



STATE OF MARYLAND

**DHMH**

Department of Health and Mental Hygiene

*Larry J. Hogan, Jr. Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary*

**MARYLAND BOARD OF PHARMACY**

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

*Mitra Gavani, Board President – Deena Speights-Napata, Executive Director*

**VIA REGULAR & CERTIFIED MAIL, RETURN RECEIPT REQUESTED**  
**ARTICLE #7013 1090 0000 3937 7503**

June 30, 2016

Brookville Pharmacy  
7025 Brookville Road  
Chevy Chase, Maryland 21815  
Attn: Sean Park, Pharm.D., Manager

Re: Permit No. P00923, Case #PI-16-189  
Notice of Deficiencies, Recommended Civil Monetary Penalty, and  
Opportunity for Hearing

Dear Pharmacist Park:

On March 29, 2016, an inspection was conducted by the Board of Pharmacy (the "Board") to determine if Brookville Pharmacy (the "Pharmacy") was in compliance with federal and state laws regarding the operation of a pharmacy. The Inspection Report indicated that the Pharmacy was not in compliance with regulatory requirements regarding pharmacy operations. Specifically, the Pharmacy had 15 expired medications in the Pharmacy area. These deficiencies were also noted on the Pharmacy's inspections on November 12, 2014, and October 29, 2013.

## **I. FINDINGS AND CONCLUSION**

The Board adopts the findings of deficiencies as set forth in the Pharmacy Inspection Report dated March 29, 2016, and attached as Exhibit A.

Based upon deficiencies cited at your Pharmacy, the Board finds that the Pharmacy is in violation of the Maryland Pharmacy Act and the regulations adopted thereunder. Specifically, the Board finds the Pharmacy in violation of Health Occ. Art. §§ 12-403(c)(1) and (12) and COMAR 10.34.12.

## II. RECOMMENDED CIVIL MONETARY PENALTY

Under Maryland Health Occupations Article § 12-410 and COMAR 10.34.11, the Board of Pharmacy has the authority to impose a civil monetary penalty based upon violations of the Maryland Pharmacy Act.

Based upon the deficiencies cited at the Pharmacy, the Board hereby recommends the imposition of a **civil monetary penalty of \$2,000.00**. The deficiencies upon which the civil monetary penalty is based are enclosed with this letter on Pharmacy Inspection Report dated March 29, 2016.

In determining the recommended civil monetary penalty, the Board took into consideration the aggregating and mitigating factors outlined in COMAR 10.34.11.08.

## III. FOLLOW-UP INSPECTION

Please be advised that the Board of Pharmacy may perform a follow-up inspection of the Pharmacy to insure that the deficiencies noted the Report have been addressed and corrected. Should a follow-up inspection indicate that the Pharmacy is not in substantial compliance, the Board may pursue further disciplinary action against the Pharmacy that may result in the imposition of sanctions such as suspension, revocation or additional monetary penalties.

## IV. OPPORTUNITY FOR HEARING

If the Pharmacy disputes the findings, conclusions or the recommended civil monetary penalty, the Pharmacy may request an evidentiary hearing on the Board's decision in this matter. In the event that the Pharmacy requests an evidentiary hearing, the Board shall initiate formal proceedings which will include the opportunity for a full evidentiary hearing. The hearing will be held in accordance with the Administrative Procedure Act, Md. Code Ann. State Gov't § 10-201 *et seq.*, and COMAR 10.34.01. Any request for a hearing must be submitted in writing to Vanessa Thomas Gray, Investigator, Maryland Board of Pharmacy, 4201 Patterson Ave., 5th Floor, Baltimore, Maryland 21215, **no later than thirty (30) days of the date of this Notice.**

Please be advised that at the hearing you would have the following rights: to be represented by counsel, to subpoena witnesses, to call witnesses on your own behalf, to present evidence, to cross-examine witnesses, to testify, and to present summation and argument. Should the Board find the Pharmacy guilty of the violations cited in the Reports, the Board may suspend or revoke the pharmacy permit, or impose civil penalties, or both. If you request a hearing but fail to appear, the Board may nevertheless hear and determine the matter in your absence.

## V. OPTION TO PAY RECOMMENDED CIVIL MONETARY PENALTY

Alternatively, the Pharmacy may pay the recommended civil monetary penalty **within thirty (30) days** of the date of this Notice, in the form of a certified check or money order made payable to the Maryland Board of Pharmacy.

