IN THE MATTER OF	*	**BEFORE THE**
JOHN ALBERT BECKMAN	*	**MARYLAND STATE**
License No.: 08353	*	**BOARD OF PHARMACY**
Respondent	*	**Case Number: 24-002**

* * * * * * * * * * * * *

CONSENT ORDER

On July 17, 2024, the Maryland State Board of Pharmacy (the "Board") charged **JOHN ALBERT BECKMAN** (the "Respondent-Pharmacist"), License Number: **08353**, under the Maryland Pharmacy Act, (the "Act") Md. Code Ann., Health Occ. §§ 12-101 *et seq.* (2021 Repl. Vol. & 2023 Supp.).

The Board charged the Respondent-Pharmacist with the following pertinent provisions of Md. Code Ann., Health Occupations ("Health Occ."):

> **Health Occ. § 12-313. Denials, reprimands, suspensions, and revocations–Grounds**
>
> . . . .
>
> (b) Subject to the hearing provisions of § 12-315 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may . . . reprimand any licensee, place any licensee on probation, or suspend or revoke a license of a pharmacist if the licensee:
>
> . . . .
>
> (21) Is professionally, physically, or mentally incompetent;
>
> . . . .
>
> (25) Violates any rule or regulation adopted by the Board[.]

The pertinent provisions of Md. Code Ann., Health-General ("Health-Gen.") provide the following:

Health-Gen. § 21-2A-04.2. Prescriber to request prescription monitoring data.

. . . .

(e) If a pharmacist or pharmacist delegate has a reasonable belief that a patient may be seeking a monitored prescription drug for any purpose other than the treatment of an existing medical condition:

(1) Before dispensing a monitored prescription drug to the patient, the pharmacist or pharmacist delegate shall request prescription monitoring data to determine if the patient has received other prescriptions that indicate misuse, abuse, or diversion of a monitored prescription drug; and

(2) The pharmacist shall have the responsibility described in 21 C.F.R. 1306.04.

The pertinent provisions of the Code of Maryland Regulations ("COMAR"), provide the following:

COMAR 10.34.10.01. Patient Safety and Welfare.

A. A pharmacist shall:

(1) Abide by all federal and State laws relating to the practice of pharmacy and the dispensing, distribution, storage, and labeling of drugs and devices, including but not limited to:

(a) United States Code, Title 21,

(b) Health-General Article, Titles 21 and 22, Annotated Code of Maryland,

(c) Health Occupations Article, Title 12, Annotated Code of Maryland,

(d) Criminal Law Article, Title 5, Annotated Code of Maryland, and

(e) COMAR 10.19.03;

(2) Verify the accuracy of the prescription before dispensing the drug or device if the pharmacist has reason to believe that the prescription contains an error[.]

. . . .

B. A pharmacist may not:

(1) Engage in conduct which departs from the standard of care ordinarily exercised by pharmacist;

(2) Practice pharmacy under circumstances or conditions which prevent the proper exercise of professional judgment; or

(3) Engage in unprofessional conduct.

COMAR 10.34.20.02. Requirements for Prescription Validity.

A. A valid prescription shall be:

(1) Valid in the professional judgment of the pharmacist responsible for filling the prescription

COMAR 10.34.20.04. Controlled Dangerous Substances.

Transmission and dispensing of controlled dangerous substances shall be in accordance with applicable State and federal statutes and regulations.

COMAR 10.19.03.07. Prescriptions.

. . . .

C. Purpose of Issue of Prescription (21 CFR §1306.04)

(1) A prescription for a controlled dangerous substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of the individual practitioner's professional practice. The responsibility for the proper prescribing and dispensing of controlled dangerous substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of the Maryland Controlled Dangerous Substances Act Criminal Law Article, §§5-501-5-505, Annotated

> Code of Maryland, and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled dangerous substances.

