

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

Received

BOARD OF REGISTRATION  
IN PHARMACY

JUL 13 2016

In the Matter of )  
Kathleen E. Antil )  
License Number: PH21165 )  
Expiration: December 31, 2014 )

) BOARD OF  
) PHARMACY

PHA-2014-0130

CONSENT AGREEMENT FOR REPRIMAND

The Massachusetts Board of Registration in Pharmacy ("Board") and Kathleen E. Antil ("Licensee"), a pharmacist licensed by the Board, license number PH21165, do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Licensee's record maintained by the Board:

1. The Licensee acknowledges that the Board opened a Complaint against her Massachusetts pharmacist license related to the conduct set forth in Paragraph 2, identified as Docket Number PHA-2014-0130 ("Complaint").
2. The Board and the Licensee acknowledge and agree to the following facts:
  - a. On or about July 16, 2013, Licensee worked as a pharmacist at IntegriScript, Inc., located at 95B Ashley Avenue in West Springfield, MA.
  - b. On or about July 16, 2013, Licensee improperly processed and labeled a prescription with the result that the pharmacy dispensed Flexeril 5 mg at bedtime (#30 tablets) with 6 refills, rather than Flexeril 5 mg at bedtime for 1 week (# 7 tablets), as prescribed.
3. The Licensee acknowledges that the foregoing facts warrant disciplinary action by the Board under M.G.L. c. 12, §§ 42A and 61 and under 247 CMR 10.03(1)(v). - *stds of practice*
4. The Licensee agrees that the Board shall impose a REPRIMAND on her license based on the facts admitted in Paragraph 2, effective as of the date on which the Board signs this Agreement ("Effective Date").
5. The Board acknowledges the receipt of documentation demonstrating Licensee successfully completed at least two (2) contact hours of continuing education in the area of Medication Error Prevention.

6. Licensee and the Board acknowledge and agree that the Board's receipt of documentation described in Paragraph 5 was a precondition to be met before the Board entered into this Agreement.
7. The Board agrees that in return for the Licensee's execution and successful compliance with all the requirements of the Agreement, the Board will not prosecute the Complaint.
8. The Licensee understands that she has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication she would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on her own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, M.G.L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Licensee further understands that by executing the Agreement she is knowingly and voluntarily waiving her right to a formal adjudication of the Complaint.
9. The Licensee acknowledges that she has been at all times free to seek and use legal counsel in connection with the Complaint and the Agreement.
10. The Licensee acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board subject to the Commonwealth of Massachusetts' Public Records Law, M.G.L. c. 4, §7. The Board may forward a copy of the Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.
11. The Licensee certifies that she has read the Agreement. The Licensee understands and agrees that entering into the Agreement is a voluntary and final act and not subject to reconsideration, appeal or judicial review.

Antil, Kathleen  
PH21165  
PHA-2014-0130

James J. Antil 7/11/16  
Witness (sign and date)

Kathleen E. Antil 7/11/16  
Kathleen E. Antil (sign and date)

7/26/16  
Effective Date of Reprimand Agreement

[Signature] Associate Executive Director or  
David Sencabaugh, R. Ph. behalf of  
Executive Director the executive  
Board of Registration in Pharmacy Director  
7/26/16

Fully Signed Agreement Sent to Registrant on 7/26/16 by  
Certified Mail No. 7015 3010 0001 6944 4935

Antil, Kathleen  
PH21165  
PHA-2014-0130