maryland Board of Pharmacy

The mission of the Maryland Board of Pharmacy is to protect Maryland consumers and to promote quality health care in the field of pharmacy through licensing pharmacists and issuing permits to pharmacies, distributors and manufacturers; setting standards for the practice of pharmacy through regulations and legislation; and receiving and resolving complaints. The Maryland Board of Pharmacy sets standards that ensure safety and quality health care for the citizens of Maryland.

Maryland Board of Pharmacy
4201 Patterson Ave.
Baltimore MD 21215-2299
410-764-4755
www.mdbop.com

President's Address

Stanton G. Ades, President

On behalf of the Maryland Board of Pharmacy, I am pleased to present its first in-house produced newsletter. The National Association of Boards of Pharmacy (NABP) produced the Board's newsletters for several years. However, the information provided by NABP left little room for the Maryland Board to cover all of the areas of information needed to insure a well-informed profession. With the addition of its new Public Education Officer, Joan (pronounced Jo Ann) Lawrence, the Board now has sufficient resources to produce its own quarterly publication.

Inside each issue you will learn about current activities and topics with which each of the Board's program units are dealing; up-to-date reports about the work of standing committees, such as the licensing and practice committees; status reports from special-appointed committees, like the medications errors and unlicensed personnel committees; and articles of special interest related to such topics as drug therapy management, discount prescription cards, all the acronyms - MHCC, HIPAA, HIPDA - as well as other important issues as they develop. In addition, we will present regular columns like *Best Practices* and *Frequently Asked Questions*. We will continue to provide information covered by national organizations and insure that relevant issues are covered.

Finally, you will gain a bird's eye view of the Board. We will introduce you to board members and staff, and share many of the continuous improvements in which the Board will be engaging to ensure consumer protections and serve licensees and permit holders, better. The Board is pleased to have developed new resources to enhance communications with its customers. You are invited to contact us online or through the postal service with your comments, suggestions for articles, questions, or simply to compliment our efforts.

Privacy Policy

Public Information Act Notice

The following disclosure will be included in all license application forms and renewal forms to inform licensees of how the information collected by the Board is used.

This notice is given by the Maryland Board of Pharmacy to comply with State Gov't Art., 10-624 (as amended by Chapter 4, Acts 2000, effective October 1, 2000).

The information collected on the license application form and license renewal form is collected for the purposes of the Board's functions under the Md. Health Occ. Code Ann., Title 12. Failure to provide the information may result in the denial of your application for an initial or renewed license. You have a right to inspect, amend, and correct this information. The Board may permit inspection of this information, or make it available to others, only as permitted by federal and State law. The Board may sell or provide a list of licensees' names and addresses or professional associations and other entities. Under the Maryland Public Information Act, Md. State Gov't Code Ann. 10-617, you may request in writing your name be omitted from such lists.

Please mail requests to Joan Lawrence, if you desire your name to be omitted.

From the Executive Director's Desk

LaVerne G. Neasea, Executive Director

These are exciting times at the Board of Pharmacy. In addition to producing this, informative, Maryland-focused newsletter, the Board has been improving in all areas of operations.

Take for example the Board's standing committees.

The Practice Committee, led by Chairperson Dr. Ray Love, has worked on more than thirty (30!) sets of regulations in the last two years - ranging from Outsourcing, Code of Conduct, Portable Drug Kits, and Record of Drug Inventory Acquisitions.

Wayne Dyke led the Board's Licensing Committee through several months of reviewing the feasibility of turning the Laboratory Examination into a paper exam, while also reviewing continuing education requirements. Reports on the final outcomes of both these efforts will be discussed in a later issue.

This newsletter is an example of the hard work in which the Public Relations Committee, led by consumer member, Barbara Faltz-Jackson, is engaged.

President Stanton Ades is chairing the workgroup convened to develop Drug Therapy Management regulations. All of the stakeholders (BPQA, Med-CHI, EPIC, MPHA, U Of M and many others) are at the table with key legislators to resolve differences and prepare statutory language that meets the needs of professionals, and most importantly, Maryland consumers. The Medication Errors Committee, under the careful guidance of Donald Yee and Jeanne Furman, has made in-roads into addressing several fundamental problems related to patient safety (read about it in this issue).

In less than two years, the Board has built a website which allows; access and downloading capabilities for all licensing applications. Within the next year or so, the site will allow licenses and permits to be renewed on-line.

