



Board of Pharmacy News



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Licensing Reminders

*Deena Speights-Napata, Executive Director
Chairperson, NABP District 1 and 2*

As we approach the end of another challenging, yet also productive year, I'd like to share with each of you several reminders that will make your licensing application process proceed more smoothly and efficiently.

1. If you are submitting your application manually, please make sure you have used the correct Board address. Applications that are submitted to an incorrect PO Box may cause a delay in processing by an additional 3-5 days.
2. Please remember to sign the money order or check submitted with your application. The board receives a number of money orders that are unsigned. We

The Board of Pharmacy is currently accepting submissions from readers for consideration for upcoming newsletter articles. Desired subjects covered may include public health or general educational topics. Submissions should be 500 words or less, in Microsoft Word document format.

Send any submissions to mdh.mdbop@maryland.gov

in addition to all of the licensure applications the board offers. Our monthly board meeting announcement, agenda, and minutes for board meetings are all located on our website. We also have past and present newsletters that include a wealth of information.

4. The board office is open to the public Monday through Friday from 8:30 AM to 4 PM. We service on the average between 20-25 licensees each day, and as many are aware, we have saved the day for many licensees whose license or registration would have been in an inactive status had the board not provided a process for same day payments. Office payments can be made by credit card only—no cash, check, or money order payments are accepted at our office location.
5. Please use a desk top computer to complete your application.

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, resolving complaints, and protecting the public.

Continued from page 1
 During the next year board will be working developing a smooth process for application completion by cell phone. We will continue to expand our customer base with the innovative and effective tools to submit and process your Maryland license and registration. In addition to developing a smooth cell phone application completion process we will also be working on providing a phone messaging

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most

system that not only stores customer calls but also provides information before recording your call. We want to provide the information you need as quickly as possible, without the wait.

When you're happy, we're happy! Happy Holidays!

Pharmacists Now Able to Administer Monoclonal Antibody (mAb) Treatment

A [new amendment](#) to the Public Readiness and Emergency Preparedness (PREP) Act now provides liability immunity and authorizes licensed pharmacists to order and administer the COVID-19 therapeutic Regeneron and for pharmacy technicians, and pharmacy interns to administer Regeneron in certain situations authorized by the FDA.

The amendment was enacted to allow for increased access to COVID-19 therapeutics in light of cases surges in many states and in rural areas where access to services may be limited.

Regeneron is a monoclonal antibody (mAb) therapeutic that mimics natural antibodies' ability to fight viruses such as COVID-19. Clinical trials have shown fewer COVID-19-related hospitalizations or emergency room visits and a decrease in the amount of virus in an infected person's blood in patients at high risk for developing severe COVID-19 symptoms.

There are currently several therapeutics [authorized under emergency use](#), but Regeneron is the only one authorized to be administered subcutaneously. It can be used for treatment of COVID-19 or post-exposure prophylaxis for eligible persons

FAQ

Where are mAb treatments being offered?

There are many locations across Maryland offering this treatment, including ambulatory and home infusion treatments. Providers refer patients to an administering site, and the site contacts the patient to make the appointment. Treatments are also available in skilled nursing facilities and through home infusion.

Is monoclonal antibody treatment effective against the new variants of COVID-19 that have emerged?

Available monoclonal antibody therapy is expected to be effective against circulating variants, including the Delta variant.

What are other requirements for licensed pharmacists, pharmacy technicians, and pharmacy interns to administer Regeneron?

More information can be found on the [Public Health Emergency](#) website on the HHS PREP Act Declaration.

Where can I find more information about mAb treatment and administration?

Visit the "Information about Monoclonal Antibodies" section on the [Provider Resources page](#) of coronavirus.maryland.gov, or visit [Monoclonal Antibody Treatment page](#) on covidLINK.

