

Tennessee Board of Pharmacy
Board Meeting
January 24, 2017

TENNESSEE BOARD OF PHARMACY
665 Mainstream Drive, Iris Room
Nashville, TN
January 24, 2017

BOARD MEMBERS PRESENT

Kevin Eidson, D.Ph., President
Michael Dickenson, D.Ph. Vice President
Rissa Pryse, D.Ph.
Debra Wilson, D.Ph.
Will Bunch, D.Ph.
Lisa Title, Consumer Member

STAFF PRESENT

Reginald Dilliard, Executive Director
Matthew Gibbs, Assistant General Counsel
Terry Grinder, Pharmacy Investigator
Rebecca Moak, Pharmacy Investigator
Andrea Miller, Pharmacy Investigator
Richard Hadden, Pharmacy Investigator
Robert Shutt, Pharmacy Investigator
Larry Hill, Pharmacy Investigator
Scott Denaburg, Pharmacy Investigator
Sheila Bush, Administrative Director

BOARD MEMBER ABSENT

Katy, Wright, D.Ph.

STAFF ABSENT

Tommy Chrisp, Pharmacy Investigator

The Tennessee Board of Pharmacy convened on Tuesday, January 24, 2017, in the Iris Room, 665 Mainstream Drive, Nashville, TN. A quorum of the members being present, the meeting was called to order at 9:05 a.m. Dr. Bunch welcomed students from Belmont University, Lipscomb University and Tennessee Applied Technology. Dr. Dilliard introduced and welcome Lisa Tittle as the new consumer member.

Elections

Dr. Bunch thanked the Board and the Board staff for the cooperation and help during his leadership as president. Dr. Dickenson made the motion to nominated Dr. Eidson as president. Dr. Pryse seconded the motion. The motion carried. Dr. Pryse made the motion to nominate Dr. Dickenson as vice president. Dr. Wilson seconded the motion. The motion carried.

Minutes

The minutes from the November 14-15, 2016 board meeting. Dr. Wilson made the motion to accept the minutes as amended. Dr. Dickenson seconded the motion. The motion carried.

OGC Report

Mr. Gibbs informed the board that there are 69 open cases for discipline at the Office of General Counsel and 18 of those cases are eligible for contested cases. Mr. Gibbs asked the board to schedule a two day meeting in April and June for contested cases. The board agreed to schedule meeting dates for April and June for contested cases to start a 1:00 p.m.

Mr. Gibbs informed the board that the rules pertaining to collaborative practice have been approved with an effective date of February 22, 2017.

Mr. Gibbs informed the board of House Bill 18 which pertains to prescription eye drops.

Complaint Summary

Case 1.

Re-present:

Four members of a family alleged respondent pharmacist viewed their personal medical information illegally. The complainants live out of state and visit out of state prescribers. They allege that respondent lives in Tennessee and is connected to the complainants via a maze of marriages, divorces, allegations of child abuse, allegations of trespassing, and court battles. They allege respondent had no reason to view their medical records.

BOP Investigator obtained a sworn statement from respondent pharmacist indicating job duties at a cancer clinic in Tennessee include reviewing charts, collecting data, and preparing a spreadsheet for data analysis. Respondent claims he accesses data using a code and does not know a patient's name until he is already in the file. He claims if he had known the names before starting, he would have had another pharmacist review those charts. Respondent also stated his job duties included records from hospitals and clinics in Mississippi, Tennessee, and Arkansas.

BOP Investigator verified through respondent's employer that respondent did actually review all four complainants' medical records, some on multiple dates between November, 2015 and February, 2016, without a valid reason to do so. Although the complainants are part of the same healthcare system, none have any connection to the Tennessee based clinic. It was also verified that respondent pharmacist was never assigned any tasks to review charts for out-of-state clinics. Investigator confirmed that none of the complainants had any cancer related health issues.

Board members recommended tabling complaint pending verification from the employer that unauthorized access to patient records actually took place.

BOP Investigator received confirmation via e-mail from a corporate privacy and security officer that no pharmacist would be given the assignment that respondent stated to Investigator; that no pharmacist would have reason to view records from another hospital; and that no pharmacist would have reason to view multiple family members.

Recommend: Reprimand

Dr. Pryse made the motion to **authorize a formal hearing** to reprimand the pharmacist license. Dr. Bunch seconded the motion. The motion carried.

Case 2.

