

Tennessee Board of Pharmacy
Board Meeting
March 13-14, 2018

TENNESSEE BOARD OF PHARMACY
665 Mainstream Drive, Iris Room
Nashville, TN
March 13-14, 2018

BOARD MEMBER PRESENT

R. Michael Dickenson, D.Ph., President
Debra Wilson, D.Ph., Vice President
Kevin Eidson, D. Ph.
Katy Wright, D. Ph.
Adam Rodgers, D.Ph.
Rissa Pryse, D.Ph.
Lisa Tittle, Consumer Member

STAFF PRESENT

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

The Tennessee Board of Pharmacy convened on Tuesday, March 13, 2018, in the Iris Room, 665 Mainstream Drive, Nashville, TN. A quorum of the members being present, the meeting was called to order at 8:10 a.m.

Minutes

The minutes from the January 30-31, 2018 board meeting were presented. After discussion, Dr. Pryse made the motion to accept the minutes as presented. Ms. Tittle seconded the motion. The motion carried.

Financial Report

Noranda French, Administrative Assistant IV, gave the financial report.

Office of General Counsel Report

Mr. Gibbs informed the board that there are 59 cases open for discipline in OGC and 16 are eligible for a contested hearing.

Mr. Gibbs informed the board that Governor Haslam signed into law a bill that requires TennCare to develop and implement a medication therapy management (MTM) pilot program. TennCare is responsible for establishing standards and eligibility criteria for the pilot program. MTM services shall be delivered by a TN-licensed pharmacist. This bill does not modify or expand the scope of pharmacy practice. Dr. Micah Cost, Director of the Tennessee Pharmacy Association, has provided language used as “standards” by the American Pharmacists Association. This language outlines nine criteria a pharmacist must observe when engaging in MTM. The rule language consist of one page which contains the nine criteria. Mr. Gibbs also informed the board that he is still working on rules for pharmacy interns and pharmacy technicians.

Legislation

Mr. Gibbs gave the board an update on the following bills in the Legislation.

SB1520/HB1614 (Senator Bell and Reps. Faison and Ragan) - As introduced, extends the board of pharmacy for five years to June 30, 2023.

Update – This bill was signed into law by the Governor on March 8, 2018.

SB1915/HB1883 (Sen. Niceley and Rep. Kane) - As introduced, clarifies that the present law that exempts certain oils containing cannabidiol and used for research or treatment of seizures or epilepsy will not be repealed on June 30, 2018; and removes DEA certification as an eligibility condition for the research exemption. Extends provisions related to the definition of marijuana that are set to expire on June 30, 2018.

Update – This bill has been placed on committee calendars in both houses for today, March 13, 2018.

SB1659 (Sen. Dickerson) - As introduced, specifically makes the use of generic drugs pursuant to the Tennessee Affordable Drug Act of 2005 applicable to the TennCare program as a cost-saving measure.

Update - This bill has been placed on committee calendars in both houses for March 14, 2018.

SB1670/HB1695 (Sen. Green and Rep. Pitts) - As introduced, permits a pharmacist to honor a valid prescription written by a physician in another state or territory for a person displaced by a disaster who is present in this state.

Update – This bill has been amended to indicate a pharmacist may dispense up to a 21-day supply of a maintenance medication to a person displaced by a disaster, even if a proper authorization or valid prescription is not presented by the patient. Prescription information can be obtained from the label of a prior prescription, verbal prescription order, or other means to determine legitimacy.

The amended version of this bill passed in the Senate on March 8, 2018. The House of Representatives was scheduled to vote on the amended bill on Monday, March 12, 2018.

SJR0528 (Sen. Kelsey) - General Assembly, Statement of Intent or Position - Recognizes the challenges faced by medical professionals and facilities.

Update – Dr. Dilliard, the legislative liaisons, and I worked with the sponsor of this bill, through constituents, to craft amended language. The amended language narrowed the scope of this resolution to reflect the actual realities of medications set to expire, which are in short supply.

This bill is still within the Senate Health and Welfare committee as of January 31, 2018.