Please mail the check or money order to:

Maryland Board of Pharmacy  
P.O. Box 2051  
Baltimore, MD 21203-2051

***NOTE: Please include the case number, PI-16-189, on your check or money order to insure proper assignment to your case.***

Upon the Pharmacy's payment of the civil monetary penalty, this Notice will constitute the Board's final formal action with respect to the inspection report, dated March 29, 2016, and shall be a public document in accordance with the Maryland Public Information Act.

If you have any questions concerning the instructions contained in this letter, please contact Vanessa Thomas Gray, Investigator, at 410-764-2493.

Sincerely,



Deena Speights-Napata  
Executive Director

Cc: Linda M. Bethman, AAG, Board Counsel

Attachment

4/4/2016  
memo pending  
ES.



STATE OF MARYLAND

**DHMH**

Department of Health and Mental Hygiene  
Lawrence J. Hogan, Jr., Governor - Boyd K. Rutherford, Lt. Governor  
Van T. Mitchell, Secretary

**Exhibit**

A

**MARYLAND BOARD OF PHARMACY**

4201 Patterson Avenue • Baltimore, Maryland 21215-2200  
Mitra Govgani, Board President - Deena Speights-Napata, Executive Director

**COMMUNITY PHARMACY INSPECTION FORM**

Corporate Pharmacy Name \_\_\_\_\_  
Pharmacy Name-Doing Business as (d/b/a) or Trade Name Brookville Pharmacy  
Street Address 7025 Brookville Road, Chevy Chase, MD, 20815  
Business Telephone Number 301-652-0600 Business Fax Number 301-652-8261  
Inspection Date: 03/29/2016 Arrival Time: 09:15am Departure Time: 12:50pm  
Type of Inspection:  Annual  Follow-up Previous Date: 11/12/2014  
Name of Inspector: Amanda Barefield

**I. GENERAL INFORMATION**

Yes  No  The pharmacy hours of operation are prominently displayed if the prescription area is not open the same hours as the establishment.

Pharmacy Hours M-F: 9am-7pm Sat: 9am-8pm Sun: 10am-3pm

Yes  No  All permits, licenses, and registrations are posted conspicuously. HO § 12-311, HO § 12-408(b) and HO § 12-6B-08

Maryland Pharmacy Permit Number P00923 Expiration Date: 05/31/2016  
CDS Registration Number 459404 Expiration Date: 04/30/2016  
DEA Registration Number BD9095111 Expiration Date: 06/30/2016

Yes  No  The pharmacy performs sterile compounding. (If yes, complete Sterile Compounding Inspection Form) COMAR 10.34.19

Yes  No  The pharmacy provides services to Comprehensive Care facilities or assisted living facilities. (If yes, complete Comprehensive Inspection Form) COMAR 10.34.23

Yes  No  The pharmacy fills original prescriptions received via the internet.

Yes  No  The pharmacy fills original prescriptions via e-prescribing.

Yes  No  The pharmacist fills mail order prescriptions.

If yes to any of the above, how does the pharmacist verify that a relationship exists between the patient and the prescriber? 21 C.F.R. § 1306.04, HG § 21-220; COMAR 10.19.03.02 and .07

Comments: \_\_\_\_\_  
E-scripts: Secure site/ patient profile & history / physician can be contacted if questionable  
Blister Pack: Pharmacy blister packs for 1 assisted living patient (see attached)



**3. PERSONNEL TRAINING**

Yes  No  N/A  There are written policies and procedures to specify duties that may be performed by unlicensed personnel under the supervision of a licensed pharmacist. COMAR 10.34.21.03 and 10.34.21.05

Yes  No  N/A  All unlicensed personnel who perform tasks in the pharmacy receive documented training for the tasks they perform. COMAR 10.34.21.03B(1)

All personnel have received training in: (check all that apply) COMAR 10.34.21.03B(3) and (4)

- Yes  No  N/A  Maintaining records  
Yes  No  N/A  Patient confidentiality  
Yes  No  N/A  Sanitation, hygiene, infection control  
Yes  No  N/A  Biohazard precautions  
Yes  No  N/A  Patient safety and medication errors COMAR 10.34.26.03

Comments: \_\_\_\_\_

As per pharmacy manager Sean Park all pharmacy staff receives training listed above

