July 2002

maryland
Board of Pharmacy

Board Receives a First Place Ribbon at the 2002 Flower Mart

On May 15th the Board, working in partnership with the Maryland Society of Health-System Pharmacists (MSHP), Maryland Pharmacists Association (MPhA), Maryland Poison Center, University of Maryland, School of Pharmacy and the American Society of Consultant Pharmacists (ASCP), participated in the 85th Flower Mart, on Mt. Vernon Street, in Baltimore, Maryland. It was a successful endeavor, thanks to the joint efforts of these groups and the dedication of volunteers.

Health concerns were addressed with products and literature received from various pharmaceutical companies. Every consumer we spoke with was appreciative of the outreach project, and agreed that education is a very important part of the health care process.

The volunteers worked tirelessly from 7:00 a.m. to 6:00 p.m. with over 700 consumers visiting the booth for general safety tips and health care services. In addition to providing information, blood pressure monitoring, and consultation on medications, information was disseminated to the public on nutrition, diabetes, cholesterol, blood pressure, smoking cessation, osteoporosis, and over-the-counter prescriptions.

The Board's booth won the first place ribbon in the Health Village. John Balch, Board Member/PharmaCare, donated a magnificent wreath to raffle for those who received blood pressure screenings. The winner was Ms. Betty Ashbrook, who was thrilled to win such a beautiful prize.

The Board would like to honor the volunteers who made this consumer event a success: Jeanne Furman (Board Member/MSHP), interns Sarita Doshi, Hoai Dinh and Hoai An Truong (University of MD, School of Pharmacy); Cynthia Boyle (MPhA), Christine Purks (MSHP), Jean McGarth (MD Poison Center), Kathleen Truelove (MSHP), Fred Weiss (MSHP), Terri Clayman (MSHP), Anna Leonhardt (MSHP), Jeffery Brewer (MSHP), Howard Schiff (MPhA), Dixie Leikach (MPhA), Mark Sanford (MPhA), Sheila Derman (RiteAid), and the support of all the Board Staff.

If you would like to volunteer for any upcoming consumer events please contact Joan Lawrence, at 410-764-4755 or email jlawrence@dhmh.state.md.us

Visit the Board's website at www.mdbop.org and click on "Consumer Information" to view the booth.

Sarita Doshi, Intern at the University of Maryland, School of Pharmacy administers a blood pressure screening to Willie Simm of Towson, Maryland.

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, distributors and manufacturers; 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.

Maryland Board of Pharmacy
4201 Patterson Ave.
Baltimore MD 21215-2299
410-764-4755
www.mdbop.org

From the Executive Director's Desk

So many things happen at the Board in three months, that it is often hard to report all of the news. This quarter's issue will feature key legislative actions taken during the 2002 session, issues tackled during the 98th Annual Meeting of the National Association of Boards of Pharmacy (NABP), and consumer activities that led to the Board receiving a first place ribbon at the 2002 Flower Mart. As we continue to celebrate 100 years as a board, I want to mention a few of the people behind the stories, to highlight the work of Board Members who play significant roles in the Board's success.

A recent article in a Citizen Advocacy Center's (CAC) newsletter summarized the proceedings of their Annual Meeting attended by Consumer Board Member, Barbara Faltz-Jackson and me in February. The article focused on the unique roles that consumer members play on Boards to ensure consumer protection. This June, Ms Barbara Faltz-Jackson's second term on the board ended (8 years!). While a member of the Board, Ms. Faltz-Jackson, chaired the Public Relations Committee, which sponsored several successful campaigns to educate consumers including, the Traveling Medicine Show, 'Ask Your Pharmacists' Media Campaign, Baltimore Flower Mart, and several consumer focused brochures. The committee also supported pharmacists, (remember the HIV/AIDS education seminar?). Under Ms. Faltz-Jackson's chairwomanship, a newly staffed Public Information and Education Unit was formed, which enabled the Board to upgrade its annual report, newsletter, and public campaigns. A new consumer member has not been appointed to replace Ms. Faltz-Jackson yet, so there's still time to join the Board in recognizing her achievements and dedicated service to the Board.

