October 2002

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; receiving and resolving complaints and educating consumers. 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
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www.mdbop.org

Pharmacist's Response to Bio-terrorism Training

A Must For Those Willing to Provide Pharmaceutical Services During a Catastrophic Event!

During September and October 2002, the Department of Health and Mental Hygiene (DHMH), in collaboration with the Maryland Board of Pharmacy, the University of Maryland School of Pharmacy, and Maryland Poison Center, hosted Phase I of a training program for volunteer pharmacists and pharmacy technicians to insure their preparation in providing support to the State and local jurisdictions during catastrophic events. The program entitled, "The Pharmacist's Response to Bio-terrorism," offered three ACPE continuing education credits. Four sessions were offered, of which the first two were held on September 14, 2002, at the University of Maryland, School of Pharmacy, Baltimore Campus. Over 250 volunteers participated at those sessions and received picture identification badges to signify official registration as members of the Maryland Pharmacist Volunteer Corp. Also in attendance were a number of local health department officers and representatives from other Boards.

Board Chairman and program moderator, Stanton G. Ades introduced Gary Hollenbeck, Associate Dean for Academic Affairs, who welcomed attendees to the School of Pharmacy. Arlene Stephenson, Deputy Secretary for DHMH, relayed greetings from Secretary Georges Benjamin and Governor Parris Glendening. She praised the Board for leading plans for developing a model for emergency response by health care practitioners. Ms. Stephenson also thanked volunteers for answering the State's request for assistance. The program included a review of biologic agents, a summary of the National Pharmaceutical Stockpile (NPS) plan to transport and set-up medication and supplies during emergencies, and the Board's volunteer deployment plan. Paul Ballard, Assistant Attorney General with the State Attorney General's Office, provided a lively presentation on the State's plans to address relevant liability issues.

Chairman Ades thanked all of those who worked so many hours to help develop the Board's "Pharmacist's Response to Bio-terrorism" training program, including members of MPhA, MSHP, Maryland Poison Center, DHMH and the University of Maryland School of Pharmacy.

Phase I seminars were also planned in Western Maryland and on the Eastern Shore. Additional Phase I training may be offered, depending on demand. Phase II training will include mock exercises and drills to assure a viable emergency response system. To become a member of the Maryland Pharmacist Volunteer Corp, pharmacists and technicians must be registered with the Board as a volunteer, have participated in mandatory trainings and possess a photo ID badge.

Bio-terrorism Task Force Members include: Board President and Chair, Stanton G. Ades, Co-Chair, Bart Regan; Board members: Dr. Ray Love, John Balch, Melvin Rubin; Bruce Anderson (Presenter), Maryland Poison Center; Joey Scaletta (Presenter), DHMH; Phil Cogan, MPhA; Bob Feroli, MSHP; Cynthia Boyle, University of Maryland School of Pharmacy; Board Staff: LaVerne Naesea and Joan Lawrence.

It's not too late to join the Maryland Pharmacist or Technician Volunteer Corp. Please visit the Board's web site at www.mdbop.org and register.

From the Executive Director's Desk

In the last issue, I promised to reflect on the Board's past and its future plans, and to highlight a few of the Board's many unsung heroes. This special edition newsletter contains a pullout section highlighting events of the Board's past 100 years of protecting consumers. Where the Board is headed depends upon a mostly unpredictable future.

One unpredictable phenomenon will be the impact that automation and technology will have on the Board. Thus far, the Board has been able to keep pace with technology in the 21st century chiefly due to the leadership of one whose work has gone 'unsung' for far too long — Ms. Tamarra Banks, Board Network and Information Services Manager. Many know her because she has worked in various capacities over her ten-plus years with the Board. During the past three, she has led efforts to develop and update the Board's interactive website, completely automate the licensing, compliance and volunteer databases, and develop on-line licensing (which, by the way, is slated to begin for permit holders this year and for pharmacists by the spring of 2003). Ms. Banks also works behind the scene to ensure data integrity by performing quality assurance checks for the Licensing Unit; to support the Public Information Unit by identifying consumer resources and volunteering at Board events; to organize non-office related stress-relief activities for Board staff; and to provide yours truly with advice and a frame of reference, that only one with her years of service and experience could provide. The Board owes many of its successes of the past decade to Ms. Banks.

