

STATE BOARD OF  
**PHARMACY**  
NEWSLETTER

WINTER 2006/2007



COMMONWEALTH  
OF PENNSYLVANIA

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## Chairman's Message

by *Edward Bechtel*

The 12 months since the last Board of Pharmacy newsletter have been an exciting and gratifying time for the members of the board. We have seen two major regulatory packages approved: one dealing with the use of technology and automation and the other with the expanded scope of pharmacy practice authorized under Act 102. These regulations represent, literally, years of hard work by the board members and staff. Board Counsel Carole Clarke deserves to be commended for all the hard work she put in on these regulations. The board has several other regulatory packages in various stages in the promulgation process dealing with issues such as compounding, sale of needles and syringes, and pharmacist's breaks.

On the other hand, the board continues to spend an inordinate amount of its time on disciplinary actions. Although the prosecuting attorneys for the board are chipping away at the backlog of cases, the fact is there are many violations for which action is pending. The board takes its role in meting out discipline seriously and weighs each case individually. The list of disciplinary actions taken by the board in this newsletter is an unfortunate testament to this part of the board's responsibilities.

In keeping with Commissioner Basil Merenda's goal of making the board more accessible to the licensees and

to the public, the board has continued its "road show." In April, the board met at Wilkes University in Wilkes-Barre. We plan to continue to hold meetings away from Harrisburg once or twice a year. Meeting dates and locations are posted on the board's Web site. Board meetings are always open to the public. I urge you to take advantage of the opportunity to attend a meeting, especially when we bring the meeting to your hometown.

The board has recently made tremendous progress in filling open pharmacy inspector positions. A new inspector begins in Harrisburg on Oct. 10, and another is slated to begin this December in Philadelphia. Currently, one opening based in Scranton remains for a pharmacy inspector (see page 23). By law, pharmacy inspectors are required to be licensed pharmacists. The board considers routine pharmacy inspections to be integral to the protection of the citizens of the commonwealth. If you or anyone you know may be interested in becoming an inspector, please contact the board.

In conclusion, I would like to say that it is a privilege to serve as board chairman; to serve with the dedicated individuals who are members of the board; to serve you my fellow licensees; and, most importantly, to serve and protect the citizens of the commonwealth.

### *In the Event of an Emergency...*

**If your pharmacy experiences an emergency such as a fire or flood,  
please immediately contact the:**

#### **1. Board of Pharmacy office.**

The Board of Pharmacy office staff can provide information on topics such as the relocation of the pharmacy to another location, whether it is permissible to temporarily close the pharmacy, etc. Please note that the initial contact may be made by phone or by e-mail but information must also be submitted in writing in order for the information to be microfilmed as part of the pharmacy's permanent license record.

#### **2. Bureau of Drugs, Devices and Cosmetics.**

The Bureau of Drugs, Devices and Cosmetics handles issues relating to the possible adulteration of the drug stock. The Bureau of Drugs, Devices and Cosmetics may be reached at phone number 717-787-2307. For additional information on the salvage of distressed drugs, devices and cosmetics, please review the Pennsylvania Code Title 28, Chapter 25. Controlled Substance, Drug, Device and Cosmetic Regulations Sections 25.102 through 25.105 posted at [www.health.state.pa.us/ddc](http://www.health.state.pa.us/ddc).

## The Role of the Commissioner on the Board

*by Basil Merenda  
Acting Deputy Secretary for Regulatory Programs  
and Director, Bureau of Professional and Occupational Affairs*

The Bureau of Professional and Occupational Affairs (BPOA) touches the lives of millions of Pennsylvanians each day. We protect the health, safety and welfare of the public from fraudulent and unethical practitioners by administering professional licensing to physicians and cosmetologists to accountants and funeral directors. In addition, the bureau provides administrative and legal support to 27 professional and occupational licensing boards and commissions.

As commissioner of the BPOA, I am responsible for administering the commonwealth's licensing boards, sitting as a voting member on disciplinary cases and policy matters for 25 of the 27 boards and signing all licenses issued by the BPOA.

My administrative duties include working with the deputy commissioner to make "the trains run on time." In BPOA's case, it means making sure license renewals, applications and inquiries are properly handled by our staff. It also involves making sure that where appropriate, reciprocal licenses requested from out-of-state individuals are properly reviewed. BPOA is also required to conduct reviews of education programs for some boards.

My duties as a voting member on 25 of the 27 licensing boards are the same duties and obligations that the professional and public members have as part of their service on our licensure boards. I act as a judge, along with the other board mem-

bers, on disciplinary hearings. I participate with the other board members in the drafting and enactment of regulations, rules and other policy initiatives. In addition, I have the responsibility of coordinating policy matters of all 27 boards for Governor Edward G. Rendell.

I truly believe the most important thing I can do for you is to provide you with professional service – and that is my goal.

When Governor Rendell appointed and nominated me BPOA commissioner, he told me to make BPOA and the commonwealth's 27 licensing boards more accessible, responsive and accountable to the legislature, the licensees and the public we are sworn to protect. My pledge to you is that I, as commissioner, am working to carry out Governor Rendell's charge with intelligence, vigor and effectiveness.

If I can be of any assistance, please do not hesitate to reach out and contact my office at any time.

*I truly believe  
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## Be on the Lookout for Oxycodone Mix-Ups

The Institute for Safe Medication Practices (ISMP) has received numerous reports of mix-ups between OXYCONTIN (oxycodone HCl controlled-release tablets) and oxycodone HCl immediate release tablets, due to look-alike drug names. In one case, a handwritten prescription for "oxycodone 10 mg q2h prn pain" was presented at a community pharmacy for an oncology patient. It was misinterpreted and dispensed as OxyContin 10 mg, despite the instructions to take 1 tablet every 2 hours as needed for pain. After taking the medication as directed for four days, the patient returned to the oncology center due to excessive drowsiness. The error was discovered when an oncology nurse noticed the "OxyContin" name on the prescription bottle. Fortunately, the patient recovered with supportive treatment and intravenous fluids. In other cases, the generic name oxycodone was used to prescribe OxyContin, but "controlled-release" was not specified. Thus, patients have accidentally received the immediate-release product in a dose appropriate for controlled-release OxyContin. Such use causes a rapid rise in oxycodone blood levels, which some patients may be unable to tolerate. In one report, a physician noted that when he looked up "OxyContin" in an electronic database on his hand-held device, "oxycodone" appeared in the description with no mention that OxyContin was a controlled-release product. Based on this information, he wrote a prescription for what he thought was the generic OxyContin, "oxycodone 60 mg PO q12h," in an effort to reduce costs for his patient. In a similar report, a prescription generated from a physician's computer system nearly led to an error. Although the description "OXYCODONE HCL TBCR 10 MG" is intended to describe OxyContin 10 mg, the immediate-release product was almost dispensed because the "CR" portion of the description was initially overlooked and newly available generic versions of OxyContin were unavailable at the time. Now, with their recent release, be prepared for more opportunities for mix-ups between the immediate- and controlled-release products (e.g., "oxycodone" product selection errors from prescriber, pharmacy, and wholesaler computer order entry screens).

*Continued on page 4*

## Regulations Effective July 1, 2006

### Drug Therapy Management and Administration of Injectable Medications

- The new regulations set forth the parameters for engaging in drug therapy management in an institution through a written protocol. Section 27.301 of the regulations lists what must be included in a written protocol.
- The written protocol must be filed with the Bureau of Professional and Occupation Affairs along with certification of maintaining professional liability insurance. The liability insurance certification form is available for download on the board's Web site. The written protocol and certification form may be sent to the State Board of Pharmacy's address.
- The new regulations also detail the education requirements needed to apply for the authority to administer

injectable medications, biologicals and immunizations. The course must have been completed within the two years prior to applying for the authority to administer injectable medications.

- Pharmacists may administer injectable medications under an order issued by a licensed prescriber or by entering into a written protocol. The requirements for an order and written protocol are detailed in the regulations.
- Minimum recordkeeping and notification requirements are also detailed in the regulations.

This is just a summary of the regulations. Please consult the regulations for specific provisions pertaining to the practice of pharmacy. The regulations can be found online at [www.pabulletin.com/secure/data/vol36/36-26/1200.html](http://www.pabulletin.com/secure/data/vol36/36-26/1200.html) and on pages five through eight of this newsletter.