Yes  No  The pharmacy wholesale distributes to another pharmacy (COMAR 10.34.37)

Yes  No  The pharmacy wholesale distributes to a wholesale distributor (COMAR 10.34.37)

Yes  No  N/A  The wholesale distribution business exceeds 5% of the pharmacy annual sales (COMAR 10.34.37)

Comments: \_\_\_\_\_

No wholesale distribution as per Sean Park

**4. SECURITY COMAR 10.34.05**

Yes  No  The pharmacy is designed to prevent unauthorized entry when the prescription area is closed during any period that the rest of the establishment is open. (If yes, briefly describe how access is restricted.) COMAR 10.34.05.02A (5)

Comments: \_\_\_\_\_

Pharmacy and OTC area close at same time

Locked door

Pharmacy does have a metal gate in door way to pharmacy

Yes  No  The pharmacy and/or pharmacy department has a security system. COMAR 10.34.05.02A (2)

Yes  No  The permit holder shall prevent an individual from being in the prescription area unless a pharmacist is immediately available on the premises to provide pharmacy services. COMAR 10.34.05.02A (3)

Comments: \_\_\_\_\_

Cameras \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5. PHYSICAL REQUIREMENTS AND EQUIPMENT

Yes  No  Pharmacy area is clean and orderly. HO § 12-403(b) (11) (ii)2.

Yes  No  The pharmacy provides a compounding service (non-sterile procedures).

Yes  No  If yes, the pharmacy maintains equipment that enables it to prepare and dispense prescriptions properly within its scope of practice. COMAR 10.34.07.02

Yes  No  The pharmacy has a Class A prescription balance and weights, or a prescription balance with equivalent or superior sensitivity. COMAR 10.34.07.01A

Yes  No  The pharmacy has hot and cold running water.

Yes  No  The medication refrigerator(s) contain only prescription items. COMAR 10.34.07.01B

Yes  No  The medication refrigerator(s) have a thermometer and the current temperature is between (36-46F) USP. COMAR 10.34.07.01B

Temperature <sup>36F</sup> \_\_\_\_\_

Yes  No  The current temperature of the pharmacy department is between 59 to 86 degrees F. COMAR 10.34.05.02A (1)(a)

Temperature <sup>68F</sup> \_\_\_\_\_

Yes  No  N/A  If the pharmacy stocks medications requiring freezing, the freezer is maintained at temperatures required by the medications stored within it.

Temperature <sup>N/A (no medications in freezer)</sup> \_\_\_\_\_

Yes  No  The pharmacy maintains at all times a current reference library that is appropriate to meet the needs of the practice specialty of that pharmacy and the consumers the pharmacy serves. HO § 12-403(b)(10)

Yes  No  The pharmacy has online resources. HO § 12-403(b)(15)

Comments: \_\_\_\_\_

No vaccines located in fridge at time of inspection. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. PRESCRIPTION LABELING, FILES, AND STORAGE**

Yes  No  Prescription files for each prescription prepared or dispensed are made and kept on file for at least 5 years. HO § 12-403(b)(13)(i)

The following label requirements are met if a drug is dispensed pursuant to a prescription: HO § 12-505

- Yes  No  The name and address of the pharmacy; HG § 21-221(a)(1)
- Yes  No  The serial number of the prescription; HG § 21-221(a)(2)
- Yes  No  The date the prescription was filled; HO § 12-505(b)(1) and HG § 21-221(a)(3)
- Yes  No  The name of the prescriber; HG § 21-221(a)(4)
- Yes  No  The name of the patient; HG § 21-221(a)(5)(i)
- Yes  No  The name and strength of the drug or devices; HO § 12-505(c)
- Yes  No  The directions for use; HO § 12-505(b)(2)(ii) and HG § 21-221(a)(5)(ii)
- Yes  No  The required cautionary statements or auxiliary labels; HG § 21-221(a)(5)(iii)
- Yes  No  The name of generic manufacturer; and HO §§ 12-504(d)(2) and 12-505(c)(2)
- Yes  No  The expiration date is indicated; HO § 12-505(b)(2)

Yes  No  The pharmacist and data-entry technician initials are on prescriptions. COMAR 10.34.08.01

Yes  No  Original prescriptions are dispensed within 120 days after the issue date. HO § 12-503

**Comments:**

Pharmacist and technician initials are both on label.