The Maryland Department of Health Acknowledges Board of Pharmacy Staff years of service



Keisha Wise, Licensing Specialist, is shown appreciation of 15 years of faithful service to the people of Maryland



Rhonda Goodman, Customer Service Specialist Lead, is shown appreciation of 10 years of faithful service to the people of Maryland



Jacqueline Green, Database Specialist, is shown appreciation of 5 years of faithful service to the people of Maryland



Kimberley Goodman, Health Occupations Investigator, is shown appreciation of 5 years of faithful service to the people of Maryland



Janey Partin, Network Specialist, is shown appreciation of the 5 years of faithful service to the people of Maryland

Strategies for Positive Patient Encounters

Daniel Abate, PharmD Candidate, Toni Carter, PharmD & Denise Fu, PharmD

Pharmacies provide a convenient venue for patients' healthcare questions. This requires a lot of interactions that can be either pleasant or challenging for the patients and the pharmacy staff. There are times when strong emotions interfere and these interactions can escalate to a level that is frustrating for everyone involved. Like all other healthcare professionals, pharmacy staff must exhibit professionalism in these interactions. It is important to discuss de-escalation strategies with the pharmacy staff so that these situations can be managed or prevented.

A common issue that results in escalation is delay in prescription processing time. Delays could be due to prior authorization requirements, change in drug formulary, drug not in stock, staffing issues, third party processing restrictions, and volume of prescriptions. Following a professional and patient-centered approach may ensure that both the pharmacy staff and patients have smooth and friendly encounters. Some prevention strategies pharmacies may consider implementing to promote positive patient encounters are the following:

- Formalize a standard approach to customer service and share with pharmacy staff. Additionally, it is important to get input from the pharmacy staff because they play an important role.
- Start staff education on policy early. At onboarding, introduce each new hire to the pharmacy's culture and approach to customer service. This helps ensure everything is clear before each new hire has their first interaction with a patient.
- Train staff periodically. Pharmacy practice is continuously evolving leading to frequent updates of policies and procedures. Therefore, it is important that the staff is continuously trained in customer service recovery strategies.
- Collect patient feedback and use it to track, trend and implement improvement strategies with frontline staff input. This is important to make sure all angles are covered.
- Address deviations from pharmacy acceptable standards in real time and debrief after great or poor customer service. This ensures each unacceptable behavior is addressed and is not repeated in the future. Unaddressed deviations may be hard to deal with after they become a habit. Reward and recognize staff who exemplify the pharmacy's values and processes for customers. As much as deviating behaviors should be addressed in real time, exemplary service should be rewarded in real time as well.

If a patient encounter does end up escalating, the core of mitigating conflict is communication. Continuous communication among staff and with patients is crucial in conflict resolution. Communication should contain clear expectations for when the prescription will be ready and what is needed to facilitate. The staff should discuss handoff plans amongst the team to avoid any miscommunication or confusion. After discussing plans with the patient, having the patient repeat the information is one way to avoid confusion. It is important to walk patients through the entire process to ensure they are informed.

Communicating delays to patients, letting them know the pharmacy staff is there for them, and bridging the gap between patients and their prescribers and insurance carriers, are all crucial pieces of information in this process. It is important to make sure the pharmacy staff delivers what was promised in the escalation by taking ownership for follow through until the problem is resolved. Inform patients on what the pharmacies are prohibited from doing by law and how you plan on helping them within the legal boundaries. If there is effective communication, conflicts can be prevented from escalation or managed to ensure the best outcome for the patient.

**** This article was graciously written and submitted to the Board by stakeholders in our pharmacy community. The Board has included it in this newsletter because it contains timely and relevant information relating to the practice of pharmacy. However, it does not necessarily reflect the Board's position or opinion on matters discussed therein.*

References:

1. Decomps, J., Author, G., Huxhagen, K., & Haggan, M. (2021, February 23). *How can you de-escalate strong emotions in pharmacy? Advice from the experts.* AJP. <https://ajp.com.au/news/how-can-you-de-escalate-strong-emotions-in-pharmacy-advice-from-the-experts/>.
2. Paola, S., Author, G., Huxhagen, K., & Haggan, M. (2020, May 7). *Q&A: Avoiding burnout and de-escalating conflict.* AJP. <https://ajp.com.au/news/qa-avoiding-burnout-and-de-escalating-conflict/>.
3. Lubek, Maria. PharmD (2021, August 12). Personal interview [Personal interview]
4. Rivers, A. (2021, August 12). Personal interview [Personal interview]

DISCIPLINARY ACTIONS

<u>PHARMACISTS</u>	<u>LIC. #</u>	<u>SANCTION</u>	<u>DATE</u>
Seth DePasquale	26283	Fine	8/18/2021
Lisa White	12969	Summary Suspension	/10/4/2021

<u>ESTABLISHMENTS</u>	<u>LIC. #</u>	<u>SANCTION</u>	<u>DATE</u>
Diabetes Corporation of America	P05661	Fine	8/6/2021
Best Care Pharmacy	P06113	Revocation	9/17/2021

<u>PHARMACY TECHNICIANS</u>	<u>LIC. #</u>	<u>SANCTION</u>	<u>DATE</u>
Matthew Sherman	T17274	Revocation	8/18/2021
Alisha Grinder	T05132	Revocation	9/15/2021
Aubrey Holland	T21747	Revocation	9/15/2021
Candyce Penn	T17544	Revocation	9/15/2021
Jessica Polm	T07156	Suspension	10/15/2021
Derrick Pham	T06324	Revocation	10/20/2021
Sharon Wiland	T01671	Revocation	10/20/2021