Ms. Faltz-Jackson is not the only member deserving recognition for her tireless Board contributions. Pharmacist member Jeanne Furman was appointed in May as the Board's Delegate Representative at the NABP Annual Meeting. Melvin Rubin was also appointed as Alternate Representative. I attended the meeting in Phoenix, Arizona, with Ms. Furman and Mr. Rubin, where resolutions were voted on that addressed the appropriate use of OxyContin, legislation to increase enrollments in schools of pharmacy, compliance issues related to cytotoxic drugs, scheduling of carisoprodol to Schedule IV, standardized unit of use packaging, and the interpretation of federal controlled substance prescription refill regulations. Also at the NABP meeting, several committees and task forces presented reports on topics including, privacy and confidentiality, electronic transmission of prescriptions, and law enforcement/legislation. Ms. Furman was also appointed to represent District II on the NABP Resolutions Committee at the annual meeting. Both Mr. Rubin and Ms. Furman are actively involved with several Board committees and task forces, including the licensing, disciplinary and practice committees.

For more information on NABP's 98th Annual Meeting visit their website at www.nabp.net.

Continued on page 5

Shortage of Pharmacist Survey

Georges Benjamin, M.D., Secretary, Department of Health and Mental Hygiene, recently convened the Shortage of Pharmacists Task Force under the chairmanship of Stanton G. Ades, President, Maryland Board of Pharmacy. The Task Force was appointed to study pharmacy workforce issues, identify the prevalence of the shortage of pharmacists in Maryland, determine its impact on the health care delivery system and recommend strategies to resolve the shortage.

Please take 20 minutes to complete the enclosed Pharmacist Survey. You may complete the survey on-line at http://www.mdbop.org, or you may return it:

Via Fax: 410-358-6207; or
Via Mail: MD Board of Pharmacy
4201 Patterson Ave., Baltimore, MD 21215-2299
(Please indicate "Survey Response" on envelope).

All responses will be confidential, with any identifying information destroyed after survey responses are entered into the database. Your participation is essential, so please return the survey no later than August 1, 2002.

Administration Again Proposes Medicare Rx Discount Card

In the March 6, 2002 Federal Register, a proposed rule for the Medicare-Endorsed Prescription Drug Assistance Initiative was published. The proposed rule represents the Bush Administration's second attempt to move forward with a Medicare-endorsed card program. The first attempt was stopped when a judge ruled in a suit brought by the National Association of Chain Drug Stores (NACDS) and the National Community Pharmacists Association (NCPA) that Center for Medicare & Medicaid Services lacked legal authority to create such a program.

The proposed rule appears to be similar to the original, with greater detail of how the program would work and also a new requirement mandating that manufacturers' discounts be passed through to the beneficiary. NACDS and NCPA have challenged the administration's authority to implement such a program.

H.R. 3626, the "Medicare Drug and Service Coverage Act of 2002" (MEDS Act), was introduced by Representatives Jo Anne Emerson (R-MO) and Mike Ross (D-AR). This landmark bill would create a comprehensive pharmacy benefit for Medicare beneficiaries, including coverage for medications as well as pharmacists' medication therapy management services.

Medication Error

Inappropriate Designation of Dosage Form is a Common Source of Error

Confusion seems to reign whenever a medication is available in oral dosage forms with different release rates. The situation is worse when there are two or more "delayed" release formulations for the same product. ISMP recently heard about four cases where community pharmacists dispensed METADATE ER instead of METADATE CD. Both are methylphenidate hydrochloride extended-release, but they are not substitutable. The CD product is a once-a-day capsule with biphasic release. There is an initial rapid release of methylphenidate, then a continuous release phase, resulting in school-day-long control of attention deficit hyperactivity disorder (ADHD) symptoms. The ER product is a tablet given two to three times a day. It may be titrated to remove the need for midday dosing. Each of the pharmacists involved in the error were not aware that the Metadate CD product existed.

Recently, Novartis received FDA approval for another once-a-day methylphenidate, RITALIN LA. This will be available on the market along with RITALIN SR, another sustained release dosage form. Thus, confusion can be expected between these two formulations. Last year ISMP also learned about similar confusion between Abbott's DEPAKOTE ER (divalproex sodium extended release) and DEPAKOTE (divalproex sodium delayed release).