### Oxycodone mix-ups

*Continued from page 3*

Consider the following measures to reduce the likelihood of mix-ups between immediate — and controlled — release oxycodone products:

- Ensure that “oxycodone” prescriptions clearly specify the release rate.
- Clarify orders where this is not indicated or where the dosing frequency does not appear to correspond with the release rate.
- Advise prescribers to avoid using the abbreviations “IR” and “CR,” as they may look similar on some handwritten prescriptions. Instead the appropriate release rate should be included.
- Clearly differentiate oxycodone release rates on prescriber and pharmacy computer order entry screens.
- Use caution when referencing “oxycodone” in wholesaler computers as order entry screens may not clearly differentiate release rates.
- Alert wholesalers if problems are recognized.
- Incorporate an alert into prescriber and pharmacy computer systems that warns or even prevents practitioners from entering orders for the controlled-release products more frequently than every eight hours.
- Store immediate — and controlled — release products in completely separate locations. Differentiate the products using auxiliary labeling or highlighting the release rate.
- Incorporate an independent double check into the verification process for opiate products.
- Periodically compare narcotic prescriptions with narcotic count or sign-out records to assure errors are not being made.
- Educate staff, physicians, and patients about the potential for confusing these medications.

**Editor's note:** This is the fifth featured article about medication errors from the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that works closely with USP and FDA in analyzing medication errors, near misses and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, then publishes prevention recommendations. If you would like to report a problem confidentially to these organizations, go to the ISMP Web site ([www.ismp.org](http://www.ismp.org)) for links with USP, ISMP and FDA. Or, call 1-800-23-ERROR to report directly to the USP-ISMP Medication Errors Reporting Program. ISMP address: 1800 Byberry Road, Suite 810, Huntingdon Valley, PA 19006. Phone 215-947-7797. E-mail: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).

# Title 49. Professional and Vocational Standards — New Regulations

## PART I. DEPARTMENT OF STATE SUBPART A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

### CHAPTER 27. STATE BOARD OF PHARMACY

#### GENERAL PROVISIONS

##### § 27.1. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

**Bureau** – The Bureau of Professional and Occupational Affairs of the Department of State of the Commonwealth.

**Drug therapy management** – Any of the following processes performed in an institutional setting pursuant to a written agreement, protocol or order as set forth in section 9.1 of the Act:

- (i) Adjusting a drug regimen.
- (ii) Adjusting drug strength, frequency of administration or route.
- (iii) Administration of drugs.
- (iv) Ordering laboratory tests and ordering and performing other diagnostic tests necessary in the management of drug therapy, consistent with the testing standards of the institution.

##### **Institutions** –

- (i) A health care facility that offers care and medical treatment to patients who require food, board and overnight sleeping facilities and provides clinically related health services, including, a general or special hospital, including psychiatric hospitals, rehabilitation hospitals, ambulatory surgical facilities, long term care nursing facilities, cancer treatment centers using radiation therapy on an ambulatory basis, and inpatient drug and alcohol treatment facilities, both profit and nonprofit and including those operated by an agency or State or local government.
- (ii) The term also includes a hospice that offers care and medical treatment to patients who require food, board and overnight sleeping facilities.
- (iii) The term does not include an office used primarily for the private or group practice by health care practitioners where no reviewable clinically related health service is offered, a facility providing treatment solely on the basis of prayer or spiritual means in accordance with the tenets of any church or religious denomination or a facility conducted by a religious organization for the purpose of providing health care services exclusively to clergy or

other persons in a religious profession who are members of the religious denominations conducting the facility.

**Order** – Any directive from a medical practitioner.

##### **Practice of pharmacy** –

The provision of health care services by a pharmacist, which includes:

- (i) The interpretation, evaluation and implementation of medical orders for the provision of pharmacy services or prescription drug orders.
- (ii) The delivery, dispensing or distribution of prescription drugs.
- (iii) Participation in drug and device selection.
- (iv) Drug administration.
- (v) Drug regimen review.
- (vi) Drug or drug-related research.
- (vii) Compounding.
- (viii) Proper and safe storage of drugs and devices.
- (ix) Managing drug therapy in an institutional setting consistent with the institution's assignment of clinical duties.
- (x) Maintaining proper records.
- (xi) Patient counseling.
- (xii) Acts, services, operations or transactions necessary or incident to the provision of these health care services.
- (xiii) The term does not include the operations of a manufacturer or distributor as defined in the Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. §§780-101 – 780-144).

#### RENEWAL OF PHARMACIST LICENSE AND PHARMACY PERMIT

##### §27.32. Continuing education.

- (a) The board will renew the license of a pharmacist who has completed a minimum of 30 contact hours (three CEU) of continuing education during the preceding biennial renewal period. For licensees with authority to administer injectable medications, biologicals and immunizations in accordance with section 9.2 of the act (63 P.S. §390-9.2) and §§ 27.301 and 27.302 (relating to qualifications for authority; and application and renewal procedures), at least two of the required 30 hours shall concern the administration of injectable medications, biologicals and immunizations, including disease epidemiology, vaccine characteristics, injection technique, emergency response to adverse events and related topics. Programs offered by providers accredited by the ACPE are approved by the board.

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## Standards

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### FEES

#### § 27.91. Schedule of fees.

An applicant for a license, certificate, permit or service shall pay the following fees at the time of application:

Application for approval to administer injectables .....	\$30
Biennial renewal of approval to administer injectables .....	\$30

### DRUG THERAPY MANAGEMENT

#### § 27.301. Written protocol.

- (a) The written protocol for drug therapy management between licensed physicians and pharmacists shall contain:
- (1) A statement identifying the physician responsible for authorizing drug therapy management.
  - (2) A statement identifying the pharmacist authorized to perform the drug therapy management.
  - (3) A statement requiring that drug therapy regimens be initiated by a licensed physician for patients referred to a pharmacist for drug therapy.
  - (4) A statement identifying the types of drug therapy management decisions that the pharmacist is authorized to make, including a statement of the ailments or diseases involved within the physician's scope of practice, and types of drug therapy management authorized.
  - (5) A statement of the functions and tasks the pharmacist shall follow in the course of exercising drug therapy management authority, including the method for documenting decisions made and a plan for communication or feedback to the authorizing physician concerning specific decisions made. Documentation of each intervention must occur as soon as practicable, but no later than 72 hours after the intervention in the patient medical record and must also be recorded in the pharmacist's records.
  - (6) A statement that requires notification to the authorizing physician of any changes in dose, duration or frequency of medication prescribed as soon as practicable but no longer than 72 hours after the change.
  - (7) A provision for execution of the agreement when any licensed physician or licensed pharmacist may be temporarily absent from a practice setting or temporarily unavailable to participate in its execution.
  - (8) A provision for notification of the role of the pharmacist by a licensed physician to each referred patient whose drug therapy management may be affected by the agreement and providing an

- opportunity for the patient to refuse drug therapy management by a pharmacist.
- (9) The signatures of the licensed physicians and licensed pharmacists who are entering into the written protocol, and the dates signed.
  - (10) A statement allowing for the termination of the agreement at the request of any party to it at any time.
- (b) The written protocol must be available as follows:
- (1) At the practice site of any licensed physician who is a party to the agreement.
  - (2) At the practice site of any licensed pharmacist who is a party to the agreement.
  - (3) At the institution where a written agreement or protocol is in place.
  - (4) To any patient whose drug therapy management is affected by the agreement.
  - (5) Upon request, to representatives of the bureau and the Department of Health.
- (c) The written protocol must be filed with bureau.
- (d) The written protocol must be effective for a period not to exceed 2 years from the date of execution. At the end of the 2-year period, or sooner, the parties shall review the agreement and make a determination as to its renewal, necessary modifications or termination.

### PROFESSIONAL LIABILITY INSURANCE

#### §27.311. Certification of professional liability insurance.

- (a) A licensee who engages in drug therapy management under a written protocol shall maintain professional liability insurance in the minimum amount of \$1,000,000 per occurrence or claims made.
- (b) A licensee who engages in drug therapy management under a written protocol shall certify compliance with subsection (a) on a form provided by the board. The form shall be provided with the written protocol.
- (c) A licensee who engages in drug therapy management under a written protocol shall upon request make available to the board or its agents all records, relating to the licensee's maintenance of professional liability insurance, including policies, cancelled checks, receipts or other proofs of premium payment.

### ADMINISTRATION OF INJECTABLE MEDICATIONS, BIOLOGICALS AND IMMUNIZATIONS

#### § 27.401. Qualifications for authority.

A candidate for authority to administer injectable medications, biologicals and immunizations shall meet the following requirements:

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## Standards

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- (1) The pharmacist holds an active license to practice pharmacy in this commonwealth.
- (2) The pharmacist has completed a course of education and training which meets the requirements of §27.407 (relating to education requirements).
- (3) The pharmacist holds a current basic cardiopulmonary resuscitation (CPR) certificate issued by the American Heart Association, American Red Cross or a similar health authority or professional body approved by the board.

### §27.402. Application and renewal procedures.

- (a) An applicant for authority to administer injectable medications, biologicals and immunizations shall submit the following to the board:
  - (1) An application obtained from the Board along with the fee required by §27.91 (relating to schedule of fees).
  - (2) Certification that the pharmacist has completed the required education and training as set forth in §27.407 (relating to education requirements).
  - (3) Certification that the pharmacist holds an acceptable, current CPR certificate.
- (b) A holder of the authority to administer injectable medications, biologicals and immunizations shall renew the authority every 2 years along with the license to practice pharmacy. Renewal requires completion of a form provided to the pharmacist by the board in advance of the renewal period, payment of the fee specified by §27.91, certification of completion of 2 hours of continuing education required by section 9.2 of the act (63 P.S. §390-9.2) and §27.32 (relating to continuing education), and proof of a current CPR certificate.

