

After filling out form, print, sign, and mail to: Iowa Board of Pharmacy
400 SW 8th Street, Suite E, Des Moines, Iowa 50309-4688. Deadline for inclusion on
Board's agenda is three weeks prior to Board meeting.

Case No. or State ID No.

Rec'd:

(FOR PHARMACY BOARD USE ONLY)

IOWA BOARD OF PHARMACY
Petition for Waiver Variance
(check the appropriate box)

PLEASE PRINT OR TYPE ALL INFORMATION IN INK

A waiver excuses the petitioner from the requirements of a rule in its entirety or from a part of a rule; a variance does not. Instead, a variance is a modification to the requirements of a rule or a part of a rule. Example: A rule requires the fencing of certain property and further requires that the fence be at least 6 feet in height. A waiver of that rule would excuse the petitioner from the requirement for fencing the property. A variance would require the property be fenced but would allow the petitioner to maintain the current fencing configuration of 5 feet in height (perhaps the fence was constructed prior to the height requirement). When replacement of the current fence becomes necessary as a consequence of normal wear and tear, the variance would terminate and the petitioner would be required to comply with the 6-foot height requirement.

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

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

Petitioner Information

Name: **Kathy J. Lee, Pharmacy Supervisor (PIC)** Phone No.: **(515)725-5068**
Address: **DSM Central Correctional Pharmacy 250 Elm Ave SW**
City: **Mitchellville** State: **IA** Zip Code: **50169**

Petition Information

1. Chapter Number and Title.

Chapter 5- Pharmacy Support Persons

2. Rule Number(s) and Title(s).

5.17(155A) #10 Tasks a pharmacy support person shall not perform

3. Describe in your own words the essence of each Rule Number(s) and Title(s) that pertains to this petition.

Pharmacy support persons are not allowed to pre-package or label, unit dose meds for unit dose cart fills.

4. 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.

Our support person has extensive experience and knowledge in operating automatic machines. She has all the knowledge needed to be a technician, because she worked as one for 13 years, but she cannot pass the test, due to a reading disability.

RECEIVED

JUN 09 2016

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The pharmacy has a MTS 500, 30 day blister packing machine. It requires some mechanical knowledge, to keep it running properly. She can run this packaging machine like no one else in the pharmacy can.

We will be checking the drugs before and after she sets up the machine, then again after they are packaged.

She will be retiring in the year 2020 so we would like this variance to last only until she retires. We hope to have a technician trained on running the machine by that time.

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

Yes No Do not know

If yes, list their names, addresses and phone numbers below.

7. Would anyone (inside or outside state government) be adversely affected if this petition were granted?

Yes No Do not know

If yes, list their names, addresses and phone numbers below.

8. Do you know how the Board of Pharmacy has treated similar situations?

Yes No

If yes, describe below how 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 No

If yes, describe below the issue 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.

Kathryn J. Lee
Petitioner's Signature

6/6/16
Date