

**Maryland Board of Pharmacy
Public Board Meeting**

**Meeting Minutes
October 18, 2017**

Name	Title	Present	Absent
Ashby, D.	Commissioner	X	
Bouyoukas, S.	Commissioner		X
Evans, K.	Commissioner		X
Gavani, M.	Commissioner/President	X	
Hardesty, J.	Commissioner	X	
Leikach, N.	Commissioner	X	
Morgan, K.	Commissioner/Treasurer	X	
Oliver, B.	Commissioner	X	
Peters, R.	Commissioner	X	
St. Cyr, II, Z. W.	Commissioner/Secretary	X	
Toney, R.	Commissioner	X	
Yankellow, E.	Commissioner	X	
Bethman, L.	Board Counsel	X	
Felter, B.	Staff Attorney	X	
Speights-Napata, D.	Executive Director	X	
Fields, E.	Deputy Director of Operations	X	
Sanderoff, L.	Investigation/Supervisor	X	
Logan, B.	Legislation/Regulations Manager	X	
Brand, E.	Licensing Manager	X	
Evans, T.	Pharmacist Inspector		X
Christine Chew	Management Associate	X	

Subject	Responsible Party	Discussion	Action Due Date (Assigned to)	Results
		<p data-bbox="636 526 892 553">2. Meetings Update</p> <p data-bbox="636 997 1220 1057">3. It was noted that Pharmacists are needed to serve on the PDMP Advisory Board.</p>	<p data-bbox="1247 225 1633 285">Commissions, replacing Brandon Wright.</p> <p data-bbox="1247 326 1633 553">1b. Maryland has been selected to participate in a National Governors Association study of the national occupational licensing landscape, with a focus on reducing barriers to the labor market.</p> <p data-bbox="1247 594 1587 789">2a. President M. Gavvani provided a summary of her September 25th meeting with Secretary Schrader and other Health Occupations Board Presidents.</p> <p data-bbox="1247 829 1591 1024">2b. Commissioner D. Ashby provided a summary of the ASHSP conference held in Chicago, which, among other things, featured a lively discussion of drug shortages.</p>	

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B. Operations Report	E. Fields, Deputy Director/ Operations	<p>1. Administration and Public Support (APS) Unit Updates</p> <p>a) Financial Status September 2017</p> <p>b) Rehabilitative Committee Solicitation</p> <p>2. Management Information Systems (MIS) Unit Updates-None</p>	<p>a. A report on the financial status through September was provided. Next year's budget will include between \$700 thousand and \$1 million to replace the Board's MIS system.</p> <p>b. The solicitation for a new Pharmacy Rehabilitation vendor will go to Public Works for final approval on December 1st.</p>																										
C. Licensing	E. Brand/ Licensing Manager	<p>1. Unit Updates</p> <p>2. Monthly Statistics</p> <table border="1" data-bbox="636 1003 1234 1414"> <thead> <tr> <th>License Type</th> <th>New</th> <th>Renewed</th> <th>Reinstated</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Distributor</td> <td>12</td> <td>26</td> <td>0</td> <td>1,186</td> </tr> <tr> <td>Pharmacy</td> <td>15</td> <td>0</td> <td>0</td> <td>2,133</td> </tr> <tr> <td>Pharmacist</td> <td>85</td> <td>423</td> <td>0</td> <td>11,603</td> </tr> <tr> <td>Vaccination</td> <td>53</td> <td>26</td> <td>0</td> <td>4,545</td> </tr> </tbody> </table>	License Type	New	Renewed	Reinstated	Total	Distributor	12	26	0	1,186	Pharmacy	15	0	0	2,133	Pharmacist	85	423	0	11,603	Vaccination	53	26	0	4,545		
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D. Compliance	T. Evans Pharmacist Inspector	<p>1. Unit Updates</p> <p>2. Monthly Statistics</p> <p>Complaints & Investigations:</p> <p>New Complaints - 55 Resolved (Including Carryover) – 41 Actions within Goal – 36/41 Final disciplinary actions taken – 7 Summary Actions Taken – 0 Average days to complete - 141</p> <p>Inspections:</p> <p>Total - 170 Annual Inspections - 164 Opening Inspections - 3 Closing Inspections – 3 Relocation/Change of Ownership Inspections - 1 Board Special Investigation Inspections – 1</p>																						

