

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 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.
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410-764-4755
www.mdbop.org

Professional Practice Corner

Each 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 hopes that pharmacy permit holders and their staffs will take the necessary steps to prevent similar errors from occurring in their pharmacies.

The Committee is seeing an increased incidence of pediatric related dosing errors. These incidents are primarily attributed to labeling errors. The most common error has involved physicians prescribing medications in ml as a unit of measurement. However, when the directions are typed on the label, the dose is expressed in teaspoons. An example for how this could happen is if a physician prescribes Ibuprofen 100mg./5ml., take 1.5ml. by mouth two times a day for toddler and the label affixed to the medication reads, Ibuprofen 100mg./5ml., take one and one half **teaspoonfuls** by mouth twice daily. This type of labeling error could result in the child receiving several times the prescribed dose.

Please be familiar with the capabilities of your pharmacy's computer system. In particular, know what types of defaults are installed, if any. If your computer system is not equipped with defaults, be mindful when manually entering dosing information. Steps should be taken to ensure the necessary information is recorded during the prescription intake process, i.e. date of birth and the child's weight. In addition, pay close attention to any DUR messages that may appear.

Upcoming Events

Celebration of National Pharmacy Week - "Know Your Pharmacist"

A banner, sponsored by the Maryland Pharmacy Coalition, will be hung at Pratt and Greene Streets in Baltimore, Maryland from October 13 to October 27 in celebration of National Pharmacy Week. This year's theme is "Know Your Pharmacist." More information visit www.mdbop.org. For student information contact Dr. Cynthia Boyle at 410-706-1495.

SAVE THE DATE! MPhA Mid-Year Meeting

Reserve February 1, 2004 for the MPhA Mid-year Meeting. For more information contact: Howard Schiff, Executive Director, Maryland Pharmacists Association, 410-727-0746

Industry News

Maryland Medicaid Implementing Preferred Drug List

Effective November 5, 2003, the Maryland Medicaid Pharmacy Program will rollout the first phase of the Preferred Drug List covering fee-for-service patients.

For detailed information on how the program will operate and what pharmacists' responsibilities are, refer to the Pharmacy Program web site (www.dhmh.state.md.us/mma/mpap/) and the Pharmacy Program's contractor Provider Synergies' web site (www.provider-synergies.com).

California State Board of Pharmacy Approves Accreditation Commission for Health Care, Inc. (ACHC)

July 2003 Press Release. For more information visit: www.mdbop.org and click on Establishment Licensure.

From the Executive Director's Desk

The Board is continuing this autumn with activities initiated this past summer, and is bringing to fruition older projects of which readers have been kept informed. Having successfully implemented the on-line renewal system for establishments (pharmacies and distributors) last year, permit holders can again renew on-line soon after October 1, 2003. All establishment permits will expire on December 30, 2003. The on-line renewal system for pharmacists is currently under testing and the Board anticipates that pharmacists, whose licenses will expire December 30 and after, will be able to renew on-line, beginning sometime in November 2003. New this year, pharmacists will be able to charge renewal fees to major credit cards. This option is not available to permit holders. Those who pay by check or money order can still use the online system. However, payment must be mailed to the Board before the permit or license expires in order to avoid delays in the permit or license being renewed.

There are numerous advantages to renewing on-line, including time-savings and convenience. Once logged into the system, much of the required renewal information is pre-inserted and applicants will be primarily required to submit additions and changes to information provided previously. No more clearing desk space to complete the paper application and researching information filed with the last renewal. And, the renewal submissions are electronically linked to the Board's databases, therefore helping to avoid errors and expediting the entire application process. Check the Board's web site (www.mdbop.org) for the exact dates, when the systems will become available for use and for regular updates.

The front page of the last newsletter announced the new state law requiring Boards to hold back the issuance of renewal licenses for practitioners who have state tax liabilities. The law was difficult to implement because procedures were not written into the law. Several health practitioner boards joined in preparing a set of regulations (COMAR 10.31.02) to provide guidance on upholding the law. The regulations (which should have passed by the publication of this newsletter) specifically state that when the Comptroller identifies a renewal applicant as delinquent, the Boards will be required to send written notice to the applicants. The written notice will provide information regarding how long the licensees will have to resolve the liability issues. Board of Pharmacy renewal applications are usually mailed two months before expiration of the license or permit. To provide as much time as possible to remedy a tax liability, the Board plans to mail the written notices, along with renewal applications, to delinquent licensees earlier than it normally sends out renewal applications. If the liability issue is not resolved before the license or permit expires, the Board will then inform the applicant that the renewal application has been denied.

