

# 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 healthcare in the field of pharmacy through licensing pharmacists and registering pharmacy technicians, issuing permits to pharmacies and distributors, setting pharmacy practice standards and through developing and enforcing regulations and legislation, resolving complaints, and educating the public.

Maryland Board of Pharmacy  
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## From The President's Desk

*Michael Souranis, PD, Board President*



As we embark upon a new year and continue to progress into the new decade, I would like to express my appreciation to my fellow Board commissioners for electing me President of the Maryland the Board of Pharmacy. My goal is to continue the energetic, constructive, and dynamic work that previous Board Presidents created which have formed the foundation for Maryland to be in the forefront of pharmacy practice; juxtaposing the mission of the Board to protect the public health, safety, and welfare with achieving optimal pharmaceutical care outcomes for Marylanders.

As Board functionalities continue to expand on an operational level, the upgrading of our computer system will soon be a reality. As the Board continues to be faced with challenges, such as vacancies and procedural modifications, this operational enhancement will increase the Board's efficiency and information capability while streamlining and optimizing resources. The more daily functions of the Board, such as the registration of pharmacy technicians and wholesale distributors, the licensure of resident and non-resident pharmacist and pharmacies, reviewing and approving pharmacy

technician training programs and drug repository/drop off-site applications, the monitoring of compliance with the Maryland Pharmacy Act, investigation of complaints, and the inquiries and issues related to the practice of pharmacy will continue to remain significant components of the core functionalities and activities of the Board. It is noteworthy to recognize and thank the diligent Board staff responsible for executing the priorities, policies and procedures, and administrative initiatives established by the Board. Our staff members not only provide administrative support and expertise to the Executive, Legislative, Practice, Disciplinary, Licensing, and Public Relations Committees, but have the responsibility for administering statutory and regulatory obligations such as licensing and registration, practice of pharmacy standards, inspections, compliance, processing and investigating complaints, continuing education information, public information, and emergency preparedness.

The Board continually encourages participation and welcomes your comments, feedback, and support since your input is vital to the mission, vision, and values of the Board. Encouraging good communications between the Board and its stakeholders such as pharmacists,

*Continued on page 7*

## From The Executive Director's Desk LaVerne Naesea

### **Official Notification: 2011 Acute Care Hospital, Chain Drug Store, and At-Large Pharmacist Board Representative Nominations Being Accepted**

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 terms for the Commissioner serving in the **Acute Care Hospital Representative, Chain Drug Store Representative, and At Large Representative** seats will expire April 30, 2011. The Commissioner serving as the Acute Care Hospital Representative has declined consideration for appointment to a second term. However, the Commissioners currently filling the two other positions are 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. 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 submitted 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 eligibility 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 2011 **Acute Care Hospital Representative** appointment should contact the Maryland Society of Health System Pharmacists (MSHP) to obtain an application form and a description of Board member duties at:

Anna Leonardt

*Maryland Society of Health System Pharmacists (MSHSP)*

8480-M Baltimore National Pike, #252

Ellicott City, MD 21042

Phone: 410.465.9975

*Continued on page 7*

## LEGISLATIVE/REGULATIONS UPDATE - Pharmacists May Now Perform Medical Laboratory Tests in Maryland Anna D. Jeffers, Legislation and Regulations Manager

The Department of Health and Mental Hygiene published on December 3, 2010 revisions to COMAR 10.10.01, .03 and .06, to allow pharmacists to perform certain medical laboratory tests in Maryland. Although the comment period is over, the revised regulations are not yet final. Please monitor the Maryland Register ([www.dsd.state.md.us](http://www.dsd.state.md.us)) for further changes or the Notice of Final Action. Below is a description of what was proposed.

The purposes of the revisions are to expand the list of those individuals authorized to order medical laboratory tests and to explicitly authorize a pharmacist licensed in Maryland to be eligible for a Letter of Exception, a less restrictive mechanism to license an individual to perform a particular list of "excepted" tests identified by the Secretary. The revised regulations will authorize:

- (1) Pharmacists to order and perform excepted tests; and
- (2) Clinical staff of drug abuse programs to order toxicology tests on clients.

In COMAR 10.10.01.03, the definition of "point-of-care laboratory (POCL)" was revised to include a pharmacy.

In COMAR 10.10.03.02, a pharmacist was added to the list of health care providers that would be eligible for a Letter of Exception.