Complainant alleged that due to insurance requirements, patient has one medication that must be filled at a specialty pharmacy; that problems with the pharmacy began occurring in November, 2015; that automated refill

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calls are received but the medication is not shipped; that in February, 2016, the patient called the pharmacy and was told that the prescriber had not responded to a refill request, but when patient called the prescriber, the prescriber claimed to have no record of the pharmacy calling; that on 2/8/16, prescriber sent a prescription to the pharmacy but by 2/17/16, no medication had been sent; that the patient called the pharmacy and was transferred to 3 different people, all saying that the prescription had not been received; that after 15 minutes of arguing, the pharmacy finally found the prescription that was faxed on 2/8/16; that for the March refill, patient received another call that medication would be delivered on 3/11/16 but as of 3/16/16, it had not been delivered; after contacting the pharmacy again, patient was told the patient must call to request a refill, yet the automated delivery message stating the expected delivery date had already been sent to the patient; patient had complained to the insurance company's benefits services but was told that the respondent pharmacy was the only option for the patient's medication; deliveries went as scheduled in April, May, and June; and that in July, 2016, patient received an automated notice of delivery but as of 7/19/16 (about 2 weeks later), patient still had not received the delivery; the July shipment was received 7/21/16.

BOP Investigator ascertained that this patient's medication was being shipped from an out-of-state location; that the patient's prescriber was actually faxing prescriptions to a corporate fax number instead of the pharmacy; that the auto-refill program had been discontinued so the patient has to request monthly refills; that an internal review had been conducted by the respondent pharmacy resulting in direction to the pharmacy team to improve communication with patients and prescribers regarding scheduled deliveries and outreach when a prescription no longer has refills. Investigator worked with respondent pharmacy to have this patient's prescription transferred to a Tennessee location so that the patient and the prescriber have more direct access to the pharmacy.

Investigator could not identify any specific violations but did work with respondent and complainant to resolve the issue to the complainant's satisfaction.

Recommend: Dismiss

Dr. Bunch made the motion to **accept counsel's recommendation**. Dr. Dickenson seconded the motion. The motion carried.

Case 3.

This is PIC for Case 2 above.

Recommend: Dismiss

Dr. Bunch made the motion to **accept counsel's recommendation**. Dr. Pryse seconded the motion. The motion carried.

Case 4.

Complaint alleged prescriptions for 28 Clonazepam 1mg (a 7 days supply) were filled without authorization on 4/19/16, 5/9/16, 5/10/16 and 5/17/16.

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BOP Investigator reviewed respondent pharmacy's prescriptions and contacted the prescriber. The prescriptions were authorized by the prescriber but to a different pharmacy that would not transfer the prescriptions. The patient's family requested the respondent pharmacy fill the prescription so respondent pharmacy's PIC got verbal authorization from the physician's assistant.

Recommend: Dismiss

Dr. Wilson made the motion to **accept counsel's recommendation**. Ms. Tittle seconded the motion. The motion carried.

Case 5.

Complaint alleged patient abuse for being subjected to hours of talking to pharmacy and insurance techs regarding prescription refills and returning multiple times to the pharmacy for refills of the same item. Complaint also alleged fraud and false billing by requiring the patient to pay for brand name medications and changing the prescription refill to 30 days even though the sig makes it a 15 days' supply. The medication is for Combivent, 2 puffs 4 times per day. The inhaler gives 120 inhalations. Complainant alleged the pharmacy is committing insurance fraud by billing the inhaler as a 30 days' supply.

BOP Investigator interviewed pharmacy staff who explained the patient's insurance company will only cover Combivent once every 30 days. According to staff, the prescriber was contacted to attempt to obtain an override, but they were unsuccessful. The patient was given the option of paying cash for 1 inhaler and having the other inhaler billed to insurance, and the patient agreed. Investigator could not identify any violations of laws or rules.

Recommend: Dismiss

Dr. Dickenson made the motion to **accept counsel's recommendation**. Dr. Wilson seconded the motion. The motion carried

Case 6.

Complaint alleged improper billing and overpricing by respondent pharmacy. Complainant requested refunds for the amounts believed to have been overcharged. The pharmacy refused to refund and civil action may be pending.

BOP Investigator reviewed information sent by the complainant. It appears that claims were billed and copays were collected according to what the insurance company required. One of the medications in question required a Prior Authorization after which the medication was covered but the patient had transferred to another pharmacy. The patient may have also met a deductible after which there was no copay due but this also happened after the transfer to another pharmacy. Investigator found no evidence of improper billing or unprofessional conduct. Respondent pharmacy has since closed.