On October 9, 2024, a Case Resolution Conference ("CRC") was held before a panel of the Board. As a resolution of this matter, the Respondent-Pharmacist agreed to enter this public Consent Order consisting of Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The Board finds that:

1. At all relevant times hereto, the Respondent-Pharmacist was licensed to practice pharmacy in the State of Maryland. The Respondent-Pharmacist was originally licensed to practice pharmacy in the State of Maryland on or about July 22, 1976. The Respondent-Pharmacist's license expires on July 31, 2025.

2. At all relevant times hereto, the Respondent-Pharmacist co-owned a pharmacy (the "Pharmacy") located in Allegany County, Maryland.[1]

3. At all times relevant hereto, the Pharmacy had a permit to operate as a pharmacy in the State of Maryland. The Pharmacy was originally issued a permit on August 15, 2002. The Pharmacy's permit expires on May 31, 2026.

4. On June 1, 2023, an inspector from the Maryland Office of Controlled Substances Administration ("OCSA") conducted an inspection of the Pharmacy. The Respondent-Pharmacist was on duty at the time. The inspector found that the Pharmacy "ha[d] been delivering prescriptions to West Virginia but [did] not have a pharmacy permit

[1] For confidentiality and privacy purposes, the names of individuals and facilities involved in this case are not disclosed in this document. Upon written request, the Administrative Prosecutor will provide the information to the Respondent-Pharmacist.

for West Virginia" and "one CDS prescription found written by a physicians assistant that [did] not document the name of the supervising physician." The inspector directed the Pharmacy to: (1) "cease delivery or mailing of any prescriptions to any state for which the pharmacy does not hold a permit to practice pharmacy;" (2) ensure the name of the supervising physician is documented on the prescription record when dispensing CDS prescriptions from a physician's assistant; and (3) "communicate with patients and prescribers to ensure all CDS dispensed are for a legitimate medical purpose only." The inspector's report, which the Respondent-Pharmacist signed acknowledging receipt, noted that "[t]he pharmacist shares this responsibility [(ensuring that all CDS dispensed are for a legitimate medical purpose)] with the prescriber."

5. At all relevant times hereto, the Pharmacy did not have a permit to operate as a pharmacy in the State of West Virginia. The Respondent-Pharmacist's license to practice pharmacy in the State of West Virginia expired on July 30, 1996.

6. On or about July 6, 2023, the United States Drug Enforcement Administration issued a press release announcing that the Pharmacy and the Respondent-Pharmacist entered into a consent decree with the United States to resolve allegations that the Pharmacy and the Respondent-Pharmacist violated the Controlled Substances Act by illegally dispensing controlled substances. According to the press release:

> [S]ince 2017, [the Respondent-Pharmacist and the Pharmacy] knowingly filled fraudulent prescriptions for controlled substances, ignoring red flags that should have acted as warning signs that the prescriptions were not legitimate. More specifically, the Government alleges that, since at least 2017, [the Respondent-Pharmacist and the Pharmacy] would often dispense dangerous combinations of controlled substances which are known to be pursued by drug abusers, but which seriously increase the risk of respiratory distress, overdose, and death, and did so without noting any reasonable explanation for

these dangerous combinations. These combinations included the extremely dangerous "holy trinity," which combines an opioid, a benzodiazepine, and carisoprodol. Additionally, [the Respondent-Pharmacist and the Pharmacy] often dispensed a combination of an opioid and buprenorphine, a drug which is generally used to treat opioid dependence and regularly filled prescriptions for controlled substances that were paid for with cash even though the patient had insurance available to pay for the patient's prescriptions.

7. The Consent Decree of Permanent Injunction, approved by the United States District Court for the District of Maryland on July 5, 2023, required the Pharmacy and the Respondent-Pharmacist to pay a civil monetary penalty in the amount of $120,000.00. The consent decree further required the Pharmacy and the Respondent-Pharmacist, before dispensing or assisting in the dispensing of any controlled substance prescription, for each prescription to:

a. Review the data available in the PDMP and "other circumstances surrounding the presentation of the prescription [to reasonably determine] whether the prescription was issued for a legitimate medical purpose by an individual practitioner acting in the usual course of the practitioner's professional practice."

b. "[I]dentify any indication that the prescribed controlled substances may not be for a legitimate medical purpose, or may be abused, misused, or otherwise diverted from legitimate uses."

c. "[D]ocument in detail any indications of abuse or diversion and the steps [the Pharmacy and the Respondent-Pharmacist] took to reasonably ensure [compliance with the two requirements listed above.]"

