Maryland Board of Pharmacy Public Board Meeting

Agenda Date: December 21, 2016

Name	Title	Present	Absent	Present	Absent
Board Committee	•			_	-
Ashby, D.	Commissioner				
Bouyoukas, E	Commissioner				
Gavgani, M. Z.	Commissioner/President				
Hardesty, J.	Commissioner				
Morgan, K.	Commissioner				
Peters, Roderick	Commissioner				
Robinson, T.	Commissioner				
Rochester, C.	Commissioner/Treasurer				
Roy, S.	Commissioner				
St. Cyr, II, Z. W.	Commissioner/Secretary				
Yankellow, E.	Commissioner				
Zagnit, B.	Commissioner				
Board Counsel					
Bethman, L.	Board Counsel				
Felter, B.	Staff Attorney				
Board Staff					
Speights-Napata, D.	Executive Director				
Fields, E.	Deputy Director of Operations				
Wu, Y.	Compliance Manager				
Page, A.	Executive Administrative Associate				
Vacant	Administration and Public Support Manager				
Logan, B.	Legislation/Regulations Manager				
Johnson, J.	MIS Manager				

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I. Executive Committee Report(s)	A.) M. Gavgani, Board President	Members of the Board with a conflict of interest relating to any item on the agenda are advised to notify the Board at this time or when the issue is addressed in the agenda. 1. Call to Order 2. Sign-in Introduction and of meeting attendees – (Please indicate on sign-in sheet if you are requesting CE Units for attendance) 3. Distribution of Agenda and packet materials	
	B.) Z. St. Cyr, II, Secretary	4. Review and approve November 2016 Public Meeting Minutes	
II. A. Executive Director Report	D. Speights- Napata, Executive Director	1. Operations Updates PTCB Presentation by Miriam A. Mobley-Smith	
B. Operations	E. Fields, Deputy Director/ Operations	2. Meetings Update 1. APS Unit Updates 2. Data Integrity Unit Updates 3. MIS Unit Updates	
C. Licensing	Y. Wu, Compliance Manager	1. Unit Updates 2. Monthly Statistics License Type New Renewed Reinstated Total	
		Distributor 11 5 0 1179	

Discussion

Action Due Date

(Assigned To)

Responsible Party

Subject

Subject	Responsible Party		D	iscussion			Action Due Date (Assigned To)
D. Compliance	Y. Wu, Compliance Manager	Pharmacy Pharmacist Vaccination Pharmacy Intern - Graduates Pharmacy Intern - Students Pharmacy Technician 1. Unit Upd 2. Monthly Complaints & In New Complaints & In New Complaints of Includi Actions within Gorinal disciplinary Summary Actions Average days to colored.	Statistics vestigations - 33 ng Carryove oal – 30/43 actions take to Taken – 0	er) – 43 en – 12	1 0 0 0	2054 11299 4339 48 832	
		Total - 117					

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)
		Annual Inspections - 107 Opening Inspections - 9 Closing Inspections - 0 Relocation Inspections - 0 Board Special Investigation Inspections - 1 Division of Drug Control Closing Inspections - 3	
E. Legislation & Regulations	B. Logan, Legislation and Regulations Manager	CVS Health Comments COMAR 10.34.04 Transfer and Outsourcing of Prescriptions and Prescription Orders MPhA.Comments Issue Papers 2017 Legislative Session http://mgaleg.maryland.gov/Pubs/legislegal/2017rs-Issue-Papers.pdf	PC CVS Response Regulatory Response PC MPhA Response Regulatory Review response (2)
III. Committee Reports A. Practice Committee	C. Rochester, Chair	1. Question Board of Pharmacy Call Center Yuzon: I agree with the part which says: "The reason the Board requires attestation of training by the pharmacist is because the training for the administration of immunizations is not identical to the training for administration of many self-administered drugs." . I think that question from the call center is still getting from callers is what types of training are acceptable if these individuals do not recall taking this throughout their pharmacy school. I think that it would be a good idea to bring this to the practice committee as was talked about earlier to get clarification on where individuals can get the training. I think that the regs are clear in that the "CPR" is required if they attest "yes" to the administration of self administered drugs. If they are also a vaccine certified pharmacist and hold a current CPR card, then this CPR card would be sufficient to meet the CPR card requirement for both the vaccine piece and the self-administration piece. Call Center Staff:	1. The training for immunization or vaccines is acceptable as this generally includes training to administer subcutaneous, intramuscular types of injections. However, training may also be derived from documented experience teaching patients on self-administration, continuing education programs or from school. If a pharmacist does not have the requisite training, then he or she must obtain such training through one of the above means in order to administer self-administered drugs in accordance with COMAR 10.34.39.