The future health care needs of Maryland citizens, along with the increasing number and demand for prescription drug medication is unpredictable. The need for Pharmacist counseling and monitoring will grow along with both of these. An article in this issue presents a summary of the recently passed Drug Therapy Management (DTM) legislation, which will significantly impact the role of the pharmacist in the next decades. As the role of the Pharmacist expands into new areas, pharmacists with in-depth disease state knowledge will be needed to respond to patients requiring drug therapy monitoring. The Board is committed to assuring that Pharmacists providing these services are prepared to meet the challenge.

I would be remiss if I did not note the significant role that James Slade, Board Legislative/Regulations Officer, played to ensure that the momentum needed was sustained in order to pass DTM legislation during the last session. Mr. Slade prepared drafts, communicated with DTM Task Force members, negotiated with BPQA and Med Chi attorneys, and staffed all meetings and negotiations. As the Board moves forward in developing DTM regulations, and other regulations to keep up with an unpredictable future, Mr. Slade continues as one of the its most important driving forces.

Please join the Board as it revels in its century-long history of ensuring the provision of safe, quality pharmacy services to Maryland consumers. And…thanks, for whatever large or small contribution you've made to the Board's 100-year model for success.

PEAC Announces 2002 Continuing Education Program

Integrating Pharmacotherapy in the Treatment of Chemically Dependent Patients: A Generation of Progress

Date: Saturday, October 26, 2002
Time: 8:30 a.m. to 4:00 p.m.
Location: Maritime Institute, Baltimore, MD.

This program will provide cutting edge information regarding the pharmacotherapy of chemical dependence, a condition that affects roughly 15% of the American population and an equal proportion of pharmacists and other health care professionals. Advances in knowledge about addiction, its treatment with medications and the approach to complicated patients have been made. However, many health care providers are poorly trained to deal with these individuals especially in terms of pain management, treatment with psychotherapeutic agents for mental disorders and the application of urine testing for drugs of abuse in employment screening and in clinical care. The topics that are the focus of this program are suitable for all health professionals.

This program is a collaboration between the Pharmacists' Education and Assistance Committee (PEAC) and the University of Maryland School of Pharmacy, Office of Substance Abuse Studies.

Objectives:
At the end of this program participants will be better able to:

1. Educate patients about the nature of chemical dependence and its treatment
2. Counsel patients regarding the use of medications in the treatment of alcoholism, heroin addiction, and other chemical dependencies
3. Develop an effective and appropriate (safe and low-risk) pain management strategy for chemically dependent patients
4. Discern the need for psychotherapeutic agents among patients with concurrent substance abuse and mental illness
5. Monitor chemically dependent patients on psychotropic medications
6. Interpret and apply the results of urine testing for drugs of abuse in employment and clinical matters

Fee: $60.00, Includes continental breakfast and buffet lunch.

Credits: 6 CEUs, Accredited by the American Council of Pharmaceutical Education as a provider of continuing pharmaceutical Education (ACPE).

Contact: The Office of Substance Abuse Studies at 410-706-7513.

Medication Error: Beware of Erroneous Daily Oral Methotrexate Dosing

The perils of low-dose oral methotrexate are clearly evident in the dozens of fatalities reported in patients who have been prescribed this cytotoxic agent for alternative conditions. While methotrexate has a well established role in oncology, increasingly it's being used in low doses for immunomodulation in rheumatoid arthritis, asthma, psoriasis, inflammatory bowel disease, myasthenia gravis, and inflammatory myositis. Used for these purposes, it's administered as a weekly dose, but mistakes have been all too frequent. Relatively few medications are dosed in this manner, and clinicians and patients are much more familiar with daily dosing of medications. For example, one patient died after he misunderstood the directions for use and took methotrexate 2.5 mg every 12 hours for six consecutive days, instead of 2.5 mg every 12 hours for three doses each week. Another patient died after he misread the directions on a prescription bottle and took 10 mg every "morning" instead of every "Monday." Errors also have been reported with hospitalized patients. In one case, the physician had properly recorded that the patient had been taking methotrexate 7.5 mg weekly as an outpatient. But when he prescribed three 2.5 mg tablets weekly, it was transcribed incorrectly as three times daily. The errors did not reach the patient because they were detected during pharmacy review of the order.

Similar errors have been reported overseas. For example, in Australia, one patient took extra doses of methotrexate as needed to relieve arthritic symptoms. Three elderly patients took the medication daily, despite clearly written instructions to take it weekly. Two cases involved incorrect transcription of the dosing schedule with hospitalized patients. Three of the six patients died as a result of the errors.

