

Winter 2019

Maryland Board of Pharmacy news

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The Mission of the Maryland Board of Pharmacy is to protect Maryland consumers and to promote quality health care in the field of pharmacy through licensing pharmacists and registering pharmacy technicians and student interns, issuing permits to pharmacies and distributors, setting pharmacy practice standards and through developing and enforcing regulations and legislation,

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FROM THE DESK OF THE EXECUTIVE DIRECTOR

Deena Speights-Napata

MARYLAND PHARMACISTS PRESCRIBING AND DISPENSING CONTRACEPTIVES READY...SET...GO...

The Maryland Board of Pharmacy, at its December board meeting, approved prescribing and dispensing contraception forms to be used in pharmacies that choose to prescribe and dispense contraceptives.

The forms are:

- a visit summary form if birth control is prescribed (optional),
- a visit summary form if birth control is not prescribed (optional),
- an optional supplement to the visit summary form,
- an algorithm form, and
- a self-screening risk assessment for birth control form.

All of the forms are included as an insert in this newsletter and are also available on the Maryland Board of Pharmacy website.

Also included in this newsletter is an article from Maryland Medicaid that describes the Medicaid procedure for authorization, processing, and payment of Maryland Medicaid contraception dispensing claims.

Ready...Set...Go...

One way to explain all of the pieces necessary for the regulation and implementation of the Maryland contraceptive program is to do so in phases. To date, we've completed one and one-half of three phases. We're almost, but not quite, at the implementation phase.

So far the Board has...

Visit the Board at <http://health.maryland.gov/pharmacy> or email mdh.mdbop@maryland.gov

Ready...

Phase 1--The Regulation

Organized and met with a group of over 20 stakeholders that included representation from chain pharmacies, private insurers, Maryland Department of Health Family Planning and Medicaid staff, family planning organizations, schools of pharmacy staff, pharmacist association members, and others. The stakeholder group assisted in drafting what would become the Maryland regulation establishing the authority for pharmacists to prescribe and dispense contraceptives.

Set...

Phase 2—The Forms and Training Programs

We have just completed Part 1 of 2/Phase 2—Development of the forms needed to implement the Maryland contraception prescribing and dispensing program.

Part 2 of 2/Phase 2—Yet to be completed-- Organizations interested in providing the required training in contraception prescribing and dispensing shall submit a draft training program that includes the algorithm and self-screening risk assessment forms approved at the board's December meeting. The board will review the training programs and issue an approval or send the applicant a list of items and/or corrections needed to gain approval. The training review process will begin by accepting proposed training programs in early January 2019 and will continue as long as new programs are being developed.

All training program submissions must be submitted for approval by email or UPS to:

Deena Speights-Napata
Executive Director, Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, MD 21215
deena.speights-napata@maryland.gov

There is no deadline date for submission of training programs.

Go...

Phase 3—Implementation

Upon completing an approved training program and utilizing the approved algorithm and self-screening risk assessment forms, pharmacists may begin prescribing and dispensing contraception in accordance with the new regulatory requirements.

Board of Pharmacy Support Tools

The Board of Pharmacy has established an information button on its website that will include information and forms necessary for program implementation. Please take a look and let us know if there's anything we overlooked.

We will be looking forward to sharing your positive experiences (we anticipate many) as well as recommendations as we all move ahead together with what will prove to be an exciting new program for those who choose to participate.

Maryland Medicaid Enrollment: Pharmacist Contraception Prescriber Protocol

Effective January 1, 2019, qualified pharmacists and pharmacies may enroll with Maryland Medicaid as a pharmacist-prescriber provider type. In order for Medicaid to reimburse providers for these services, a pharmacy must take three steps:

- 1) The pharmacy must obtain a new type 2 National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES) for the location it intends to enroll as a pharmacist-prescriber. The NPPES website is <https://nppes.cms.hhs.gov>.
- 2) The pharmacy will enroll as a group pharmacist-prescriber and need to affiliate with at least one qualified pharmacist in order to submit the application.
- 3) The individual qualified pharmacist must enroll as a pharmacist-prescriber renderer. Please note: Any individual pharmacist who does not have a type 1 NPI will need to obtain one in order to apply as a pharmacist-prescriber.

Once enrolled, pharmacist-prescribers may bill for the patient assessment rendered in order to determine whether to prescribe contraceptives and which contraceptive to prescribe. To be reimbursed for the patient assessment, the pharmacist-prescriber provider type must bill via a CMS-1500 form. Pharmacies should NOT bill Conduent for the patient assessment.

