Spring 2012

Maryland Board of Pharmacy news

In This Issue

The Mission of the Maryland Board of Pharmacy is to protect Maryland consumers and to promote quality healthcare in the field of pharmacy through licensing pharmacists and registering pharmacy technicians, issuing permits to pharmacies and distributors, setting pharmacy practice standards and through developing and enforcing regulations and legislation, resolving complaints, and educating the public.

Maryland Board of Pharmacy
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From The Executive Director's Desk

LaVerne Naesea, Executive Director

A FAREWELL TO Donald Taylor and Mayer Handelman — The Last of the Mohicans

Summers are the seasons to implement Board supported legislation passed during the last session and to structure operations to address new initiatives. This summer 2012 also sadly marks the end of the two four-year terms of Commissioners Donald Taylor (Chain) and Mayer Handelman (Long Term Care). In reflecting on their tenures with the Board, the 1826 novel by James F. Cooper, ***The Last of the Mohicans: A Narrative of 1757*** immediately came to mind. The novel's setting takes place against the background of the French and Indian War (the Seven Years' War); when France and Great Britain battled for control of the North American colonies. During that war, the French called on allied Native American tribes to fight against the more numerous British colonists.

Throughout their tenures at the Board, Mayer and Don were both called upon by Board allies to lead many successful battles to help ensure safe pharmaceutical dispensing and quality patient care for Maryland residents – despite numerous challenges presented by special interest groups. Highlights of legislation supported by the Board and passed during their tenures have included: Administration of Vaccines (FY 2005); Registration of Pharmacy Technicians and Prescription Drug Repository (FY 2006); Wholesale Distributor Permitting and Prescription Drug Integrity Act (FY 2007); Remote Automated Medication Systems and Expansion of Administration of Vaccines (FY 2008); and Requiring Pharmacies to Provide Patients Information Relating to Incorrectly Filled Prescriptions (FY 2009).

Commissioner Handelman's wealth of experience addressing long term care issues and his keen business knowledge were invaluable to the Board and other State units in updating regulations and various processes to accommodate change and program growth. Specifically, he worked closely with representatives of the long term care pharmacy community, Office of Health Care Quality and others to champion the needs of Long Term Care residents. His efforts at the Board included serving during various periods as Chair of the Disciplinary, Long Term Care and Licensing committees, as well as serving as a member of the Practice Committee; contributing to the creation and revision of the Board's long term care facility inspection form; successfully advocating for two medication reviews annually by pharmacists for all long term care patients who take nine or more prescriptions; and helping to redefine the concept of pharmacy care to *long term care residents* in Maryland.

Throughout Commissioner Don Taylor's Board tenure he served as an objective, steadfast and ethical role model for Board Commissioners and staff; while also supporting

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From The Executive Director's Desk
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actions and rendering decisions that were fair, intelligently determined, and practical. Don was extremely generous of his time as Board President (2008 - 2009); former chair and member of the Executive, Practice, Licensing, Legislative, and Emergency Preparedness committees; and member of the Wholesale Distributor, Prescription Repository, Drug Therapy Management, Sterile Compounding, and several other special appointed Workgroups and Task Forces. In fact, Don's dedicated role on the Emergency Preparedness committee propelled the Board of Pharmacy as well as the entire State to national leadership and provided a model for other states to follow. Don always demonstrated a respect for state laws, assuring that consumers' interests were weighted greater than that of industry practice needs. His personal objectives were always sacrificed in the interest of meeting Board objectives. I can confidently attest that Don met his responsibilities as Board President in a manner and demeanor that Board leaders are expected to perform. In doing so, he made my job as the Board's Executive Director so much less difficult. Thus, I must acknowledge my personal respect and publicly thank Don for his support to me while he served as an outstanding President and member of the Board of Pharmacy.

