



Newsletter

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FALL 2015

PRESIDENT’S COLUMN

by

Jeanne D. Waggner, R.Ph.

Summary of Legislation Passed by the 84th Legislature That Impacts the Practice of Pharmacy

This President’s Column will be devoted to summarizing the legislation passed by the 84th Regular Session of the Texas Legislature that will impact the practice of pharmacy in Texas. The effective date of the legislation is noted for each bill. Text of the bills is available through the Texas Legislature Online website at: www.capitol.state.tx.us.

H.B. 1 - Appropriations Act

The base appropriation for TSBP for FY2016-2017 is approximately \$234,000 more than the base appropriation the previous biennium. In addition to the base, the agency received a contingent revenue rider for implementation of SB 195 that would appropriate \$1,311,007 in FY2016 and \$800,913 in FY2017 and give the agency 7 additional FTEs. This rider also outlines a schedule of payments to TSBP from all of the agencies that license individuals authorized to access information in the prescription monitoring system to fund S.B. 195. (Note: The Comptroller’s Office has determined that the provision that allows agencies to transfer funds to TSBP to fund implementation of S.B. 195 does not become effective until 9/1/2016. Therefore, under the interpretation the agency cannot collect fees from the other agencies until 9/1/16).

H.B. 751 by Rep. Zerwas/Sen. Kolkhorst (Effective Date: 9/1/2015)

H.B. 751 amends the Pharmacy Act to allow pharmacists to substitute “biological products” if:

- the physician authorizes substitution;
- the patient doesn’t refuse the substitution; and
- the “biological product” is designated as “therapeutically equivalent” to another product by FDA.

The bill specifies that, not later than the third business day after dispensing the pharmacist must “communicate” to the prescribing practitioner the name of the product provided and the manufacturer or NDC number. The communication must be conveyed by:

- entering the information into an interoperable electronic medical record system; or
- through the use of electronic prescribing technology, PBM system, or a pharmacy record that the pharmacist reasonably

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The Sunset Review of the Texas State Board of Pharmacy

The mission and performance of the Texas State Board of Pharmacy are under review by the Legislature as required under the Texas Sunset Act. The Act provides that the Sunset Commission, composed of legislators and public members, periodically evaluate a state agency to determine if the agency is still needed and to explore ways to ensure that the agency’s funds are well spent. Based on the recommendations of the Sunset Commission, the Texas Legislature ultimately decides whether an agency continues to operate into the future.

The Sunset review involves three steps. First, Sunset Commission staff will evaluate the State Board of Pharmacy and issue a report in April 2016 recommending solutions to problems found. A month or so later, the Sunset Commission will meet to hear public testimony on the agency and the recommendations of the Sunset staff. Based on public input and the Sunset staff report, the Sunset Commission will adopt recommendations for the full Legislature to consider when it convenes in January 2017. Please refer to the Sunset Commission website or call the office for updated information on specific dates for these meetings.

Through the Sunset review, every Texan has the opportunity to suggest ways in which the mission and operations of the State Board of Pharmacy can be strengthened. If you would like to share your ideas about the Board, please send an email to the address below, use the comment form on the Sunset Commission website, or contact Steven Ogle of the Sunset staff. Suggestions are preferred by **December 18, 2015**, so they can be fully considered by the Commission staff.

Sunset Advisory Commission
P.O. Box 13066
Austin, Texas 78711
512/463-1300
Fax: 512/463-0705
Email: sunset@sunset.state.tx.us

Information about the Sunset process, Sunset Commission meetings, and how to receive Sunset Commission email updates is available at: www.sunset.state.tx.us.

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LEGISLATION

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concludes is electronically accessible by the prescribing practitioner; or

▪ by faxing, phoning, or electronic transmission to the physician. Notification is not required if:

▪ there is no interchangeable biological product approved by FDA; or

▪ a refill prescription is not changed from the product dispensed on the prior dispensing.

The notification section of the bill expires on 9/1/2019. Rules must be adopted by 12/1/2015.

H.B. 1550 by Rep. Zerwas

(Effective Date: 1/1/2016)

H.B. 1550 amends the Pharmacy Act by adding a new Section 562.057 that:

allows pharmacists, in an emergency, to administer epinephrine to a patient using an auto-injector device;

requires the pharmacist to report the administration to the patient's primary care physician;

specifies that a pharmacist may not receive remuneration for the administration; and

provides that the pharmacist is not liable for civil damages if the pharmacist acts in good faith and complies with Board rules.