Recommend: Dismiss

Dr. Pryse made the motion to **accept counsel's recommendation**. Dr. Dickenson seconded the motion. The motion carried

Case 7.

Complaint alleged being shorted Oxycodone, improper billing of some prescriptions, and incorrect submissions to CSMD.

BOP Investigator interviewed pharmacy staff members and reviewed records. The pharmacy has a policy of counting controlled substances twice, by 2 different people. The patient waited several days before reporting the alleged shortage and by the time the pharmacist spoke to the patient, the pharmacy had been robbed so there was no way to verify or audit for shortages. Medications are billed and copays collected according to insurance requirements. The CSMD issue was due to a C2 being placed on hold and the correct date has now been updated in the database.

No evidence was found to substantiate the allegations.

Recommend: Dismiss

Dr. Bunch made the motion to **accept counsel's recommendation**. Dr. Dickenson seconded the motion. The motion carried

Case 8.

BOP Investigator obtained a copy of respondent's plea agreement with U.S. District Attorney's office. Respondent pled guilty to healthcare fraud by altering or forging prior authorizations, lab reports and drug test reports. Respondent's attorney did not respond to BOP request for a statement.

Recommend: Revoke

Dr. Wilson made the motion to **authorize a formal hearing** for revocation. Dr. Bunch seconded the motion. The motion carried.

Case 9.

During a periodic inspection, BOP Investigator discovered that a technician had been terminated and arrested for diversion of controlled substances, however the PIC had not reported the tech to BOP, violating 1140-02-01 (12). The technician case is being handled separately.

Recommend: LOI to PIC

Dr. Dickenson made the motion to **issue a Letter of Instruction** to the PIC. Dr. Wilson seconded the motion. The motion carried.

Case 10.

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BOP previously issued pharmacy and dispensing pharmacist discipline with a case of 5 counts of failure to counsel. This case is the PIC for that pharmacy.

Recommend: LOI to PIC

Dr. Wilson made the motion to issue a **Letter of Instruction** to the PIC. Dr. Dickenson seconded the motion. The motion carried.

Case 11.

Complaint alleged respondent pharmacy filled multiple generic levothyroxine prescriptions for a patient even though the prescriber always prescribed Synthroid.

BOP Investigator reviewed records with the PIC who stated that the patient's insurance required P/A for brand name and each time the prescriber's office was contacted, the pharmacist was directed to just fill generic. The patient also requested generic because of the difference in copays. Pharmacy did have documentation of calling prescriber's office on multiple prescriptions and being told to substitute instead of the prescriber requesting a P/A. The patient now sees a different prescriber and after a P/A was obtained, the pharmacy has only dispensed brand name since. The original prescriber's practice has closed.

Recommend: Dismiss

Dr. Bunch made the motion to **accept counsel's recommendation**. Ms. Tittle seconded the motion. The motion carried

Case 12.

BOP office received a DEA 106 indicating the following shortages due to employee pilferage:

67 Oxycodone APAP 7.5/325
225 Oxycodone APAP 10/325
38 Hydrocodone APAP 10/325

Investigation uncovered that respondent had been registered as a tech previously, but had been expired 6 months prior to being hired at the reporting pharmacy. Registration expired 12/31/15. Respondent began work as a probationary tech approximately 3 weeks before admitting the theft on 7/12/16. Respondent admitted in a written statement to stealing 20 Hydrocodone APAP 10/325 and 20 Oxycodone APAP 10/325. Respondent noted being recently accepted to medical school.

Recommend: Flag and close, refer to BME?

Dr. Wilson made the motion to **accept counsel's recommendation**. Dr. Bunch seconded the motion. The motion carried

Case 13.

Consumer complained to BOP office that 7 prescriptions were dropped off on a Monday for next day pickup. Complainant's insurance dictates using this pharmacy. After 2 days, the prescriptions were still not ready and when speaking to the pharmacist, complainant was told the delay was due to understaffing. The complaint states it only took 1 visit to see the pharmacy is critically understaffed and the second visit revealed a staff dedicated to patient care whose hands were tied beyond what should be expected for patient care which could be the difference between life and death. Complainant believes this is a dangerous situation and wants to help pharmacy staff have safe and decent working conditions. Complainant was told that pharmacy staff had requested more help numerous times but nothing changed. Complainant reached out to the district manager but never received a response, which prompted the complaint.