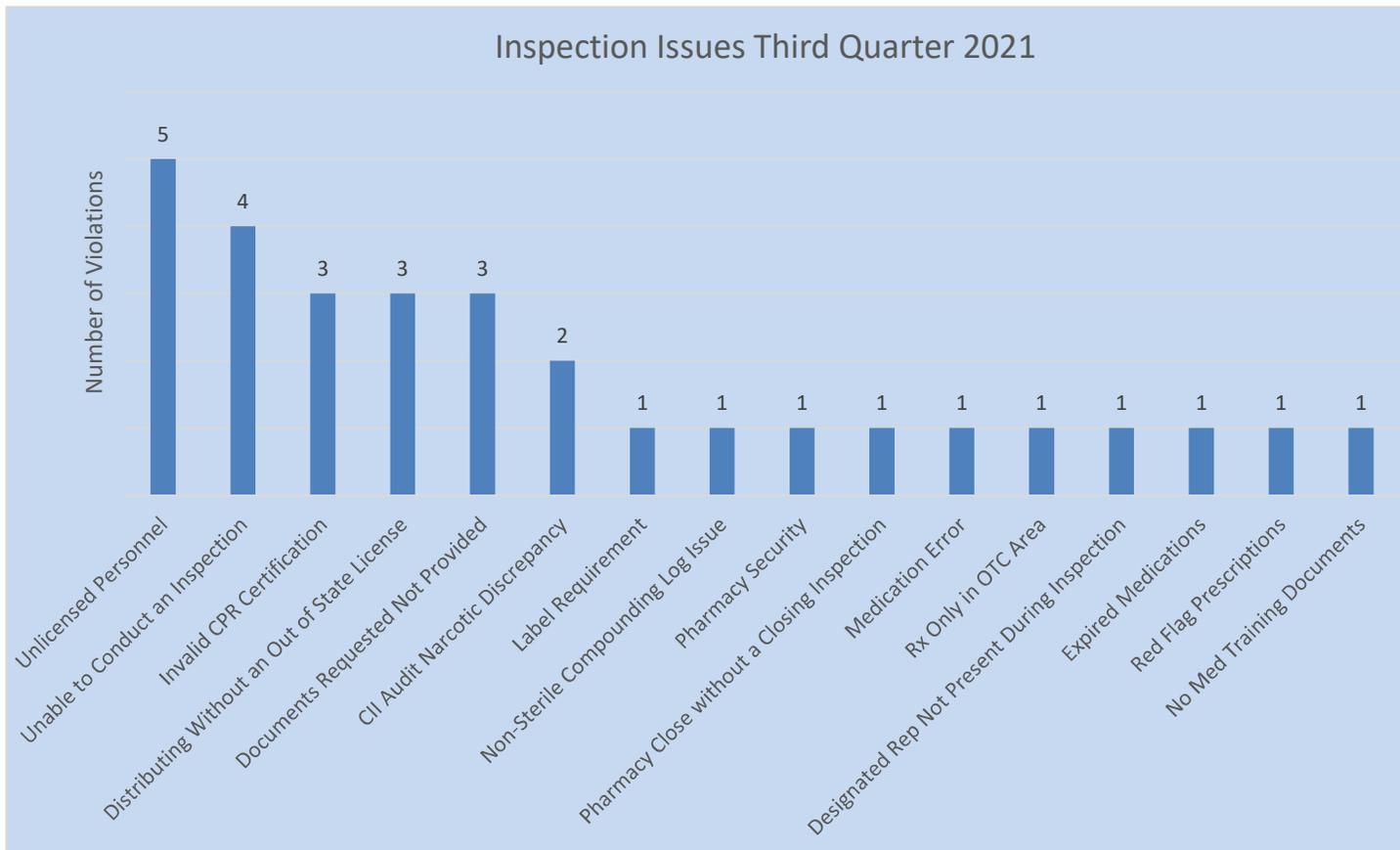
Inspection Issues Third Quarter 2021

The Maryland Board of Pharmacy investigates complaints that come to the Board from various sources. Complaints come from consumers, healthcare professionals, pharmacy boards 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 breakdown of the issues that have come to the Board from the inspection of pharmacies across the state in the third quarter of 2021.

1. Unlicensed Personnel (**5 cases**)
2. Unable to Conduct an Inspection (**4 cases**)
3. Invalid CPR Certification (**3 cases**)
4. Distributing Without an Out of State License (**3 cases**)
5. Documents Requested Not Provided (**3 cases**)
6. CII Audit Narcotic Discrepancy (**2 cases**)
7. Label Requirement (**1 case**)
8. Non-Sterile Compounding Log Issue (**1 case**)
9. Pharmacy Security (**1 case**)
10. Pharmacy Close without a Closing Inspection (**1 case**)
11. Medication Error (**1 case**)
12. Rx Only in OTC Area (**1 case**)
13. Designated Rep Not Present During Inspection (**1 case**)

- 14. Expired Medications (1 case)
- 15. Red Flag Prescriptions (1 case)
- 16. No Med Training Documents (1 case)



National Association of Boards of Pharmacy

National Pharmacy Compliance News

Reprinted from the National Association of Boards of Pharmacy FOUNDATION

New Web Page Addresses Boards' Questions on FDA MOU for Compounded Products

Food and Drug Administration (FDA) has created a new web page to help answer questions regarding the *Memorandum of Understanding (MOU) Addressing Certain Distributions of Compounded Human Drug Products* from boards of pharmacy and other state agencies. The [web page](#) will continue to be updated by FDA as additional questions on the MOU are received. FDA worked with NABP to develop a standard MOU for use by the state boards of pharmacy to assist with their compliance of section 503A(b)(3)(B)(i) of the Federal Food, Drug, and Cosmetic Act. As part of the MOU, boards must identify pharmacies that are compounding human drug products and distributing inordinate amounts of such products interstate and report those pharmacies to FDA. Additional resources and information on the FDA MOU and the Compounding Pharmacy Information Sharing Project can be found through the [Members section](#) of the NABP website.

Pharmacies Can Address These Two Hazards to Improve Safety Programs



This column was prepared by the Institute for Safe Medication Practices (ISMP), an ECRI affiliate. Have you experienced a medication error

or close call? Report such incidents in confidence to ISMP's National Medication Errors Reporting Program online at www.ismp.org or by email to ismpinfo@ismp.org to activate an alert system that reaches manufacturers, the medical community, and Food and Drug Administration (FDA). To read more about the risk reduction strategies that you can put into practice today, subscribe to the ISMP Medication Safety Alert! newsletters at www.ismp.org.

