



Board of Pharmacy News

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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 registering pharmacy technicians and student interns, issuing permits to pharmacies and distributors, setting pharmacy practice standards and through developing and enforcing regulations and legislation, resolving complaints, and educating the public.

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Maryland Board of Pharmacy To Host the National Boards of Pharmacy District 1 and 2 Meeting in Annapolis, MD

*Deena Speights-Napata, Executive Director
 Chairperson, NABP District 1 and 2*

The Maryland Board of Pharmacy will host the NABP District 1 and 2 meeting at Annapolis Waterfront Hotel in Annapolis, Maryland.

The event will take place from September 7-10, 2021 and will include notable speakers addressing topics relevant to the practice of pharmacy. Sessions with speakers are open to the public.

Speakers will include:

- Dr. Scott Knoer, CEO, APHA
- Russ Melchert, President-elect, AACCP
- Dr. Peter Marks, FDA (virtual) CE Available
- Dr. Richardae Arojo, FDA (virtual) CE Available
- Dr. Ryan Burke, PTCB CE Available

Panel Discussions will include (District representatives only):

- The expanded role of the Pharmacy Technician
- The Role of Technology in the Practice of Pharmacy

In addition, there will be a film presentation entitled “Vaccination from the Misinformation Virus”. Producer Chris Schueler will be available to discuss the film and answer questions.

Please go to the following link to find out more information about this event and how to register:

<https://nabpdistrict2.org/nabp-district-1-and-2-meeting/>

New Access to CRISP Clinical Data with Sign up

The Chesapeake Regional Information System for our Patients (CRISP), Maryland's Health Information Exchange, is now allowing pharmacists access to clinical data. This clinical access allows pharmacists to see alerts in the Prescription Drug Monitoring Program (PDMP) that are based on clinical information, such as nonfatal overdoses and notifications for deceased patients. To gain this access, the following steps must be completed:

1. An individual at the pharmacy with signing authority will work with the CRISP Outreach team to sign the CRISP Participation Agreement (<https://www.crisphealth.org/wp-content/uploads/2021/06/CRISP-Updated-PA-6.2021-FINAL.pdf>) and review additional policies and procedures as necessary.
2. Once signed, community pharmacists associated with the organization will have access to CRISP tools and services for purposes of treatment and care coordination, such as the alerts outlined above.

For information about the CRISP participation agreement and how to sign, see <https://www.crisphealth.org/news/finalized-crisp-participation-agreement/>. Interested pharmacies should contact CRISP outreach at support@crisphealth.org.



NABP DISTRICT 1 and 2 MEETING

Annapolis Waterfront Hotel
Annapolis, MD
September 7-10, 2021

A Live experience you don't want to miss-Register Now!

Speakers

Keynote Address: The Future of Pharmacy: Scott Knoer, MS, PharmD, FASHP, EVP/CEO American Pharmacists Association

Schools of Pharmacy Address: AACP President-elect, Russ Melchert

CE Presentations

September 7, 2021: **VIP Reception** from 7-10 PM: Mingle with event sponsors and attendees and discuss important pharmacy topics in a relaxed setting

September 8, 2021: **FDA virtual update** from Dr. Peter Marks and Dr. Rochardae Araojo provide a real time update on **COVID-19 variants, boosters, and health equity** and Ryan Burke from **PTCB will provide an update on pharmacy technician certification programs**

Panel Discussions

September 8, 2021: Panel Discussion on the **Expanded Role of the Pharmacy Technician**, including panelists from several state boards of pharmacy

September 9, 2021: Premier Showing of **the documentary "Vaccination from the Misinformation Virus"**

September 10, 2021: Panel Discussion on the **Role of Technology in the Practice of Pharmacy**

<https://nabpdistrict2.org/nabp-district-1-and-2-meeting/>

Achieving Superior Customer Service on the Front Line

Brenda Lane Oliver, Consultant

Consumer Representative, Maryland Board of Pharmacy

As a Consumer Representative on the Maryland Board of Pharmacy, I take my responsibilities very seriously. In protecting the consumer, it is important to consider the ways in which pharmacies may provide each patient with excellent customer service.

Have you ever wondered why doctors or patrons refer patients to your pharmacy or why customers chose your pharmacy for prescriptions and other health-related issues rather than going to another establishment? One reason is Customer Service.

I believe in the old adage of when you provide excellent service, customers will tell at least six people about the positive experience; on the other hand, if the service is not up to par, that one negative occurrence will be shared with at least 11 people. From my perspective, when consumers' experiences are negative, they are quick to mention those occurrences to friends, associates, and on social media.