Pharmacy-providers who intend to participate as pharmacist-prescribers should: visit health.maryland.gov/providerinfo for more information about how to enroll and bill for these services.

Please direct any specific questions you may have regarding your participation in Maryland Medicaid as a pharmacist-prescriber to MDH.pharmacistenrollment@maryland.gov



1st year pharmacy students working as a pharmacy student technician? You must complete a Student Technician Exemption form. The exemption will expire upon completion of the applicant's first year of pharmacy school and is not subject to renewal. Completion of the form is required whether or not the pharmacy student technician is paid.

Introducing the newest Board Commissioner...

Kristopher Rusinko joins the MD Board of Pharmacy as a commissioner, serving in the role of Home Infusion Representative, held by our former Board President, Mitra Gavvani. Kristopher brings over 10 years of experience in pharmacy administration and has served in the United States Air Force as an officer, pharmacist. This experience coupled with his education makes him a great addition to the already awesome Board that we have here at the MD Board of Pharmacy.

CE Breakfast Update

Written by: Commissioners Rhonda Toney and Jennifer Hardesty

The Maryland Board of Pharmacy welcomed attendees to its annual Continuing Education Breakfast on October 28th at the Sheraton, Towson. The Chair of the Public Relations Committee, Ellen Yankellow, joined over 500 pharmacists and technicians who participated in this yearly educational event. Kevin Morgan, the President of the Board of Pharmacy opened our Continuing Education Breakfast by greeting participants.



Immediately following Kevin's greeting, Secretary of Maryland's Department of Health, Robert Neall, welcomed attendees on behalf of his department. He expressed thanks to pharmacists for all that they do, and for coming out early in the morning to educate themselves. Secretary Neall described the importance of pharmacists' roles in Maryland's unique "total cost of care" model and how pharmacists can contribute to increasing healthcare access

for patients, improving quality of care, all while providing cost savings. Finally, he described the transformation in healthcare that pharmacists, who had spent 60 years serving the citizens of Maryland, must have witnessed throughout their career.



Next on the agenda, Kristopher C Rusinko, Pharm. D., MBA, M.Ed. MS, Director of Operations from Johns Hopkins Home Care Group, spoke on the topic of "Medication Take Back Programs". Dr. Rusinko reviewed the regulatory framework from the DEA and Maryland Board of Pharmacy, and results of medication take back programs across the country. Using his own organization as an example, he provided insight into the strategy for the implementation of the medication take back programs across the Johns Hopkins campus. Early results have been promising at Hopkins, as, over 700 pounds of medications have been collected and incinerated. In addition to take-back receptacles, Dr. Rusinko reviewed neutralization products that are being offered to patients who wished to dispose of unneeded medications, themselves, in their homes, and thoughts around expansion of these programs in his organization. Finally, he described ways that other interested health systems and pharmacies could implement similar programs and where to find additional resources on Maryland Regulations and DEA Regulations for takeback programs.

Next up was Dr. Andy Coop, Ph.D., Professor and Associate Dean for Academic Affairs at the University Maryland School of Pharmacy speaking on the topic of "The Pharmacology of Opioid Addiction". A chemist by trade, Dr. Coop is an expert in the biological systems and pharmacology of drugs of abuse. Dr. Coop described how we got to this tipping point in the opioid crisis, and addressed the need to develop safer new medications in the future so that there will be less of a need for take back programs. He explained the need for pharmacists to work together in interdisciplinary healthcare teams and provided the example of the UMB Center for Addiction Research Education and Service, one such partnership between pharmacists and social workers. Dr. Coop reviewed the strategy of current formulation-driven solutions that help prevent abuse to a certain degree (delivery systems, combination with aversive compounds, etc.), but argues this strategy is just a starting point. He then went on to discuss the pharmacology of current and developing compounds indicated for pain management, and the challenge between creating a medication that is successful at treating pain, yet minimizes the *dependence* and *rewarding* features currently contributing to the opioid crisis. There are quite a

few compounds under development- many of which have received notice in the popular press - but as pharmacists we should understand the advantages and disadvantages based on the pharmacology and influence of the drug on concepts of *dependence* and *reward*.



In recognition for 60 years of being a practicing pharmacist, Deena Speights Napata, Executive Director of the Maryland Board of Pharmacy, and Kevin Morgan, Board President, recognized Maryland pharmacists, Harold Cooper and Wilson Neighoff, who had served Maryland citizens for over 60 years.

