

maryland

Board of Pharmacy

OFFICIAL NOTIFICATION

Home Infusion/Home Care and Independent Pharmacists Appointments Nominations

Maryland law requires Board notification to all licensed pharmacists and other interested parties of record in Maryland of anticipated pharmacist member Board vacancies, to solicit nominations to fill the vacancies and provide information for contacting representatives of the groups that submit nomination lists for new appointments to the Governor. This newsletter article serves as that notification.

The Board of Pharmacy is comprised of ten (10) pharmacist members and two (2) consumer members. A Commissioner may serve a total of two consecutive four-year terms. The Commissioners' terms are staggered. The full text of the statute is found in Health Occupations Section 12-202. The term for the Commissioner serving in the Home Care Infusion seat will expire April 30, 2006. The pharmacist currently filling that seat will end a second term, and is therefore not eligible for reappointment. The term for one of the Commissioners serving in the Independent seat will also expire April 30, 2006. The pharmacist currently filling that seat is eligible for reappointment.

Maryland law designates specific categories of representation for the 12 Board seats: Two (2) non-pharmacists, consumer members are appointed by the Governor to the Board with the advice of the Secretary and the consent of the Senate. One Consumer Member seat remains to be filled in FY 2006. Ten (10) pharmacist members are appointed by the Governor with the advice of the Secretary of the Department of Health and Mental Hygiene, from lists sub-

mitted by the appropriate Association as noted below:

Acute Care Hospital (Two seats): The Maryland Society of Health System Pharmacists submits three (3) pharmacists' names, who at the time of appointment practice primarily in an acute care hospital for each open seat;

Independent (Two seats): The Maryland Pharmacists Association and the Maryland Pharmaceutical Society jointly submit three (3) pharmacists' names, who at the time of appointment, practice primarily in independent pharmacy for each open seat;

Chain Store (Two seats): The Maryland Association of Chain Drug Stores submits three (3) pharmacists' names, who at the time of appointment, practice primarily in chain store pharmacy for each open seat;

Home Care Infusion (One seat): The Maryland Society of Health-System Pharmacists submits three (3) pharmacists' names, who at the time of appointment, practice primarily in a pharmacy that specializes in the provision of home infusion/home care services for the open seat;

Long Term Care (One seat): The Maryland Society of Consultant Pharmacists submits three (3) pharmacists' names, who practice primarily in a pharmacy that provides services to a long-term care facility, for the open seat, and

At Large (Two seats): The Maryland Pharmacist Association (MPhA) submits a list of all interested pharmacists that have submitted their names to MPhA for each open seat.

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 and distributors; 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

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FROM THE EXECUTIVE DIRECTOR'S DESK

New Goals for A New Year

Thanks to all of those who have supported the Board over the past year in meeting its mandate to ensure public safety. The New Year will yield an even stronger and safer pharmacy health care system for Maryland citizens. I am pleased to announce that the Maryland Board of Pharmacy held its second, five-year strategic planning retreat on November 16, 2005, at the Belmont Conference Center in Elkridge, Maryland. Eleven (11) Board and 14 Staff members examined existing goals and determined strategies to address trends and operations that have impacted consumer health care needs and pharmacy practice in Maryland.

A review of trends that have continued over the past five years include: a proliferation in the growth of both legal and illegal mail-order and on-line pharmacies and wholesale distributors; more complicated federal laws regarding such important issues as patients' prescription coverage and sterile compounding; increased emphasis on state preparedness for dispensing during state emergencies; a myriad of pharmacy/prescription-related legislative proposals; and an ever-increasing number of prescriptions requiring accurate filling. These trends have required a significant increase in Board oversight and the need for unique and greater resources to insure that Maryland citizens may safely rely upon all existing medication dispensing and distribution systems licensed by the Maryland Board of Pharmacy.

Since the last strategic planning retreat, eight (8) new members have been appointed to the Board, and four of the Board's six key management staff members have changed. Additionally, the number of Board staff positions has grown by almost 100%. The total number of Maryland pharmacists has increased by 12%, the number of pharmacy permits issued has grown by 9%, and the number of wholesale distributors has increased by 23%. Also during that same five-year period, the Board relinquished responsibility for regulating pharmaceutical manufacturers.

