

Maryland Board of Pharmacy news

In This Issue:

Executive Director – 1
Save The Date - 2
Renewal Issues – 3
Emergency TF – 4
New Staff - 5
CPR - 6
Fentanyl Deaths - 7
NABP – 8/9
Stigma with Illness – 10
Disciplinary – 12
NTSB – 12
FAQs – 13
Legislation - 14
RSS - 14
Rehabilitation – 15
Vaccinations – 15
Make Changes – 15
Staff, Bd, Dates – 16

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 educating the public.

The Maryland Board of
Pharmacy
4201 Patterson Avenue
Baltimore, Maryland 21215
Tel: 410-764-4755
Fax: 410-358-6207
Toll Free: 800-542-4964
TTY: 410-383-7555



FROM THE DESK OF THE EXECUTIVE DIRECTOR

Deena Speights-Napata

*Technology Update for Pharmacists
CPE Monitor, E-Profile Connect, and PDMP*

Three important programs are being developed that every Maryland pharmacist should know about!

The first gives us a way to effectively monitor Accreditation Council for Pharmacy Education (ACPE) Continuing Professional Education (CPE) units through the use of the CPE Monitor, jointly developed by National Accreditation Board of Pharmacy (NABP) and ACPE. This system has been around for seven years, but only recently has it been enhanced to allow several additional features available to pharmacists through a subscription. Called CPE Monitor-Plus, this newly enhanced monitoring system will allow pharmacists with a subscription to the service the ability to upload non-ACPE CPE courses and certificates and apply the credits to state licenses. Pharmacists subscribing to this service will also receive email notification when CPE deadlines are about to occur. Other features of the system include tracking of CPE credits earned and remaining credits needed, and NABP tracking and publication of state license requirements. The standard CPE Monitor is still available at no cost, while this enhanced system has an annual subscription fee of \$29.95.

The second is another NABP system called E-profile Connect. It houses profiles of over 80,000 pharmacies that has data fields for the location, owner, pharmacist in charge, active and inactive, inspection and disciplinary history, and accreditations. NABP hopes to have all of the available fields populated to better assist local boards with the information needed to perform their regulatory function. This system will also speed up the pharmacist multi-state licensure requests by providing all the data

Continued on page 2

“From the Desk” continued from front page

needed to approve the request in one NABP centered database. This service is available to the licensee and to local boards at no additional cost.

While NABP has been moving forward with technological advancements, Maryland has not been far behind. The third major development is the Maryland Department of Health’s Prescription Drug Monitoring Program (PDMP) use mandate requiring mandatory queries of the PDMP database. The database must be accessed when “a pharmacist or their delegate has a reasonable belief that a patient may be seeking to fill a prescription for a controlled dangerous substance (CDS) for any purpose other than the treatment of an existing medical condition. In this case, the pharmacist should query the PDMP to determine if the patient has received other prescriptions that indicate misuse, abuse, or diversion of controlled dangerous substances. (PDMP Pharmacists Fact Sheet).” This presents a new step in the pharmacist/patient relationship and has given some pharmacists concerns. State officials are working on developing PDMP data reports and broadly integrating PDMP access into electronic health records (EHRs), which is already being done in certain hospital settings.

Learn more about each of these programs by contacting the board at 410-764-4755.

SAVE THE DATE

Continuing Education Breakfast

Sunday, October 28, 2018

Sheraton Baltimore North
903 Dulaney Valley Road,
Towson, MD 21204

7:30 am – 1:00 pm

\$10 Registration Fee (in-person or live webinar)

Watch the Board website for Registration

MIS FAQs

Common Online Renewal Problems *or* Why can't online users do this?

We have received many calls regarding our online renewal site. This is mainly from people making Pharmacy renewals; they have had difficulty with the online renewal system. These are the most common issues we have assisted with.

I. Internet Explorer MUST be used in order for the system to work.

A. Error Messages:

1. The Expiration Dates must be entered in the following format: MM/DD/YYYY.

This should *always* be mm/dd/yyyy (05/18/2018). If this format is not used the online renewal will not allow the user to move forward with the process.

If this format is used, 3/14/19, the database does not know what year it is. It could be 1919 or 2019. This is why we need the four number year.

Entries must be completed before checklist item can be completed

This message shows up when one of the items on the left side of the online renewal pages has not been completed. For the Pharmacy renewals it is usually the Questions section that is the culprit. For some reason this item is being missed. Once the user completes that item they are able to move forward and finish the process of renewal.

The message usually shows up when the user tries to pay the fee for renewal.

2. Renewals stuck in the "Import Utility".

The import utility is the 'pass through' point for the renewal from eGov (our online renewal system) to MLO (our application that we issue your license from). Sometimes the data in the renewal has duplicate ID numbers or other incorrect data in it. This will not be allowed to pass through until it is corrected. 90% of these issues can be resolved by MIS and the renewal will then move through to MLO and the MLO Lockbox for renewal. There are a few, however, that require a help desk ticket. We will inform you if a help desk ticket is required.