### §27.403. Conditions for administration.

- (a) A pharmacist who is granted authority may administer injectable medications, biologicals and immunizations to persons who are more than 18 years of age. A person is more than 18 years of age on the day following the person's 18th birthday.
- (b) A pharmacist may not delegate the administration of injectable medications, biologicals and immunizations to another person.
- (c) The board approves the treatment guidelines for immunizations established by the centers for disease control and prevention. A pharmacist shall administer injectable immunizations in accordance with these treatment guidelines.

### § 27.404. Authority and requirements.

- (a) A pharmacist authorized by the board to administer injectable medications, biologicals and immunizations may only do so under either an order or written protocol.
- (b) The order from a licensed prescriber must be written, received electronically or if received orally be reduced to writing, and contain at a minimum the following:
  - (1) The identity of the licensed prescriber issuing the order.
  - (2) The identity of the patient to receive the injection.
  - (3) The identity of the medication, immunization or vaccine, and dose, to be administered.
  - (4) The date of the original order and the date or schedule, if any, of each subsequent administration.
- (c) An authorized pharmacist may enter into a written protocol, either approved by a physician or authorized by the medical staff of an institution, governing the administration of injectable medications, biologicals and immunizations for a specific period of time or purpose. The written protocol may be valid for a time period not to exceed two years. The protocol must include the following:
  - (1) The identity of the participating pharmacist and physician or institution.
  - (2) The identification of the medication, biological or immunization, which may be administered.
  - (3) The identity of the patient or groups of patients to receive the authorized injectable medication, biological or immunization.
  - (4) The identity of the authorized routes and sites of administration allowed.
  - (5) A provision establishing a course of action the pharmacist shall follow to address emergency situations including, but not limited to, adverse reactions, anaphylactic reactions and accidental needle sticks.
  - (6) A provision establishing a length of time the pharmacist shall observe an individual for adverse events following an injection.
  - (7) The identity of the location at which the pharmacist may administer the authorized medication, biological or immunization.
  - (8) Recordkeeping requirements and procedures for notification of administration.
  - (9) A provision that allows for termination of the protocol at the request of any party to it at any time.

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## Standards

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### § 27.405. Recordkeeping.

- (a) A pharmacist who administers an injectable medication, biological or immunization shall maintain the following records regarding each administration for a minimum of two years:
  - (1) The name, address and date of birth of the patient.
  - (2) The date of the administration and site of the injection.
  - (3) The name, dose, manufacturer, lot number and expiration date of the medication, biological or immunization.
  - (4) The name and address of the patient's primary health care provider, as identified by the patient.
  - (5) The name or identifiable initials of the administering pharmacist.
  - (6) Documentation of informed consent for administration of injectable medications, biologicals and immunizations.
  - (7) The nature of an adverse reaction and who was notified.
- (b) A pharmacist who administers an immunization shall also maintain the following records regarding each administration for a minimum of two years:
  - (1) An identification of the Vaccine Information Statement (VIS) that was provided.
  - (2) The date of publication of the VIS.
  - (3) The date and to whom the VIS was provided.
- (c) In an institution, the information required to be maintained in subsections (a) and (b) may be maintained in the patients' medical records.

### §27.406. Notification requirements.

A pharmacist administering injectable medications, biologicals or immunizations shall meet the following notification requirements:

- (1) When administration has occurred under an order, the pharmacist shall notify the ordering prescriber as soon as practicable, but no longer than 72 hours after administration of the following:
  - (i) The identity of the patient.
  - (ii) The identity of the medication, biological or immunization administered.
  - (iii) The route of administration.
  - (iv) The site of the administration.
  - (v) The dose administered.
  - (vi) The date of administration.
- (2) When the administration has occurred under a written protocol, the pharmacist shall notify the participating physician as soon as practicable, but no longer than 72 hours after administration of the following:
  - (i) The identity of the patient.
  - (ii) The identity of the medication, biological or immunization administered.

- (iii) The site of the administration.
  - (iv) The dose administered.
  - (v) The date of administration.
- (3) In the event of any adverse event or reaction experienced by the patient either pursuant to an order or a written protocol, the pharmacist shall notify the patient's physician as soon as is practicable, and in no event later than 24 hours after learning of the adverse event or reaction.

### §27.407. Education requirements.

- (a) To apply for the authority to administer injectable medications, biologicals and immunizations, a pharmacist must meet the following education requirements:
  - (1) Complete within the two-year period prior to application an evidence-based course that meets the following criteria:
    - (i) Includes study material.
    - (ii) Includes hands-on training and techniques for administration.
    - (iii) Requires testing with a passing score.
    - (iv) Provides a minimum of 10 hours of instruction and experiential training.
    - (v) Complies with current guidelines and recommendations by the centers for disease control and prevention, ACPE or a similar health authority or professional body.
  - (2) The course must provide instruction on the following topics:
    - (i) Basic immunology and the human immune response.
    - (ii) Mechanics of immunity, adverse effects, dose, and administration schedule of available vaccines.
    - (iii) Response to an emergency situation as a result of the administration of an injectable medication, biological or immunization.
    - (iv) Administration of subcutaneous, intradermal, and intramuscular injections.
    - (v) Disease epidemiology.
    - (vi) Standards for immunization practices.
    - (vii) Vaccine-preventable diseases.
    - (viii) Recommended immunization schedules
    - (ix) Vaccine storage and management.
    - (x) Biohazard waste disposal and sterile techniques.
    - (xi) Informed consent.
    - (xii) Authority and recordkeeping requirements as provided in this chapter.
- (b) The board approves courses offered by ACPE-accredited providers and educational institutions that meet the criteria and provide instruction on the topics listed in paragraph (a).

## Summary of Technology and Automation Regulations Effective May 27, 2006

The Technology and Automation regulations set forth the standards for electronically transmitted prescriptions, computerized recordkeeping systems, centralized prescription processing and automated medication systems. The following summarizes the key points of the regulations. You should review the full text of the regulations for a thorough understanding (see page 10).

### Electronic Prescriptions

- Must contain the signature or electronic equivalent of a signature of the prescriber. The board cannot tell you what is acceptable as an electronic signature. You should consult the Electronic Transactions Act or a private attorney to determine if a signature meets the requirements of the law.
- Must contain all information required by state and federal law and regulations. Please note that the board has no purview over the Generic Equivalent Drug Law and cannot provide guidance as to how to communicate generic substitution instructions.
- Must contain the prescriber's telephone number.
- Must contain the date of transmission of the prescription.
- Must contain the name of the pharmacy intended to receive the transmission.
- Pharmacies must retain a hard copy or readily retrievable image of the prescription for at least two years from the date of the most recent filling.

### Computerized Recordkeeping Systems

- This regulation allows pharmacies to move away from maintaining hard copies of prescriptions. Prescription files may now be maintained electronically.
- Records of prescriptions filled within the previous 12 months must be immediately retrievable. Records of prescriptions filled within the previous 24 months must be retrievable within three working days.
- Prescriptions filed on the computerized recordkeeping system must contain the name and address of the patient; the name and address or other identifier of the prescriber; the date the prescription was issued, if the prescription is for a controlled substance or if it was written with a PRN or ad lib refill designation; the name and quantity of the drug prescribed; directions for its use; cautions communicated to the ultimate consumer by means of auxiliary labels or other means when dispensed to the ultimate consumer; the date the prescrip-

tion was compounded and dispensed; and the name or initials of the dispensing pharmacist.

### Centralized Prescription Processing

- This regulation sets forth the standards for the multi-step process used by central fill pharmacies.
- Pharmacies engaging in centralized prescription processing must have a contract with, or the same owner as, the originating pharmacy or delivering pharmacy.
- There must be an audit trail created.
- Pharmacies that engage in centralized prescription processing must share a common electronic file.
- Each pharmacy engaging in centralized prescription processing shall be jointly responsible for properly filling the prescription.
- This regulation exempts pharmacies licensed as central processing centers from the minimum inventory requirement, minimum space requirement, and requirement to have a sink. Central processing centers are also allowed to maintain equipment, supplies and access to a reference library that meets the minimum standards of practice as a central processing center. They do not have to maintain the specific list of supplies found in section 27.14(c) of the board's regulations.
- There is now a separate application for pharmacies wishing to be licensed as a central processing center.