In 2001, licensees and permit holders were only able to renew by mail-in applications. The Board now provides on-line access for practitioners opting to use that method. While the number of complaints investigated by the Board increased by 73% from FY 2001 to FY 2005, the number of complaints carried over to the next year remained constant. Between FY 2001 and FY 2005, 25 sets of new or amended regulations were promulgated and the Board assumed new responsibility for regulating drug therapy management and pharmacists' administration of flu vaccines.

Activities during the Fall 2005 Board/Staff strategic planning retreat included:

- A review of Board Member's Legal Ethical Responsibilities
- An overview of the state's Health Board's Hearing Process
- A summary of Protocols to be followed when Acting on Behalf of the Board
- A brief history of the Board and its Operations since its founding year 1902
- Presentations of 'Then (2001) and Now (2005)' Operations from each of the six Board Unit Managers
- A Review of the FY 2001 - 2005 Board Goals, Objectives and Achievements
- Board/Staff Identification of Goal and Objectives to address 2006 - 2011 Board Operations and Externals trends.

The following key focus areas were established for the next five years:

- Permit Holder Practice and Review
- Staff Development and Reorganization
- Public Information and Awareness
- Upgrading Compliance Processes
- Continued Integration of Technology
- Strengthening Government Relations.

The following goals were established for implementation during the first year:

- Goal 1 To revise the inspection process for permit holders
- Goal 2 To revise wholesale distribution evaluation process
- Goal 3 To obtain stable employee and staffing patterns
- Goal 4 To ensure safe usage of medications
- Goal 5 To ensure consistency of disciplinary actions
- Goal 6 To better integrate technology into board operations
- Goal 7 To improve relationship with state and governmental agencies

The framework provided by the above focus areas and first year goals furnish a clear roadmap for continued success over the next five fiscal years.

The retreat culminated during an open public session at which Board members voted on the above strategic direction beginning July 1, 2006 and ending June 30, 2011. The Board also voted to plan additional retreats over the next five years to evaluate accomplishments and reassess goals. The Strategic Plan Report will be published within the coming months.

On behalf of the Maryland Board of Pharmacy, please have a very Safe, Happy, Healthy and Prosperous New Year. ■

OFFICIAL NOTIFICATION ...continued from page 1

The requirements for appointment to the Board are as follows:

PHARMACIST APPOINTEES (10)

Maryland Resident
Licensed Maryland pharmacist
In good standing with the Board
Skilled and competent pharmacist
Possesses at least five years of professional experience

CONSUMER APPOINTEES (2)

Maryland Resident
May not have been a pharmacist
May not have a pharmacist in the household
May not have participated in pharmacy field
May not have had a substantial financial interest in a person regulated by the Board within two years prior to the appointment.

Eligible licensed pharmacists who wish to be considered for the 2006 **Home Care Infusion** appointment (should contact the **Maryland Society of Health System Pharmacists (MSHP)**) to obtain an application form and a description of Board member duties. Eligible licensed pharmacists who wish to be considered for the 2006 **Independent** appointment **should contact the Maryland Pharmacist Association or the Maryland Pharmaceutical Society** to obtain an application form and a description of Board member duties. Write or call:

Maryland Society of Health System Pharmacists (Home Care Infusion)

8480-M Baltimore National Pike, #252
Ellicott City, MD 21042
410.465.9975
410.465.7073 fax
email: mshp@rxassociationmgt.com

Maryland Pharmacists Association

650 W. Lombard Street
Baltimore, Maryland 21201
Phone 410-727-0746 • Fax 410-727-2253

Maryland Pharmaceutical Society

(Independent)
4501 West Forest Park Avenue
Baltimore, MD 21207
E-mail: rxlottier@aol.com

Applications must be received by March 15, 2006. All appointments take place after April 30, 2006, as the terms of the incumbents expire. Commissioners' whose terms have expired serve until a replacement is sworn in. ■