8. The consent decree further *prohibited* the Pharmacy and the Respondent-Pharmacist from dispensing a prescription for a controlled substance if dispensing the prescription would result in the patient receiving:

> a. a daily dosage in excess of 90 milligram morphine equivalents if the prescription is taken as [] prescribed along with other prescriptions listed in the PDMP for the patient regardless of which pharmacy may have filled those prescriptions, unless, the patient provides [the Pharmacy and the Respondent-Pharmacist] with legitimate documentation of a current hospice diagnosis or end-of-life care and [the Pharmacy and the Respondent-Pharmacist] provide this documentation to DEA [...];
> b. a combination of an opioid, a benzodiazepine, and carisoprodol;
> c. a prescription for buprenorphine without naloxone (such as Subutex) without reliable documentation from the prescriber that the patient is pregnant, a nursing mother, or has had an actual adverse reaction to naloxone;
> d. an early refill for any controlled substance;
> e. any controlled substance paid for with cash despite the fact that the patient has insurance available to pay for the patient's prescriptions; and
> f. any controlled substance if the patient is an employee of [the Pharmacy].

9. The consent decree further required the Pharmacy and the Respondent-Pharmacist to provide documentation relating to their compliance with the consent decree.

10. On October 31, 2023, the Board conducted an inspection of the Pharmacy. The Respondent-Pharmacist was on duty at the time. According to the inspection report, which the Respondent-Pharmacist signed acknowledging receipt, the Pharmacy "[u]tilize[s] [Chesapeake Regional Information System ("CRISP")],[2] look[s] fill history for patient, contact[s] the prescriber with questions, verif[ies] the validity of prescription,

[2] CRISP serves as the access point for clinical providers, including prescribers, pharmacists, and other licensed healthcare practitioners, for viewing filled CDS prescriptions.

and report[s] to [Prescription Drug Monitoring Program ("PDMP")][3] in addition to getting the ICD-10 codes.[4]" The inspector found inventory discrepancies for the following drugs and quantities: Methylphenidate 20mg tablets with on hand inventory of 966 versus perpetual inventory of 1,046 and Oxycodone 10mg tablets with on hand inventory of 630 versus perpetual inventory of 1,216. The Pharmacy provided explanations for Methylphenidate 20mg tablets to decrease the on hand inventory to 956 and perpetual inventory to 954. The Pharmacy provided explanations for Oxycodone 10mg tablets to decrease the perpetual inventory to 630.

11. On or about December 5, 2023, the Board issued a subpoena to the PDMP requesting dispensing information for all CDS dispensed by the Pharmacy from June 1, 2022, to December 1, 2023. The Board received the PDMP Report, which included data for dates from June 1, 2022, through December 1, 2023, inclusive.

12. On or about December 11, 2023, the Board issued a subpoena to the PDMP requesting the dispensing information for all CDS dispensed by the Respondent-Pharmacist and their delegates from June 1, 2022, through December 1, 2023. The Board received the audit log, which included data for dates from June 1, 2022, through December 1, 2023, inclusive.[5]

---

[3] PDMP is a statewide electronic database that tracks all CDS prescriptions. The PDMP allows authorized users to: view prescription histories of their patients, including prescriptions from other states; identify patients who are obtaining opioids from multiple providers; review the average morphine milligram equivalent per day for patients who are prescribed opioids; identify patients who are being prescribed concurrent medications that may increase risk of overdose, such as benzodiazepines and opioids; and identify possible diversion, substance use disorder, or needed care coordination.

[4] The International Classification of Diseases, or ICD, is used to standardize codes for medical conditions and procedures.

