

Summer 2011

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.

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From The Executive Director's Desk

LaVerne Naesea, Executive Director

For months Board staff has strived to keep pace with not only a very active Board agenda, but the related operational tasks involved to execute very important decisions. I noted in the 2010 fall edition of this newsletter that the labor from Board and staff members' would result in a positive yield and this spring has borne truth to that prediction. FY 2011 ends on June 30, 2011 and though the items on the *Executive Director's Desk* continue to be many, they have become much more manageable with a fully staffed management team. The Board welcomed two new managers during the second half of this fiscal year: Yuzon Wu, RPh, Compliance Unit Manager, and Demetrius Daniels, Licensing Unit Manager. Both of these skilled and energetic employees have brought much needed stability to the units that they lead.

The Compliance Unit has increased the pace of investigations of complaints while also working on procedural and administrative initiatives including posting public orders on the Board's web site, developing sanctioning guidelines in accordance with FY 2010 legislative mandates, and developing new and revising existing inspection forms. The Unit's administrative assistant position is currently vacant, but is in recruitment.

The Licensing Unit has also 'stepped up its game' significantly under its new manager. In particular, procedures for administering the pharmacy technician component have improved significantly. New quality assurance measures have been instituted to correct previous errors and prevent their continuance, applications are being processed at a considerably quicker pace, and staff has been

more responsive in communicating with pharmacy technician applicants and potential employers. Also, Ms. Daniels has begun to revise all of the Unit's applications, to clarify directions and ensure that the formats are reader friendly.

The contracted vendor for the new database system is on schedule and showing great promise. Manager of Information Services, Tamarra Banks, has worked ardently to meet the ambitious schedule established when the project began in January 2011; despite unavoidable challenges related to state holidays and forced furloughs, slow equipment deliveries and staff scheduling conflicts. In addition to on-line renewal licensing for all pharmacist, establishment and technician licensees, they can look forward to a more interactive system that will allow the ability to make certain changes (such as addresses) to their own records. Internally, Board staff will eventually move to a virtually paperless operation where most documents will be scanned into licensees' individual file records. This will help to create even more efficiency and accuracy in processing.

In April, the Board's Legislation and Regulations Unit, managed by Anna Jeffers, ended its busiest period of the year at the conclusion of the 2011 Legislative Session. This year was a very difficult session during which, several Board members participated in supporting a number of bills on issues, involving: vaccines for children, dispensing by non-pharmacists, disposal of unwanted prescription medications, medical marijuana and a number of other key pieces of proposed legislation of interest to pharmacy practitioners. A summary

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Visit the Board online at <http://dhmh.maryland.gov/pharmacyboard> or email to mdbop@dhmh.state.md.us.

Medication Errors Resulting from Look-Alike, Sound-Alike (LASA) Products

YuZon Wu, Pharmacist Compliance Officer

The practice of pharmacy continues to evolve, and while pharmacists have taken on more responsibility, the fundamental duty of ensuring that the right patient gets the correct medication has become more important as the number of prescription medications continue to increase. The Board of Pharmacy has investigated a large number of complaints resulting from medication errors. Similarities between two product names and/or similarities in packaging may be contributing factors to medication errors. Below is a list of most frequently dispensed sound-alike, look-alike medications.

Most Frequently Dispensed Sound-Alike Drugs

Actonel	Actos
Amlodipine	Amiloride
Bacitracin	Bactroban
Bupropion	Buspirone
Calciferol	Calcitriol
Celebrex	Celexa
Cyproheptadine	Cyclobenzaprine
Flomax	Fosamax
Glipizide	Glyburide
Humalog	Humulin
Hydralazine	Hydroxyzine
Inderal	Adderall
Lamictal	Lamisil
Losartan	Valsartan
Metformin	Metronidazole
OxyContin	Oxybutynin
Paxil	Plavix
Trazodone	Tramadol
Valcyte	Valtrex

Ophthalmic Solutions vs. Otic Solutions

Ciloxan (Ciprofloxacin Ophthalmic Solution)	Ciprodex Otic (Ciprofloxacin/dexamethasone)
Ciloxan (Ciprofloxacin Ophthalmic Solution)	Cipro HC Otic (Ciprofloxacin/hydrocortisone)
Corticosporin Ophthalmic Solution	Cortisporin Otic Solution
Gentamicin Ophthalmic Solution	Gentamicin Otic Solution
Ocuflox (Ofloxacin Ophthalmic Solution)	Floxin Otic (Ofloxacin otic solution)

