July 2015

Arizona State Board of Pharmacy News

Published to promote compliance of pharmacy and drug law

1616 W Adams St, Suite 120 • Phoenix, AZ 85007 • Website: *www.azpharmacy.gov*
Email: chunter@azpharmacy.gov

Board Members

Name	Position
Dennis McAllister, RPh	President
John Musil, PharmD	Vice-President
Michael Blaire, RPh	Member
William Francis, MBA, RPh	Member
Darren Kennedy, RPh	Member
Kyra Locnikar	Member (public)
Reuben Minkus	Member (public)
Kristen Snair, CPhT	Member (technician)
Thomas Van Hassel, RPh	Member

Board Mission

The Arizona State Board of Pharmacy protects the health, safety, and welfare of the citizens of Arizona by regulating the practice of pharmacy and the distribution, sale, and storage of prescription medications and devices and nonprescription medications.

The Board accomplishes its mission by:

- Issuing licenses to pharmacists, pharmacy interns, and pharmacy technicians;
- Issuing permits to pharmacies, manufacturers, wholesalers, and distributors;
- Conducting compliance inspections of permitted facilities;
- Investigating complaints and adjudicating violations of applicable state and federal laws and rules; and
- Promulgating and reviewing state rules and regulations.

Board Appointments

Congratulations, Kyra Locnikar, on your reappointment. Your dedication and commitment is greatly appreciated.

Congratulations to Kristen Snair. Kristen has worked in a pharmacy for over 18 years. She earned her bachelor of science degree in human biology from Grand Canyon University. For the past 15 years, she has been working as a certified pharmacy technician for Cigna Medical Group Arizona. Kristen will do a fantastic job serving on the Board.

Greetings From the Staff of the Arizona CSPMP

As you know, the Arizona Controlled Substances Prescription Monitoring Program (CSPMP) collects data from dispensers for all Schedule II, III, and IV controlled substance (CS) prescriptions dispensed in Arizona or into Arizona. The CSPMP makes the data available to authorized prescribers and dispensers for the purpose of treating and evaluating their patients. You may not be aware that the Arizona Revised Statutes (A.R.S.) that created the program also require the administrators of the program to review the data. One of the ways CSPMP staff reviews the data is the use of a monthly threshold report. That report gives the staff a list of patients who meet or exceed the threshold. CSPMP staff then sends "FYI" letters to all the prescribers who wrote a prescription for those patients.

Since 2008, the threshold has been seven or more prescribers and seven or more pharmacies in one month. On December 8, 2014, the PMP Advisory Task Force, charged with helping the Board set the threshold, met to discuss changing the threshold. The task force decided to have the CSPMP director collect data on different thresholds and report back to the task force. On April 20, 2015, the task force met to review the data and voted to make a recommendation to the Board for a new threshold. At its meeting on May 28, 2015, the Board approved a new threshold of four or more prescribers and four or more pharmacies in one month. The new threshold will increase the average number of patients who meet or exceed the threshold from 10 to 380, and will increase the average number of letters sent to prescribers from 80 to 1,680.

The threshold change will further the CSPMP mission to reduce misuse, abuse, and diversion of CS in Arizona.

As always, questions and comments may be directed to CSPMP Director Dean Wright or Program Manager Cindi Hunter.

Fingerprinting Requirements

Attention

Due to changes in state law, the Board began fingerprinting **new** licensee applicants, effective Monday, August 4, 2014. This affects the following license types:

- Technician trainee,
- Technician (Pharmacy Technician Certification Board certified),
- Intern (student, graduate, foreign), and
- Pharmacist (full exam, score transfer, reciprocity).

Once your application is received, you will receive a checklist noting any missing application documents that may be required, along with the fingerprinting card and the instructions on the process.

There is **no** exception to this requirement. Fingerprint Clearance Cards issued by the Arizona Department of Public Safety (DPS) will **not** be accepted in lieu of submitting prints. In addition, prints taken for another Board (eg, nursing) **cannot** be used. Each Board is required to have its own set of prints submitted.

