Maryland Board of Pharmacy Public Board Meeting

Agenda April 16, 2025

Name	Title	Present	Absent
Evans, K.	Commissioner		
Fink, K.	Commissioner		
Ford, S.	Commissioner		
Geigher, P.	Commissioner/Treasurer		
Leikach, N.	Commissioner		
Masood, A.	Commissioner		
Oriafo, A.	Commissioner		
Patel, A.	Commissioner		
Robinson, D.	Commissioner/Pharmacy Technician		
Rusinko, K.	Commissioner/President		
Slagle, K.	Commissioner		
Vázquez, J.	Commissioner/Secretary		
Bethman, L.	Board Counsel		
Felter, B.	Board Counsel		
Speights-Napata, D.	Executive Director		
Partin, J.	Director of IT, Budget & Procurement		
Valerio, L.	Licensing Manager		
Leak, T.	Compliance Director		
Gaskins, J.	Legislative Liaison		
Watts-Vess, S	Communications Manager		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)
I. Executive Committee Report(s)	A.) K. Rusinko, 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.	

I. Executive Committee Report(s)	A.) K. Rusinko, 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)
	B.) J. Vazquez, Secretary	 3. Distribution of Agenda and packet materials 4. Review and approve March 2025 Public Meeting Minutes
II. A. Executive Director Report	D. Speights- Napata Executive Director	1. Meeting Update 2. Staff Update
B. New Business	K. Rusinko, Board President	
C. Operations	J. Partin, IT Director Budget & Procurement	 Procurement and Budget Updates a. March Financials Management Information Systems (MIS) Unit Updates
D. Licensing	K. Slagle, Chair	1. Unit Updates 2. Monthly Statistics License Type New Renewed Reinstated Total

Subject	Responsible Party		Disc	eussion			Action Due Date (Assigned To)
		Distributor	7	207	0	1,584	
		Pharmacy	14	0	0	2,196	
		Pharmacist	28	490	6	12,811	
		Vaccination	8	210	0	5,271	
		Pharmacy Intern - Graduate	1	0	0	38	
		Pharmacy Intern – Student	9	7	0	357	
		Pharmacy Technician	132	267	13	10,846	
		Pharmacy Technician- Student	2	0	0	40	
		TOTAL	200	1,181	19	33,143	
E. Compliance	T. Leak, Compliance Director	1. Unit Updates 2. Monthly Stati Complaints & Inv					
		New Complaints - • Inspections • Out of state	s - 32	y actions – 1			
		Employee	Pilferage – 2				

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)
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		 Unlicensed Personnel – 1 Unprofessional Conduct – 1 Medication Error – 4 Customer Service – 1 Licensing Referral – 2 Misc – 1 Resolved- 52 Actions within goal- 52/52 Formal Disciplinary Actions Taken- 8 Summary Actions Taken- 0 Average Days to complete- NA	
		Regulatory Inspections: Total - 98 Annual Inspections - 81	
		 Chain - 15 Independent - 22 Sterile Compounding - 10 Repository - 3 Comprehensive Care - 2 Hospital - 8 Supplemental Assisted Living - 4 Follow up - 1 Distributor - 16 Attempted- 0 	
		Openings/Remodels/Relocations - 9 Closing Inspections - 6 Change of Ownership - 2 Pending Opening - 1 Pending Closing - 3	

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F. Legislation & Regulations	J. Gaskins, Legislative Liaison	Legislation Legislative Update Regulations Regulatory Review	

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III. Committee	K, Evans,	QUESTION ONE: V.C.	

III. Committee	K, Evans,	QUESTION ONE: V.C.	
Reports	Chair		
•		This is Choice Pharmacy with a general question. We	
A. Practice		understand that there has to be a supervising physician listed	
Committee		for controlled substance prescriptions (if written by a	
		PA/NP/etc) but could you kindly let us know what is the	
		process we should follow if we were to receive such a	
		prescription from a clinic that is only run by nurse	
		practitioners?	
		PROPOSED RESPONSE Q1:	
		A Physician Assistant is required to be delegated prescriptive	
		authority by a Patient Care Team Physician in the	
		collaboration agreement pursuant to Maryland Health	
		Occupations Article, § 15-302, Annotated Code of Maryland	
		and COMAR 10.32.23.08. This agreement is kept on site by the	
		practicing physician and physician's assistant.	
		Nurse Practitioners prescriptive authority is governed by	
		COMAR 10.27.07.02. Nurse Practitioners are also required to	
		have a Maryland Drug Control Number to prescribe controlled	
		substances. Please contact the Maryland Board of Nursing for	
		more information. You may reach the Board of Nursing at:	
		Maryland Board of Nursing, 4140 Patterson Avenue,	
		Baltimore, MD 21215.	
		MBON.NursingPractice@maryland.gov	

