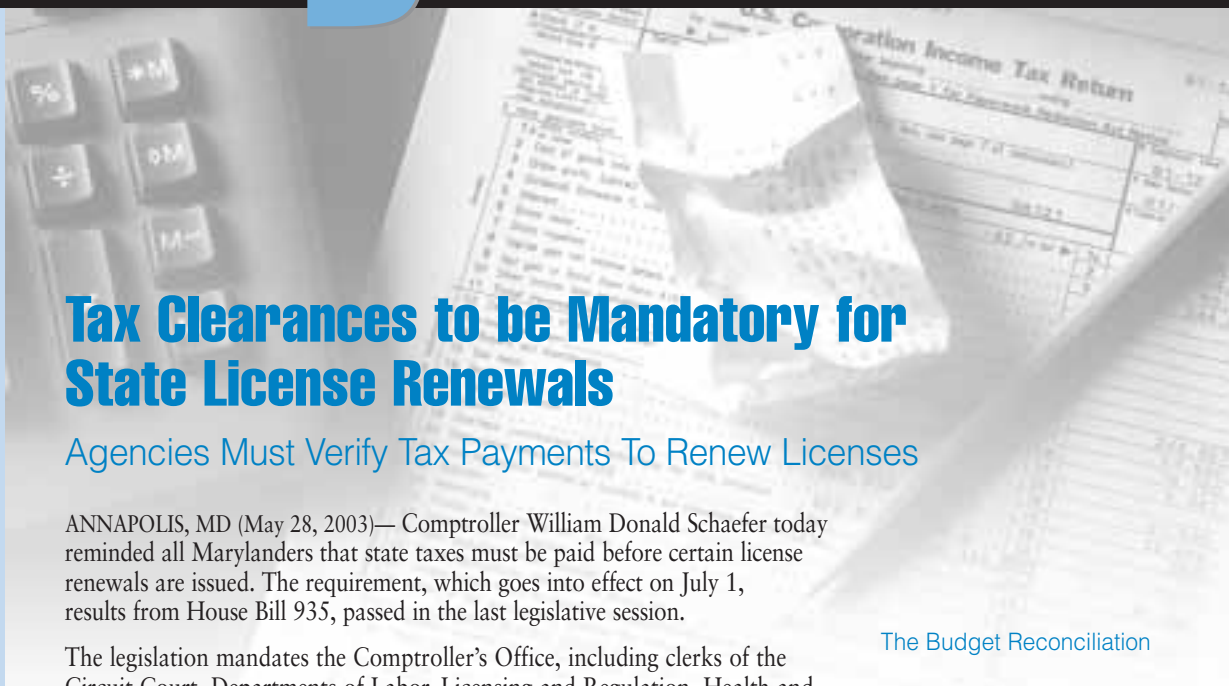
July 2003

# maryland Board of Pharmacy



## Tax Clearances to be Mandatory for State License Renewals

### Agencies Must Verify Tax Payments To Renew Licenses

ANNAPOLIS, MD (May 28, 2003)— Comptroller William Donald Schaefer today reminded all Marylanders that state taxes must be paid before certain license renewals are issued. The requirement, which goes into effect on July 1, results from House Bill 935, passed in the last legislative session.

The legislation mandates the Comptroller's Office, including clerks of the Circuit Court, Departments of Labor, Licensing and Regulation, Health and Mental Hygiene, Natural Resources and Environment along with the Motor Vehicle Administration, verify that an applicant's tax liabilities have been paid or a satisfactory payment plan arranged for a license renewal to be processed. Drivers' licenses and vehicle registration renewals are excluded from this requirement.

The Budget Reconciliation and Financing Act of 2003 requires that health occupation's boards verify that licensees have paid all undisputed taxes and unemployment insurance contributions before renewing a license. A provision is made for licensees who are making payments on the balances of outstanding taxes or outstanding unemployment insurance contributions. The bill goes into effect July 1, 2003 so all renewals after this date will be subject to verification through the State Comptroller's Office or the Department of Labor, Licensing, and Regulation. The bill does not address initial licensure.