II. Items Not Yet Fixed:

A. Checkbox for Non-Resident Inspection will not check off.

System Automation, the company that had built the online renewal system, is still investigating this issue. This does not stop the renewal from going through. As long as the Non-Resident Pharmacy uploads their Inspection Report the requirement for that Checklist item is completed. Also, caution the user who is doing the renewal to make sure they click the Next Step for the Out-of-State Pharmacy selection at the bottom of the pages it appears on.

B. When reporting a problem with any of the online renewals this is the information that is needed to expedite a solution:

- License number
- Any error messages you are seeing at the top of the page. These are in red and very noticeable.
- What step of the process are you on? This is always on the top of the page you are on, i.e. Renewing Your Pharmacy's Permit --- Step 4. This assists us with pinpointing your problem.
- If your fee payment is not going through, is there an error message?
- Exact information on what the issue is. We need as much **DETAIL** as you can provide.

There will be some issues we will not be able to solve 'in house'. For these we will have to submit a help desk ticket with System Automation. You should be contacted by a BOP staff member within 24 hours letting you know when you can complete your online renewal.

PHARMACIST ADMINISTRATION OF EMERGENCY PREPAREDNESS TASK FORCE

Donald Taylor, Previous MdBOP Board President and EPTF Vice Chairman



The Maryland Board of Pharmacy’s Emergency Preparedness Task Force (EPTF) has remained active since the Katrina flooding and the Haiti earthquake in planning for potential emergency situations that might require the EPTF to be activated to help preserve the health and welfare of all Maryland citizens

Members of the EPTF present annual lectures on “Pharmacy Roles in Maryland’s Emergency Preparedness” to all three Maryland schools of pharmacy. These hour-long lectures serve as a basic introduction to how pharmacy personnel may be able

to assist in planning for, and responding to, situations requiring the treatment or the prophylaxis of the citizens of Maryland.

Those lectures are followed by point-of-dispensing (POD) exercises at each Maryland pharmacy school. Members of the EPTF assist in the POD set-up in the designated areas in each pharmacy school, and serve as facilitators in helping answer questions raised by the student pharmacists during the exercises. The PODs are based on the scenario of an aerosolized anthrax attack affecting most of the Maryland region. The student pharmacists play both the POD staff at various stations within the POD and also as the citizens arriving at the POD to receive prophylactic medications. Various injects, such as non-English speaking, blind, allergic and belligerent citizens, are thrown at the student pharmacists acting as the POD staff to keep the exercises as realistic as possible, while teaching the student pharmacists the necessity to ask pertinent questions and to be ready to respond to difficult situations.

Once the initial Maryland Receipt, Stage, Store (RSS) site was approved, the Office of Preparedness and Response (OP&R) began planning for developing procedures for the future receipt and staging of nationally purchased medical assets should the need arise to request additional assets to supplement the assets already available within Maryland. An EPTF pharmacist member was recruited to serve as a member of the newly formed State RSS Task Force. That member, and a now second EPTF member, currently attend OP&R and RSS Committee meetings.

Those meetings are opportunities to discuss the roles for participating agencies at the State’s RSS sites, and to update operating procedures for each agency. The meetings also serve as excellent networking opportunities for representatives of the different agencies to discuss how their agencies will interact during evolving situations. The pharmacy profession’s concerns and ideas for improvements and/or updates are well received and respected.

The latest update of the State’s emergency preparedness plan includes an all hazards approach. In coordination with the federal plan, the new State plan is now referred to as the Emergency Medical Countermeasure Dispensing and Distribution Plan (eMCM). Pharmacy has defined RSS roles written into the eMCM plan:

- (1) overseeing all CDS functions;
- (2) dispensing prophylactic medications to RSS personnel and their families (if required);
- (3) overseeing any RSS repackaging operations;
- (4) quality assurance of all outgoing orders prior to loading onto delivery vehicles; and
- (5) serving as a resource for medication related questions/issues.

Continued on page 5

The EPTF has been recognized by OP&R, DOH and CDC as being an integral part of emergency planning in Maryland. The EPTF has become a frontline resource for State mediation related questions, as well as storage and distribution issues. Core members of the EPTF are required to take mandatory training courses as required by the CDC. Currently, the EPTF still meets each month, participates in RSS planning, updating the State's emergency plans and in State emergency preparedness drills and exercises.

The EPTF remains active in emergency preparedness planning and exercises in all areas of the State. During the September 2013 State Distribution Exercise, the EPTF and pharmacy volunteers were recognized for their participation. In the summary for that exercise, the pharmacy volunteers were singled out as a *“key group responsible for the success of RSS operations. Several strengths were identified during their evaluation during exercise operations. Especially impressive was the supportive role played by the BOP Executive Committee, BOP Commissioners and the Board's Emergency Preparedness Task Force. This was the first time such a supportive and integrated role by a Maryland professional board has been documented and recognized. Certainly, this involvement and participation should be encouraged and continued.”*

The EPTF has also worked with several county health departments and Baltimore City in drills and exercises held at the local levels.

The EPTF members participated in the latest State exercise in May 2018. That exercise was utilized by OP&R to test the distribution capabilities of RSS personnel in distributing antibiotics from the State's newest RSS site. This site was just activated, and the exercise allowed OP&R to identify areas and procedures that may need to be updated for this location. During the exercise, the on-site pharmacy members of the EPTF worked in the CDS cage area organizing and setting up the new CDS cage with supplies and equipment. The pharmacists also performed QA for the picked assets prior to them being loaded on out-going trucks to be delivered to pretend destinations.

