Summer 2005

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.

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Maryland Board of Pharmacy Message from the President

John H. Balch

Serving as the new president of the Maryland Board of Pharmacy is both an honor and a privilege. Following the path of Stanton Ades and Mel Rubin has given me the perspective on the importance of representing pharmacy in the State of Maryland. I believe their efforts have given me a clear directive as to the importance of the mission of the Board of Pharmacy, and the duty to provide Maryland's citizens, pharmacists, and pharmacies a safe, honest, and professional atmosphere to practice the profession of pharmacy.

As the profession of pharmacy landscape continues to change from the beginning of the academic pursuit, to the practice setting, and to the virtual world of Internet pharmacy, the Board of Pharmacy must keep its eye on the constant pressures placed on the practice of pharmacy. During the last several years, the Board has been responsible for the development of regulations for drug therapy management and automation, supporting passage of legislation to allow pharmacists to administer the flu vaccine, as well as updating and improving the pharmacy inspection process. The Board will continue pursuing the registration of pharmacy technicians in the 2005-2006 legislative session**.** All of this requires countless hours of Board staff and Board commissioners**'** time and the commitment to bring these efforts to fruition. Through these initiatives, the Board has remained committed to its mission: to protect the safety of our citizens and to provide licensees an environment that supports good pharmaceutical care.

During the next year, the horizon is dotted with new threats and opportunities. The pharmacy technician bill should pass in the legislature's next session, and the flu vaccine regulations should be approved and adopted before or during the 2006 flu season. New federal legislation is being actively proposed for restrictions on the sale of pseudoephedrine and possibly dextromethorphan products, and the State of Maryland will have legislation introduced next session that will address these issues. The 'conscious clause' controversy seems to have many state legislators attention, and there is speculation that several bills will be introduced in Annapolis regarding this issue.

Increasing our exposure in Annapolis is a priority. It is imperative that we educate key committee chairs on the role of the Board of Pharmacy, and what we can and cannot do regarding many of the proposed legislative bills presented each year. This process has begun, and will continue through the summer and on a yearly basis, to assure that the Board of Pharmacy will be a valuable resource to the legislature.

I believe the Board of Pharmacy, in many ways, has not been given the respect it deserves. It is a true privilege for the ten pharmacists and two consumers to represent our profession throughout the state. My goal is to communicate that privilege in as many venues as possible, and to encourage pharmacists seeking ways to become involved in their profession to expand their horizons by seeking appointment to the Board of Pharmacy. ■

From The Executive Director's Desk
FAREWELL TO THREE BOARD GIANTS

LaVerne G. Naesea

Summer 2005 is particularly bittersweet. While it is the season to implement legislation passed during the last session, to structure operations to address new initiatives by newly elected President, John H. Balch, and to celebrate FY 2005 accomplishments, it also marks the end of the terms for three Board giants: Mr. Melvin Rubin, Dr. Raymond Love and Mrs. Ramona McCarthy-Hawkins. Mel, Ray and Ramona were literally and interchangeably the hearts, minds and souls of the Board — each, leaving a legacy that will be hard to match.

Former Board President Rubin provided a farewell article in the spring 2005 newsletter, so his many involvements need not be repeated with this writing. Suffice it to say, he was involved with more committees, initiatives and operations than any member during my tenure with the Board. He always went the 'extra mile' in order to ensure that the Board functioned continuously to meet its mission of ensuring public safety and the delivery of quality health care service to Marylanders.

I met Mel Rubin when I interviewed for my current position at the Board. He was the acting Executive Director. Imagine, a Board member, volunteering daily in an unpaid position to run an office until that vacancy was filled! I was extremely nervous, but intrigued by the possibility of working for what appeared to be a very committed individual. I worked more *with* Mel than for him. Nearly everyday we exchanged e-mails, idea**s** and ideals, and sometimes words about the best way to meet the Board's mission. He worked on weekends, early mornings and late nights to finish a report, design a survey, organize the storage room, preside at hearings, administer exams or review applications. He 'acted' in every vacant staff position, from receptionist to Compliance Officer, until replacements could be hired…and he brought in the freshest bagels and cream cheese for the staff at least once a month.

Mel Rubin represented the Board on the national, state and local levels, with a sense of responsibility that went well beyond his Board member oath. Some staff jokingly referred to him as the *Godfather* and in a sense he was just that…because he could not refuse any *need* the Board required.