Any licensee who may owe outstanding taxes or unemployment insurance contributions should satisfy these debts before attempting to renew their license. If the debt cannot be satisfied, the licensee should contact the appropriate party to work out a satisfactory payment plan. If a licensee has an outstanding balance related to taxes or unemployment insurance contributions, the Board will not be able to renew the license until the debt is satisfied or payment arrangements are made with the appropriate collecting authority.

*Please **do not** contact the Board of Pharmacy for information or to satisfy an outstanding individual income tax problem. Call the Comptroller's Office at 410-974-2432 in Central Maryland or toll-free at 1-888-674-0016. To settle a past business tax liability, call 410-649-0633 in Central Maryland or toll-free at 1-888-614-6337. Maryland Comptroller web site: http://www.comp.state.md.us/*

***Contact: Michael D. Golden 410-260-7305 and/or Christine Duray, 410-260-6346***

The Budget Reconciliation and Financing Act of 2003 requires that health occupation's boards verify that licensees have paid all undisputed taxes and unemployment insurance contributions before renewing a license.

*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 and distributors; 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
410-764-4755
www.mdbop.org

# From the Executive Director's Desk

The past few cloudy months have not dampened the spirits of the Board and staff in continuing to address some very important issues relating to pharmacy practice in Maryland.

The Board's on-going efforts in developing emergency preparedness training for pharmacist volunteers has yielded over 500 Phase I trained volunteers, with an additional 400 volunteers still to receive the initial training. The next Phase I training will be on September 13, 2003 in Columbia, Maryland. Visit the Board's web site for more information.

Concurrent with conducting Phase I training, the Board is developing Phase II and Team Leader training through use of significant federal funding received by the Training Services Division of the Department of Health and Mental Hygiene. The training funds will be used to train pharmacist volunteers, as well as volunteer physicians, nurses, professional counselors, psychologists, dentists and social worker practitioners in emergency preparedness response, fundamentals of incident command systems, and live practice exercises.

The July 2003 newsletter features key legislative actions taken during the 2003 session. One bill passed will impact Board operations because it requires all Maryland health boards (and other entities) to withhold the renewal licenses of health care practitioners and businesses (e.g., pharmacies, distributors, funeral home owners, etc.) if uncontested taxes are owed to the state. Details are described in this issue. Also in this issue is an article on buprenorphine, which the FDA now permits physicians to prescribe to patients in their offices for the treatment of narcotic addiction. The Board has participated in two meetings hosted by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to provide information on how the new initiative will be implemented and monitored. The Board will continue to provide new information on its web site and in its newsletter as it becomes available.

Finally, the Board is pleased to announce that Governor Ehrlich has selected Mr. Joseph DeMino to assume the vacant Chain Drug Store Board position and Mr. Christian Blake to assume the vacant Consumer Board position. Mrs. Jeanne Furman, representative for Acute Care Hospitals was also reappointed. Mrs. Furman was also elected to serve as the Board Treasurer beginning this month. She will be part of the Board's Executive Committee, consisting also of President Stanton G. Ades, who was re-elected to office, and Secretary, Melvin Rubin, who was newly elected by Board members. Congratulations to Mrs. Furman, Mr. DeMino, Mr. Blake and the elected Board Officers.

*continued on page 7*

# Pharmacy Corner

*Every month the Board's disciplinary committee identifies consumer complaints related to medication errors and dispensing. These complaints appear to be more common than other types of complaints reported to the Board. By bringing these incidents to your attention, the Committee recommends that pharmacy permit holders and their staffs take the necessary steps to prevent similar errors from occurring at their pharmacies.*

The Board not only receives complaints concerning medication errors, but also complaints regarding the orderliness and cleanliness of a pharmacy. Is there a sink in your pharmacy? One is legally required, but you just may not have seen it lately. All those used coffee mugs and oily mortars take up a lot of room. Plus, sometimes papers and magazines take over the counter and migrate onto that moveable piece of wood that covers your sink; essentially making the sink inaccessible. Maybe the pharmacy counter looks like a delicatessen with an assortment of chips, dips, and sodas mixed in with the bottles and vials of pills. This is called "clutter" and can cause a small workspace to become even smaller; thus, contributing to dispensing errors.