My point is that good customer service can create a win-win for both the business and the customer. Here are a few secrets worth sharing to ensure superb customer service:

1. Provide clear communication with the customer and remember to listen.
2. Give good, clear, health-related instructions and recommendations about the patient's medications.
3. Always use positive language.
4. Be friendly, personable and casual
5. Give credence to customer complaints.
6. Diffuse a complaint by:
 - taking a closer look at the situation
 - acknowledging the dilemma
 - refocus the conversation and,
 - problem solve, so that the customer leaves happy.

Remember, unresolved issues become disciplinary complaints. You are best able to help someone by helping them help themselves.

Board of Pharmacy is currently accepting submissions from readers for upcoming newsletter articles. Desired subjects covered may include public health or general educational topics. Submissions should be 500 words or less, in Microsoft Word document format.

Send any submissions to mdh.mdbop@maryland.gov

New Opportunities to reach More Vulnerable Populations

Fariborz Zarfeshan, R.Ph.

Pharmacists are by far the most accessible healthcare professionals and a significant majority of us have joined the profession to help others and make a positive difference in our patients' lives. The current pandemic situation has certainly presented us with a whole new set of challenges as well as opportunities to do just that. While the mass vaccination sites have provided valuable service to a broad segment of our population, unfortunately underneath the macro numbers, there are significant disparities among the more vulnerable population. These subgroups include African Americans, Asians, Hispanics, the Homeless, Immigrant and undocumented individuals, and ongoing support for the Long Term Care Facilities and communities.

From a public health standpoint, it is critical for these groups to be vaccinated and this is where our profession can be very helpful. While the traditional pharmacy model where patients come to us to receive care is helpful, we also need to challenge ourselves and identify other ways we can be part of the solution by providing care where the care is needed, which may be within these various communities.

In our experience, the best way to achieve this goal is to collaborate with trusted individuals within these communities and arrange vaccination events in conjunction with these individuals and organizations. These can include faith-based organizations, community-based organizations and associations, outreach organizations, and local health departments. During the past three months utilizing the very same methods, we have managed to provide over 50 vaccination events throughout our region from indoor events at churches to outdoor events in shopping centers and community centers utilizing a mobile van.

There is a great deal of personal reward in providing such service. So, I encourage everyone to do what you can in your own communities and take the extra steps to help narrow the disparity gap among the vulnerable population. Together we can make a positive difference in people's lives while demonstrating the vital role of pharmacy professionals in public wellbeing. Every shot in the arm brings us one step closer to overcoming the pandemic. The pandemic is here now and the time to act is now.

Maryland Pharmacist's Association Bowl of Hygeia Recipient 2021



Dr. Charmaine Rochester-Eyeguokan

*Charmaine D. Rochester-Eyeguokan, PharmD, CDCES, BCACP
Maryland Pharmacists Association Bowl of Hygeia Recipient - 2021*

Dr. Charmaine Rochester-Eyeguokan is a full-time Pharmacy School Professor and pharmacist in the Department of Pharmacy Practice and Science at the University of Maryland School of Pharmacy and a member of the Maryland Pharmacists Association. She is also the Clinical Director for the P3 eHealth Center of the University of Maryland School of Pharmacy. Further, she serves as a Clinical Pharmacist at the Center for Diabetes and Endocrinology at UMMS.

About the Award

The "Bowl of Hygeia" Award is presented annually by participating pharmacy associations in each of the fifty states, the District of Columbia, and Puerto Rico. The recipients are selected by their respective associations for their outstanding record of community service.

DISCIPLINARY ACTIONS

| <u>PHARMACISTS</u> | <u>LIC. #</u> | <u>SANCTION</u> | <u>DATE</u> |
|--------------------|---------------|-----------------|-------------|
| Dai T. Nguyen | 18143 | Reprimand | 6/11/2021 |
| David A. Robinson | 14295 | Surrender | 7/13/2021 |

| <u>ESTABLISHMENTS</u> | <u>LIC. #</u> | <u>SANCTION</u> | <u>DATE</u> |
|--|---------------|-------------------------|-------------|
| MidSouth Medical Specialties, LLC dba Super Drugs III | No Permit | Fine | 4/16/2021 |
| Pharmaceutical Services of America | P01873 | Probation | 5/3/2021 |
| Drug Hut | P07628 | Stayed suspension; fine | 6/10/2021 |
| BET Pharm, LLC | P04724 | Fine | 6/17/2021 |