SB1774/HB1874 (Sen. Crowe and Rep. Kumar) - As introduced, specifies that a medication therapy management program involves pharmacist-provided services.

Update – This bill passed the Senate on February 22, 2018 and was placed on the calendar of the House Rules committee on February 27, 2018. There has been no further action on this bill in either house since February 27, 2018.

SB1710/HB1749 (Sen. Dickerson and Rep. Faison) - As introduced, enacts the "Medical Cannabis Act"; establishes medical cannabis commission for regulation of cannabis-related health care.

Update – This bill was taken off notice of the House Criminal Justice committee on March 7, 2018.

SB2038 (Sen. Gresham) / **HB1992** (Rep. Gant) - As introduced, requires health care prescribers to issue all prescriptions for Schedule II controlled substances electronically by July 1, 2020, with some exceptions.

This bill is currently within committees of both houses as of February 5, 2018. There has been no further action on this bill in either house since February 5, 2018.

SB2191 (Sen. Lundberg) / **HB1993** (Rep. Gant) - As introduced, requires the commissioner of health to study the issues related to requiring the use of electronic prescriptions for controlled substances by all authorized prescribers in this state to the full extent permitted by federal law; requires the commissioner to report on or before January 15, 2019, any recommendations and findings to the health committee of the house of representatives and the health and welfare committee of the senate.

On March 7, 2018, the Senate Health and Welfare committee passed an amended version of this bill. The amendment, which is extensive to the original language of this bill, would require that all Schedule-II controlled substances be prescribed electronically by January 1, 2020. The bill enumerates nine exceptions to the electronic prescription requirement. The bill amends the practice acts of all healthcare providers with prescriptive authority to indicate the electronic prescription requirement. The bill does not require a pharmacist to verify the reason why a prescription for a Schedule-II controlled substance was not issued electronically. Valid written, oral, or fax prescriptions may still be dispensed, so long as other applicable legal provisions are met.

SB2147 (Sen. Briggs) / **HB2172** (Rep. Kane) - As introduced, directs the Department of Health to establish and enforce a medical supply donation program.

The language of this bill regarding a supply repository is substantially similar to the language that establishes the drug donation repository. It is unclear, at this time, what impact, if any, this bill would have on the Board of Pharmacy.

This bill is still in committees of both houses as of March 7, 2018.

SB2224 (Sen. Southerland) / **HB2512** (Rep. Akbari) - As introduced, specifies that industrial hemp and products derived from industrial hemp, other than isolated THC, are not subject to scheduling as a controlled substance and are not subject to forfeiture based solely on their composition.

This bill was placed on committee calendars in both houses for today, March 13, 2018.

SB2142 (Sen. Haile) / **HB2173** (Rep. Goins) - As introduced, requires that certain controlled substances be dispensed by a pharmacy in a lockable container.

This bill would require that all Schedule-II controlled substances be dispensed in a lockable vial by July 1, 2018. The costs of a lockable vial (up to \$1.99) would be borne by the manufacturer who produced the drug which requires the lockable vial, as established in a Board

of Pharmacy rule

This bill was removed from the calendar of the House of Representatives Subcommittee of Health on March 7, 2018.

SB2027 (Sen. Greene) / **HB2102** (Rep. Terry) - As introduced, requires annual reporting to the department of health of the number of oral prescriptions for schedule II controlled substances filled under the existing emergency situation exception to the general written prescription requirement.

This bill was still in committees of both houses as of February 5, 2018.

SB2025 (Sen. Haile) / **HB 2440** (Rep. Terry) - As introduced, authorizes a partial fill of a prescription of an opioid.

This bill codifies into state law the existing, applicable portions of federal law regarding partial fills of controlled substances.

This bill has been placed on the committee calendars for both houses for March 14, 2018.

Complaint Summary

1.

Complaint alleged respondent (who is a hospital inpatient) pharmacy compounded an essential copy of an FDA approved product and filled prescription orders for this brand name product with the compounded product. Complaint also alleged this practice violates the United States Drug Quality and Security Act as well as Tennessee Board of Pharmacy Rules 1140-02-.01, sections (1) and (4).