BOP Investigator conducted a thorough investigation including interviewing staff members, management, reviewing records, and logging activities of staff during a busy time. Investigator noted that this is a very busy pharmacy, open 109 hours per week with 124 hours of pharmacists scheduled. This allows 3 hours of overlap Monday thru Friday. The opening pharmacist arrives and works an hour before opening. The pharmacy has had a high turnover rate for PIC's due to the heavy workload. This location is supposed to have 5 full time and 5 part time employees but currently only has 8. It is supposed to have a PIC and 2 staff pharmacists. The pharmacy depends heavily on floater pharmacists. Various staff members interviewed used terms such as "drowning," "overwhelmed," "not enough help," "need backup," "not right for pharmacists," and "not enough staff to do all tasks." The pharmacy often only has 1 pharmacist and 2 techs on duty. A robot is also used. Due to the high volume, large orders are received and must be put up within 24 hours. The will-call bins are very full. Customer assistance and phone calls burden the dispensing process. There are typically numerous baskets waiting to be checked by the pharmacist.

A new PIC search is underway. A store employee is being cross-trained to assist in the pharmacy during busy times. The district manager has promised to only send strong floaters to this location. Store manager states that he does not feel this location has any more complaints than others.

Recommend:

Dr. Dickenson made the motion to issue a letter to the pharmacy stating that board rule 1140-02-.01 is not being adequately executed and to meet with their District Manager to submit a corrective plan of action. Dr. Bunch seconded the motion. The motion carried.

Case 14.

During a periodic inspection on 11/14/16, BOP Investigators discovered the pharmacy refrigerator had quit working and had been removed. Corporate management had instructed the store manager and pharmacy manager to order a new one and in the meantime, use mini-fridges and transfer excess inventory to other stores until the new fridge arrived. Store manager and pharmacy manager decided instead to move all the pharmacy's refrigerated items to the store's walk-in cooler where they were stored 10/18/16 until 11/14/16. Although temperatures are logged 3 times daily/7 days a week, the items were stored outside the licensed pharmacy area and were accessible to vendors and store employees.

Recommend:

Dr. Wilson made the motion to issue a **Letter of Instruction** to the pharmacy concerning proper storage. After discussion, Dr. Wilson withdrew her motion. After further discussion, Dr. Pryse made the motion to authorize a formal hearing with a civil penalty of \$100.00 per day to the pharmacy for improper storage. Dr. Wilson seconded the motion. The motion carried.

Case 15.

This is the PIC for Case 14 above.

Recommend:

Dr. Dickenson made the motion to authorize a formal hearing with a \$100.00 civil penalty for each day of improper storage to the PIC with \$500.00 stayed if the PIC completes 15 continuing education hours pertaining to HIPPA and pharmacy operations. Dr. Bunch seconded the motion. The motion carried.

Case 16.

During a periodic inspection on 11/30/16, BOP Investigator discovered respondent PIC was allowing 2 people to perform technician duties without being registered with BOP. Respondent told Investigator that both had worked for approximately 6 months but had only recently applied for registration. Both are now registered.

Recommend: \$100 x 3months x 2 people = \$600 civil penalty to PIC

Dr. Bunch made the motion to **authorize a formal hearing** with a \$600.00 civil penalty to the PIC for allowing 2 pharmacy technicians to work without being properly registered with the board. Dr. Wilson seconded the motion. The motion carried.

Case 17.

Respondent is one of the techs from Case 16 above.

Recommend: \$100 civil penalty to the tech

Dr. Wilson made the motion to **authorize a formal hearing** with a \$100.00 civil penalty to the technician for unlicensed practice. Dr. Pryse seconded the motion. The motion carried.

Case 18.

Respondent is one of the techs from Case 16 above.

Recommend: \$100 civil penalty to the tech

Dr. Wilson made the motion to **authorize a formal hearing** with a \$100.00 civil penalty to the technician for unlicensed practice. Dr. Pryse seconded the motion. The motion carried.

Case 19.

During a periodic inspection on 12/7/16, BOP Investigator observed 2 patients receiving medication without even an offer to counsel and observed 1 patient get a new prescription for an antibiotic and was only asked by the technician if there were any questions. Investigator noted that counseling requirements had been reviewed with this pharmacist during the previous inspection on 12/30/15.

Recommend: \$1000 civil penalty as pharmacist on duty along with LOI as PIC.

Dr. Wilson made the motion to **authorize a formal hearing** with a \$1000.00 civil penalty to the pharmacist on duty for failure to counsel and a Letter of Instruction to the PIC. Dr. Pryse seconded the motion. The motion carried.