Because of the number of fatalities from errors with oral methotrexate, clinicians should consider it a high alert medication. As such, there are several measures that can help reduce the risk of an error when oral methotrexate is prescribed:

- Build alerts in electronic prescribing systems and pharmacy computers to warn clinicians whenever doses of oral methotrexate have been entered (and to remind staff to check the indication with the patient in a community pharmacy setting). Configure the systems to avoid defaulting to a daily dosing schedule.
- Have a pharmacist conduct a prospective drug utilization review before dispensing oral methotrexate to determine its indication for use, verify proper dosing, confirm the correct dosing schedule on medication administration records and prescription labels, ensure staff and patient education, and promote appropriate monitoring of the patient.

- Establish a system that ensures outpatients receive counseling when picking up new prescriptions and refills (e.g. mark the bag with a red flag to alert clinical staff that counseling is required, not optional).
- Provide patients with clear written instructions that name a specific day of the week for taking the tablet(s). When possible, avoid choosing Monday since it could be misread as "morning." Prepare instructions in large print to assist elderly patients with poor eyesight.
- Advise patients to contact their physician if they miss taking a dose. Tell them that flare-up of the disease is unlikely with one missed dose.
- Ensure that written drug information leaflets are given to patients and that they contain clear advice about the weekly dosage schedule, not a daily dosing schedule.
- Explain to patients that taking extra doses is dangerous. Encourage feedback to ensure the patient understands the weekly dosing schedule and that the medication should not be used "as needed" for symptom control.
- Solicit help from a responsible caregiver if the patient appears to have cognitive or severe sensory difficulties.
- Prescribe the drug as a dose pack (e.g. RHEUMATREX by Lederle), which helps to reinforce the weekly dosing schedule.

This was excerpted from a medication errors feature article from the Institute for Safe Medication Practices (ISMP). ISMP is an independent, nonprofit agency that works closely with US Pharmacopeia (USP) and the Food and Drug Administration (FDA) in analyzing 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 then publishes its recommendations. To report a problem confidentially to these organizations, go to the ISMP Web site (www.ismp.org) for links with USP, ISMP and FDA. Or call 1-800-23-ERROR to report directly to the USP-ISMP Medication Errors Reporting Program. ISMP address: 1800 Byberry Road, Huntingdon Valley, PA 19006. Phone 215/947-7797, E-mail: ismpinfo@ismp.org.

FAQs

In day-to-day pharmacy practice, unusual situations sometimes 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 Joan Lawrence at jlawrence@dhmh.state.md.us.

Compliance

1. Can prescriptions from out of state be filled in Maryland?

Yes. There is no State law governing the filling of prescription from other states. A prescription may be filled if it is valid, as based on professional judgment and the circumstances involved. A prescription is valid if, among other things, it results from a valid patient-prescriber relationship. If the prescription is valid in its state of origin, the prescription is valid in Maryland and may be filled.

2. Are physician assistants and nurse practitioners permitted to prescribe controlled dangerous substances?

The Board of Nursing and the Board of Physicians Quality Assurance (BPQA) govern the prescriptive authority of nurse practitioners and physician assistants (and other mid-level practitioners), respectively. The authority to prescribe controlled dangerous substances is derived from their scope of practice and/or the delegation agreements entered into with supervising physicians. Questions regarding a particular practitioner should be directed to the Board of Nursing or the Board of Physicians Quality Assurance (BPQA). As a courtesy, a list of physician assistants authorized to prescribe provided by BPQA, can be accessed on the Board's web site at www.mdbop.org.

Mid-level practitioners authorized to prescribe controlled dangerous substances must have their own DEA number. They cannot use the DEA number of a supervising physician to issue prescriptions for controlled dangerous substances.

3. How long is a prescription valid after an authorized prescriber has written it?

Unless otherwise instructed by the authorized prescriber who issues the prescription, a pharmacist may not dispense any drug or device on a prescription presented more than 120 days after the date the prescription was issued. This applies to prescriptions for both controlled and non-controlled substances. (See, Annotated Code of Maryland, Health Occupations Article, Title 12-503.)

4. Is a partial filling for a Schedule II controlled dangerous substance permitted?

Yes. The partial filling of a prescription for a controlled dangerous substance listed in Schedule II is permissible, if the pharmacist is unable to supply the full quantity called for in a written prescription, and the remaining portion may be filled within 72 hours of the partial filling. However, if the remaining portion is not or cannot be filled within a 72-hour period, the pharmacist shall notify the prescribing practitioner. No further quantity may be supplied beyond the 72 hours without a new prescription. COMAR 10.19.03.07J.(1).