Things to Consider

The fingerprinting requirement will extend the issuing of your license by at least 30 days (45-60 days during peak months). **No** licenses will

Continued on page 4

Counterfeit Botox Found in the United States, FDA Warns

On April 16, 2015, Food and Drug Administration (FDA) alerted health care providers that a counterfeit version of Botox® was found in the United States and may have been sold to doctors' offices and clinics throughout the country. The counterfeit products may be identified by a missing lot number on the vial, missing information on the carton (next to LOT, MFG, and EXP), and a displayed active ingredient as "Botulinum Toxin Type A" instead of "OnabotulinumtoxinA." The counterfeit products were sold by an unlicensed supplier who is not authorized to ship or distribute drug products in the US, according to an FDA Drug Safety Alert. The agency advises health care providers to confirm that the distributor from which they purchase Botox is authorized by Allergan, the drug's manufacturer. No adverse events related to this product have been reported to FDA.

Medical practices that purchase and administer counterfeit, illegal, and unapproved medications from unlicensed or foreign sources are putting patients' health at risk, as patients may not be getting proper treatment, warns FDA. Wholesale drug distributors must be licensed in the states where they conduct business. Suspicious Botox products may be reported to FDA's Office of Criminal Investigations. More information is available on the FDA website at *www.fda.gov/Drugs/DrugSafety/ucm443217.htm*.

One way pharmacies can be assured of the legitimacy of a wholesale distributor is to look for the National Association of Boards of Pharmacy® (NABP®) Verified-Accredited Wholesale Distributors® (VAWD®) Seal. Wholesale distributors that achieve VAWD accreditation are in compliance with state and federal laws, as well as NABP's VAWD criteria. Wholesale distributors that display the VAWD Seal as part of their accreditation have undergone a criteria compliance review, including a rigorous review of their operating policies and procedures, licensure verification, survey of facility and operations, background checks, and screening through the NABP Clearinghouse. Accredited facilities are reviewed annually and undergo an on-site survey every three years. Created in 2004, the accreditation program plays a pivotal role in preventing counterfeit drugs from entering the US drug supply.

Seven Persistent Safety Gaffes in Community/Ambulatory Settings That Need to Be Resolved!

This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency and federally certified patient safety organization that analyzes 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, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Care Edition by visiting www.ismp.org. *ISMP provides legal protection and confidentiality for submitted patient safety data and error reports. Help others by reporting actual and potential medication errors to the ISMP National Medication Errors Reporting Program Report online at* www.ismp.org. *Email: ismpinfo@ismp.org.*

ISMP has been reflecting on the strength and resolve of many across the nation who have demonstrated an unparalleled commitment to keeping patients safe. Despite the many safety accomplishments in 2014, ISMP cannot help but mull over persistent medication safety gaffes that continue to be unresolved. ISMP would like to share seven persistent safety gaffes of 2014, in three parts, with NABP *National Pharmacy Compliance News* readers with the hope that they will join ISMP in bringing attention to these crucial issues and the compelling need for their resolution. Part one of the three-part series is below.

1) Patient Counseling: Still Only a Veiled "Offer" in Many States

The effectiveness of patient counseling in a community pharmacy to detect and prevent medication errors, and its link to improved medication adherence and positive clinical outcomes have been well documented in the literature. Yet, studies have placed patient counseling rates at only eight percent to 42%. An increase in the frequency and quality of patient counseling has been linked to state-specific regulations that require patient counseling for new prescriptions coupled with strict enforcement surveillance. States that require an "offer" to counsel have very low patient counseling rates. Patients often fail to recognize an offer to counsel when simply asked, "Do you have any questions?" or told to "Please sign here." They may not even know what to ask. This means that, with few exceptions, pharmacies in states that require only an offer to counsel will likely dispense a powerful opioid such as fentanyl transdermal patches and allow the patient or caregiver to walk out of the pharmacy without even a brief discussion about safe use and disposal. ISMP has long promoted mandatory patient counseling in community pharmacies for prescriptions for targeted high-alert medications.

For a list of high alert community medications, please visit *www.ismp.org/communityRx/tools/ambulatoryhighalert.asp.* ISMP hopes you will use this list to determine which medications require mandatory patient education in order to reduce the risk of errors and minimize harm.