BOP Investigator reviewed pharmacy records and interviewed pharmacists. Respondent pharmacy compounded a Lisinopril solution with a concentration of 2mg/ml for use in the hospital and also in its outpatient pharmacy. The brand name product (1mg/ml concentration) received FDA approval in July, 2016. Respondent pharmacy began the process of evaluating the product and adding it to formulary. TennCare would not originally cover the product and respondent pharmacy treats a large number of TennCare patients. It eventually became covered with P/A. Respondent now uses the branded product exclusively unless there are contraindications or restrictions such as a ketogenic diet for epilepsy or autism. Respondent pharmacy also obtained a new computer system in November of 2017 that no longer allows the prescriber an option to order a compounded Lisinopril product. Respondent staff told BOP Investigator that when the product was still being compounded, it was not to skirt the law, but to provide patients with medication for those who are the sickest, when 1mg is too little to take in oral dosage forms, or patients that had contraindications.

No prior discipline.

Recommend:

Dr. Eidson made the motion to **dismiss** the complaint. Dr. Wright seconded the motion. The motion carried.

2.

Respondent is the outpatient pharmacy companion case to Case 1 above.

No prior discipline.

Recommend:

Dr. Eidson made the motion to **dismiss** the complaint. Dr. Wright seconded the motion. The motion carried.

3.

Complaint alleged unprofessional conduct by pharmacy staff that occurred over a course of three days and resulted in the patient being without Lipitor over a weekend. Complainant denied being rude to pharmacy staff and stated he was told to apologize to staff or transfer his prescriptions elsewhere. Complainant told staff he would get his prescriptions filled this time but would not use this pharmacy anymore after that. The next day was Saturday, and complainant stated the pharmacy called and told him again to apologize or find another pharmacy. He would not apologize.

BOP Investigator interviewed staff and obtained a sworn statement from respondent pharmacy owner and PIC claiming the complainant was first rude to a tech that passed the phone to the PIC and the remainder of the call was recorded. The next day, the complainant called and spoke to the business manager who had to ask the complainant to calm down. Pharmacy staff called the complainant to verify where he would want his prescriptions transferred and they then transferred his prescriptions before closing at noon on that Saturday. So there was no need for the patient to miss any doses of medication. Pharmacy staff also notified patient's clinic that the patient was being discharged from the pharmacy and all future e-scripts should be sent to the patient's new pharmacy. According to the PIC, this situation was handled as it is with any other patient that acts inappropriately to pharmacy staff.

No prior discipline.

Recommend: Dismiss

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

4.

Complaint alleged that respondent pharmacy staff refused to fill complainant's prescriptions, told him they did not want his business, refused to tell him why, and refused to transfer his prescriptions to another pharmacy.

BOP Investigator interviewed pharmacy staff. The PIC provided a sworn statement that the complainant had become hard to please, demanding, confused, and had started making lewd comments to the staff. Some comments were sexual and racial in nature. There were no refills on some of the patient's medications so they could not be transferred. The PIC also stated the patient has since called to apologize but became angry on the phone and hung up so the pharmacy decided discontinue serving complainant.

No prior discipline.

Recommend: Dismiss

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

5.

Complaint was forwarded to BOP from Consumer Affairs. Complainant alleged a misfill occurred at the respondent pharmacy when the complainant's prescription for Lotemax was dispensed with incorrect directions. Complainant was not harmed because he had a sheet of directions from the prescriber so he used the medication correctly.

BOP Investigator reviewed prescription records and interviewed staff. The misfill was confirmed. Lotemax was dispensed with directions "Instill 1 drop in operative eye every 7 days then twice daily for 7 days." It should have read "Instill 1 drop in operative eye 4 times a day for 7 days then twice daily for 7 days." There was only one pharmacist on duty and counseling cannot be confirmed, but Investigator observed counseling by the pharmacist during the visit. Investigator contacted the patient but he could not remember if he was counseled.

Prior LOW issued (in 2012) for a medication mis-fill.

Recommend: LOW

Dr. Eidson made the motion to issue a **Letter of Warning** for the misfill. Dr. Pryse seconded the motion. The motion carried. After discussion, Dr. Rodgers amended the motion to request a corrective plan. Ms. Tittle seconded the motion. The amended motion carried.