Visit the Board's web site (www.mdbop.com) today to learn how it can:

- Provide up-to-date information about the Board and pharmacy related events,
- Link visitors to other related sites (providing access to such sites as the State statutes and regulations),
- Verification of licenses and permits,
- Accept inquiries and complaints to be filed and perform numerous other functions on-line.

The Board's strategic plan vision is to become a seamless system of professional supports, consumer protections and public services, which insures continuous high quality health care in the field of pharmacy. Is there more for the Board to do? Yes there is!

Celebrate National Pharmacy Week

October 21 thru 27th

The Maryland Board of Pharmacy encourages all pharmacies and pharmacists to participate in pharmacy week. Below are suggestions for activities you can plan that will attract patients and raise awareness of the need for consumers to practice safe prescription and over-the-counter drug use. As part of your staff recognition program, this event can also add spirit to your workplace and strengthen employee morale.

How will you celebrate National Pharmacy Week within your pharmacy? Consider making the following activities part of your celebration:

- Create room for an exhibit, such as a "questions and answers about your medicines" table or booth.
- Use a special message promoting National Pharmacy Week when you answer your telephones.
- Organize a "Brown Bag" medicine review program in your community. This program invites patients to bring all their medicines in a bag and discuss them with their pharmacists. Patients are advised about medicines, possible harmful interactions, and other safety methods.
- You may want to include photos of the staff pharmacists in your facility.
- Spread the word about pharmacy week in your facility Newsletter. Include information about what pharmacists do and how they can help patients with their drug therapy regimens.
- Organize a medicine information and education display at your practice site.
- Decorate your pharmacy with banners, posters and balloons celebration National Pharmacy Week.
- Give away free literature and samples.
- Recognize pharmacy technicians on National Pharmacy Technician Day, always the Tuesday of National Pharmacy Week.

The Board of Pharmacy will recognize pharmacies that participate during National Pharmacy Week with a certificate of appreciation; acknowledgements in the newsletter and information about the event will be placed on the Board's web site.

Please forward us date and time of the event, location, contact and promotional information. After the event send to us by November 15th, 2001: pictures (2-3), the number of consumers who attended and a summary of what was achieved.

Send your information to: Joan Lawrence, "Pharmacy Week," Maryland Board of Pharmacy,

4201 Patterson Avenue, Baltimore, MD 21215-2299. Tel: 410-764-4755; Fax: 410-358-6207; Email: jlawrence@dhmh.state.md.us

Medication Error Task Force

The Medication Error Task Force has forwarded recommended strategies to the Maryland Board of Pharmacy to address the problem of medication errors. The Board examined and considered each of the strategies and is now in the process of implementing those strategies that the Board decided to undertake at this time. The following highlights some of the Board's current initiatives.

1. Patient Education- The Public Relations Committee of the Board is developing a brochure aimed at consumers to educate and inform them of their role in medication safety and error prevention.

2. Practitioner Education- The Board of Pharmacy newsletters and website will contain educational information as well as links to other websites or organizations with material to aid them in evaluating their practices and redesigning their systems to reduce medication errors.

3. Disciplinary Committee - The Disciplinary Committee has implemented and will continue to expand upon informal meeting processes involving practitioners and permit holders. The process is designed to analyze the contribution of system weaknesses in the commission of errors and develop an action-plan for system changes that will minimize the possibility of a similar error happening again.

4. Regulations- The Medication Error Task Force along with the Practice Committee of the Board, is drafting proposed regulations for Medication Safety which include:

- Requiring patient education on the patient's role in preventing medication errors.
- Requiring that permit holders ensure that their staff receives annual education and training on their role in preventing medication errors.
- Requiring permit holders to have a documented quality assurance program that includes a process to identify, investigate and prevent medication errors, as well as policies and procedures for minimizing the potential for medication errors involving "high alert" medications.

The Medication Error Task Force believes that, in order to require the reporting of errors by practitioners in non-institutional settings, records relating to quality assurance programs must be protected from discovery in civil proceedings. Legislation is required to provide this legal protection and allow the implementation of effective quality assurance programs.

