

**David A. Robinson, R.PH.**  
**License Number 14295**

Jennifer L. Hardesty, Pharm.D., President  
Maryland Board of Pharmacy  
4201 Patterson Avenue  
Baltimore, Maryland 21215

Re: Permanent Surrender of Pharmacy License  
License Number 14295  
Case Number 17-148

Dear Ms. Hardesty and Members of the Board,

I agree to voluntarily and **PERMANENTLY SURRENDER** my license to practice pharmacy in the State of Maryland, license number **14295**, to the Maryland Board of Pharmacy (the “Board”). I understand that upon acceptance of this letter by the Board President, I may not practice pharmacy, with or without compensation, as it is defined in the Maryland Pharmacy Act (the “Act”), Md. Code Ann., Health Occ. § 12-101 *et seq.* (2014 Repl. Vol & 2020 Supp.). In other words, as of the effective date of this Permanent Letter of Surrender, I understand that I am in the same position as an unlicensed individual.

I understand that upon the Board’s acceptance, this Permanent Letter of Surrender becomes a **PUBLIC DOCUMENT** and a **FINAL ORDER** of the Board. I agree that this Permanent Letter of Surrender may be released or published by the Board as a final decision and order under the Public Information Act, Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2019).

My decision to permanently surrender my license to practice pharmacy in the State of Maryland was prompted by an investigation by the Board. The results of the Board’s investigation led to the Board’s issuance of a Notice of Intent to Permanently Revoke Pharmacy License on May 21, 2021 (“Intent to Revoke”)<sup>1</sup> under the following provisions of the Act:

**§ 12-313. Denials, reprimands, suspensions, and revocations—Grounds**

- .....
- (b) *In general* — 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:
- .....

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<sup>1</sup> Prior to issuing the Intent to Revoke, on August 7, 2017, the Board issued an Order for Summary Suspension of my license to practice pharmacy pursuant to its authority under Md. Code Ann., State Gov’t § 10-226(c)(2) (2014 Repl. Vol. and 2016 Supp.) concluding that the public health, safety, and welfare imperatively required emergency action in the case.

- (2) Fraudulently or deceptively uses a license;  
.....
- (15) Dispenses any drug, device, or diagnostic for which a prescription is required without a written, oral, or electronically transmitted prescription from an authorized prescriber;  
.....
- (22) Is convicted of or pleads guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside;  
.....
- (25) Violates any rule or regulation adopted by the Board[.]

The pertinent provisions of Code Md. Regs (“COMAR”) provide as follows:

**COMAR 10.34.10.01. Pharmacist Code of Conduct—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,  
.....
    - (c) Health Occupations Article, Title 12, Annotated Code of Maryland,  
.....
    - (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 a pharmacist;
  - (2) Practice pharmacy under circumstances or conditions which prevent the proper exercise of professional judgment; or
  - (3) Engage in unprofessional conduct.

The pertinent provisions of COMAR 10.19.03 provide as follows:

**COMAR 10.19.03.07. Prescriptions.**

....

- B. Persons Entitled to Issue Prescriptions (21 CFR §1306.03).
- (1) A prescription for a controlled dangerous substance may be issued only by an individual practitioner who is:
    - (a) Authorized to prescribe controlled dangerous substances in the State of Maryland, in which the practitioner is licensed to practice the practitioner's profession; and
    - (b) Either registered or exempted from registration pursuant to 21 CFR §1301.22(c) and 21 CFR §1301.23.

....

- 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.

**COMAR 10.19.03.08. Controlled Substances Listed in Schedule II.**

- A. Requirement of Prescription-Schedule II (21 CFR §1306.11).
- (1) A pharmacist may dispense directly a controlled dangerous substance listed in Schedule II, which is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act, only pursuant to a written prescription signed by the prescribing individual practitioner, except as provided in §A(4) of this regulation. Except as noted in §A(5)-(7) of this regulation, a prescription for a Schedule II controlled substance may be transmitted by the practitioner or the practitioner's agent to a pharmacy by facsimile equipment, if the original written, signed prescription is presented to the pharmacist for review before the actual dispensing of a controlled substance.