6.

Respondent is PIC and dispensing pharmacist for Case 5 above.

No prior discipline.

Recommend:

Dr. Eidson made the motion to issue a **Letter of Warning** for the misfill. Dr. Rodgers seconded the motion. The motion carried

7.

Complaint alleged Respondent, a pharmacist, required the patient, in order to get controlled substances filled, had to get non-controlled prescriptions filled. Patient claimed to have not needed or wanted the non-controlled medications. Complaint also alleged Respondent made inappropriate comments about the patient's health and medications.

BOP Investigator obtained a sworn statement from Respondent. According to the statement, the patient had a history of only wanting to pick up controlled substances and not wanting non-controlled medications. Respondent was not comfortable allowing this and told the patient that the pharmacist would call the prescriber before filling the patient's medications. The patient had a different prescriber call the pharmacy to tell the pharmacist it was ok, but the pharmacist felt he should speak to the prescriber that had ordered the prescriptions. While waiting on the prescriber to call, the patient had her prescriptions transferred to another pharmacy. Respondent pharmacist has had no further contact from the patient.

No prior discipline.

Recommend: Dismiss

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

8.

Complaint was reviewed by BIV then sent to BOP. Complainant alleged the respondent pharmacist's "conduct is unprofessional, dishonorable, disrespectful, slanderous and certainly unethical." Allegations include the pharmacist refusing to fill prescriptions from the complainant's office because it is across the state line from Tennessee; the Respondent has said the complainant is "under investigation by DEA;" that the complainant had lost prescribing privileges in Tennessee.

Respondent pharmacist (who is also PIC) responded that she had become increasingly concerned with legitimacy of opioid prescriptions coming from the clinic. She explained that the clinic had moved out of Tennessee; the clinic does not accept insurance; the most common prescriptions are morphine and oxycodone; and a newspaper article quoted the physician saying "opioid abuse is not really a problem anymore." Respondent also stated she does not refuse all prescriptions from the clinic, just the ones she does not feel comfortable filling for patients. Respondent claims to have spoken to patients about refusing to fill some prescriptions. Investigator noted that there was no documentation of red flags being identified or documentation of why specific prescriptions were denied. There was also no documentation of whether prescribers are contacted for more information about a patient's diagnosis and condition.

No prior discipline.

Recommend: LOW

Dr. Pryse made the motion to **dismiss** the complaint. Dr. Rodgers seconded the motion. The motion carried.

9.

Companion case to Case 8 above. Respondent was the area supervisor and, possibly, the reason for the behavior referenced in Case 8.

No prior discipline.

Recommend: LOW

Dr. Pryse made the motion to **dismiss** the complaint. Dr. Rodgers seconded the motion. The motion carried.

10.

Complaint alleged a Buprenorphine/Naloxone prescription for quantity of 56 films was incorrectly filled with just 30. It is also alleged that when the pharmacist was asked, he became rude and refused to correct the error.

During the investigation, respondent pharmacist made a false statement that he had checked computer on-hands and verified the counts were correct. However, when Investigator asked to review the records, Investigator discovered that on-hands are not tracked in the computer. Investigator could not ascertain whether the patient was shorted based upon the pharmacy's records related to Buprenorphine/Naloxone products.

Prior discipline – Failure to register a pharmacy technician in 2009

Recommend:

Dr. Pryse made the motion to issue a **Letter of Instruction** to follow policy and to correct the quantity dispensed. Dr. Wilson seconded the motion. The motion carried.

11.

Respondent is PIC and dispensing pharmacist for Case 10 above.

No prior discipline.

Recommend: LOW for making a false statement to Investigator

Dr. Pryse made the motion to issue a **Letter of Warning** for making a false statement to the Pharmacist Investigator. Dr. Wilson seconded the motion. The motion carried.

12.