To make matters worse, it is common for physicians to prescribe an extended release product without the appropriate name or suffix. Also, some products have numerous suffixes to differentiate formulations of the same drug. For example, suffixes for various diltiazem products include SR, CD, XR, and XT. As one colleague recently stated, "Between all the generics and brands trying to differentiate themselves, it is all but impossible to keep from making mistakes."

Nomenclature standards need to be established to allay confusion between various formulations of the same drug. Perhaps a unique brand name might be needed to designate a different formulation property, as was done with NEORAL (cyclosporine modified) and SANDIMMUNE (cyclosporine).

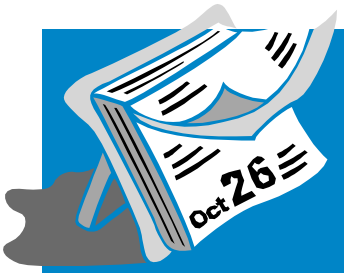
Meanwhile, carefully select new medications with the knowledge that confusion between different formulations and suffixes is likely. Build alerts into computer systems and mark drug containers to warn pharmacists and technicians about the differences. Some pharmacists design computer mnemonics to separate the different formulations on their computer screens.

Keep in mind that prescriber confusion between the various drug name suffixes has also been reported. New prescriptions for any of these medications may need to be verified. When prescribing one of these medications, physicians should alert patients to possible confusion between the various formulations and suffixes so they can help identify an error before taking the medication when they take the opportunity to speak with the pharmacist during counseling. Pharmacists should encourage patients to request such interaction with their physicians.

FDA is aware of these problems and will be examining ways to improve trademark nomenclature. Industry guidance has been promised for later this year.

This brief article is intended only as an introduction to educate and assist pharmacists in complying with the requirements. Requirements may change once HHS publishes final rules. To learn more about HIPAA, visit the HHS website at www.hhs.gov/ocr/hipaa.

This was excerpted from a new feature article about medication errors written by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that works closely with US Pharmacopeia (USP) and Food and Drug Administration (FDA) in analyzing medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, then publishes its recommendations. If you would like to report a problem confidentially to these organizations, go to the ISMP website (www.ismp.org) for links with USP, ISMP and FDA. Or call 1-800-23-ERROR to report directly to the USP-ISMP Medication Errors Reporting Program. ISMP address: 1800 Byberry Road, Huntingdon Valley, PA 19006. Phone 215/947-7797, E-mail: ismpinfo@ismp.org.



MARK YOUR CALENDAR!

PEAC'S 3RD ANNUAL CE CONFERENCE

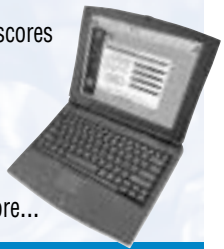
Integrating Pharmacotherapy in the Treatment of Chemically-Dependent Patients: A Generation of Progress

Saturday, October 26, 2002 9:00 a.m.
Maritime Institute in Baltimore, MD

ADDITIONAL INFORMATION WILL BE COMING SOON OR VISIT WWW.PEACMARYLAND.ORG

What Can You Find on the Board's web site?

- NABPLEX, MPJE and Laboratory examination scores
- Lists of Active Pharmacists for Verification
- Pharmacist Renewal application and CE Form
- Maryland's Internship Hour Form
- Verify Physicians Assistance Licensure and more...



Need to report change of Address, Name or Employment?
Go to: www.mdbop.org/forms/pharmacist.htm

Professional Practice Corner

Each month the Board's Disciplinary Committee identifies consumer complaints related to medication errors and dispensing. These complaints appear to be more common than other types of complaints reported to the Board. By bringing these incidents to your attention, the Committee hopes that pharmacy permit holders and their staffs will take the necessary steps to prevent similar errors from occurring in their pharmacy.

The Committee is seeing an increased incidence of pediatric related dosing errors. These incidents are primarily attributed to labeling errors. The most common error the Committee reviews, involves a physician prescribing the medication in ml. as a unit of measurement. However, when the directions are typed on the label, the dose is expressed in teaspoons. One specific incident occurred when a physician prescribed Naproxen Suspension 125mg./5ml., take 1.5ml. by mouth two times a day for a fourteen-month-old child. The label affixed to the medication read, Naproxen Suspension 125mg./5ml., take one and one half teaspoonfuls by mouth twice daily. This labeling error resulted in the child receiving five times the prescribed dose.