Most of the time, it takes a team effort with everyone helping to build up clutter gradually, with no one even noticing the mess. But, you are wrong if you think that no one notices because your customers do notice and they do call us. They wonder how a pharmacist can work in the disorganized and dirty pharmacies that they observe from their vantage point on the other side of the counter. They are worried about getting the correct medications when they see the confusion that results from disorganization in a pharmacy. They voice concerns regarding whether their medications are being contaminated from dust and dirt in a pharmacy dispensing area.

It is not only more difficult to work in an unorganized pharmacy, but it could become a public health sanitation issue. After all, if you cannot get to the sink, how can you wash your hands to help keep yourself healthy, and to prevent the spread of some pretty nasty microbes? Even a busy pharmacy can develop a daily cleaning routine. Clear the clutter. Use that bottle of isopropyl alcohol or disinfectant to clean the counters and shelves. Don't forget to vacuum the floors and empty the waste–baskets. Customers will notice, and they will appreciate having their prescriptions filled in an organized, clean, and professional environment.

# Maryland Pharmacist Volunteer Corp

Pharmacists can play an important role in responding to state catastrophic events, especially those involving biological agents. The next *"Phase 1 Training"* will be on Saturday, September 13, 2003, in Columbia, Maryland for pharmacists and pharmacy technicians who have registered as volunteers with the Board of Pharmacy. A registration form for Phase 1 training will be mailed to volunteers in August.

To join the "Maryland Pharmacist Volunteer Corp" as a pharmacist or pharmacy technician, please visit the Board's web site at www.mdbop.org and register. *For more information, contact Joan Lawrence, Public Information Officer at (410) 764-4755 or email: jlawrence@dhmh.state.md.us*

# Medication Errors: The virtues of independent double checks – they really are worth your time!

Has your double check system ever failed, leading to a medication error that escaped your detection and ultimately reached a patient?

If you answered, "yes" to this question, you're not alone. Here's one recent example. A pharmacist correctly calculated the dose and volume of interferon for an infant, but entered 0.68 ml into the computer instead of the correct volume of 0.068 ml (a common mistake documented in the literature). A second pharmacist double-checked the calculation. He arrived at the correct volume of 0.068, but misread the computer entry of 0.68 by the first pharmacist as 0.068 due to confirmation bias—seeing only what one expects to see and overlooking any disconfirming evidence.

As this example shows, there's no question that double checks carried out by people fail at times. But have these failures led you to doubt the overall value of double check systems? Given how busy healthcare professionals are, do you wonder if this error reduction strategy is even worth your time to carry out? We [Institute for Safe Medication Practices (ISMP )] asked Dr. Anthony Grasha, Professor of Psychology at the University of Cincinnati, to offer comment on this issue.

Research shows that people find about 95% of all mistakes when checking the work of others. Mathematically, the benefit of double checks can be demonstrated by multiplying this 5% error rate during the checking process and the rate in which errors occur with the task itself (the checking error rate x the task error rate). For example, if a pharmacy dispensing error rate is 5% (based on research findings), and a double check occurs before medications are dispensed, then the actual chance of a dispensing error reaching the patient is 5% of 5%, or only 0.25%.

Human factors suggest that double checks are more effective if they are performed independently. For example, an error in the concentration of a drug will be detected more often if the person checking the product performs all calculations independently, without knowledge of any prior calculations. In fact, sharing prior calculations or performing a double check together with the person who originally completed the task is fraught with problems. In these instances, if a mistake is present, the person checking the work is more easily drawn into the same mistake, especially if it appears to be correct at first glance (e.g., numbers correct but decimal point placement wrong, correct drug but wrong concentration selected during PCA pump set-up).

Dr. Grasha also points out that the effectiveness of double check systems depends on training staff to carry them out properly—as an independent cognitive task, not a superficial routine task. And with workload issues looming heavily over practitioners, double checks should only be applied strategically to situations that most warrant their use—prescribing, dispensing, and administering select high alert medications. These have the greatest chance of harming patients if misused. Fewer well-placed double checks will be much more successful than an overabundance of double checks.