INSIDE TRACK: PREVENTING MEDICATION ERRORS

There are several basic information issues that can cause medication errors, many of which start with legibility issues. Various healthcare institutions have started initiatives to educate prescribers about best practices for order writing. The Joint Commission for Accreditation of Hospitals issued a list of "Do Not Use" abbreviations. The following list of practical items would be unacceptable in any order:

1. Never use a 0 (zero) after a decimal point.

Example: 1.0 **Wrong**
1 **Correct**

2. Always use a 0 (zero) before a decimal point.

Example: .1 **Wrong**
0.1 **Correct**

3. Do not use single letter "D" Spell out what is wanted.

Example: Drug A 100mg PO TID x 3 D **Wrong**
Drug A 100mg PO TID x 3 Days or
Drug A 100mg PO TID x 3 Doses **Correct**

4. Do not use "cc". This can easily be confused for 00 when written.

Example: Drug D 2cc PO q 6 hr prn **Wrong**
Drug D 2 ml PO q 6 hr prn **Correct**

(Some institutions would not even accept doses written in ml, they would only accept doses written in mg)

Example: Drug D 2mg IV q 8 hr

5. Do not use QD for once daily.

Example: Drug B 10mg PR QD **Wrong**
Drug B 10mg PR daily or
Drug B PR 10mg once daily **Correct**

6. Do not use µg for micrograms.

Example: Drug C 100 µg IV BID **Wrong**
Drug C 100-microgram IV BID or
Drug C 100 mcg IV BID **Correct**

The Institute of Medicine's pivotal report from November of 1999 showed that between 44,000- 98,000 patients die each year from medical errors. This list should serve as a reminder to ensure a decrease of communication errors in the state of Maryland.

SPOTLIGHT ON THE ADMINISTRATION AND PUBLIC SUPPORT UNIT

Patricia Gaither

Armed with a strategy to increase staff and Board member support while enhancing advocacy efforts through educating consumers and broadening pharmacists' awareness Fiscal/Personnel and Public Information Units at the Board were merged in 2005 to form the Administration and Public Support Unit (APS). With a key role in executing the Board's daily operations, APS is responsible for budgetary, procurement, personnel, public information and education, and training functions. Under the direction of the Executive Director, the unit is managed by Patricia Gaither, Public Information Officer, Summar Goodman and Administrative Assistant, Sandra Hines are also members of the APS Unit, which is dedicated to upholding the Board mission and to provide quality services.

APS assists in the preparation of the operating budget and budget reporting. Daily fiscal activities for APS entail monitoring and verifying revenue received from licensees and other sources, and verifying all Board-related expenditures and adjustments. Additionally, the Unit procures and monitors all board contracts, and audits all inventory and invoice activities.

APS manages Board personnel functions such as staff recruitment, selection and reclassification; identifies and submits training and beneficiary documents for 15 staff employees, recruits contractual and temporary staffing; and performs duties related to personnel policy, maintaining personnel files, and responding to queries from board members, employees, personnel offices and the general public. The Unit's administrative responsibilities include processing expense reports, timesheets and supplies and equipment purchases; arranging travel for Board and staff members; and preparing minutes for special committees and task forces.

Increasing the Board's visibility and availability APS staffs and participates in the Flower Mart, and exhibits at various consumer-focused and/or association-sponsored events (e.g., Maryland State Fair, Aging-related, MPhA, MSHP).

APS also staffs the Board's Budget, Emergency Preparedness and Public Relations Board Committees. The Budget Committee is responsible for tracking all of the Board's financial activities and preparing quarterly and end-of-year reports detailing the Board's expenditures and revenues during the fiscal year. The Emergency Preparedness Committee prepares pharmacist volunteers for state emergencies by coordinating pharmacist volunteers for the Emergency Preparedness Volunteer Corps. The Committee develops and implements various training courses plans and develops emergency preparedness drills, and works with local health departments and the Department of Health and Mental Hygiene to create statewide emergency plans. Lastly, the Public Relations Committee works to educate the community via the Board's website, educational literature and community outreach.