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<p>E. Legislation & Regulations</p>	<p>B. Logan, Legislation and Regulations Manager</p>	<p><u>1. COMAR 10.34.37 Pharmacy Permit Holder Requirements — Wholesale Distribution and Non-Resident Pharmacy Operations</u></p> <p><u>2. COMAR 10.34.34.05 Pharmacy Students</u></p> <p><u>3. COMAR 10.34.05.05 Security</u></p> <p><u>4. COMAR 10.34.32.03 D Requirements to Administer Vaccinations</u></p> <p><u>5. COMAR 10.34.40 Pharmacist Prescribing and Dispensing Contraceptives</u></p>	<p>1. This final regulation will establish operational requirements for non-resident pharmacies, was published September 29, 2017, in the Maryland Register, and will take effect October 29, 2017.</p> <p>2. This regulation was approved by the Governor’s office, has been signed off by the Secretary, and will be published in the October 27, 2017, Maryland Register with a comment period ending November 27, 2017.</p> <p>3. Amended to add “significant loss” to the regulation. The proposed regulation will not advance until after the moratorium.</p> <p>4. This proposed regulation will not advance until after the moratorium.</p> <p>5. After considerable discussion, it was decided to add the visit summary and self- assessment questionnaire under recordkeeping and stipulate that they must be retained for five years. This is a time-sensitive regulation with a statutory effective date of September 1,</p>	<p>5. R. Toney moved, 2nd by D. Ashby, to approve the regulation as amended. The Board voted to approve the motion.</p>

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		<p><u>6. COMAR 10.06.07 Sexually Transmitted Infections-Expedited Partner Therapy for Chlamydia and Gonorrhea, and Trichomoniasis</u></p>	<p>2018. As a result, a waiver from the regulatory moratorium will be requested.</p> <p>6. Internal comments on the proposed regulation are requested by close of business today. The proposed regulation does not contain an immunity clause for pharmacists but there will still be an opportunity for public comment.</p>	
<p>III. Committee Reports A. Practice Committee</p>	<p>R. Peters, Chair</p>	<p><u>1. Senator Mathais-</u>Does the board think it is feasible for pharmacies in Maryland to be required to state the country of origin on prescription labels? And is this something that the Board of Pharmacy would pursue by issuing a regulation?</p> <p>Answer: The Board would oppose such a requirement. The Board noted that requiring the country of origin on the label would not solve the problem of the allergic reaction which occurred with your constituent. The FDA is the appropriate agency to engage with regard to impure drugs as they must be approved by the FDA. Finally, the patient can always ask the pharmacist for the country from which the drug originated.</p> <p><u>2. Jeff Bernstein, M.D. Co-Chair: Pediatric Council, Maryland Chapter of the American Academy of Pediatrics</u></p>	<p>1. Motion by D. Ashby to approve draft response. 2nd by K. Morgan</p> <p>2. Motion by E. Yankellow to approve draft response as amended. 2nd by D. Ashby</p>	<p>1. Board voted to approve this motion.</p> <p>2. Board voted to approve the motion.</p>

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		<p>When a pharmacist is presented with a properly issued paper or electronically transmitted prescription written generically for a CD2 drug, that prescription may be filled (without the need for revision by the prescriber) with an equivalent name brand drug, when such substitution results in lowest patient cost and/or compliance with insurance company formulary requirements. In such a generic-to name-brand substitution, permission for non-CD drugs (for the same cost savings/formulary reasons) would also be sought if not currently existing.</p> <p><u>Answer:</u> Please be advised, the Maryland Pharmacy Act only addresses the substitution of a generic equivalent drug for a brand name drug of the same dosage form and strength (Health Occupations sec 12-504). Although the Act does not address when the prescription is for the generic drug but cost more than the brand drug, the Board recognizes this may be outdated and is open to engaging in discussions to upgrade Maryland's statute to current practice.</p> <p><u>3. Jacob Thompson, PharmD, MS Providence Health and Services-Oregon</u> Situation: Providence Health & Services in Oregon has MS patients who are being denied prescriptions that are being filled by specialty pharmacies in Maryland.</p> <p>Background: Oregon allows pharmacists to be part of the patient care team and write prescriptions pursuant to Collaborative Drug Therapy Management (CDTM) agreements.</p>	<p>3. Motion by D. Ashby to approve the response as amended.</p> <p>2nd by E. Yankellow</p>	<p>3. Board voted to approve this motion.</p>

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		<p>Assessment: The specialty pharmacy is stating that Maryland law does not honor pharmacists as eligible to write prescriptions, despite a CDTM agreement. This causes issues for patients and access to their medications as patients have to have some of their prescriptions sent back to the provider to be written when dispensed through a specialty pharmacy in Maryland.</p> <p>Question: Could you please clarify if patients can have prescriptions dispensed from a Maryland pharmacy when written by pharmacists in another state's CDTM agreement?</p> <p>Answer: The Maryland Pharmacy Act prohibits a pharmacist from exceeding the scope of practice for a pharmacist under a Drug Therapy Management Agreement. You can have a physician with whom the prescriber has an agreement call in the prescription. The pharmacist could also call-in the prescription as an agent of the physician.</p>		