After a short break, Anna Gribble MSW, MPH, Healthy Policy Analyst for Maryland’s Department of Health, Behavior Health Administration presented to attendees on the Prescription Drug Monitoring Program (PDMP) and its role in addressing opioid misuse and diversion. She discussed the regulatory background of the PDMP and the “Use Mandate”, highlighting the pharmacist’s roles in preventing abuse as well as identifying concerns through the use of the PDMP. Ms. Gribble described some of the ways in which the PDMP were working to address quality concerns within the program and expressed the need for pharmacists and technicians to ensure that data was entered accurately into the PDMP in order to prevent issues like multiple patient profiles or submitting veterinary prescriptions on individual human-patient profiles. Following Ms. Gribble’s presentation, there were many questions from attendees and Kate Jackson, the Policy Director for Maryland’s PDMP, joined Anna to help answer questions from attendees.



Our final speaker was Dr. Megan Ehret, Pharm D, MS, BCPP, Associate Professor, University of Maryland School of Pharmacy and President, College of Psychiatric and Neurologic Pharmacists. Dr. Ehret focused on the topic, “The Public Health Impact of Opioids” and what pharmacists can do, in addition to accessing the PDMP data, to address the opioid crisis in our communities around the State. She described some of the challenges we can face in a public health crisis of this magnitude and what roles pharmacists can play to address many of the issues. Fentanyl and carfentanil – related deaths have increased significantly in the state; and while Maryland is a small state, it ranks within the top 10 states on the total per capita costs of the opioid crisis. Dr. Ehret provided a synopsis of ‘red flag’ behaviors for substance use disorder and opioid use, and ended her lecture with the concept of ‘harm reduction techniques’ which are practical strategies aimed at reducing negative consequences associated with drug use (i.e. access to clean syringes).

Continuing education credits have been applied to the CPE Monitor for participants who attended and were in compliance with participation requirements. Should you have any questions regarding this matter, please contact Nakia Jordan at 410-764-4755.

2018 Maryland Pharmacy Technician Consensus Conference

Written by: Daniel M. Ashby, M.S. FASH, Board Commissioner

The report of the 2018 Maryland Pharmacy Technician Consensus Conference, held on June 21, 2018, is posted on the Maryland Board of Pharmacy website. Please access the following link to view the report.

<https://health.maryland.gov/pharmacy/Pages/index.aspx>

The conference, was supported by Maryland pharmacy associations, the schools of pharmacy and the Board of Pharmacy and directed by the conference steering committee. The report provides an overview of the issues related to pharmacy technician educational requirements and offers recommendations for consideration.

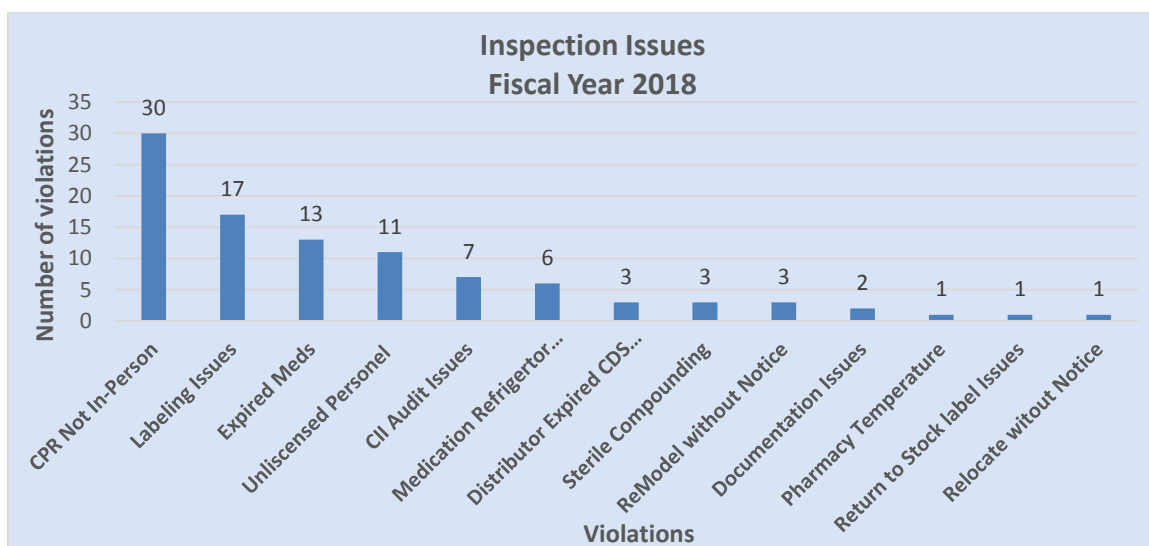
Inspection Issues Fiscal Year 2018

Written by: Thomas P. Evans, Director of Compliance Board Staff

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

The following represents a break out of the issues that have come to the Board from the inspection of pharmacies across the state in fiscal year 2018.