On another front, the Board has been heralded as the leader in recruitment and training of volunteer pharmacists and unlicensed personnel for its Bioterrorism Training (over 900

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New Application Process for the Pharmacy School Enrollments



Starting with the admission cycle for the fall of 2004, Maryland pharmacy school candidates will join other candidates across the country in using a national centralized application system called PharmCAS. Students interested in attending the University of Maryland School of Pharmacy will apply via the Internet to the central application service (PharmCAS) rather than to individual schools. The system is very similar to the approach used by schools of medicine, dentistry and veterinary medicine for several years.

PharmCAS was developed by the American Association of Colleges of Pharmacy (AACP) to help students, academic counselors and schools of pharmacy with the pharmacy admissions process. The system will allow pharmacy school candidates to apply to multiple schools and to track their applications through the complex admissions process using the Internet and individualized passwords. They will also be able to view requirements and information about the 84 schools and colleges of pharmacy on-line at <http://www.pharmcas.org>.

The new PharmCAS software will help schools of pharmacy manage their local admissions process by allowing searches of application data, checking for prerequisite courses completed, calculation of school-specific GPAs, and performance of other admissions functions. The movement to a centralized admissions process also allows for implementation of an Early Decision process. Applicants will be able to select one school and if admitted to that school, will be committed to attending. If they are not admitted, then they may apply to other schools of pharmacy. September 1 is the deadline for application to the Early Decision process. Schools will notify Early Decision candidates no later than October 31 about the school's decision. Since the Early Decision process starts in September, it is imperative that interested applicants take the March PCAT. Applicants not interested in participating in the Early Decision process may still take the October or January exams.

In summary, movement to the centralized application service has the following implications for Maryland pharmacy students:

1. Apply using one application for the centralized service.
2. Pay about \$120 to use the service, but may easily apply to more than one school.
3. Apply via the Internet.
4. Track application during the admissions process using the Internet.

Individuals interested in using the PharmCAS system to apply to pharmacy schools should contact The Psychological Corporation (1-800-622-3231) to obtain an application and information about the PCAT exam.

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: I work in a retail pharmacy and I received a prescription for a CII substance written by a hospital intern for a family member using the hospital's DEA number. Is this a valid prescription?

A. In general, the topic of prescribing for family members is one of concern for pharmacists especially when the drug is a controlled substance. Does a professional practitioner-patient relationship exist between the prescriber and the client? Is the practitioner prescribing within his/her scope of practice? Under the Controlled Substance Act (CSA) "a valid prescription must be issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice."

In this case, the prescriber is an Intern who is using the hospital's DEA Registration number to write a CII prescription for a family member.

To quote the DEA Pharmacist's Manual (March 2001) "An individual practitioner (e.g. intern, resident, staff physician, mid-level practitioner) who is an agent or employee of a hospital or other institution may, when acting in the usual course of business or employment, administer,

dispense, or prescribe controlled substances under the registration of the hospital or other institution in which he or she is employed."

The practitioner must be authorized to prescribe by the state and this information verified by the hospital, which then assigns a specific internal code number to the practitioner who then is allowed to prescribe only within the scope of employment in the hospital.

If the pharmacist has any doubts regarding the validity of a prescription for a scheduled substance written by a practitioner using the DEA number of a hospital, along with the practitioner's internal hospital code number, the pharmacist should contact the hospital for verification BEFORE dispensing the prescription.

Never forget that you as a pharmacist have a corresponding responsibility with the practitioner in determining that the prescription is for a legitimate medical purpose and is indeed a valid prescription.

Licensing

Q: What does an out-of-state prescription drug distributor need to do to report a change of address?

A: When the location of an establishment (distributor or pharmacy) is changed, a new application must be filed and submitted with the required fees. Please access the Board's web site at www.mdbop.org/forms/establish.htm to download the distributor application and instructions.

Q: I am a potential immigrant to the USA, applying for the forthcoming FPGEC, if I fail any part of the FPGEC how long will I have before I can retake that part again before my eligibility expires?

A: The National Association of Boards of Pharmacy (NABP) requires all parts of the FPGEC process to be met and/or passed within a two-year period in order for each passing score to remain valid. Usually, the Maryland Board respects NABP's guidelines in addition to other Maryland-specific criteria used to qualify foreign graduates.

