TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

EM — I am the Pharmacist-in-Charge (PIC) of *TXPM-TX PERFORMANCE MEDS, PHARMACY & WELLNESS*, pharmacy license number *35393*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *06/12/2025*.

EM — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

EM — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

EMC — If applicable, the Warning Notice issued contains *2* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

EMC — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: Eric Ellison **Date:** *06/12/2025*

Printed Name: *Eric Ellison* **License No.(if applicable):** *53369*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *TXPM-TX PERFORMANCE MEDS, PHARMACY & WELLNESS*
License Number: *35393*
Address: *1646 BLAISDALE RD STE 2200 & 2400, RICHMOND, TX 77406*
Phone:
Email:
Class of License: *AS*
License Expiration: *06/30/2026*
DEA #: *FT4830166*
DEA Expiration: *11/30/2027*

Inspection Information

Type: *Compliance*
Purpose: *New Pharmacy*
Date: *06/12/2025*
Arrival Time: *9:45 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. **I have read the Notice of Inspection and understand its contents and purpose;**
2. **I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;**
3. **I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and**
4. **I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.**

Eric Ellison *PIC* *53369*

Witness

Collette Scott

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *TXPM-TX PERFORMANCE MEDS, PHARMACY & WELLNESS* **License Number**: *35393*

Class of License: *AS*

Inspection Information

Type: *Compliance* **Purpose**: *New Pharmacy*

Date: *06/12/2025* **Arrival Time**: *9:45 AM* **Departure Time**: *4:30 PM*

Action Taken: *Partial Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary *Not Inspected*

01. Required licenses posted *Not Inspected*

09. Active licenses/certifications *Not Inspected*

62. No aiding and abetting *Not Inspected*

65. Proper registration procedures ***Unsatisfactory***

565.001(a)(12).
APPLICANT FOR OR HOLDER OF LICENSE TO PRACTICE PHARMACY. (a) The board may discipline an applicant for or the holder of a current or expired license to practice pharmacy if the board finds that the applicant or license holder has:(12) violated any pharmacy or drug statute or rule of this state, another state, or the United States;

Warning Notice **Due Date for Completed Correction:** *06/12/2025*

Failure to properly register with other states, before shipping prescriptions into that state. Cease this practice immediately.

79. Identification badges *Not Inspected*

Inventory Records

15. Change of PIC inventory *Satisfactory*

Comment

Change of PIC inventory completed on:11/15/25

17. Meets inventory requirements *Not Inspected*

59. Proper drug destruction *Satisfactory*

68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Not Inspected*

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Not Inspected*
76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean	*Satisfactory*
04. Balance inspection	*Satisfactory*

Comment

Number of balances: One balance onsite

05. Equipment Inspection	*Not Inspected*
07. Security	*Satisfactory*
08. Environment	*Not Inspected*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Not Inspected*
90. TSBP complaint notification	*Not Inspected*

Controlled Substances

10. Prescriptions separated	*Not Applicable*
24. Theft/Loss	*Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance	*Not Applicable*
30. Controlled substance invoices dated/initialed by pharmacist	*Not Applicable*
35. Controlled substance invoices separated	*Not Applicable*
46. Drug distribution	*Not Applicable*
53. Possession of controlled substances	*Not Applicable*
Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Not Applicable*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Not Inspected*
45. Proper dispensing/labeling	*Not Inspected*
54. Proper prepackaging procedures	*Not Inspected*

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Not Inspected*
61. Supervision of supportive personnel	*Not Inspected*

Patient/Computer/Dispensing Records

18. Records available	*Not Inspected*
22. Data processing system compliance	*Not Inspected*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Not Inspected*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Not Inspected*
56. Prescription transfers	*Not Inspected*
67. Written drug information provided	*Not Inspected*
80. Patient counseling	*Not Inspected*
82. Patient Medication Records	*Not Inspected*
84. Drug regimen review	*Not Inspected*
86. Absence of pharmacist records	*Not Inspected*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Not Inspected*
92. Automated dispensing policy & procedures/SOPs	*Not Inspected*

Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene	*Not Inspected*
04. Balance inspection (for non-sterile compounding)	*Not Inspected*
05. Equipment Inspection	*Not Inspected*
06. Non-sterile Library	*Not Inspected*
32. Non-sterile compound label (Is label complete?)	*Not Inspected*
38. Area/Environment for non-sterile compounding	*Not Inspected*