1. CPR Certification: COMAR 10.34.32.03 (2) (a) states that a vaccination registered pharmacist requires “possession of an active certification in basic cardiopulmonary resuscitation obtained through **in-person classroom** instruction.” Taking an on-line CPR certification course does not satisfy the requirement. Pharmacists may take the didactic portion of the CPR course on-line, but must also complete hands on in-person training as well. **(30 cases)**
2. Prescription labels require the expiration date of one year or the manufactures expiration date, which ever expires first. **(17 cases)**
3. Expired medications in the pharmacy stock **(13 cases)**
4. Technician trainee outside of six month training period or unregistered technicians **(11 cases)**
5. Unresolved controlled drug substance (CDS) shortage or overage counts **(7 cases)**
6. Food stored in a medication only refrigerator **(6 cases)**
7. Distributors shipping CDS to a pharmacy with an expired CDS permit **(3 cases)**
8. Sterile compounding issues, not following USP 797 guidelines **(3 cases)**
9. Remodel of pharmacy that requires Board notification and inspection **(3 cases)**
10. Documentation, lack of policies or updates to policies **(2 cases)**
11. Excessive heat in the pharmacy **(1 case)**
12. Medication returned to stock not properly labeled **(1 case)**
13. Relocation of a pharmacy requires Board application and opening inspection**(1 case)**





Emergency Preparedness Task Force Pod Exercise

Written by: Don Taylor, Previous MD BOP Board President and EPTF Vice Chairman

On November 8, 2018, the Board's Emergency Preparedness Task Force (EPTF) presented a power point presentation entitled "Pharmacy's Role in Maryland Emergency Preparedness at the Notre Dame of Maryland School of Pharmacy for the third-year student pharmacists. The power point was presented by EPTF members Ryan Boasi and Don Taylor, who were assisted by Maryland Responds Program Specialist, Lornah Misati and Dr. Jonathan Thigpen, Assistant Professor in Clinical and Administrative Sciences.

Following the power point presentation, the EPTF conducted a hands-on point of dispensing (POD) exercise with the student pharmacists. The exercise centered around the assumption that there had been a terrorist-initiated aerosolized anthrax attack in the Baltimore area, and the Notre Dame/Loyola campus complex had been designated as a closed POD to provide prophylactic medication to the students, staff and employees of both campuses. The goal of the exercise was for the EPTF members to provide the student pharmacists with a hands-on demonstration of how pharmacy personnel could assist the citizens of Maryland during an actual terrorist attack.

The students were broken into two separate groups. Half of the students served as concerned campus complex "patients" arriving to pick up medications for themselves and their immediate family members. The other half acted as members of the POD staff and manned the different POD stations:

- Registration (providing triage forms and POD instructions)
- Triage (determining the most appropriate medication for each family member based on triage form algorithm)
- Specialized Requirement Needs (providing individualized help for patients presenting with issues/conditions requiring extra help)
- Consultation (answering patients' concerns, and directing patients requiring specialized help not available within the POD to an appropriate clinic or hospital)
- Dispensing (providing selected medications to patients, and completing triage forms)

Halfway through the exercise, the student pharmacists' roles were reversed when the "patients" became the POD staff and vice versa.

Throughout the exercise, the student pharmacists exhibited tremendous enthusiasm and interest. Some "patients" presented with specialized needs and concerns (non-English speaking, blind, deaf, allergies, etc.) to provide the student pharmacists acting as the POD staff opportunities to utilize their educational knowledge and training to find solutions for assisting those "patients" in obtaining suitable medications for themselves and their family members.

The POD exercise was well received by the student pharmacists, and resulted in approximately half of the student pharmacists signing up to become members of Maryland Responds as pharmacy volunteers.

EPTF members present were Ryan Boasi, Phil Cogan, Neil Leikach, Bart Regan, Don Taylor, and Reid Zimmer. The EPTF would also like to thank the following for their invaluable help in conducting the POD Exercise: Notre Dame Assistant Professor - Dr. Jonathan Thigpen, Maryland Responds member - Lornah Misati, Pharmacy - Student Zoya Ramzan, and the following Baltimore City Health Department staff: Dr. Hassan Sheikh, Kay Webster, Narita Sako, and Nicole Bradbury.