2) Patients Impacted by Dispensing Errors: Callous Response From Pharmacists

When patients report dispensing errors to ISMP, they are usually more upset about the response they received when contacting the pharmacist or pharmacy manager than the actual error itself. All too often, consumers tell ISMP that pharmacy staff have responded in a callous manner when confronted with the possibility of a dispensing error, demonstrating a lack of empathy and concern for the adverse effects the patient might have experienced. While pharmacy staff may want to be more responsive to patients who report errors, they are often following corporate policies that are focused on legal concerns. As patients are continually encouraged to be active participants in their health care, they want and deserve honest disclosure of errors, and knowledge that there is an action plan to reduce the risk of it happening again.

Flurbiprofen-Containing Topical Medication May Be Dangerous to Pets, Cautions FDA

People who use topical medications containing flurbiprofen, a nonsteroidal anti-inflammatory drug (NSAID), should take care to prevent their pets from being exposed to the drug, recommended FDA in an April 2015 Safety Alert. The warning is in response to reports of cats in two separate households that became ill or died after their owners used topical medications containing flurbiprofen to treat

muscle, joint, or other pain. Two cats in one household developed kidney failure and recovered with veterinary care. Two cats in a second household developed symptoms that included reluctance to eat, lethargy, vomiting, melena, anemia, and dilute urine, and subsequently died despite veterinary care. A third cat in the second household also died after the owner stopped using the medication. Necropsies on the three cats found evidence that were consistent with NSAID toxicity. The pet owners had applied the drug to their own neck or feet, and not directly to the pet, and it is not known exactly how the cats became exposed to the medication, the Safety Alert notes.

Health care providers who prescribe or dispense topical pain medications containing flurbiprofen should advise patients with pets to take steps to prevent exposure of the pets to the medication. Additional information is available in the FDA Safety Alert available at *www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm443386.htm*.

New FDA Drug Info Rounds Videos Available

FDA Drug Info Rounds, a series of online videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better decisions. The latest Drug Info Rounds videos are as follows.

- In "NDC Directory," pharmacists demonstrate how to use this quick, easy, online resource.
- In "FAERS," pharmacists discuss the FDA Adverse Event Reporting System (FAERS) and review three ways FAERS data is made available to the public.

Drug Info Rounds is developed with contributions from pharmacists in FDA's Center for Drug Evaluation and Research, Office of Communications, Division of Drug Information. These videos and previous Drug Info Rounds resources are available on the FDA website at *www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm*.

Mucinex Cold, Sinus, and Flu Medications Recalled Due to Possible Labeling Error

In April 2015, RB (formerly Reckitt Benckiser) of Parsippany, NJ, issued a voluntary recall of certain lots of liquid Mucinex® due to a potential error involving the over-the-counter medications' drug facts labels. While the front label of the recalled lots correctly lists the name of the product as well as the active ingredients, some bottles may not have the correct corresponding drug facts label on the back. The recall was initiated after a confirmed report from a retailer. The recalled medications include:

- MUCINEX FAST-MAX Night-Time Cold & Flu;
- MUCINEX FAST-MAX Cold & Sinus;
- MUCINEX FAST-MAX Severe Congestion & Cough; and
- MUCINEX FAST-MAX Cold, Flu & Sore Throat.

If mislabeled, consumers who purchase these products may be unaware of the side effects and potential risks associated with active ingredients such as acetaminophen, dextromethorphan, guaifenesin, phenylephrine, and/or diphenhydramine. RB is recalling these products as a precautionary measure to ensure consumers have all relevant facts and warnings; the company asks consumers to dispose of any unused product.

Additional information about the recall, including the lot numbers and expiration dates for the recalled medications and guidelines for safe disposal, is available on the FDA website at *www.fda.gov/Safety/Recalls/ucm444028.htm*.

Pharmacists Are Performing More Patient Care Activities, National Survey Indicates

Pharmacists are performing more patient care activities in a variety of health care settings and are spending less time in traditional dispensing roles, indicates the *2014 National Pharmacist Workforce Survey*. Specifically, the report found that 60% of pharmacists provided medication therapy management, and 53% performed immunizations in 2014, indicates a press release from the American Association of Colleges of Pharmacy (AACP). The survey was created using a random sample of 5,200 individuals selected from a list of 7,000 licensed pharmacists in the US. Response rate to the survey was 48%.

Additional details, including the full results of the survey and an executive summary, are available through the Resources section of the AACP website, *www.aacp.org*.