43. Records for non-sterile compounding	*Not Inspected*
60. Documentation of non-sterile required training	*Not Inspected*
70. Required policies & procedures/SOPs	*Not Inspected*
87. Quality Control/Assurance	*Not Inspected*

Compounded Dosage Forms

Allergen extracts	*Not Inspected*
Parenteral solutions	*Not Inspected*
Parenteral suspensions	*Not Inspected*
Preservative-free parenterals	*Not Inspected*
Ophthalmic preparations	*Not Inspected*
Oral or nasal inhalation preparations (not topical spray)	*Not Inspected*
Bath or soaks for live organs/tissues	*Not Inspected*
Irrigations for wounds or body cavities	*Not Inspected*
Any other sterile preparations (implants, pellets, etc) [list]	*Not Inspected*
Investigational drugs	*Not Inspected*
Blood products or other biological materials (wound care, autologous, eye drops, etc)	*Not Inspected*
Any compounds using federally controlled substances Schedule I-V (list and percentage)	*Not Inspected*
Does the pharmacy use lyophilizer?	*Not Inspected*

Environment (Sterile)

S109. Is the cleanroom clean and free of objects that shed particles?	*Not Inspected*
S110. Is the cleanroom used only for sterile preparations?	*Not Inspected*
S119. Does the cleanroom contain only appropriate supplies?	*Not Inspected*
S101. Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	*Not Inspected*
S115. Does the ante-area contain a hands-free sink with hot and cold running water?	*Not Inspected*
S102. Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	*Not Inspected*
S106. Is the buffer area free from sources of water (e.g., sink, floor drains)?	*Not Inspected*
S108. Is there hands-free access to the buffer area?	*Not Inspected*
S113. Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	*Not Inspected*
S112. Does the floor covering enable regular disinfection?	*Not Inspected*

S118. Are supplies stored above the floor to permit adequate floor cleaning?	*Not Inspected*
S127. Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	*Not Inspected*
S116. Are temperature and humidity monitored, documented and within the required range?	*Not Inspected*
S167. Is there a thermometer available for the cleanroom and refrigerator(s)?	*Not Inspected*

Primary Engineering Control (PECs) Device

S126. Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	*Not Inspected*
S121. Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	*Not Inspected*
S246. Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	*Not Inspected*
S247. Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	*Not Inspected*
S105. Does the CAI or CACI provide unidirectional airflow?	*Not Inspected*
S104. If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	*Not Inspected*
S122. If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	*Not Inspected*
S124. Is the PEC certified by an independent contractor every 6 months and when relocated?	*Not Inspected*
S125. Are prefilters inspected periodically and replaced as needed?	*Not Inspected*
S128. Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	*Not Inspected*

Equipment and Supplies

S174. Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	*Not Inspected*
S177. Does the pharmacy have lint-free towels or wipes?	*Not Inspected*
S180. Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	*Not Inspected*
S176. Does the pharmacy have handwashing agents with bactericidal action?	*Not Inspected*
S175. Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	*Not Inspected*
S179. Does the pharmacy have hazardous spill kits, if applicable?	*Not Inspected*
S171. Does the pharmacy have appropriate containers for needles and syringes?	*Not Inspected*

S170. Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	*Not Inspected*
S178. Does the pharmacy have appropriate filters and filtration equipment?	*Not Inspected*
S181. If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	*Not Inspected*
S172. Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	*Not Inspected*

High Risk CSPs

S103. If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	*Not Inspected*
S231. Is sterility testing performed if CSPs are prepared in groups > 25, or	*Not Inspected*
S232. If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	*Not Inspected*
S233. If exposed > 6 hours at warmer than 8 degrees C before sterilized?	*Not Inspected*
S237. Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	*Not Inspected*
S238. Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	*Not Inspected*
S165. Are filter integrity tests being performed and documented (e.g., bubble point test)?	*Not Inspected*
S239. Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?	*Not Inspected*

Sterile Library

S154. Does the pharmacy have a reference on injectable drugs?	*Not Inspected*
S155. Does the pharmacy have a specialty reference?	*Not Inspected*
S156. Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?	*Not Inspected*