S.B. 195 by Sen. Schwertner/Rep. Crownover

(Effective Dates: Several – see below)

S.B. 195 amends the Texas Controlled Substances Act to:

Effective 9/1/2016:

▪ Transfer the prescription monitoring program (PMP) from the DPS to TSBP;

▪ Establish a program to fund the Prescription Monitoring Program (PMP) through a surcharge on the license fees of persons authorized to access the PMP; and

▪ The Controlled Substance Registration program is abolished.

Allow the Board, on or after 6/20/2015:

▪ To adopt rules to implement the PMP and certain other provisions related to prescriptions in the Controlled Substances Act (Sections 481.003(a), 481.075, 481.076(c), 481.0761(a) and (g), Sections 481.073 (Communication of Prescriptions by Agent), 481.074 (Prescriptions) and 481.352; and

▪ Sign a contract with a vendor to operate the PMP.

S.B. 460 by Sen. Schwertner/Rep. Crownover

(Effective Date: 9/1/2015)

S.B. 460 amends the Pharmacy Act to:

▪ Allow a pharmacy to notify consumers how to file a complaint using an electronic messaging system.

▪ Allow the Board to inspect financial records relating to the operation of a pharmacy only in the course of an investigation of a specific complaint;

▪ Allow the Board to inspect the records of a pharmacist if the pharmacist practices outside a licensed pharmacy.

▪ Specify that a person cannot own a Class E Pharmacy license if the person has held a RPh license in this or another state that has been restricted, suspended, revoked, or surrendered for any reason;

▪ Specify that a pharmacy license may not be renewed if the license has expired for 91 days or more;

▪ Requires a pharmacy to report to the Board in writing, no later than 30-days before the date of a change of location;

▪ Prohibit waiving, discounting, or reducing, or offering to waive, discount, or reduce a patient copayment or deductible for a

compounded drug in the absence of:

- ♦ A legitimate, documented patient financial hardship; or
- ♦ Evidence of a good faith effort to collect; and
- ♦ Eliminate the requirement to post the "Generic Sign."

S.B. 460 also amends the Dangerous Drug Act to add a provision currently in the Pharmacy Act that in the event of a natural or manmade disaster allows RPhs to dispense up to a 30-day supply of a dangerous drug on a refill, without authorization of the practitioner, if:

▪ Failure to refill the Rx might result in interruption of a therapeutic regimen or create patient suffering;

▪ The nature of the disaster prohibits the RPh from contacting the practitioner;

▪ The Governor has declared a state of disaster; and

▪ The Board, through the Executive Director, has notified pharmacies they may dispense up to a 30-day supply of a dangerous drug.

SB 1462 by Senator West/Rep. Johnson

(Effective Date: 9/1/2015)

S.B. 1462 adds a new Subchapter E. Opioid Antagonist to the Dangerous Drug Act that:

Allows Drs to prescribe/issue a standing order for an opioid antagonist, without risk of discipline, to a:

▪ person at risk of an opioid-related drug overdose; or

▪ family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose.

Specifies a R.Ph. who dispenses or does not dispense an opioid antagonist under a valid Rx is not subject to criminal/civil liability or disciplinary action for:

▪ dispensing or failing to dispense the opioid antagonist; or

▪ if the R.Ph. dispenses an opioid antagonist, any outcome resulting from the administration of the opioid antagonist. 

APPOINTMENTS

The National Association of Boards of Pharmacy (NABP) assists member state boards of pharmacy in developing, implementing, and enforcing uniform standards for protecting the public health. The Texas State Board of Pharmacy is a member of NABP and is fortunate to have eight members and staff serving on NABP committees and task forces. Please join the Board and Staff in congratulating these individuals on their appointments.