Licensing

1. If a post office changes the mailing address of an establishment, but the physical location of the establishment has not changed, will the establishment be required to submit a new application?

No. However the establishment is required to inform the Board of an address change due to the post office's change.

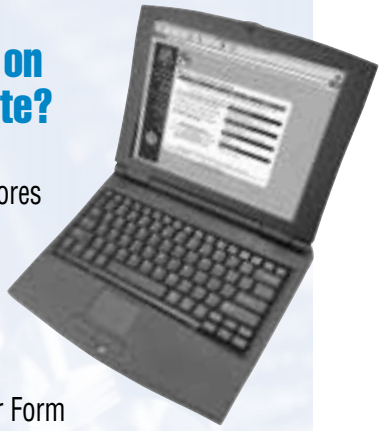
2. Can a pharmacy located out-of-state designate the Secretary of State as its Maryland agent to act on its behalf when conducting business with the Maryland Board?

No. Maryland requires out of state pharmacies to designated in-state agents. An attorney, accountant, or other professional who also performs fiduciary duties may be designated. The agent must be a resident in Maryland.

3. What is an Intra-Company Certification?

A distributor may distribute prescription drugs on an intra-company basis without obtaining permits for facilities outside of Maryland if the distributor obtains a separate permit for each facility location within Maryland, and submits to the Board a list of all facilities outside of Maryland. A certification is required stating that these facilities outside of Maryland are licensed as required by the state in which each is located. This is call the Intra-Company Certification.

What Can You Find on the Board's web site?



- NABPLEX, MPJE and Laboratory examination scores
- Lists of Active Pharmacists for Verification
- Pharmacist Renewal application and CE Form
- Maryland's Internship Hour Form
- Verify Physicians Assistance Licensure and more…

Need to report change of Address, Name or Employment?

Go to: www.mdbop.org/forms/pharmacist.htm

Pharmacy Week October 20 – 26th

The Maryland Board of Pharmacy encourages all pharmacies and pharmacists to participate in National Pharmacy Week. Below are suggestions for activities that will attract patients and raise awareness of the need for consumers to practice safe prescription and over-the-counter drug use. Participation may provide opportunities for staff recognition and may also 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.
- Include photos of the staff pharmacists in your facility.
- Spread the word about pharmacy week in your facility News letter. 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 celebrating 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 participating pharmacies with acknowledgements in its newsletter and with information about the National Pharmacy Week activity on the Board's web site.

Please forward the following information: Date of event, how many participated, activities and literatures distributed to: Joan Lawrence, Public Information and Education Officer, 4201 Patterson Avenue, Baltimore, MD 21215, www.mdbop.org, Tel: 410-764-4755. Fax: 410-358-6207

Substance Abuse

Pharmacists — Do you know a colleague who is abusing alcohol or drugs or, who suffers from other issues that impair his/her ability to practice?

Employers/supervisors — Have you been faced with the dilemma of having to terminate an employee for substance abuse or drug diversion?

What can you do? What SHOULD you do?

The Board of Pharmacy supports a Pharmacist Rehabilitation Committee as defined in HO,§12-317. The Pharmacists Rehabilitation Committee was established to evaluate and provide assistance to any pharmacist in need of treatment and rehabilitation for alcoholism, drug abuse, chemical dependency, or other physical, emotional or mental condition. The Board currently contracts with the Pharmacists Education and Assistance Committee (PEAC) to perform these functions.

Pharmacists are required by the Board's Code of Conduct regulations (10.34.10.05) to report conduct of a pharmacist that involves drug or alcohol abuse/dependency to the Pharmacist Rehabilitation Committee. Pharmacists are not required to also notify the Board. Once the Committee receives and verifies a report, it will contact the impaired pharmacist to arrange a meeting and discuss allegations. The Committee does not disclose the identities of the person/persons making the reports and those reporting are protected from liability when acting in good faith under H.O, §12-317(d).

Reporting the pharmacist to the Rehabilitation Committee is not only required, it is most often the preferable action for various reasons. First, there is a high probability that the pharmacist will be on the road to recovery and can return to practice with appropriate supports and monitoring. Second, the pharmacist may be protected from termination and having Board or other legal action taken against them. In fact, the records maintained by the Committee on these types of referrals remains confidential and are not disclosed to the Board unless the pharmacist consents to their disclosure or is non-compliant with their PEAC contract and poses a threat to the public. (Note: if the pharmacist is Board-referred, treatment information may be disclosed to the Board as part of a Board consent.)