Both of these very competent and strong Commissioners have much for which to be proud for their service to the Maryland Board of Pharmacy and State of Maryland. However, please do not misunderstand the analogy that I have drawn between the ***The Last of the Mohicans*** and these two leaders. Just as many strong members of the Mohican (or Mohegan – as they are sometimes referred) tribe continue to exist in Connecticut, many wise Commissioners have continued to be appointed following Don's and Mayer's 2004 appointments. Nonetheless, these two special gentlemen were indeed part of a very special breed, having continued the legacy of those who established a solid framework for examining practice issues affecting Maryland patients, weighing the impacts of Board decisions on that population, and partnering with members of the pharmacy profession in a manner that ensured the continuation of the Board's rich tradition of ethical and fair commitment to protecting Maryland residents.

Don and Mayer, to quote the character Tamenund from the referenced novel, *I have lived to see the last warrior[s] of the wise race [of the Mohicans]*. Thank you from the Department of Health and Mental Hygiene, Board and staff members, and all Maryland citizens for your combined 16 years of stellar service.

PRACTICE CORNER

Anna Jeffers,
Legislation/Regulations Unit Manager

More on Electronic Prescribing

E-prescribing is defined by the Center for Medicare and Medicaid Services (CMS) as "…the transmission, using electronic media, of prescription or prescription-related information, between a prescriber, dispenser, Pharmacy Benefit Manager (PBM), or heath plan, either directly or through an intermediary, including an e-prescribing network. E-prescribing includes, but is not limited to, two-way transmissions between the point of care and the dispenser". In Maryland, there are no restrictions on the electronic transmission of Schedule I prescription, but federal regulations mandate that written prescriptions for Schedule II, III, and IV controlled substances be maintained by pharmacies for two years.

There are six graduated levels of e-prescribing systems:

1. Electronic drug reference only;
2. Stand-alone prescription writer with no medication history or supporting data;
3. As above, but includes supporting data (allergies, demographics, formulary information);
4. Includes medication management to monitor patient medications;
5. Connects to other practices, pharmacies, PBMs, intermediaries and/or patients; and
6. Integrates with an electronic medical record system.

The prescriber begins the e-prescribing process by sending basic patient information electronically to the e-prescribing vendor, which then forwards the request to an electronic health network (http://mhcc.dhmh.maryland.gov/hit/ehn/Pages/Resources.aspx).

After the patient information is matched with their benefits, formulary, and medication history, the health network returns this information to the e-prescribing vendor, which then electronically transmits the information back to the prescriber. That is when the prescriber chooses the correct medications and checks for allergy and drug interaction alerts. The e-prescribing vendor then receives the information and transmits it to the health network (ex., RxHub), which forwards it to the PBM for fulfillment in the case of the prescription being filled by a mail-order pharmacy. If being filled by a retail pharmacy, the e-prescribing vendor electronically transmits the prescription to an electronic health network.

The standard National Council for Prescription Drug Programs (NCPDP) may be the electronic format used for transmitting prescription information. This would be sent to the pharmacy, electron-

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PRACTICE CORNER

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ically, and go directly into the pharmacy information system. Also, the electronic prescription information may be sent by way of e-Fax to a pharmacy's facsimile machine.

The benefits of e-prescribing are many. Only about 7% of the 3.52 billion prescriptions written annually in the U.S. are sent electronically, but an increase in e-prescribing could greatly reduce expenditures. A study by the Medical Group Management Association reveals that an average of $19,444 a year is spent by pharmacy and physician practices simply making telephone calls relating to prescriptions. The Maryland Department of Health and Mental Hygiene (DHMH), 2010, stated that high administration costs associated with health care are greatly reduced by adopting electronic health information systems (www.statestat.maryland.gov/GDU/13HealthDeliveryPlan.pdf). According to DHMH, there is a greater capacity for more-comprehensive treatment by hospitals and physicians when patient information is gathered electronically.

The Board staff is often asked questions' concerning what is "electronic prescribing" and what may or may not be accepted as an electronic prescription. Below are a few of those questions:

1) May a pharmacy accept a hardcopy script with an "electronic signature?" No. Once a prescription is handed to the patient it is no longer an electronic prescription and must contain the handwritten, pen-to-paper signature of the prescriber. See COMAR 10.34.20.02A(2)(a).

2) May a pharmacy accept a faxed prescription with an "electronic signature?" There are two instances when a pharmacy would receive a faxed prescription.

The first instance would be when a physician faxes a prescription directly from the physician's office. Those prescriptions would require a handwritten, pen-to-paper signature of the prescriber.