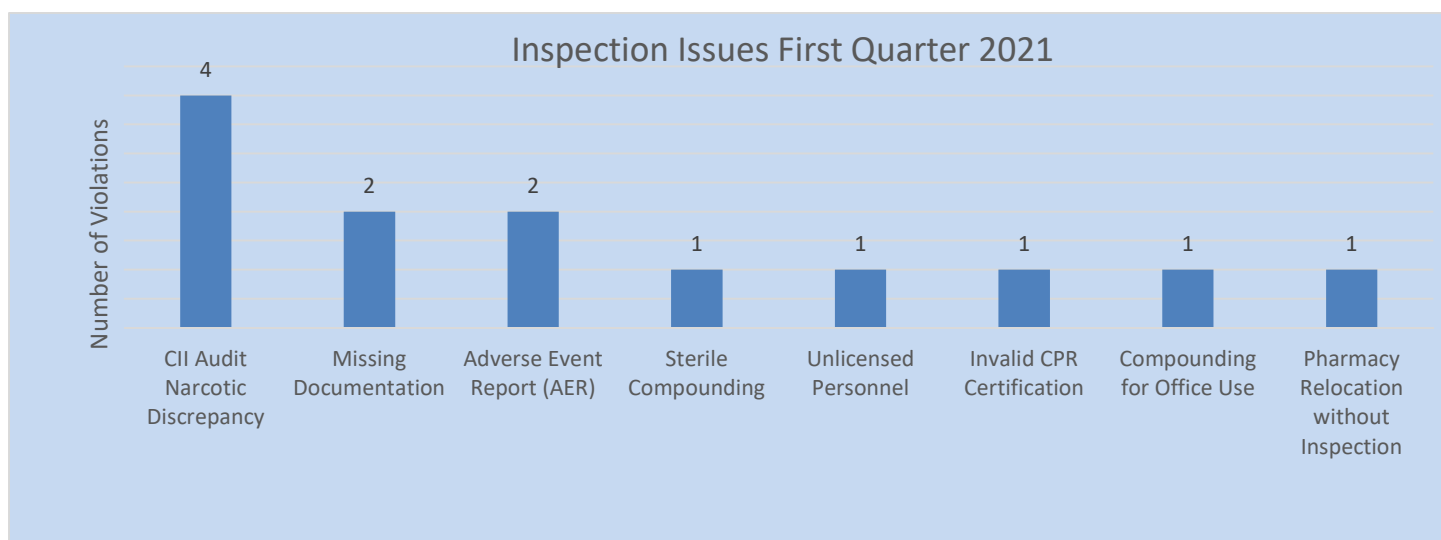
| <u>PHARMACY TECHNICIANS</u> | <u>LIC. #</u> | <u>SANCTION</u> | <u>DATE</u> |
|-----------------------------|---------------|-----------------|-------------|
| Charles C. Mbachu | T20290 | Suspension | 4/6/2021 |
| Iyonna M. Anthony | T21741 | Revocation | 7/21/2021 |
| Charlie Dunkerly | T20112 | Revocation | 7/21/2021 |

Inspection Issues First Quarter 2021

The Maryland Board of Pharmacy investigates complaints that come to the Board from various sources. Complaints come from consumers, healthcare professionals, pharmacy boards outside of Maryland, federal agencies, and from Board inspections of pharmacies, sterile compounding facilities, and distributors in Maryland. The Board requires that all pharmacies be inspected on an annual basis and distributors be inspected on a biannual basis.

The following **represents** a breakdown of the issues that have come to the Board from the inspection of pharmacies across the state in the first quarter of 2021.

1. CII Audit Narcotic Discrepancy (**4 cases**)
2. Missing Documentation (**2 cases**)
3. Adverse Event Report (AER) (**2 cases**)
4. Sterile Compounding (**1 case**)
5. Unlicensed Personnel (**1 case**)
6. Invalid CPR Certification (**1 case**)
7. Compounding for Office Use (**1 case**)
8. Pharmacy Relocation without Inspection (**1 case**)



National Association of Boards of Pharmacy

National Pharmacy Compliance News

Reprinted from the National Association of Boards of Pharmacy FOUNDATION

New Web Page Addresses Boards' Questions on FDA MOU for Compounded Products

Food and Drug Administration (FDA) has created a new web page to help answer questions regarding the *Memorandum of Understanding (MOU) Addressing Certain Distributions of Compounded Human Drug Products* from boards of pharmacy and other state agencies. The [web page](#) will continue to be updated by FDA as additional questions on the MOU are received. FDA worked with NABP to develop a standard MOU for use by the state boards of pharmacy to assist with their compliance of section 503A(b)(3)(B)(i) of the Federal Food, Drug, and Cosmetic Act. As part of the MOU, boards must identify pharmacies that are compounding human drug products and distributing inordinate amounts of such products interstate and report those pharmacies to FDA. Additional resources and information on the FDA MOU and the Compounding Pharmacy Information Sharing Project can be found through the [Members section](#) of the NABP website.