Please be familiar with the capabilities of your pharmacy's computer system. In particular, know what types of defaults are installed, if any. If your computer system is not equipped with defaults, be mindful when manually entering dosing information. Steps should be taken to ensure the necessary information is recorded during the prescription intake process, i.e. date of birth, the child's weight. In addition, pay close attention to any DUR messages that may appear.

BOARD OF PHARMACY NEWS

Maryland Board of Pharmacy Fees Increase

A Notice of Final Action regarding Board of Pharmacy Fee Increases (COMAR 10.34.09) was posted in the May 31, 2002 issue of the Maryland Register. Pharmacists license fees increased in March 2002, under emergency regulations, and the fees will remain at that level under the final adoption. However, all new permits issued after July 1, 2002 and current permits that expire after December 31, 2002 are subject to the new fee schedule. Licensees and Permit Holders have been notified of the fee schedules by mailing, however please visit the Board's website for a listing of all new applicable fees.

Board Will No Longer License Manufacturers

In accordance with the passage of the Board of Pharmacy's Sunset Review Bill in May 2002, the Board will no longer regulate pharmaceutical manufacturers in Maryland after June 30, 2002.

Labeling Changes for Arthritis Drug, Celebrex

The FDA has approved labeling changes for Celebrex (celecoxib) based on the results of the Celecoxib Long-term Arthritis Safety Study (CLASS). FDA agreed with its Advisory Committee recommendations that CLASS did not show a safety advantage in upper gastrointestinal (GI) events for Celebrex compared to either ibuprofen or diclofenac.

The agency concluded that the drug labeling for Celebrex should continue to include the standard warning for doctors and their patients about risks associated with all NSAIDS, including risks of GI ulceration, bleeding and perforation. The labeling advises physicians prescribing and patients taking these drugs to be alert for ulceration and bleeding that can occur with or without warning.

The Agency also determined that valuable safety data from CLASS should be incorporated into the labeling. The overall safety of Celebrex at twice the highest approved dose for RA, was similar to commonly used doses of ibuprofen and diclofenac. Despite the high dose used, the rates of hypertension, edema, and serious adverse events, including cardiovascular adverse events (such as heart attacks) were no higher in Celebrex-treated patients compared to ibuprofen- or diclofenac-treated patients.

Patients taking low dose aspirin and Celebrex had a higher rate of upper GI events than those taking Celebrex alone.

The geriatric section of the labeling will include new information about the risk of serious GI and renal (kidney) effects in the elderly. Another observation reported in the labeling is that patients treated with Celebrex had fewer clinically relevant decreases in hemoglobin than patients taking ibuprofen or diclofenac.

Celebrex was approved to treat rheumatoid arthritis and osteoarthritis in December l998.

Regulations Updates

Impoundment and Disposal of Drugs and Prescription Records:

Pursuant to a bill that passed during the 2001 legislative session, the Division of Drug Control in conjunction with the Board of Pharmacy, implemented regulations relating to the impoundment and disposal of drugs and prescription records. Drugs and prescription records can be impounded by the Department of Health and Mental Hygiene if any of the following occur:

(1) "A permit holder's permit or an authorized prescriber's license has expired, or has been revoked or suspended;

(2) An application for a permit or license has been denied;"

(3) The authorized presciber or permit holder has "failed to comply with a board order, letter of surrender, or law regarding the disposition of drugs or prescription records; and …" a board has "requested that the Department impound the drugs or prescription records;

(4) The drugs pose an imminent threat to the public health, safety or welfare; or

(5) The confidentiality of the prescription records is in imminent danger of being compromised." COMAR 10.13.12.

Certain procedural protections are established to ensure that the affected permit holder or authorized prescriber is given appropriate notice of the impoundment and certain opportunities to avoid impoundment.

Executive Director's Report continued

Key legislation resulting from Board-hosted committees can also be found in this issue. Drug therapy management (DTM) was just one piece of successful legislation that was driven by the focused leadership of the DTM Chair, Stanton G. Ades and Practice Committee Chair, Raymond Love. They served as both catalysts and role models for other members on the committee; at times meeting up to four times weekly to ensure that related issues were appropriately addressed. They are now engaged in part two of this process — developing regulations in cooperation with the Board of Physicians Quality Assurance (BPQA). Hats off to these strong leaders on the Board.