The Board of Pharmacy's EPTF holds monthly meetings, and is actively recruiting interested pharmacists, student pharmacists, and pharmacy technicians to join the Task Force. Joining does require taking a series of on-line emergency preparedness courses and being able to attend our monthly meetings – used for updates, procedural changes and information sharing.

Are YOU prepared? Do YOU have an emergency preparedness plan? Would YOU consider donating some of your time to be an active EPTF member?

INTRODUCING THE NEWEST BOARD STAFF MEMBER...

Lauren Valerio joins the Data Entry and Call Center with three years prior experience in customer service. She is certainly an asset on the phones.

INTRODUCING THE NEWEST BOARD INTERNS...

Joshua Atere was an intern that came to us from the University of Maryland Eastern Shore. He is in his last year of pharmacy school and hoped to learn much about the Board as he entered his career.

Brad Clark is entering his third year of law school at the University of Baltimore. We are privileged to have him with us for the next six months as he works as an Administrative Officer for the Board during the day and attends school at night.

ATTENTION LICENSED PHARMACISTS

Remodel of a Pharmacy:

The Board must be notified in writing of any remodel or renovation of a pharmacy that causes the pharmacy structure to differ from the original blueprints submitted to the Board with the pharmacy's application, or that affects the security or access to prescription drugs. The notice to the Board should include a rendering of the changes that will occur and the start and completion dates of the changes. The Board will inspect any significant remodels and may require a testing of the security and alarm systems.

CPR In-Person training requirement for vaccination-registered pharmacist:

Vaccination registration and renewal with the Maryland Board of Pharmacy requires that the pharmacist be CPR certified by an "in-person" training program. The didactic portion of the training can be on-line, however, the program must have an **in-person**, hands on, component to meet the requirements. Please have documentation of the certification for both the didactic and **in-person** portions of the program along with the continuing education requirements to meet the vaccination registration requirements. If you cannot meet the requirements or no longer vaccinate, notify the Board in writing that you no longer wish to be a vaccinating pharmacist. The Board will remove the vaccination registration from your pharmacist license.

The Maryland Pharmacy Law Book, Code of Maryland Regulations:

Chapter 32.03.2(b) states, that the registration form shall include verification from the licensed pharmacist of the following: "**Possession of an active certification in basic cardiopulmonary resuscitation obtained through in-person classroom instruction**" such as American Red Cross (www.redcross.org/take-a-class/cpr), American Heart Association (cpr.heart.org / AHAECC / CPRAndECC / Training / HealthcareProfessionalBasicLifeSupportBLS / UCM_476242_Heart Code- BLS.jsp), or local fire departments.

The following is a sample of what is available across the state of Maryland for Basic Life Support classes. **Check Google for LIVE (in-person) CPR classes to locate more classes in your area. Remember that online classes are NOT acceptable! ONLY LIVE classroom courses are accepted.**

Anywhere in Maryland -- American Red Cross:

<https://www.redcross.org/take-a-class/cpr>

<https://chesapeakeaedservices.com/cpr-certification-classes-maryland/>

Anne Arundel County:

https://www.baysidecpr.com/onsite-training?gclid=EAIaIQobChMI9sLAzr-m3AIVnkoNCh29Awu5EAAYBSAAEgJAtvD_BwE

Baltimore City/County:

<http://www.citywidecpr.com/onsite-cpr-training/>

<https://www.thumbtack.com/md/baltimore/cpr-training/>

Frederick County:

<http://mshcs.com/cprfirst-aid/> also at (Carroll, Prince George's and Washington Counties)

<https://www.trainingcentertechologies.com/RescueOne/CourseEnrollment.aspx> (only in-person courses are acceptable)

Harford County:

<https://chesapeakeaedservices.com/cpr-certification-classes-maryland/>

<https://www.abingdonfc.com/content/cpr/>

Howard County:

<https://www.howardcountymd.gov/Departments/Fire-and-Rescue/For-The-Community/CPR-AED-Training>

Montgomery County:

<https://www.redcross.org/take-a-class/>

St. Mary's County:

<http://ppmems.com/>

Washington County:

<https://www.thumbtack.com/md/hagerstown/cpr-training/>

State Releases Unintentional Drug And Alcohol-Related Intoxication Death Report For 2017 and 1st Quarter of 2018

Fentanyl Deaths Continue to Rise

Baltimore, MD (July 26, 2018)—The Maryland Department of Health today released data for unintentional drug and alcohol-related intoxication deaths for the entirety of 2017 and the first quarter of 2018. Both reports can be found [here](#).

During 2017, there were 2,282 drug and alcohol-related intoxication deaths in Maryland. Of those deaths, 2,009 were opioid-related. Fentanyl-related deaths continue to rise, increasing from 1,119 in 2016 to 1,594 in 2017. Cocaine-related deaths are also up from 464 in 2016 to 691 in 2017. The number of heroin-related and prescription drug-related deaths dropped slightly in 2017 when compared to 2016.