Members of the Medication Error Task Force and the Board of Pharmacy have taken part in collaborative efforts with other organizations and professional boards in an effort to share information as well as to gain additional insight into the problem of medical and medication errors. The Maryland Board of Pharmacy is participating in the Maryland Patient Safety Steering Committee, which was convened to serve as the advisory board to the Maryland Health Care Commission. Maryland House bill 1274(Patients' Safety Act of 2001) required the HCC to make a report to the General Assembly after studying the feasibility of developing a system for reducing the incidences of preventable adverse medical events in this State, including, but not limited to, a system of reporting such incidences. For more information on the activities of this committee, visit website—www.marylandpatientsafety.org

The Board of Pharmacy will continue to move forward with the strategies outlined above. Watch for updates in upcoming newsletters, or check out our website— www.mdbop.com

Licensing - Practical Exam

License by examination in Maryland has historically included an evaluation of practical skills through wet lab testing. In recent months, the licensing committee has examined alternative methods of satisfying the practical component requirement. One alternative involving a written test of practical knowledge was recently piloted to a sample group of pharmacists. Board members who developed the pilot and who routinely proctor the web lab examination reviewed results of the test.

The recommendation at this time is to continue with the wet lab exam but in a modified format that will streamline the exam for the candidates and include written questions in addition to the required compounding. The exam was most recently modified to include an I.V. preparation.

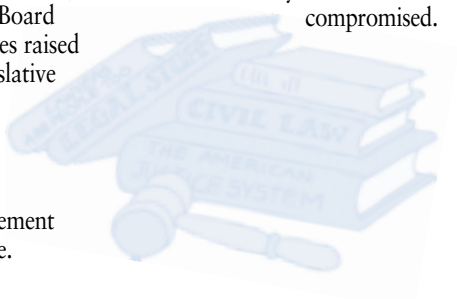
The wet lab exam will continue to be offered by the Board three (3) times per calendar year.

Legislative Updates

Drug Therapy Management and Cooperative Procedures

The Maryland Board of Pharmacy continues to sponsor a Drug Therapy Management and Cooperative Procedures Work Group, which are addressing issues related to Senate Bill 772 from the 2001 Maryland legislative session. The Board hopes to resolve issues raised during the 2001 legislative session and during Work Group meetings, thereby allowing for passage of a drug therapy management bill in the near future.

The Board is developing regulations, in conjunction with the Division of Drug Control, related to House Bill 418, *Drugs and Prescription Records- Impounding and Disposing*. The bill relates to the impoundment of prescriptions and patient records if there is imminent danger to the public health, or a danger that patient confidentiality will be compromised.



Regulations Updates

The Transfer and Outsourcing of Prescriptions and Prescription Orders became effective on June 25, 2001. These regulations provide a framework for outsourcing or transferring prescriptions to a secondary pharmacy.

The July newsletter reported that the Pharmacists Code of Conduct would be amended to include unprofessional unprofessional conduct as grounds for discipline. The regulations will also be amended to include a requirement that pharmacists maintain proper sanitation, hygiene, biohazard precautions and infection control when performing tasks in the prescription process. In conjunction with the hygiene requirement in the Pharmacists Code of Conduct, the *Standard of Practice for Unlicensed Personnel* regulations will be amended to include a requirement that permit holders ensure that unlicensed personnel maintain proper sanitation, hygiene, biohazard precautions and infection control when performing tasks in the prescription process.

The *Record of Drug Inventory Acquisition* regulations will become effective as proposed. These regulations create certain record keeping requirements when obtaining drug inventories.

The *Delivery of Prescriptions* regulations have been resubmitted for publication and were published in the September 21, 2001 Maryland Register.

The Board voted to publish regulations entitled *Patient Safety Improvement* that are intended to address medication errors. The regulations are three pronged address:

1. patient education,
2. pharmacy staff education &
3. quality assurance programs.

The Board is still resolving issues related to the *Automated Medication System* regulations, but expects all issues to be addressed shortly.

The Board voted to publish for comment regulations relating to the disclosure of certain Board of Pharmacy records to certain agencies, if there is a compelling public purpose to do so.

Long-Term Care Facility Regulations

In light of amendments post 1996, to COMAR 10.07.02.01B, *Comprehensive Care Facilities and Extended Care Facilities - Definitions*, the Board's Practice Committee is in the process of developing proposed amendments to COMAR 10.34.23, *Pharmaceutical Services to Residents in Long-Term Care Facilities*. While assisted living programs are already included within the definition of "Long-Term Care Facility," the amendments will explicitly cross-reference the definition of "assisted living program" in COMAR 10.07.14.02.