### Automated Medication Systems

- A pharmacy must validate the system for accuracy prior to the implementation of the system.
- The pharmacist manager or the pharmacist under contract with a long-term care facility responsible for the dispensing of medications if a system is utilized at a location that does not have a pharmacy onsite, is responsible for supervising the operation of the system.
- The pharmacist manager is responsible for ensuring that all licensed practitioners and supportive personnel are trained in the standard operating procedures of the system.
- The system must electronically record the activity of each pharmacist, technician or other authorized personnel with the time, date and initials or other identifier so that a clear, readily retrievable audit trail is established.
- The system must be operating according to written policies and procedures created or adopted by the pharmacy. These policies and procedures must be reviewed at least annually.
- The pharmacy must create a written program for quality assurance and a written plan for recovery from a disaster that interrupts the ability of the pharmacy to provide services.

## Title 49. Professional and Vocational Standards — New Technology and Automation Regulations

### PART I. DEPARTMENT OF STATE

#### SUBPART A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

#### CHAPTER 27. STATE BOARD OF PHARMACY

#### GENERAL PROVISIONS

##### §27.1. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

##### **Automated medication system –**

- (i) A process that performs operations or activities, other than compounding or administration, relative to the storage, packaging, dispensing AND distribution of medications, and which collects, controls and maintains all transaction information.
- (ii) The term does not include an automatic counting device or unit-based dispensing cabinet.

**Automatic counting device –** A device used in a pharmacy to automatically count medication for dispensing.

**Central fill pharmacy –** A pharmacy engaging in centralized prescription processing by filling and refilling prescriptions, which includes the preparation and packaging of the medication. A central fill pharmacy may also be the originating or delivering pharmacy.

**Centralized prescription processing –** The processing, under the direction of a pharmacist, of a request to fill or refill a prescription, to perform functions such as refill authorizations, interventions or other matters related to the practice of pharmacy for subsequent delivery to the delivering pharmacy.

**Central processing center –** A pharmacy operated under the direction of a pharmacist that processes information related to the practice of pharmacy and that engages solely in centralized prescription processing but from which drugs are not dispensed.

**Delivering pharmacy –** The pharmacy that receives the processed prescription or the filled or refilled prescription for delivering to the patient or the patient's authorized representative. A delivering pharmacy may also be an originating or central fill pharmacy.

##### **Originating pharmacy –**

- (i) The pharmacy that receives the patient's or prescribing practitioner's request to fill or refill a prescription and performs functions such as the prospective drug review.
- (ii) The term includes a central processing center or a central

fill pharmacy if the prescription was transmitted by the prescriber directly to the central processing center or central fill pharmacy or if the patient requested the refill from that pharmacy.

**Prescription –** A written, electronic or oral order issued by a licensed medical practitioner in the course of professional practice for a controlled substance, other drug or device or medication which is dispensed for use by a consumer.

#### STANDARDS

##### §27.14. Supplies.

- (a) A pharmacy shall maintain a supply of drugs and devices adequate to meet the needs of the health professions and the patients it is intended to serve. The applicant for a pharmacy permit shall show proof by affidavit that the applicant has ordered or possesses and shall continue to maintain an inventory of nonproprietary drugs, devices and equipment appropriate to the practice of that pharmacy. The inventory shall include at least \$5,000 worth of nonproprietary drugs and devices, at cost, from a licensed wholesaler or manufacturer. The inventory may not go below this figure at any time. A central processing center is not required to maintain \$5,000 worth of nonproprietary drugs and devices under §27.203
- (b) (relating to centralized prescription processing).
- (c) except for a pharmacy operating as a central processing center, a pharmacy shall maintain at least the following equipment and supplies:
  - (11) Prescription files for keeping prescriptions of nonproprietary drugs in accordance with the act and, for controlled substance prescriptions, state and federal laws and regulations. The original prescription or image of the original prescription shall be retained for two years from the date of the most recent filling. A pharmacy may make use of a computerized recordkeeping system for keeping track of telephone prescriptions, refills, counseling, and the like in accordance with §27.202 (relating to computerized recordkeeping systems).
- (d) A pharmacy operating as a central processing center shall maintain equipment, supplies and access to a reference library recognized by the pharmacy community in this commonwealth as meeting minimum standards of practice as a central processing center.

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## Standards

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### §27.16. Construction and equipment requirements.

(b) Building standards. The following apply to building standards.

#### (1) Minimum size.

- (i) The minimum size of the prescription area shall be at least 250 square feet, and shall be large enough, considering the level of activity, to carry on the practice of pharmacy in a manner that protects the health and safety of professionals, employees and the public. Within the prescription area, there shall be a prescription working counter of at least 10 linear feet in length and two linear feet in width. If more than two pharmacists are on duty simultaneously, the minimum counter length shall be increased by five linear feet for an additional pharmacist. Institutions with special considerations may apply to the board for a waiver.
- (ii) A pharmacy operating as a central processing center need not conform to the minimum space requirements in subparagraph (i).

(5) **Sanitary facilities.** Except for pharmacies operating as central processing centers, pharmacies shall be equipped with a sink within the prescription area to be used solely for pharmaceutical purposes. The sink shall measure at least 200 square inches exclusive of drainboard area. The sink shall be connected properly to supply hot and cold water. Restroom facilities for employees of the pharmacy shall be provided reasonably close to, but outside of the prescription area.

## TECHNOLOGY AND AUTOMATION

### §27.201. Electronically transmitted prescriptions.

- (a) For the purposes of this section, an electronically transmitted prescription means the communication of an original prescription or refill authorization by electronic means, to include computer-to-computer, computer-to-facsimile machine or e-mail transmission which contains the same information it contained when the authorized prescriber transmitted it. The term does not include a prescription or refill authorization transmitted by telephone or facsimile machine.
- (b) Except for Schedule II controlled substances which must conform to the requirements of §27.18(b)(2) (relating to standards of practice), a pharmacist may accept an electronically transmitted prescription from an authorized licensed prescriber or an authorized designated agent which has been sent directly to a pharmacy of the patient's choice if all the following requirements are met:
- (1) The prescription must contain the signature or the electronic equivalent of a signature of the prescriber

made in accordance with the requirements of the Electronic Transactions Act (73 P.S. §§2260.101-2260.5101).

- (2) The prescription must include the following information:
- (i) The information that is required to be contained on a prescription under State and Federal law.
  - (ii) The prescriber's telephone number.
  - (iii) The date of the transmission.
  - (iv) The name of the pharmacy intended to receive the transmission.
- (3) The prescription must be electronically encrypted or transmitted by other technological means designed to protect and prevent access, alteration, manipulation, or use by any unauthorized person.
- (4) A hard copy or a readily retrievable image of the prescription information that is transmitted must be stored for at least 2 years from the date of the most recent filling.
- (c) An electronically transmitted prescription must be processed in accordance with the act and this chapter.
- (d) The pharmacist and pharmacy may not provide electronic equipment to a prescriber for the purpose of transmitting prescriptions.

### §27.202. Computerized recordkeeping systems.

- (a) A computerized system used by a pharmacy for recording and maintaining information concerning prescriptions under State and Federal laws must be designed so that it is capable of providing immediate retrieval, by means of monitor, hard-copy printout or other transfer medium, of patient information for all prescriptions filled within the previous 12 months and retrieval within three working days of all prescriptions dispensed within the previous 24 months from the last activity date. This information must include the following data:
- (1) The information required to be on prescriptions under §27.18(b)(1) (relating to standards of practice).
  - (2) Identification of the pharmacist responsible for prescription information entered into the computer system.
- (b) The system must be able to transfer all patient information to hard copy within 3 working days.
- (c) Prescriptions entered into a computer system but not immediately dispensed must meet all of the following conditions:
- (1) The complete prescription information must be entered in the computer system.
  - (2) The information must appear in the patient's profile.
  - (3) There must be positive identification, in the computer

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## Program Available to Licensees

The Professional Health Monitoring Programs' (PHMP) Voluntary Recovery Program (VRP) of the Bureau of Professional and Occupational Affairs (BPOA) offers confidential, voluntary treatment and monitoring of commonwealth-licensed health care professionals suffering from mental or physical impairments, including chemical dependency. The primary responsibility of the PHMP is to protect the citizens of the Commonwealth from unsafe practice by impaired licensees. This responsibility is fulfilled through the identification and referral to appropriate treatment of such licensed professionals, and the case management and monitoring of their progress in recovery.

### How does VRP work?

The majority of pharmacists that are referred to the VRP are done so through hospitals or health care facilities, peers or colleagues reporting licensees that are suspected of suffering from an impairment and/or involved in the diversion of controlled substances. In the Pharmacy Board's continued effort to identify pharmacists that may be suffering from an impairment that may affect their ability to safely practice, a procedure was developed for board staff to automatically forward all renewal applications to the VRP whereby licensees have reported having had a DUI/DWI or underage drinking arrest and/or conviction. The rationale for referring licensees to the VRP who have had a substance related legal problem is based on the fact that frequently incidents of this nature indicate that a person may be suffering from a substance related disorder.

