

IN THE MATTER OF * BEFORE THE MARYLAND
ANDREW MCLAUGHLIN, P.D. * STATE BOARD OF
LICENSE NO. 11791 * PHARMACY

* * * * *

CONSENT ORDER OF REINSTATEMENT

Background

On August 16, 2003, Mr. McLaughlin submitted a Petition for Reinstatement to the Board of Pharmacy (the “Board”) for reinstatement of his license to practice pharmacy. On February 18, 2004, Mr. McLaughlin appeared before a quorum of the Board to present his case in support of reinstatement and to answer questions posed by the Board regarding his ability to practice pharmacy in a safe and ethical manner. Mr. McLaughlin’s PEAC sponsor, Milton Moskowitz, P.D., also appeared on behalf of Mr. McLaughlin to support his case for reinstatement.

Mr. McLaughlin surrendered his license to practice pharmacy on October 30, 2001, in lieu of further investigation by the Board into allegations of his substance abuse and illegal dispensing of mass quantities of Oxycontin. Mr. McLaughlin created false entries into the pharmacy narcotics log and database to cover up the massive deficiencies in Oxycontin that he diverted to serve his addiction. Mr. McLaughlin’s wife also worked at the same pharmacy and was similarly addicted and engaging in drug diversion. Mr. McLaughlin’s Letter of Surrender set forth the requirement that he must enter into and adhere to a contract with the Pharmacists Education and Assistance Committee (PEAC) prior to any reinstatement of his license. Mr. McLaughlin submitted a prior petition for reinstatement on September 12, 2002. The Board denied Mr. McLaughlin’s petition at that time reasoning that the serious nature of his violations required a longer period of rehabilitation.

FINDINGS OF FACT

1. Mr. McLaughlin entered into a contract with PEAC on September 28, 2001, and has been fully compliant with all of its terms, which include weekly urine screens, AA/NA meetings, and outpatient addictions therapy.
2. The Board has received letters of support from Mr. McLaughlin's PEAC's sponsor and therapist, and heard testimony from his NA sponsor, all attesting to Mr. McLaughlin's sobriety and ability to practice pharmacy in a safe and ethical manner.
3. Mr. McLaughlin is up to date with his continuing education credits.

ORDER

Based on an affirmative vote of the Board, it is this 18th day of February, 2004, hereby:

ORDERED that Mr. McLaughlin's license to practice pharmacy be REINSTATED; and
be it further,

ORDERED that Mr. McLaughlin's license be placed on INDEFINITE PROBATION,
subject to the following conditions:

1. Mr. McLaughlin may not practice pharmacy over 40 hours per week;
2. Mr. McLaughlin is limited to practicing in one pharmacy, and shall not be employed as a floater;
3. Mr. McLaughlin shall notify the Board immediately upon any changes in his pharmacy employment;
4. Mr. McLaughlin may not have any pharmacy management responsibilities;
5. Mr. McLaughlin may not order controlled dangerous substances or complete DEA 222 forms;
6. Mr. McLaughlin's pharmacy employer shall be in good standing;
7. Mr. McLaughlin shall provide the pharmacy employer with a copy of this Consent Order

and insure that the attached verification form is completed by the employer and returned to the Board prior to commencing employment;

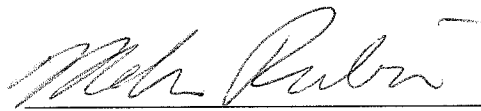
8. Mr. McLaughlin shall insure that the pharmacy employer provides the Board with quarterly progress reports;
9. Mr. McLaughlin shall continue his PEAC contract to include random drug testing for opiates at least monthly, and other provisions deemed appropriate by PEAC;
10. Mr. McLaughlin shall insure that PEAC submits quarterly progress reports to the Board;
and
11. Mr. McLaughlin shall not work in the same pharmacy as his wife; and be it further,

ORDERED that in the event the Board finds for any good faith reason that Mr. McLaughlin has relapsed, has violated any of the conditions of probation herein, or in the event that the Board finds for any good faith reason that Mr. McLaughlin has committed a violation of Title 12 of the Health Occupations Article or regulations adopted thereunder, the Board may immediately suspend Mr. McLaughlin's license prior to a hearing; and be it further,

ORDERED that Mr. McLaughlin may petition the Board for release from probation after three (3) years provided that he has been in compliance with all of the terms of probation; and be it further,

ORDERED that this is a final order of the Maryland Board of Pharmacy and as such is a public document pursuant to the Maryland Annotated Code, State Government Article, Section 10-617(h).

3-19-04
Date



Melvin Rubin, P.D.
Secretary, Board of Pharmacy

CONSENT

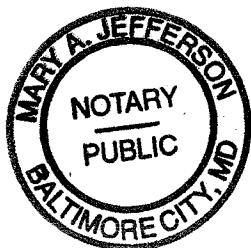
1. By signing this Consent, I hereby admit to the truth of the findings contained herein and agree to be bound by the foregoing Consent Order and its conditions.
2. By this Consent, I submit to the foregoing Consent Order as a resolution of this matter. By signing this Consent, I waive any rights I may have had to contest the findings and determinations contained in this Consent Order.
3. I acknowledge the legal authority and the jurisdiction of the Board to enter and enforce this Consent Order.
4. I sign this Consent Order freely and voluntarily, after having had the opportunity to consult with counsel. I fully understand the language, meaning, and effect of this Consent Order.

March 18, 2004
Date

Andrew McLaughlin
Andrew McLaughlin, P.D.

STATE OF MARYLAND
COUNTY/CITY OF Baltimore

I hereby certify that on this 18th day of March, 2004, before me, a Notary Public of the State of Maryland and County/City aforesaid, personally appeared ANDREW MCLAUGHLIN and made an oath in due form that the foregoing Consent was his voluntary act and deed.



Mary A. Jefferson
Notary Public
My commission expires: 7-1-2007

PHARMACY EMPLOYER VERIFICATION FORM

[TO BE COMPLETED BY PHARMACY EMPLOYER]

I hereby acknowledge that I am in receipt of a copy of the Consent Order of Reinstatement, dated _____, pertaining to the pharmacist's license of ANDREW McLAUGHLIN.

I further acknowledge that I have read and understand the terms and restrictions placed upon Mr. McLaughlin's license to practice pharmacy.

Signature

Printed Name

Title

Pharmacy