

# maryland

## Board of Pharmacy

*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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## KATRINA'S AFTERMATH: Through a Pharmacist's Eyes

Melvin Rubin

If we routinely practiced pharmacy in Maryland the way we did in Louisiana during the immediate aftermath of Katrina, our licenses would be in jeopardy. I was among a group of pharmacist volunteers who were deployed to the Gulf Coast including Pei-sah Upshaw, Pat Louthan, Nneka Ezekwueche, Christine Musser, Rachel Strand, Timothy Lubin, Kassa Mesfin, Christopher Falato, Crystal Henderson, Deborah McNutt, Matt Durkin, Joseph Loetell and Steve Lauer. The first three and I were in the first deployment on September 5th. Working side by side with doctors, nurses and military personnel, we displayed just what pharmacists can do in emergency situations.

Workdays were typically 14-15 hours. With only one pharmacy open in the entire community, we not only provided emergency medication and helped with the gamut of medical treatment, but also worked with the National Guard and Red Cross to provide bottled water, food, consolation and hope. There were no businesses open and many homes were either uninhabitable or had suffered severe damage. Most telephone lines were down and some roads were still impassable. We resided in hospital rooms with three to four people per room. For the first week or so, there was no air conditioning, no hot water, only bottled water for drinking, and no food except for MRE (Meals Ready to Eat). The elevators did not work, so we carried supplies and equipment up and down three flights of stairs. Much of our time was ini-

tially spent on housekeeping chores such as mopping floors, clearing debris and trash, and disinfecting working areas. By the end of my two weeks, some conditions were improving (especially the food), and three more pharmacies had opened.

Delivering pharmacy services under these extreme conditions and with a limited supply of medication proved challenging. We had to make decisions on whether or not to fill a prescription that had no remaining refills without being able to contact the original pharmacy or the physician. At times, we had to even determine what the patient used from only the information they could provide orally. When "Operation Lifeline" opened six clinics, we inventoried the medicine we had on hand and made determinations of what could be substituted to tide a patient over until a new prescription, written by a Maryland volunteer doctor, could be filled when more parish (county) pharmacies opened. We scrounged for medicine in every available corner: doctor's office samples, medications never sent or returned in an abandoned hospital, and digging through FEMA shipments.

A commanding officer told the four pharmacists, who had been there longest, to take a day or evening off. We all disobeyed that order. We had been working with and were helped by the city residents who had lost a lot, if not everything, and we felt that we had no choice but to get as much

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# FROM THE EXECUTIVE DIRECTOR'S DESK - A Busy Autumn - Full of New Challenges and New Faces

LaVerne G. Naesea

The Board welcomed three new pharmacist members in June: Rodney Taylor, At-large representative; Michael Souranis, Independent representative; and David Chason, Hospital Pharmacy representative. As indicated by my last newsletter commentary, they are filling some mighty 'big shoes'. Judging from their attendance and immediate involvement at Board and committee meetings, they will be successful in doing so. The Board is still awaiting appointment of its second Consumer member.

## Volunteer Pharmacists Respond to Hurricane Katrina

The zeal of the volunteer pharmacists appointed to the Pharmacy Board continues to impress and amaze me. Thus, I was not as surprised as I was pleased with the response received from Maryland pharmacists whom the Board asked to be deployed to Jefferson Parish, La, to assist evacuees following Hurricane Katrina. As of the writing of this article, four groups of Maryland pharmacists have been deployed. The Board deployed volunteers were the only pharmacists assigned to work along side the several medical professionals from Maryland, working in a deserted private hospital in Jefferson Parish.

With very short notice, the Board assigned the first group on the Sunday evening before Labor Day, for actual deployment on Labor Day! A second group of volunteers was lined up on Labor Day to be deployed on September 7, 2005. For reasons beyond the Board's control, that group was not deployed. Included in this group were, Kristina Gaskins, Timothy Lubin, John. R. Hohman, Rachel Strand, Christine Musser and Patel Hitesh. The Board recognizes the investment of time and effort that these pharmacists, their families and employers put forth to prepare for deployment, extends its apologies for any disruption to their lives and appreciates their willingness to give of their time and talents.