Preliminary data from the first three months of 2018 indicate that there were 653 unintentional drug and alcohol-related intoxication deaths in Maryland. There were 579 opioid-related deaths, 500 of which involved fentanyl. Heroin-related deaths fell from 291 during the same period in 2017 to 236 in 2018, while prescription drug-related deaths remained flat.

The data shows that fentanyl combined with cocaine or heroin is driving the increase in overall overdoses in 2017 and in the first quarter of 2018. There has been an increase of fentanyl mixed with cocaine, which is accounting for the increase in cocaine-related deaths. Nearly two thirds of cocaine-related deaths in 2017 also involved fentanyl.

After increasing each year exponentially since 2011, the number of fatal heroin overdoses in Maryland appears to be decreasing. Overdoses involving heroin have decreased since the third quarter of 2017. The percentage of all overdose deaths involving heroin has also decreased from 58 percent of all overdose deaths in 2016 to 36 percent of all overdose deaths in the first quarter of 2018.

Prescription drug-related deaths remained relatively flat from 2016 to 2017, dropping by five from 418 to 413. The number of prescription drug-related deaths remained the same in the first quarter of 2018 compared to the same time period in 2017 with 104.

“While Maryland is starting to see a decline in heroin-related deaths, fentanyl-related deaths continue to rise in staggering numbers,” said Maryland Department of Health Secretary Robert R. Neall. “In the first three months of 2018 alone, we’ve seen 500 fentanyl-related deaths. We’re asking those with a substance use disorder to immediately seek treatment and for more individuals to learn how to use and carry naloxone.”

Multiple efforts to combat this epidemic are underway. The Prescription Drug Monitoring Program (PDMP) has been established by the Department’s Behavioral Health Administration to support health care providers and their patients in the safe and effective use of prescription drugs. The PDMP collects and securely stores information on drugs that contain controlled substances and are dispensed to patients in Maryland. Providers were required to register for the PDMP by July 1, 2017 and, as of July 1, 2018, are now required to access the data before writing a prescription. Access to prescription data is made available at no-cost to physicians, nurse practitioners, pharmacists, and others that provide pharmaceutical care to their patients. Use of prescription information improves providers’ ability to manage the benefits and risks of controlled substance medications and identify potentially harmful drug interactions.

"Every day, numerous state agencies and other stakeholders are working together on the statewide response. We are seeing success on the prescriber side as hospitals and medical providers have been driving innovative solutions to reduce inappropriate prescribing," said Clay Stamp, executive director, Opioid Operational Command Center. "Yet, we have to stay focused on and resolute in our three-pronged strategy – prevention and education, enforcement, and expanding access to treatment and recovery."

Maryland has expanded access to naloxone, a life-saving drug that can reverse opioid drug overdoses. On June 1, 2017, the Department’s Public Health Deputy Secretary, Dr. Howard Haft, issued a new standing order that allows pharmacies and hospitals to dispense naloxone to individuals who may be at risk of an overdose or anyone who may be able to help someone who overdoses. *The new standing order replaces one from December 2014 and now allows pharmacists to dispense naloxone to anyone regardless of whether the person has previously been certified through the Overdose Response Program or received any training in opioid overdose response.* This action is authorized through legislation signed by Governor Larry Hogan. Naloxone safely and effectively reverses an overdose and has a low risk for adverse effects. Fentanyl and carfentanil may require multiple doses of naloxone to be administered to help victims overdosing on those substances.

Fighting the heroin and opioid epidemic in Maryland has been a top priority of the Hogan-Rutherford administration. The Maryland Department of Health, in partnership with the Opioid Operational Command Center and other state agencies, continues to collaborate with federal, state, and local partners in the fight to reduce the number of overdoses and resulting fatalities in a multitude of ways.

Marylanders who need help finding substance-use-disorder treatment resources should visit <http://goo.gl/nIfGm0> or call the Maryland Crisis Hotline, which provides 24/7 support, at 211, press 1. For information on many of the policies currently implemented to fight addiction and overdose in Maryland, see <http://goo.gl/KvEzQw>. If you know of someone in need of treatment for a substance use disorder, treatment facilities can be located by location and program characteristics on the Department’s page at <http://goo.gl/rbGF6S>.



DEA Launches New Tool to Help Distributors Make Informed Decisions About Customers

In February 2018, Drug Enforcement Administration (DEA) launched a new tool to assist drug manufacturers and distributors with their regulatory obligations under the Controlled Substances Act. The agency added a new feature to its Automation of Reports and Consolidated Orders System (ARCOS) Online Reporting System, a comprehensive drug reporting system that monitors the flow of controlled substances (CS) from their point of manufacture through commercial distribution channels to the point of sale at the dispensing/retail level. This newly added function will allow the more than 1,500 DEA-registered manufacturers and distributors to view the number of registrants who have sold a particular CS to a prospective customer in the last six months.

DEA regulations require distributors to both “know their customer” and to develop a system to identify and report suspicious orders. Manufacturers and distributors have asked DEA for assistance in fulfilling these obligations and have requested ARCOS information to help them determine if new customers are purchasing excessive quantities of CS. This new tool will provide valuable information for distributors to consider as part of their assessment. More details are available in a news release at www.dea.gov/divisions/hq/2018/hq021418.shtml.