Ophthalmic Solution vs. Ophthalmic Ointment

Tobradex Ophthalmic Solution	Tobradex Ophthalmic Ointment
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Ophthalmic Solution vs. Oral Medication

Levofloxacin Ophthalmic Solution (Quixin)	Levofloxacin Tablets (Levaquin)
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Similar Packaging

Atrovent vs. Combivent



Please refer to the following website for a comprehensive list of sound-alike drugs: <http://www.ismp.org/Tools/tallmanletters.pdf>

To help reduce medication errors, a pharmacy can:

- develop a system to separate eye drops from ear drops on the shelves;
- develop a system to separate inhalational products from nasal sprays;
- develop a system to separate the various types of sound-alike/look-alike products;
- develop a system to separate the various strengths of sound-alike/look-alike products;
- call the doctor if the prescription is not clear or if it is the weekend and the doctor is cannot be reached, then ask the patient what they think the doctor has prescribed for them or for what condition they have been prescribed for;
- require the pharmacy technicians to double check the name of the medication against the prescription before affixing the label to the bottle; and
- ensure that the prescription label is affixed in a such a manner that the verification pharmacist is still able to see the name and the National Drug Code (NDC) number for the medication being dispensed.

Taking these simple measures could save pharmacy professionals from potential medication dispensing errors, but more importantly, save patients from avoidable harm.

LICENSING CORNER

Licensing Reminders

- Pharmacy Technicians that plan to convert their statuses to Student Pharmacy Technicians must meet all Student Pharmacy Technician requirements, including undergoing a new State criminal background check (CJIS) and paying the initial student fee of \$45.00.
- Foreign Graduate Pharmacist Candidates are required by NABP to have graduated from a five (5) year foreign school or college of pharmacy to qualify for examination through the Foreign Pharmacy Graduate Examination Committee (FPGEC).

Attention Pharmacy Permit Holders

Effective October 1, 2011, pursuant to SB770/HB460, a pharmacy may accept prescription drugs and medical supplies brought to the pharmacy for disposal only if the pharmacy is approved by the Board as a Repository for this purpose. This would affect those pharmacies that are participating in "Dispose My Meds," "Take Away," or any other disposal program. Please review COMAR 10.34.33 Prescription Drug Repository Program on page 115 of the 2010 Edition of Maryland Pharmacy Laws and the Board's website homepage link for the necessary forms. No fee is required with the repository application. Revised regulations that are compatible with the draft federal disposal regulations are in development.

PRACTICE CORNER

The Duty to Report

Harry Finke, PD, Board Commissioner

There are almost 9,000 licensed pharmacists and over 7,000 pharmacy technicians registered at the Maryland Board of Pharmacy. It has been documented that the addiction rate is much higher among health care professionals than in the general population. Taking into consideration that the lowest U.S. addiction rate is 10%, that would indicate there should be at least 800 pharmacists and 700 technicians in treatment programs in this state. The number of cases being monitored, both in the PEAC program and through disciplinary orders of the Board of Pharmacy, falls far short of this indication.

There still seems to be some confusion about the "Duty to Report" law. The intention of this regulation (COMAR 34.10.05) is to provide a therapeutic opportunity that avoids involvement in the disciplinary processes of the Board of Pharmacy, while also protecting public safety.

To bring some clarity, every licensed pharmacist and registered pharmacy technician in the State of Maryland is required to report conduct by a pharmacist or technician that involves drug or alcohol abuse or dependency to the Pharmacist Education and Advocacy Council (PEAC) at (410) 983-0302 or (410) 808-0748. Information can also be found on the PEAC website (www.peacmaryland.org) or by emailing the organization at PEAC@hughes.net. This report is strictly confidential and can be done anonymously.

In addition, if an Employee Assistance Program (EAP) is involved, the case must be reported to PEAC even when the issue is being managed internally. Failure to report such cases endangers the public and violates Maryland pharmacy regulations, and could result in disciplinary action by the Board.

From The Executive Director's Desk

of the results of key proposals is included in this newsletter issue. Ms. Jeffers was both dedicated and effective in assuring that the Board's voice was heard in Annapolis. Kudos to her!