Quality Improvement Strategies Utilizing Root Cause and Failures Mode Effect Analyses

*Written by: Board Commissioners Rhonda M. Toney, MBA, R.Ph, FASCP,
Ellen H. Yankellow, PharmD & Daniel M. Ashby, M.S., FASH*

The Maryland Board of Pharmacy conducted a Pharmacist's Working Conditions survey during the summer and fall of 2014. The results of the survey were shared in the Maryland Board of Pharmacy Newsletter, Spring/Summer 2015 Edition. After the survey was conducted, the Board of Pharmacy considered various options to address patient safety-related concerns identified in the survey.

Patient safety improvement is addressed in the Maryland Pharmacy Laws Book issued by the Maryland Board of Pharmacy, COMAR 10.34.26.01. to 10.34.26.04. It is the pharmacy permit holder's responsibility to establish and maintain an ongoing quality assurance program.

The following information is being provided to assist permit holders, pharmacists and technicians to better understand the key components of an ongoing quality assurance program in their efforts to analyze and prevent errors.

Root Cause Analysis (RCA)

One of the required responsibilities of a quality assurance program is to investigate each medication error and engage in or recommend remedial action based on the results. This may be accomplished by conducting a root cause analysis (RCA) of an error once it has occurred. A root cause analysis is a structured analytic methodology used primarily to examine the underlying contributors to an adverse event or incident. Root causes and the factors contributing to an error focus on process and system vulnerabilities, not on individuals. A root cause analysis typically has 7 main steps:

1. Identify the incident to be analyzed.
2. Investigate what happened during the event and when the incident occurred.
3. Develop a flowchart illustrating the actual steps and processes that led to and followed an incident.
4. Identify primary and contributing factors that led to an incident.
5. Create a causation statement for each root cause including primary and contributing factors that led to the incident.
6. Create an action plan.
7. Evaluate the actions taken.

The RCA is a tool that should be used when an error occurs, and people on the frontline are in a prime position to identify potential issues as well as contribute to solutions. Conducting a RCA is a way of finding out what happened and why it happened in order to prevent an error from happening again. Blame is not the name of the game in RCA. Instead, when properly completed, a RCA may reveal a host of organizational, systemic, physical and human factors that have contributed to an error. These factors, in turn, may require a multi-disciplinary approach to create a final action plan promoting a culture of safety. The RCA is a preferred approach demonstrating ownership of an error by an organization.

More information about RCA can be found at the Institute for Safe Medication Practices website: <https://www.ismp.org/sites/default/files/attachments/2018-01/ISMP52-RCA-Template%20Root%20CA%20%26%20Action%20Plan-020414.pdf>

Failure Mode and Effects Analysis (FMEA)

In addition to examining an error after it has occurred, there is a process called failure mode and effects analysis (FMEA) used to prevent errors as a proactive approach to risk management. This approach may be used when a new medication is available, a new technology is in place and/or a new process is being utilized within a pharmacy department as a structured analytic methodology to evaluate a process prior to implementation. With FMEA, the goal is to eliminate or reduce the likelihood or severity of a negative outcome if a failure should occur. Below is an overview of the 8 main steps of a FMEA.

Steps for conducting a FMEA:			
Step 1	Select process and assemble the team	Step 5	Prioritize failure modes
Step 2	Diagram the process	Step 6	Redesign the process
Step 3	Brainstorm potential failure modes and determine their effects	Step 7	Analyze and test the changes
Step 4	Identify the causes of failure modes	Step 8	Implement and monitor the redesigned process

For more guidance on how to perform a failure mode effects analysis with performance improvement projects go to: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceForFMEA.pdf>

Pharmacists, pharmacies and organizations are encouraged to complete a thorough RCA after an error has occurred and/or a series of FMEA's to prevent potential errors within a system. Additional information and help with a pharmacy's quality improvement program may be obtained by contacting a patient safety organization (PSO). The Agency for Healthcare Research and Quality (AHRQ) identifies qualified patient safety organizations on their website at: <https://pso.ahrq.gov/listed>.