PTCB Launches Certified Compounded Sterile Preparation Technician Program

In January 2018, the Pharmacy Technician Certification Board (PTCB) launched the PTCB Certified Compounded Sterile Preparation Technician (CSPT) Program. To be eligible to apply, a technician must:

- Be a PTCB certified pharmacy technician (CPhT) in good standing; and
- Have completed either a PTCB-recognized sterile compounding education/training program and one year of continuous full-time compounded sterile preparation work experience, or three years of continuous full-time compounded sterile preparation work experience.

To earn CSPT Certification, eligible CPhTs are required to pass the CSPT Exam and submit competency attestation documentation from a qualified supervisor. The two-hour, 75-question CSPT Exam covers hazardous and nonhazardous compounded sterile products in the four domains of:

- Medications and components (17%);
- Facilities and equipment (22%);
- Sterile compounding procedures (53%); and
- Handling, packaging, storage, and disposal (8%).

The purpose of the Attestation Form is to document the candidate’s completion of required training and certain skill and competency assessments in such areas as aseptic technique, equipment cleaning, and use of personal protective equipment. More details about the CSPT Program are available on PTCB’s website at www.ptcb.org.

DEA Enables Mid-level Practitioners to Prescribe and Dispense Buprenorphine

In January 2018, DEA announced a deregulatory measure that will make it easier for residents of underserved areas to receive treatment for opioid addiction. Nurse practitioners and physician assistants can now become Drug Addiction Treatment Act-Waived qualifying practitioners, which gives them authority to prescribe and dispense the opioid maintenance drug buprenorphine from their offices. This final rule took effect January 22, 2018. More details about DEA’s amendments are available in a Federal Register notice titled “Implementation of the Provision of the Comprehensive Addiction and Recovery Act of 2016 Relating to the Dispensing of Narcotic Drugs for Opioid Use Disorder” (Document Number: 2018-01173).

New CDC Training Offers CPE on Antibiotic Stewardship

The Centers for Disease Control and Prevention’s (CDC’s) Office of Antibiotic Stewardship is offering free continuing education opportunities for health care professionals. Focused on judicious antibiotic prescribing and antibiotic resistance, the online training is offered in four sections, each with multiple modules. Section 1 of the “CDC Training on Antibiotic Stewardship” is open now and can be accessed at www.train.org/cdctrain/course/1075730/compilation. Additional sections will be released throughout 2018. More information and resources about CDC’s national effort to help fight antibiotic resistance and improve antibiotic prescribing and use are available on CDC’s website at www.cdc.gov/antibiotic-use/index.html. CDC is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). This program meets the criteria for 0.258 CEUs of CPE credit. The ACPE Universal Activity Number is 0387-0000-18-031-H05-P.

ASHP Research and Education Foundation Predicts Trends to Affect Pharmacy in 2018

In the 2018 Pharmacy Forecast: Strategic Planning Advice for Pharmacy Departments in Hospitals and Health Systems, the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation provides guidance on eight topics that will challenge pharmacy practice leaders in hospitals and health systems. Published in the January 15, 2018 issue of American Journal of Health-System Pharmacy, the new report focuses on the following areas:

- Therapeutic innovation;
- Data, analytics, and technology;
- Business of pharmacy;
- Pharmacy and health-system leadership;
- Advanced pharmacy technician roles;
- Population health management;
- Public health imperatives; and
- Coping with uncertainty and chaos.

The 2018 report is available at www.ajhp.org/content/75/2/23.

USP Encourages Pharmacists to Help Patients Find Quality Dietary Supplements

Recall announcements, enforcement actions, and reports challenging the quality of dietary supplements are problematic issues facing pharmacists who want to ensure that the over-the-counter (OTC) products they are recommending to patients are of good quality. Many consumers purchase OTC dietary supplements and herbal products, often assuming they are regulated like prescription medications. While the law requires pharmaceuticals to meet specific quality standards set by the United States Pharmacopeial Convention (USP), the same requirements do not apply to supplements. For this reason, USP has created quality standards and a verification process specifically for these health products. Brands displaying the USP Verified Mark signal to the public that “what’s on their label is what’s in the bottle.” Health care practitioners can learn more about USP’s efforts at www.usp.org/dietary-supplements-herbal-medicines.

Further, USP Dietary Supplement Verification Services are available to manufacturers and brands worldwide. They include Good Manufacturing Practice facility auditing, product quality control and manufacturing product documentation review, and product testing. Manufacturers that are participating in USP’s verification program for dietary supplements can be found at www.usp.org/verification-services/program-participants.

New CPE Monitor Subscription Plan Helps Pharmacists Track Compliance Via Mobile App

To help pharmacists easily monitor their CPE compliance, NABP partnered with ACPE to develop CPE Monitor Plus, a subscription service for CPE Monitor[®]. Launched in April 2018, the new subscription service enables pharmacists to perform a variety of advanced functions beyond the basic CPE Monitor service, including:

- viewing CPE credit status by state to verify at a glance how much CPE credit must be earned to satisfy license renewal requirements;
- uploading certificates from non-ACPE CPE courses and applying them to relevant state licenses;
- receiving email alerts when CPE cycle deadlines are approaching;
- viewing all transcripts and individual courses and generating simplified, automated reports;
- searching for additional ACPE activities via ACPE’s Pharmacists’ Learning Assistance Network; and
- accessing ACPE continuing professional development via single sign on.