*Article 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 Food and Drug Administration (FDA) in analyzing medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners.*

*1 ) Grasha AF, et. al. Delayed verification errors in community pharmacy. Tech Report Number 112101. Cognitive Systems performance Lab.Contact: Tony.Grasha@UC.Edu.*

*2 Campbell GM. and Facchinetti N. Using process control charts to monitor dispensing and checking errors. Am J Health-Syst Pharm 2000; 55: 946-952.*

## NCPDP Announces Educational Programs

ON AUGUST 12, 2003 AT THE HYATT REGENCY INNER HARBOR IN BALTIMORE, Maryland, NCPDP will present the Educational Forum, "HIPAA Hurdles and Resolutions." The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a major focus for all health care entities. This Education Forum will address the challenges of implementing HIPAA to date. The Program speakers will showcase a current problem and provide solutions that have proven to be effective or suggest possible solutions that are currently being developed. The program will include case studies, testing strategies, GAP analysis strategies and other methods of analysis.

*For more information go to the NCPDP web site at www.ncpdp.org.*

# Legislative Updates

## The following bills were passed during the FY 2003 Legislative Session. Please note the varying effective dates.

### **Senate Bill 224**—Board of Physician Quality Assurance- Office Based, Medication—Assisted Opioid Addiction Treatment

Senate Bill 224 requires the Board of Physician Quality Assurance to establish or designate a program to train Maryland doctors who wish to apply for a Substance Abuse and Mental Health Services Administration waiver so that a physician may practice office-based, medication-assisted opioid addiction therapy. Office-based, medication–assisted opioid addiction therapy will present pharmacy issues such as requiring the pharmacist to determine which doctors have obtained the waiver. The law becomes effective October 1, 2003.

### **House Bill 410**—Health Insurance–Private Review Agents-Examination of Pharmacy Benefit Managers

House Bill 410 requires the Maryland Insurance Commissioner to examine Pharmacy Benefit Managers that are registered as private review agents, every 3 years. The law becomes effective October 1, 2003.

### **House Bill 684**—Pharmacists–Practice–Information on Generic Drug Option

House Bill 684, which is effective October 1, 2003, will require a pharmacist, or the pharmacist's designee who is under the direct supervision of the pharmacist, to inform a retail consumer to the best of the pharmacist's or the pharmacist's designee's knowledge of the following:

- The availability of a generically equivalent drug; and
- The approximate cost difference as compared to the brand name drug.

#### The provision does not apply to:

- A prescription that is written for a generic drug;
- When the authorized prescriber states expressly that the prescription is to be dispensed only as directed;
- A pharmacist who works in a pharmacy, whether centralized or decentralized, which primarily serves public or private institutional recipients; or
- When a third party payer, including medical assistance, reimburses the cost of the prescription.

### **House Bill 935**—Budget Reconciliation and Financing Act of 2003

House Bill 935 will require the Board to verify with the Office of the Comptroller and Department of Labor, Licensing, and Regulation, before the Board renews a license or a permit, that the pharmacist or pharmacy permit holder has:

- Paid all undisputed taxes; and
- Paid all unemployment insurance contributions, or
- Has made suitable payment arrangements.

If there are outstanding taxes that are not disputed, or outstanding unemployment contributions, and no suitable arrangement has been made to make payment, the Board will not be able to renew a license or permit. This law becomes effective July 1, 2003.

# Important notice for all applicants

**Effective the first week of May 2003,** The National Association of Boards of Pharmacy, NABP, offers the Pre-NAPLEX or Pre-North American Pharmacist Licensure Examination. This test is available via the NABP web site at www.NABP.net. The online practice examination will have the same "look and feel" as the NAPLEX. A scoring estimate (or probability) of how candidates will perform on the NAPLEX will be provided through the pre-exam.

NABP has contracted with Promissor Inc., an expert in computer-based assessment exams with offices in Philadelphia, Chicago, and London, to administer the Pre-NAPLEX. Promissor provides knowledge measurement services to clients around the world, designs assessment solutions and provides test development services and delivers via multiple testing channel options as well as comprehensive client support services.

Comprised of 50 items, the pre-exam will aid pharmacy students and graduates in assessing their ability, knowledge, judgment, and skills that an entry-level pharmacist is expected to demonstrate. The fee for each attempt to sit for the pre-NAPLEX is $50.00. For more information, please refer to the Frequently Asked Questions on the NABP web site at www.nabp.net, contact NABP Headquarters at (847) 698-2612 or e-mail custserv@nabp.net.