Every pharmacy should strive to continually improve their medication-use system and provide the safest, highest quality of care possible. To accomplish this, practice sites must assess their risks associated with the medication-use process by monitoring actual and potential medication errors and adverse drug events. Below are two issues that warrant attention and priority if you have not already taken action to mitigate the risk.

Selecting the Wrong Medication After Entering Only the First Few Letters of the Drug Name

Entering just the first few letter characters of a drug name, or a combination of the first few letters and product strength, potentially allows the presentation of similar looking drug names on computer order entry screens. This increases the risk of selection errors. Examples of drug selection errors that resulted after entering the first few letters of the drug name include mix-ups between Ambien® (zolpidem) and ambrisentan; Briviact® (brivaracetam) and Brilinta® (ticagrelor); and tramadol and trazodone. Also, entering “met” has often led to confusion between methylphenidate,

methadone, metolazone, methotrexate, metformin, and metronidazole; and entering “meth10” has led to confusion between methadone 10 mg and methylphenidate 10 mg.

Guard against these errors by entering a minimum of the first five letters of a drug name during product searches, which will reduce the number of similar names that appear together on the same screen. Work with your information technology staff and computer vendor to implement this recommendation. Until then, practitioner awareness of this problem may help change personal practice habits.

Daily Instead of Weekly Oral Methotrexate for Non-Oncologic Conditions

Prescribing, dispensing, or administering oral methotrexate daily instead of weekly for non-oncologic conditions continues. A December 2019 *QuarterWatch* analysis of inadvertent daily methotrexate administration over 18 months between 2018 and 2019 demonstrated that about half of the reported errors were made by older patients who were confused about the frequency of administration, and the other half were made by health care providers who inadvertently prescribed, labeled, or dispensed methotrexate daily when weekly was intended.¹ An analysis sponsored by United States FDA suggests that up to four per 1,000 patients may mistakenly take the drug daily instead of weekly.²

Other causes of methotrexate wrong frequency errors more recently reported to ISMP include:

- A mix-up between the look-alike, round, yellow tablets of methotrexate and folic acid, the latter of which is often prescribed with methotrexate to lessen its toxicity
- A fatal mix-up between metolazone 2.5 mg, the intended drug, and methotrexate 2.5 mg, caused in part by entering just “met” into the order entry system and selecting the wrong drug from the search menu
- A fatal mix-up between Paxil® (paroxetine) 10 mg, the intended drug, and Trexall® (methotrexate) 10 mg, caused by mishearing a prescription called in to a community pharmacy

To reduce the risk of error, consider the following strategies:

- implement computer systems that default to a weekly dosage regimen when entering electronic orders or prescriptions for oral methotrexate;
- require an appropriate oncologic indication for all daily methotrexate orders; and
- provide patient and family education about the importance of weekly administration. To assist with education, provide patients and families with a copy of ISMP's free consumer leaflet on oral methotrexate.

References

- Moore TJ, Furberg CD, Mattison DR, Cohen MR. *QuarterWatch 2019 quarter 2: Scope of injury from therapeutic drugs*. Institute for Safe Medication Practices. 4 Dec 2019.
- Herrinton LJ, Woodworth TS, Eworuke E, et al.

Development of an algorithm to detect methotrexate wrong frequency error using computerized health care data. *Pharmacoepidemiol Drug Saf.* 2019 Oct;28(10):1361-1368.

Survey: Most Pharmacists Unfamiliar With Safe Online Pharmacy Resources

The results of a [survey](#) of United States pharmacists published in the journal *Medicine Access @ Point of Care* indicate that 58% of respondents lacked confidence in identifying and counseling patients on illegal pharmacy websites. Further, fewer than 60% of pharmacists were able to accurately identify whether a web page was legitimate, and 75% of pharmacists reported being unfamiliar with resources available to help consumers identify safe and legitimate online pharmacies.