When pharmacists are referred to the VRP after reporting a DUI to the board on their renewal application, our office sends a letter to the licensee providing them with information regarding the VRP and what the pharmacist must do to be considered for enrollment. To be eligible for VRP enrollment, pharmacists that have had a DUI must submit to a comprehensive evaluation by a VRP-approved evaluator. Only those licensees that meet criteria for a substance abuse or dependence diagnosis under the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) would be offered the opportunity to enroll in the VRP.

In order for an eligible pharmacist to be successfully enrolled in the VRP, he/she must comply with all enrollment procedures and agree to sign a Consent Agreement with the PA State Board of Pharmacy to be monitored by the VRP. Consent Agreements are for a period of no less than three years and are presented to the board for their approval in redacted form with no identification of the licensee, thereby protecting the licensee's confidentiality.

While in the VRP, licensees must submit to random body fluid screening; abstain from the use of prohibited substances; comply with the recommendations made by their evaluator and/or treatment provider; submit to monitoring of their practice by a workplace monitor; and actively attend 12-step mutual help fellowships, such as Alcoholics Anonymous, Narcotics Anonymous, et al, or other community based support groups approved by the PHMP.

The VRP refers all pharmacists enrolling in our program to the peer assistance program for pharmacists, Secundum Artem Reaching Pharmacists with Help (SARPH), as much of the direct case management of the Consent Agreement with the board is conducted by SARPH, under the terms of the Sole Source Contract between SARPH and BPOA and the Pharmacy Board.

If a licensee declines to cooperate with the VRP's offer to be assessed by a VRP-approved evaluator, the licensee's VRP file is closed and the information in our possession is forwarded to the Prosecution Division of the Department of State with a recommendation for further review and appropriate action. In cases where a VRP-approved evaluator concludes that a licensee does not meet criteria for a DSM-IV diagnosis, the licensee's VRP file is closed as ineligible with a recommendation that there be no further action taken.

***For further information about the VRP,  
please contact our office  
at (800) 554-3428 (PA residents only)  
or (717) 783-4857.***

***For further information  
about SARPH,  
call (800) 892-4484.***

***The VRP recognizes that in order for our program to fulfill our primary responsibility of protecting public safety, it is imperative that licensees be referred to our office when an event occurs that indicates a person may be suffering from an impairment. Therefore, if you know of a pharmacist that has had a substance related arrest or conviction, such as a DUI, please recommend to that individual that they consider calling our office to seek an evaluation.***

## Standards

### Continued from page 11

system or on the hard-copy prescription, of the pharmacist who is responsible for entry of the prescription information into the system.

- (4) The original prescription must be filed according to §27.18(b).
- (d) If the computerized recordkeeping system experiences down time, the prescription information must be entered into the computerized recordkeeping system as soon as it is available for use.
- (e) The system must have adequate safeguards to:
  - (1) Prevent access by any person who is not authorized to obtain information from the system.
  - (2) Identify any modification or manipulation of information concerning a prescription.
  - (3) Prevent accidental erasure of information.

### §27.203. Centralized prescription processing.

- (a) *Centralized prescription processing.* A central fill pharmacy or central processing center may fulfill a request for the processing, filling or refilling of a prescription from either the originating pharmacy or from the patient or the prescriber and may deliver the processed, filled or refilled prescription to a delivering pharmacy if the following requirements are met:
  - (1) The central fill pharmacy or the central processing center that is to process, fill or refill the prescription has a contract with or has the same owner as the originating pharmacy and the delivering pharmacy. Contractual provisions must include confidentiality of patient information.
  - (2) The prescription container:
    - (i) Is clearly labeled with the information required by Federal and State laws and regulations.
    - (ii) Clearly shows the name, address, telephone number and DEA number of the delivering pharmacy.
  - (3) Pharmacies that either utilize or act as central fill pharmacies or central processing centers shall create operating policies and procedures. The policies and procedures must include an audit trail that records and documents the central prescription process and the individuals accountable at each step in the process for complying with federal and state laws and regulations including recordkeeping.
  - (4) Pharmacies that engage in centralized prescription processing share a common electronic file.
  - (5) Each pharmacy engaging in centralized prescription processing shall be jointly responsible for properly filling the prescription.
  - (6) The delivering pharmacy is responsible for making the

offer to counsel to the patient under §27.19(e) (relating to prospective drug review and patient counseling).

- (b) EXEMPTIONS. The central processing center is exempt from:
  - (1) the requirement of maintaining an inventory of at least \$5,000 worth of nonproprietary drugs and devices under §27.14(a) (relating to supplies).
  - (2) The minimum size requirements of §27.16(b)(1) (relating to construction and equipment requirements).
  - (3) The requirement to have a sink used solely for pharmaceutical purposes of §27.16(b)(5).

### §27.204. Automated medication systems.

- (a) This section establishes standards applicable to licensed pharmacies that utilize automated medication systems which may be used to store, package, dispense or distribute prescriptions.
- (b) A pharmacy may use an automated medication system to fill prescriptions or medication orders provided that:
  - (1) The pharmacist manager, or the pharmacist under contract with a long-term care facility responsible for the dispensing of medications if an automated medication system is utilized at a location which does not have a pharmacy onsite, is responsible for the supervision of the operation of the system.
  - (2) The automated medication system has been tested and validated by the pharmacy and found to dispense accurately prior to the implementation of the system. The pharmacy shall make the results of such testing available to the board upon request.
  - (3) The pharmacy shall make the automated medication system available to the board for the purpose of inspection, whereby the board may validate the accuracy of the system.
  - (4) The automated medication system shall electronically record the activity of each pharmacist, technician or other authorized personnel with the time, date and initials or other identifier in such a manner that a clear, readily retrievable audit trail is established. A pharmacist will be held responsible for transactions performed by that pharmacist or under the supervision of that pharmacist.
- (c) The pharmacist manager or the pharmacist under contract with a long-term care facility responsible for the delivery of medications shall be responsible for the following:
  - (1) Reviewing and approving all policies and procedures for system operation, safety, security, accuracy, access and patient confidentiality. **Continued on page 14**

## Standards

*Continued from page 13*

- (2) Ensuring that medications in the automated medication system are inspected, at least monthly, for expiration date, misbranding and physical integrity, and ensuring that the automated medication system is inspected, at least monthly, for security and accountability.
  - (3) Assigning, discontinuing or changing personnel access to the automated medication system.
  - (4) Ensuring that the automated medication system is stocked accurately and an accountability record is maintained in accordance with the written policies and procedures of operation.
  - (5) Ensuring compliance with all applicable provisions of state and federal law.
- (d) When an automated medication system is used to fill prescriptions or medication orders, it shall be operated according to written policies and procedures of operation created or adopted by the pharmacy. The policies and procedures of operation shall:
- (1) Include a table of contents.
  - (2) Include a description of all procedures of operation.
  - (3) Set forth methods that shall ensure retention of each amendment, addition, deletion or other change to the policies and procedures of operation for at least 2 years after the change is made. Each change shall be signed or initialed by the registered pharmacist manager and include the date on which the registered pharmacist manager approved the change.
  - (4) Set forth methods that ensure that a pharmacist currently licensed in the transmitting jurisdiction reviews and approves the transmission of each original or new prescription or medication order to the automated medication system before the transmission is made.
  - (5) Set forth methods that ensure that access to the records of medications and other medical information of the patients maintained by the pharmacy is limited to licensed practitioners or personnel approved to have access to the records.
  - (6) Set forth methods that ensure that access to the automated medication system for stocking and removal of medications is limited to licensed pharmacists or the pharmacist's designee acting under the supervision of a licensed pharmacist. An accountability record which documents all transactions relative to stocking and removing medications from the automated medication system must be maintained.
- (7) Identify the circumstances under which medications may be removed from the automated medication system by a licensed medical practitioner for distribution to a patient without prior order review by a licensed pharmacist.
- (e) A pharmacy that uses an automated medication system to fill prescriptions or medication orders shall, at least annually, review its written policies and procedures of operation and revise them, if necessary.
- (f) A copy of the written policies and procedures of operation adopted under this section shall be retained at the pharmacy and at the long-term care facility where the automated medication system is utilized. Upon request, the pharmacy shall provide to the board a copy of the written policies and procedures of operation for inspection and review.
- (g) The pharmacist manager shall be responsible for ensuring that, prior to performing any services in connection with an automated medication system, all licensed practitioners and supportive personnel are trained in the pharmacy's standard operating procedures with regard to automated medication systems as set forth in the written policies and procedures. The training shall be documented and available for inspection.
- (h) A pharmacy that uses an automated medication system to fill prescriptions or medication orders shall create and operate according to a written program for quality assurance of the automated medication system which:
- (1) Requires monitoring of the automated medication system.
  - (2) Establishes mechanisms and procedures to test the accuracy of the automated medication system at least every 6 months and whenever any upgrade or change is made to the system.
  - (3) Requires the pharmacy to maintain all documentation relating to the written program for quality assurance for at least two years. Upon reasonable notice from the board, the pharmacy shall provide information to the board regarding the quality assurance program for automated medication systems.
    - (i) A pharmacy that uses an automated medication system to fill prescriptions or medication orders shall maintain a written plan for recovery from a disaster that interrupts the ability of the pharmacy to provide services. The written plan for recovery shall include:
      - (1) Planning and preparation for a disaster.
      - (2) Procedures for response to a disaster.
      - (3) Procedures for the maintenance and testing of the written plan for recovery.
    - (j) A pharmacy that uses an automated medication system to fill prescriptions or medication orders shall maintain a written program for preventative maintenance of the system. Documentation of completion of all maintenance shall be kept on file in the pharmacy for a minimum of two years.