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		QUESTION TWO: F.S.	
		Please advise us about the prescriptions coming electronically for regular (non-controlled) medications, e.g., Ozempic, Mounjaro, Lexapro, etc. from online prescribers that are usually out of state but have been in contact with the patient via Zoom, Phone, or other means. What actions, if any, need to be taken in order to fill these non-controlled e-prescriptions? PROPOSED RESPONSE Q2: MD Health Occupations Code 1-1001 (2024) governs the practice of telehealth in Maryland. The pharmacist is responsible for ensuring the accuracy and validity of the	
		prescription. This legislative session, the Maryland General Assembly enacted the Preserve Telehealth Access Act of 2025 which will become law on July 1, 2025. This act reinforces the fact that a practitioner-patient relationship is required and will allow the practitioner to prescribe controlled substances as defined in § 5-101 of the Criminal Law Article. [1]	
		[1] I corrected this response to be consistent with the current law. The Preserve Telehealth Access of Act of 2025 will become law July 1, 2025.	

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		QUESTION THREE: J.M. We are currently reviewing our remote tele-pharmacy contract agreement for our after-hours pharmacy service, and I was hoping someone could please confirm something for me. Our current after-hours vendor utilizes all Maryland licensed pharmacists to complete our remote order verification. One of the vendors we are in initial discussions with is[REDACTED]. During our discussion with [REDACTED], it was discovered that they have a non-resident MD pharmacy permit (based out of [REDACTED]), and many of their pharmacists are not licensed in Maryland. In reviewing the Board's non-resident pharmacy permit application, this seems permissible with a MD licensed pharmacist designated as the "pharmacist responsible for providing pharmaceutical services to patients in" Maryland. Can you please confirm that non-Maryland licensed pharmacists at [REDACTED] are permitted to provide remote after-hours tele-pharmacy order verification for our facilities under Permit# [REDACTED]? PROPOSED RESPONSE Q3: No, it is not required for all staff to be licensed in Maryland.	
		QUESTION FOUR: K. N. I am the BD regulatory pharmacist responsible for state regulatory compliance of our BD Pyxis machines and installations. A closed door pharmacy that contracts with Assisted Living Facilities [ALFs] in Maryland, would like to place one of our	

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		small Pyxis units into a Maryland ALF to be used as an emergency medication kit [e-kit]. I checked the Maryland regulations and it appears that an automated e-kit may be provided by the pharmacy to a nursing home. I could not locate a reference for the pharmacy providing an automated e-kit to an ALF.	
		Ouestion: Do Maryland regulations allow the contracted pharmacy servicing an ALF the ability to provide an automated e-kit to the facility? PROPOSED RESPONSE Q4:	
		No, Maryland regulations do not allow a contracted pharmacy servicing an ALF the ability to provide an automated e-kit to the facility. However, COMAR 10.34.23.09 – Drug Control and Accountability	
		Section F. Emergency Drug Kit Subsection (3) Replacement of Medications allows provisions for the use of interim e-kits.	
		See <u>COMAR 10.34.23.09F(3)</u> and <u>10.34.36</u>	

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		QUESTION FIVE: L.B. We are evaluating a new business opportunity to provide remote order entry for Maryland inpatients/hospitals and have a question regarding non-resident pharmacy staff. In reference to the below excerpt, if we have a non-resident Maryland pharmacy license and are looking to provide remote order entry for inpatient facilities is the designated Maryland licensed Pharmacist the only one who can provide services in Maryland, or can they oversee other non-resident Pharmacists at their location who operate under their resident Pharmacist licensure? Stated another way, do all non-resident staff providing services to Maryland have to be licensed in Maryland or just the designated Pharmacist? Maryland ADC 10.34.37.04 B.A nonresident pharmacy shall: 1. Hold a pharmacy permit issued by the Board; 2. Have a pharmacist on staff who is: a. Licensed by the Board: b. Designated as the pharmacist responsible for providing pharmaceutical services to patients in the State; and	
		(c) Regularly available on- site as needed to meet Maryland	

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		patient's needs	
		PROPOSED RESPONSE Q5:	
		No, it is not required for all staff to be licensed in Maryland.	
		DRUG THERAPY MANAGEMENT PROGRAM	
	K. Rusinko and	Pharmacy: Johns Hopkins	
	J. Vázquez Recused	Pharmacists: Elayna Silfani	
		<u>Protocols:</u> Oncology Supportive Care, Therapeutic Drug Monitoring, Renal Dose Adjustments, Antithrombotics, Hypertension & Diabetes	
		Trypertension & Diabetes	
		Pharmacy: Johns Hopkins	
	K. Rusinko and	Pharmacists: Joshua Chou	
	J. Vázquez Recused	Protocols: Hypertension Pharmacotherapy Management,	
		Diabetes, Smoking Cessation, Cardiovascular Risk Reduction, Management of Acid Suppressing	
		Pharmacotherapy, Obesity, Asthma, COPD & Heart Failure	