Task Force on Sponsorship of NABP District & Annual Meetings
Jeanne D. Waggener, R.Ph. (Executive Committee Liaison)

Task Force on Implementation of VPP
Gay Dodson, R.Ph. (Member)

Task Force on Pharmacist Prescriptive Authority
Dennis F. Wiesner, R.Ph. (Chair)
Joyce Titpon, R.Ph. (Member)
Kerstin Arnold (Member)

Task Force on the Regulation of Pharmacist Care Services
Phyllis A. Stine (Member)
Allison Vordenbaumen Benz, R.Ph., M.S. (Member)

Committee on Law Enforcement/Legislation
Buford Abeldt, Sr., R.Ph. (Member)

Committee on Constitution and Bylaws
Christopher M. Dembny, R.Ph. (Alternate)
L. Suzan Kedron (Alternate)

Board Members

The Texas State Board of Pharmacy is pleased to announce the appointment of three new Board members. On October 6, 2015, Governor Greg Abbott appointed Isaac “Chip” Thornsburg of San Antonio, Suzette Tijerina, R.Ph., of Castle Hills, and Jenny Downing Yoakum, R.Ph., of Kilgore, to serve six-year terms on the Board. Mr. Thornsburg replaced Charles F. Wetherbee of Boerne; Ms. Tijerina replaced Joyce A. Tipton, R.Ph., of Houston; and Ms. Yoakum replaced W. Benjamin Fry, R.Ph., of San Benito.



Isaac “Chip” Thornsburg is a Police Officer and Electronic Crimes Investigator for the City of Helotes Police Department. He oversees compliance with the Federal Bureau of Investigation (FBI) and the Texas Department of Public Safety (DPS) computer network security standards at the local level to protect the integrity and confidentiality of criminal justice information.

Chip Thornsburg grew up in the west Texas town of Del Rio. He joined the U.S. Army at the age of 17 as a Cavalry Scout. Following his enlistment, Chip began a career in advertising and marketing, opening his own advertising agency. A longtime fan of technology, in 1996, he began a research and consulting business for network communications and security eventually transitioning into law enforcement.

Chip has lived in the Helotes area for the past 19 years and has two grown sons. He is a member of the High Technology Crime Investigation Association, National White Collar Crime Center, National Rifle Association, and the U.S. Secret Service: Electronic Crime Task Force. Mr. Thornsburg received a Bachelor of Science in criminology from Texas A&M University at San Antonio, an Associate of Applied Science in criminal justice and police science from San Antonio College, and an Associate of Applied Science in management from Southwest Texas Junior College.



Suzette Tijerina, R.Ph., is the Director of Pharmacy and Mail Operations for CVS Caremark in San Antonio. She oversees a cross functional team responsible for prescription entry and client plan design management.

Suzette received her Bachelor of Science Degree in Pharmacy in 1989 from The University of Texas at Austin College of Pharmacy. She practiced hospital pharmacy as a staff pharmacist for 2 years at Baptist Medical Center in San Antonio before joining CVS Caremark in 1991.

Mrs. Tijerina has been married to Robert A. Tijerina since 1995. They have two children.



Jenny Downing Yoakum, R. Ph., is the pharmacist-in-charge at Med Shop Total Care Pharmacy in Longview. The independent community and compounding pharmacy was opened in 1991 by her parents, Pat and Jan Downing. Both Jenny and her older sister, Dee, share the duties of managing and running the daily operations of the family-owned pharmacy.

To ensure quality personalized care for the whole family, Jenny created a dedicated veterinary medicine program within the pharmacy. She routinely consults with

veterinarians regarding a variety of medical challenges affecting equine, feline, canine and exotic (tigers, monkeys, reptiles, fish, birds and gorillas) patients. She has developed customized formulas to address a variety of conditions experienced by many different types of species. Beyond her expertise in animal health, Jenny has a wide breadth of knowledge in holistic medicine for humans and is on track to receive her Fellowship in Anti-Aging and Regenerative Medicine in 2016.

Jenny received her Bachelor of Science Degree in Pharmacy in 1997 from the University of Houston College of Pharmacy.

After graduation, Jenny practiced in community pharmacy for 17 years, including seven years on staff of Professional Compounding Centers of America (PCCA) in Houston, as a pharmacist consultant. As a consultant, Jenny answered 50 to 75 calls daily from PCCA's compounding pharmacists located in the United States, Canada, Australia and New Zealand, assisting them with patient's unique medication challenges. In addition, she was a member of PCCA's formula development team, which tests and retests formulations in the company's in-house laboratories.