COMAR 10.34.23, is applicable to pharmacies providing services to one or more Assisted Living Homes. The rapid expansion of Assisted Living Homes has resulted in many more pharmacies servicing Long Term Care Patients. A pharmacy must have written policies and procedures, which are to be made available to the personnel of the pharmacy and, upon request, to an agent of the Board. A director of Pharmacy must be appointed, who is responsible for the operations of the pharmacy and for compliance with laws and regulations.

All pharmacies servicing patients in assisted living programs must comply with the regulations including physical requirements, distribution, packaging, labeling, accountability, and an ongoing quality management program.

The proposed amendments to COMAR 10.34.23 will be published for public comment prior to adoption.

Transfer and Outsourcing of Prescriptions and Prescription Orders

Pharmacists and pharmacy permit holders should be aware that the regulations governing the transfer of prescriptions have been revised to include new sections that establish requirements for outsourcing prescriptions and prescription orders. Requirements include certain documentation and, in some instances, the development of a Board approved quality assurance plan. Outsourcing means the transmitting of a prescription order from a primary pharmacy to a secondary pharmacy that prepares the prescription - a practice commonly seen in 'central fill' operations and, at times, in institutions that require patient-specific parenteral products to be prepared by outside sources.

The regulations will continue to govern the way in which copies of prescriptions may be permanently transferred between pharmacies. The text of this Chapter (10.34.04) should shortly be available on the Board website (www.mdbop.com). Other recently revised regulations include 10.34.14 -*Closure of Pharmacies*, which makes the procedure of closing a pharmacy more efficient; 10.20.34 - *Format of Prescription Transmission*, which specifies the ways in which a pharmacy may receive a prescription including by electronic means into the pharmacy computer; and 10.34.16 - *Portable Drug Kits for Licensed Home Health Agencies and Hospices*.

OxyContin

Much has been written and said about the use of OxyContin and other oxycodone and hydrocodone products. The Board of Pharmacy expects pharmacies to handle these products in the same way that they do all drugs, which may be abused. While COMAR 10.19.03.07.D (1) spells out that 'The responsibility for the proper prescribing and dispensing of controlled dangerous substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription,' the pharmacist must balance the problem of possible inappropriate use with the valid needs of the patient. The December 1999 Transmittal sent by the Board to all permit holders echoed the concerns of the Attorney General of Maryland that the goals of palliative care and pain management are to provide adequate pain and symptom management. In order to 'walk the line' between the valid needs of a patient in pain and the pharmacist's responsibility to help control illicit drug use, it is advisable that a relationship be established with both the patient and prescriber to gain as much insight as possible.

Professional Practice Corner

HIPPA News

Whether you are an administrator, manager, researcher, or practicing pharmacist, the new HIPAA regulations will affect your practice. For some practice settings, the impact will be significant. Here some important dates to remember:

- October 16, 2002 - Compliance deadline for standards for electronic transactions.
- April 14, 2003 - Compliance deadline for standards for Privacy of Individually Identifiable health Information

Some of the areas in the privacy rule relating to prior written consent and minimum necessary may be modified by the Department of Health and Human Services. For more information, go t: http://www.aphanet.orggov/govaffair.html, click on APhA's Legislative Action Center, log in, select Issues and Legislation, and click on APhA Legislative and Regulatory Updates

How to Stop Drug Diversion and Protect Your Pharmacy

This guide summarizes tips from the U.S. Drug Enforcement Administration (DEA) and other sources designed to ensure that prescription drugs continue to be available where medically indicated, while preventing their diversion into the illicit market.

The DEA states, it is not their role to reduce or deny the use of controlled substances where medically indicated, nevertheless, the pharmacist has a personal responsibility to protect his/her practice from becoming an easy target for drug diversion. The dispensing pharmacists should employ the following practices to help against forged or altered prescriptions:

1. Scrutinize Prescriptions

- Does it look "too good"? Is the writing too legible?
- Is it a photocopy?
  - –Prescriptions from pads generally have some residual adhesive along one edge - photocopies do not.
  - –Printed prescription blanks have sharply defined corners that are square - often photocopies are trimmed from larger sheets of paper.
  - –Prescription pads generally are made from a different weight of paper than that used in photocopy machines.
  - –With handwritten prescriptions, the ink from the preprinted information and the handwritten information are generally slightly different colors - in photocopies, they are the same color.
  - –With handwritten prescriptions, you can often see the indentations in the paper from the prescriber's writing - with photocopied prescriptions, there is no indentation and often the ink appears slightly raised.
- Was it written in more than one color ink?
- Was it written entirely by the same hand?
- Do quantities, directions or dosage differ from usual medical usage or practice?
- Are the directions written in full with no abbreviations?
- Check the date. Has it been presented to you in a reasonable length of time since the prescriber wrote it?
- Does the prescription looks as though it has been wet? (see description of "rising" below.)