Mrs. McCarthy-Hawkins was also a part of my job-interview panel. I remember her occasional glances during that session being very intimidating. I had read her correctly, because Ramona, a retired Food and Drug Administration federal regulator, never took any 'stuff' from Board or staff members, the many licensees who appeared before her during disciplinary proceedings, nor me. Never mincing her words, Ramona served Maryland patients and the Board well as she carefully and artfully evaluated information before expressing an opinion through her voting power.

Ramona served on the Licensing, Practice, Disciplinary, and several other committees and task forces during her two terms on the Board. Driving over eighty miles each day to participate in these meetings, she was committed to supporting Board regulatory efforts. She was strong, resolute and served as the conscience of the Board.

Last, but certainly not least, Dr. Raymond Love's term on the Board has also ended. Dr. Love, a pharmacist of a different nature, came to the Board from academia. His background proved most beneficial in guiding work as Chair of the Board's Practice Committee. He oversaw the development and revision of numerous statutes and regulations including automated medication systems, long-term care, transfer and outsourcing, portable drug kits, delivery of prescriptions, pharmacist administration of influenza vaccine, electronic transmission of prescriptions, and many others under the Pharmacy Practice Act as Practice Committee chair. He was involved with several task forces, including Medication Errors, Long Term Care, USP 797, Drug Therapy Management, Nurse Dispensing and Pharmacy Technicians. Dr. Love also urged the Board to initiate the Emergency Preparedness Committee and chaired that committee as it developed a 'roadmap' to ensure protection of Maryland citizens during emergencies.

Ray Love served as a balance on the Board. As a pharmacist and a state employee, he understood the roles and the rules of both the state and the Board and applied reason mixed with compassion. On a personal note, Dr. Love provided advice and support to me during my most challenging professional and personal periods. Demonstrative of his sensitivity and leadership ability, Dr. Love would occasionally call me just to see how I was doing (or 'dealing') with a job-related or personal event. I admired and emulate his professional style.

This article has extended well beyond my allotted word count and I have only begun to describe why the Board and staff came to love and respect these three giants**.** They have each helped to equip the Board with tools to ensure that it continues in its rich tradition of ethical and fair commitment to Maryland patients. Melvin Rubin, Raymond Love and Ramona McCarthy Hawkins exemplify the expectation of all appointed board members. Thank You — from the Department of Health and Mental Hygiene, the Board and staff members and Maryland citizens for your combined 24 years of stellar service to the Maryland Board of Pharmacy. ■

EMERGENCY PREPAREDNESS DRILL

Melvin Rubin

The only terror was in the hearts of the Board members wondering whether they would stage a drill and have no volunteers. The only anthrax seen was in the pictures on the handouts. But, over 45 pharmacists enthusiastically participated in the Board of Pharmacy Emergency Preparedness Drill on March 19, 2005. For about four hours, volunteer pharmacists and other participants helped to identify kinks in the plans drawn up by the Board. Participants tested and timed communications while telephoning of hundreds of pharmacists regarding their availability, as if the drill were a real emergency. During other phases of the drill, participants repackaged and dispensed 'pills' (M&M candies) to the 'patients'. "Patients" were provided mass counseling, regular counseling**,** and special needs counseling, and these activities were also timed as they were performed. Some real medications were actually repackaged for possible future distribution during a real emergency.

The Board offices were turned into command and communications centers, and meeting rooms in the building were magically transformed, at varying times, into staging, mass counseling and reception, re-packaging, supply centers, dispensing and other counseling areas. Pharmacists and volunteer 'patients' tested their acting ability, playing out scenarios such as illiteracy, language difficulties, specific medical concerns (such as diabetes and the effect of drugs on pregnant women), as well as 'wanderers' – persons trying to get into strategic areas.

As expected, some parts of the drill did not go smoothly, but many things went very well and much was learned regarding practices for use during a real emergency event. The closing " wrap-up' allowed the pharmacists and other participants to critique the events of the day. Their constructive criticisms will go a long way toward making pharmacists more efficient if the real need ever arises.

Dr. Lisa Kirk, Director and Joan Lawrence, Volunteer Program Director (both of DHMH, Emergency Preparedness & Response Program) and Rick Bissell and Drew Bumbak (both of UMBC Center for Emergency Education and Disaster Research), monitored the drill.