**7. QUALITY ASSURANCE – PATIENT SAFETY / MEDICATION ERRORS**

Yes  No  There are written policies that inform patients of the procedure to follow when reporting a suspected medication error to the permit holder, pharmacist, health care facility, or other health care provider. COMAR 10.34.26.02

Yes  No  The pharmacy maintains a minimum of two (2) continuous years of records clearly demonstrating the content of annual educational training provided to each member of the pharmacy staff involved in the medication delivery system regarding the roles and responsibilities of pharmacy staff in preventing medication errors. COMAR 10.34.26.03B

Yes  No  There is an ongoing quality assurance program that documents the competency and accuracy of all assigned tasks. COMAR 10.34.21.03E

**Comments:**

Training is done through PRS pharmacy services for each employee (reviewed training) / Reporting medication error sign posted at register



**8. CONFIDENTIALTY**

Yes  No  Confidentiality is maintained in the creation, storage, access disposal and disclosure of patient records. HO § 12-403(b)(13), COMAR 10.34.10.03A and HIPAA Regulations

Yes  No  Any identifiable information contained in a patient's record is not disclosed unless authorized by the patient, or an order of the court, or as authorized pursuant to HG §4-301 through §4-307. COMAR 10.34.10.03B

Comments:

All HIPAA trash is separated and sent with Iron Mountain

**9. INVENTORY CONTROL PROCEDURES**

Yes  No  N/A  The pharmacy maintains invoices as required by law for accurate control and accountability of all pharmaceuticals. COMAR 10.34.24.03

Yes  No  N/A  The pharmacy has a procedure in place for removal of all expired drugs (both prescription and OTC). COMAR 10.34.12.01

Yes  No  N/A  The pharmacy maintains records of wholesale distribution to other pharmacies separately from its other records. COMAR 10.34.37.03

Yes  No  N/A  The pharmacy maintains records of wholesale distribution to wholesale distributors separately from its records of wholesale distribution to other pharmacies. COMAR 10.34.37.03

Comments:

No wholesale distribution as per Sean Park

**10. CONTROLLED SUBSTANCES**

Power of Attorney Sean Park

Yes  No  The pharmacy has a record of the most recent required biennial inventory of Schedule II-V controlled substances. COMAR 10.19.03.05B

Inventory date: 05/09/2015

Biennial Inventory completed at  Opening or  Closing (circle one)

Yes  No  The inventories and records of Schedule II-V drugs are maintained and readily available. COMAR 10.19.03.05 and 21 CFR 1304.03

Yes  No  Records are kept of all receipts of controlled substances entered into the pharmacy inventory (including DEA Form 222 or CSOS orders). COMAR 10.19.03.05

Yes  No  There are written policies and records for return of CII, CIII-V.

Yes  No  Hard copy or electronic prescription files are maintained chronologically for 5 years.

Yes  No  Schedule II controlled substances are dispersed throughout the stock of non-controlled substances or stored in such a manner as to obstruct theft or diversion. COMAR 10.19.03.12B (2)

Yes  No  All controlled substances prescriptions bear the name and address of the prescriber and patient. COMAR 10.19.03.07D (1)

Yes  No  The permit holder or pharmacist designee(s) has written policies and procedures for investigating discrepancies and reporting of theft or loss. COMAR 10.19.03.12B (4)

Comments:

Uses guaranteed returns for reverse distributor

11. AUTOMATED MEDICATION SYSTEMS Yes  No  (if No, go to #12)

Yes  No  N/A  The facility uses an automated device(s) as defined in COMAR 10.34.28.02.

Policies and procedures exist for (check all that apply): COMAR 10.34.28.04A

Yes  No  N/A

Operation of the system

Yes  No  N/A

Training of personnel using the system

Yes  No  N/A

Operations during system downtime

Yes  No  N/A

Control of access to the device

Yes  No  N/A

Accounting for medication added and removed from the system.

Yes  No  N/A  Sufficient safeguards are in place to ensure accurate replenishment of the automated medication system. If yes, describe safe guards. COMAR 10.34.28.06

Bar code scanning

Adequate records are maintained for at least two years addressing the following (check all that apply). COMAR 10.34.28.11

Yes  No  N/A

Maintenance records.

Yes  No  N/A

System failure reports.