The October issue of the Board newsletter will reflect on where the Board has been in the past 100 years and where it is headed in the next century. In it, I will continue presenting many unsung heroes behind the stories that you read about in the newsletter, including Board staff and non-board volunteers who contribute to the ability of the Board to meet its goals and objectives. Stay tuned for part II!!

Legislative Actions

Drug Therapy Management (HB 781):

As a result of the work of the Drug Therapy Management Work Group, hosted by the Board of Pharmacy, a bill allowing physicians, pharmacists and patients to enter into therapy management contracts outside of institutional settings was passed during the 2002 Maryland legislative session. Depending on the particular arrangement between the physician, pharmacist and patient, therapy management may involve the modification, continuation and discontinuation of drug therapy, the ordering of laboratory tests, and other patient care management measures related to monitoring or improving the outcomes of drug or device therapy.

The Boards of Pharmacy and Physician Quality Assurance are in the process of developing regulations for the law that goes into effect October 1, 2002. To view the final report of the Drug Therapy Management Work Group, please log on on to the Board of Pharmacy's website. The Board thanks everyone who was involved in the Work Group for their dedication to improving patient care.

Medication Error (HB 462):

Due to the work of the Board of Pharmacy's Medication Error Task Force, key medication error legislation was passed during the 2002 Maryland legislative session. Effective July 1, 2002, a committee or individual designated by a pharmacy permit holder that performs the functions of a medical review committee as part of the pharmacy's ongoing quality assurance program, will have certain protections from discoverability in civil actions.

Sunset Extension (HB 462):

The Board's sunset extension requires annual inspections of pharmacies, and repeals the Board's authority to regulate manufacturers.

Legislatively Mandated Policy Committees (SB 22, HB 423, HB 1141):

Several policy committees relating to osteoporosis prevention and education, pain management, and end of life issues were legislatively mandated. The State Advisory Council on Pain Management was introduced during the 2001 Maryland legislative session without a pharmacist included. The 2001 bill did not pass, but was re-introduced during the 2002 legislative session with a pharmacist included as a member of the Advisory Council. The 2002 bill passed. Pharmacy was also added to the Osteoporosis Prevention and Education Task Force and the State Advisory Council on Quality of Care at End of Life.

To view these bills, please log on to www.mlis.state.md.us and enter the bill number that is provided.

FAQs

In day-to-day pharmacy practice, unusual situations sometime occur, generating questions. So to help our licensees, "Frequently Asked Questions" will be featured in each issue of the Board's newsletter. If you have a question you would like to see answered in this column, please fax your question to 410-358-6207 or e-mail Joan Lawrence at jlawrence@dhmh.state.md.us.

Liscensing

Q1. I am a foreign graduate. Am I required to take the foreign graduate equivalency examination offered by the National Association of Boards of Pharmacy (NABP) before applying to take the Maryland Board of Pharmacy licensure examination?

YES, both the Maryland Board of Pharmacy and the National Association of Boards of Pharmacy require that a graduate of a foreign school of pharmacy satisfactorily pass the foreign graduate equivalency examination administered by NABP.

Q2. I am a pharmacy graduate. Am I required to attain all of my required internship hours before taking the Board exam?

In Maryland an applicant may take Part I and Part II of the examination upon satisfactory proof of graduation from a school of pharmacy that is approved by the Board, accredited by ACPE or having successfully completed the process required for graduates of foreign pharmacy schools. However, the applicant is not eligible to take Part III, the laboratory examination, until he or she has also provided satisfactory proof of completion of the required number of internship hours. The number of hours required to be attained differ depending on which state the school of pharmacy that the applicant graduated from is located. An applicant is permitted to take Part I and Part II while accumulating the necessary experiential hours to be eligible to take Part III.

Q3. What is the difference between Score transfer and Licensure transfer?