## Board and Staff Emergency Coordination

Not to be forgotten are the continuous efforts of present and past Board members and its terrific staff members whose planning and mock drills over the past three years paid off. Since the first request from the Governor (via the Department of Health and Mental Hygiene) was received, new Public Information and Education Specialist Summar Goodman worked with Administration and Public and Support Manager Patricia Gaither, MIS Manager Tamarra Banks and Vlad Konstantinov (Database Specialist), Emergency Preparedness Committee Chair Donald Taylor, and myself to create a list of volunteer pharmacists, devel-

op a script for all staff to make telephone calls, develop a log sheet for recording responses and carrying out any and all related activities. Throughout Labor Day weekend, former Board member Ray Love worked hand-in-hand with those mentioned above to acquire names and contact information for additional pharmacist support. Kudos to the other staff members Jessica Acevedo, Stacy Webster-Wallace, Keisha Wise and even the Board's pharmacy student, Bryan Prazac who also took immediate action as required. Thanks, also, to the Board Legislative/ Regulations Officer Anna Jeffers, who was instrumental in working with Board Attorney Linda Bethman, in developing the Board's response to inquiries from pharmacists who were dealing with patients who had relocated to Maryland from the Gulf Coast who were in need of medication.

## Patient Considerations Regarding Emergency Refills

The Board received several calls from pharmacists in Maryland who had patients needing prescription medications who were evacuees from the Gulf Coast. Many had no prescription bottles, prescriptions, money or other required documentation in order to acquire the necessary drugs. Guidelines for refilling a prescription for which a refill has not been authorized may be found under State HO §12-506(c). Permit holders should familiarize their pharmacist staff with the language under this provision. In addition to other criteria, Maryland law will allow a refill, if as a result of an emergency, the pharmacist is unable to obtain an authorization from the authorized prescriber, the refill is not for a controlled dangerous substance and the quantity dispensed does not exceed 14 days. The Drug Enforcement Agency (DEA) has issued an allowance (regarding victims of the Katrina Hurricane only) of fourteen days for controlled substances, and use of pharmacists' professional judgments in cases where controlled drugs are needed. If pharmacists/pharmacies are still unsure of how to respond to an evacuee from the Gulf Coast who requires emergency meds, they should contact the Board for further direction.

And so it goes, the addition of new Board and staff members was none too soon in light of the continued pace the Board must operate under to meet its mandate and address unanticipated concerns. Thank Goodness for our pharmacist volunteers!!! ■

# EMERGENCY PREPAREDNESS

Donald W. Taylor

Following the September 11th attacks on America, the Maryland Board of Pharmacy began considering how they could help Maryland citizens in dealing with future emergencies. The Board organized the Emergency Preparedness Committee with the intention of recruiting volunteer pharmacists and training them to assist with any emergency within the state of Maryland.

To date, well over 800 pharmacists and pharmacy technicians have joined the volunteer corps. Several training sessions have been held, team leaders identified, and liaisons selected to work closely with their local health departments.

The Emergency Preparedness Committee is working toward offering a comprehensive on-line training program for pharmacists unable to attend the live sessions.

In March, the Board held an emergency drill where the volunteers were exposed to scenarios that they may encounter in a real emergency. Volunteers repacked, triaged, counseled patients, dispensed, and tested the

Board's call-down procedures for contacting additional volunteers.

The Board of Pharmacy has been a leader among Maryland's health professional volunteers. Our members have shown a dedication that is unmatched. The Board is proud of the volunteer corps, and looks forward to welcoming new members in the future.

## Current Volunteers

The most recent drill and real volunteer call-down activities, due to Katrina, uncovered numerous volunteers whose contact information is no longer valid. The Emergency Preparedness Committee requests all registered pharmacists who have not recently updated their contact information, to submit the *Pharmacist Change of Information form* on our Web site. Go to [www.mdbop.org/](http://www.mdbop.org/) and click on Forms & Publications.

## Future Volunteers

If you are a pharmacist or pharmacy technician interested in becoming a volunteer, go online to [www.mdbop.org](http://www.mdbop.org) and click on "Volunteer Form" under *Bioterrorism and Emergency Information* of the right side of the page. ■

## DISCIPLINARY CASES

Chandra Mouli

1. Johns Hopkins Pharmaquip Inc, Permit #: PW0013 – Effective, June 21, 2005  
2400 Broening Highway, Baltimore, MD 21224.  
Permit to operate pharmacy suspended for three (3) years, all immediately stayed. Ordered to pay a monetary fine and to submit to the Board for review and approval revised employment and TPN production policies, if the pharmacy plans to resume production of TPN's.
2. The Medicine Shoppe, Permit #: P01814 – Effective, August 1, 2005  
6425 Landover Road, Cheverly, MD 20785,  
Permit to operate pharmacy suspended for three (3) years, all immediately stayed. Ordered to pay a monetary fine and to immediately notify the Board if DEA permit is obtained.
3. Tina Hart-Lawson, License #: 09913 – Effective, August 22, 2005  
License to practice pharmacy in Maryland suspended for three years, all three years immediately stayed. License placed on probation.