Her professional memberships include the Texas Pharmacy Association (TPA), Alliance of Independent Pharmacists of Texas (Alliance), International Academy of Compounding Pharmacists (IACP), and National Community Pharmacist Association (NCPA). She served a two year term on the Compounding Committee for NCPA and served a two-year term on the Alliance Board of Directors. She resigned her position as Alliance President in October 2015, to join the Texas State Board of Pharmacy.

Jenny was awarded the Excellence in Innovation Award by TPA in July 2011, alongside her sister, Dee. In addition, Jenny and her sister were awarded Pharmacists of the Month in July 2014, from PCCA.

Jenny has been very involved in community organizations throughout her career. She is currently a member of the Junior League of Longview and serves on the board of her neighborhood homeowners association.

CONGRATULATIONS



Jeanne D. Waggener, R.Ph., was elected to serve as treasurer of the National Association of Boards of Pharmacy (NABP) during the Association's 111th Annual Meeting in May 2015. Prior to the election, Ms. Waggener was a member of the Executive Committee representing District VI. The Texas State Board of Pharmacy (TSBP) is fortunate to have Ms. Waggener elected to serve as treasurer of NABP.

Ms. Waggener was first appointed to the TSBP in 2006 and then reappointed for an additional term in 2011. She has served as president of the Board since 2010. Ms. Waggener currently serves as Pharmacy Clinical Services Manager for Wal-Mart Pharmacy in Bellmead (Waco). Please join the Board and Staff in congratulating Ms. Waggener.

Addiction in Pharmacy The Untold Truth

by
Courtney A. Hulbert, LCSW

While you may not personally suffer from the disease of addiction, the chances of it not touching your life in some way are minuscule. For many decades, our society has ignored the harsh realities of addiction with a view that it's simply not our problem. New science and research show us that this couldn't be further from the truth. We typically imagine an addict as someone on the streets shooting up, but the truth is that a brain disease like addiction doesn't discriminate based on your financial stature, education, or desire to succeed in life. Pharmacists experience addiction too. "It is estimated that approximately 10% to 15% of all healthcare professionals will misuse drugs or alcohol at some time during their career. Although the rates of substance abuse and dependence are similar to those of the general population, the prevalence is disturbing because healthcare professionals are the caregivers responsible for the general health and well-being of the general population."¹

According to the American Society of Addiction Medicine, addiction is "a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors."² Often times, people who experiment with drugs continue to use them because the substance either makes them feel good or stops them from feeling bad. There is a fine line between recreational, social use and abuse or addiction. And people suffering from this disease are rarely able to recognize when that line has been crossed.³

The number of Americans who died from overdoses of prescription painkillers more than tripled in the past decade. This staggering statistic is higher than the number of people who died from a cocaine or heroin overdose combined.⁴ There are many factors that contribute to these numbers, but two of the most obvious are the patient and treating physician. It is common practice for individuals experiencing pain of any kind to see a physician and seek medication to treat pain and it is the physician's job to relieve that pain. Our lack of education regarding the risk factors associated with addiction as well as the addiction potential of certain medications

leads to dangerous outcomes. "Between 80 and 90 percent of doctors in the United States have no formal training in prescribing opioid medications," says David Kloth, MD, a Connecticut-based pain management specialist and spokesperson and former president of The American Society of Interventional Pain Physicians (ASIPP). "I would never prescribe chemotherapy or heart medication to a patient, because I have no formal training in how to do so. But many doctors who haven't been properly trained are prescribing opioids."⁵ There are many alternatives to opioids in treating pain, but patients tend to want the quickest result with the least amount of work involved and don't fully understand the risks. The majority of the professionals in the PRN program first experienced their addiction following a routine visit to the doctor to alleviate pain attributed to a bad back, a recent surgery, or an accident. No one plans on becoming addicted. One professional explained his experience by saying, "The first time I ever took hydrocodone, it was the most normal I'd felt in my entire life, as if it filled a void I could never figure out on my own." This is just one of the many heartbreaking stories I've heard and a great example of the power addiction has over the mind, body, and spirit.