Score transfer refers to an applicant who takes the examination in one state and chooses to transfer his or her NAPLEX score to another state as part of the process of attaining licensure by examination in more than one state. Most states, including Maryland, require the applicant to participate in the Multi-State Pharmacy Jurisprudence Examination (MPJE) that is given through the National Association of Boards of Pharmacy, and is specific for each state . Maryland also requires each candidate for licensure by examination to take the Laboratory Examination, as well as the Maryland State specific MPJE examination, even when transferring their NAPLEX score to this state.

Licensure transfer is better known as reciprocity. Pharmacists licensed in one state may become licensed in another state without having to take the NAPLEX examination again. In Maryland, as in most states, there are additional requirements such as having to take a state specific law examination, having a minimum number of hours of practice as a licensed pharmacist in the state of licensure by examination, and providing proof of good standing in all states in which they are licensed. The Maryland Board accepts reciprocity candidates from every state except the state of California.

Compliance

Q1. Is it possible for pharmacists to fill a prescription received through a pharmacy's fax machine or online dispensing software? In particular is this possible if the prescription does not have a signature?

Yes, pharmacists may fill electronically sent transmissions under certain circumstances. The Board has regulations governing the receipt of electronic transmission of prescriptions. They can be found at COMAR 10.34.20. These regulations address all the terms for electronic transmission of prescriptions including if the prescriptions does not contain a signature.

Q2 Are there requirements for the posting of pharmacy hours of operation when the pharmacy is located within a retail establishment?

Yes, there are requirements regarding the posting of pharmacy hours of operation. They can be found at COMAR 10.34.05.03(B).

Q3. Do the current Board regulations allow a retail pharmacy to keep reference books through an electronic medium?

The current Board regulations under Health Occupations section MD. CODE ANN., HEALTH OCC. § 12-403 (2000) requires that a pharmacy maintain a current reference library at all times that meets the needs of the practice pharmacy personnel and the consumers the pharmacy serves. COMAR 10.34.06.05 does not specifically exclude electronic mediums as a method for maintaining a current reference library.

Briefing Held to Educate Congressional Staffers About Pharmacy Practice

The American Association of Colleges of Pharmacy (AACP) hosted an important congressional briefing on Friday, March 22, 2002. The briefing was designed to provide congressional staffers with an overview of how pharmaceutical education provides pharmacists with the clinical knowledge and skills to improve patient health outcomes across a wide range of practice settings. This will help overcome what may be one of pharmacy's greatest challenges in the legislative arena . . . the lack of understanding of the role pharmacists play in the medication use process.

Congressional staffers attending the briefing were first presented an overview of pharmacy education and then heard from a panel of pharmacists representing a variety of practice settings. The panel included ASHP-member Dr. Dan Buffington, a clinical pharmacist from Tampa, Florida. Dr. Buffington, who is the Medical Director and CEO of Clinical Pharmacology Services, Inc. and Clinical Assistant Professor of Medicine at the University of South Florida, College of Medicine, described to the audience the interdisciplinary nature of health care today. He explained how pharmacists are coming to work with other members of the health care team, including physicians, nurses, and of course the patient, to improve medication management.

The briefing focused on making staffers aware of the detrimental impact the acute shortage of pharmacists could have on patient care and sought support for legislation to offset the current shortage of pharmacists. Representatives James McGovern (D-MA) and Mike Simpson (R-ID) have introduced the Pharmacy Education Aid Act of 2001, H.R. 2173, to address the shortage. Companion legislation, S. 1806, has been introduced in the Senate by Senators Jack Reed (D-RI), Mike Enzi (R-WY), Tim Johnson (D-SD), and a bipartisan group of eight other senators. Support for the legislation continues to grow. ASHP, which has formally endorsed the legislation, continues to encourage ASHP members to write to their legislators seeking support for this important legislation.

The briefing also presented a great opportunity to talk about the need to pay pharmacists for providing medication therapy management services. The Pharmacist Provider Coalition provided staffers with written materials regarding the Medicare Pharmacist Services Coverage Act (S. 974/H.R. 2799).

Fast Bytes

Pharmacy Compounding Compliance Policy Guide Availability

The Food and Drug Administration (FDA) has announced the availability of a guidance of FDA staff and industry entitled "Sec. 460.200 Pharmacy Compounding." The document provides guidance to drug compounders on how FDA intends to address pharmacy compounding as a result of a recent decision by the Supreme Court. To view the notice in its entirety, go to www.mdbop.org and click on "FDA Pharmacy Compounding Guidance."