Yes  No  N/A

Accuracy audits.

Yes  No  N/A

Quality Assurance Reports.

Yes  No  N/A

Reports on system access and changes in access.

Yes  No  N/A

Training records.

Yes  No  N/A  Devices installed after September 1, 2003 operate in a manner to limit simultaneous access to multiple strengths, dosage forms, or drug entities, and minimize the potential for misidentification of medications, dosages, and dosage forms accessed from the automated medication system. COMAR 10.34.28.04B

Yes  No  N/A  The pharmacy has records, documents, or other evidence of a quality assurance program regarding the automated medication system in accordance with the requirements of COMAR 10.34.28

Comments:

Pharmacy has Scriptpro holds 200 medication cells / lot # and expiration date is on label on medication cell and in computer.

12. OUTSOURCING

Yes  No  (if No, go to #13)

Yes  No  N/A

The facility outsources the preparation of medication or performs outsourcing functions for other pharmacies. COMAR 10.34.04.02

Yes  No  N/A

The facility serves as a primary pharmacy outsourcer to other pharmacies. COMAR 10.34.04.02

Yes  No  N/A

The facility serves as a secondary pharmacy. COMAR 10.34.04.02

Yes  No  N/A

The permit holder employs an outside agency/business entity for the provision of any pharmacy services, inclusive of staffing, remote order entry, and management.

If yes: Name of agency, state of incorporation, service contracted, and State of Maryland License/Permit Number: COMAR 10.34.04.06E

Comments:

No outsourcing as per Sean Park

Yes  No  N/A

The permit holder has written policies and procedures to specify the duties that may be performed by outside personnel. COMAR 10.34.21.03B(3)

If the pharmacy outsources a prescription order:

Yes  No  N/A

The original prescription order is filed as a prescription order at the primary pharmacy. COMAR 10.34.04.06D

Yes  No  N/A

Written policies exist for maintenance of documentation regarding transfer of prescription records. COMAR 10.34.04.06

Yes  No  N/A

Documentation is maintained, including the names and locations of the pharmacies, names of pharmacists, and a record of the preparations made. COMAR 10.34.04.03 and .05

The pharmacist from the primary pharmacy documents the following in a readily retrievable and identifiable manner: COMAR 10.34.04.06 (Check all that apply)

Yes  No  N/A

That the prescription order was prepared by a secondary pharmacy.

Yes  No  N/A

The name of the secondary pharmacy.

Yes  No  N/A

The name of the pharmacist who transmitted the prescription order to the secondary pharmacy.

Yes  No  N/A

The name of the pharmacist at the secondary pharmacy to whom the prescription order was transmitted if the transmission occurred in an oral manner.

Yes  No  N/A

The date on which the prescription order was transmitted to the secondary pharmacy.

Yes  No  N/A

The date on which the medication was sent to the primary pharmacy.

Yes  No  N/A

The primary and secondary pharmacies are both licensed in the State of Maryland, or operated by the federal government. COMAR 10.34.04.06F

Yes  No  N/A

The primary pharmacy maintains, in a readily retrievable and identifiable manner, a record of preparations received from the secondary pharmacy. COMAR 10.34.04.06G

The permit holder at the secondary pharmacy maintains documentation in a readily retrievable and identifiable manner, which includes: COMAR 10.34.04.07 (Check all that apply)

- Yes  No  N/A  That the prescription order was transmitted from another pharmacy.
- Yes  No  N/A  The name and information identifying the specific location of the primary pharmacy.
- Yes  No  N/A  The name of the pharmacist who transmitted the prescription to the secondary pharmacy if the transmission occurred in an oral manner.
- Yes  No  N/A  The name of the pharmacist at the secondary pharmacy who accepted the transmitted prescription order.
- Yes  No  N/A  The name of the pharmacist at the secondary pharmacy who prepared the prescription order.
- Yes  No  N/A  The date on which the prescription order was received at the secondary pharmacy.
- Yes  No  N/A  The date on which the prepared product was sent to the primary pharmacy if it was sent back to the primary pharmacy.