Case 20.

This is the respondent pharmacy from Case 19 above.

Recommend: \$3000 civil penalty with all but \$1000 waived with acceptable plan of action.

Dr. Pryse made the motion to **authorize a formal hearing** with a \$3000.00 civil penalty to the pharmacy for failure to counsel with \$2000.00 stayed upon receipt of a corrective action plan. Dr. Wilson seconded the motion. The motion carried.

Case 21.

Complaint alleges unprofessional conduct by respondent for failure to fill Oxycodone on the day that insurance would have paid, telling respondent that all Oxycodone contains APAP, and the pharmacist was abusive and threatened the safety of the complainant.

BOP Investigator interviewed the pharmacist and reviewed patient's profile as well as CSMD reports at the pharmacy. Pharmacist told Investigator that controlled substances were filled according to the date due and not by when an insurance company will pay for them. Pharmacist denied being abusive or threatening the complainant but stated the complainant has called several times since the incident to curse the pharmacist. Regarding APAP, neither the pharmacist nor the tech remembered discussing ingredients but the prescription was clearly written for "Percocet 7.5/325mg." No evidence was found to suggest anything other than the pharmacist used sound professional judgment involving complainant's prescription.

Recommend: Dismiss

Dr. Dickenson made the motion to **accept the counsel's recommendation**. Dr. Pryse seconded the motion. The motion carried.

Case 22.

Respondent technician was observed diverting controlled substances on video by pharmacy management and provided a signed statement admitting stealing Hydrocodone, Suboxone, Gabapentin and Alprazolam to sell and also stealing drinks, chips and cigarettes for personal use. Statement indicates the thefts started in May, 2015.

Recommend: Revoke tech registration

Dr. Wilson made the motion to **authorize a formal hearing** for revocation. Dr. Pryse seconded the motion. The motion carried.

Case 23.

Complaint alleges respondent pharmacist was observed on video diverting controlled substances. Shortages were found for APAP/Codeine, Alprazolam, and Hydrocodone APAP 7.5/325. Respondent contacted TPRN and has requested BOP suspend his pharmacist's license due to mental health issues and addiction to drugs.

Recommend: Accept voluntary surrender

Dr. Bunch made the motion to **accept the voluntary surrender**. Dr. Dickenson seconded the motion. The motion carried.

Case 24.

Complaint alleges respondent pharmacy shorted complainant's prescriptions of Lorazepam and Oxycodone. BOP Investigator reviewed records and obtained a statement from respondent indicating that audits were conducted and security tape was reviewed but there was no evidence to support the allegations.

Recommend: Dismiss

Dr. Dickenson made the motion to **accept counsel's recommendation**. Dr. Bunch seconded the motion. The motion carried.

Case 25.

On 1/12/17, BOP office received a letter from respondent pharmacist self-reporting diagnosis and beginning treatment of opioid use disorder. Respondent wishes to voluntarily surrender pharmacist's license.

Recommend: Accept voluntary surrender

Dr. Wilson made the motion to **accept the voluntary surrender**. Dr. Dickenson seconded the motion. The motion carried.

Case 26.

On 1/13/17, BOP office received an e-mail from respondent pharmacist self-reporting substance abuse and requesting to voluntarily surrender pharmacist's license.

Recommend: Accept voluntary surrender

Dr. Dickenson made the motion to **accept the voluntary surrender**. Dr. Wilson seconded the motion. The motion.

Case 27.

BOP office was notified of potential drug diversion by respondent pharmacist. Respondent has sent a letter requesting to formally surrender pharmacist's license due to chemical dependence and substance abuse and has entered treatment.

Recommend: Accept voluntary surrender

Dr. Bunch made the motion to **accept the voluntary surrender**. Dr. Dickenson seconded the motion. The motion.

Case 28-Represent

BOP Investigators working an unrelated complaint discovered respondent technician had been terminated for misconduct. Respondent allegedly ordered some compounding chemicals without the owner's knowledge or permission. It was also alleged that those compounding chemicals were diverted to respondent's family pharmacy by hiding the chemicals behind a garbage can until someone pulled into the parking lot, at which time respondent would take the chemicals to a person in that car.