Error Alert

AstraZeneca has warned healthcare professionals to be alert to possible name confusion between their antispsychotic Seroquel (quetiapine fumarate) and Serzone (nefazodone hydorchloride), made by Bristol-Myers and indicated for the treatment of depression. They had received reports of three patients being hospitalized and four patients requiring emergency room visits due to the wrong item being dispensed and administered.

Ineffective Laxatives

The Food and Drug Administration is issuing a final rule stating that the stimulant laxative ingredients aloe (including aloe extract and aloe flower extract) and cascara sagrada (including casanthranol, cascara fluidextract, cascara sagrada bark, cascara sagrada extract, and cascara sagrada fluidextract) in O-T-C products are not generally recognized as safe and effective or are misbranded. The rule is effective November 5, 2002. FDA has identified 15 O-T-C laxatives containing aloe and 160 containing cascara sagrada ingredients. Of these, about 125 contain casanthranol and docusate sodium (including Pericolace and Stool Softener Plus). Companies are considering reformulating these to use senna or sodium carboxymethylcellulose products.

O-T-C Claritin

Schering-Plough announced that the FDA accepted its application to move all indications for Claritin (loratadine) to the O-T-C market. When the process is complete, generic makers of loratadine will not be able to sell their product as Rx only, leaving Schering-Plough with at least two years of exclusivity for its successor to Claritin, Clarinex (desloratadine).

Tampering

GlaxoSmithKline has alerted patients, pharmacists and physicians to watch for tampering that incorrectly labels Ziagen (abacavir sulfate) tablets as Combivir (lamivudine plus zidovudine). Combivir, a white capsule-shaped tablet engraved with GXFC3 on one side, is easily distinguished from Ziagen, which is a yellow capsule-shaped tablet engraved with GX623 on one side.

Maryland Board of Pharmacy

Board Members
Front row from left to right:
Barbara Faltz-Jackson,
Laura Schneider, Stanton G. Ades,
Jeanne Furman, Ramona McCarthy
Hawkins, Irving Lottier, Jr.,
Back row from left to right:
Dr. Raymond Love, Donald Yee,
Wayne Dyke, John Balch,
Rev. William Johnson, Melvin Rubin
Board Counsel *(not in photograph):*
Paul Ballard, Linda Bethman

Board Staff
Front row left to right:
Lakeya Davis-*Licensing Clerk*,
Deitra M. Gale-*Compliance Specialist*,
Doris James-*Licensing Supervisor*,
Angela Hamlin-*Executive Secretary*,
Joan Lawrence-*Public Education Officer*,
Michelle Andoll-*Pharmacist Compliance Officer*
Back row left to right:
Sandra Hines-*Secretary*,
Shirley Costley-*Fiscal/Personnel Officer*,
Vladimir Konstantinov-*Database Specialist*,
LaVerne G. Naesea-*Executive Director*,
James Slade-*Regulations/Legislative Officer*,
Brenda Seaman-*Data Entry Clerk*,
Tamarra Banks-*Network & Information Specialist*

Feel free to contact the Board staff for assistance with information, questions or concerns.

The services and facilities of the Maryland State Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex or national origin, and applies to the provisions of employment and granting of advantage, privileges, and accommodations.

The department, in compliance with the Americans and Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

Joan M. Lawrence, Staff Editor

Meetings

Pharmacy Board meetings are open to the public at 4201 Patterson Avenue, Baltimore, MD 21215. The Board encourages all interested parties to attend.

Board Meeting Dates

Wednesday, July 17

Wednesday, August 21

Wednesday, September 18

Wednesday, October 16
(will be held at 201 W. Preston Street, Baltimore, Maryland)

Wednesday, November 20

Wednesday, December 18

Agendas and other information can be obtained by contacting the Board at 410-764-4755.

CONTRIBUTE YOUR IDEAS

This newsletter is created to keep you informed, and to cover topics that are of interest to you. If there is a particular topic that would be helpful to you, let us know.

Send information to:
Joan Lawrence
Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, MD 21215-2299 or fax/e-mail:
410-358-6207; jlawrence@dhmh.state.md.us.

Maryland Board of Pharmacy

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