## Right-to-Know Act and Home Addresses

The Bureau of Professional and Occupational Affairs is sensitive to its licensees' concerns about personal privacy. However, the Pennsylvania Right-to-Know Act, 65 P.S. § 66.1, mandates release of information contained in a "public record" stored by that agency if a member of the public requests it.

The bureau wants you to know that it will take all reasonable steps to safeguard personal information contained in your licensure records. We realize that many of you use your home address on the licensure records maintained by the bureau. However, given the uncertainty over what the Right-to-Know Act requires, neither the bureau nor the board that issues your license can guarantee the confidentiality of the address shown on your licensing record. Therefore, we recommend that, if you have a personal security concern, you might want to consider what many of our licensees have already done: use a business address or box number as the official address on licensure records.

Also, with the arrival of the License 2000 computer system, you may indicate to the board an address for release to the public that may be different from your home address.

To further protect your privacy and identity, the bureau will only accept a request to change a licensee's address if it is submitted in writing and includes the licensee's Social Security number, license number and the old and new addresses.

## REPORTING REQUIREMENTS

The Pharmacy Act Section 3.2 requires pharmacists who hold pharmacist licenses in other states, territories and countries to report any disciplinary action taken in other states, territories and countries to the Pennsylvania State Board of Pharmacy (board) on the biennial registration application or within ninety days of final disposition, whichever is sooner. Failure to provide this information within the required time period is a violation of that section of the Pharmacy Act.

The "Application for Change in Pharmacist Manager Within an Established Pharmacy" is used to register a new pharmacist manager at an existing Pennsylvania pharmacy. The application must be filed within 15 days of the date that the former pharmacist manager last worked as the pharmacist manager. The application is available on the board's Web site at [www.dos.state.pa.us/pharm](http://www.dos.state.pa.us/pharm) or may be obtained by mail or fax by calling 717-783-7156. Board Regulation Section 27.11(g) does permit a pharmacy permit holder who is unable to replace a pharmacist manager within those 15 days to request in writing an extension of up to 30 additional days to obtain a replacement pharmacist manager. A pharmacy may not operate without a pharmacist manager for more than 15 days unless the pharmacy first obtains from the board an extension of time for obtaining a replacement.

### *Reminder...*

## Renew Your License Online

### **You are eligible to renew online if:**

- You are currently in your license renewal period
- Your license is delinquent by no more than 30 days

### **First-time users will need the following information:**

- Pennsylvania License Number
- Registration Code
- Current mailing address
- Credit Card information
- E-mail address

Go to the Department's Web site at  
[www.dos.state.pa.us](http://www.dos.state.pa.us)

Click on RENEW a Professional License  
([www.myLicense.state.pa.us](http://www.myLicense.state.pa.us)).

Then simply follow the instructions  
to renew your license online.

## Disciplinary Actions

*The following is a listing of disciplinary actions taken by the board from Aug. 2005 through June 2006. Each entry includes the name, certificate or registration number (if any), and last known address of the respondent; the disciplinary sanction imposed; a brief description of the basis of the disciplinary sanction; and the effective date of the disciplinary sanction.*

*Every effort has been made to ensure that the following information is correct. However, this information should not be relied on without verification from the Prothonotary's Office of the Bureau of Professional and Occupational Affairs. One may obtain verification of individual disciplinary action by writing or telephoning the Prothonotary's Office at P.O. Box 2649, Harrisburg, PA 17105-2649; (717) 772-2686. Please note that the names of persons listed below may be similar to the names of persons who have not been disciplined by the board.*

**Brion E. Bennett**, license no. **RP-035054-L**, of Towanda, Bradford County, was automatically suspended, retroactive to Aug. 19, 2005, based on Bennett's guilty plea to felony charges of obtaining controlled substances by fraud. (08-19-05)

**Monica M. Heidenthal**, license no. **RP-035311-L**, of Duncansville, Blair County, was automatically suspended based on Heidenthal's plea of *nolo contendere* to one count of the acquisition or obtaining of possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge. (09-22-05)

**John M. Moran**, license no. **RP-039879-L**, of Wyoming, Luzerne County, and Carbondale,

Lackawanna County, was actively suspended for no less than three years, retroactive to Sept. 22, 2005, based on his violation of the terms and conditions of the Voluntary Recovery Program Consent Agreement and Order. (09-22-05)

**David Scott Aigeltinger**, license no. **RP-031638-L** of Wayne, Delaware County, was automatically suspended with the suspension stayed in favor of probation for three years, subject to terms and conditions of the Disciplinary Monitoring Unit of the Professional Health Monitoring Program, based on respondent pleading guilty to a misdemeanor under Section 23 of the Controlled Substance, Drug, Device and Cosmetics Act. (09-23-05)

**Alison R. Busfield**, license no. **RP-437669** of Quakertown, Bucks County, was ordered to pay a \$625 civil penalty and was required to obtain 12.5 ACPE credits. Busfield procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (10-26-05)

**Eileen H. Cerami**, license no. **RP-031117-L**, of Kennett Square, Chester County, was required to complete .25 ACPE credits and ordered to pay a civil penalty of \$200, because Cerami procured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing educa-

tion as required by the regulations. (10-26-05)

**John E. Copeland**, license no. **RP-028408-L**, of Avoca, NY, was ordered to pay a \$500 civil penalty and had a public reprimand placed on his permanent board record. Copeland violated the Act at 63 P.S. §390-5(a)(10) in that he had disciplinary action taken against his license by the proper licensing authority of another state. (10-26-05)

**Denise E. Darr**, license no. **RP-043585-R**, of Platte City, MO, was ordered to pay a \$200 civil penalty and was required to obtain four ACPE credits. Darr procured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (10-26-05)

**George T. McMillin**, license no. **RP-031261-L**, of Stonington, CT, was required to complete five ACPE continuing education credits and ordered to pay a \$100 civil penalty. McMillin procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (10-26-05)

**James F. Fazzari**, license no. **RP-028951-L**, of Corning, NY, was ordered to pay a \$700 civil penalty and was required to obtain 14 ACPE credits. Fazzari procured a

*Continued on page 17*

## Disciplinary Actions

*Continued from page 16*

license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (10-26-05)

**Donald M. Jaken**, license no. **RP-043137-R**, of Effort, Monroe County, was required to complete three ACPE credits and ordered to pay a \$200 civil penalty. Jaken procured a license through fraud misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (10-26-05)

**Linda K. Frederick**, license no. **RP-438043**, of Morgantown, WV, was ordered to pay a \$587.50 civil penalty and was required to complete 11.75 ACPE credits. Frederick procured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (10-26-05)

**Regina L. Galiszewski**, license no. **RP-033372-L**, of Belle Vernon, Fayette County, was ordered to pay a \$200 civil penalty and was required to obtain 1.5 ACPE credits. Galiszewski procured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (10-26-05)

**Jeanine A. Piscoglio**, license no. **RP-034351-T**, of Coatesville, Chester County, was ordered to obtain 28 ACPE credits, pay a \$2,800 civil penalty and a public reprimand was placed on her permanent record. Piscoglio procured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (10-26-05)

**Joshua P. Getty**, license no. **RP-044824-L**, of Pittsburgh, Allegheny County, was ordered to pay a \$3,000 civil penalty, obtain 30 ACPE credits and a public reprimand was placed on his board record. Getty procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (10-26-05)

**Eric T. Vermilya**, license no. **RP-036177-L**, of Glenshaw, Allegheny County, was ordered to pay a \$25 civil penalty and was required to complete .5 ACPE credits. Vermilya procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (10-26-05)

**Kathleen D. Goldberg**, license no. **RP-031510-L**, of Huntingdon Valley, Montgomery County, was required to obtain eight ACPE credits and pay a \$400 civil penalty. Goldberg pro-

cured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Theresa Moench**, license no. **RP-034091-L** of Allentown, NJ, was required to obtain 10 ACPE credits and pay a \$500 civil penalty. Moench procured a license  
*Continued on page 18*

### UNETHICAL OR UNLICENSED ACTIVITY

If you believe the practice or service provided by a licensed professional to be unethical, below an acceptable standard or out of the scope of the profession; or if you are aware of unlicensed practice, please call the Bureau of Professional and Occupational Affairs complaints hotline at:

**In Pennsylvania:**  
**1-800-822-2113**

**Out of State:**  
**1-717-783-4854**

A complaint form is available on the Department of State's Web site at  
**[www.dos.state.pa.us](http://www.dos.state.pa.us)**