Investigators determined the owners of both pharmacies were long-term friends and had, in the past, traded and borrowed products. Investigators were given conflicting information during interviews, however there was a discovery that products were being ordered and transferred without the owner's knowledge. Also, respondent technician admitted that products had recently been taken without the owner's knowledge because of an embarrassing financial situation at respondent's family pharmacy. Respondent acknowledged hiding chemicals in garbage bags placed behind a garbage can, then carrying them out to meet an accomplice in the parking lot. Respondent stated that a check was brought back to the pharmacy to pay for the products, however, payment could not be definitely confirmed by Investigators. Investigators could also not prove that respondent's family pharmacy owner knew that the chemicals were being ordered without the other pharmacy's owner being aware of the covert way of ordering and paying.

Prior Discipline: None

Recommendation: dismiss

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The Board received new information concerning the above case for reconsideration. After discussion, the board decided to rescind the previous order for revocation. Dr. Bunch made the motion to accept counsel's recommendation. Dr. Pryse seconded the motion. The motion carried.

Appearance

Pamela Winchester, D.Ph.

Dr. Winchester appeared before the board to ask permission to apply for license as a pharmacist in Tennessee. She was previously licensed by the North Carolina Board of Pharmacy and had her license disciplined by that board. Dr. Winchester is eligible to reinstate her North Carolina pharmacist license but the North Carolina Board of Pharmacy will not allow her to reinstate since she is no longer a resident of that state. Dr. Winchester resides in Tennessee and wishing to work as a pharmacist but does not have a valid license to reciprocate. After discussion, Dr. Bunch made the motion to allow Dr. Winchester to apply for license as a pharmacist by examination in Tennessee. Once Dr. Winchester has completed the requirements for licensure, the license will be placed on probation for five years with the following conditions. Dr. Wilson seconded the motion. The motion carried.

- (a) The Respondent shall completely abstain from the consumption of alcohol or any other drugs, except as specified in (b);
- (b) The Respondent shall be able to consume legend drugs or controlled substances prescribed by the Respondent's primary physician Dr. Veronica Gubotin, except in the case of an emergency or upon proper referral from the Respondent's primary physician. Upon ratification of this order, the Respondent shall immediately notify the Board office in writing of the name of the Respondent's primary care physician. The Respondent shall immediately notify the Board office in writing of the name of the Respondent's primary physician each time the Respondent changes primary physicians;
- (c) The Respondent shall not obtain or attempt to obtain any prescriptions in the Respondent's name for any legend drugs, controlled substances or devices containing same from a physician other than the Respondent's primary physician or from any other health care provider, such as a nurse practitioner, physician's assistant or psychiatrist;
- (d) The Respondent shall destroy any unused controlled substances prescribed under the provisions of subsection (b) no later than thirty (30) days following the completion of the prescribed course of treatment;
- (e) The Respondent shall report to the Board, in writing, the ingestion of any and all legend drugs or controlled substances (a copy of the prescription will satisfy the requirement);
- (f) The Respondent shall submit to random sampling of urine, blood or bodily tissues for the presence of drugs and alcohol, at the Respondent's own expense, by agents of the Board, such as the Tennessee Pharmacist Recovery Network for as long as the Respondent has an active license. In the event that the sampling indicates the presence of drugs for which the Respondent does not have a valid prescription or the sampling indicates the presence of alcohol, then formal disciplinary charges may be brought against the Respondent which could result in the revocation of the Respondent's remaining term of probation or the suspension or revocation of the Respondent's license to engage in the practice of pharmacy. Prior to such disciplinary charges being heard by the Board, the Respondent's license may be summarily suspended;

(g) The Respondent shall comply with all of the terms and conditions of the extended aftercare contract she entered into with the Tennessee Pharmacist Recovery Network. Respondent shall return a copy of said contract with this consent order to the Board Office.

(h) The Respondent shall not serve as pharmacist-in-charge for a period of three (3) years from the start date of probation; however, after a period of two (2) years' probation the respondent may petition the Board for a modification of this Consent Order to remove the restrictions upon show of good causes. The Respondent shall not work as a "floater" for a period of three (3) years, meaning that the Respondent shall not work at more than one (1) pharmacy location at the same time without permission of the Board;

(i) Respondent shall complete all provisions required for the reinstatement of his license listed in Board Rule 1140-01-.07 (3) (b):

1. Successfully complete the jurisprudence examination and the NAPLEX.
2. If the license has been inactive, delinquent, suspended or revoked for one (1) year to not more than three (3) consecutive years, you must complete one hundred and sixty (160) hours of pharmacy internship within ninety (90) consecutive days.

Reinstatement

Alexandria Barnette, D.Ph.