# Health Information Portability and Accountability Act (HIPAA)

**There are three components of the Health Information Portability and Accountability Act (HIPAA) that most affect pharmacists and pharmacies, as well as most all other health care providers (also referred to as 'covered entities').**

### 1. Privacy

The Privacy requirements have been in effect since April 14, 2003. The rules establish how and when pharmacies and other covered entities may use and disclose a patient's Protected Health Information (PHI). This covers a broad range of circumstances, including the requirement to inform patients of how they may obtain their own information, and how to learn who has accessed it. Training is required to be given to all personnel in the pharmacy by a Privacy Officer appointed in the operation. Pharmacists are responsible for insuring patient privacy from the way information is given out to the method that patient information is disposed.

### 2. Security

The final security rule was published in late March and will be effective in 2005. The rules require administrative, physical and technical safeguards to prevent illicit access to patient information when it is stored or transmitted electronically.

### 3. Transactions, Code sets, Identifiers.

Originally set to be in effect October 16, 2002, these requirements were made subject to a one-year extension to October 16, 2003. Extensions were automatically granted when requests, that included an implementation strategy, were made. The rules create standards for electronic transmission of data in payment claims and other electronic transactions. They also establish uniform numbers for patients, providers, health plans and employers to help them identify and communicate with each other.

Pharmacy Owners MUST assess their software for changes/additions in data content AFTER their software vendors make it HIPPA-compatible. This will ensure that they will be prepared for this stage. The extension runs out in just a few months.

The State Advisory Council on Medical Privacy and Confidentiality (SACMPC), drawing upon assistance from the Office of the Attorney General at DHMH, the Maryland Health Care Commission, and the Health Law Section of the Maryland State Bar Association, has developed a comparison of Maryland law and HIPPA. The comparison provides overviews of key areas and charts comparing the relevant sections of State and Federal law. It is not intended to be a comprehensive guide to HIPPA related issues; however, it should be a very useful reference for anyone who works with medical records or health information in Maryland. The document, which will be revised and updated periodically, can be viewed and printed from the SACMPC website at: *http://www/dhmh.state.md.us.sacmpc/*. More detailed information relating to the HIPPA Privacy Rule is available at *http://www.hhs.gov/ocr/hipaa/privacy.html.*

If you believe that Maryland law needs to be strengthened (because it is either not as protective as it should be or is inconsistent with HIPAA) or if a waiver from federal preemption for certain activities should be sought, please contact Fred Ryland, Assistant Attorney General, Maryland Health Care Commission, at *fryland@mhcc.state.md.us* or 410-764-3839, with a copy of any written communications sent to **Robert L. Baum, Esquire**, Chair, SACMPC, 110 N. Washington Street, Suite 405, Rockville, MD 20850 (*mdmedprivacy@yahoo.com*) and to **Fred Ryland**, AAG, at the Maryland Health Care Commission, 4160 Patterson Avenue, Baltimore, MD 21215.

## Drug Addiction Treatment Act 2000 (Buprenorphine)

THE FDA HAS APPROVED the use of buprenorphine and naloxone for the treatment of opioid dependence under the Drug Addiction Treatment Act (DATA). The legislation has enabled the treatment of opioid addiction to move to the physician's office and consequently into the pharmacy. Pharmacists should become familiar with the disease of addiction and develop unbiased methods for counseling addicted patients.

Suboxone, the combination of buprenorphine and naloxone, is employed for maintenance treatment. The addition of naloxone to buprehorphine causes severe withdrawal symptoms if the pills are crushed and injected intravenously by addicts.

Subutex contains only buprenorphine and is recommended for use at the beginning of treatment. During the early phase of treatment called the "induction" period, the patient is administered the medication in the physician's office. Prescriptions for induction doses in even small amounts must be labeled properly for the patient. Remember that both forms of buprenorphine are listed under Schedule III of the Controlled Substances Act and are therefore subject to required record keeping and labeling regulations. As with any CDS, the possibility exists for fraudulent prescriptions and diversion.

Only approved physicians have been issued special DEA identification numbers to be included along with their existing DEA registration number on prescriptions. Pharmacists may call 1-866-BUP-CSAT or E-mail info@buprenorphine.samhsa.gov. to determine if a physician has been approved to prescribe buprenorphine.