The Board and Pharmacist Rehabilitation Committee rely on all pharmacists in the profession to support their efforts to protect Maryland patients by properly referring a pharmacist with substance abuse problems. To make a referral or get more specific information, contact PEAC @ 410-706-7513 or visit www.peacmaryland.org.

Legislation: 2002 Maryland Legislative Session

Drug Therapy Management

The 2002 Maryland legislative session brought substantial changes to the practice of pharmacy that will prove beneficial to patients. Drug therapy management was expanded beyond the institutional setting. Pharmacists that meet the requirements of the law, who may have been prohibited from doing so before its passage, will be able to offer cognitive patient care services to patients in new settings. The Board of Pharmacy believes that the expansion of drug therapy management will increase access to qualified health care for patients who may otherwise not have convenient or affordable access. The physician or physicians, as the primary health care provider, will enter into an agreement with a pharmacist or several pharmacists to treat certain disease states, pursuant to agreed upon protocols. Once the pharmacist or pharmacists are approved by the Board of Pharmacy to enter into an agreement, the Boards of Physician Quality Assurance and Pharmacy will then review and approve or disapprove the agreement and protocols. After the agreement and protocols are approved, the physicians and pharmacists may begin entering into therapy management contracts to manage patients' care. As required in the legislation, the Boards of Physician Quality Assurance and Pharmacy are developing regulations to implement drug therapy management. The Board would like to thank everyone who participated in its Drug Therapy Management Work Group for their dedicated efforts to improve patient care in Maryland.

Peer Review Statute

The peer review statute was amended to provide protection from discoverability of quality assurance records that are part of an ongoing quality assurance program in a pharmacy. This will allow all pharmacies in Maryland to maintain comprehensive and continuing quality assurance records without fear of having the records becoming discoverable in a civil lawsuit, provided the quality assurance program is ongoing.

Change in Manufacturer's Regulations

As of July 1, 2002, the Board of Pharmacy no longer regulates manufacturers and therefore will no longer issue certificates of free sale. Manufacturers will have to contact the Food and Drug Administration to obtain these certificates.

Policy Groups Created

Several policy groups were legislatively created that included pharmacists or representatives of pharmacies as members. The policy groups will address issues such as osteoporosis, pain management, and end of life care. There were also several bills relating to the security of Maryland, including a bill relating to catastrophic health emergencies, and the Governor's and Secretary of Health and Mental Hygiene's powers in such an emergency.

Regulation Updates

Automated Medication Systems Regulations Take Effect

Regulations relating to automated medication systems became effective August 2, 2002. The regulations address the use of centralized, decentralized and remote automated medication systems. The regulations define:

- The conditions under which an automated system may be used;
- The requirements for a multidisciplinary committee when remote and decentralized automated medication systems are used;
- Rules for filling the system;
- Rules for returning medication to a system;
- The final check of medication in centralized automated medication systems;
- Required education and training;
- Quality assurance programs;
- Record keeping;
- Compliance with laws and compendial standards;
- Dispensing of controlled dangerous substances;

Fee Increase

Effective June 10, 2002, the Board increased its fees to support its operations. On June 24, 2002, the Secretary of Health and Mental Hygiene adopted regulations concerning the impoundment and disposal of drugs and prescription records. The Department of Health and Mental Hygiene, through the Board of Pharmacy and the Division of Drug Control, can now ensure the appropriate disposition of drugs, and confidentiality of prescription information when a pharmacy permit expires, has been revoked or suspended, or for other limited reasons when appropriate closing procedures have not been followed. The regulations define the actions that must be taken before an impoundment order may be issued and spell out the actions that the Department of Health and Mental Hygiene may take in enforcing the law. This law applies to not just pharmacy permit holders, but other authorized prescribers as well.

To view these regulations, please log on to www.dsd.state.md.us. Go to the "COMAR Online" link. Under search options, click option number 1 to search the codification number. The codification numbers for these regulations are the following:

- 10.13.12 (Impoundment and Disposal of Drugs and Prescription Records)
- 10.34.09 (Fees)
- 10.34.28 (Automated Medication Systems)

Be sure to type an * after the codification number, otherwise only the title of the regulation will appear.

Disciplinary Actions

Kimberly McCullough (# 11469)
Effective July 17, 2002, license to practice pharmacy is voluntarily surrendered.

Chris Buchar (# 15040)
Effective July 17, 2002, license to practice pharmacy is indefinitely suspended.