**Stay tuned for our “Medication Error Prevention Corner”
in future newsletters!!!**

National Association of Boards of Pharmacy National Pharmacy Compliance News

Reprinted from the National Association of Boards of Pharmacy FOUNDATION

SAMHSA Publishes Guidance for Treating OUD

To help broaden health care professionals' understanding of medications that can be used to treat Americans with opioid use disorder (OUD), the Substance Abuse and Mental Health Services Administration (SAMHSA) offers guidance on clinical best practices in the February 2018 publication titled *Treatment Improvement Protocol 63, Medications for Opioid Use Disorder*. The publication reviews the use of the three Food and Drug Administration (FDA)- approved medications used to treat OUD – methadone, naltrexone, and buprenorphine – and other strategies and services needed to support recovery for people with OUD.

Additionally, in February 2018, SAMHSA released the publication *Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants*, which offers standard approaches for health care professionals. This publication provides evidence-based treatment options, including pharmacotherapy with methadone, buprenorphine, and buprenorphine/naloxone, for pregnant women with OUD. The clinical guidance also helps health care professionals and patients determine the most clinically appropriate action for a particular situation and informs individualized treatment decisions. Both publications can be found in the Publications section of SAMHSA's website at www.samhsa.gov.

FDA Issues Final Guidance Policy on Outsourcing Facilities

In May 2018, FDA issued a new policy designed to address any ambiguity around how to define the physical features and operations of outsourcing facilities. According to FDA Commissioner Scott Gottlieb, MD, the policy in the final guidance, *Facility Definition Under Section 503B of the Federal Food, Drug, and Cosmetic Act*, will help to:

- ◆ ensure that compounded drugs are made under appropriate quality standards;
- ◆ provide transparency to patients and health care providers about the standards under which the compounded drugs that they purchase are made; and
- ◆ respond to stakeholder feedback requesting guidance on the meaning of “facility” under section 503B.

In the guidance, FDA explains that a section 503A establishment compounding drugs pursuant to patient-specific prescriptions may be located near or in the same building as the outsourcing facility provided that they are completely separate. As explained in the guidance, the boundaries between the section 503A establishment and outsourcing facility should be clear and may include permanent physical barriers, such as walls or locked doors, and the two operations should not share rooms, equipment, supplies, or pass-through openings (eg, they may not subdivide a room with temporary barriers such as curtains). The guidance further explains that the labeling should clearly identify the compounder who produced the drug. Lastly, the guidance reminds industry and stakeholders that all drug products compounded in an outsourcing facility are regulated under section 503B and are subject to current good manufacturing practice requirements, even if those drug products are compounded pursuant to patient-specific prescriptions. Additional information can be located at www.fda.gov/newsevents/newsroom/fdainbrief/ucm607339.htm.

US Surgeon General Advisory Urges More Individuals to Carry Naloxone

In an April 2018 advisory, US Surgeon General Jerome

M. Adams, MD, MPH, emphasizes the importance of more individuals knowing how to use naloxone and keeping

it within reach. Surgeon General Adams recommends that family, friends, and those who are personally at risk for an opioid overdose keep the drug on hand. As stated in the advisory, expanding the awareness and availability of naloxone is a key part of the public health response to the opioid epidemic. The Surgeon General advisory on naloxone is part of the Trump Administration's ongoing effort to respond to the sharp increase among drug overdose deaths, notes a US Department of Health and Human Services (HHS) news release. HHS also has a website, www.hhs.gov/opioids, with resources and information for individuals who want to fight the opioid crisis in their communities or find help for someone in need. The advisory and news release can be found at www.surgeongeneral.gov.

Expanding Pharmacists' Scope of Practice Linked to Improved Cardiovascular Outcomes

Elevating pharmacy involvement in patient care and using a team-based care model are among the effective strategies for preventing cardiovascular disease that were identified in a new guide developed by the Centers for Disease Control and Prevention's (CDC's) Division for Heart Disease and Stroke Prevention (DHDSPP). The guide, *Best Practices for Cardiovascular Disease Prevention Programs: A Guide to Effective Health Care System Interventions and Community Programs Linked to Clinical Services*, describes the scientific evidence behind each strategy, including collaborative drug therapy management, enabled by a collaborative practice agreement, and medication therapy management. To be included in the guide, strategies had to be supported by multiple high-quality research studies that demonstrated evidence of effectiveness in controlling blood pressure or cholesterol levels. More details about the best practice strategies along with resources and tools for implementing the strategies identified by CDC's DHDSPP can be found at www.cdc.gov/dhdspp/pubs/guides/best-practices/index.htm.