Potentially Lethal Drug Sold Globally as Diet Supplement, Warns INTERPOL

INTERPOL has issued a global alert for a drug known as 2.4-dinitrophenol (DNP), an illicit and potentially lethal drug sold as a dieting and body building aid. The "Orange Notice" warning about DNP was published in May 2015, following the death of a woman in the United Kingdom and the serious illness of a man in France. In the 1930s, DNP was used to boost metabolism and encourage weight loss, but it was taken out of circulation due to several deaths. Sold as a plain yellow powder, capsules, or cream, DNP is often illegally manufactured and sold via the Internet; unsafe manufacturing of the drug and potential contamination may be magnifying the dangers of taking the drug, notes INTERPOL.

Additional information is available on the INTERPOL website at *www.interpol.int/News-and-media/News/2015/N2015-050*.

HHS Announces New Interactive Training on Safe Opioid Use

The Department of Health and Human Services (HHS) has announced a new, interactive training course that teaches health care providers how to talk to patients about safely using opioids to manage chronic pain. The course, "Pathways to Safer Opioid Use," also teaches implementation strategies for meeting the opioid-related recommendations from the National Action Plan for Adverse Drug Event Prevention. Adverse drug events (ADEs) are the largest contributor to hospital-related complications and account for more than 3.5 million physician office visits each year, according to HHS. The training, which is offered at no cost, includes self-guided interactive videos with decision points to help users learn how to apply health literacy strategies to help patients understand and act on information to prevent opioid-related ADEs; identify individual risk factors, opioid medications, and interactions that place individuals with chronic pain at increased risk for opioid-related ADEs; recognize the importance of a multidisciplinary team-based approach to treating patients with chronic pain; and demonstrate the ability to combine the principles of the Health Literate Care Model and the biopsychosocial model.

Additional information, including a link to the National Action Plan for Adverse Drug Event Prevention, is available on the course website at *http://health.gov/hcq/training.asp#pathways*.

Continued from page 1

be issued until all required documents are received and the results of the fingerprints are returned to the Board from DPS and reviewed.

The $22 fingerprinting processing fee is in addition to the fees charged by the Board for your license. This fee is what DPS charges the Board to process each card.

Application fees paid to the Board and the fingerprint processing fee **are not** refundable, as stated under Arizona law.

Compliance Report

During the months of March and April, the compliance staff issued letters for the following violations.

Pharmacy Violations	Number of Locations
1. Expired over-the-counter and prescription products in pharmacy	1
2. Hot water not working properly	5
3. Expired pharmacy technician license	1
4. Pharmacy technician trainees compounding	1
5. Expired immunization certificate	1
6. Pharmacy technician offering to counsel	1
7. Counseling not being performed	1

CS Violations	Number of Locations
1. CS overage	4
2. CS shortage	10
3. CS inventory not available	2
4. CS record invoices not filed appropriately ("C" stamped or separated)	1
5. Hydrocodone products not inventoried	3
6. CS invoices not readily retrievable	5
7. Tramadol not inventoried	3
8. CS inventory not completed at change of pharmacist-in-charge (PIC)	1
9. CS inventory not signed	1

Documentation Violations	Number of Locations
1. Mechanical storage documentation	1
2. Not able to print a single drug use report	1
3. Failure to have pharmacy technician compounding training program	1
4. Drug Enforcement Administration (DEA) forms not complete	1

2015 Legislative Changes

Following is a summary of 2015 legislative changes that affect regulatory agencies. Unless otherwise noted, all new legislation takes effect on July 3, 2015.

House Bill (HB) 2213: Makes changes to the inspection/audit provisions in A.R.S. §41-1009 and the small business bill of rights in §41-1001.01(C). The changes include the following. §41-1001.01(C) requires the agency conducting an inspection or audit to provide a copy of the small business bill of rights to the authorized on-site small business representative – not just upon the representative's request. §41-1009(A)(7) adds the following to the information an agency must provide to each person who is interviewed during the inspection or audit:

(b) Participation in an interview is voluntary, unless the person is legally compelled to participate in the interview.

(c) The person is allowed at least twenty-four hours to review and revise any written witness statement that is drafted by the agency inspector, auditor or regulator and on which the agency inspector, auditor or regulator requests the person's signature.

(d) The inspector, auditor or regulator may not prohibit the regulated person from having an attorney or any other experts in their field present during the interview to represent or advise the regulated person.