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Subject	Party	Hi Yuzon. I really need to get some help with that new attestation question again. We still seem to get people that are not clear on this while they are filling out their application. Is there anything you can do to get more clarity on this question? That way applicants can have specific ideas on what is being asked. We know what to tell them, and we've added an FAQ, but they still seem to be confused about the application. Here is a recent email sent to the board: Hello, I was wondering how to fulfill the requirement of " proper training on the Administration of Self-Administered Drugs per COMAR 10.34.39" if I am applying for reciprocity is there a course or exam that I need to take? I have been a retail pharmacist for almost 3 years. 2. Question: Mediscripts Rx sample forms 3. Question: Bill Irvin CVs Health; CVS is continually looking for ways to address the opioid crisis in America. We have worked with manufacturers to create "GPS tracker" bottles that are filled with colored water and have tops that are built to not open. These are deployed in the event of a robbery and are currently utilized in several states. Our goal is to expand the program to include promethazine in Maryland. Please see the attached pictures. We are seeking your approval to place these amongst the regular stock of medication. I'd be glad to find answers to any questions you may have. Sincerely, Bill	2. PC Response Medicsripts approval 3. PC Response CVS GPS tracker
		IMG 2345 (1)	

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		IMG 2346 IMG 2347	
		4. Question: Emily Heil: I have a question related to the board of pharmacy that I was hoping you may know the answer to or could provide me with the best contact at the board. I have spoken with Cherokee and Frank Palumbo about the question in brief as well. At the hospital we offer a penicillin skin testing service that is currently performed by our ID physician fellows. I know of a few hospitals in	4. PC Response Emily Heil Penicillin Skin Test
		different states (including TN and GA), where pharmacists perform and interpret the test under a collaborative practice agreement with physicians. It seems to me that this would be allowable based on Maryland regulations, but I am having trouble finding a clear answer since it's not as cut and dry as ordering a vancomycin level or giving an immunization.	
		The test itself is very straightforward - essentially like administering a ppd TB screening test. Do you think that is something pharmacists could potentially do in MD under a collaborative practice? This is mostly a theoretical question at this point as our current model at UMMC is working well, but as we expand to the system level I am trying to think of ways to expand access to testing.	
		Thanks! Emily 5. Question: William Kuchinsky: My Mom, a widow of a veteran with	5. PC Response Wil Kuchinsky
		full health benefits, is transitioning to long term care. She had been receiving her prescriptions under Tri-Care for Life administered by Express-Scripts for FREE (no cost) via mail. Now, as a patient at a Maryland nursing home, she has out of pocket expenses of over \$1,100 for the past 5 months or so.	

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	Have been told by the pharmacist that this is due to the "track & trace" laws, and that I can not have her medications shipped directly from Express-Scripts to the home's pharmacy unless they are bubble carded. It does not seem right that a widow of a veterans should LOOSE BENEFITS because she is now in long term care. If this is the incorrect office to direct this inquiry/note please direct to the correct authority.	
	Thank you. http://www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/DrugSupplyChainSecurityAct/ http://www.pharmacist.com/track-and-trace-your-pharmacy-compliance-new-law	
D. Ashby, Chair	 1. Review of Pharmacist Applications: a. M. Abhari - Applicant is attempting to reciprocate in Maryland and is requesting a waiver of the MPJE so that she may begin working as a "Clinical Pharmacist Strategist". Licensing Committee's recommendations: Deny request. b. R. Albano - Licensee is asking for refund of \$50 fee paid to Berlitz for taking the Oral Competency exam. Was incorrectly informed by Board on this requirement on a status letter dated October 4, 2016. Licensing Committee's recommendations: Approve request. Issue a \$50 credit for the first renewal. c. Applicant # 108644 - Applicant request Board 	
	Party D. Ashby,	Have been told by the pharmacist that this is due to the "track & trace" laws, and that I can not have her medications shipped directly from Express-Scripts to the home's pharmacy unless they are bubble carded. It does not seem right that a widow of a veterans should LOOSE BENEFITS because she is now in long term care. If this is the incorrect office to direct this inquiry/note please direct to the correct authority. Thank you. http://www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/DrugSupplyChainSecurityAct/ http://www.pharmacist.com/track-and-trace-your-pharmacy-compliance-new-law 1. Review of Pharmacist Applications: a. M. Abhari - Applicant is attempting to reciprocate in Maryland and is requesting a waiver of the MPJE so that she may begin working as a "Clinical Pharmacist Strategist". Licensing Committee's recommendations: Deny request. b. R. Albano - Licensee is asking for refund of \$50 fee paid to Berlitz for taking the Oral Competency exam. Was incorrectly informed by Board on this requirement on a status letter dated October 4, 2016. Licensing Committee's recommendations: Approve request. Issue a \$50 credit for the first renewal.