Please consider contacting the NABP directly through its web site at www.nabp.net for more information. Instructions for foreign graduates who wish to become licensed pharmacists in Maryland may be accessed through the Maryland Board's web site at www.mdbop.org.

Regulatory Update

COMAR 10.31.02 Tax Compliance

Pursuant to a bill that passed during the 2003 Maryland Legislative Session, the Board, along with other boards, implemented emergency regulations relating to tax and unemployment insurance contribution compliance. If any licensee or permit holder has outstanding taxes or unemployment insurance contributions, please contact the State Comptroller's Office or the Department of Labor, Licensing and Regulation to make arrangements before your license or permit needs to be renewed. The Board will not be able to renew a license or permit if a licensee or permit holder has

outstanding State taxes or unemployment insurance contributions, and no payment arrangements have been made with the applicable agency.

COMAR 10.34.01 Formal Hearings

This chapter of regulations was revised as of September 1, 2003. Please log on to the Board's web site at www.mdbop.com to review the changes. The revised regulations may be found by clicking on the "Legislation, Policy & Regulation" link and then entering the "Regulation" link at the top of the page.

Disciplinary Actions

Lawrence Appel (License # 08351)
Effective July 7, 2003, license to practice pharmacy is summarily suspended.

Arnold Alperstein (License # 07356)
Effective July 15, 2003, license to practice pharmacy is voluntarily surrendered.

David Curry (License # 07976)
Effective August 4, 2003, license to practice pharmacy is summarily suspended.

Joycelyn Kyle (License # 12948)
Effective August 7, 2003, license to practice pharmacy is summarily suspended.

DHMH State Fair-Seniors Day

On August 28th, the Maryland Board of Pharmacy, working in partnership with the Maryland Pharmacy Coalition (Maryland Society of Health-System Pharmacists (MSHP), Maryland Pharmacists Association (MPHA), American Society of Consultant Pharmacists (MD-ASCP), Maryland Pharmaceutical Society, the Maryland Poison Center, Johns Hopkins Hospital and the University of Maryland School of Pharmacy hosted a booth at the Timonium State Fair in Timonium, Maryland. It was a successful endeavor, thanks to the joint efforts of the above groups and 19 dedicated pharmacists and pharmacy technicians who volunteered throughout the day in 2-3 hour shifts.

Health concerns were addressed along with the dissemination of products and literature received from various pharmaceutical companies. Volunteers worked tirelessly from 9:00 a.m. to 10:00 p.m., with over 800 consumers visiting the booth to receive general safety tips and health care services. Information disseminated covered a variety of subjects, including, nutrition, diabetes, cholesterol, blood pressure, smoking cessation, osteoporosis, and over-the-counter prescriptions. Hemoglobin testing, and medication consultations were also offered to fair attendees.

Thanks to everyone who provided support and assistance, and the Board looks forward to partnering again at its next event.

The Board extends a special thanks to Anna Leonhardt, Executive Director of MSHP who worked tirelessly to obtain and store over 100 boxes of health care materials from the pharmaceutical manufacturers. Also, a special thanks to the manufacturers for providing health care literature and giveaways, as well as, the volunteers (pharmacists and pharmacy technicians) from the Maryland Pharmacy Coalition, Johns Hopkins Hospital, The Peter Lamy Center, University of Maryland School of Pharmacy, and Andrew Briglia, Otho Biotech, Inc., and the Office of Health Care Quality for providing a nurse and an Hemoglobin testing machine, making this consumer event a success.

Executive Director (continued)

hundred recruited). Yet, only a few more than half have participated in the required Phase I Training! The Board can only guarantee that the training will be offered one additional time before moving on to Phase II activities. If you have volunteered, and not been trained, please sign-up for the next Phase I training.

Finally, the Board is pleased to announce the appointment of an additional new member, rounding out all the required appointments. Mr. Mark Levi has been appointed as the new At-Large member for a four-year term effective May 1, 2003. Mr. Levi replaces Mr. Irving Lottier who recently completed his second term. Congratulations to Mr. Levi, who is an old friend to the Board (having volunteered with many of our previous committees and activities). We are looking forward to some big contributions from Mr. Levi!

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, 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.

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

The services and facilities of the Maryland State Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex or national origin, and applies to the provisions of employment and granting of advantage, privileges, and accommodations.

The department, in compliance with the Americans and Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

Joan M. Lawrence, Staff Editor

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