CPE Monitor Plus is available for an annual, renewable subscription fee of \$29.95, regardless of how many licenses a pharmacist has or adds at a later date. CPE Monitor Plus is only available via NABP’s new mobile app. Search for NABP e-Profile in Google Play Store (Android) or the App Store (iPhone).

The standard CPE Monitor service is still available for free and can also be accessed via the app or a desktop by signing in with NABP e-Profile login credentials.

For more information, visit www.nabp.pharmacy/CPE.

THE ROLE OF PHARMACY IN REDUCING STIGMA AND INCREASING MEDICATION ADHERENCE IN INDIVIDUALS WITH MENTAL ILLNESS

Rhonda M. W. Toney, MBA, R.Ph., Board Commissioner, and Janelle W. Coughlin, Ph.D.

“Labels are for filing. Labels are for clothing. Labels are not for people.” Martina Navratilova

During the Maryland Pharmacist’s Association’s mid-year meeting in February 2018, one of the speakers, Dr. Mamta Parikh, Assistant Professor of Clinical and Administrative Sciences, School of Pharmacy, Notre Dame of Maryland University, discussed the role of pharmacists and technicians in supporting medication adherence for patients with mental illness. One of the topics discussed during her presentation was labels that are often assigned to individuals with mental illness and how these labels contribute to widespread public stigma for those who live with mental illness. Individuals with mental illness can be perceived as dangerous, incompetent, unpredictable, and somehow responsible for their disorder. These misperceptions can negatively influence patients’ self-concept, self-stigma (i.e., internalization of public stigma) and tendency to avoid seeking and continuing in treatment (Corrigan, 2015).

About one in five U.S. adults will experience some form of mental illness in a given year; ~ 1 in 25 experience a serious mental illness that substantially interferes with or limits one or more major life activities (www.nimh.nih.gov). According to the National Institute on Drug Abuse, around 1 in 4 individuals with a serious mental illness also have a substance use disorder (www.drugabuse.gov). The National Survey of Substance Abuse Treatment Services (N-SSATS) reports that 45% of Americans seeking substance use treatment have been diagnosed as having a co-occurring mental and substance use disorder. Research further indicates that 43% of people in substance abuse treatment for non-medical use of prescription pain medications have a diagnosis or symptoms of mental health disorders, particularly depression and anxiety (www.samhsa.gov/disorders).

Dr. Parikh and others have become advocates for training pharmacists on Screening Brief Intervention and Referral to Treatment (SBIRT) to address substance abuse problems ([https:// ireta.org /](https://ireta.org/)

[resources / digital - tour - cdc – guide – to – sbirt – for – primary - care](#)). The intent of SBIRT is to identify individuals who are demonstrating certain behaviors that could potentially lead to a substance use disorder in the future. By intervening earlier, the goal is to keep patients from getting to the point where they require specialized substance use treatment. Currently, physicians can get reimbursed by Medicare for SBIRT, and there is hope that this will eventually become a reimbursable service for pharmacists.

Although there are several options for the treatment of psychiatric and co-occurring disorders, such as substance abuse, psychotropic medication is often the first line of treatment, particularly for those with more chronic mental health conditions. Pharmacotherapy is not only first-line but an important therapeutic option that is dependent on adherence. However, poor medication adherence is common in all patients, regardless of mental health status. Studies have consistently shown that 20% to 30% of medication prescriptions are never filled, and approximately 50% of medications for chronic disease are not taken as prescribed. The overall incidence of psychiatric medication nonadherence in patients with mental illness is approximately 40%, although studies report ranges from ~20-75% (Luca JM, 2015)

Pharmacists and technicians can play an important role in reducing stigma and increasing medication adherence amongst those with mental illness. There are several resources available to pharmacists and technicians who would like to seek further education on the stigma of mental illness.

The National Alliance on Mental Illness (www.nami.org), is an organization that operates at the national, state and local level. One of the missions of NAMI is to provide education, support

Continued on page 11

and advocacy for people with mental illness, their families and the wider community. Pharmacists can improve their mental health literacy by accessing programs such as Mental Health First Aid training. Mental Health First Aid is a public education program that helps communities understand mental illness. This program includes information on risk factors and warning signs of mental health problems and offers a training course that includes role-playing and simulation exercises. It also connects individuals with mental illness with licensed health professionals and peer and social support systems.

In Maryland, the Behavioral Health Administration (BHA) (bha.health.maryland.gov) provides additional resources to healthcare practitioners interested in understanding the stigma associated with individuals with mental illness. The BHA, a publicly funded organization, is responsible for planning and developing policies and services for individuals at risk for emotional, substance related, addictive and/or other psychiatric disorders.