The second instance would be when an electronic intermediary has faxed an electronic prescription to a pharmacy. If the electronic intermediary is certified by the Maryland Health Care Commission (MHCC), then the prescription may be filled by the pharmacist since the prescriber has already undergone identity proofing as part of the electronic prescribing process.

3) Does a closed system, such as a hospital or HMO, need to comply with the federal regulations on E-prescribing?

B. The requirement of §A(2)(b)(i) of this regulation does not apply to prescriptions transmitted electronically within:

(1) A closed system of a group model health maintenance organization as defined in Health-General Article, §19-713.6, Annotated Code of Maryland; or

2) Any other closed system that does not utilize an intermediary for transmission of prescriptions. COMAR 10.34.20.02B

4) How do I access the federal regulations on E-prescribing? Please go to this website: http://www.deadiversion.usdoj.gov/ecomm/e_rx/index.html#faq

5) How would I know if an electronic intermediary is certified by the Maryland Health Care Commission (MHCC)? Please go to this website: http://mhcc.dhmh.maryland.gov/hit/ehn/Pages/Resources.aspx

* This article repeats some information from a prior newsletter, but remains relevant today.

Sunset Legislation Makes Big Changes in DTM and in Renewal Dates

Anna Jeffers, Legislation/Regulations Unit Manager

On July 1, 2012, the State Board of Pharmacy – Sunset Extension and Revisions, goes into effect. This legislation is the result of an exhaustive Sunset review conducted by the Department of Legislative Services and fully supported by the Board. The major change this legislation mandated is the elimination of the Joint Committee approval process for Drug Therapy Management contracts and protocols. As a result, the process for a pharmacist and a physician to perform drug therapy management has been greatly simplified and the long approval process has been eliminated. Many pharmacists and physicians have been waiting for this change and may now submit their documentation so that they may begin drug therapy management with Maryland patients with chronic illnesses. Revised regulations will be forthcoming this summer.

The Sunset legislation also moved the renewal dates for pharmacies and wholesale distributors from the end of December to the end of May. This change was suggested by the Board to alleviate the workload and staffing issues that often occur over the December holidays for the Board, pharmacies and wholesale distributors. The legislation also extended the current wholesale distributor permits to May 31, 2013 and the pharmacy permits to May 31, 2014 for the first renewal period after the passage of this legislation.

DISCIPLINARY ACTIONS

Pharmacists	Lic. #	Status	Date
Ashoka Gomes	17282	Reprimand/Probation	1/13/2012
Katherine Emery	11691	Probation	1/19/2012
Cashmir Luke	19006	Denial	2/27/2012
Moslem Eskandari	14714	Probation	3/9/2012
Mohammad Hussain	11704	Probation	3/28/2012
Robb Foote	12098	Suspended	4/4/2012
William Elliot	6640	Suspended	4/6/12 - 4/20/2012
Kwado Bekoe	19133	Reprimand	4/11/2012
Thomas Closson	14131	Probation	4/16/2012

Pharmacist Technicians Tech Name	Reg. #	Status	Date
Alberta Gerald	T05674	Suspended	1/25/2012
Gabrielle Sagi	T08218	Suspended	1/25/2012
Ashley Dinan	T02532	Suspended	1/25/2012
Femi Ajimatanrareje, Jr.	T07966	Suspended	1/31/2012
Elizabeth Brown	T05708	Revoked	3/21/2012
Hillari Boches	T05587	Suspended	3/28/2012

Establishment Name	Permit #	Sanction	Date
Ft. Washington Medical Center	P01619	$2,000	1/11/2012
Millennium Pharmacy Systems	PW0299	$1,500	5/14/2012
C.O. Truxton, Inc.	D02941	$7,000	5/21/2012
Johns Hopkins Behavioral Pharmacology Research Unit	PW0337	$1,500	5/24/2012
Johns Hopkins Bayview Inpatient Pharmacy	P01092	$1,000	5/24/2012
HealthSouth Chesapeake Rehab Hospital Pharmacy	PW0301	$500	5/30/2012

COMPLIANCE UPDATE

Medication Errors – Reducing the Risks at the Pharmacy

Based on study and references researched, the Institute of Medicine of the National Academies estimated that 51.5 million medication errors occur per 3 billion prescriptions per year and caused injuries to at least 1.5 million people every year.[1] Additionally, the costs of hospital treatment alone for these resulting injuries have been estimated at around 3.5 billion dollars per year.[1] Errors can occur at the time that patient prescriptions are written, filled or administered. There is a growing problem in the United States with errors being made by retail pharmacies. People rely on pharmacists to accurately fill their prescriptions according to the orders of the prescribing physician. Sadly, pharmacists can and do make mistakes which can result in serious health risks for patients.