In May of 2016, BOP Investigator inspected Respondent, a pharmacy, for basic requirements and also sterile compounding requirements. Basic violations noted were as follows:

Some registrations/licensure certificates were not displayed (mainly CPhT); dispensing area not clean or orderly (dust on shelves above and near non-sterile compounding area); drugs found that were past BUD (70 of 140 compounded drugs); pharmacist signature log not updated in lieu of running a daily refill report; C2 invoices were not separated from C3 thru C5 invoices; C2 biennial inventory was not separated from C3 thru C5.

Nine high risk sterile compliance issues were found during a May of 2016 inspection.

In May of 2017, Investigator conducted a periodic inspection. The following basic compliance issues were found:

Wall registration certificate not in date for CPhT; shelves were dirty and dusty near and above non-sterile compounding area; Investigator warned of verbal prescriptions not initialed by appropriate personnel; signature log unavailable; daily print-out unavailable; C2 invoices not separated from C3 thru C5; DEA biennial report could not be located; last theft/loss report could not be located; 23 drugs found with either no BUD or past the BUD.

Fifteen high risk sterile compliance issues were found during the May of 2017 inspection. Five were repeat issues that had been addressed in 2016.

Respondent voluntarily accepted a request to cease and desist all sterile compounding until further notice. Investigator continued correspondence with pharmacy owner regarding compliance issues. Investigator performed a follow-up inspection on June 19, 2017, and the majority of issues had been corrected, but four items were still out of compliance.

Investigator continued corresponding with respondent in attempts to help educate and assist in maintaining compliance with USP 797. Investigator performed inspections in December, 2017 and March, 2018.

Prior discipline – Failure to counsel patients in 2012

Recommend: Sterile compounding monitor

Dr. Eidson made the motion to **authorize a formal hearing** for revocation of the sterile compounding modifier, a 2 year monitoring contract for non-sterile compounding and issue a cease and desist letter. Dr. Wright seconded the motion. The motion carried.

13.

Respondent is PIC and owner for Case 12 above.

Prior discipline – Failure to register pharmacy technicians in 2014.

Recommend:

Dr. Eidson made the motion to **authorize a formal hearing** to reprimand the PIC and the pharmacy license. Dr. Wilson seconded the motion. The motion carried.

14.

Respondent pharmacist admitted forging prescriptions for Fioricet for personal use. Respondent referenced a loss of insurance due to divorce, worsening migraines, job difficulties, and a lack of help for her son. Written admission also states that she has been forging prescriptions by pretending they were called in and paying for them using a discount card. Respondent admitted this has been going on for several months.

No prior discipline.

Recommend:

Dr. Wilson made the motion to **authorize a formal hearing** to suspend the pharmacist license with the suspension stayed if pharmacist will be evaluated by the Tennessee Pharmacist Recovery Network. Dr. Eidson seconded the motion. The motion carried.

15.

Respondent, a pharmacy, engaged in the manufacturing of sterile compounded products without the Board's sterile compounding modifier.

Issues pertaining to Respondent's sterile compounding include the following:

- A master formula sheet could not be located
- Compounding logs could not be located
- Expired products were found in the compounding lab, CII safe, and pharmacy refrigerator
- Incorrect or missing lot numbers on compounded products
- Respondent did not compound products according to USP <797> standards (e.g. sink, weighing powders, and documentation of compounding)

Prior discipline – 32 expired APIs, 15 products with no expiration date, and 26 APIs with no expiration date, but beyond the three-year recommended shelf life. Issued a civil penalty of \$580.00.

Recommend:

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

16.

Respondent is PIC and owner for Case 15 above.

Prior discipline:

1990 – License suspended; license was suspended by another state

2008 – Respondent filled or refilled approximately 135 prescriptions for controlled substances that were not authorized by a licensed prescriber

- Five years of probation and \$1,000 civil penalty

2017 – Allowed technician to work in the pharmacy with an expired registration

- \$300 civil penalty

Recommend:

Dr. Rodgers made the motion to **authorize a formal hearing** for revocation. Ms. Tittle seconded the motion. The motion carried.

17-25.