4. Behrooz Goodarzi, License #: 10724 – Effective, July 20, 2005  
License to practice pharmacy in Maryland placed on probation.
5. Kelly Sobota, License #: 17170 – Effective, June 27, 2005  
License to practice pharmacy in Maryland summarily suspended.
6. Fanchette Robinson, License #: 11481 – Effective, June 30, 2005  
License to practice pharmacy in Maryland summarily suspended.
7. John Schlosberg, License # 15210 – Effective, September 21, 2005  
License to practice pharmacy in Maryland suspended for six (6) months, three (3) months stayed. May petition the Board to lift the suspension after three months, provided he has complied with the terms of the suspension. ■

# THE PRACTICE COMMITTEE CORNER

Mark Levi

*1. Can a pharmacist fill a CII prescription with missing information if the pharmacist verifies the missing information with the practitioner over the phone before dispensing the medication to the patient?*

No. The Maryland Code of Regulations, COMAR 10.19.03.07D(1), requires that all prescriptions for controlled dangerous substances contain a date, signature of practitioner, full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address and registration number of the practitioner. If it is an emergency, the pharmacist may call the prescriber for the missing information and then comply with the requirements set forth in COMAR 10.19.03.08A(4)(a) – (d).

*2. Can a pharmacist fill a faxed prescription for Schedule III – V controlled dangerous substances that has been initialed by the authorized prescriber's secretary on behalf of the authorized prescriber?*

No. The agent of a prescriber may only prepare the prescription "for the signature of the practitioner." The practitioner, however, must sign the prescription. See

COMAR 10.19.03.07D(1). Faxing of Schedule III – V controlled dangerous substances, however, is permitted under COMAR 10.19.03.09.

*3. May a Maryland practitioner receive a compounded product from a pharmacy in Northern Virginia to dispense to a patient in Maryland?*

Yes, a Maryland practitioner may receive a compounded product from a pharmacy in another state, if the product has patient-specific labeling and the out-of-state pharmacy is licensed by the Maryland Board as a non-resident pharmacy. See Health Occupations Article, §§ 12-101 and 12-403, Annotated Code of Maryland.

*4. What are the restrictions in Maryland regarding the sale of syringes and needles?*

The sale of needles and syringes or other paraphernalia shall be made by the pharmacist only in good faith to patients showing proper identification and indication of need. No prescription is required. Please refer to the Code of Maryland Regulations (COMAR) 10.13.08.01.

## LICENSING CORNER: Licensure Transfer Applicants No Longer Required To Maintain Original License To Transfer Into Maryland.

Shirley Costley

**A**t NABP's 101st Annual Meeting this year, the NABP membership heard and voted on several proposed amendments to NABP's Constitution and Bylaws. One amendment included no longer requiring licensure transfer applicants to maintain their license in the state of their original licensure by examination. However, the license transfer applicant must have a license in good standing from a NABP member board and must have transferred their license through the NABP Clearinghouse.

Although the Maryland Board does not require pharmacists reciprocating from another state to maintain a current license from the state of original examination, this is not the case for all states. Pharmacists may want to maintain their license from the state of original licensure by examination, until uniformity occurs.

### Attention Exam Candidates

NABP now offers online registration for NAPLEX, MPJE and Score Transfer. Candidates can log on to [www.nabp.net](http://www.nabp.net), click the online registration link and follow the instructions. If you do not have Internet access, call the Board to request a Computerized Examination Registration Form.

### Establishment Renewal Time

Fall is renewal time for all Pharmacies and Distributors licensed in the state of Maryland. Renewal notices were mailed in late September. All Establishment permits expire on December 31, 2005. Online renewal will be available in early October. Visit the Maryland Board of Pharmacy's web site at [www.mdbop.org](http://www.mdbop.org) and click on "Establishment Renewals".