Kudos also to the Administration and Public Support (APS) Manager, Patricia Gaither who successfully recruited and filled not only the two vacant manager positions, but the vacant Compliance Investigator (filled by Vanessa Thomas-Gray) and Technician Inspector slots (filled by Yin Chan). The APS Unit has been quite busy tending to procurements and contract management and very strained budget constraints. The public relations component, housed in the APS Unit, coordinated activities related to the Board's involvement in this year's Baltimore City Flower Mart. For the first time since the Board's involvement it did not win a prize for its booth. Nonetheless, the impact on consumers who attended the event was no lesser. Read all about the Board's participation also in this issue. The work performed by Board managers often goes unrecognized as is also often the case with the workers in their units. Whenever possible, I will continue to highlight their achievements as well as their efforts in helping the Board to succeed in its mission.

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I will end this message by highlighting the tenure of one of my unsung Board heroes; that of an unassuming yet extremely active Board member, who has chosen not to be considered for reappointment to a second term -- Reid Zimmer. Reid Zimmer was appointed to the Board in 2007 as the Acute Care Hospital pharmacist representative. He was a member of the Licensing, Emergency Preparedness and Practice committees. He also served as Chair or the Practice Committee in 2010. Reid, calmly and consistently provided insight and leadership in addressing a myriad of important Board issues. His 'think before you speak' approach during committee and Board deliberations was appreciated by Board and staff members because it helped resolve some strongly debated issues with their having knowledge that he spoke from a position of objectivity and truth. Throughout his term on the Board I have felt a certain closeness to Reid because of this ability to *size up* situations and respond accordingly, but also because he was raised in the same area of eastern North Carolina as my maternal family. He and I often jokingly called each other "*cousin*" as a result. Cousin Reid is leaving in order to spend more time with his family and though his wise support and gentry smile will indeed be missed, I wish him well and would expect no less of him.

DISCIPLINARY ACTIONS

Pharmacist	Lic. #	Status	Date
Zemonette Chin	15702	Reprimand	1/26/11
Mark McKinney	18872	Probation	1/26/11
Melissa Skarbelis	13546	Probation	2/02/11
Michael Ball	09572	Public Surrender	3/16/11
Ketankumar Patel	10301	Revoked	3/16/11
Devon Schlieper	17864	Public Surrender	4/20/11
Sohail Mosaaddegh	15601	Summarily Suspended	4/20/11

Pharmacist Technicians

Tech Name	Reg. #	Status	Date
Tyannia Bolden	T05450	Summarily Suspended	3/24/11
Jacob Windsor	T00734	Revoked	4/05/11
Shiloh Polito	T03308	Revoked	4/05/11
Lauryn Miller	T03556	Revoked	4/05/11
Kirk Eastham	T06380	Revoked	4/05/11
Marcia Landis-Grimm	T05497	Summarily Suspended	4/20/11
Dawn Adkins	T08061	Summarily Suspended	5/06/11
Amanda Baranowski	T07263	Summarily Suspended	5/18/11

Establishment

Name	Permit #	Sanction	Date
Giant Pharmacy #136	P00275	Fine \$1000	1/25/11
Sunrise Pharmacy	P04305	Fine \$250	3/11/11
Dundalk Pharmacy	P00439	Fine \$1000	3/31/11
Gulf Coast Pharmaceutical	D02176	Revoked	5/18/11

Applicants	Status/ID #	Sanction	Date
Steven Johnson		Denied	5/18/11

The Baltimore City Flower Mart

Janet Y. Seeds, Public Information Officer

On May 6, 2010, the Board participated in the 94th Annual Flower Mart in Baltimore, Maryland. It was a successful endeavor, thanks to the joint efforts and dedication of the Maryland Pharmacy Coalition (MPC), the faculty and students from the University of Maryland School of Pharmacy, the College of Notre Dame School of Pharmacy, and the University of the Eastern Shore School of Pharmacy as well as Board members and staff.

Bags filled with literature and incentives were distributed to hundreds of Flower Mart participants. Consumers expressed appreciation for the Board's continued outreach and many acknowledged pharmaceutical education for consumers as a very important part of the health care process.