[5] A PDMP Audit Trail Report contains a log of all PDMP data accessed by a clinical user under their individual CRISP account or through an approved PDMP integration within their workflow. Clinical users (prescribers, pharmacists, and delegates) can query (search for) PDMP data related to a patient through CRISP products. A record exists when a query was successfully made, regardless of whether data was returned (i.e. a provider can search for a patient in the

13. On January 30, 2024, OCSA's Clinical Pharmacist Inspector (the "Clinical Pharmacist Inspector") reviewed the PDMP report and Audit Log, and provided the Board with their analysis, which notes the following:

a. The PDMP report detailed 14,375 CDS prescriptions the Pharmacy dispensed from June 1, 2022, through December 1, 2023. Of the total number of CDS prescriptions:

i. 3,675 (~25%) were for Schedule II opioids;

ii. 3,376 prescriptions (~23%) were for buprenorphine products used to treat substance abuse,

iii. 3,267 prescriptions (~23%) were for schedule II stimulants; and

iv. 2,077 prescriptions (~14%) were for benzodiazepines.

b. Of the 3,675 prescriptions for Schedule II opioids, 2,092 prescriptions were for immediate release oxycodone, which were broken down according to strengths:

i. 455 prescriptions of oxycodone 5mg tablets;

ii. 122 prescriptions of oxycodone/acetaminophen 7.5/325 tablets;

iii. 1,228 prescriptions of oxycodone/acetaminophen 10/325 tablets;

---

system and be shown either PDMP prescription data or be told that no data exists for the searched patient demographics; both of these situations would be logged as a query).

iv. 195 prescriptions of oxycodone 15mg tablets;

v. 60 prescriptions of oxycodone 20mg tablets; and

vi. 27 prescriptions of oxycodone 30mg tablets.

c. The United States Centers for Disease Control "has found that patients receiving daily opioid doses in the range of 50-100 morphine milligram equivalents (MME) have an increased risk of fatal overdose compared to patients receiving less than 50MME daily. Patients exceeding 100MME daily have an even greater risk of overdose than the patients receiving 50-100MME daily."

d. "The great majority of the immediate-release oxycodone prescriptions dispensed by [the Pharmacy] had daily doses in the range of 20-60 MME."

e. "The prescriptions for oxycodone 15mg, 20mg, and 30mg tablets in the dispensing report (13% of the immediate-release oxycodone prescriptions) had daily doses in the range of 68-150MME, with most being 90MME. Most of these high dose oxycodone prescriptions were prescribed by providers at [a health care practice], which is 91 miles away from the pharmacy."

f. "[M]any patients received combinations of CDS drugs that are popularly abused when taken together, or have an increased risk of overdose when taken together. The combination seen most frequently was buprenorphine products combined with a benzodiazepine, such as clonazepam or alprazolam, and/or a schedule II stimulant, such as

amphetamine or methylphenidate. Forty-seven patients were identified that had one of these combinations."

14. The Clinical Pharmacist Inspector found the following red flags:

a. "[P]atients receiving combinations of CDS medications that are frequently abused together or have an increased risk of overdose when combined."

b. "[S]ome patients receiving prescriptions for high doses of immediate-release oxycodone."

c. For most of the prescriptions for high doses of immediate-release oxycodone, the prescriber's practice was located 91 miles from the Pharmacy.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law the following:

15. By filling prescriptions with red flags, the Respondent-Pharmacist violated Health Occ. § 12-313(b)(21), Health-Gen. § 21-2A-04.2(e)(1)-(2), and Health Occ. § 12-313(b)(25) in that the Respondent-Pharmacist violated COMAR 10.34.10.01(A)(1)-(2) and (B)(1)-(3), COMAR 10.34.20.02(A)(1), COMAR 10.34.20.04, and COMAR 10.19.03.07(C)(1).

