



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

*Lawrence J. Hogan, Jr. Governor – Boyd K. Rutherford, Lt. Governor – Dennis R. Schrader,
Secretary*

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Mitra Gavvani, Board President – Deena Speights-Napata, Executive Director

VIA REGULAR & CERTIFIED MAIL, RETURN RECEIPT REQUESTED
ARTICLE #7016 0750 0001 0747 6126

June 2, 2017

Giant Pharmacy #159
3757 Old Court Road
Pikesville, Maryland 21208
Attn: Kathleen Hershey, R.Ph.

Re: Permit No. P00265
Case No. PI-17-097
Notice of Deficiencies, Recommended Civil Monetary Penalty, and
Opportunity for Hearing

Dear Pharmacist Hershey:

On September 20, 2016, an annual inspection was conducted by the Board of Pharmacy (the "Board") to determine if Giant Pharmacy #159 (the "Pharmacy") was in compliance with federal and state laws regarding the operation of a pharmacy. The Inspection Report indicated that the Pharmacy's prescription area had undergone a significant remodel since the last Board inspection and no longer comported with the Pharmacy's floor plan submitted and approved as part of the Pharmacy's permit application. The Pharmacy did not obtain Board approval for the Pharmacy's temporary dispensing operations during the remodel.

I. FINDINGS AND CONCLUSION

The Board adopts the findings of deficiencies as set forth in the Pharmacy Inspection Report dated September 20, 2016, and attached as Exhibit A.

Based upon deficiencies cited at your Pharmacy, the Board finds that the Pharmacy

410-764-4755 • Fax 410-384-4128 ext. 500 • Toll Free 800-542-4964

DHMH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.maryland.gov/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. § 12-402, § 12-403(c)(1), and COMAR 10.31.08.

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 \$2,500.00**. The deficiencies upon which the civil monetary penalty is based are enclosed with this letter on Pharmacy Inspection Report dated September 20, 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 Pharmacy is in compliance with all applicable Pharmacy laws. Should the follow-up inspection indicate that the Pharmacy has further deficiencies, 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 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, Compliance Investigator, Maryland Board of Pharmacy, 4201 Patterson Ave., 1st Floor, Baltimore, Maryland 21215, **no later than thirty (30) days of the date of this Notice.**

Please be advised that at the hearing the Pharmacy would have the following rights: to be represented by counsel, to subpoena witnesses, to call witnesses on the Pharmacy's 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 the Pharmacy requests a hearing but fails to appear, the Board may nevertheless hear and determine the matter in the Pharmacy's 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-17-097, 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 action with respect to the inspection report dated, September 20, 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, Compliance Investigator, at 410-764-2493.

Sincerely,



Deena Speights-Napata
Executive Director

cc: Linda Bethman, AAG, Board Counsel

Attachment

9/20/2016
OK. E



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

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue • Baltimore, Maryland 21215-2299
Mitra Gaugani, Board President - Deena Speights-Napata, Executive Director

A

COMMUNITY PHARMACY INSPECTION FORM

Corporate Pharmacy Name _____
Pharmacy Name-Doing Business as (d/b/a) or Trade Name Giant Pharmacy #159
Street Address 3757 Old Court Rd, Pikesville, MD, 21208
Business Telephone Number 410-602-7661 Business Fax Number 410-602-6215
Inspection Date: 09/20/2016 Arrival Time: 11:50am Departure Time: 03:30pm
Type of Inspection: Annual Follow-up Previous Date: 09/17/2015
Name of Inspector: Amanda Barefield

1. 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: 8am - 10pm Sat: 8am - 7pm Sun: 8am - 6pm

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 P00265 Expiration Date: 05/31/2018
CDS Registration Number 454132 Expiration Date: 02/28/2018
DEA Registration Number BG7909457 Expiration Date: 09/30/2019

- 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

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:

Reviewed policy and procedure & training checklist for unlicensed personnel

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 Kathleen Hershey

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:

Metal Gates / Locked Door

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 / Motion detectors _____

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 ^{38F} _____

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

Temperature ^{70F} _____

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 ^{-7F} _____

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: _____

Vaccines stored in fridge / Zostavax stored in freezer _____

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 | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | The name and address of the pharmacy; HG § 21-221(a)(1) |
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | The serial number of the prescription; HG § 21-221(a)(2) |
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | The date the prescription was filled; HO § 12-505(b)(1) and HG §21-221(a)(3) |
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | The name of the prescriber; HG § 21-221(a)(4) |
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | The name of the patient; HG § 21-221(a)(5)(i) |
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | The name and strength of the drug or devices; HO § 12-505(c) |
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | The directions for use; HO § 12-505(b)(2)(ii) and HG §21-221(a)(5)(ii) |
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | The required cautionary statements or auxiliary labels; HG § 21-221(a)(5)(iii) |
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | The name of generic manufacturer; and HO §§ 12-504(d)(2) and 12-505(c)(2) |
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | 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:

Reviewed QA program policy / Training is done through Reducing medication error meetining, CQI meeting and (ELM) electronic learning management / Reporting medication error sign is 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 into black bags then sent out for proper disposal / Iron Mountain is used for the storage of records

9. INVENTORY CONTROL PROCEDURES

Yes No N/A The pharmacy maintains invoices as required by law for accurate control and accountability of all pharmaceuticals. COMAR10.34.24.03

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 Kathleen Hershey

10. CONTROLLED SUBSTANCES

Power of Attorney Corporate has Power of Attorney

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: 05/08/2016

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:

Pharmacy uses Capitol 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 <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | Operation of the system |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | Training of personnel using the system |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | Operations during system downtime |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | Control of access to the device |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | 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

Barcode Scanning

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

- | | | | |
|---|-----------------------------|------------------------------|---|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | Maintenance records. |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | System failure reports. |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | Accuracy audits. |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | Quality Assurance Reports. |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | Reports on system access and changes in access. |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | 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 a Script Pro holds 200 medication cells / note lot # and expiration date are on label of medication cell and located 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 Kathleen Hershey

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
- Yes No The pharmacy maintains records of all recalls. See www.recalls.gov

INSPECTOR'S COMMENTS:

Reviewed entire inspection report with pharmacist Kathleen Hershey. Verified pharmacy staff on boards website, note all pharmacist at this location are vaccination licensed, CPR certificates for the pharmacists on-duty. This pharmacy does store to store transfer of medications. Found 1 expired medication in pharmacy area (see attached). No discrepancies found during narcotic audit. No outdates found in OTC area.

Note this pharmacy has had a remodel since the last inspection on 09/17/2015. As per pharmacist Kathleen Hershey, she is unsure if a notification was sent to the board in regards to remodel.

Inspector Signature

A. B. J. W.

Pharmacist Name ((Print): Kathleen Hershey

Date: 09/20/2016

Signature:

K. Hershey

Received a copy of this inspection report:

K. Hershey

Date and Pharmacist Signature

FINAL 09/02/2014

CONTROLLED DANGEROUS SUBSTANCES WORKSHEET

Pharmacy: Giant Pharmacy #159
Permit#: P00265
Date: 09/20/2016
Pharmacist Signature: *K. Kuntz*

Rx#: 2172469
Date Filled: 09/20/2016

DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY
Morphine Sulf. ER 100mg tab	60951-0658-70	207	207
Oxycodone 10mg tab	68382-0794-01	378	378
Vyvanse 40mg cap	59417-0104-10	264	264
Methadone 10mg tab	00406-5771-01	88	88

COMMENTS:

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 # 2172099-2172000
DATE 09/06-09/01/16


COMMENTS:

Found 1 rx (2172098) Drs DEA on script doesn't match label / Found 2 rx patients address on script doesn't match label / Found 6 rx physicians address on script doesn't match label / All prescriptions reviewed were filled within 120 days of issue date.

CIII - CV # 4848411-4848353
DATE 08/20-08/17/16

COMMENTS:

Found 5 rx physicians address on script doesn't match label / Found 1 rx (4848391, 4848400) wrong dr selected / All prescriptions reviewed were filled within 120 days of issue date.

 PH: (410) 602-7661
GIANT PHARMACY 0159
3757 OLD COURT RD
PIKESVILLE, MD 21208
Filed: 09/20/16 DEA: 807909457
Orig: 09/20/16 RPA/TEC: IB/CC
May Cause Drowsiness And Dizziness
Alcohol May Make This Worse. Use Care
When Operating A Vehicle, Vessel, Or
Dangerous Machines.
Do Not Drink Alcoholic
Beverages While Taking This
Medicine.
Do Not Chew Or Crush.
CAUTION: Federal law prohibits the transfer
of this drug to any person other than the
patient for whom it was prescribed.
No refills left.
Discard After: 09/20/17
Qty. 30

Rx#: 2172469 Prescriber: D. GOODMAN

**TAKE ONE CAPSULE BY MOUTH
EVERY MORNING**

METHYLPHENIDATE HCL ER (CD) 20 CPCR
Generic for: METADATE CD 20MG CPCR
Mfr: KREMKOR URBAN NDC: 62175-0152-37