**COMAR 10.19.03.09. Controlled Substances Listed in Schedules III, IV, and V.**

- A. Requirement of Prescriptions Listed in Schedules III, IV, and V (21 CFR §1306.21).
- (1) A pharmacist may dispense directly a controlled dangerous substance listed in Schedules III, IV, or V, which is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act, or State Law, only pursuant to either a written prescription signed by a prescribing individual practitioner or a facsimile received by facsimile equipment of a written, signed prescription transmitted by the practitioner or the practitioner's agent to the pharmacy or pursuant to an oral prescription made by a prescribing individual practitioner and immediately reduced to writing by the pharmacist containing all information required in Regulation .07 of this chapter, except the signature of the prescribing individual practitioner.

The Board's investigation revealed that I operated a retail pharmacy in the State of Maryland (the "Respondent-Pharmacy"). On or about October 10, 2018, in Case No. GLR-17-0341, in the United States District Court for the District of Maryland, I pled guilty to one count

Permanent Letter of Surrender  
David A. Robinson  
License Number 14295; Case Number 17-148  
Page 5

of conspiracy to distribute and possess with the intent to distribute oxycodone and alprazolam, in violation of 21 U.S.C. § 846, and one count of distribution and possession with the intent to distribute a quantity of a mixture or substance containing a detectable amount of oxycodone and a quantity of a mixture or substance containing a detectable amount of alprazolam, in violation of 21 U.S.C. § 841(a)(1).

While I was waiting to be sentenced in Case No. GLR-17-0341, on or about December 17, 2020, in Case No. GLR-20-424, in the United States District Court for the District of Maryland, I pled guilty to one count of Murder for Hire in violation of 18 U.S.C. § 1958.

On or about March 4, 2021, the Court adjudged me guilty for both cases, and for Case No. GLR-17-0341 sentenced me to fifty-one (51) months of imprisonment, followed by three (3) years of supervised release. For Case No. GLR-20-424, I was sentenced to one hundred and twenty (120) months of imprisonment, to run consecutive to the imprisonment imposed in Case No. GLR-17-0341, which equals a total term of one hundred and seventy one (171) months of imprisonment. I was also sentenced to three (3) years of supervised release after I am released from prison which is to run concurrent to the supervised release imposed in Case No. GLR-17-0341.

As a result of the investigation, on May 21, 2021, the Board issued the Intent to Revoke. (A copy of the Intent to Revoke is attached hereto and incorporated herein as Attachment A).

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Permanent Letter of Surrender to avoid prosecution of the Intent to Revoke. I acknowledge that the Office of the Attorney General has legally sufficient evidence to prove by a preponderance of the evidence at an administrative hearing that I violated the provisions of the Act and corresponding regulations as detailed herein. I recognize that for all purposes relevant to licensure that these allegations, including the Allegations of Fact in the Intent to Revoke, shall be treated as proven and that these allegations support a conclusion that I violated the Act and the corresponding regulations as detailed herein.

I understand that by executing this Permanent Letter of Surrender I am waiving any right to contest the Board's Intent to Revoke in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

I understand that the Board will advise the Association of State Boards of Pharmacy, the National Practitioner's Data Bank, and any other required entities of this Permanent Letter of Surrender, and in response to any inquiry, will advise that I have permanently surrendered my license in lieu of disciplinary action under the Act as a resolution of the matters pending against me. I also understand that, in the event that I would apply for licensure in any form in any other state or jurisdiction, that this Permanent Letter of Surrender may be released or published by the

Permanent Letter of Surrender  
David A. Robinson  
License Number 14295; Case Number 17-148  
Page 6

Board to the same extent as a Final Order that would result from disciplinary action pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2019); and that all underlying documents may be released to another state or jurisdiction. Finally, I understand that this Permanent Letter of Surrender is considered a disciplinary action by the Board.