Board Develops New Form

In an effort to gather additional information when investigating medication errors, the Board is currently developing an Error Data Collection Form. This form will be sent to both pharmacists and permit holders for completion in response to a complaint concerning a medication error. The Board's approach to medication errors is based on a systems analysis and improvement. During the course of investigating a complaint regarding an error, the Disciplinary Committee seeks to identify mitigating and contributing factors, as well as preventive measures taken to decrease the likelihood of similar reoccurrences. The Error Data Collection Form will serve to assist the pharmacy staff in conducting a root cause analysis of their dispensing system.

There are key elements that must be considered when completing the form, i.e. policies and procedures regarding the overall dispensing process, documented training of unlicensed personnel, quality assurance measures, and follow up action conducted once an error is detected. Some contributing factors included on the form are, computer software capabilities, (defaults, lack of alerts/screening, DUR's), medication storage and organization, and environmental factors (lighting, noise, interruptions, distractions, lack of workspace).

Occasionally, the Board will invite pharmacists or permit holders to attend an informal meeting with representatives of the Disciplinary Committee. The purpose of the information meeting will be to gather additional information regarding a dispensing error, examine the events that led to the error and work with the pharmacist/permit holder to define some corrective action that will be taken and outline requirements for the pharmacist/permit holder. Frequently, a Letter of Agreement is established between the Board and the pharmacist or permit holder to ensure that the outlined changes take place. The Board is hopeful that implementing the Error Data Collection Form will minimize the need to have an informal meeting. The Board's goal is to have medication errors resolved at a store level. However, the Division of Drug Control on behalf of the Board of Pharmacy can conduct an inspection for the sole purpose of determining if the required follow up action has taken place.

Since the Error Data Collection Form will be used as an investigational tool, failure to cooperate with a lawful investigation by refusal to complete the form may be grounds for disciplinary action. Upon final approval by the Board, look for the form on the Board of Pharmacy web site www.mdbop.org.

National Association of Boards of Pharmacy Announce NAPLEX, MPJE Fee Increases

Effective January 1, 2003, NAPLEX candidates will pay a base fee of $300 and a $130 vendor administrative fee for a total registration fee of $430. Those registering for the MPJE will pay a $100 base fee and a $60 vendor administrative fee, totaling $160. It is anticipated that both the base and the sitting fees implemented January 1, 2003, will remain unchanged through 2004. NABP was able to hold steady the NAPLEX score transfer fee at $75 per state. The score transfer was increased from $50 to $75 in 2001.

Remember to Report Mailing Address Changes

Remember to report changes in your mailing address and location of employment. (COMAR 10.34.06)

Mailing Address

A. Each licensed pharmacist shall report to the Board the pharmacist's current mailing address on the pharmacist's biennial license renewal form. The mailing address may be the pharmacist's residence address.

B. Within 30 days of the date of an address change, the pharmacist shall notify the Board in writing of any change in the information in § A.

Board Celebrates 100th Anniversary This Year

This year marks the 100th anniversary of the Maryland Board of Pharmacy. The accompanying insert highlights some of the Board's most memorable achievements dating back to its creation in April 1902.

Maryland Board of Pharmacy

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Front row from left to right:
Barbara Faltz-Jackson,
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Jeanne Furman, Ramona McCarthy
Hawkins, Irving Lottier, Jr.,
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Wayne Dyke, John Balch,
Rev. William Johnson, Melvin Rubin
Board Counsel *(not in photograph):*
Paul Ballard, Linda Bethman

Board Staff
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Deitra M. Gale-*Compliance Specialist*,
Doris James-*Licensing Supervisor*,
Angela Hamlin-*Executive Secretary*,
Joan Lawrence-*Public Education Officer*,
Michelle Andoll-*Pharmacist Compliance Officer*
Back row left to right:
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Shirley Costley-*Fiscal/Personnel Officer*,
Vladimir Konstantinov-*Database Specialist*,
LaVerne G. Naesea-*Executive Director*,
James Slade-*Regulations/Legislative Officer*,
Brenda Seaman-*Data Entry Clerk*,
Tamarra Banks-*Network & Information Specialist*

Feel free to contact the Board staff for assistance with information, questions or concerns.

Joan M. Lawrence, Staff Editor

Meetings

Pharmacy Board meetings are open to the public at 4201 Patterson Avenue, Baltimore, MD 21215. The Board encourages all interested parties to attend.

Board Meeting Dates

Wednesday, October 16

Wednesday, November 20

Wednesday, December 18

Wednesday, January 15

Agendas and other information can 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.

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jlawrence@dhmh.state.md.us.

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Ramona McCarthy Hawkins, Board Member

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