As with all patients, it is important that the counseling area of the pharmacy be as private as possible when dispensing buprenorphine, in order to ensure required patient confidentiality. Establishing a trusting professional relationship among the patient, pharmacist and physician is important for the success of this therapy.

# Frequently Asked Questions

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

## Compliance

*Q. Ethex distributes a generic of Prenate GT. It contains the same 14 ingredients in the same amounts. It is manufactured by KV Pharmaceutical Company. The following statement appears on the box: "The FDA has not required that this product be approved or rated for therapeutic equivalence. Even when products are labeled as containing the same active ingredients, they may be subject to different potency specifications and may contain different inactive ingredients. State law governs substitution of prescription pharmaceuticals." In Maryland, is Ethex brand NatalCare GlossTabs an acceptable substitution for Prenate GT?*

A. Please note Health Occupations Title 12, §12-504. The FDA-approved *Drug Products List with Therapeutic Equivalence Evaluations* (the "Orange" Book) is the acceptable reference for pharmacists to use in Maryland for substitution of generic equivalents for brand name drug products. The only exception would be the six drugs included on the Department of Health and Mental Hygiene's list of non-substitutable drug products. If there is not an equivalent drug in the "Orange Book," then the pharmacist should call the prescriber to obtain a NEW prescription for the product in stock. If the pharmacists are working in a hospital or inpatient institutional pharmacy, they could notify the authorized prescriber of the product that the pharmacy has in stock and a protocol regarding this product may be developed.

The patient should be notified of any generically equivalent drug of the same dosage form and strength, for any brand name drug product prescribed if the prescriber has not indicated that the prescription is to be dispensed only as directed and the substitution is recognized in the CURRENT list of approved drug products (Orange Book).

The patient must be charged less for the substituted drug than the Brand name drug.

Also if the drug is substituted, the patient must be notified in writing that the drug is a generic equivalent of the prescribed product and the name and manufacturer of the substituted drug must be noted on the prescription record.

A pharmacist who substitutes a drug product in compliance with section 12-504 "incurs no greater liability in filling the prescription by dispensing the equivalent drug or device product than would be incurred by filling the prescription by dispensing the prescribed brand name drug or device."

*Q. What are the regulations for transferring prescriptions? Are only the initials of the transferring pharmacist sufficient?*

A. COMAR 10.34.04 specifies that the pharmacist transferring a prescription order must indicate on the prescription record (computer database) that the prescription has been permanently transferred to another pharmacy with the name of that pharmacy and the name of the pharmacist who transferred the prescription along with the date of transfer. If the prescription was transferred by phone, the name of the pharmacist to whom the prescription was transferred should be documented also.

The pharmacist receiving a permanently transferred prescription is responsible for maintaining the prescription record (computer database) in a readily retrievable manner and must document that the prescription was transferred from another pharmacy with the notation of the name and address of that pharmacy. The number of remaining refills and the original prescription number should be noted on the prescription record. The following dates are required to be recorded on the transferred prescription: the date of issuance of the original prescription, the date on which the prescription was first filled, the date of the last refill, and the date on which the prescription was transferred to the pharmacy.

## Licensing

*Q. Where should I mail examination applications to become licensed in Maryland and to whom should the check be made payable?*

A. The Maryland examination packet consists of the Maryland application, the NAPLEX Scantron form and the MPJE Scantron form. The Maryland application and $100 fee should be made payable to the Maryland Board of Pharmacy and mailed to: Maryland Board of Pharmacy, 4201 Patterson Avenue, Baltimore, Maryland 21215.

The two Scantron forms should be mailed to NABP with the $600 fee made payable to: **The National Association of Boards of Pharmacy:** NABP, 700 Busse Highway, Park Ridge, Illinois 60068.

*Q. Can I pay by personal check or money order?*

A. The Maryland Board will accept a personal check or money order. The Board will not accept cash payments. NABP will only accept a cashier's check. Neither organization accepts cash.