The Board of Pharmacy again thanks those who volunteered their time, expertise and advice to help prepare for incidents that we all hope will never occur. ■

PRESCRIPTIONS FROM OUT OF STATE PRESCRIBERS

Melvin Rubin

The April edition of the Maryland Board of Pharmacy Newsletter highlighted an article written to inform pharmacists of their responsibilities when filling prescriptions that come from prescribers in other states or U.S. possessions who do not have a valid patient-prescriber relationship and the corresponding responsibility placed on the pharmacist related to controlled substances.

The references to physicians not being permitted by the Maryland Board of Physicians to prescribe for patients in Maryland if they do not have a Maryland license was not intended to indicate that pharmacists could not fill valid prescriptions from prescribers who treat patients outside of Maryland when a valid Physician-patient relationship exists.

Pharmacists may expose themselves to potential disciplinary action for filling multiple prescriptions received through Internet services to patients when it is obvious that there is no physician-patient relationship. The article, however, does not change the ability of a pharmacist to fill a prescription for a patient who sees a physician outside of Maryland when there is an appropriate medical relationship. This would hold true even if the prescription is telephoned to the pharmacist, unless there is reason to believe that the prescription has not been issued by the practitioner acting in the usual course of professional practice. ■

DISCIPLINARY ACTIONS

Chandra Mouli

Maarten A. Calon P.D. License No 08359
License to practice pharmacy in Maryland was summarily suspended effective June 7, 2005. ■

COUNSELING ON POSSIBLE ERRORS

Melvin Rubin

The Board of Pharmacy has recently had several complaints that relate to inappropriate counseling when consumers inquired about a medication that had a different appearance from the one dispensed on a previous filling. The complaints received indicate that the responses given were that the medications in question were generics, and that the second fillings were with another company's version. However, in some instances it was later found that wrong products were dispensed in error and the pharmacist, without checking the medication, made the snap assumption about generic equivalents.

The mistakes may not have happened had the pharmacist handed out the prescriptions, reviewed the directions with the patients, and shown them the drug. At a minimum, when a consumer questions a product, the pharmacist certainly should handle any questions regarding medication and the accuracy of the prescription, and make sure that the appropriate drug was dispensed.

In at least one of the cases, the patient was apparently given the wrong information by a support personnel without being referred to the pharmacist. Health Occupations 12-502 (a) limits the providing of information to the public concerning prescription or nonprescription drugs or devices in a pharmacy to the pharmacist or individual engaged in a professional experience program under the direct supervision of a pharmacist. Pharmacists should be sure that everyone working in the pharmacy understands this requirement. ■

LEGISLATIVE UPDATE

The 2005 Maryland legislative session ended April 11, 2005. Below is a list of significant bills that may impact pharmacy practice:

HB 233 - Public Health – Legibility of Prescriptions Workgroup.

The Prescription Drug Safety Act (HB 433**),** passed during the 2004 legislative session, resulted in the formation of a workgroup of stakeholders, staffed by the Board of Pharmacy to study prescription legibility. Legislation passed during the 2005 legislative session required the HB 233 workgroup to submit an interim and final report to the Maryland legislature outlining recommendations for improving patient safety in July and August, respectively.

SB 251 -Task Force to Study Electronic Health Records

This legislation established a task force to study electronic health records and the current and potential expansion of electronic health record utilization in MD. The bill passed and includes licensed pharmacists and stakeholders.

SB 441-Task Force on the Establishment of a Prescription Drug Repository Program

This bill was introduced as "Prescription Drug Repository Program" but amended to a Task Force. The Task Force will study the feasibility of designated pharmacies receiving unopened and unused prescriptions to re-dispense to qualifying individuals.

SB 372 – Crimes – Pseudoephedrine - Prohibitions

This unsuccessful legislation would have restricted the sale of pseudoephedrine to 9 grams in 30 days. Recognizing the importance of controlling the sale of pseudoephedrine to protect public health, the Board will develop and propose future regulations.

HB 618 – State Board of Pharmacy – Registration of Pharmacy Technicians

This bill authorized the Board of Pharmacy to regulate pharmacy technicians. The legislation was well received and was amended in both the House and the Senate. Due to time constraints, it did not pass before the last day of session (Sine Die).

The following bills were referred for summer study for further consideration:

HB 835 -Wholesale Prescription Drug and Device Distribution Protection and Licensing Act of 2005

HB 1058 - Pharmacy Benefit Managers Regulation Act of 2005.