## Disciplinary Actions

*Continued from page 17*

through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Iran S. Moradi-Manny**, license no. **RP-034204-L**, of Lafayette Hill, Montgomery County, was required to obtain 23.5 ACPE credits and pay a \$2,350 civil penalty. Moradi-Manny failed to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Doreen S. Laubscher**, license no. **RP-033508-L**, of Lock Haven, Clinton County, was ordered to pay a \$175 civil penalty and was required to obtain 3.5 ACPE credits. Laubscher procured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Richard G. Prevost, R.Ph.**, license no. **RP-024683-L**, of Westminster, CO, agreed to a permanent voluntary surrender of his license to practice pharmacy in Pennsylvania. Prevost had disciplinary action taken against his license to practice pharmacy by the proper licensing authority of another state and failed to report this disciplinary action to the board within 90 days of its occurrence. (11-15-05)

**Brian Williams**, license no. **RP-033787-L**, of Doylestown, Bucks County, was required to obtain 30 ACPE credits and pay a \$3,000 civil penalty. Williams procured a

license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Lori A. Ribecchi**, license no. **RP-039136-L**, of Deptford, NJ, was required to obtain three ACPE credits and pay a \$150 civil penalty. Ribecchi failed to complete 30 hours of ACPE continuing education as required by the regulations. (11-15-05)

**John G. Pollick**, license no. **RP-036105-L**, of Jacksonville, FL, was ordered to pay a \$650 civil penalty and was required to obtain 13 ACPE credits. Pollick procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Stephen R. Kramny**, license no. **RP-031223-L**, of Philadelphia, Philadelphia County, was required to obtain 11 ACPE credits and pay a \$550 civil penalty. Kramny procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Mengisteab G. Neguse**, license no. **RP-034506-T**, of Havertown, Delaware County, was required to obtain 20 ACPE credits and pay a

\$2,000 civil penalty. Neguse procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Rynda R. Klein**, license no. **RP-036241-R**, of Ambler, Montgomery County, was required to obtain five ACPE credits and pay a \$200 civil penalty. Klein procured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**John M. Herishen, R.Ph.**, license no. **RP-040365-L**, of Sewell, NJ, was ordered to pay a \$500 civil penalty. Herishen had disciplinary action taken against his license to practice pharmacy by the proper licensing authority of another state. (11-15-05)

**Stanley Schaeffer**, license no. **RP-023337-L**, of Bernville, Berks County, was required to pay a \$200 civil penalty. Schaeffer failed to complete 30 hours of ACPE continuing education as required by the regulations and procured a license through fraud misrepresentation or deceit by falsely indicating that he had 30 continuing education credits. (11-15-05)

**Cary J. Cuppett**, license no. **RP-031130-L**, of Johnstown, Cambria County, was publicly reprimanded and required to pay a \$2,800 civil penalty. Cuppett procured a license

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## Disciplinary Actions

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through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Philip Schwartz**, license no. **RP-022815-L**, of Blue Bell, Montgomery County, was ordered to pay a \$115 civil penalty and was required to obtain 2.3 ACPE credits.

Schwartz procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Cathy J. Segal**, license no. **RP-028628-L**, of Golden Valley, MN, was ordered to pay a \$200 civil penalty and was required to obtain 2.8 ACPE credits. Segal procured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Stephen E. Stanton**, license no. **RP-036154-L**, of Kennedy, NY, was required to obtain one ACPE credit and pay a \$200 civil penalty. Stanton procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Howard C. Stoops**, license no. **RP-030846-L**, of Laurel, MD, was required to obtain .25 ACPE credits

and pay a \$200 civil penalty. Stoops procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Michael E. Sepulveda**, license no. **RP-034524-R**, of Brooklawn, NJ, was ordered to pay a \$525 civil penalty and was required to obtain 11 ACPE credits. Sepulveda procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Kofi O. Abanquah**, license no. **RP-043854-L**, of Charlotte, NC, was required to obtain 20 ACPE credits and pay a \$2,000 civil penalty. Abanquah procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Paul D. Bianculli**, license no. **RP-026069-L**, of Pittsburgh, Allegheny County, was ordered to pay a \$450 civil penalty and was required to obtain 9 ACPE credits. Bianculli procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Susan E. Dobek-Drew**, license no. **RP-032070-L**, of Hanover, MA, was required to obtain 2 ACPE credits and pay a \$200 civil penalty. Dobek-Drew procured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (11-15-05)

**Bonnie S. Chanzit**, license no. **RP-031894-L**, of Chester, NJ, was required to obtain 15 ACPE credits and pay a \$750 civil penalty. Chanzit failed to complete 30 hours of continuing education as required by the regulations. (12-15-05)

**Dawn J. Cohen**, license no. **RP-036689-L**, of Newtown, Bucks County, was required to obtain 0.8 ACPE credits and pay a \$200 civil penalty. Cohen procured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (12-15-05)

**Dyan M. Rowe-Davis**, license no. **RP-041843-L**, of Miami Beach, FL, was required to obtain 10 ACPE credits and pay a \$225 civil penalty. Rowe-Davis procured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (12-15-05)

**George K. Fawber**, license no. **RP-026923-L**, of Dillsburg, York County, was required to obtain 6.5 ACPE credits and pay a \$275 civil

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## Disciplinary Actions

*Continued from page 19*

penalty. Fawber procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (12-15-05)

**Temple Lower Bucks Hospital Pharmacy**, license no. **HP-418110-L**, of Bristol, Bucks County, was ordered to pay a \$3,000 civil penalty because of failure to: record a patient's prescription in the patients profile; place the Caution Statement on a label of a prescription bottle that contained a controlled substance; ensure that only a licensed pharmacist, licensed pharmacist intern, or in an institution, a licensed physician or registered nurse has access to Schedule II Controlled Substances; failed to file prescription orders for Schedule II Controlled Substances in a separate file from all other records of the pharmacy; file prescription orders for controlled substances in Schedules III, IV and V in a separate prescription file or in a readily retrievable form from the other prescription records of the pharmacy; ensure that two prescriptions for Controlled Substances did not contain the address of the patient; ensure that two prescriptions on file contained the DEA number of the prescribers; sold, dispensed or caused or allowed to be sold or dispensed any controlled substance or non-proprietary drug except by a licensed pharmacist; and stored drugs in and dispensed drugs from a locked storage room, for after hours pharmacy services in emergency situations. (12-15-05)

**Lam T. Tran**, license no. **RP-044052-L**, of Wayne, Delaware County, was required to obtain 30 ACPE credits and pay a \$3,000 civil penalty. Tran procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (12-15-05)

**Diane M. Leung-Diliberto**, license no. **RP-040648-L**, of Rock Tavern, NY, was required to obtain 0.5 ACPE credits and pay a civil penalty of \$200, because Leung-Diliberto procured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (12-15-05)

**Teresa M. McMichael**, license no. **RP-045605-L**, of West Chester, Chester County, was required to obtain 21 ACPE credits and pay a \$2,100 civil penalty. McMichael procured a license through fraud, misrepresentation or deceit by falsely indicating that she had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (12-15-05)

**Jigneshkumar Niranjan Bhagat**, of Mount Dora, FL, applicant for transfer of pharmacist license was denied for failure to meet the qualifications for licensure. (01-13-06)

**Erik C. Cooper**, license no. **RP-037339-L** of Mount Laurel, NJ, was required to obtain 30 ACPE credits

and pay a \$3,400 civil penalty. Cooper also received a public reprimand because he procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits. He failed to complete 30 hours of continuing education as required by the regulations and engaged in the practice of pharmacy while not duly licensed as a pharmacist. (01-17-06)

**Calvin Emerson Hunsicker**, license no. **RP-035348-L** of Bartlett, NH, had a public reprimand placed on his permanent board record because Hunsicker was disciplined by the proper licensing authority of another state. (01-17&18-06)

**Jeffrey R. Kaufhold**, license no. **RP-035995-L** of Hummelstown, Dauphin County, was indefinitely suspended for no less than three years, retroactive to January 20, 2004. The suspension was immediately stayed in favor of no less than three years of probation because Kaufhold entered a guilty plea to misdemeanor charges under the Drug Act. (01-17-18-06)

**Michael Maruyama**, license no. **RP-039602-R** of Bensalem, Bucks County, was required to obtain 0.95 ACPE credits and pay a \$200 civil penalty. Maruyama procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and for failing to complete 30 hours of continuing education as required by the regulations. (01-17-06)

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## Disciplinary Actions

*Continued from page 20*

**James Scott Crider**, license no. **RP-042938-L**, of West Aliquippa, Beaver County, was indefinitely suspended until he demonstrates that he has satisfactorily completed all requirements imposed upon him by order of the Ohio State Board of Pharmacy dated Dec. 9, 2004, and that his license to practice as a pharmacist in that state has been restored to good standing without restriction, based on disciplinary action imposed upon him in Ohio. (01-23-06)

