

IN THE MATTER OF * BEFORE THE
FRANCISCA ONOBOBI, PHARM. D. * STATE BOARD
License No. 18666 * OF
Respondent * PHARMACY
* Case No. 16-001

* * * * *

ORDER FOR SUMMARY SUSPENSION

Pursuant to Md. State Govt (SG) Code Ann. §10-226 (c) (2) (2014 Repl. Vol. II), the State Board of Pharmacy (the "Board") hereby suspends the license to practice pharmacy in Maryland issued to **FRANCISCA ONOBOBI, Pharm. D.**, (the "Respondent"), under the Maryland Pharmacy Act (the "Act"), Md. Health Occ. Code Ann. §§ 12-101 *et seq.* (2014 Repl. Vol. II). This Order is based on the following investigative findings, which the Board has reason to believe are true:

INVESTIGATIVE FINDINGS

1. At all times relevant hereto, the Respondent was licensed to practice pharmacy in Maryland. The Respondent was first licensed in Maryland on April 2, 2008. The Respondent's license expires on October 31, 2015.
2. At all times relevant hereto, the Respondent worked as a pharmacist at a National chain pharmacy, Pharmacy A, located in Lanham, Prince George's County, Maryland. The Respondent served as the Pharmacist-in-Charge (PIC) at Pharmacy A.
3. On or about March 25, 2015, the Board received a fax from Pharmacy A, which indicated that Pharmacy A had discovered a theft or loss of a Controlled

Dangerous Substance (CDS) on or about March 10, 2015. The information from Pharmacy A revealed the following:

- A. An "Ethics Line" call was received by an investigator working for Pharmacy A alleging that, in January 2015, the Respondent had filled her husband's prescription, rung it up herself, and picked up the prescription herself;
- B. The internal investigation of Pharmacy A began by reviewing the history of the Respondent's use of her discount card and comparing it with video footage from Pharmacy A;
- C. Pharmacy A's records showed that the Respondent purchased a prescription on or about January 21, 2015. Video footage showed that the Respondent completed the transaction herself at the register and then asked a technician to hand her the receipt;
- D. The prescription purchased by the Respondent was for 90 pills of Adderall XR, 25 mg;¹
- E. The Controlled Schedule II ("CII")² log showed that the Respondent filled the prescription herself for her husband on December 4, 2014,

¹ This combination medication is used to treat attention deficit hyperactivity disorder (ADHD) as part of a total treatment plan, including psychological, social, and other treatments. It may help to increase the ability to pay attention, concentrate, stay focused, and stop fidgeting. This product is a combination of stimulants (amphetamine and dextroamphetamine). It is thought to work by restoring the balance of certain natural substances (neurotransmitters) in the brain. This drug may also be used to treat a certain sleeping disorder (narcolepsy) to help a person stay awake during the day.

² Drugs, substances, and certain chemicals used to make drugs are classified into five (5) distinct categories or schedules depending upon the drug's acceptable medical use and the drug's abuse or dependency potential. The abuse rate is a determinate factor in the scheduling of the drug; for example, Schedule I drugs are considered the most dangerous class of drugs with a high potential for abuse and potentially severe psychological and/or physical dependence. As the drug schedule changes-- Schedule II, Schedule III, etc., so does the abuse potential. Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, less abuse potential than Schedule I drugs, with use potentially

and that the prescription sat in the waiting bin until December 18, 2014, when it was returned to stock. It was filled again on January 21, 2015 and purchased by the Respondent on that same day;

- F. The original prescription was found in the CII prescription log. The prescription was a hand-written "Telephone Order Prescription" by the Respondent on December 3, 2014. No hard copy was present as required by law, and the quantity exceeded the 72-hour supply allowed for orally accepted CII prescriptions in emergency situations;
- G. The physician listed as authorizing the "phoned in" prescription, Physician A, was contacted by Pharmacy A. The physician denied authorizing the prescription;
- H. On or about March 10, 2015, the Respondent was interviewed at Pharmacy A by a Pharmacy A investigator. During the interview, the Respondent admitted to writing, filling, and purchasing the prescription. She denied that she fraudulently created the prescription and claimed that she called the physician's office herself and received permission on December 3, 2014 for the prescription. The Respondent claimed that she did this because the prescription was an emergency for her husband, although she didn't pick it up until January 21, 2015, because she thought that her husband would pick it up, but he was too busy

leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are: Combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin

with work to do it. The Respondent admitted that she knows that CII scripts taken over the phone required a hard copy;

- I. The Respondent provided a written statement in accord with the above, including her knowledge of how prescriptions for CII are handled;
- J. Following the interview, the Respondent was terminated from employment with Pharmacy A on or about March 13, 2015 for not following company policy.

4. A pharmacist who fills CII prescriptions in violation of the law is a danger to the public, health, safety or welfare.

CONCLUSIONS OF LAW

Based on the foregoing, the Board finds that the public health, safety or welfare imperatively requires emergency action, pursuant to Md. St. Gov't. Code Ann. §10-226 (c) (2) (2014 Repl. Vol. II).

ORDER

Based on the foregoing, it is therefore this 5th day of October, 2015, by a majority vote of a quorum of the State Board of Pharmacy, by authority granted to the Board by SG. §10-226 (c) (2), the license held by the Respondent to practice as a pharmacist in Maryland, License No. 18666 is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED that, upon the Board's receipt of a written request from the Respondent, a Show Cause Hearing shall be scheduled within a reasonable time of said request, at which the Respondent will be given an opportunity to be heard as to whether the Summary Suspension should be continued, regarding the Respondent's fitness to practice as a pharmacist and the danger to the public; and be it further

ORDERED, that the Respondent shall immediately turn over to the Board her wall certificate and wallet-sized registration to practice as a pharmacist issued by the Board; and be it further

ORDERED that this document constitutes a final Order of the Board and is, therefore, a public document for purposes of public disclosure, as required by Md. Code Ann. General Provisions §§4-101 *et seq.* (2014 Vol.).



Laverne G. Naesea, Executive Director
Board of Pharmacy

NOTICE OF HEARING

A Show Cause hearing to determine whether the Summary Suspension shall be continued will be held before the Board at 4201 Patterson Avenue, Baltimore, 21215 following a written request by the Respondent for same.