Another organization that has been heavily involved in advocating for people with mental illness and reducing the stigma associated with mental illness globally is the Carter Center's Mental Health Program (www.cartercenter.org). Co-founder and former First Lady, Rosalynn Carter, has led the fight against the stigma of mental illness for nearly 40 years through her efforts with the Carter Center. The goals of the Carter Center include: promoting awareness about mental health issues, informing public policy, achieving equity of mental health care comparable to other health care, and reducing stigma and discrimination against those with mental illness. One of the primary initiatives of First Lady Carter, her associates and association has been to influence the development and adoption of U.S. policies and laws that promote greater access to behavioral health services.

Pharmacists and technicians can be aware of the stigma that often accompanies mental illness and

how their interactions with patients, particularly medication counseling by pharmacists, can play a role in increasing adherence to psychiatric medications. Although there are barriers to patients receiving counseling in the pharmacy setting, including a lack of privacy, employee work-related demands, and a lack of training on mental illness, pharmacists (with the assistance of technicians) can look for markers of nonadherence in their daily interaction with patients such as missed refills. These markers and others can help to encourage discussions, give opportunities to provide clearer instructions, and allow pharmacists to intervene in designing support systems that promote adherence such as simplifying medication regimens. Community pharmacists are particularly well-positioned to boost adherence, given their greater personal connection with patients and opportunity to describe the importance of taking medications as prescribed. (Haynes RB et al., 2008).

There is also a need for more research to demonstrate the effects of teaching effective medication adherence strategies and understanding the impact increased adherence has on patient health outcomes. Health information technology applications, such as electronic health records, can increase access to various data sources for tracking medication adherence. Standardization of how we are measuring adherence and related patient reported outcomes will need to be further defined. Systematic reviews in research literature will help us investigate compliance-enhancing interventions that improve patient outcomes.

The authors would like to thank Dr. Mamta Parikh for reviewing this newsletter for approval and accuracy. The authors would also like to thank Dr. Hui Seo, Chief Clinical Officer at Correct Rx Pharmacy Services for his edits and comments.

References available upon request.

DISCIPLINARY ACTIONS

PHARMACIST	LIC. #	SANCTION	DATE
Shiri Jackson	19998	Fine	5/14/2018
Pamela Karnbach	13350	Suspension	6/20/2018
Benjamin Myatt	22267	Fine	2/26/2018
Helen O'Sullivan	11463	Surrender	2/21/2018
Roy Allen Martin	23895	Probation	6/15/2018

PHARMACY TECHNICIAN	REG. #	SANCTION	DATE
Wayne Worthan	Applicant	Application Denied	2/21/2018
Pedro Villalobos	T15438	Suspended	3/22/2018
Mary Kreysa	T12108	Surrendered	4/04/2018
Laurie Phillips	T00946	Revoked	4/18/2018
Jessie McCorkle	T09748	Revoked	4/18/2018
Taria Shird	T11164	Revoked	4/18/2018
Alea Citro	T09437	Revoked	4/18/2018
Crystal Abrims	T14353	Revoked	4/18/2018
Demetris Grant	T05870	Revoked	4/18/2018
Tierra Windley	T10333	Revoked	4/18/2018
Shantiqua Perry	T16079	Revoked	5/16/2018
Janean Shaw	T08363	Suspended	5/29/2018
Dejon Robinson IV	T18333	Suspended	5/31/2018
Frank Adams	T20447	Suspended	6/12/2018
Caleb Weddington	T19852	Suspended	6/27/2018
Ryann Taylor	T17843	Suspended	7/12/2018
Shaneek Pinkney	T07475	Revoked	7/18/2018
Corey White	T05762	Revoked	7/18/2018
Tyechele Bean	T19295	Suspended	7/23/2018

ESTABLISHMENT	PERMIT #	SANCTION	DATE
Ibex Dead Sea Imports	P05899	Revocation	4/04/2018
Bioscript Pharmacy Services	P02088	Fine	5/29/2018
Qualgen, LLC	D05760	Probation	6/20/2018

Pharmacists are encouraged to discuss with their patients potential risks that medications and medical conditions may play when patients are operating any mode of transportation. To understand medication-related trends contributing to significant accidents via transportation including: aviation, railroad, highway, marine and pipeline, pharmacists and technicians may wish to consider accessing data found in safety studies conducted by the National Transportation Safety Board (NTSB) (<https://www.nts.gov>). The National Transportation Safety Board has conducted multiple safety studies addressing the impact that alcohol and drugs play in contributing to impairment on our roadways, airways, highways, and waterways. One example of a safety study conducted by the NTSB is:

<https://www.nts.gov/safety/safety-studies/Documents/SS1401.pdf>

FAQs about Technicians' Renewal

1. What are the requirements needed to renew my registration?

In order to renew you will need to submit a renewal application with the appropriate board fee along with 20 hours of approved continuing pharmaceutical education (CEs) within the 2-year period immediately preceding the registrant's renewal application.

If this is the first time you are renewing your Pharmacy Technician Registration the Board of Pharmacy will only require 10 hours of CEs

2. Can I renew my pharmacy technician registration online?

Yes, you can renew your pharmacy technician registration online. If you have any questions about online renewals please visit our FAQ sections for Online Renewals.

3. I would like to reinstate my pharmacy technician registration. What are the requirements?

Reinstatement requirements vary depending on how long your registration has been expired. All reinstatement applicants must submit a reinstatement application and the appropriate fee and must complete 20 hours of continuing education. If more than 2 years have passed since your registration expired, you also must pass a Board-approved examination and submit proof to the Board.