§41-1009(B) adds the following to the information the agency must provide in writing on initiation of an inspection or audit:

4. A statement that the agency inspector, auditor or regulator may not take any adverse action, treat the regulated person less favorably or draw any inference as a result of the regulated person's decision to be represented by an attorney or advised by any other experts in their field.
5. A notice that if the information and documents provided to the agency inspector, auditor or regulator become a public record, the regulated person may redact trade secrets and proprietary and confidential information unless the information and documents are confidential pursuant to statute.
6. The time limit or statute of limitations applicable to the right of the agency inspector, auditor or regulator to file a compliance action against the regulated person arising from the inspection or audit, which applies to both new and amended compliance actions.

The Board will need to amend its inspection forms to include the additional information.

The statute also now provides that the agency may provide a copy of the required written information electronically and that the regulated person or representative may request a receipt in the form of an electronic signature (A.R.S. §41-1009(C)).

§41-1009(E) mandates the agency to allow the regulated person an opportunity to correct deficiencies identified in an inspection report, unless certain conditions apply; prior to the amendment, this requirement was discretionary.

HB 2297: This statute – §41-1038 – prohibits an agency from adopting any new rule that would increase existing regulations or burdens on regulated persons. The prohibition does not apply to rules that are part of an effort to reduce regulatory restraints or burdens, or rules that are necessary to implement statutes or required by a court order.

The statute also exempts rules that 1) govern public employees, 2) are necessary to protect public health and safety (which is narrowly defined as relating to protecting from outbreaks of infectious diseases, disasters, or catastrophic events), or 3) necessary to comply with federal law or a court order to avoid sanctions.

Executive Order 2015-1, signed by Governor Doug Ducey in January, imposed a rulemaking moratorium on all state agencies absent written authorization from the Governor's Office. Unlike the Executive Order, the new statute does not provide the agency an option to request an exemption from the Governor's Office to proceed with rulemaking.

Finally, the statute allows that if a rule made in violation of the statute is enforced against a person in a civil or criminal proceeding, the person may use the illegal rule as an affirmative defense in the proceeding.

Senate Bill 1370: This bill adds a new statute to Title 32 (§32-3219) and applies to "medical practitioner regulatory boards" (defined as those boards established pursuant to Chapters 7, 11, 13, 14, 15, 16, 17, 25, and 29). Beginning December 31, 2015, these boards are required to submit information to the Arizona State Board of Pharmacy notifying the Board of Pharmacy of 1) new licensees who intend to apply

Continued on page 5

Continued from page 4

for a DEA permit, and 2) license renewals for medical practitioners who hold active licenses in Arizona. The purpose of the statute is to facilitate the Board of Pharmacy with registering and providing access to the CSPMP. The medical practitioner regulatory board will be required to provide the Board of Pharmacy with "any information necessary" to facilitate the database registration and access.

Once the Board of Pharmacy receives the necessary information, it can then register medical practitioners who hold DEA permits with the CSPMP and provide them access to the database.

Additionally, a medical practitioner regulatory board is required to notify new licensees who intend to apply for a DEA permit of their responsibility to register with and be granted access to the CSPMP database.

HB 2086: This bill adds A.R.S. §32-1978, which makes it a crime to sell to a minor (or for a minor to purchase) dextromethorphan (Delsym®) without a prescription.

Disciplinary Actions and Updates

Pharmacists

Brauner, Lyle (S013725) – Probation terminated. Effective May 27, 2015.

Dayton, Thomas (S011256) – Probation terminated. Effective March 25, 2015.

Erickson, Janice (No # Issued) – Application denial rescinded. Application withdrawn. Effective March 25, 2015.

Gioia, Carrie (S013712) – Revoked. Effective March 25, 2015.

McComb, Bailey (S019903) – Suspended six months; followed by 4.5 years' probation. Pharmacists Assisting Pharmacists of Arizona contract, 400 hours community service, no PIC or preceptor duties while on probation. Effective May 27, 2015.

Peters, Michael (No # Issued) – Application denied. Effective May 27, 2015.

Placek, Mark (S019541) – Probation terminated. Effective May 27, 2015.

Steinken, Peter (S017393) – Suspended; backdated to November 17, 2014, per order. Effective March 30, 2015.