REGULATORY UPDATE

10.34.02 Examination for Licensure and Professional Experience Programs

This regulation was amended to allow students to take the licensing exam before the student has actually graduated from a school or college of pharmacy. Applicants may not receive a license until the applicant provides proof to the Board of the applicant's graduation.

10.34.22 Licensing of Wholesale Prescription Drug or Device Distribution

This regulation was revised to comply with the Maryland Pharmacy Act with respect to the regulation of wholesale prescription drug and device distributors and the repeal of the Board's authority to regulate manufacturers.

10.34.32 Pharmacist Administration of Influenza Vaccination

The Board of Pharmacy, Board of Nursing and Maryland Board of Physicians must jointly promulgate regulations that will implement this law and provide for patient safety. The Legislative and Regulations Unit has taken the first step towards drafting these important regulations. Once Board approval has been received, the regulations will be sent to the Board of Nursing and the Board of Physicians for review. ■

FAST BYTES

Melvin Rubin

Pharmacy Equipment Regulation

The Code of Maryland Regulations (COMAR) 10.34.07, Pharmacy Equipment, was amended in 2004 to allow pharmacies to have modern balances without having to also carry the Class A prescription balance. Regulation 0.1A now reads that a pharmacy must have: "A Class A prescription balance or a prescription balance with equivalent or superior sensitivity to a Class A prescription balance." The previous regulation only allowed for a Class A balance or equivalent and weights.

Computer Alerts

Most pharmacy computers offer alerts to aid the pharmacist in preventing interactions and allergic reactions. Since this has become the standard of practice, pharmacists are reminded that they must utilize this application or put both the patient and their professional license at risk. The following are some areas in which care must be given in order to avoid problems.

1. *Assigning unlicensed personnel to input prescription information into the computer record.*
Be sure that all non-pharmacist computer operators are properly trained (COMAR 10.34.21 not only requires training but also requires that records of the training be kept) and that they have the pharmacist review any messages that appear.

2. *Inputting allergy information appropriately.*
The computer will not be able to alert pharmacists to a potential allergic reaction unless an entry is made, usually in a specific field or program for allergy alerts. Consider being both specific and general. If a person is allergic to a drug containing sulfa, pharmacists should make entries that include the brand and generic name of the drug where applicable and the chemical class of sulfa drugs. It is also helpful to remember that patients sometime identify side effects as allergies, so it is best to have a method for identifying the actual problem. An upset stomach from taking a particular drug may be better handled by an alert to add a 'take with food or milk' sticker than to advise the physician not to prescribe the drug. All prescriptions identified as possible allergy problems should be discussed with the prescriber.

3. *Levels of alerts.*
Some drugs trigger an alert with many medications. Phenobarbital for example causes an 'interaction' with a multitude of products. Most of the time this is not an issue or is manageable by dosage adjustment. It should be possible for computers to be set for different levels of alerts, so your screen does not become 'cluttered' with so many messages that some tend to be overlooked - possibly the most important ones. If the vendor can program the pharmacy computer to require an extra step to override the most important potential problems, that may save problems. As much as pharmacists want to consider all possibilities, there are certain problems that cry out for special identification. An extra level alert, requiring 2 or even 3 steps to override would call attention to problems with the greatest potential for harm.

Zyrtec/Zyprexa

Once again an alert has gone out from FDA notifying healthcare professionals about reports of medication dispensing — and prescribing — errors related to the atypical antipsychotic Zyprexa (olanzapine), Lilly, indicated for short-term and maintenance treatment of schizophrenia and for short-term treatment of acute mixed or manic episodes associated with Bipolar I Disorder, and the antihistamine Zyrtec (certirizine HCL), Pfizer, for the treatment of allergic rhinitis or chronic urticaria. Reports include incidences when Zyprexa was incorrectly dispensed for Zyrtec and vice versa. Pharmacists are alerted to not only be certain that they have interpreted the prescription correctly, but, to the extent possible, to ascertain that the prescriber has not confused the two drugs. Past patient history in computer profiles may offer a clue as to whether the pharmacist should verify the prescription with the prescriber.