All renewal and reinstatement forms can be downloaded from the Board's website.

LEGISLATION THAT PASSED IN 2018

Legislation and Regulation Affairs, Maryland Board of Pharmacy

Bill Number	XFile Bill Number	Sponsor	Synopsis	Title	Effective
HB1558	n/a	Delegate Marice Morales	Authorizing, with a certain exception, a pharmacist to dispense, in a single dispensing and exercising the pharmacist's professional judgment, a quantity of a prescription drug that is up to a certain number of authorized dosage units and does not exceed a 90-day supply of the prescription drug; providing that the Act does not apply to a certain controlled dangerous substance or certain prescriptions that an authorized prescriber prescribes for a patient; etc.	Pharmacists – Dispensing of Prescription Drugs – Single Dispensing of Dosage Units	10/1/2018
SB0087	n/a	Chair, Finance Committee	Requiring a person to be registered by the Maryland Department of Health before the person transports a controlled dangerous substance into the State under certain circumstances; altering the lists of substances designated as controlled dangerous substances under certain schedules under the Maryland Controlled Dangerous Substances Act; authorizing the Department to impose a certain civil penalty for each violation of the Maryland Controlled Dangerous Substances Act; etc.	Controlled Dangerous Substances – Registration, Schedules, Penalties, and Orders of Impoundment	10/1/2018

Receipt, Stage, and Store (RSS)

Janet Seeds, Public Information/Education/Communication/Training Coordinator
Emergency Preparedness Task Force, Maryland Board of Pharmacy staff support

To prepare for any emergency that might take place in Maryland, the Maryland Board of Pharmacy's Emergency Preparedness Task Force (EPTF) has been working with MD Responds to develop a plan for individuals to obtain the medications and equipment that they may need. Hospitals and various facilities will make requests for what they require and the EPTF along with the Maryland National Guard, MD Responds, pharmacist volunteers, and tractor trailer drivers will meet at a pre-determined, confidential facility to fulfill these requests.

This facility has recently moved and the EPTF was able to hold their monthly meeting at the new location July 11, 2018. They were given a tour of the warehouse. It is awesome! The warehouse is huge!

Supplies can be stacked to the ceilings. Security will be in abundance. The planning of these possible events is meticulous; all scenarios have been considered. We just need YOU.

If you have registered with MD Responds to be an emergency volunteer, thank you. If you have not yet registered with MD Responds, please consider doing so. Just go to mdresponds.health.maryland.gov to complete the registration. Then, when they contact you, just respond. There are many training opportunities on their site, on FEMA's site, articles on the Maryland Board of Pharmacy's site, and the Board also plans to have more on-site trainings. Honestly, you would be joining a group of special individuals.



Rehabilitation Assistance is NOW Available

For any Maryland pharmacist, pharmacy technician, or intern in need of treatment and/or rehabilitation for:

- alcoholism
- drug abuse
- chemical dependency, or
- other physical, emotional or mental health conditions

Board of Pharmacy Rehabilitation Services Program
410-328-8549

VACCINATIONS

Daniel Ashby, Board Commissioner

Each year pharmacists administer thousands of vaccinations to patients in our State. The contributions of pharmacists to improve the health of our citizens is recognized and appreciated.

The requirements to administer vaccinations are summarized in the Code of Maryland Regulations, Chapter 32, 10.34.32.03. If you possess a registration authorizing you, as a licensed pharmacist, to administer vaccinations you must comply with all of the requirements including the possession of an active certification in cardiopulmonary resuscitation (CPR) obtained through in-person classroom instruction.

If you are no longer providing immunizations but still maintain an active immunization registration, you must also maintain an active certification card for CPR. If you do not wish to adhere to all immunization registration requirements, including maintaining an active CPR certification, you may notify the Board of Pharmacy to cancel your immunization registration.

REMINDER to Check and Update your Contact Information

Please ensure that your contact information is current
(residential address, e-mail address, name, employer)
and complete and submit the Name/Address/Employer change form, if necessary:
found at health.maryland.gov/pharmacy (left column, under Online Services)

The only way the Maryland Board of Pharmacy can keep in touch
is if we have your accurate contact information.

Subject to \$25 fine for not notifying Board within 30 days of change.

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

BOARD MEETINGS

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

2018 PUBLIC BOARD MEETINGS

Third Wednesday of each month

August 15, 2018
 September 19, 2018
 October 17, 2018
 November 21, 2018

Location: 4201 Patterson Avenue
 Baltimore, MD 21215

CONTACT DIRECTORY			
Customer Service Center 410-764-4755 ▪ mdh.mdbop@maryland.gov ▪ health.maryland.gov/pharmacy ▪ 1-800-542-4964			
Executive Director <i>Deena Speights-Napata</i>			
Deputy Director, and Operations Manager <i>Edward Fields</i>	Director of Compliance <i>Thomas Evans</i>	Manager of Program Intake, Assessment, and Evaluation <i>Nakia Jordan</i>	Director of Licensing, Legislation and Regulations Affairs <i>Etzion Brand</i>

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