Pharmacists can help protect consumers who shop for medications online by directing them to always buy from NABP-verified websites. A list of safe online pharmacies and related resources can be found in the Buy Safely section of NABP's consumer website, www.safe.pharmacy.

HHS Expands Access Toward Lifesaving Addiction Treatment

The United States Department of Health and Human Services (HHS) has [expanded practice guidelines](#) allowing certain practitioners who are state licensed and registered by Drug Enforcement Administration (DEA) to have the ability to more easily prescribe buprenorphine to patients with opioid use disorder (OUD). The expansion scales back the DEA "X-waiver" to further expand patient access to the lifesaving medication. NABP and bipartisan lawmakers continue to push for Congress to pass the Mainstreaming Addiction Treatment Act (MAT Act), which would permanently remove the DEA X-waiver and lay the groundwork for states to utilize pharmacists to provide medication-assisted treatment (MAT).

As part of his 2020-2021 presidential initiative, former NABP President Timothy D. Fensky, RPh, DPh, FACA, along with [NABP and its member boards](#), have urged

Congress to pass the MAT Act to allow states to recognize pharmacists as MAT providers for patients diagnosed with OUD.

Scam Targeting Pharmacists-DEA Warns

Drug Enforcement Administration (DEA) has issued a warning about a scam that is targeting pharmacists in different regions of the United States. In a recent case, a pharmacist received a phone call from an individual who claimed to be from the Federal Bureau of Investigation (FBI) and told the pharmacist that their license was currently under investigation. According to DEA, the scammer warned the pharmacist to not let anyone know about the call and to leave the pharmacy saying they had an urgent family matter, so they could go to the post office to receive faxed details of the FBI investigation. The scammer told the pharmacist that they were being watched and to remain on the phone until receiving the documents at the post office. The pharmacist was also directed to send \$18,000 to the scammer.

DEA warns pharmacists to be alert, and that scams can appear in many different forms. Always [report](#) anything suspicious to DEA or the FBI.

Nationwide Recall Issued for Acetaminophen Extra Strength Tablets Due to Mislabeling

A-S Medication Solutions, LLC (ASM) is voluntarily [recalling](#) 198,350 bottles of acetaminophen extra strength 500 mg tablets, 100-count bottles to the consumer level. The product, which was included in a Health Essentials Kit distributed by Humana to its members, contained an incomplete drug label rather than the required over-the-counter drug facts label.

ASM has been notifying its distributors and customers by mail and arranging the return of all recalled products. Adverse reactions or quality problems experienced with the use of this product may be reported to Food and Drug Administration's [MedWatch Adverse Event Reporting program](#).

President: **Jennifer Hardesty** Long Term Care Representative
 Secretary: **Kristopher Rusinko** Home Infusion Representative
 Treasurer: **Neil Leikach** Independent Pharmacist Representative

Efstratios (Steve) Bouyoukas Chain Drug Store Representative
Karla Evans Acute Care Hospital Representative
Kristen Fink At-Large Representative
Peggy Glascoe Geigher Consumer Representative
Kevin Morgan Chain Drug Store Representative
Brenda Oliver Consumer Representative
Surinder Kumar Singal Independent Pharmacist Representative
Javier Vázquez Acute Care Hospital Representative
Ellen H. Yankellow 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.

2021 PUBLIC BOARD MEETINGS

Third Wednesday of each month

December 15, 2021

January 19, 2022

February 16, 2022

CONTACT DIRECTORY

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Executive Director

Deena Speights-Napata

Deputy Director & Operations Manager	Director of Compliance	Manager of Program Intake, Assessment & Evaluation	Licensing Manager
<i>Edward Fields</i>	<i>Trina Leak</i>	<i>Vacant</i>	<i>Doris James</i>

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