16. By filling numerous prescriptions despite several red flags and/or failing to document verification checks were completed for red flag prescriptions, the Respondent-Pharmacist violated Health Occ. § 12-313(b)(21), Health-Gen. § 21-2A-04.2(e)(1)-(2), and Health Occ. § 12-313(b)(25) in that the Respondent-Pharmacist violated COMAR

10.34.10.01(A)(1)-(2) and (B)(1)-(3), COMAR 10.34.20.02(A)(1), COMAR 10.34.20.04, and COMAR 10.19.03.07(C)(1).

17. By delivering prescriptions to patients in states where the Respondent-Pharmacist is not licensed and/or delivering prescriptions to patients in states where the Pharmacy does not have a permit to operate, the Respondent-Pharmacist violated Health Occ. § 12-313(b)(21) and (25) in that the Respondent-Pharmacist violated COMAR 10.34.10.01(A)(1) and (B)(1)-(3).

18. By participating in activities, as outlined above, the Respondent-Pharmacist violated Health Occ. §§ 12-313(b)(21) and (25), Health-Gen. § 21-2A-04.2(e)(1)-(2), COMAR 10.34.10.01(A)(1)-(2) and (B)(1)-(3), COMAR 10.34.20.02(A)(1), COMAR 10.34.20.04, and COMAR 10.19.03.07(C)(1).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, on the affirmative vote of a majority of the Board, it is hereby:

ORDERED that the Respondent-Pharmacist's license to practice pharmacy in the State of Maryland is hereby **REPRIMANDED;** and it is further

ORDERED that the Respondent-Pharmacist shall comply with the terms and conditions of the July 5, 2023 Consent Decree of Permanent Injunction to the extent applicable following the sale of the Pharmacy; and it is further

ORDERED that the Respondent-Pharmacist shall notify the Board of any non-compliance issues; and it is further

ORDERED that the Respondent-Pharmacist shall practice in accordance with the laws and regulations governing the practice of pharmacy in Maryland; and it is further

ORDERED that the Respondent-Pharmacist shall bear the cost(s) of complying with the Consent Order; and it is further

ORDERED that the Respondent-Pharmacist shall at all times cooperate with the Board in the monitoring, supervision, and investigation of its compliance with the terms and conditions of this Order; and it is further

ORDERED that the failure to comply with the terms and conditions of the Consent Order, including failure to pay the monetary fine in full by the deadline, constitutes a violation of the Consent Order and the Board, in its discretion, after notice and an opportunity for a show cause hearing before the Board, may impose any appropriate sanction under the Act; and it is further

ORDERED that this Consent Order is a public document. *See* Md. Code Ann., Gen. Prov. § 4-101 *et seq.* (2019 Repl. Vol. & 2023 Supp.).

12-23-24
Date

Kristopher Rusinko
President, Maryland Board of Pharmacy

CONSENT

I, John Albert Beckman, acknowledge that I have had the opportunity to consult with legal counsel before signing this document. By this Consent, I accept, to be bound by this Consent Order and its conditions and restrictions. I waive any rights I may have had to contest the Findings of Fact and Conclusions of Law.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on its behalf and to all other substantive and procedural protections as provided by law.

I acknowledge the legal authority and the jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I also affirm that I am waiving my right to appeal any adverse ruling of the Board that might have followed any such hearing.

I sign this Consent Order without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order. I voluntarily sign this Order and understand its meaning and effect.

12/12/2024
Date

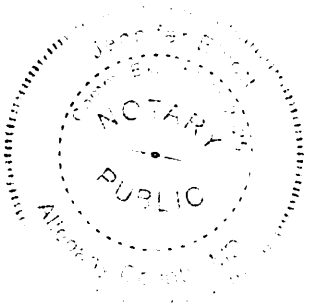
John Albert Beckman

NOTARY

STATE OF Maryland
CITY/COUNTY OF Cumberland/Allegany

I hereby certify that on this 12th day of December, 2024, before me, a Notary Public of the State of Maryland and City/County aforesaid, personally appeared JOHN ALBERT BECKMAN and made an oath in due form that the foregoing Consent Order was her voluntary act and deed.

AS WITNESS, my hand and Notary Seal.



Jennifer Elliott
Notary Public
My commission Expires: 10/10/2025