Technicians

Adams, Rebecca (T044302) – Application denied. Effective March 25, 2015.

Bailey, Carmen (T044529 – Valid #; T043497 – Denied) – Licensure granted after initial application denial. Effective March 25, 2015.

Brewer, Lacy (T020422) – Revoked. Effective March 25, 2015.

Chaney, Amy (T044879) – Application denied. Effective May 27, 2015.

Hill, Anthony (T044306) – Application denied. Effective May 27, 2015.

Le, Lai (T016875) – $250 fine; nine hours continuing education. Effective March 25, 2015.

McCord, Samuel (T027723) – Revoked. Effective March 25, 2015.

Sweeney, Melissa (T044171) – Application denied. Effective March 25, 2015.

Tomkins, John (T037424) – Request to appeal revocation denied. Effective March 25, 2015.

White, Aaron (T041931) – Application denied. Effective March 25, 2015.

Pharmacy (Nonresident)

NeMoMo, LLC, dba Wells Pharmacy Network, LLC [Ocala, FL] (Y005709) – Probation for one year; $9,000 fine, $2,345.37 inspection cost reimbursement. Effective May 27, 2015.

Disciplinary Actions and Updates – Other Health Boards

Arizona Medical Board

Alaaeldin A. Babiker, MD #28043 – *Interim Consent Agreement for Practice Restriction.* Respondent is prohibited from engaging in the practice of medicine in the state of Arizona until he applies to the executive director and receives permission to do so. Respondent may not request release from or modification of this interim consent agreement until he has completed a Physician Health Program (PHP) assessment and any recommendations that arise as a result of the assessment, including evaluation and treatment. Effective February 26, 2015.

Dennis J. Cammarano, PA #2249 – *Interim Consent Agreement for Practice Restriction.* Respondent is prohibited from engaging in health care tasks with physician supervision in the state of Arizona until he applies to the executive director and receives permission to do so. Respondent may not request release from or modification of this interim consent agreement until he has completed a PHP assessment and any recommendations that arise as a result of the assessment, including evaluation and treatment. Effective March 12, 2015.

Redentor T. Espiritu, MD #31859 – *Interim Consent Agreement for Practice Restriction.* Respondent is prohibited from engaging in the practice of medicine in the state of Arizona until he applies to the Board and receives permission to do so. Effective February 17, 2015.

Rinly Gecosala, MD #27229 – *Interim Findings of Fact, Conclusions of Law and Order for Summary Suspension of License.* Respondent's license to practice allopathic medicine in the state of Arizona is summarily suspended. Respondent is prohibited from practicing medicine in the state of Arizona and is prohibited from prescribing any form of treatment, including prescription medications or injections of any kind, until receiving permission from the Board to do so. Effective April 2, 2015.

Erin L. Moffett, PA #3787 – *Order for Surrender of License and Consent to the Same.* Respondent ordered to immediately surrender her license for the performance of health care tasks in the state of Arizona and return her certificate of licensure to the Board. Effective February 26, 2015.

Michael Joseph Nanaszko, MD #R72595 – *Interim Consent Agreement for Practice Limitation and Assessment (Non-Disciplinary).* Respondent is prohibited from engaging in the practice of medicine in the state of Arizona until he applies to the executive director and receives affirmative permission to do so. Respondent may not apply for relief from this interim consent agreement until he has completed an independent comprehensive evaluation at a Board-approved evaluation center no later than September 15, 2015, after which he shall meet again with the PHP for a post-evaluation assessment. Respondent must comply with all recommendations that arise as a result of the evaluation. Effective May 8, 2015.

Joseph Francis Piazza, MD #35035 – *Findings of Fact, Conclusions of Law and Order (Revocation).* License Revoked. Effective March 12, 2015.

George Williams, MD #21497 – *Order for Surrender of License and Consent to the Same.* Respondent ordered to immediately his surrender license for the practice of allopathic medicine in the state of Arizona and return his certificate of licensure to the Board. Effective February 5, 2015.

The *Arizona State Board of Pharmacy News* is published by the Arizona State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation™ (NABPF™) to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABPF or the Board unless expressly so stated.

Kamlesh "Kam" Gandhi, PharmD - State News Editor
Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor
Deborah Zak - Communications Manager