Hazardous CSPs

S242. Do personnel wear protective apparel at all times when hazardous drugs are handled?	*Not Inspected*
S243. Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?	*Not Inspected*
S244. Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?	*Not Inspected*

S245. Do personnel affix a proper label, including proper precautions inside and outside of the packaging?	*Not Inspected*
S248. Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?	*Not Inspected*
S249. Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	*Not Inspected*
S250. Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	*Not Inspected*
Does the pharmacy have a plan to comply with USP <800> by the implementation date?	*Not Inspected*
Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	*Not Inspected*
Is hazardous drug waste quarantined in a designated area?	*Not Inspected*
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	*Not Inspected*

Personnel Cleansing, Garbing, Hand Hygiene

S202. Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	*Not Inspected*
S180. Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	*Not Inspected*
S194. Before entering the buffer area, do compounding personnel remove cosmetics?	*Not Inspected*
S195. Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	*Not Inspected*
S196. Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	*Not Inspected*
S200. Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	*Not Inspected*
S192. Are personnel with an apparent illness or open lesions compounding sterile preparations?	*Not Inspected*
S241. When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	*Not Inspected*
S201. Do compounding personnel engage in proper hand hygiene?	*Not Inspected*
S203. Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	*Not Inspected*
S204. Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	*Not Inspected*
S206. Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	*Not Inspected*

Cleaning/Disinfection Procedures

S182. Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	*Not Inspected*
S230. Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	*Not Inspected*
S228. Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	*Not Inspected*
S226. Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	*Not Inspected*
S227. Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?	*Not Inspected*
S229. Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?	*Not Inspected*

Environmental Sampling

S270. Is surface sampling conducted in all ISO classified areas on a periodic basis?	*Not Inspected*
S272. Is viable air sampling performed?	*Not Inspected*
S273. Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?	*Not Inspected*
S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)?	*Not Inspected*

Records of CSPs

S252. Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?	*Not Inspected*
S253. Do compounding records include the date and time of preparation of a CSP?	*Not Inspected*
S254. Do compounding records include the complete formula of a CSP?	*Not Inspected*
S257. Do compounding records include the quantities of materials used in a CSP?	*Not Inspected*
S255. Do compounding records include the signature or initials of who prepared a CSP?	*Not Inspected*
S256. Do compounding records include the signature or initials of who conducted the final check of a CSP?	*Not Inspected*
S258. Do compounding records include the container used and the number of units prepared for a CSP?	*Not Inspected*
S259. Do compounding records include the criteria used to determine the beyond-use date of a CSP?	*Not Inspected*
S260. Do compounding records include the documentation of performance of quality control procedures?	*Not Inspected*

S261. Are master worksheets and preparation worksheets for batch compounding complete?	*Not Inspected*
S262. Are master worksheets developed and approved by a pharmacist?	*Not Inspected*

General Operational Requirements

S166. Is a pharmacist available at all times (24/7)?	*Not Inspected*
S187. Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs?	*Not Inspected*
S188. Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)?	*Not Inspected*
S158. If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or,	*Not Inspected*
S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)?	*Not Inspected*
S275. If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states?	*Not Inspected*

Office Use Compounding & Distribution of CSPs

S163. Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use?	*Not Inspected*
S162. If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution?	*Not Inspected*
Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)?	*Not Applicable*

Quality Control & Verification of Compounding Accuracy

S207. Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?	*Not Inspected*
S185. Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?	*Not Inspected*
S191. Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?	*Not Inspected*
S191. Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility?	*Not Inspected*
S191. Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?	*Not Inspected*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?	*Not Inspected*
Does the pharmacy meet the same standards for animal compounding as human compounding?	*Not Inspected*
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	*Not Inspected*
Does the pharmacy document if the animal is a pet or used for food?	*Not Inspected*
Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	*Not Inspected*
Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	*Not Inspected*
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	*Not Inspected*

Label

S209. Is the CSP properly labeled to include the generic name(s), and	*Not Inspected*
S210. For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	*Not Inspected*
S211. Does the label include a beyond-use date?	*Not Inspected*
S213. If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and	*Not Inspected*
S214. Quantity, and	*Not Inspected*
S215. Appropriate ancillary instructions, such as storage or cautionary statements, and	*Not Inspected*
S216. Any device-specific instructions, if appropriate?	*Not Inspected*
S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?	*Not Inspected*

Training & Competency Testing

S129. Has each pharmacist completed the required education and training prior to engaging in sterile compounding?	*Not Inspected*
S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?	*Not Inspected*
S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program?	***Unsatisfactory***

291.133(c)(4)(L)(v).