Error Alert-Levothyroxine

The Institute for Safe Medication Practices (ISMP) says that it receives frequent reports of errors caused by the confusing numbering system and strengths of levothyroxine dosage forms. Most prevalent are prescriptions written or dispensed for the 0.25 mg strength when the correct dose is 0.025 mg - a tenfold error. Prescriptions have been reported to have been written as 250 mcg when 25 mcg was appropriate. In one reported instance the prescription was written for 'Levoxyl 25 qd #30 and the pharmacist decided to use 25 mcg without verifying. That decision turned out to be wrong. The use of both milligrams and micrograms to identify the dosage also can add to the confusion. Physicians should be careful to use only one identifying system and to make sure the leading zero and periods are clear. Pharmacists should call the physician if any confusion exists. Verifying the patient's previous prescription history may help prevent an error at times. ■

THE PRACTICE COMMITTEE CORNER–FAQs

Mark Levi

Q. What are the requirements for pre-printed prescription pads in Maryland?

A. Pre-printed prescription pads for non-controlled prescriptions are permitted in the State of Maryland as long as the name, address or other means of identification of a pharmacist or pharmacy is not printed on the pad. For additional information, please refer to Health Occupations Article, 12-313 (b)(10), Annotated Code of Maryland, available on the Board of Pharmacy website: www.mdbop.org.

In addition, prescriptions for controlled dangerous substances may not be written on a pre-printed prescription form that states the name, quantity or strength of the controlled dangerous substance.

Q. For one particular patient, legally, how many different prescriptions can be written on one prescription?

A. Controlled dangerous substances must be on separate prescription forms (Health General Article §21-220(b)(3), Annotated Code of Maryland). However, as long as a prescription for non-controlled substances are legible and contain the necessary information for dispensing and labeling, there is no law or regulation that dictates how many prescriptions may be included on one prescription. Keep in mind, however, that more than one prescription on a form increases the possibility of error.

Q. Where are the regulations on sample distribution by a third party distributor for pharmaceutical manufacturers located?

A. The Maryland Code of Regulations (COMAR) relates to the Licensing of Wholesale Prescription Drug Distributors and excludes the distribution of drug samples from triggering the requirement of a license, COMAR 10.34.22.03B(8)(b)(vii). A license, however, would be needed for most other prescription drugs distributed. Federal law governs the sale and distribution of drug samples. (21CFR203)

Q. Is it necessary for the doctor's license number to be on each prescription that he/she writes?

A. A doctor's license number by law does not have to be on a prescription. Maryland Code of Regulations addresses the content of prescriptions for Dangerous Devices and Substances in COMAR 10.19.03.07. which includes the prescriber's DEA numbers. ■

LICENSING REMINDER - EMPLOYERS RESPONSIBLE TO VERIFY PHARMACISTS' PRACTICE STATUS

Joe Demino

The Maryland Board of Pharmacy reminds employers to verify the active license status of a pharmacist to practice in the State of Maryland. The majority of licensed pharmacists are in good standing; however, there are a few who have violated Maryland pharmacy law. Before hiring a Maryland Pharmacist, employers are responsible for confirming that there are no current disciplinary actions that would prohibit the pharmacist from working in a pharmacy or from working in certain settings.

When reviewing pharmacists' credentials for employment, please review both the wall license as well as the wallet portion. If a pharmacist is on probation, the word "Probation" is printed next to the expiration date on the wallet portion of his or her license. In the future, the probationary status will also be printed on the wall license. Although a pharmacist on probation may be required to meet certain conditions (e.g., ensuring that his/her employer submits quarterly reports to the Maryland Board of Pharmacy), the pharmacist is still authorized to practice pharmacy.

License verifications may be obtained via a written request, by telephone (410-764-4755) or through the MBOP website at http://www.mdbop.org/verifications.

Under no circumstances should you hire any applicant without verifying the status of the applicant's license, and validating employment eligibility. ■

AN INTRODUCTION TO THE LEGISLATIVE AND REGULATIONS UNIT

Christina M. Harvin

The Legislative and Regulations Unit (the "Unit") plays an active role in supporting the Board by evaluating, developing and drafting legislative and regulatory proposals that protect the public and promote quality health care through the practice of Pharmacy. The Unit is responsible for supporting the Board and its committees in the areas of legislative review, health policy research, and regulatory evaluation. In addition, this Unit manages and staffs the new Drug Therapy Management Program (DTM), completes a variety of special assignments throughout the year, and responds to the many inquiries received on a daily basis from licensees, various health organizations, stakeholders, legislators, government agencies, educators and the public.