The APS Unit is gearing up for an increase in revenues and expenditures related to drug therapy management and the anticipated registration of pharmacist technicians; as well as providing information in these new areas to pharmacists, technicians and consumers. With the heightening interest in pharmacy related issues, nationwide concern for emergency preparedness, increase in the number of licensees, and increase in staff, this team is committed to providing diligent service to the Board, its staff and the public ■

DISCIPLINARY CASES

Chandra Mouli P.D.

1. Lawrence Ekaney, License # 12095
Effective, January 1, 2006

License to practice pharmacy suspended for six (6) months, with three (3) months stayed and ordered to pay a monetary fine. Upon termination of suspension, license shall be placed on probation.

2. George II Cosmos Nelo, License # 15096
Effective, November 15, 2005

License to practice pharmacy suspended for a period of one (1) year and said suspension STAYED, and license placed on probation for a period of two (2) years and ordered to pay a monetary fine.

3. Kevin P. Lynch, License # 11900
Effective, November 2, 2005

License is revoked. ■

The Practice Committee Corner FAQs

Submitted by Jeanne Furman

Q. Can a Retail Pharmacy in Maryland use one of the new dispensing “kiosks”?

A. Under the code of Maryland Regulations (COMAR) 10.34.28, the use of kiosks to dispense prescriptions that have been filled and checked by a Pharmacist can be used as long as a Pharmacist is on duty. Several states are allowing this technology to be used when the Pharmacy is closed and in absence of a Pharmacist. The Board will continue to evaluate the use of emerging technologies and evaluate any regulatory changes that would be needed to enable their use in Maryland.

Q. What are the requirements for stocking unit-based automated dispensing cabinets in an institutional setting? Can a technician perform this function?

A. COMAR 10.34.28.04 states that personnel who are supervised by a licensed Pharmacist can fill an automated dispensing cabinet provided the system has sufficient safeguards to ensure accuracy. The use of bar code or “chip” technology are examples of systems that would ensure accuracy. The inaccurate refilling of these systems has been identified as a potential cause of serious medication errors.

Q. Does Maryland Law follow the DEA exemption list for Butalbital/APAP?

A. Under federal law Butalbital/APAP (Fioricet) is a non-controlled substance, although Butalbital/ASA is designated as a CIII. However, under Criminal Law Article, § S-202(b) annotated code of Maryland, DHMH has added additional substances under its own initiative or upon petition of an interested party. In Maryland, a substance is listed in Schedule III if the substance includes a material, compound, mixture, or preparation that contains any quantity of a derivative of barbituric acid, or a salt of a derivative of barbituric acid. Therefore, Butalbital/APAP or Fioricet would be considered a Schedule III drug and be controlled as such.

Q. Can Automated Dispensing Systems <ADS> be used in Long-Term Care Facilities? (LTCF) for Schedule II drugs?

A. The DEA has finalized a rule that allows ADS in LTCFs as long as the system is installed and operated by the Pharmacy. The Pharmacy must maintain a separate registration at each LTCF at which one or more ADS are located. The Pharmacy may distribute CII to the ADS in the LTCF as a separate pharmacy location, including the use of DEA Form. ■



LEGISLATIVE UPDATE

The Maryland Board of Pharmacy is preparing for the start of the 2006 Legislative Session. Some of the bills that the Board will be following are:

2006 Proposed Pharmacy Technician Bill

The Board will re-introduce the Pharmacy Technician Bill during the upcoming session. This important legislation will authorize the Board of Pharmacy to regulate pharmacy technicians in the State of Maryland.

During the 2005 Session, the Pharmacy Technician Bill was well received by the House and Senate. Due to time constraints, the bill did not pass before the final day of the Legislative Session. The Pharmacy Board is optimistic about the proposed legislation. Regulations are currently being drafted in preparation for the bill's passage.

HB 835 Wholesale Prescription Drug and Device Distributors

During the 2005 Session, HB 835 was introduced to deter diversion and drug counterfeiting in the State of Maryland. The Board of Pharmacy supported the goal, but the legislation did not pass. During the interim, legislative meetings were held to discuss this proposed legislation for the 2006 Session.