Pharmacies Can Address These Two Hazards to Improve Safety Programs



This column was prepared by the Institute for Safe Medication Practices (ISMP), an ECRI affiliate. Have you experienced a medication error

or close call? Report such incidents in confidence to ISMP's National Medication Errors Reporting Program online at www.ismp.org or by email to ismpinfo@ismp.org to activate an alert system that reaches manufacturers, the medical community, and Food and Drug Administration (FDA). To read more about the risk reduction strategies that you can put into practice today, subscribe to the ISMP Medication Safety Alert! newsletters at www.ismp.org.

Every pharmacy should strive to continually improve their medication-use system and provide the safest, highest quality of care possible. To accomplish this, practice sites must assess their risks associated with the medication-use process by monitoring actual and potential medication errors and adverse drug events. Below are two issues that warrant attention and priority if you have not already taken action to mitigate the risk.

Selecting the Wrong Medication After Entering Only the First Few Letters of the Drug Name

Entering just the first few letter characters of a drug name, or a combination of the first few letters and product strength, potentially allows the presentation of similar looking drug names on computer order entry screens. This increases the risk of selection errors. Examples of drug selection errors that resulted after entering the first few letters of the drug name include mix-ups between Ambien® (zolpidem) and ambrisentan; Briviact® (brivaracetam) and Brilinta® (ticagrelor); and tramadol and trazodone. Also, entering “met” has often led to confusion between methylphenidate,

methadone, metolazone, methotrexate, metformin, and metronidazole; and entering “meth10” has led to confusion between methadone 10 mg and methylphenidate 10 mg.

Guard against these errors by entering a minimum of the first five letters of a drug name during product searches, which will reduce the number of similar names that appear together on the same screen. Work with your information technology staff and computer vendor to implement this recommendation. Until then, practitioner awareness of this problem may help change personal practice habits.

Daily Instead of Weekly Oral Methotrexate for Non-Oncologic Conditions

Prescribing, dispensing, or administering oral methotrexate daily instead of weekly for non-oncologic conditions continues. A December 2019 *QuarterWatch* analysis of inadvertent daily methotrexate administration over 18 months between 2018 and 2019 demonstrated that about half of the reported errors were made by older patients who were confused about the frequency of administration, and the other half were made by health care providers who inadvertently prescribed, labeled, or dispensed methotrexate daily when weekly was intended.¹ An analysis sponsored by United States FDA suggests that up to four per 1,000 patients may mistakenly take the drug daily instead of weekly.²

Other causes of methotrexate wrong frequency errors more recently reported to ISMP include:

- A mix-up between the look-alike, round, yellow tablets of methotrexate and folic acid, the latter of which is often prescribed with methotrexate to lessen its toxicity
- A fatal mix-up between metolazone 2.5 mg, the intended drug, and methotrexate 2.5 mg, caused in part by entering just “met” into the order entry system and selecting the wrong drug from the search menu
- A fatal mix-up between Paxil® (paroxetine) 10 mg, the intended drug, and Trexall® (methotrexate) 10 mg, caused by mishearing a prescription called in to a community pharmacy

To reduce the risk of error, consider the following strategies:

- implement computer systems that default to a weekly dosage regimen when entering electronic orders or prescriptions for oral methotrexate;
- require an appropriate oncologic indication for all daily methotrexate orders; and
- provide patient and family education about the importance of weekly administration. To assist with education, provide patients and families with a copy of ISMP's free consumer leaflet on oral methotrexate.

References

- Moore TJ, Furberg CD, Mattison DR, Cohen MR. *QuarterWatch* 2019 quarter 2: Scope of injury from therapeutic drugs. Institute for Safe Medication Practices. 4 Dec 2019.
- Herrinton LJ, Woodworth TS, Eworuke E, et al.

Development of an algorithm to detect methotrexate wrong frequency error using computerized health care data. *Pharmacoepidemiol Drug Saf.* 2019 Oct;28(10):1361-1368.