Dispensing errors are the majority of the legal claims against the pharmacists in the United State. The most common type of dispensing errors is due to dispensing the wrong medication.[2] Other types of dispensing errors involved dispensing the right drug in the wrong strength or placing inaccurate directions on the bottle. Failure to review drug regimen such as drug interaction, patient's history of allergic reactions or potential adverse drug reactions; are growing types of dispensing error claims again pharmacists. However, these errors can be avoided if preventive measures are in place.

Errors can occur simply because of unclear oral instructions over the telephone or the use of abbreviations and medical codes on the written prescriptions which can be misinterpreted. Written medication details and instructions can either be misread or misunderstood by the pharmacist leading to dispensing errors. These critical errors can result in life threatening injuries or even death for patients. Environmental factors such as poor lighting, cluttered work spaces, frequent interruptions often contribute to dispensing errors. It is important for staff to be able to remain focused on the tasks involved with dispensing process. Order entry particularly is vulnerable to distractions such as interrupting phone calls.

Things that can be done to minimize errors at the retail pharmacy include the utilization of a system

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where prescriptions are sent electronically from doctors' office directly to the pharmacy. Patient profiles should be current and contain enough information for pharmacists to assess adverse drug reactions or drug interactions. Work areas should be well designed and organized to help prevent errors. Drugs should be organized to reduce confusion between similar names, labels, or strengths. Most importantly, pharmacists should counsel patients when dispensing medications. This is an important safety check for dispensing and patient comprehension. Pharmacies should also have and follow dispensing policies and procedures. Quality assurance program and reporting systems should be in place in the pharmacy to make sure that when an incident occurs, there are procedures to improve and prevent future incidents.

Consumers would be wise to choose a retail pharmacy that will help to monitor treatment and maintain patient information regarding medical conditions, allergy history and prescribed medications. These records help to prevent against harmful drug interactions, administering duplicate medications and other possible medication errors. Patients should make sure to provide the list medications they are taking to ensure that there is no harmful interaction. Also, patients should receive printed information from the pharmacist about their medications to make sure they completely understand the dosing and storage instructions, along with any possible side effects that may occur.

References:

1. Aspden, P, Wolcott, JA, Bootman, JL, et al, eds. *Preventing Medication Error: Quality Chasm series*. Washington DC: The National Academic Press; 2008.

2. Bond, C, & Raehl, C. (2001). *Pharmacist assessment of dispensing errors: risk factors, practice sites, professional functions, and satisfaction.* Pharmacotherapy, 21, 614-626.

This article was written and submitted anonymously to the Board of Pharmacy. The information does not necessarily reflect the views of the Board.

International Academy Of Compounding Pharmacists (IACP) Response To Time Magazine

April 17, 2012 IACP newsletter

There is a Solution for Drug Shortages

Your first in a two-part story on the shortage of cancer drugs ("Inside America's Drug Shortage," Section Healthland, Pharmaceuticals, Mar. 19) called attention to a serious and ongoing crisis. *(The second part will be in the IACP newsletter.)* It effectively illustrated how difficult this situation is for patients who are battling cancer as well as for their families, and the doctors and pharmacists providing their care.

There is a solution however to the ever-increasing shortage situation that was not discussed. When a medication becomes unavailable due to back-order or manufacturing issues, it can often be compounded by a licensed pharmacist with a physician's prescription. Compounding pharmacies are specialized practices outfitted with clean rooms, training and equipment, and employ the same Active Pharmaceutical Ingredients used by manufacturers. As the number of needed medications going into long-term backorder and shortage status continues to rise, compounding pharmacies are a valuable asset to meeting patient and prescriber needs.