One complaint was received by BOP staff which alleges the following:

- September 10, 2016
C.C. was prescribed fluocinonide 0.05%. Respondent A, the dispensing pharmacist, dispensed fluocinolone 0.025%. Complainant alleged the wrong prescription caused a non-life threatening allergic reaction C.C.
- March 28, 2017
Eucrisa 2% ointment gel placed in pick-up bin for K.C.
- May 19, 2017
Eucrisa 2% ointment gel dispensed to C.C.
- May 31, 2017
Respondent D, a pharmacist, refused to fill a prescription for C.C. for clobetasol ointment and unilaterally deleted the prescription from in-store software. Respondent D indicated the prescription was refused because several similar steroidal ointments were dispensed to C.C. in a short time frame which would create duplicate therapy. Steroidal ointments, varying in type, were dispensed on May 6; twice on May 31; and twice on June 1.

Conflicting accounts are provided regarding the varying degrees of purposefulness with which the prescription was deleted by Respondent D. It does not appear that Respondent consulted with the prescriber prior to deleting the prescription.

Pharmacy staff complained that Respondent D would leave the pharmacy for extended periods of time and used an unprofessional tone when dealing with staff and patients.

- June 1, 2017
C.C.'s parent went to the pharmacy to discuss the deleted prescription. C.C.'s parent asked the pharmacist on duty on June 1 ("Respondent E"), to provide the name of Respondent D. According to the complainant, Respondent E refused to provide Respondent D's name, citing store policy to not disclose the name of the pharmacist.

A pharmacy technician provided the name of Respondent D to the parent of C.C. by way of a surreptitious note.
- June 2, 2017
The PIC ("Respondent F"), sought and obtained a new prescription for clobetasol ointment for C.C. on June 2, but the prescription was not filled until June 28, 2017, due to C.C.'s unavailability.
- June 28, 2017
A bag, which contained a prescription for Eucrisa 2% ointment gel for K.C., which was scheduled to be picked up on March 28, 2017, was stapled to a bag which contained the clobetasol ointment for C.C. C.C. did not use any of the Eucrisa 2% ointment gel.
- July 25, 2017
Complainant alleges Respondent G displayed rude behavior regarding a prescription. C.C. normally receives 120 grams of clobetasol ointment so that 60 grams can be maintained by C.C.'s mother and 60 grams can be maintained by C.C.'s father. On this occasion, the prescription, as written, only provided for a total of 60 grams. Complainant alleges Respondent G was rude and not helpful in getting the situation resolved.

17.

No prior discipline.

Recommend: Letter of Warning

Ms. Tittle made the motion to issue a **Letter of Warning** for the misfill. Dr. Wright seconded the motion. The motion carried.

18.

No prior discipline.

Recommend:

Dr. Wright made the motion to issue a **Letter of Warning** to the pharmacy with the submission of a corrective action plan. Dr. Eidson seconded the motion. The motion carried.

19.

No prior discipline.

Recommend: Letter of Instruction

Dr. Wright made the motion to issue a **Letter of Instruction**. Dr. Pryse seconded the motion. The motion carried.

20.

No prior discipline.

Recommend: Reprimand

Dr. Wright made the motion to issue a **Letter of Warning** to pharmacist for refusing to fill the prescription and then deleting it. Dr. Rodgers seconded the motion. The motion carried.

21.

No prior discipline.

Recommend: Dismiss

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

22.

No prior discipline.

Recommend:

Dr. Eidson made the motion to **dismiss** this complaint. Dr. Pryse seconded the motion. The motion carried.

23.

No prior discipline.

Recommend: Dismiss

Dr. Wright made the motion to **dismiss** this complaint. Dr. Rodgers seconded the motion. The motion carried.

24.

No prior discipline.

Recommend: Letter of Warning

Dr. Pryse made the motion to issue a **Letter of Warning**. Ms. Tittle seconded the motion. The motion carried. After discussion, Dr. Wright made the motion to amend the original motion to add a corrective action plan. Ms. Tittle seconded the amended motion. The amended motion carried.

25.

No prior discipline.

Recommend: Dismiss

Dr. Wright made the motion to **dismiss** this complaint. Dr. Wilson seconded the motion. The motion carried.

Director's Report

Dr. Dilliard asked the board about updating the GAP Analysis. The board stated that since the GAP Analysis one of several tools that have been established for sterile compounding it does not need to be updated.