During the Maryland Legislative Session, the Unit reviews and tracks legislation, prepares written position papers, determines fiscal impacts of bills, testifies before legislative committees and meets with legislators, stakeholders and subcommittees regularly to insure that the Board's legislative initiatives are successful in Annapolis. The Unit is most visible during the legislative session as it strives to effectively communicate Board policies to other health professional boards, local and national health associations and the regulated industry. Since the conclusion of the 2005 session, the Unit has been involved with four pieces of legislation that were sent for summer study or amended to become task forces. At the present time, the Unit is partnering with the DHMH Office of Governmental Affairs on FY 2006 legislation that will impact the Board and the practice of Pharmacy in Maryland.

The Unit's work on legislation does not end with the legislative session. During the remainder of the year, the division staffs committees and taskforces (e.g. Pharmacy Practice Committee, Long-Term Care TaskForce, Legibility of Prescriptions Taskforce, USP <797> Taskforce, Legislative Committee, Distributor's Committee, Pharmacy Technician Task Force and Drug Therapy Management Committee) that make recommendations to the Board regarding legislative and regulatory initiatives. As staff support to the Board's committees, the Unit is responsible for organizing committee and taskforce meetings with Board members and stakeholders. The Unit is also charged with preparing background information and documenting each meeting for follow-up reports.

While preparing for the next session, the Unit is tenacious with monitoring and drafting proposed language for laws (statutes) as well as regulations that affect the practice of pharmacy. Once the language and concepts are reviewed and presented to the Board from Board committees, the Unit is charged with preparing regulatory proposals used to interpret and implement the proposed statutory requirement.

The Legislative and Regulations Unit conscientiously provides all of the above services to the Board to ensure that quality pharmacy-related health care is provided for all citizens of Maryland. ■

FIRST PLACE WINNER AT 2005 FLOWER MART

Patricia Gaither

The Board of Pharmacy, in partnership with the Maryland Pharmacy Coalition (MPC) participated in the 88th Annual Flower Mart in Mt. Vernon on May 18, 2005. This outreach was a huge success. Pharmacists and pharmacy students provided consultation to the many consumers who visited the Board booth. The consumers took advantage of the information and promotional materials relating to nutrition, diabetes, cholesterol, blood pressure, smoking cessation, osteoporosis, and over-the-counter medications. Blood pressure and diabetes and screenings were provided by pharmacy students.

The Board's booth won the First Place Ribbon for the Best Decorated Booth in the Health Village. John Balch, President of the Board, donated a wonderful wreath decoration. Ms. Donna Moore won the wreath, which was raffled off to consumers who had received blood pressure or diabetes screening.

The Board wishes to thank all who participated: its members and entire staff along with the student and pharmacist volunteers from MPC, MSHP, MPhA, MD ASCP, and the UMAB School of Pharmacy and for their dedication and diligence in making this outreach successful. The Board looks forward to future participation in the Flower Mart. If you would like to volunteer for next year's Flower Mart or any upcoming consumer event please contact Patricia Gaither, at 410-764-4755 or email **pgaither@dhmh.state.md.us**.

Visit the Board's website at **www.mdbop.org** to view the Flower Mart photographs.. ■

Board of Pharmacy Newsletter Editors

Jeanne G. Furman, *Secretary to the Board*
LaVerne G. Naesea, *Executive Director*
Donald W. Taylor, *Pharmacist Board Member*
Linda Bethman, *Staff Attorney, OAG/DHMH*

The Maryland Board of Pharmacy Newsletter is mailed to, pharmacies and distributors. It is considered an official method of notification. Please call410-764-4755 to request additional copies.

Public Meetings

Beginning August 17, 2005 the public session of the Pharmacy Board meetings will be held bi-monthly. This meeting is open to the pubic 9:00 am – 12:00 noon at 4201 Patterson Avenue, Baltimore, MD 21215. The Board encourages all interested parties to attend.

BOARD PUBLIC MEETING DATES:

(All meetings begin at 9:00 a.m.)

Wednesday, August 17, 2005

Wednesday, October 19, 2005

Wednesday, December 21, 2005

LET US KNOW HOW WE ARE DOING…

Please email your questions, concerns or comments to us at the following emails. We value your feedback.

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ADDRESS OR EMPLOYMENT CHANGE?

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

EMERGENCY PREPAREDNESS VOLUNTEER

For those who have not yet signed up to be a volunteer you can complete an Emergency Preparedness Volunteer Form on-line or contact the Board of Pharmacy.

Maryland Board of Pharmacy

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