Unfortunately, healthcare professionals are at an increased risk for addiction due to their unique access to controlled substances, perceived pharmacological knowledge, and a stressful work environment. Due to drug access, healthcare professionals tend to self medicate, a practice that can perpetuate the fallacy that pharmacological knowledge of drugs is an effective strategy to prevent addiction. "Given the increasingly stressful environment due to manpower shortages in the healthcare system in general, substance induced impairment among some healthcare professions is anticipated to grow."⁶ Additionally, healthcare professionals spend the majority of their time caring for others and often forget the importance of self-care, so the professional's personal needs are unmet. "A study of people admitted for substance abuse treatment for the first time has found they waited an average of 15.6 years to seek help from the time they initially used the substance." The Substance Abuse and Mental Health Services Administration's Pamela S. Hyde said, "This study shows that the damaging consequences of substance use can often be undetected or unacknowledged for many years—undermining many aspects of people's health and well-being, as well as those around them."⁷

Now is the time for increased prevention,

intervention, education, and treatment to help those suffering from this deadly disease. As licensed professionals protecting the integrity of your profession, it is your responsibility to not only be familiar with this issue, but also to be part of the solution. This includes being aware of the signs and symptoms of abuse and reaching out to colleagues that you think may be practicing impaired. According to the Centers for Disease Control and Prevention, by 2010, enough opioid pain medications were sold to medicate every American adult for 1 month.⁴ In my experience as Director for the Professional Recovery Network (PRN), the most common drug of choice for the healthcare professionals we work with has been opiates. Unfortunately, this is a new reality, one we can no longer ignore.

There are numerous red flags to look for in determining if someone may be experiencing addiction. Common signs and symptoms of drug abuse include neglecting work responsibilities, having multiple drug or alcohol related arrests, or experiencing strained relationships because of drug use. People also commonly report changes in appetite or sleep pattern, unexplained change in personality or attitude, sudden mood swings, and a lack of motivation. Common signs and symptoms of addiction include:

- ♦the need for more of the drug to experience the same effects that used to be attained with smaller amounts
- ♦the need to take drugs to avoid or relieve withdrawal symptoms
- ♦loss of control over drug use
- ♦one's life revolving around drug use
- ♦continued drug use, despite knowing it's harmful effects³

If you or anyone you know may be suffering from addiction, PRN is here to support you. Our program has helped over 1,000 pharmacists since it was established by the Texas Pharmacy Association in 1981. We are a peer assistance program that helps identify, assist, support, and monitor any Texas licensed pharmacists or pharmacy students with a potential impairment due to substance use or mental illness. Our program is fully supported and recognized by the Texas State Board of Pharmacy (TSBP). We adhere to a dual philosophy that provides an opportunity for confidential recovery while protecting the public from unsafe professional practice. We believe that professionals who have a substance use disorder or mental health impairment should be offered the chance to enter recovery and confront their problems before having disciplinary action taken against

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ADDICTION

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their licenses. We accept self-referrals as well as referrals from any concerned third parties. All referral sources are kept strictly confidential.

In cases where an individual seeks our help and is not already known by the licensing board, his/her participation is not disclosed outside of PRN as long as the individual follows through with our process to determine safety to practice and all recommendations necessary to maintain recovery. In cases where the licensing board is already involved, PRN is able to advocate on the individual's behalf regarding licensure concerns before TSBP. Our program is designed to address all aspects of a healthy, successful recovery including ongoing monitoring and thus accountability. We provide an instant connection with other healthcare professionals that suffer from this terrible disease, have experience working with PRN, and have experience under a disciplinary Order through TSBP.

The PRN program is an opportunity for individuals to face challenges in their life head-on and come out even stronger in the end. It is a chance for professionals to reclaim a life they've worked so hard to build, and I am grateful to be part of a program that fosters that process. There isn't a day that goes by that I am not inspired and motivated by program participants who have taken the first step by admitting they have a problem and sought help. If you or someone you know is struggling, our team is here to help in any way we can. Please call one of our trained professionals at PRN, who will answer any questions you may have about joining other healthcare professionals in recovery today.

Courtney Hulbert, LCSW

Director, Professional Recovery Network
PRN Helpline: 1-800-727-5152
PRN Website: www.txprn.com

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AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) became effective January 26, 1992, for all public and private organizations offering goods and services to the public. It is the goal of the Texas State Board of Pharmacy to assure the public and all constituencies that the agency is in full compliance with ADA and that our office, programs, activities, and publications are accessible to anyone needing reasonable accommodations.