Providing pharmacy and health information, Board, staff members, and volunteers worked from 7:30 a.m. to 4:30 p.m., with over 700 consumers visiting the booth. While the main booth distributed general information, the health screening booth provided blood pressure monitoring and pharmacists answered questions. Both booths disseminated information about diabetes, cholesterol, blood pressure, nutrition, emergency preparedness, and the safe use of acetaminophen and other over-the-counter medications.

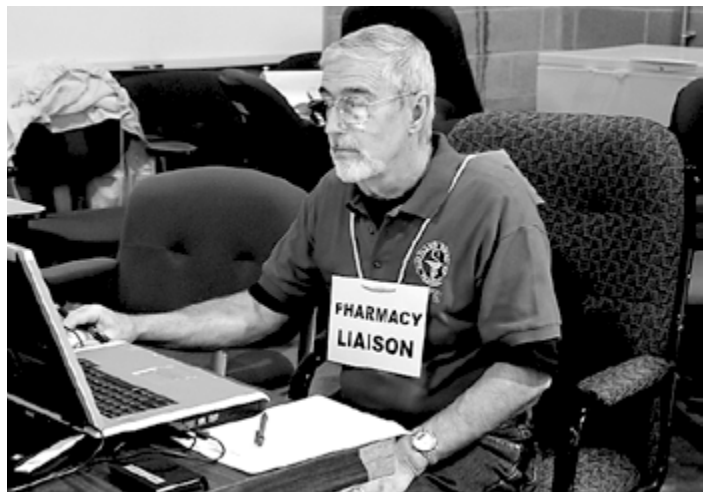


Emergency Preparedness Drill

Reported by Arnie Honkofsky; Compiled by Janet Seeds

To better prepare for possible emergency situations, there was a Statewide Emergency Preparedness drill held on May 3-6, 2011. The Board's Emergency Preparedness Committee participated on May 4th. The first volunteer pharmacist on the Emergency Preparedness Committee of the Maryland Board of Pharmacy to arrive at the Receipt, Storing & Staging (RSS) site, Reid Zimmer, was designated the Pharmacy Liaison (PL). As the remainder of the pharmacists arrived (Donald Taylor, Arnold Honkofsky, Larry Hogue, Bart Regan, and Phil Cogan) they were shown where to begin. After being given their assignments by the RSS Incident Commander, Michael Mannozi, the group worked well together and completed their tasks in approximately 30 minutes. The assigned tasks ranged from sorting medication by drug name, strength and expiration date to picking two simulated orders for delivery to identified points of dispensing (PODs). The pharmacy team also practiced providing medications to the personnel present at the RSS site.

This drill demonstrated that the volunteer pharmacists could be deployed quickly, were able to accept instruction, and set up shop in an organized and disciplined fashion. Everyone from the Emergency Preparedness Committee interacted well with the other departments participating in the drill. Not only were they punctual, they were also calm, competent, dependable, and worked efficiently as a team with one another and other departments.



It is the Committee's goal to educate all volunteers about the RSS process so that they will be somewhat prepared in the face of an emergency situation. Psychological training may be made available to volunteers due to the stress brought on by an emergency. No one is completely prepared for the unknown, but knowledge about potential tasks and expectations may assist in reducing some of the potential stress that may be present during an emergency.

LEGISLATIVE/REGULATIONS UPDATE

2011 Maryland Legislative Session: Bills of Importance to the Maryland Board of Pharmacy
Anna D. Jeffers, Legislation and Regulations Manager

**Below are the results of the 2011 Legislative Session
Bills of Importance to the Maryland Board of Pharmacy.
Cross-filed bills are listed together.**