Dr. Dilliard informed the board that he and Dr. David Bess spoke at the Pharmacy Updates and that roughly 500 people have attended thus far.

Dr. Dilliard informed the board that he and Dr. Rodgers attended the Buprenorphine roundtable discussion that was held in Knoxville, TN. Dr. Dilliard stated that the discussion included issues between physicians and pharmacists.

Dr. Wilson left meeting at 11:20 a.m.

**Order Modification
Corey Bradley, D.Ph.**

Dr. Bradley appeared before the board to request that he be allowed to be PIC at Pruitt's Neighborhood Health at Napier Clinic. Dr. Bradley's license was placed on probation on 12/20/17. After discussion, Dr. Wright made the motion to approve Dr. Bradley's request to be PIC at Pruitt's Neighborhood Health at Napier Clinic. Dr. Pryse seconded the motion. Dr. Pryse seconded the motion. The motion carried.

Christin Onuh, D.Ph.

Dr. Onuh appeared before the board to request that the probation status be lifted from his pharmacist license. Dr. Onuh signed a consent order on 07/29/2016 placing his pharmacist license on 5 year probation. After discussion, Dr. Eidson made the motion to deny Dr. Oahu's request. Dr. Pryse seconded the motion. The motion carried.

Waivers

Board rule 1140-01-.05 (4)

Maha Abdalla, D.Ph.

Dr. Wright made the motion to deny Dr. Abdalla's request to waive the 1700 internship hours needed to apply for a pharmacist license by examination in TN. Dr. Abdalla's will be required to accrue 320 pharmaceutical internship hours within 180 consecutive days. Dr. Abdalla graduated from MCPHS University in NH with a Pharm. D. May 2010 but never applied for licensure. The NH Board of Pharmacy do not verify internship hours that were completed in the course of obtaining a Pharm.D. Dr. Eidson seconded the motion. The motion carried.

Board rule 1140-01-.07 (3) (b) 5 (i)

Dr. Eidson made the motion to approve the request from **Bonnibelle Reyes, R.Ph.** to waive the one hundred and sixty (160) internship hours once we have received proof that she has been working out of state as a licensed pharmacist. Dr. Reyes must successfully take and pass the MPJE. Dr. Wright seconded the motion. The motion carried.

Dr. Eidson made the motion to approve the request from **Julie Hessick, R.Ph.** to waive the one hundred and sixty (160) internship hours once we have received proof that she has been working out of state as a licensed pharmacist. Dr. Hessick must successfully take and pass the MPJE. Dr. Wright seconded the motion. The motion carried.

Board rule 1140-3-.14 (12)

Dr. Wright made the motion to approve Teri Scioscia, **Pharm. D.** to be the pharmacist in charge at Southland Pharmacy and Streamline LTC Pharmacy for 9 months. Dr. Pryse seconded the motion. The motion carried.

Application Review

Russell Jackson, RT

Mr. Jackson is applying for registration as a registered pharmacy technician. He marked "yes" to the question that asked "Have you ever been convicted (including non contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended? Documentation submitted show that Mr. Russell was convicted of public intoxication on 11/13/13; DUI 2nd offense on 8/13/13; pled guilty to contributing to the delinquency of a minor on 9/3/02; guilty of driving under the influence, public intoxication, reckless driving and speeding on 12/12/05; and DUI 1st offense 1/13/10. After discussion, Dr. Eidson made the motion to approve Mr.

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Jackson's application for registration as a pharmacy technician with 5 year probation and a contract with TPRN. Dr. Wright seconded the motion. The motion carried.

Consent Order

Dr. Wright made the motion to accept the following consent orders as presented. Ms. Tittle seconded the motion. The motion carried.

PROBATION
Dallas Hoffman, D.Ph.

VOLUNTARY SURRENDER (same as revocation)
Kayla Arnold, RT

VIOLATED T.C.A. 63-10-305(8)
The Compounding Pharmacy of America

Dr. Eidson made the motion to adjourn at 3:35 p.m. Dr. Rodgers seconded the motion. The motion carried.

The minutes were approved as amended at the May 1-2, 2018 board meeting.