Dr. Barnette requested to have his licensed reinstated. Dr. Barnette's license was revoked on 05/26/2016. After discussion, Dr. Wilson made the motion to reinstate Dr. Barnette's license. Dr. Barnette's license will be on five (5) year probation once he has completed all the necessary requirements for reinstatement with the following conditions. Dr. Pryse seconded the motion. The motion carried.

(a) The Respondent shall completely abstain from the consumption of alcohol or any other drugs, except as specified in (b);

(b) The Respondent shall be able to consume legend drugs or controlled substances prescribed by the Respondent's primary physician except in the case of an emergency or upon proper referral from the Respondent's primary physician. Upon ratification of this order, the Respondent shall immediately notify the Board office in writing of the name of the Respondent's primary care physician. The Respondent shall immediately notify the Board office in writing of the name of the Respondent's primary physician each time the Respondent changes primary physicians;

(c) The Respondent shall not obtain or attempt to obtain any prescriptions in the Respondent's name for any legend drugs, controlled substances or devices containing same from a physician other than the Respondent's primary physician or from any other health care provider, such as a nurse practitioner, physician's assistant or psychiatrist;

(d) The Respondent shall destroy any unused controlled substances prescribed under the provisions of subsection (b) no later than thirty (30) days following the completion of the prescribed course of treatment;

(e) The Respondent shall report to the Board, in writing, the ingestion of any and all legend drugs or controlled substances (a copy of the prescription will satisfy the requirement);

(f) The Respondent shall submit to random sampling of urine, blood or bodily tissues for the presence of drugs and alcohol, at the Respondent's own expense, by agents of the Board, such as the Tennessee Pharmacist Recovery Network for as long as the Respondent has an active license. In the event that the sampling indicates the presence of drugs for which the Respondent does not have a valid prescription or the sampling indicates the presence of alcohol, then formal disciplinary charges may be brought against the Respondent which could result in the revocation of the Respondent's remaining term of probation or the suspension or revocation of the Respondent's license to engage in the practice of pharmacy. Prior to such disciplinary charges being heard by the Board, the Respondent's license may be summarily suspended;

(g) The Respondent shall comply with all of the terms and conditions of the extended aftercare contract she entered into with the Tennessee Pharmacist Recovery Network. Respondent shall return a copy of said contract with this consent order to the Board Office.

(h) The Respondent shall not serve as pharmacist-in-charge for a period of three (3) years from the start date of probation; however, after a period of two (2) years' probation the respondent may petition the Board for a modification of this Consent Order to remove the restrictions upon show of good causes. The Respondent shall not work as a "floater" for a period of three (3) years, meaning that the Respondent shall not work at more than one (1) pharmacy location at the same time without permission of the Board;

(i) Respondent shall complete all provisions required for the reinstatement of his license listed in Board Rule 1140-01-.07 (3) (a):

1. Provide written notice to the board requesting an active license.
2. Satisfy all past due continuing pharmaceutical education as required by the board
3. Pay all cumulative license renewal fees and any applicable penalty fees for the period during which the license was inactive, delinquent, suspended or revoked.

Waivers

Board rule 1140-04-.15(7) (b) and (IV)

Vanderbilt Medical Center

Dr. Mark Sullivan, Executive Director, Inpatient and Clinic Pharmacy Operations, appeared before the board to ask approval to use PETNET to run Vanderbilt's PET facility. Vanderbilt Researchers will have approved access the cyclotron for research purposes. After discussion, Dr. Wilson mad the motion to allow Vanderbilt Researchers access to the cyclotron but they would have to register as pharmacy technician with the board. Dr. Pryse seconded the motion. The motion carried.

Dr. Sullivan asked the board for to grant a waiver of board rule 1140-04-.15(6) (b) and (IV). The board deferred this request since the rules are not in effect at this time.

Dr. Sullivan also asked the board to specify if they plan to incorporate USP 800 into the rules. The board referred Dr. Sullivan to board rule 1140-07-.02 (1) which states "All sterile products shall be prepared in compliance with applicable USP standards for pharmaceutical compounding"

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Board rule 1140-01-.13 (3) (d) (e)

Dr. Bunch made the motion to approve the request from **Twelvestone Pharmacy** to waive the requirement for the pharmacy to have one hundred and eighty square feet and hot and cold running water and refrigeration for the automated dispensing machine. Dr. Dickenson seconded the motion. The motion carried.