Bill #	Bill Name	Result
HB 3	Pharmacies - Taking Back and Disposing of Unused Drugs	Failed
SB 570	Pharmacies - Taking Back and Disposing of Unused Drugs	Withdrawn
HB 82	Health Care Decisions Act - "Medical Orders for Life-Sustaining Treatment" Form	PASSED
SB 203	Health Care Decisions Act - "Medical Orders for Life-Sustaining Treatment" Form	PASSED
SB 237	Criminal Law - Selling a Controlled Dangerous Substance to a Minor - Causing Death	Failed
HB 359	Criminal Law - Selling a Controlled Dangerous Substance to a Minor - Causing Death	Failed
HB 291	Public Health - Maryland Medical Marijuana Model Program Work Group	PASSED
SB 308	Public Health – Affirmative Defenses - Maryland Medical Marijuana Model Program Work Group	PASSED
SB 560	Health Occupations - State Board of Naturopathic Medicine	Failed
HB 1100	Health Occupations - State Board of Naturopathic Medicine	Failed
HB 460	Prescription Drug Repository Program - Disposal of Prescription Drugs and Medical Supplies	PASSED
SB 770	Prescription Drug Repository Program - Disposal of Prescription Drugs and Medical Supplies	PASSED
SB 698	Pharmacy Benefits Managers - Specialty Drugs	Failed
HB 1144	Pharmacy Benefits Managers - Specialty Drugs	Failed
SB 700	Pharmacies - Delivery of Controlled Dangerous Substances	Failed
HB 1149	Pharmacies - Delivery of Controlled Dangerous Substances	Withdrawn
SB 701	Health Insurance - Prescription Eye Drops – Refills	PASSED
HB 888	Health Insurance - Prescription Eye Drops – Refills	PASSED

SB 713	Pharmacists - Administration of Vaccines – Regulations	Failed
SB 769	State Board of Pharmacy - Pharmacists - Practice of Pharmacy and Licensure	Withdrawn
HB 549	State Board of Pharmacy - Pharmacists - Practice of Pharmacy and Licensure	Withdrawn
HB 986	Pharmacists - Administration of Vaccines - Children	PASSED
HB 1051	Freestanding Pain Management Clinics – Regulation	Failed
SB 845	Pharmacists - Administration of Vaccines – Children	PASSED
SB 884	Prescription Drugs - Dispensing Permits	Withdrawn
HB 1268	Prescription Drugs - Dispensing Permits	Withdrawn
HB 1338	Health Insurance - Pharmacy Benefits Managers - Contracts, Disclosures, and Audits	PASSED
SB 974	Health Insurance - Pharmacy Benefits Managers - Contracts, Disclosures, and Audits	PASSED

Pharmacist MHCC Fees To Increase

Effective July 1, 2011, the renewal fee for a Maryland pharmacist license will increase from \$251.00 to \$253.00. This change is due to an increase in the required fee assessment of all Maryland-regulated health care practitioners by the Maryland Health Care Commission. The fee for all applications received postmarked before July 1, 2011 will be \$251.00. For applications received postmarked after July 1, 2011, the fee will be \$253.00.

Reminder

Please do not send cash to the Board. All checks and money orders must be made payable to the Maryland Board of Pharmacy and signed or they will be returned to sender with the unprocessed application.

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 continuing to post it to the Board website. Pharmacies and wholesalers will still continue to receive hard copies by mail. 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 and permit or registration number to Janet Seeds at jseeds@dhmh.state.md.us.



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Patricia Gaither, Administration & Public Support Manager; Janet Seeds, Public Information Officer; Anasha Page, Office Secretary; Nikki Dupye, Secretary/Receptionist	Responds to inquiries regarding Fiscal, Budget, Procurement, Travel, Personnel and Public Information
LEGISLATION AND REGULATIONS • 410-764-4794	
Anna Jeffers, Legislation and Regulations Manager	Responds to inquiries regarding Legislation and Regulations and Pharmacy Practice Committee
COMPLIANCE • 410-764-5988	
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
LICENSING • 410-764-4756	
Demetrius Daniels, Licensing Manager; Doris James, Licensing Specialist; Fannie Yorkman, Licensing Specialist; Lisa Woods, Licensing Secretary; Keisha Wise, Licensing Clerk	Responds to inquiries regarding Licensing, Permits, and Registration, Reciprocity, and Scores
MANAGEMENT INFORMATION SERVICES • 410-764-4755	
Tamarra Banks, MIS Manager; Michelle Hsu, Database Officer	Responds to inquiries regarding Computer, Database and Website and On-line Renewals

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 Donald Taylor
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BOARD COUNSEL

Linda Bethman, AAG

BOARD MEETINGS

The Pharmacy Board meetings are held the third Wednesday of each month and are open to the public from 9:30 a.m. – 12:30 pm at 4201 Patterson Avenue, Baltimore Maryland 21215.

The Board encourages all interested parties to attend the monthly Board Meetings.

2011 PUBLIC BOARD MEETINGS DATES

Third Wednesday of each month 9:30 am – 12:30 pm	June 15, 2011 August 17, 2011	July 20, 2011 September 21, 2011
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COMMITTEE MEETING DATES

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