In COMAR 10.10.06.02, pharmacists were added to the list of persons authorized to order excepted laboratory tests. Pharma-

cists licensed by the Board may request excepted tests for the purpose of screening and monitoring disease risk factors; or facilitating patient education for diabetes or heart disease.

### **So what will this mean for pharmacists?**

Community and institutional pharmacists may both order and perform excepted tests by obtaining a Letter of Exception. A pharmacist who chooses to perform excepted tests would be required to pay a \$100 2-year licensing fee for a Letter of Exception (i.e., annualized \$50/year). A Letter of Exception would be appropriate to perform any excepted tests in connection with the screening and monitoring disease risk factors, such as glucose or cholesterol. Community pharmacists may apply for a Letter of Exception if they would like to perform tests in connection with the screening and monitoring of disease risk factors.

All community pharmacists who only perform counseling and education would not need to obtain a Letter of Exception because they educate patients concerning how to perform tests as a part of patient counseling (which is currently required under their scope of practice). The training and counseling of patients for self-testing on the patient's own instrument is not considered the operation of a laboratory and a Letter of Exception would be unnecessary. When a pharmacist is teaching or assisting an individual patient on the use of a testing device (e.g., glucometer) for patient self-testing, it is not considered to be a "medical laboratory" so a State laboratory license or CLIA certificate is not required.

## Article From A Pharmacist Disciplined By The Board The Vigil Process Anonymous

As the gatekeepers of prescription pharmaceuticals, pharmacists shoulder the responsibility of filling prescriptions for a legitimate medical purpose issued by an individual practitioner acting in the usual course of his or her professional practice.

A process called VIGIL involves five steps to help reduce the risk of diversion and abuse of prescription drugs particularly controlled substances.

**V** = Verification - where the pharmacist contacts the prescriber upon receipt of the prescription to document the purpose of the medication and the existence of a patient-physician relationship.

**I** = Identification - where the pharmacist has the right and responsibility to know the identity of the person for whom the medication is prescribed as well as any friend or relative picking up a prescription for the patient. An original or photocopy of their identification card for the patient is appropriate.

**G** = Generalization - where there can be a mutual agreement between the prescriber, patient and a specific pharmacy. The pharmacist can report any unmet expectations to the prescriber.

**I** = Interpretation - where the prescriber should be consulted by the pharmacists if there are any concerns regarding patient behaviors.

**L** = Legalization - where anyone involved in the prescribing or dispensing of medication, particularly controlled substances, should be knowledgeable about federal and state laws. These statutes should be followed with no exceptions.

The VIGIL process has been shown to be a successful method to protect the integrity of the drug distribution system. It is an effort to prevent drug diversion and abuse while assisting in the medication treatment of patients experiencing pain.

## PRACTICE CORNER Compounding Domperidone Anna D. Jeffers, Legislation and Regulations Manager

The Board has recently been asked to provide guidelines for the compounding of Domperidone for patients with severe gastrointestinal disorders. Domperidone has not been approved by the FDA and pharmacists in Maryland may compound only medications that have been approved by the FDA. Domperidone, however, is technically a chemical, not a prescription drug, and does not have a monograph. An option would be to file for an Investigational New Drug Application (INDA).

Please refer to this FDA link concerning how to obtain Domperidone:

[www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm073070.htm](http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm073070.htm)

## DISCIPLINARY ACTIONS

<b>PHARMACISTS</b>	<b>LIC. #</b>	<b>SANCTION</b>	<b>DATE</b>
Morrell Delcher	07118	Reprimand & Fine	11/02/10
Mark Barbino	18402	Surrender	11/17/10
Katherine Emery	11691	Summary Suspension	11/17/10
Craig Holston	09940	Revoked	12/15/10
Kim Hulko	10047	Revoked	02/15/10
Lisa White	12969	Probation	01/05/11
David Russo	09176	Summary Suspension	12/22/10
Mark McKinney	18872	Suspension-Stayed & Probation	01/26/11
Zemonette Chin	15702	Reprimand	01/26/11
<b>PHARMACY TECHNICIANS</b>	<b>REG. #</b>	<b>SANCTION</b>	<b>DATE</b>
Deanna Higgs	T00892	Revoked	10/20/10
Tyrice Lightner	T02215	Revoked	11/17/10
<b>ESTABLISHMENTS</b>	<b>PERMIT #</b>	<b>SANCTION</b>	<b>DATE</b>
St. Joseph's Hosp. Pharmacy	P00736	Fine	12/01/10
Care One Pharmacy	P04122	Suspension & Probation	01/13/11
Care One Pharmacy	P05027	Suspension & Probation	01/13/11
Giant Pharmacy #136	P00275	Fine	01/25/11