Presented as an educational service by Purdue Pharma L.P. More to come in January's issue.

Pharmacists' Education and Assistance Committee

2nd Annual Continuing Education Program

The Practical, Ethical, and Legal Aspects of Dealing with Disclosure of Addiction

Thursday, October 25, 2001, 8:00 a.m. - 4:30 pm

at the Maritime Institute, 5700 Hammonds Ferry Road, Baltimore, Maryland

Applied for 6 C.E.U., Registration Fee: $50.00 (Pharmacy Students Free), Call: 410-706-7513

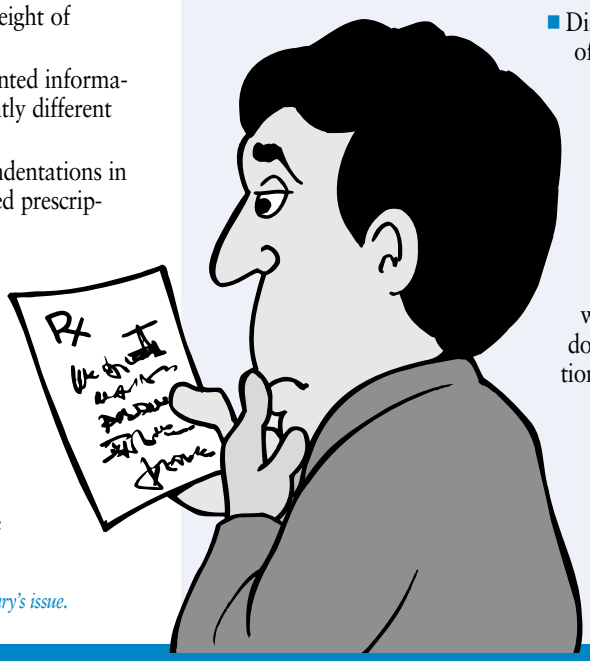
Deadline: Friday, October 12, 2001

Supported by: Maryland Board of Pharmacy, Maryland Pharmacists Association (MPhA) and Maryland Society of Health Systems Pharmacists.

The course will provide:

- Information on Federal and State laws that relate to Confidentiality, and Americans with Disabilities.
- Components of the Maryland Pharmacy Practice Act and Standards of Professional Practice.
- How to make a referral to PEAC and their obligations under the Maryland Pharmacists' Code of Conduct.
- A list of action options and resources available for supervisors when a pharmacist discloses impairment.
- Factors that will motivate a health professional to disclose their condition.
- Ways to respond supportively, constructively, and effectively.
- Insight into the distinctions among the functions of advocacy, treatment and monitoring.
- Understanding PEAC's reporting system.
- Disclosure requirements of pharmacy students to preceptors.

Registration materials are being sent to all pharmacists, you can also visit the Board of Pharmacy website at www.mdbop.com and download the registration form.



FAQs

In day-to-day pharmacy practice, unusual situations sometime occur, generating questions. So to help our licensees "Frequently Asked Questions" will be featured in each issue of the Board's newsletter. If you have a question you would like to see answered in this column, please fax your question to 410-358-6207 or e-mail to Joan Lawrence at jlawrence@dhmh.state.md.us.

Compliance

Q1. Does Maryland maintain a formulary for generic substitution?

A. Maryland follows the FDA's, Orange Book, of Generic Equivalents. A state formulary is not maintained. However, Maryland law provides that the Secretary of the Department of Health and Mental Hygiene may make additions or deletions to the Orange Book for the purpose of generic substitution. Currently, six (6) drugs may not be substituted even if an equivalent generic product is listed in the Orange Book. Those drugs are phenytoin extended release capsules, valproic acid, theophylline extended release, warfarin sodium, primidone, and carbamazepine. Teva's Epitol, however may be substituted for Tegretol.