**Joseph Theodore Wolpert, R.Ph.**, license no. **RP-028279-L**, of York, York County, was suspended for at least one year, with the first 30 days to be served on active suspension, and the remaining suspension stayed in favor of probation, subject to terms and conditions, based on his *nolo contendere* plea to a felony in the courts of this commonwealth. (02-08-06)

**Christopher R. Cicuto**, license no. **RP 439517** of York, York County, was indefinitely suspended for no less than five years. The suspension was immediately stayed in favor of no less than five years of probation. Cicuto violated a lawful disciplinary order of the board. (2-21-06)

**Paul R. Crawford**, license no. **RP-027587-L** of Uniontown, Fayette County, was indefinitely suspended for no less than three years with such suspension immediately stayed in favor of no less than three years of probation retroactive to April 13, 2005. Crawford is unfit to practice due to intemperance in the use of controlled substances to such an extent as to impair the performance

of his professional duties. (02-21-06)

**Edgar D. Otten**, license no. **RP-023265-L** of Broomall, Delaware County, has voluntarily surrendered his license to practice pharmacy in Pennsylvania because Otten procured a license through fraud, misrepresentation or deceit by falsely indicating that he had 30 continuing education credits and by failing to complete 30 hours of continuing education as required by the regulations. (02-21-06)

**Georgeann P. Pludowski**, license no. **RP-037871-R** of Alpha, NJ, was indefinitely suspended until her license is reinstated by the NJ State Board of Pharmacy. Pludowski had her license to practice pharmacy suspended by the proper licensing authority of another state. Pludowski may petition the board for reinstatement after the NJ State Board of Pharmacy reinstates her license. (02-21-06)

**Kimberly L. Sherman-Gendason**, license no. **RP-040531-L** of Boca Raton, FL was required to obtain five ACPE credits and pay a \$250 civil penalty. Sherman-Gendason failed to complete 30 hours of continuing education as required by the regulations. (02-21-06)

**Tara C. Young**, license no. **RP-437480** of Denver, CO, was indefinitely suspended for no less than five years, following a period of six months active suspension retroactive to July 1, 2005 with the remaining suspension immediately stayed in favor of no less than three years of probation. Young is unable to

practice the profession with reasonable skill and safety to patients. (02-21-06)

**Antonio Joseph Caniglia**, license no. **RP-037827-L** of Broomall, Delaware County, was revoked based on his guilty plea to felonies. (02-23-06)

**Enelia Maria Santiago**, license no. **RP-043832-R**, of Huntingdon Valley, Montgomery County, was ordered to complete 15.5 ACPE approved continuing education credits and assessed a \$750 civil penalty based on violation of the Board's regulations at 49 Pa. Code §27.32(a)(2) by failing to provide documentation of completion for 15.5 hours of ACPE approved continuing education credits. (02-23-06)

**Jeffrey Gordon**, license no. **RP-028467-L**, of Elkins Park, Montgomery County, was denied reinstatement based on the fact that the petition for reinstatement was premature. (03-03-06)

**Robert Matthew Shutty**, license no. **RP-028637-L**, of Grantville, Dauphin County was assessed a \$1,000 civil penalty and ordered to make up the deficient 30 credit hours and submit them to board counsel by April 7, 2006, the effective date of the order. Shutty failed to complete 30 hours of continuing education during the biennial renewal period and tried to procure a license through fraud, misrepresentation or deceit because he believed he had the required number of credit hours. (03-08-06)

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## Disciplinary Actions

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**Arthur Harlich**, license no. **RP-018860-L** of Pittsburgh, Allegheny County, voluntarily and permanently surrendered his pharmacist license and surrendered his right to renew and/or reactivate his pharmacist license. Harlich dispensed a nonproprietary drug to an individual who did not have a valid prescription, and dispensed a controlled substance in bad faith in the course of his professional practice. (03-21-06)

**CVS Pharmacy 1320**, license no. **PP-414193-L** of Brodheadsville, Monroe County, was ordered to pay a \$1,000 civil penalty. CVS Pharmacy 1320 sold or delivered, held offered for sale, or possessed a drug that was misbranded. (3-21&22-06)

**Yussuf A. Gbadamosi**, license no. **RP-038616-L** of Bowie, MD, was revoked based on disciplinary action by the proper pharmacist licensing authority of another state. (03-23-06)

**Enelia Maria Santiago**, license no. **RP-043832-R**, of Huntingdon Valley, Montgomery County, was suspended based on non-compliance of her previous board order. (04-11-06)

**Paul A. Cook**, license no. **RP-035892-L** of McKeesport, Allegheny County, was suspended indefinitely for no less than three years, with his suspension immediately stayed in favor of no less than three years of probation. Cook admitted to PHMP, by way of letter, to his relapse in using controlled substances. (04-18-06)

**BDT Of Saxton LLC**, license no. **PP-410236-L** of Saxton, Bedford County, was ordered to pay a \$450 civil penalty. BDT of Saxton failed to file an application for a change in ownership within the required 30 days. (04-18-06)

**Gregory M. Moskal**, license no. **RP-035637-T** of Bethel Park, Allegheny County, was suspended for no less than five years, retroactive to Feb. 24, 2005, with the suspension stayed in favor of no less than five years of probation, retroactive to Feb. 24, 2005. Moskal tested positive for the presence of a controlled substance in three random unannounced and observed body fluid toxicology screen tests. (04-18-06)

**Donald R. Brindisi**, license no. **RP-041663-L** of Harrisburg, Dauphin County, will have a public reprimand placed on his permanent board record because his license was disciplined by the proper licensing authority of another state. (04-18-06)

**Buchanan Brothers Pharmacy Inc.**, license nos. **PP-410609-L**, **PP-412324-L**, and **PP-411521-L** of Elkland, Tioga County, was ordered to pay a \$2,450 civil penalty. Buchanan Brothers Pharmacy Inc. failed to notify the board of the change in controlling interest within 30 days, as required. (04-18-06)

**Stephen R. Chikosky**, license no. **RP-027043-L** of Boardman, OH, agreed to the permanent voluntary surrender of his license. Chikosky was convicted of misdemeanors

that relate to the profession and had his license disciplined by the proper licensing authority of another state. (04-18-06)

**Jennifer J. Kim**, license no. **RP-437519** of Fort Lee, NJ, had her license indefinitely suspended, with the suspension immediately stayed in favor of probation. Kim pled guilty to a felony and had a license to practice pharmacy disciplined by the proper licensing authority of another state. (04-18-06)

**Daniel R. Shack**, license no. **RP-439083** of Titusville, NJ, was indefinitely suspended, with no right to request reinstatement prior to the completion of criminal probation, which is scheduled to occur on or about Sept. 26, 2008. Shack had a license to practice pharmacy issued by any other properly constituted licensing authority of any other state suspended or revoked. (05-16&17-06)

**Christopher J.D. Shaffer**, license no. **RP-041402L** of Sayre, Bradford County, was actively and indefinitely suspended for no less than five years and until such time as he can demonstrate to the board that he can resume a competent practice of pharmacy with reasonable skill and safety to patients. Shaffer admitted and tested positive for the use of controlled substances which impairs the intellect and judgment to such an extent as to impair the performance of professional duties and is unfit or unable to practice pharmacy by reason of a physical or mental disease or disability. (06-20-06)

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## Disciplinary Actions

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**Discount Drugs of Canada of Olyphant, Lackawanna County**, was ordered to pay a \$1,000 civil penalty. Discount Drugs of Canada used the word “drugs” in the name of a business that does not have a pharmacy permit. (06-20-06)

**Methodist Hospital Division - Thomas Jefferson University Hospital**, license no. **HP418129L** of Philadelphia, Philadelphia County, was ordered to pay a \$47,700 civil penalty. Thomas Jefferson University Hospital failed to comply with the rules and regulations of the board by operating an outpatient pharmacy prior to being granted a pharmacy permit by the board, and sold, dispensed or caused or allowed to be sold or dispensed any controlled substance or non-proprietary drug, except by a licensed pharmacist. (06-20-06)

**Barbara A. Gula**, license no. **RP-040092-L** of Windber, Somerset County, was indefinitely actively suspended. Gula had her license to practice pharmacy suspended by the proper licensing authority of another state. (06-20-06)

**Daniel K. Beaudry**, license no. **RP-028871-L** of Blackwood, NJ, was indefinitely suspended retroactive to March 1, 2002, with the first two years being actively suspended and the remaining suspension stayed in favor of probation, to run concurrent with Beaudry’s criminal probation. Beaudry pled guilty to an offense in connection with the practice of pharmacy. (06-20-06)

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***If you fit the description above,  
please contact:***

**Krista Drupp  
Department of State  
Human Resource Management Office  
Room 306, North Office Building  
Harrisburg, PA 17120  
(717)783-9273**

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