## **Winner of the 2010 APhA Foundation Pinnacle Award in Recognition of their Contribution to Health Care Quality through the Medication Use Process**

**Submitted by Keisha Tatum, MS, HSA,  
UMB School of Pharmacy**

Through a dynamic partnership, the P3 (Patients, Pharmacists, Partnerships) Program™ provides employers a solution for improving their employees' health while reducing overall health care costs. The P3 Program's specially trained pharmacist coaches work with patients to provide step-by-step guidance in medication adherence, lifestyle changes, and self-care skills. The P3 Program serves hundreds of patients in the mid-Atlantic region.

**THE RESULTS** ▪ Patients participating in the P3 Program experience an enhanced quality of life, show clinical and economic improvements and increased satisfaction with care. Patients with diabetes have improved blood pressure and blood lipid readings as well as reductions in hemoglobin A1C. Employers benefit from a healthier work force with a reduction in absenteeism and a reduction in overall health care costs.

Based on results reported in the Diabetes Ten City Challenge<sup>1</sup>, the total average health care cost per patient per year was reduced by 7.2 percent or approximately \$1,000 per patient per year. Comparable savings were experienced by employers participating in the P3 Program. P3 patients showed improved clinical outcomes and higher adherence to preventive care procedures when compared to other national and statewide groups.

The percentage of patients in the P3 Program with poor diabetes control (HbA1c values greater than 9.0) after one year of enrollment was lower ( 9.1 percent), compared with National Commercial Plans (29.4 percent), National Medicare (29.0 percent), National Medicaid (44.9 percent), Maryland Medicaid (45.9 percent) and Maryland Commercial Plans (30 percent).

**THE EMPLOYERS** ▪ The P3 Program provides employers with an avenue to invest in their employees' health with the goal of enhanced quality of life, reduced sick days, and lowered healthcare costs. Employers are provided with everything they need to successfully launch the Program including:

- promotional and recruitment materials
- strategies to incorporate the Program into their existing benefit plan
- secure data exchanges between employer health administrators, pharmacy benefit managers, and P3 electronic self management system
- coordination of business processes for ongoing enrollment activities

### **Employers support the Program by:**

- offering incentives such as reduced or waived co-pays
- promoting the Program to their employees

**THE PHARMACISTS** ▪ The Maryland Pharmacists Association and the University of Maryland School of Pharmacy work in tandem to assure that a highly skilled network of trained pharmacist coaches are available to serve employers and patients across the country. P3 Program pharmacists receive specialized training in medication therapy management, chronic disease management, and motivational coaching. In face-to-face meetings, P3 Program pharmacists work with each of their patients to:

- assess the patient's knowledge and understanding of his or her medication regimen and chronic disease
- coach the patient in setting measurable self-management goals
- enhance the patient's understanding of the importance of medication adherence, routine medical visits, vaccinations, and other preventive care measures

P3 Program pharmacists communicate with their patients' primary health care providers on a regular basis to enhance medication effectiveness and assure continuity of care.



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**THE PROGRAM** ▪ The P3 Program provides a turn-key operation to maximize the role of the pharmacist as a medication therapy expert and health coach. Services include:

- coordination of program startup
- identification, training, and management of P3 Program pharmacists
- provision of patient educational tools to aid in self-management
- oversight of data quality and access to the P3 electronic patient care management system
- clinical, economic, and patient satisfaction reports

**THE PATIENTS** ▪ Every day, individuals make decisions that impact their health. P3 Program patients face the challenges of chronic disease self-management with the support and training of a pharmacist coach. P3 Program patients meet with their pharmacist coach to:

- gain a better understanding of their disease
- learn skills essential to monitor their own progress and better manage their disease
- set and meet goals for adherence and care
- review warning signs and symptoms that may signal the need for urgent medical care
- receive a comprehensive assessment of their medication regimen

**THE HISTORY** ▪ The P3 Program began in 2006 with one employer in Western Maryland and has since expanded to several self-insured employers across the region. The P3 Program collaboration involves the School of Pharmacy, the Maryland Pharmacists Association, the American Pharmacists Association Foundation, the Maryland General Assembly, and the Maryland Department of Health and Mental Hygiene, Office of Chronic Diseases. The School of Pharmacy's Department of Pharmacy Practice and Science coordinates the partnership, manages the program, and trains licensed pharmacists under the direction of Magaly Rodriguez de Bittner, PharmD, BCPS, CDE, professor and chair.

