowa. Since January 1, 2008, the number of patients receiving Schedule II medications increased from 182,755 to 297,424 (a 63% increase). The number of total prescriptions for controlled substances grew by 9.4% between 2008 and 2010. The number of total doses of controlled substances dispensed grew by 8.6% during the same time period. This mirrors the 8.8% increase seen in the number of prescriptions issued for hydrocodone from 2008 to 2010. The program is successfully reducing the incidence of patients who utilize multiple pharmacies and multiple prescribers to obtain controlled substances. The number of patients who received controlled substances from five or more prescribers or pharmacies decreased by 39% between 2009 and 2010, from 3,293 incidents to 2,016. This downward trend is continuing in 2011.

Top 10 Controlled Substances in Iowa by Number of Prescriptions: January 1, 2011 to June 27, 2011

Controlled Substance	No. of Prescriptions	Doses Dispensed	Approx. Doses/Rx
Hydrocodone	577,040	34,389,850	60
Alprazolam	202,094	2,549,245	15
Zolpidem	186,481	5,510,431	30
Oxycodone	143,645	11,144,849	80
Lorazepam	135,752	7,210,854	50
Clonzepam	122,545	7,182,716	60
Methylphenidate	113,202	5,691,021	50
Amphetamine	112,129	5,423,003	50
Codeine	64,802	3,704,192	60
Phentermine	37,753	11,183,387	300

Please note that the ranking of the top 10 controlled substances in Iowa during the first half of 2011 is different if ranked by the number of doses dispensed. Under that ranking, the drug phentermine is No. 2. This is the first time that phentermine has made the "top 10" since the PMP program began collecting data retroactive to January 1, 2008.

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During the 2011 legislative session, Iowa law was amended to remove the sunset provision, which would have ended the program on June 30, 2011. The law was also changed to allow authorized agents of prescribers and pharmacists to register to access data in the PMP when authorized by Board administrative rules. This change will not take effect until approximately January 1, 2012, after rules are adopted by the Board.

The Iowa Board of Medicine adopted a new rule effective June 3, 2011, which encourages physicians to use the PMP database when treating chronic pain patients with controlled substances, if the physician believes the patient is at risk of drug abuse or diversion. The rule is codified at 653 IAC—13.2(7).

Fifty-Year Pharmacists

The Board congratulates the following 23 Iowa pharmacists who were originally licensed in 1961, have continuously maintained their Iowa pharmacist license, and have devoted a half-century of service to the public and the profession:

John Biller ..... LaCrescent, MN
Ellene Deets ..... Orange City, IA
Ronald Dorris ..... Edmond, OK
Loren Eitreim ..... Evergreen, CO
Thomas Flack ..... Ames, IA
Gary Ford ..... Des Moines, IA
Melvin Galbraith ..... Arnolds Park, IA
Jim Hopkins ..... LeMars, IA
Alan Harris ..... Phoenix, AZ
Sylvia McCalla ..... Billings, MT
Larry McGonigal ..... Dexter, MO
Edwin McLuen ..... Indianola, IA
James Obrecht ..... Ames, IA
Ronald Poublon ..... Sun City, FL
Robert Richeson ..... Camanche, IA
James Spratt ..... West Des Moines, IA
Larry Sharpe ..... Bettendorf, IA
Richard Thomsen ..... Waverly, IA
Donald Unash ..... Cedar Rapids, IA
Lucien VanElsen ..... Brookfield, WI
Jan Wenger ..... Cedar Rapids, IA
Dennis Ward ..... Des Moines, IA
Richard Watkins ..... Independence, IA

Board Meeting Calendar

The following meeting dates have been set for future Board meetings:

- September 13-14, 2011, in Des Moines
- November 9-10, 2011, in Iowa City

Meeting agendas will be posted on the Board's Web site. Dates are subject to change. Please check with the Board office at 515/281-5944 to confirm.

Board Web site

Please visit the Board's Web site at *www.state.ia.us/ibpe/.*

The *Iowa Board of Pharmacy News* is published by the Iowa Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

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