The Board met with the House Health and Government Operations Pharmaceuticals Subcommittee to discuss the problems regarding Prescription Drug Distribution Systems. The Board informed the subcommittee that it conceptually supported the National Association of Board's of Pharmacy's (NABP) Model Rules for the Licensure of Wholesale Distributors. The Board believes that the Model Rules, in concert with current regulations, will provide oversight to licensed distributors in Maryland. The Board members and staff will be partnering with NABP on developing procedures that will provide greater safety for the citizens of Maryland.

SB 441 – Task Force on the Establishment of a Prescription Drug Repository Program

Senate Bill 441 was introduced during the 2005 Session and amended to a Task Force. The Taskforce members (appointed by the Governor) will study the feasibility of designated pharmacies and/or other healthcare facilities receiving unopened and unused medications to re-dispense to qualifying individuals. The Board of Pharmacy will staff this Taskforce which began meeting in December 2005.

REGULATORY UPDATES

COMAR 10.34.32 Pharmacist Administration of Influenza Vaccination The Maryland Board of Pharmacy, Board of Nursing, and Board of Physicians jointly promulgated regulations that would allow pharmacists to administer influenza vaccines. During the month of September 2005,

the three respective Boards voted on the proposed regulations that should be published in the December 23, 2005 issue of the Maryland Register. The Board will continue to keep the public informed as to the status of these regulations.

COMAR 10.34.33 Restrictions on the Sale of Pseudoephedrine The Board of Pharmacy promulgated regulations to restrict the sale of pseudoephedrine products in the State to help prevent the proliferation of illegal methamphetamine laboratories and the resulting drug abuse. The proposed regulations include the following:

- 1) All forms of pseudoephedrine products that are single entity products are to be placed behind the pharmacy service counter or prescription counter;
- 2) To alleviate additional workload on pharmacists, no record keeping of pseudoephedrine sales will be required;
- 3) Any person desiring to purchase pseudoephedrine shall show a government-issued ID and be 18 years of age or older.

The proposed regulatory language provides an effective means of restricting the sale of pseudoephedrine, while making it easily available to those Marylanders who wish to purchase it for legitimate medical purposes. This proposal has been published in the January 6, 2005 issue of the Maryland Register.

TASKFORCE UPDATES

The Long-Term Care Taskforce

The Long-Term Care Task Force was initially charged by the Board to review and recommend revisions to the current regulations covering pharmaceutical services to residents in long-term care facilities. Those regulations were published on August 6, 2004. With the advent of Medicare Part D revisions, the Long-Term Care Task Force will be submitting revisions to that proposal early in 2006.

The Task Force has addressed a number of issues concerning long-term care that include the following:

- Sharing identification of safety concerns regarding discharge summaries with the Office of Health Care Quality (OHCQ)
- Revisions to Maryland's Assisted Living Regulations with (OHCQ) at Assisted Living Forums
- Educational updates to the legislature on assisted living facility safety concerns
- Strategic planning initiative with the Center for Medicare and Medicaid Services (CMS) to obtain further information on prescription drug safety issues in long-term care and assisted living facilities as a result of the enactment of Medicare Part D. ■

INFORMATION STATION

Summar J. Goodman

Star Student

The Board would like to acknowledge our pharmacy intern **Jessica T. Walker**. Thank you for a job well done.

Medicare Beneficiary Concerns

For Medicare beneficiary concerns regarding access to prescription drugs, contact CMS Toll Free at: 866-334-9994

Email: partdcomplaints_RO3@cms.hhs.gov

For those cases that require immediate attention, such as Medicare beneficiaries who need prescription medications that day or the next and cannot get the drugs they need, please call CMS directly at 215-861-4226.

CMS is continuously monitoring this phone line and will place top priority on urgent cases. Please have the beneficiary name, phone number, Medicare health insurance claim number, and the plan name available when calling.

Pharmacy Community Calendar

February 2006

National Association of Chain Drug Stores NACDS Regional Chain Conference

February 5-8, 2006

Palm Beach, FL. The conference will emphasize management development, front-end merchandising, and pharmacy operations. Specifically oriented to promote and enable regional chain senior-level executives to interact with their peers. For more information, visit <http://www.nacds.org>.