<sup>1</sup>Fera T, Bluml BM, Ellis WM, The Diabetes Ten City Challenge: Final Economic and Clinical Results. J Am Pharm Assoc 2009; May/June 49(3): e52-e60

### For More Information

The P (Patients, Pharmacists, Partnerships) Program Office  
Center for Innovative Pharmacy Solutions  
Department of Pharmacy Practice and Science  
University of Maryland School of Pharmacy  
20 N. Pine St., Fourth Floor  
Baltimore, MD 21201

Telephone: 410-706-1257/Fax: 410-706-0754

[p3prog@rx.umaryland.edu](mailto:p3prog@rx.umaryland.edu)

Visit us on the internet @  
[www.pharmacy.umaryland.edu/pps/centers/p3](http://www.pharmacy.umaryland.edu/pps/centers/p3)

## BOARD EVENTS CORNER

As technology advances, so does the Maryland Board of Pharmacy. Rather than mailing newsletters to all pharmacists and pharmacy technicians, we are exploring the possibility of emailing copies as well as posting to the Board website. (Pharmacies and wholesalers will still continue to receive hard copies.) To expedite the process, we need to ensure that the Board has your correct e-mail address. Please send an e-mail message with your name to Janet Seeds at [jseeds@dnhm.state.md.us](mailto:jseeds@dnhm.state.md.us).

## Emergency Preparedness

Janet Y. Seeds, Public Information & Education Officer

The Maryland Board of Pharmacy partnered with the Department of Mental Health and Hygiene (DHMH), Maryland Professional Volunteer Corps (MPVC), and Howard Community College to conduct a volunteer training on Sunday, November 21, 2010. The training, "Emerging Roles for Pharmacists in Emergency Situations" was held at the BWI Westin in Linthicum, Maryland. The breakfast training was attended by approximately 150 individuals, with most of the volunteers desiring to sign up as volunteers.

Michael Souranis, the Maryland Board of Pharmacy President, was the Master of Ceremony for this event. This program included interesting presentations by Dr.

### From The President's Desk

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pharmacy technicians, Pharmacists' Education and Advocacy Council (PEAC), professional organizations, schools of pharmacy, sister agencies, and ultimately, consumers, is an unwavering, focal point and initiative that will foster and improve the mutual understanding within the realms of the pharmacy community. While a myriad of challenges may lie ahead, it is an opportunity to discern and propose new solutions.

Special recognition and a welcome must be given to our newest commissioners, Mitra Gavvani and Zeno St. Cyr, who bring much talent and expertise to the Board. I would also like to extend my sincere thanks to my fellow Board Commissioners, Executive Director, and Board Counsel for their guidance, direction, and tireless efforts.

In closing, on behalf of the Maryland Board of Pharmacy, I would like to also congratulate and commend our new Secretary of the Maryland Department of Health and Mental Hygiene, Dr. Joshua Moses Sharfstein. The Board looks forward to working with Secretary Sharfstein and will seek his expertise in bringing resolution to issues that affect Marylanders and pharmacy practice.

Have a Happy and Healthy New Year!

Richard Alcorta (MIEMSS; topic: Nuclear, Dirty Bombs, Emergencies), Paul Ballard (DHMH; topic: volunteer liability), Cynthia Anderson (Med-Star Health and former Board Commissioner; topic: Report from a Pharmacist Volunteer in Haiti), and Donald Taylor (Board Commissioner; topic: Regional Strategic Stockpile). Each presentation was quite memorable, from juggling to pictures of emergency situations. Thanks to MPVC Coordinator, Jason Holderness, who was also on hand to help staff the event by taking pictures and assisting with processing ID badges.

The Board looks forward to sponsoring more volunteer training programs in the future.