# INFORMATION STATION

*Summar J. Goodman*

## **Hometown Heroes**

The Board would like to acknowledge and sincerely thank the following pharmacists who volunteered to be deployed to Jefferson Parish, Louisiana to aid in the Hurricane Katrina relief effort:

**Matt Durkin, Nneka Ezekwueche, Christopher Falato, Crystal Henderson, Steve Lauer, Joseph Loetell, Pat Louthan, Timothy Lubin, Deborah McNutt, Kassa Mesfin, Christine Musser, Melvin Rubin, Rachel Strand, and Pei-sah Upshaw.**

The Board would also like to acknowledge those who volunteered but were not deployed to Louisiana:

**Kristina Gaskins, Patel Hitesh, John R. Hohman and Gwendolyn Yates.**

Special thanks to the pharmacists who volunteered to go in late September to relieve the first series of Louisiana volunteers but were not deployed:

**James Bresette, Danielle Chauncey, David Chen, Karen Collins, David Diwa, Madlyn Kruh, Bart Regan, Walter Szot, Susan Weitz, and Samuel Y. Wu.**

## **Star Student**

The Board would like to acknowledge our pharmacy intern Bryan Prazac. Thank you for your extra contributions during your Board internship for the Katrina deployment. (Beginning with this issue, the Board will acknowledge and thank the many interns who contribute greatly to its day-to-day operations.)

## **A Day at the Fair**

The Maryland Board of Pharmacy, in partnership with the Department of Mental Health and Hygiene (DHMH), participated in the Maryland State Fair on Sunday, August 28, 2005. Public Information Officer Summar J. Goodman along with Administration and Public and Support Manager Patricia Gaither greeted fairgoers and provided give-a-ways, promotional materials and information on various health issues.

## **Continuing Education: Immunization Training**

The University of Maryland School of Pharmacy will host the **APhA PHarmacy-Based Immunization Delivery: A National Certificate Program of Pharmacists**. Trainings will be held December 10. For more information, contact Phyllis Lovito at 410-706-0761 or via e-mail at [plovito@rx.umaryland.edu](mailto:plovito@rx.umaryland.edu)

*The Board may feature additional pharmacy-related events and continuing education programs in the future (based on timely submissions, appropriateness and space availability). Contact Summar J. Goodman at 410-764-5988 or e-mail [sjgoodman@dhmh.state.md.us](mailto:sjgoodman@dhmh.state.md.us) for more information.*

# INTRODUCTION TO THE BOARD COMPLIANCE UNIT

Chandra Mouli

The Compliance Unit ("Compliance") serves a key role in the Board's mission to protect Maryland Consumers and to promote quality health care in the field of pharmacy. The staff of this unit interacts with the other units of the Board to assure that Maryland and federal pharmacy laws are understood and enforced. The Pharmacist Compliance Officer (PCO) serves as a resource for the various committees of the Board. Compliance Specialist, Linda Prince-Garrison and Investigator, Colin Eversley assists the PCO in this endeavor.

At the end of FY 2005, the Board licensed 1446 pharmacies, 7662 pharmacists, and 723 distributors. Protecting Maryland consumers involves ensuring that distributors, pharmacies, and pharmacists are properly credentialed and licensed. The Compliance Unit works closely with the Board's Licensing Unit on issues related to new and renewal applications for licenses and permits. Issues range from expired licenses/permits, the unlicensed practice of pharmacy, as well as practice violations uncovered during renewal applications or annual inspection. The Compliance Unit also enforces the Boards Consent and Probationary Orders; reviews and investigates all infractions; and investigates, prepares and refers case summaries to the Disciplinary Committee and eventually to the full Board for final dispositions.

A separate unit of the Department of Health and Mental Hygiene, the Division of Drug Control (DDC) performs routine pharmacy inspections, and its reports are forwarded to the Board. Investigations by the Compliance Unit can be initiated by complaints from various sources including DDC, local and state law enforcement officers, the Drug Enforcement Agency (DEA), the Food and Drug Administration (FDA), other State Boards of Pharmacy, pharmacy human resource agencies, consumers, as well as other healthcare professionals including other pharmacists.

Of the numerous complaints the Board receives from the public, the majority deal with prescription errors and customer service issues. The Board's Disciplinary Committee works with the Compliance Unit to investigate and address these cases. The procedures used to investigate medication error complaints are based on the recommendations made by the Medication Error Task Force in 2002. The Task Force recommended, and the Board instituted, a "systems" approach when handling medication error cases. rather than just taking punitive action against the pharmacists involved in the errors.

The unit's investigation of complaints can result in a no action being taken, informal disciplinary action (Letters of Education or Letters of Admonishment) or Formal Disciplinary Action. If formal action is taken, the Board will issue charges against a pharmacist and/or permit hold-

er for violation of pharmacy practice laws. Formal action can lead to fines, probationary restrictions on a license, and/or suspension/revocation of a license/permit.

The Board is encouraged that most pharmacists and permit holders have responded to requests for information in a timely and comprehensive manner. Full cooperation in these matters may alleviate the need to subpoena records or require the pharmacists/permit holders to personally appear before the Compliance Unit for an investigative interview. In keeping with Board's duty to protect the public, the Compliance Unit must ensure that complaints are thoroughly and fairly investigated and that measures are put in place to minimize the reoccurrence of similar incidents.