Pharmacists Are Critical to Drug Supply Chain Integrity, States FIP

Medicines are specialized commodities and, if they are not managed rationally or appropriately, they are equivalent to a dangerous substance, indicates the International Pharmaceutical Federation (FIP). In a May 2018 report, *Pharmacists in the supply chain: The role of the medicines expert in ensuring quality and availability*, FIP provides a global picture of the role of pharmacists in supply chains, the tasks currently undertaken by pharmacists in different countries, and pharmacists' unique competencies. Based on reviews of literature, survey data, and case studies from nine countries, pharmacists were identified as having expertise that is critical to supply chain integrity. According to FIP, pharmacists and those who are involved in the planning, procurement, manufacture, storage, and distribution of medicines must:

- ◆ Consider how to most effectively use the skills of the staff and personnel available;
- ◆ Provide and seek training where needed; and
- ◆ Keep their systems and role descriptions under re-view in order to adapt to changing circumstances.
- ◆ FIP's report and news release can be located at www.fip.org/news_publications.

Emergency Department Visits for Opioid Overdoses Rose 30%

From July 2016 through September 2017, reports of emergency department (ED) visits for opioid overdoses – including prescription pain medications, heroin, and illicitly manufactured fentanyl – rose 30% in all parts of the US, according to a CDC report. The Midwest saw opioid overdoses increase 70% during this time period. According to the March 9, 2018 *Morbidity and Mortality Weekly Report*, coordinated action between EDs, health departments, mental health and treatment providers, community-based organizations, and law enforcement can prevent opioid overdose and death. People who have had an overdose are more likely to have another; thus, being seen in the ED is an opportunity for action. EDs can provide naloxone, link patients to treatment and referral services, and provide health departments with critical data on overdoses. The CDC report, "Vital Signs: Trends in Emergency Department Visits for Suspected Opioid Overdoses — United States, July 2016–September 2017," can be found at <http://dx.doi.org/10.15585/mmwr.mm6709e1>

Events Corner



MD BOP Table at Mid-Year Regional Meeting for APHA

The Maryland Board of Pharmacy has had the opportunity to represent the Board at various professional pharmacy events throughout the State. Nakia Jordan and Brad Clark both board staffers, attended the Midyear Regional Meeting for the APHA Academy of Student Pharmacists. It was held Saturday November 3, 2018 at the Radisson Hotel located in downtown Baltimore. While there we were able to speak to pharmacy students enrolled in local and non-local pharmacy programs about licensing options available for students. In addition, we educated students on next steps upon graduation.

Nakia Jordan, Etzion Brand and Darchelle Edmonds-Lanteon, Board of Pharmacy staff, attended The Annual Pharmacy Practice Experience Workshop. It was held on November 13th from 1-3pm. They did a presentation for 4th year pharmacy students regarding the steps of the pharmacy licensing process.

Timeline for Processing Applications



The first two pages of each application include instructions. If you have an application without the instructions page please refer to our website to download or view the instructions for your application type. It is important to read this information before submitting any application type. Please allow a minimum of two weeks for processing. With the exception of Establishment applications please allow up to 4 weeks for processing. The email address that is listed on your most recent application is the email address that will be used to send application status updates. To learn more about your specific application type please go to our website <https://health.maryland.gov/pharmacy/Pages/index.aspx> and click on the tab named for your specific application type

New FDA Approved Drug Update

Written by: Donna Goldberg, Investigations Supervisor, Board Staff

Epidiolex® is the first FDA-approved prescription drug containing purified cannabidiol (CBD) extracted from the cannabis plant. Epidiolex is indicated for the treatment of seizures associated with Lennox-Gastaut syndrome and Dravet syndrome, two rare and severe forms of epilepsy. The drug was approved by the FDA in June 2018 and is classified as a schedule V controlled dangerous substance (CDS). As with all CDS prescriptions dispensed to patients in Maryland, pharmacies and healthcare providers must report required information to the Maryland Prescription Drug Monitoring Program (PDMP).



Details regarding how to obtain up 1 CE credit for reading the newsletter!!

Applications and nominations for the Maryland Board of Pharmacy are being accepted through February 28, 2019.

The Board of Pharmacy has vacancies for the following Board seats:

**Acute Care Hospital
Chain Drug Store Pharmacist
At-Large Seat**

Applicants are responsible for ensuring that all application documents and nomination materials are submitted by February 28, 2019.

Application

All interested applicants are required to submit a formal application through the *Governor's Appointments Office* website at <http://govappointments.maryland.gov/>.

