

IN THE MATTER OF

*

BEFORE THE MARYLAND

LISA WHITE, P.D.

*

STATE BOARD OF

LICENSE NO. 12969

*

PHARMACY

Respondent

*

Case No. 10-049

* * * * *

SUPPLEMENTAL ORDER LIFTING SUSPENSION

Background

The Maryland Board of Pharmacy (the "Board") is in receipt of a petition from Lisa White, License No. 12969, requesting to lift the suspension of her license as set forth in a Consent Order, dated September 1, 2010. The Consent Order provides that Ms. White may petition to lift the suspension after November 1, 2010, provided that she submit to a substance abuse evaluation and is compliant with all terms of suspension. Ms. White submitted to a substance abuse evaluation by a Board-appointed evaluator who opined that Ms. White was fit to resume the practice of pharmacy with certain conditions. On December 15, 2010, the Board voted to lift the suspension and place Ms. White's license on immediate probation with terms as set forth below.

ORDER

Based on agreement of the parties, it is this 5th day of JANUARY 2011, by an affirmative vote of the Board, hereby

ORDERED that the Respondent's license be placed on PROBATION for at least FOUR (4) YEARS; and be it further,

1) **ORDERED** that during the probationary period, the Respondent:

(1) Shall submit to weekly random Board-ordered urinalysis;

(2) Shall attend NA/AA or other similar support group at least weekly and provide the Board with attendance slips on a monthly basis;

(3) Shall continue participating in the substance abuse program at Kolmac clinic or other similar program and be compliant with program requirements and recommendations;

(4) Shall insure that the substance abuse program provides the Board with monthly progress reports regarding the Respondent;

(5) Shall engage in counseling focused on effective stress management and insure that the therapist or counselor provides the Board with monthly progress reports;

(6) In a dispensing role, shall practice with another pharmacist on-site;

(7) In a dispensing role, may practice a maximum of 40 hours per week, 10 hours per shift;

(8) In a dispensing role, shall not work as a floater or work for a staffing agency;

(9) In a dispensing role, shall provide a copy of this Order to her pharmacy employer and insure that the attached Employer Verification Form is completed and returned to the Board; and be it further,

ORDERED that after one year of probation, the Respondent may petition to modify the probationary terms provided that she has fully complied with all terms of probation and has no pending complaints against her; and be it further,

ORDERED that after four years of probation, the Respondent may petition to terminate the probation provided that she has fully complied with the probationary terms and has no pending complaints against her; and be it further,

ORDERED that all urine screens conducted pursuant to this Order shall be:

(1) Submitted by the Respondent within 24 hours of the Board staff instructing the

Respondent to submit a urine sample;

(2) Submitted at a CLIA-certified laboratory; and

(3) Negative for any controlled dangerous substance, narcotics, cocaine, or other mood-altering substance, except as provided below; and be it further,

ORDERED that the Respondent shall abstain from the ingestion of controlled dangerous substances, narcotics, cocaine, or other mood-altering substances, except that the Respondent may only ingest prescribed controlled dangerous substances for legitimate medical reasons under the following conditions:

(1) The Respondent must be a bona fide patient of a licensed Maryland prescriber who is aware of this Order;

(2) The medication must be lawfully prescribed by the Respondent's physician or other authorized medical practitioner;

(3) The Respondent must provide the Board, in writing, within seventy-two (72) hours of receiving the medication: (a) the name and address of the prescriber; (b) the illness or medical condition diagnosed; (c) the type, strength, amount and dosage of the medication; (d) and a signed statement consenting to the release of all medical information about the Respondent from the prescriber to the Board; and be it further,

ORDERED that the Respondent's execution of this Consent Order shall constitute a release of any and all medical records, substance abuse treatment records, and psychological/psychiatric records pertaining to the Respondent to the Board in complying with the terms and conditions set forth herein. Further, the Respondent agrees and consents to the release by the Board of any information or data produced in relation to this Consent Order to any treatment provider; and be it further,

ORDERED that the Respondent shall at all times cooperate with the Board in the monitoring, supervision, and investigation of the Respondent's compliance with the terms and conditions of this Consent Order; and be it further,

ORDERED that the Respondent's failure to fully cooperate with the Board shall be deemed a violation of the terms of probation and a violation of this Consent Order; and be it further,

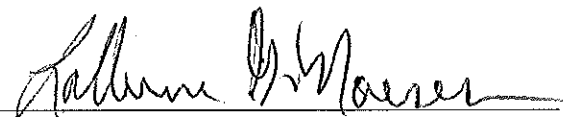
ORDERED that the Respondent shall provide the Board with written notification in advance of any period of time during which she may be unreachable due to travel or other reason; and be it further,

ORDERED that in the event the Board finds for any good faith reason that the Respondent has violated any of the terms of this Order, relapsed, or in the event that the Board finds for any good faith reason that the Respondent has committed a violation of Title 12 of the Health Occupations Article or regulations adopted thereunder, the Board may take further disciplinary action against the Respondent, after notice and an opportunity for a hearing; and be it further,

ORDERED that the Respondent shall bear the expenses associated with this Order; and be it further,

ORDERED that this document constitutes a formal disciplinary action of the Maryland Board of Pharmacy and is therefore a public document for purposes of public disclosure, pursuant to the Public Information Act., State Gov't § 10-611 *et seq.*

11/5/2010
Date



Michael Souranis, R.Ph.
President, Board of Pharmacy

PHARMACY EMPLOYER VERIFICATION FORM

TO BE COMPLETED BY PHARMACY EMPLOYER
AND RETURNED TO:
MARYLAND BOARD OF PHARMACY
ATTN: ~~SEVEN~~ KREINDLER
4201 PATTERSON AVENUE, BALTIMORE, MD 21215

I hereby acknowledge that I am in receipt of a copy of the Order Lifting Suspension pertaining to the pharmacist's license held by LISA WHITE.

I further acknowledge that I have read and understand the terms and restrictions placed upon Ms. White's ability to practice pharmacy.

Signature

Printed Name

Title

Name of Pharmacy/Company