Board rule 1140-03-.14 (12)

Dr. Bunch made the motion to deny the request from **Justin Garrett, Pharm. D.**, to be pharmacist in charge of the two automated dispensing machines at Crestview/ElderScript, Nashville, TN. Dr. Pryse seconded the motion. The motion carried.

Consent Orders

Dr. Bunch made the motion to accept the following consent orders as presented. Dr. Wilson seconded the motion. The motion carried.

VIOLATED BOARD RULE 1140-3-01(1) (a) & (f)

Jennifer Nichols, D.Ph.
Kristopher Fowler, D.Ph.
Jennifer Wilder, D.Ph.
Justin Connor, D.Ph.
Jerry R. Debuhr, Jr., D.Ph.
Walgreens Pharmacy #9430

VOLUNTARILY SURRENDER (same as revocation)

Katherine Nola, D.Ph.
Abigail Pierce, RT
Amanda Clark, D.Ph.

PROBATION

Marcia Jones, D.Ph.
Glyn Wallace, D.Ph.

VIOLATED BOARD RULE 1140-01-.08(2)

First Choice Home Medical Supply

REVOCATION

Rebecca Blanks, RT
Kevin Stokes, RT
Willie Weeks, RT
Harrison Kitzrow, RT
Christina M Bailey, RT

VIOLATED BOARD RULE 1140-2-02 (1)

Breanna Fritts, RT

Tennessee Board of Pharmacy
Board Meeting
January 24, 2017

Director's Report

Dr. Dilliard informed the board of the upcoming Tennessee Pharmacist Associations Updates and asked the board to consider attending as well. The pharmacy updates are scheduled for the following dates and locations: February 11-12, 2016, Johnson City, TN; February 18-19, 2017, Murfreesboro, TN; Jackson, TN March 4-5, 2017, March 11-12Knoxville, TN; March 18-19, 2017, Chattanooga, TN, April 1-2, 2017 Nashville, TN, April 22-23, 2017 and April 29-30, 2017. .

Dr. Dilliard asked the board to authorize travel for the executive director, pharmacy investigators and board members to attend the Tennessee Pharmacist Association Winter Meeting scheduled for February 27-28, 2017. Dr. Bunch made the motion to authorize travel for the executive director, pharmacy investigators and board members to attend the Tennessee Pharmacist Association Winter Meeting. Dr. Wilson seconded the motion. The motion carried.

Dr. Dilliard asked the board to authorize travel for the executive director and board members to attend the National Association of Board of Pharmacy (NABP) Annual Conference to be held in Orlando, FL on May 20-23, 2017. Dr. Bunch made the motion to authorize travel for the executive director and board members to attend the National Association of Board of Pharmacy (NABP) Annual Conference to be held in Orlando, FL on May 20-23, 2017. Dr. Wright will be the board's delegate and eligible for the travel grant. Dr. Dickenson seconded the motion. The motion carried.

Dr. Dilliard asked the board to give the executive director authorization to automatically send a consent order to a licensee that have submitted a notice to voluntarily surrender their license. After discussion, Dr. Wilson made the motion to grant authorization to the executive director to automatically draft and send an consent order to a licensee that have submitted notification to voluntarily surrender their license. Dr. Dickenson seconded the motion. The motion carried.

Dr. Dilliard informed the board of the Tripartite meeting scheduled for February 28, 2017 at Maryland Farms.

Dr. Dilliard informed the board that the Committee for Public Chapter 942 met on December 13, 2016 and are in the process of completing the recommendation to present to the board. .

Dr. Dilliard informed the board that the issue of requiring a licensed facility to have the pharmacy law book has come up for discussion and would like the board to make a decision on whether the hard copy of the pharmacy law book is required or is the electronic version sufficient. Dr. Bunch made the motion that a hard copy of the law book is not required. Dr. Dickenson seconded the motion. The motion carried. After further discussion, Dr. Bunch withdrew his motion. Dr. Bunch made the motion of clarification and stated that all license facilities are required to have a hard copy of the Board of Pharmacy law book. Dr. Dickenson seconded the motion. The motion carried.

Appearance/Application Review
Tonya Steele, RT

Ms. Steele appeared before the board to request approval to reapply for registration as a pharmacy technician. Ms. Steele's pharmacy technician registration was revoked by the board on September 22, 2010. After discussion, Dr. Pryse made the motion to allow Ms. Steele to reapply for registration as a pharmacy technician. Dr. Wilson seconded the motion. The motion carried.

Dr. Wilson made the motion to adjourn at 3:05 p.m. Dr. Pryse seconded the motion. The motion carried.