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	Licensing Committee's recommendations: A request. d. Applicant # 110230 – Applicant request Bo approval to retake MPJE and NAPLEX after attempts. Licensing Committee's recommendations: N recommendation, for Board decision. e. Applicant # 109734 – Applicant request Bo approval to retake NAPLEX after failed atte Licensing Committee's recommendations: N recommendation, for Board decision. f. T. Patel – Applicant is requesting a waiver in order to reciprocate. On May 29, 2003, a graduated from a Canadian Pharmacy School accredited by the Canadian Council for	pard r failed No pard empts. No of FPGEC pplicant ol reditation nized by Approve ocate and is May transfer

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		4. Review of Distributor Applications: NONE	
		 a. Divvymed, LLC dba Divvydose (IL) – Application received 08/24/2016, owner (100%) of the pharmacy is a Physician. A Letter was sent on 09/12/2016 informing the applicant of MD Pharmacy Act prohibiting a MD licensed pharmacist from "associat[ing] as a partner, cower, or employee of a pharmacy that is owned wholly or substantially by an authorized prescriber of group of authorized prescribers". Applicant responded 11/08/2016 requesting that the Board issue the pharmacy permit while ensuring that the Owner/Physician will not provide any pharmacy services to patients that utilize the pharmacy. Licensing Committee's recommendations: Deny request. 	
		b. Gwynn Oak Pharmacy (MD) – Permit holder requesting a refund of the application fee for the relocation of the pharmacy. Submitted relocation application in Nov. 2015, however, on Jan. 8, 2016, the permit was closed. Owner reapplied and was issued a new permit on Oct. 20, 2016. <u>Licensing Committee's recommendations:</u> Deny refund request.	
		c. Keystone Rx, LLC (PA) – Application received listed one of its owners (a Physician) having a 49% ownership of the pharmacy. Letters and correspondences were sent to the applicant informing them of MD Pharmacy Act prohibiting a MD licensed pharmacist from "associat[ing] as a partner, cower, or	

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		employee of a pharmacy that is owned wholly or substantially by an authorized prescriber of group of authorized prescribers". Response received stating that the Physician is listed as an investor without an active role in the pharmacy and is a "passive investor" with 49% ownership. Licensing Committee's recommendations: Deny request. d. Smith's Detection (MD) – Applicant applied for a waiver permit so that it can to order nitroglycerin to incorporate into their consumables that are used to trace detection equipment. It is not a pharmacy. Licensing Committee's recommendations: Permit not required under MD law.	
		 6. Review of Pharmacy Technicians Training Programs: NONE 7. New Business: a. Mccreary-Yates (Giant District Manager) – Requesting an additional 3 months extension of the 6 month training period for technician in training E. Stewart, who started on 05/22/16. Unable to continue the training from 08/07/16 to 10/31/16. Licensing Committee's recommendations: Approve the 3 months extension and refer to Disciplinary committee. 	
		b. NABP Moral Character Reference – For the NABP reciprocity application, is it acceptable for the	

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		pharmacist completing the moral character reference be a family member of the applicant? <u>Licensing Committee's recommendations:</u> Acceptable.	
C. Public Relations Committee	B. Zagnit, Chair	Public Relations Committee Update:	
D. Disciplinary	T. Robinson, Chair	Disciplinary Committee Update	
E. Emergency Preparedness Task Force	S. Roy, Chair	Emergency Preparedness Task Force Update	
IV. Other Business & FYI	M. Gavgani, President		
V. Adjournment	M. Gavgani, President	The Public Meeting will be adjourned. M. Gavgani will convene a Closed Public Session to conduct a medical review of technician applications. C. The Closed Public Session will adjourn. Immediately thereafter, M. Gavgani will convene an Administrative Session for purposes of discussing confidential disciplinary cases. With the exception of cases requiring recusals, the Board	

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		members present at the Public Meeting continued to participate in the Administrative Session.	