B. Licensing Committee	K. Slagle, Chair	 1. Review of Pharmacist Applications: a. 145859 - The applicant is licensed in other states and has obtained the FPGEE and is currently working as a retail pharmacist. The applicant is requesting for the Board to waive the FPGEC requirement. Committee Recommendation: Deny b. J.B The applicant has been licensed since 2004 and currently has a pharmacist license in other states. The applicant is requesting for the Board to waive the FPGEC requirement. Committee Recommendation: Deny 2. Review of Pharmacist Renewal Applications: None 3. Review of Pharmacist Reinstatement Applications: a. 21339 - The licensee is requesting to appeal the Board's decision of previously denying the request to waive the MPJE requirement. The licensee would like for the Board to reconsider reinstating the pharmacist license without completing the MPJE requirement due to maintaining active licenses in other states, providing CE credits and proof of 1,000 internship hours of pharmacy practice to the Board. Committee Recommendation: Deny. Must take the MPJE. b. 11546 - The licensee has not worked within the last two years of the expiration of the pharmacist license and is currently unable to provide proof of employment or 1,000 pharmacy experience internship hours; due to past medical issues. The licensee is requesting for the Board to waive the 1,000 internship hours. 	

Discussion

Action Due Date

(Assigned To)

Responsible Party

Subject

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)
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		Committee Recommendation: Approve. Must take the MPJE.	
		c. 13414 - The licensee has not held a MD pharmacist licensed since 2004. The licensee has been employed by the Food and Drug Administration, Center for Drug Evaluation and Research, Office of Infectious Disease, Division of Antivirals since May 2003. Currently serve as a Senior Clinical Analyst Team Leader and oversee two to three physicians and two pharmacists. The position requires a valid pharmacy license in any state as the Food and Drug Administration is part of the Federal Government. I currently have an active pharmacist license in Connecticut and District of Columbia. I am inquiring if my current job experience is acceptable to apply for reinstatement. Committee Recommendation: Approve. Job experience is acceptable, you must take the MPJE.	
		4. Review of Technician New Applications: None 5. Review of Technician Reinstatement Applications: None 6. Review of Intern New Applications: None 7. Review of Pharmacy Applications: None 8. Review of Pharmacy Renewal Applications: None	
		9. Review of Distributor Applications:	
		a. 145806 - The applicant submitted an FDA inspection dated 07/18/2022 and is requesting an extension for the 2 year inspection requirement. Committee Recommendation: Approve.	
		10. Review of Distributor Renewal Applications: None 11. Review of Continuing Education Program Request: None	

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		12. Review of Pharmacy Technicians Training Program:	
		a. Maryland Success Lab	
		Committee Recommendation: Approve	
		b. Premier Care Pharmacy - Using PEER Program	
		Committee Recommendation: Approve	
		Commissioner: N. Leikach Recused	
		c. Premier Care Pharmacy 2 - Using PEER Program	
		Committee Recommendation: Approve	
		Commissioner: N. Leikach Recused	
		13. New Business:	
		a. Pharmacy Technician Administration of Vaccinations: The IT department inquired if an attribute should be	
		added to the Pharmacy Technician registration (similar	
		to the pharmacist license) for the Technicians who currently vaccinate.	
		currently vaccinate.	
		(FYI: The Board has currently received and approved over 500	
		Pharmacy Technician Administration of Vaccinations Notification Forms.)	

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C. Public Relations Committee	J. Vázquez, Chair	Public Relations Committee Update:	
D. Disciplinary	K. Fink, Chair	Disciplinary Committee Update	
E. Emergency Preparedness Task Force	N. Leikach, Chair	Emergency Preparedness Task Force Update	
IV. Other Business & FYI	K. Rusinko, President		
V. Adjournment	K. Rusinko, President	A. The Public Meeting was adjourned B. I would like to ask for a motion to close the public meeting and open a closed public session for the purpose of engaging in medical review committee deliberations of confidential matters contained in licensure applications in accordance with General Provisions Article Section 3-305(b)(13). C. Immediately thereafter, K. Rusinko, convened an Administrative Session for purposes of discussing confidential disciplinary cases. D. With the exception of cases requiring recusals, the Board members present at the Public Meeting continued to	

participate in the Administrative Session.