## INSIDE TRACK: Pediatric Dispensing/Dosing Errors:

Chandra Mouli

The Board continues to receive frequent medication error complaints from consumers dealing with pediatric medications. Using the wrong drug, especially for oral liquids, is a recurring problem. Some recent examples of pediatric medication errors are:

Prescription for Reglan (metoclopramide) liquid was filled with Tegretol (carbamazepine) liquid.

Prescription for Zantac (ranitidine) liquid was filled with Zyrtec (ceterizine) liquid.

Prescription for Reglan (metoclopramide) tablets was filled Remeron (mirtazapine) tablets.

Prescription for Protopic was filled for the adult strength of 0.1% instead of the pediatric strength of 0.03%.

To help avoid pediatric errors we offer the following recommendations:

Obtain the age and weight for every pediatric prescription. Recalculate dosages to catch any errors prior to dispensing.

Be aware that oral liquids often come in more than one concentration. What you currently carry in your pharmacy may not be what the prescriber intended. Change computer descriptions so that "Pediatric" appears as part of the drug name during selection of the drug when entering an order and also on the label.

Always use the "triple check method" to select the correct drug and ensure that the NDC number on the label and the drug selected match. When NDC numbers do not match, DO NOT fill under any circumstances. If you are filling with a different generic brand, change the NDC number on the label. *The prescription label may be considered misbranded under HG§21-217, if the prescription label clearly identifies the drug of a specific manufacturer and the prescription is filled with drug from a different manufacturer.*

Use extreme caution when filling pediatric prescriptions.

# NEWS YOU CAN USE

Summar J. Goodman

*With the possibility of pharmacists administering flu shots in the future, would a pharmacist need to purchase additional liability insurance in order to give flu shots?*

- Shawnoll D. Jemison, Pharm.D.

Technically, immunization is within [a qualified] pharmacists' scope of practice and therefore would be covered under their employer's liability policy if provided as a service at their workplace. Of course, if a pharmacist were working as an independent contractor or consultant, it would be different. In my opinion, practitioners are wise to carry an individual policy in addition to employer coverage. The benefit exceeds the nominal cost @\$100/yr for \$1M/incident, \$5M/aggregate coverage. One must pay careful attention to the language of the policy, by both individuals and employers; to ensure all of their practice activities are covered. Professional liability insurance is available at discounted rates through a number of professional organizations including APhA and ASHP.

Additionally, the Federal government provides no-fault insurance against certain reactions listed in the VIT-Vaccine Injury Table through the VICP Act- Vaccine Injury Compensation Program. The program is funded by an excise tax and puts certain practice obligations on the practitioner to document administration of the vaccine, et cetera. Most of the more common vaccines are covered. Influenza will be included in VICP as soon as

Congress sets the excise tax, anticipated any time.

\*The Board does not require liability insurance and cannot advise on this issue.

\*Jennifer A. James, Pharm.D. University of Maryland Dept. Pharmacy Practice & Science. She will be a presenter at the APhA Pharmacy-Based Immunization Delivery: A National Certificate Program for Pharmacists. See "Information Station" for more details ■

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## KATRINA'S AFTER-MATH: Through a Pharmacist's Eyes

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medicine sorted for the next day as possible. The real heroes are the people from the area who worked up to 20-hour days providing us with meals, some of the transportation and manpower at the clinics. We came home – they are still there. Some of the people accepting our help were in tears; crying both about the horrible events they had endured and the joy of having even the limited help we could give them. A few actually managed to smile as they thanked us for our help. God Bless them! ■

## CORRECTION

The Flower Mart article in the Summer 2005 newsletter failed to list the Maryland Pharmaceutical Society as a member of the Maryland Pharmacy Coalition.



## ADDRESS OR EMPLOYMENT CHANGE?

Submit the Pharmacist Change of Information form on our Web site. Go to [www.mdbop.org/](http://www.mdbop.org/) and click on Forms & Publications.



## 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.

Licensing: Shirley Costley at: [scostley@dhhm.state.md.us](mailto:scostley@dhhm.state.md.us)

Compliance: Chandra Mouli at: [cmouli@dhhm.state.md.us](mailto:cmouli@dhhm.state.md.us)

Personnel: Patricia Gaither at: [pgaither@dhhm.state.md.us](mailto:pgaither@dhhm.state.md.us)

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## 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 the Pharmacy Law Book for future reference.

# Maryland Board of Pharmacy