**13. Recommended Best Practices**

- Yes  No  A perpetual inventory is maintained for Schedule II controlled substances.
- Yes  No  There are documented contingency plans for continuing operations in an emergency and for disaster recovery of required records.
- Yes  No  The pharmacy has written policies and procedures for the safe handling of drug recalls. See [www.recalls.gov](http://www.recalls.gov)
- Yes  No  The pharmacy maintains records of all recalls. See [www.recalls.gov](http://www.recalls.gov)

**INSPECTOR'S COMMENTS:**

Reviewed entire inspection report with pharmacist Sean Park. Pharmacist Sean Park and Joseph Wong are vaccination licensed pharmacist, reviewed Sean Park CPR certification good until 01/19/2017. Verified all pharmacy staff on boards website. Note Pharmacy blister packs for 1 assisted living patient (see attached). No outdates found in OTC area. No discrepancies found during narcotic audit. Reviewed policies and procedures located in binder and reviewed pharmacy staff training through PRS pharmacy services. Found 15 expired medications through out pharmacy stock(see attached). note outdates were noted on last inspection.

Per this inspection: 1) Please fax copy of Joseph Wong CPR certification to Amanda Barefield @ 410-384-4137 by 04/06/2016. 2) Please be sure to check all areas of pharmacy when checking for outdates.

Inspector Signature \_\_\_\_\_

Pharmacist Name ((Print): Sean Park Date: 03/29/2016

Signature: 

Received a copy of this inspection report:   
Date and Pharmacist Signature

FINAL 09/02/2014

# CONTROLLED DANGEROUS SUBSTANCES WORKSHEET

Pharmacy: Brookville Pharmacy  
 Permit#: P00923  
 Date: 03/29/2016  
 Pharmacist Signature: 

Rx#: N1221272  
 Date Filled: 03/28/2016

DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY
Hydrocodone-Apap 5/300mg tab	64376-0648-01	115	115
Vyvanse 20mg cap	59417-0102-10	281	281
Amphetamine salts 10mg tab	64720-0132-10	147	147
Oxycodone 5mg tab	00406-0552-01	719	719

**COMMENTS:**

Pharmacy maintains an electronic perpetual / No discrepancies found during narcotic audit  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SCHEDULE II AUDIT

Drug n/a  
 Date of last Inspection/Biennial n/a

Amount at last inspection/biennial \_\_\_\_\_ (A)  
 Purchased since inspection/biennial \_\_\_\_\_ (B)  
 Total inventory 0 (C) = A + B  
 Quantity dispensed \_\_\_\_\_ (D)  
 Expected inventory 0 (E) = C - D  
 Quantity on Hand \_\_\_\_\_ (F)  
 Discrepancy \_\_\_\_\_ (G) = (F-E) or (E-F)  
Excess Shortage

INVOICE REVIEW

**CII:**  
All invoices are signed and dated.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CIII - CV:**  
All invoices are signed and dated.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PRESCRIPTION REVIEW

CII # N1215659-N1216214  
DATE 02/01-02/05/16

**COMMENTS:**

Found 6 rx physicians address on script doesn't match label. All prescriptions reviewed were filled within 120 days of issue date.

CIII - CV # 1220783-1220657  
DATE 03/22/16

**COMMENTS:**

Control CIII-V prescriptions are mixed in with regular scripts. Prescriptions are filed by date filled. All prescriptions reviewed were filled within 120 days of issue date.



**BROOKVILLE PHARMACY**  
7025 BROOKVILLE RD  
CHEVY CHASE, MD 20815  
(301) 652-0600 Fax: (301) 652-0261

**PIARMEXCRIPT®**  
F011BBCPH011

1-888-PHARMEX  
FlickAway® ViaLabel™  
U.S. Pat. 6,855,305 et al.

Rx# 001-N1221272 N 3-28-16 Dr. CULLEN  
20815 Dr. Ph. (301) 951-0420

TAKE ONE CAPSULE BY MOUTH DAILY

VYVANSE CAP 30MG\*\*SP12\* #30

NDC# 59417-0103-10 LOTUS BIOCHEMICALNSC  
Discard After: 3/28/17 Orig: 3-28-16 Fill # 0  
Refills: 0 RPh: SP Tech: SP



Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088

This drug may impair the ability to operate a vehicle, vessel, or machinery. Use care until you become familiar with its effects.