### From The Executive Director's Desk

*Continued from page 2*

Fax: 410.465.7073 fax

E-mail: [mshp@rxassociationmgt.com](mailto:mshp@rxassociationmgt.com)

Eligible licensed pharmacists who wish to be considered for the 2011 **Chain Drug Store Representative** should contact the Maryland Pharmacists Association (MPhA) at:

Stanton G. Ades

*Maryland Association of Chain Drug Stores (MACDS)*

c/o NeighborCare

1800 Washington Boulevard, Suite 420

Baltimore, MD 21230

Eligible licensed pharmacists who wish to be considered for the 2011 **At Large Representative** should contact the Maryland Pharmacists Association (MPhA) at:

Howard Schiff

*Maryland Pharmacists Association (MPhA)*

1800 Washington Blvd., Suite 333

Baltimore, MD 21230

Phone: 410 727-0746

Fax: 410 727-2253

**Each of the above organizations may set deadlines for receipt of applications, however, all applications must be submitted no later than April 1, 2011. All appointments take place after April 30, 2011, concurrent with the expiration dates of the incumbents' terms. Commissioners' whose terms have expired serve until new appointments are made.**



**Maryland Board of Pharmacy**  
**4201 Patterson Avenue**  
**Baltimore, MD 21215-2299**

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# Maryland Board of Pharmacy

<b>STAFF ROSTER/CONTACT INFORMATION</b>	
<b>EXECUTIVE • 410-764-4794</b>	
LaVerne Naesea, Executive Director	Responds to inquiries regarding Board Operations, Board Members and Board Minutes
<b>ADMINISTRATION • 410-764-5929</b>	
Patricia Gaither, Administration & Public Support Manager; Janet Seeds, Public Information & Education Officer; Anasha Page, Office Secretary; Nikki Dupye, Secretary/Receptionist	Responds to inquiries regarding Fiscal, Budget, Procurement, Travel, Personnel and Public Information
<b>LEGISLATION AND REGULATIONS • 410-764-4794</b>	
Anna Jeffers, Legislation and Regulations Manager	Responds to inquiries regarding Legislation and Regulations and Pharmacy Practice Committee
<b>COMPLIANCE • 410-764-5988</b>	
Yu Zon Wu, Compliance Manager; Emory Lin, Pharmacist Inspector; Nancy Richard, Lead Inspector; Yin Chan, Inspector; Jeannelle McKnight, Inspector; Shanelle Young, Inspector; Steven Kreindler, Compliance Coordinator; Vanessa Thomas Gray, Compliance Secretary	Responds to inquiries regarding Complaints, Pharmacy Practice, Disciplinary, Inspections, Investigations and Pharmacists Rehabilitation
<b>LICENSING • 410-764-4756</b>	
Doris James, Licensing Specialist; Fannie Yorkman, Licensing Specialist; Lisa Woods, Licensing Secretary; Keisha Wise, Licensing Specialist	Responds to inquiries regarding Licensing, Permits, and Registration, Reciprocity, and Scores
<b>MANAGEMENT INFORMATION SERVICES • 410-764-5929</b>	
Tamarra Banks, MIS Manager; Michelle Hsu, Database Officer	Responds to inquiries regarding Computer, Database and Website and On-line Renewals

## BOARD COMMISSIONERS

President: Michael Souranis  
 Secretary: Rodney Taylor  
 Treasurer: Lenna Israbian-Jamgochian  
 Lynette Bradley-Baker  
 David Chason  
 Harry Finke, Jr.  
 Mitra Gavvani  
 Mayer Handelman

Richard W. Matens  
 Zeno W. St. Cyr, II  
 Donald Taylor  
 Reid Zimmer

## BOARD COUNSEL

Linda Bethman, AAG  
 Francesca Gibbs

## BOARD MEETINGS

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

## 2010 PUBLIC BOARD MEETINGS DATES

Third Wednesday of each month 9:00 am – 12:00 pm	March 16, 2011 April 20, 2011	May 18, 2011 June 15, 2011
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## COMMITTEE MEETING DATES

<b>Executive Committee Meetings</b> First Wednesday of each month	<b>Licensing Committee Meetings</b> Second Wednesday of each month
<b>Disciplinary Committee Meetings</b> First Wednesday of each month	<b>Practice Committee Meetings</b> Fourth Wednesday of each month
<b>Emergency Preparedness Committee Meetings*</b> Second Wednesday of each month 8:30 am – 10:30 am	<b>Public Relations Committee</b> Fourth Wednesday of each month
<b>*Meetings that are open to the public</b>	