Q2. May prescriptions be transmitted electronically?

A. The electronic transmission of prescriptions is governed by COMAR 10.34.20. You may obtain the text of this regulation or any other Board of Pharmacy regulation by using the link to COMAR On-Line that appears on our Legislation and Regulation page or by visiting www.dsd.state.md.us.

Q3. Are preprinted prescription pads legal in Maryland?

A. A prescription for a controlled dangerous substance within the meaning if Article 27 of the Code may not be written on a preprinted prescription form that states the name, quantity, or strength of the controlled dangerous substance. Annotated Code of Maryland, Health-General Article, Title 21-220. Preprinted prescription pads for non-controlled dangerous substances are not prohibited by law.

Licensing

Q1. I have a new address and new place of employment. Will you take my new address and employment information over the phone?

A. No. Notification of address and employment changes must be done in writing.

Q2. I have not received my license renewal application yet and I usually renew this month. Will you send a duplicate renewal form to me?

A. Some pharmacists renewed their licenses for two years and will not receive another renewal application until 60 days prior to their two-year expiration date. Before contacting the Board for a duplicate application, please check the expiration date on your current renewal certificate.

Q3. I renewed my license for two years and I am required to report 30 hours of CE on my next license renewal. Do I need to earn 15 hours during the first year and 15 hours in the second year?

A. No. You can earn the 30 hours at any time during the two-year period.

Disciplinary Actions

James Cianos (#09089)
Effective July 19, 2001, license to practice pharmacy is voluntarily surrendered.

Lawrence Appel (#08351)
Effective July 27, 2001, a Final Order was issued continuing probation of pharmacist license.

Arthur Weinstein (#13106)
Effective August 15, 2001, license to practice pharmacy is suspended for one year, with all except three months stayed. The period of suspension will be followed by probation for two years.

Carol Miller (#10152)
Effective August 15, 2001, license to practice pharmacy is suspended indefinitely.

Medical Pharmacy of Chevy Chase (P02003)
Effective August 15, 2001, the pharmacy permit is placed on probation for a period of one year.

You Are Invited...

The Greater Baltimore HIV Health Services Planning Council and the Maryland Pharmacists Association (MPhA), with the "endorsement" of the Maryland Board of Pharmacy is pleased to invite you to an exciting continuing education seminar.

Titled:	HIV/AIDS Therapy, Drug Interactions and Adherence: A Guide for Pharmacists
Date:	Wednesday, November 7, 2001
Time:	5:00 p.m.–9:00 p.m.
Location:	The Marriott Waterfront, Baltimore City, MD

The speakers for our seminar will be selected from one or two premier medical institutions in Baltimore that specialize in HIV/AIDS treatment and drug management.

The Commissioner of Health for Baltimore City, Dr. Peter Beilensen will be the keynote speaker.

Registration materials are being sent to all pharmacists. Limited Seating.

Fast Bytes

The National Institute for Standards in Pharmacist Credentialing (NISPC) will reinstate the paper and pencil disease state management (DSM) credentialing exams in anticoagulation, asthma, and diabetes beginning at the 2001 National Community Pharmacists Association (NCPA) Annual Convention in Philadelphia, Pennsylvania. NCPA's Convention will be held October 13 thru 17. Test dates are October 15 and 16.

Pharmacists who are interested in taking one or ore of the DSM exams may request an application or additional information by contacting NISPC by e-mail at question@nispcnet.org, by fax 703-683-3619 Attention: NISPC, or by phone at 703-299-8790.

Required Documentation for Unlicensed Pharmacy Personnel

Log on to the Maryland Board of Pharmacy's website (www.mdbop.com) in early November for suggestions to help pharmacies develop the documentation required under COMAR 10.34.21 (unlicensed pharmacy personnel). Recently amended regulations require documentation in 5 areas, but the wording and format is left to the permit holder. The suggestions provided by the Board may be used as a guide. Only items specifically required by law must be included. Once posted, the Board will also provide written copies upon request.

Board Guidance will be on the following topics related to utilization of unlicensed personnel:

- Policy and Procedure Manuals
- Documenting that competency has been attained and maintained.
- Quality Assurance System
- Documenting the training that was required
- Preparing job descriptions.