**TAKE IN THE MORNING**

CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY OTHER PERSON THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED

24 HR. REFILL LINE

(301)652-9784



STATE OF MARYLAND

**DHMH**

Department of Health and Mental Hygiene  
Lawrence J. Hogan, Jr., Governor - Boyd K. Rutherford, Lt. Governor -  
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**MARYLAND BOARD OF PHARMACY**

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**SUPPLEMENTAL FORM FOR ASSISTED LIVING**

**PERMITS AND LICENSES**

Corporate Pharmacy Name Brookville Pharmacy

Inspection Date: 03/29/2016

Maryland Pharmacy Permit Number p00923

**PRESCRIPTION LABELING, FILES, AND STORAGE**

Yes  No  N/A  Hard copy prescription files are maintained chronologically for 5 years. HO §12-403(b) (13)

The following label requirements are met if a drug is dispensed pursuant to a prescription. COMAR 10.34.23.08:

- Yes  No  N/A  The name and address of the pharmacy;
- Yes  No  N/A  The serial number of the prescription;
- Yes  No  N/A  The date the prescription was dispensed;
- Yes  No  N/A  The name of the prescriber;
- Yes  No  N/A  The name of the patient;
- Yes  No  N/A  The name and strength of the drug or devices;
- Yes  No  N/A  The quantity of the drug or device;
- Yes  No  N/A  The required precautionary information regarding controlled substances;
- Yes  No  N/A  The required cautionary statements or auxiliary labels;
- Yes  No  N/A  The name of generic manufacturer;
- Yes  No  N/A  The expiration date is indicated;
- Yes  No  N/A  (Medications in Parenteral Admixtures) The name and amount of drug(s) added;
- Yes  No  N/A  (Medications in Parenteral Admixtures) The name of the pharmacist responsible for the admixture;
- Yes  No  N/A  (Medications in Parenteral Admixtures) The rate of infusion; and (Medications in Parenteral Admixtures) The frequency of infusion

Yes  No  N/A  Medication provided per dosing period in a single container, slot, blister package, any other method of delivering an entire single dosing unit, or as part of a multi-dose dispensing package, are labeled with at least the following:

- Yes  No  N/A  (1) Drug name;
- Yes  No  N/A  (2) Drug strength;
- Yes  No  N/A  (3) Name of manufacturer;
- Yes  No  N/A  (4) Name of the patient;

Yes  No  N/A  (5) Lot number; and  
 Yes  No  N/A  (6) Expiration date.  
 Yes  No  N/A  The pharmacist and technician initials are on prescriptions or patient drug profiles or computerized patient records. COMAR 10.34.08.01

**Comments:**

Lot # is hand written on label / Same pharmacist and techs who perform data entry/ checking also blister pack  
No blister packs available at time of inspection

**MEDICATION PACKAGING (COMAR 10.34.23.07)**

Yes  No  N/A  The pharmacy prepares packaged medications. (If yes complete questions below)

**Packaged from the original manufacturer's container:**

Yes  No  N/A  The pharmacy uses a lot number and expiration date assigned by the pharmacy instead of the distributor or manufacturer information in a master log if kept with respect to drugs that are packaged within the pharmacy facility from the original manufacturer's container which includes the:

- Yes  No  N/A  Name of drug;
- Yes  No  N/A  Strength;
- Yes  No  N/A  Manufacturer;
- Yes  No  N/A  Lot Number assigned by the pharmacy;
- Yes  No  N/A  Lot number assigned by the distributor or manufacturer;
- Yes  No  N/A  Quantity packaged;
- Yes  No  N/A  Manufacturer's expiration date;
- Yes  No  N/A  Lot number assigned by the distributor or manufacturer;
- Yes  No  N/A  Date of packaging;
- Yes  No  N/A  Name of the pharmacy technician who performed packaging functions; and
- Yes  No  N/A  Name and initials of verifying licensed pharmacist.

**Packaged from Another Pharmacy:**

Yes  No  N/A  The licensed pharmacist packages medication received from another pharmacy licensed in Maryland or operated by the government of the United States provided that:

Yes  No  N/A  (1) The licensed pharmacist determines that the medication has been handled in a manner which preserves the strength, quality, purity, and identity of the drug or device during an interim period between the time it was dispensed by the original pharmacy and to directly send medication to the packaging pharmacy;

Yes  No  N/A  (2) The licensed pharmacist packages and dispenses all at one time the entire quantity of the prescription medications received from another pharmacy for packaging;

Yes  No  N/A  (3) The manufacturer's name is present on the container received from the other pharmacy; and