Personnel. Evaluation and testing requirements. The pharmacist-in-charge shall ensure that proper hand hygiene

S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program? *(continued)* ***Unsatisfactory***

and garbing practices of compounding personnel are evaluated prior to compounding, supervising, or verifying sterile preparations intended for patient use and whenever an aseptic media fill is performed. All compounding personnel shall successfully complete an initial competency evaluation and gloved fingertip/thumb sampling procedure no less than three times before initially being allowed to compound sterile preparations for patient use. Immediately after the compounding personnel completes the hand hygiene and garbing procedure (i.e., after donning of sterile gloves and before any disinfecting with sterile 70% IPA), the evaluator will collect a gloved fingertip and thumb sample from both hands of the compounding personnel onto contact plates or swabs by having the individual lightly touching each fingertip onto the testing medium. The contact plates or swabs will be incubated for the appropriate incubation period and at the appropriate temperature. Results of the initial gloved fingertip evaluations shall indicate zero colony-forming units (0 CFU) growth on the contact plates or swabs, or the test shall be considered a failure. In the event of a failed gloved fingertip test, the evaluation shall be repeated until the individual can successfully don sterile gloves and pass the gloved fingertip evaluation, defined as zero CFUs growth. No preparation intended for patient use shall be compounded by an individual until the results of the initial gloved fingertip evaluation indicate that the individual can competently perform aseptic procedures except that a pharmacist may temporarily physically supervise pharmacy technicians compounding sterile preparations before the results of the evaluation have been received for no more than three days from the date of the test.

Warning Notice **Due Date for Completed Correction:** *06/26/2025*

Failure to ensure all compounding personnel be evaluated of proper hand hygiene and garbing practices by successfully completing initial gloved fingertip/thumb sampling procedures no less than three times before initially being allowed to compound sterile preparations for patient use. The samples shall be collected immediately after the compounding personnel completes the hand hygiene and garbing procedure (after donning sterile gloves and prior to disinfecting with sterile 70% IPA). Results of initial gloved fingertip evaluations shall indicate zero CFUs growth, or the test is considered a failure.No preparation intended for patient use shall be compounded by an individual until the results of the initial gloved fingertip evaluation indicate that the individual can competently perform aseptic procedures. Correct/resolve deficiency by date noted.

S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)? *Not Inspected*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- **Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and**
- **Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).**

Eric Ellison

Collette Scott

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Warning Notice of Violation(s) Requiring Correction

Facility Information

Name: *TXPM-TX PERFORMANCE MEDS, PHARMACY & WELLNESS* **License Number**: *35393*

Class of License: *AS*

Signatures

Notice is hereby given that you are not in compliance with the following laws and rules governing the practice of pharmacy. Unless the conditions noted below are corrected, disciplinary action may be instituted against the pharmacy license and the license of the pharmacist-in-charge.

I hereby acknowledge that the laws and/or rules cited in the Warning Notice below have been explained to me by the Board of Pharmacy Officer/Inspector.

Eric Ellison *Date*

Warning Notice

1. **Rule/Law/Code:** 565.001(a)(12).

   Explanation of Violation and Correction Needed:
   Failure to properly register with other states, before shipping prescriptions into that state. Cease this practice immediately.
   Due Date for Completed Correction: *06/12/2025*

2. **Rule/Law/Code:** 291.133(c)(4)(L)(v).

   Explanation of Violation and Correction Needed:
   Failure to ensure all compounding personnel be evaluated of proper hand hygiene and garbing practices by successfully completing initial gloved fingertip/thumb sampling procedures no less than three times before initially being allowed to compound sterile preparations for patient use. The samples shall be collected immediately after the compounding personnel completes the hand hygiene and garbing procedure (after donning sterile gloves and prior to disinfecting with sterile 70% IPA). Results of initial gloved fingertip evaluations shall indicate zero CFUs growth, or the test is considered a failure.No preparation intended for patient use shall be compounded by an individual until the results of the initial gloved fingertip evaluation indicate that the individual can competently perform aseptic procedures. Correct/resolve deficiency by date noted.

   Due Date for Completed Correction: *06/26/2025*