The Director of Administrative Services and Licensing has been designated to coordinate compliance efforts and provide information concerning the provisions of the ADA and rights provided. An ADA Grievance Procedure is available to the public, and complaints should be addressed to the ADA coordinator, Cathy Stella, at (512) 305-8013 (Voice), or (512) 305-8082 (Fax).

Have you recently moved or changed jobs?

Update your address and employment information

at

www.pharmacy.texas.gov/changeaddress.asp

**ATTENTION:
PHARMACIST-IN-CHARGE
You Are Responsible!**

The pharmacist-in-charge is responsible for the legal operation of the pharmacy. This includes ensuring the individuals working in the pharmacy are authorized by the Texas State Board of Pharmacy (TSBP) to work in the pharmacy.

Pharmacy technicians, pharmacist-interns, pharmacy technician trainees, and pharmacists all receive documentation from TSBP indicating that the individual is appropriately licensed or registered with TSBP. Pharmacy technicians, pharmacy technician trainees, and pharmacists receive wall certificates that must be publicly displayed in the individual's primary pharmacy of employment. An individual who cannot provide appropriate credentials should not be allowed to work in the pharmacy until the information is verified. Registration and licensure status should be periodically verified on the TSBP web page at the following link:

<http://www.pharmacy.texas.gov/dbsearch/default.asp>

Allowing an individual to work in the pharmacy without an active registration or license could lead to disciplinary and legal consequences for the individuals involved and the pharmacy where the activity occurred.

CELEBRATING 50 YEARS

The Texas State Board of Pharmacy has proudly presented a Citation of Achievement to the following pharmacists who completed fifty years of service from September 2014 through August 2015 as a licensed pharmacist in Texas.

JERRY WAYNE RUDLOFF
HAL W. BROWN
RICHARD E WOODSON
HAROLD R. FISHER
ROBERT CECIL DAVIS
JOSE FRANCISCO DAVILA
JAMES WESLEY EASLEY
FRED ANDREW EBEL
GLORIA E. PLEASANTS
JOHN JAMES GIBSON
MARIO ALBERTO GONZALEZ
ALFONSO LOUIS JANNOTTE
BOBBY LAWRENCE SIMPSON
JAMES LEWIS STANLEY
DAVID MICHAEL TALASEK
RICHARD D. THOMPSON
DAVID LLOYD WASICEK
GARY MACK WEAVER
WALTER M. WHITE
ROWLAND LAWRENCE WINN
RONALD RICHARD BUTTS
RICHARD JOHN HEDLUND
RAYMOND R. MCCLEAN
WELDON E VAUGHAN
ROBERT ALAN ROSEN
JIMMIE DOYLE BENHAM
JOHN BROOKS BRADLEY
JOHN AUSTIN BURTIS
HENRY ALAN BUSH
VICTOR F. BUTSCHEK

JIMMY LEE COOPER
CELSO CUELLAR
RICHARD ODEN CUNYUS
WILLIAM SUMPTER FRAZIER
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JAMES LLOYD GAUNTT
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BOARD CALENDAR FY2016

NOVEMBER 2015

26-27 THANKSGIVING - Office
Closed

DECEMBER 2015

24-25 CHRISTMAS - Office Closed

JANUARY 2016

1 NEW YEARS - Office
Closed

18 MLK, JR - Office Closed

FEBRUARY 2016

15 PRESIDENTS DAY - Office
Closed

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FALL 2015

Phyllis Stine
Abilene

Chip Thornsburg
San Antonio

Suzette Tijerina, R.Ph.
Castle Hills

Jenny Downing Yoakum, R.Ph.
Kilgore

Dennis F. Wiesner, R.Ph.
Austin

Gay Dodson, R.Ph.
Executive Director/Secretary

Email Newsletter Subscription Available

An email subscription to the *TSBP Newsletter* is now available on the Board's website. Once an issue is available, an email will be sent to self-subscribed users. Anyone who has signed up will receive an email indicating that a new Newsletter is available along with a link to the Newsletter. This is a free subscription.

To subscribe, go to the following web address and sign up!

<http://www.pharmacy.texas.gov/newsletter/NewsletterStart.asp>

TSBP will not share your email address with other third parties.