American Association of Colleges of Pharmacy Interim Meeting

February 25 – March 1

San Antonio, TX. This year's theme is "Cultural Competence: Closing Gaps and Expanding Access." For more information, visit <http://www.aacp.org/interimmeeting06/>.

National Council for Prescription Drug Programs NCPDP's 29th Annual Conference

March 18-22, 2006

Phoenix, AZ. The 2006 conference focuses on "Building New Technologies" and will offer educational sessions, a trade show, keynote speakers and more. For more information, log on to <http://www.ncpdp.org/>.

Healthcare Distribution Management Association The 2006 HDMA Business Partners Exchange

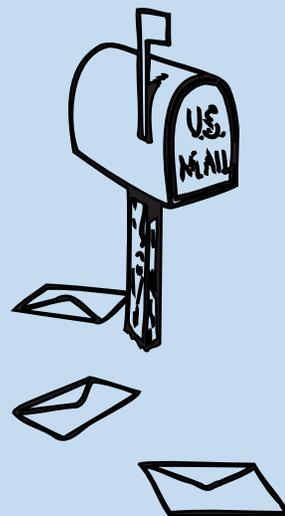
March 5-7

Grapevine, TX The HDMA Marketing Conference is now called the new HDMA Business Partners Exchange. Visit <http://www.healthcaredistribution.org/> for more information.

The Board looks forward to featuring additional pharmacy-related events and continuing education programs in the future. Contact Summar Goodman at 410-764-4755 or e-mail sjgoodman@dhhm.state.md.us and we may feature your event in the next newsletter.

ADDRESS OR EMPLOYMENT CHANGE?

Submit the Pharmacist Change of Information form on our Web site. Go to www.mdbop.org/ and click on Forms & publications.



Maryland Board of Pharmacy

COMING SOON – Obtain FREE CE Credits Online!

The Board of Pharmacy has developed an on-line training course on Bioterrorism for Maryland pharmacists who have been unable to attend our live training sessions. We hope that this course will allow many more pharmacists to become active volunteers in the case of future emergency situations.

The “*Pharmacist’s Response to Bioterrorism*” is a three-credit ACPE continuing education program which will now be offered online.

LET US KNOW HOW WE ARE DOING...

Please email your questions, concerns or comments to the Board at the following emails. We value your feedback.

General: LaVerne Naesea at: lnaesea@dhhm.state.md.us

Licensing: Shirley Costley at: scostley@dhhm.state.md.us

Compliance: Chandra Mouli at: cmouli@dhhm.state.md.us

Personnel: Patricia Gaither at: pgaither@dhhm.state.md.us

Legislation/Regulations: Anna Jeffers at: adjeffers@dhhm.state.md.us

Public Relations: Summar J. Goodman at: sjgoodman@dhhm.state.md.us

Website: Tamarra Banks at: tbanks@dhhm.state.md.us

ADDRESS OR EMPLOYMENT CHANGE?

To submit the Pharmacist Change of Information form on the Board’s web site, go to <http://www.mdbop.org> and click on Forms & Publications.

SPECIAL NOTICE

The Maryland Board of Pharmacy Newsletter is considered an official method of notification to pharmacists and pharmacies. **These Newsletters may be used in administrative hearings as proof of notification.** Please read them carefully and keep them in the back of the Maryland Pharmacy Law Book for future reference.

Meetings

The Pharmacy Board meetings are open to the public every third Wednesday of the month from 9:00 a.m. – 12 noon at 4201 Patterson Avenue, Baltimore, MD 21215. The Board encourages all interested parties to attend.

BOARD PUBLIC MEETING DATES

Wednesday, January 18, 2006

Wednesday, February 15, 2006

Wednesday, March 15, 2006

Wednesday, April 19, 2006

Wednesday, May 17, 2006

Wednesday, June 21, 2006

Wednesday, July 19, 2006

Wednesday, August 16, 2006

Wednesday, September 20, 2006

Wednesday, October 18, 2006

Wednesday, November 15, 2006

Wednesday, December 20, 2006

Maryland Board of Pharmacy

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