## IOWA BOARD OF PHARMACY Petition for [x] Waiver [ ] Variance (check the appropriate box)

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Note: Statutory requirements that have been repeated in administrative rules are <u>not</u> subject to consideration for a waiver or variance.

Is this petition an initial request or is it a request for renewal? [ ] Initial Request [x] Request for Renewal If a request for renewal, explain below why the renewal is necessary.

<u>Petitioner Information</u> (include licensee/registrant name and name of contact person, i.e. pharmacist in charge)

Name: Thompson & Thompson LTC/Todd Thompson Phone No.: 319-653-1043

aka. Victor Drug (include area code)

Address: 1010 W. Madison

City: Washington State: IA Zip Code: 52353

#### **Petition Information**

1. Chapter Number and Title.

#### Chapter 9, AUTOMATED MEDICATION DISTRIBUTION SYSTEMS AND TELEPHARMACY SERVICES

- Rule Number(s) and Title(s).
  - 9.3 (2) Telepharmacy
- 3. Describe in your own words the essence of each Rule Number(s) and Title(s) that pertains to this petition.
  - 9.11 (2) Waiver from utilization of an AMDS in the process of the Remote Dispensing. Pharmacy will still utilize an independent automated pharmacy system for the practice of telepharmacy, but not the utilization of traditional AMDS or robotic dispensing devices.
- 4. Describe the specific nature and scope of your petition. In your description, include the anticipated time period (beginning and ending) for which the petition would apply. A waiver or variance may not be requested or granted on a permanent basis; the petition must identify an end date.

This pharmacy has operated in this capacity for nearly two years with no issues and virtually no errors. It is our understanding the Board is still in the process of development of rules regarding this practice and request this Waiver be extended for another 18 months from this date.

5. Describe the relevant facts and reasons that, in your opinion, justify and provide "clear and convincing evidence" as to why this petition merits consideration for waiver or variance. In your description, explain why the rule(s) poses an undue hardship. If there is a public health, safety and welfare issue associated with this rule(s), or if this rule(s) addresses security or confidentiality issues, also explain how equal protection will be maintained if this petition were granted.

The pharmacy has operated as a telepharmacy for significant time with virtually no errors utilizing the current system, integration of a full blown AMDS or robotic dispensing system is neither beneficial nor feasible at this location. As a smaller aging community the residents have benefited by having more direct access to pharmacy services, pharmacist oversight of OTC medications, and direct access to and communication with a pharmacist in the community, thus creating a generally healthier community.

6.	Does anyone els	se (inside or out	tside state government) possess knowledge relevant to this petition?	
	[[]] Yes	[ <u></u> ] No	[x] Do not know	
	If yes, list the	eir names, addr	resses and phone numbers below.	
7.	Would anyone (	inside or outsic	de state government) be adversely affected if this petition were granted?	
	[□] Yes	[ <u>]</u> ] No	[x] Do not know	
	If yes, list the	eir names, addr	resses and phone numbers below.	
8.	Do you know ho	ow the Board or	f Pharmacy has treated similar situations?	
	[[]] Yes	[x] No		
	If yes, descri	be below how s	similar situations were handled.	
9.	Have you had any past interaction with the Board of Pharmacy that might impact or relate to this petition?			
	[[]] Yes	[x] No		
	If yes, descri	be below the is	ssue involved and the outcome.	

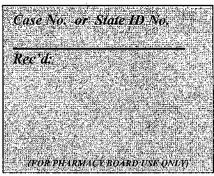
I authorize any person with knowledge of the relevant or important facts relating to this petition to release any pertinent information to the Iowa Board of Pharmacy. I hereby attest to the accuracy and truthfulness of the information contained herein.

Petitioner's Signature

Date

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Petitioner Information (include licensee/registrant name and name of contact person, i.e. pharmacist in charge)

Name: Thompson & Thompson LTC/Todd Thompson

Phone No.: 319-653-1043

aka. West Liberty Pharmacy

(include area code)

Address: 1010 W. Madison

City: Washington State: IA

Zip Code: 52353

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\_Petitioner's Signature

10-15-

Date

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# Case No.: or State ID No. Rec'd: (FOR PHARMACY BOARD USE ONLY)

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6. Does anyone else (inside or outside state government) possess knowledge relevant to this petition?				
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