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<p>B. Licensing Committee</p>	<p>D. Ashby, Chair</p>	<p>1. Review of Pharmacist Applications:</p> <p>a) #113007- The applicant is requesting the Board's approval to retake the MPJE for the seventh time. She has scored 73 or 74 in her previous attempts. She currently holds an active license as a pharmacy intern (PI00704) in Maryland. <i>Licensing Committee's Recommendation:</i> Approve</p> <p>b) #23919- The applicant is the spouse of an active duty military service person. She was unable to renew her pharmacist license due to receiving military orders that required her to move from Maryland on short notice. She claims she never received her renewal notice in the mail due to the move. Her license expired on August 31, 2017. She has completed 30 CE hours. She is requesting a waiver of the reinstatement application fee and extension on renewing her pharmacist license. <i>Licensing Committee's Recommendation:</i> Approve waiver of reinstatement application fee.</p> <p>2. Review of Pharmacy Intern Applications: NONE</p> <p>3. Review of Pharmacy Technician Applications: NONE</p> <p>4. Review of Distributor Applications: NONE</p>	<p>a) Motion by Committee to approve. 2nd by R. Toney</p> <p>b) Motion by Committee to approve waiver of reinstatement fee. 2nd by K. Morgan</p>	<p>a) Board voted to approve this motion.</p> <p>b) Board voted to approve this motion.</p>

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		<p>5. Review of Pharmacy Applications: NONE</p> <p>6. Review of Pharmacy Technicians Training Programs: NONE</p> <p>7. New Business:</p> <p>a) ThermoFisher Scientific- The Company is requesting an extension on the expiration date of the Wholesale Distributor application that expired in August 2017. The company claims that the delay was due to the delay in processing criminal background checks. <u>Licensing Committee's Recommendation:</u> Approve 90-day extension.</p> <p>b) Yasmine Sursock-Khoury- Per K. Morgan: Recommend denial of CE program M. GAVGANI AND D. ASHBY RECUSED <u>Licensing Committee's Recommendation:</u> Deny. It is not sufficiently related to the practice of pharmacy</p> <p>c) Cintas- Company is requesting a waiver of the accreditation requirement for WSD's. They distribute OTC products almost exclusively; they have only one product (AED) that is a prescription medical device. <u>Licensing Committee's Recommendation:</u> Deny</p>	<p>a) This item was tabled and moved to the Closed Public Session.</p> <p>b) .2nd by B. Oliver</p> <p>c) This item was tabled and moved to the Closed Public Session.</p>	<p>b) Board voted to approve this motion.</p>

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C. Public Relations Committee	E. Yankellow, Chair	Public Relations Committee Update: <ul style="list-style-type: none"> • CE Breakfast registration for October 22nd has closed. • 300 participants are expected. • Secretary Schrader will bring greetings. • Topic of discussion is Opioids and Medical Marijuana impact. • ACPE Pilot program approved for CE credits. 		
D. Disciplinary	K. Morgan, Chair	Disciplinary Committee Update <ul style="list-style-type: none"> • Committee met on October 4, 2017. • A confidential discussion will be held in the Board's Closed Public Session. 		
E. Emergency Preparedness Task Force		Emergency Preparedness Update: None		

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IV. Other Business & FYI	M. Gavgani, President	<ul style="list-style-type: none"> • D. Ashby recommended <u>Dreamland</u> as a good read on the U.S. opioid epidemic. • E. Yankellow mentioned that many central U.S. states are increasing drug recognition experts training as a result of increased incidents of individuals driving while impaired by opioids or legal marijuana. All states may similarly increase such training. 		
V. Adjournment	M. Gavgani, President	<p>M. Gavgani asked for a motion to close the Public Meeting at 11:25 A. M. and open a Closed Public Session.</p> <p>M. Gavgani convened a Closed Public Session for the purpose of engaging in medical review committee deliberations regarding confidential information in applications, in accordance with the Open Meetings Act, General Provisions Article, Section 3-305 (b) (7) and (13).</p> <p>The Closed Public Session was adjourned and, immediately thereafter, M. Gavgani, convened an Administrative Session for purposes of discussing confidential disciplinary cases. With the exception of cases requiring recusals, the Board members present at the Public Meeting continued to participate in the Administrative Session.</p>	<p>Motion to close the Public Board Meeting by E. Yankellow.</p> <p>2nd by D. Ashby.</p>	<p>The Board voted to approve this motion.</p>