Compounding pharmacies are highly regulated by State Boards of Pharmacy and also follow stringent standards set by the United States Pharmacopeia (USP). In addition, The Pharmacy Compounding Accreditation Board (PCAB) has developed national standards to accredit pharmacies that perform a significant amount of compounding.

Further, our association, the International Academy of Compounding Pharmacists (IACP), representing more than 2,100 licensed pharmacists and technicians throughout North America, has developed an assessment questionnaire that currently is being used to assist hospitals, practitioners and non-compounding pharmacies identify and evaluate compounding pharmacies as they seek alternative sources for medications that are in limited to complete shortage status. IACP's Compounding Pharmacy Assessment Questionnaire (CPAQ) includes evaluation points in regulatory compliance, licensing, quality assurance, and testing & verification.

IACP would be pleased to provide you with additional information on this topic. We also can introduce you to IACP Members who serve as compounding pharmacists in a variety of practice settings including small-, mid-sized and large hospitals, institutions and community practices - who are seeing the challenges first-hand and are able to help due to their specialized skills as compounding pharmacists.

Patients should know that there is a resource available to them, now. Patients shouldn't have to delay their treatments, cancel surgeries or have to travel several states away for treatment. Compounding pharmacists are playing a critical role to bridge the gap for these patients during these drug shortages.

For more information, please call IACP at 281/933-8400 or email dagmar@iacprx.org.

This article was reprinted with permission from the International Academy of Compounding Pharmacists (IACP).

Janet Y. Seeds, Public Information Officer

Baltimore Flowermart 2012

On May 4, 2012, the Board participated in the 95th Annual Flower Mart in Baltimore, Maryland. The day began slowly due to the threatening weather, but the public soon came out in force.. The Board's participation was a successful endeavor, thanks to the joint efforts and dedication of the Maryland Pharmacy Coalition (MPC), the faculty and students from the University of Maryland School of Pharmacy andthe Notre Dame of Maryland University School of Pharmacy as well as Board members and staff.

Literature and incentives were made available to hundreds of Flower Mart participants. Consumers expressed appreciation for the Board's continued outreach and many acknowledged pharmacy education for consumers as a very important part of the health care process.

Providing pharmacy and health information, Board, staff members, and volunteers worked from 7:30 a.m. to 4:30 p.m., with over 700 consumers visiting the booth. The main booth staffed by the Board distributed general information including Emergency Preparedness and the National Consumer League's "Script Your Future" material. The health screening booth staffed by pharmacy students provided blood pressure screening, and diabetes, cholesterol, and nutrition information. While staff and students distributed information, pharmacists answered questions from the public.

Staff joined in the festivities by creating hats that described this year's theme of "A cornucopia of rainbow flowers, lemon peppermint sticks, and sweet melodies – Flower Mart 2012 charms all generations" and the colors were pink, green, and black.

Maryland-Licensed Pharmacist Now Required in MD Licensed Non-Resident Pharmacies

Anna Jeffers, Legislation/Regulations Unit Manager

Effective October 1, 2012, all Maryland Non-resident Pharmacies are required to have a pharmacist on staff who is licensed by the Board and is designated as the pharmacist responsible for providing pharmaceutical services to patients in Maryland.

Non-resident pharmacies are also now required to comply with additional requirements in Maryland when dispensing prescription drugs or prescription devices to a patient in Maryland or are otherwise engaged in the practice of pharmacy in Maryland. The non-resident pharmacy:

1) Shall be located and equipped so that the pharmacy may be operated without endangering the public health or safety;

2) May not offer pharmaceutical services under any term or condition that tends to interfere with or impair the free and complete exercise of professional pharmaceutical judgment or skill;

3) May not make any agreement that denies a patient a free choice of pharmacist or pharmacy services;

4) May not participate in any activity that is a ground for Board action against a licensed pharmacist under § 12–313 or a registered pharmacy technician under § 12–6B–09 of this title;

5) Shall:

(i) Maintain at all times a current reference library that is appropriate to meet the needs of:

1. The practice specialty of that pharmacy; and

2. The consumers the pharmacy serves; and

(ii) Comply with any regulations adopted by the Board establishing the types of texts required to be included in the reference libraries in each of the various practice specialty pharmacies;

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LICENSING UNIT

Demetrius Daniels, Licensing Unit Manager

Licensing Fingerprint Update

If you are registering as a Pharmacy Technician or Pharmacy Technician Student in Maryland, the following information is for you. The Maryland Criminal Justice Information System (CJIS) - Central Repository and the FBI have implemented changes to the process of conducting criminal background checks fingerprinting, which became effective **Sunday, April 15, 2012**. After April 15, 2012, ink fingerprint cards will no longer be accepted by CJIS or the FBI and fingerprints must be electronically or digitally captured. The cost for the State background check is $18.00. Digital fingerprinting is an additional $20 if done at a State operated location (other authorized locations may charge a fee that is greater or less than $20.00).

All fingerprint submissions must be electronically or digitally captured at approved electronic fingerprint locations on the enclosed list. For the most up-to-date listing, visit the following website: http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml

The authorization number for the Maryland Board of Pharmacy is 0600062013 and *must* be included on the application under *Agency Authorization #*. Please also check the *Government Licensing Certification* box located in the Request Type section of the pre-application. Applicants are encouraged to submit the pre-application directly to CJIS. To locate the location nearest to you go to http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml. For more information please contact the location where you intend to be fingerprinted.

FOR FAST AND ACCURATE SERVICE

1. If you are requesting a background check for employment or licensing purposes you must have an agency name and authorization number
2. If your background check is being sent to a government agency you may also need an ORI number.
3. You must bring a valid form of government identification. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification)
4. Fill out the attached form, print it and bring it to any fingerprinting center.

Livescan Pre-registration Application

5. Fees are listed at the previously mentioned website and are required to process each criminal background record check request. Major credit cards, checks, and money orders are accepted. Cash is not accepted at the State Operated Fingerprinting Centers.

The fingerprinting fee at the CJIS Central Repository is $20.00 with no card limit. You may choose to have your fingerprints taken at another agency. Make sure to check with that agency for their fingerprinting fees as fees may vary.

Maryland-Licensed Pharmacist Now Required in MD Licensed Non-Resident Pharmacies

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6) (i) Shall maintain at all times the minimum professional and technical equipment and sanitary appliances that are necessary in a pharmacy:

1. To prepare and dispense prescriptions properly; and

2. To otherwise operate a pharmacy; and

(ii) Shall:

1. Be equipped with the minimum equipment and appliances specified by the Board under this section; and

2. Be kept in a clean and orderly manner;

7) Shall store all prescription or nonprescription drugs or devices properly and safely subject to the rules and regulations adopted by the Board;

8) May not allow an unauthorized individual to represent that the individual is a pharmacist or registered pharmacy technician;

Finally, included in the Board's Sunset Legislation effective July 1, 2012, the renewal dates for all pharmacies have been moved from the end of December to the end of May. This change was suggested by the Board to alleviate the workload and staffing issues that often occur over the December holidays for the Board, pharmacies and wholesale distributors. The legislation also extended the current pharmacy permits to May 31, 2014 for the first renewal period after the passage of this legislation. Notification to permit holders will be forthcoming this fall.

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Maryland Board of Pharmacy

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Donald Taylor

BOARD COUNSEL

Linda Bethman, AAG
Brett Felter, Staff Attorney

BOARD MEETINGS

Public Pharmacy Board meetings begin at 9:30 a.m. 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.

2011 PUBLIC BOARD MEETINGS DATES

Third Wednesday of each month
9:30 am – 12:30 pm
July 18, 2012
August 15, 2012
September 15, 2012
Location: 4201 Patterson Avenue, Baltimore, MD 21215

COMMITTEE MEETING DATES	
Executive Committee Meetings First Wednesday of each month	**Licensing Committee Meetings** Second Wednesday of each month
Disciplinary Committee Meetings First Wednesday of each month	**Practice Committee Meetings** Fourth Wednesday of each month
Emergency Preparedness Task Force Meetings Second Wednesday of each month	**Public Relations Committee** Fourth Wednesday of each month

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