# Executive Director

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The Board is still awaiting news of appointment of an At-Large member to replace Mr. Irving Lottier, former Board Secretary. Mr. Lottier completed his second term on the Board this month. As Board Secretary, he served as the direct supervisor of the Executive Director and as keeper of the official Board records, in addition to other routine Board responsibilities. Once a week, Mr. Lottier faithfully visited the Board office to review applications, review public and executive meeting minutes and meet to discuss Board and staff related issues. Demonstrating thoughtful leadership capabilities, Mr. Lottier also acted on behalf of the Board Chair in his absence. On behalf of the Maryland Board of Pharmacy and staff, we thank Mr. Lottier for eight years of dedicated service and wish him good fortune in his future endeavors.

*(On a personal note, Mr. Lottier's knowledge and patience in assessing and advising me on the many concerns that were brought to him helped to shape my approach as the Board's Executive Director. I will sincerely miss his weekly support.)*

## Let Us Know How We Are Doing...

Please e-mail your questions, concerns or comments to us at the following e-mails. We value your feedback.

**Licensing**—E-mail Tamarra Banks at: tbanks@dhmh.state.md.us
**General**—E-mail Joan Lawrence at: jlawrence@dhmh.state.md.us

## Address or Employment Change

Submit the Pharmacist Change of Information form on our web site. Go to: www.mdbop.org and click on Forms & Publications.

## Special Notice

The Maryland Board of Pharmacy Newsletter is considered an official method of notification to pharmacists and pharmacies. These Newsletters may be used in administrative hearings as proof of notification.

Please read them carefully and keep them in the back of the Maryland Pharmacy Law Book for future reference.

# *industry* UPDATES

## Upcoming Events

**Maryland Chapter—ASCP, 10th Annual Mid-Atlantic Conference**, August 7-10, 2003

Hyatt Regency Chesapeake Bay, Cambridge, Maryland.
Contact: Anna Leonhardt, 410-465-7011

**MSHP 38th Annual Seminar—**
October 10-12, 2003

Rocky Gap Lodge & Golf Resort, Cumberland, Maryland.
Contact: Anna Leonhardt, 410-465-9975 for MSHP

**PEAC Conference—**
Thursday October 16, 2003

Handelman Learning Center at the Beacon Institute, Columbia, Maryland.
Contact: Anna Leonhardt, 410-465-9975

## Disciplinary Actions

**Hremt Pharmacy**, (Permit# P02010)
Effective May 14, 2003, permit to operate a pharmacy is summarily suspended, stay of suspension is lifted.

# Maryland Board of Pharmacy

**Board Members**
*Front row left to right:*
Irving Lottier, Jr.,
Linda Bethman (Board Counsel),
Stanton G. Ades, Ramona
McCarthy Hawkins, Jeanne Furman
*Back row left to right:*
Wayne Dyke, John Balch,
Rev. William Johnson, Melvin
Rubin, Donald Yee, Dr. Raymond
Love, Paul Ballard (Board Counsel)
(not in photograph)

**Board Staff**
*Front row left to right:*
Devin Cunningham-*Licensing Secretary*,
Joan Lawrence-*Public Information Officer*,
Deitra M. Gale-*Compliance Specialist*,
Lakeya Davis-*Licensing Clerk*
*Middle row left to right:*
Doris James-*Administrative Licensing Specialist*,
Tamarra Banks-*Information Services Manager/Licensing Supervisor*
Sandra Hines-*Secretary (not in photograph)*
Catherine S. Putz-*Pharmacists Compliance Officer (not in photograph)*
Latonya Dickerson-*Executive Secretary (not in photograph)*
*Back row left to right:*
James Slade-*Regulations/Legislative Officer*,
LaVerne G. Naesea-*Executive Director*,
Shirley Costley-*Fiscal/Personnel Officer*,
Vladimir Konstantinov-*Database Specialist*

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



*Joan M. Lawrence, Staff Editor*

## Meetings

The Pharmacy Board meetings are open to the public 9:00 a.m. – 12:00 Noon at 4201 Patterson Avenue, Baltimore, MD 21215. The Board encourages all interested parties to attend.

### Board Meeting Dates

Wednesday, July 16
Wednesday, August 20
Wednesday, September 17
Wednesday, October 15
Wednesday, November 19
Wednesday, December 17

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.

Send information to:
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4201 Patterson Avenue
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410-358-6207; jlawrence@dhmh.state.md.us.

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