Survey: Most Pharmacists Unfamiliar With Safe Online Pharmacy Resources

The results of a [survey](#) of United States pharmacists published in the journal *Medicine Access @ Point of Care* indicate that 58% of respondents lacked confidence in identifying and counseling patients on illegal pharmacy websites. Further, fewer than 60% of pharmacists were able to accurately identify whether a web page was legitimate, and 75% of pharmacists reported being unfamiliar with resources available to help consumers identify safe and legitimate online pharmacies.

Pharmacists can help protect consumers who shop for medications online by directing them to always buy from NABP-verified websites. A list of safe online pharmacies and related resources can be found in the Buy Safely section of NABP's consumer website, www.safe.pharmacy.

HHS Expands Access Toward Lifesaving Addiction Treatment

The United States Department of Health and Human Services (HHS) has [expanded practice guidelines](#) allowing certain practitioners who are state licensed and registered by Drug Enforcement Administration (DEA) to have the ability to more easily prescribe buprenorphine to patients with opioid use disorder (OUD). The expansion scales back the DEA "X-waiver" to further expand patient access to the lifesaving medication. NABP and bipartisan lawmakers continue to push for Congress to pass the Mainstreaming Addiction Treatment Act (MAT Act), which would permanently remove the DEA X-waiver and lay the groundwork for states to utilize pharmacists to provide medication-assisted treatment (MAT).

As part of his 2020-2021 presidential initiative, former NABP President Timothy D. Fensky, RPh, DPh, FACA, along with [NABP and its member boards](#), have urged

Congress to pass the MAT Act to allow states to recognize pharmacists as MAT providers for patients diagnosed with OUD.

Scam Targeting Pharmacists-DEA Warns

Drug Enforcement Administration (DEA) has issued a warning about a scam that is targeting pharmacists in different regions of the United States. In a recent case, a pharmacist received a phone call from an individual who claimed to be from the Federal Bureau of Investigation (FBI) and told the pharmacist that their license was currently under investigation. According to DEA, the scammer warned the pharmacist to not let anyone know about the call and to leave the pharmacy saying they had an urgent family matter, so they could go to the post office to receive faxed details of the FBI investigation. The scammer told the pharmacist that they were being watched and to remain on the phone until receiving the documents at the post office. The pharmacist was also directed to send \$18,000 to the scammer.

DEA warns pharmacists to be alert, and that scams can appear in many different forms. Always [report](#) anything suspicious to DEA or the FBI.

Nationwide Recall Issued for Acetaminophen Extra Strength Tablets Due to Mislabeling

A-S Medication Solutions, LLC (ASM) is voluntarily [recalling](#) 198,350 bottles of acetaminophen extra strength 500 mg tablets, 100-count bottles to the consumer level. The product, which was included in a Health Essentials Kit distributed by Humana to its members, contained an incomplete drug label rather than the required over-the-counter drug facts label.

ASM has been notifying its distributors and customers by mail and arranging the return of all recalled products. Adverse reactions or quality problems experienced with the use of this product may be reported to Food and Drug Administration's [MedWatch Adverse Event Reporting program](#).

President: **Jennifer Hardesty** Long Term Care Representative
 Secretary: **Kristopher Rusinko** Home Infusion Representative
 Treasurer: **Neil Leikach** Independent Pharmacist Representative

Efstratios (Steve) Bouyoukas Chain Drug Store Representative
Karla Evans Acute Care Hospital Representative
Kristen Fink At-Large Representative
Peggy Glascoe Geigher Consumer Representative
Kevin Morgan Chain Drug Store Representative
Brenda Oliver Consumer Representative
Surinder Kumar Singal Independent Pharmacist Representative
Javier Vázquez Acute Care Hospital Representative
Ellen H. Yankellow At-Large Representative

BOARD MEETINGS

Public Pharmacy Board meetings begin at 9:30am on the third Wednesday of each month and are open to the public. The Board encourages all interested parties to attend the monthly Board Meetings and awards 2 LIVE CEs to all licensees.

2021 PUBLIC BOARD MEETINGS

Third Wednesday of each month

August 21, 2021
 September 15, 2021
 October 20, 2021

CONTACT DIRECTORY

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Executive Director

Deena Speights-Napata

| Deputy Director & Operations Manager | Director of Compliance | Manager of Program Intake, Assessment & Evaluation | Licensing Manager |
|--------------------------------------|------------------------|--|--------------------|
| <i>Edward Fields</i> | <i>Trina Leak</i> | <i>Nakia Jordan</i> | <i>Doris James</i> |

Maryland Board of Pharmacy

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