Nomination

The nomination is also due by the deadline for applications. Nominations may be submitted via e-mail or mail to:

Kim Bennardi, Administrator

Maryland Department of Health

Office of Appointments and Executive Nominations

201 W. Preston St. 5th Floor, Baltimore, MD 21201

Kim.bennardi@maryland.gov

Phone: 410-767-4049

Any additional questions regarding applications or nominations may be addressed to Kim Bennardi at kim.bennardi@maryland.gov or 410-767-4049.

DISCIPLINARY ACTIONS

<u>PHARMACIST</u>	<u>LIC.#</u>	<u>SANCTION</u>	<u>DATE</u>
Dorothy Ngwa	11785	Fine	9/7/2018
Kathleen Pellittieri	23931	Fine	9/27/2018
Jayashree A. Kurup	14963	Fine	11/1/2018
Rajeshwer Pingili	17346	Fine	11/16/2018
Gail V. Henry	09416	Suspended	10/4/2018
Lisa White	12969	Suspended	10/9/18
Richard D. Hiller	10814	Suspended	10/12/2018
<u>PHARMACY TECHNICIAN</u>	<u>REG#</u>	<u>SANCTION</u>	<u>DATE</u>
Mary Jennifer Burlock	T15658	Revoked	8/15/2018
Erin Council	Applicant	Denied	8/15/2018
Zacharie A. Famoso	T19032	Revoked	8/15/2018
Brandon Smith	T15589	Revoked	8/15/2018
Ciara Maples	T17954	Suspended	8/21/2018
Tasia Ingram	T12189	Suspended	8/24/2018
Fanchette S. Robinson	Applicant	Denied	9/5/2018
Contessa M. Allen-Starks	T05556	Revoked	10/17/2018
Nestor J. Canjura Castillo	T16824	Revoked	10/17/2018
Corey Caston	T18557	Revoked	10/17/2018
Delsy R. Lima	T18334	Revoked	10/17/2018
Bilen Araia	T21768	Probation	11/14/2018
Tyechele Bean	T19295	Revoked	11/21/2018
Dean Nguyen	T19245	Revoked	11/21/2018
Malikah Scriber	T15361	Revoked	11/21/2018
Caleb Weddington	T19852	Revoked	11/21/2018
Christina M. Pindell	T11450	Revoked	12/19/2018
Katrice R. Thompson	T10883	Probation	12/19/2018
<u>PHARMACY INTERN</u>	<u>REG#</u>	<u>SANCTION</u>	<u>DATE</u>
Deborah Gilpin	Applicant	Denied	8/15/2018
<u>ESTABLISHMENT</u>	<u>PERMIT#</u>	<u>SANCTION</u>	<u>DATE</u>
Pierre Fabre Pharma, INC.	D06266	Fine	9/17/2018
Walgreens # 11064	P04511	Fine	10/23/2018
BDI Pharma, LLC.	D01144	Fine	10/25-/2018
GenRx Pharmacy	P06911	Fine	12/19/2018
Cantrell Drug Company	D05438	Reprimand	1/9/2019
Giant Pharmacy #135	P01288	Fine	12/26/2018

BOARD COMMISSIONERS

President: **Kevin Morgan**
 Secretary: **Rhonda Toney**
 Treasurer: **Jennifer Hardesty**

Daniel Ashby
Efstratios (Steve) Bouyoukas
Karla Evans
Alford Laws
Neil Leikach
Kristopher Rusinko
Brenda Oliver
Roderick Peters
Ellen H. Yankellow

Chain Drug Store Representative
 At-Large Representative
 Long Term Care Representative

Acute Care Hospital Representative
 Chain Drug Store Representative
 Acute Care Hospital Representative
 Consumer Representative
 Independent Pharmacist Representative
 Home Infusion Representative
 Consumer Representative
 Independent Pharmacist Representative
 At-Large Representative

BOARD MEETINGS

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

2018 PUBLIC BOARD MEETINGS

Third Wednesday of each month

February 20, 2019
 March 20, 2019
 April 17, 2019
 May 15, 2019

Location: 4201 Patterson Avenue
 Baltimore, MD 21215

CONTACT DIRECTORY

Customer Service Center 410-764-4755 ▪ mdh.mdbop@maryland.gov ▪ health.maryland.gov/pharmacy ▪ 1-800-542-4964

Executive Director
Deena Speights-Napata

**Deputy Director &
 Operations Manager**
Edward Fields

Director of Compliance
T Thomas Evans

**Manager of Program Intake,
 Assessment & Evaluation**
Nakia Jordan

**Director of Licensing,
 Legislation and Regulatory Affairs**
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