Pharmacies have been required to maintain this documentation since March 2001, and the Division of Drug Control will be asked to inspect for compliance about January 1, 2002 during inspections. Refer to the Regulations in your law book to determine what documentation your pharmacy requires.

Generic Issues

There are a number of examples of drug companies marketing a prescription drug product under more than one name. When the second product is for a new, non-obvious use of an old molecular entity, US patent laws allow the issuance of a new patent, which probably will not expire at the same time that the patent on the first product does. This impacts on legal interchange when generics are available. For example, there are generic versions of Prozac (fluoxetine HCL) available. Eli Lilly and Company also markets fluoxetine HCL under the trade name Sarafem. While the pharmacist does not have to contact the prescriber to substitute generic fluoxetine for Prozac, the pharmacist is not permitted to interchange Sarafem without precriber authorization.

- The U.S. Drug Enforcement Administration (DEA) has published a guidance notice for pharmacists and others concerning the application of current laws and regulations as they relate to the use of the Internet for dispensing, purchasing, or importing controlled substances. The DEA website:www.deadiversion.us.doj.gov.fed_regs/notices/2001/fr0427.htm will provide insight into the circumstances under which sales of controlled substances via the Internet are legal.
- Another valuable federal web site,www.fda.gov/cder/pediatric/labelchange.htm, offers a list of recent drug labeling changes addressing the use of some drug products in children. FDA is pushing manufacturers to study drugs in children and to provide labeling information about their safe and effective use.
- Intravascular radio contrast media are often used in hospital radiology departments in conjunction with many X-ray procedures. Pharmacists should be aware that these products are prescription drugs and should have an order written for their use, which is reviewed along with other medication taken by the patient, to check for allergies and interactions.
- Emergency room visits for the club drug MDMA (Ecstasy) increased 58%, from 2850 visits in l999 to 4,551 visits in 2000 in the U.S. Heroin/morphine related visits increased 15% from 84,409 to 97,287 during that period. The good news is that during that period, Baltimore emergency department visits related to drug use decreased 19 percent —from 14,712 to 11,505, according to data from the Drug Abuse Warning Network (DAWN), which collects information from 21 metropolitan areas.
- The Schering Report XXIII, entitled "Pharmacists, Technicians, and Technology: Serving the Patient", reported that the 200 pharmacists and 200 pharmacy technicians interviewed identified the pharmacy technician as the single most important resource in helping pharmacists provide better patient care.

Maryland Board of Pharmacy

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Long Term Care Representative

W. Irving Lottier, Jr.
Secretary
At-Large Representative

Melvin Rubin
Chair, Unlicensed Personnel Task Force
Independent Representative

Wayne Dyke
Chair, Licensing Committee
Chain Drug Store Representative

Jeanne Furman
Chair, Disciplinary Committee
Acute Care Hospital Representative

Barbara Faltz-Jackson
Chair, Public Relations Committee
Consumer Representative

Raymond Love
Chair, Practice Committee
Acute Care Representative

Donald Yee
Chair, Medication Errors Task Force
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Licensing Secretary

Lakeya Davis
Licensing Clerk

Brenda Seaman
Data Entry Clerk

Feel free to be in touch with all of these professional Board staff, for assistance with information, questions or concerns.

W. Irving Lottier, Jr. State News Editor

Meetings

Pharmacy Board meetings are open to the public. The Board encourages all interested parties to attend. The remaining meeting dates and sites for 2001 are:

October 17, 2001 - 9:00 am
Spring Grove Hospital Center Rice Auditorium,(on Elm Street), Wade Avenue, Catonsville, MD 21228

November 21, 2001- 9:00 am
Board of Pharmacy
4201 Patterson Ave.,
Baltimore, MD 21215

December 19, 2001 - 9:00 am
Board of Pharmacy
4201 Patterson Ave.,
Baltimore, MD 21215

January 16, 2002 - 9:00 am
Board of Pharmacy
4201 Patterson Ave.,
Baltimore, MD 21215

Agendas and other information may be obtained by contacting the Board at 410-764-4755

CONTRIBUTE YOUR IDEAS

This newsletter is created to keep you informed, and to cover topics that are of interest to you. If there is a particular topic that would be helpful to you, let us know. Send information to: Joan Lawrence, Board of Pharmacy, 4201 Patterson Avenue, Baltimore, MD 21215 or fax/email: 410-358-6207; jlawrence@dhmh.state.md.us

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