I further recognize and agree that by submitting this Permanent Letter of Surrender my license will remain surrendered permanently.

I acknowledge that I may not rescind this Permanent Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been given the opportunity to consult with an attorney before signing this Permanent Letter of Surrender. I understand both the nature of the Board's actions and this Permanent Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Permanent Letter of Surrender. I make this decision knowingly and voluntarily without duress.

Sincerely,

6/29/21  
Date


  
David A. Robinson, R.Ph.

NOTARY

STATE OF New Jersey  
CITY/COUNTY Burlington

I HEREBY CERTIFY that on this 29 day of June, 2021, before me, a Notary Public of the State and City/County aforesaid, personally appeared David A. Robinson, R.Ph. and declared and affirmed under the penalties of perjury that signing the foregoing Permanent Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.

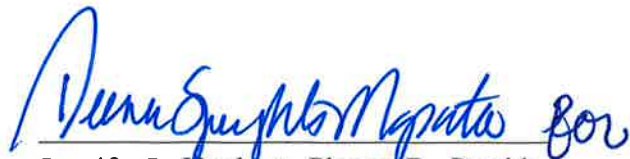
  
\_\_\_\_\_  
Notary Public

My commission expires: 8-14-2023

T. BRADLEY VOGT  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 8/14/2023

ACCEPTANCE

On behalf of the Maryland Board of Pharmacy, on this 13<sup>th</sup> day of July, 2021, I accept David A. Robinson's **PUBLIC** and **PERMANENT SURRENDER** of his license to practice pharmacy in the State of Maryland.

  
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Jennifer L. Hardesty, Pharm. D., President  
Maryland Board of Pharmacy

# **ATTACHMENT A**



<b>IN THE MATTER OF</b>	*	<b>BEFORE THE</b>
<b>DAVID A. ROBINSON, R.PH.</b>	*	<b>MARYLAND BOARD</b>
<b>RESPONDENT</b>	*	<b>OF PHARMACY</b>
<b>LICENSE NO.: 14295</b>	*	<b>Case No.: 17-148</b>

\* \* \* \* \*

**NOTICE OF INTENT TO PERMANENTLY REVOKE PHARMACY LICENSE**

The Maryland Board of Pharmacy (the “Board”) hereby notifies **DAVID A. ROBINSON, R.PH, License Number 14295**, (the “Respondent”), of the Board’s intent to **PERMANENTLY REVOKE** his license to practice pharmacy, pursuant to the Maryland Pharmacy Act (the “Act”), Md. Code Ann., Health Occ. §§ 12-101 *et seq.* (2014 Repl. Vol. and 2020 Supp.).

The pertinent provisions of the Act are as follows:

**§ 12-313. Denials, reprimands, suspensions, and revocations—  
Grounds**

.....

(b) *In general* — 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:

.....

(2) Fraudulently or deceptively uses a license;

.....

(15) Dispenses any drug, device, or diagnostic for which a prescription is required without a written, oral, or electronically transmitted prescription from an authorized prescriber;

- .....
- (22) Is convicted of or pleads guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside;

- .....
- (25) Violates any rule or regulation adopted by the Board[.]

The pertinent provisions of Code Md. Regs (“COMAR”) provide as follows:

**COMAR 10.34.10.01. Pharmacist Code of Conduct—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,

.....

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

.....

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

judgment; or

- (3) Engage in unprofessional conduct.

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**B. Persons Entitled to Issue Prescriptions (21 CFR §1306.03).**

- (1) A prescription for a controlled dangerous substance may be issued only by an individual practitioner who is:
  - (a) Authorized to prescribe controlled dangerous substances in the State of Maryland, in which the practitioner is licensed to practice the practitioner's profession; and
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**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.

**COMAR 10.19.03.08. Controlled Substances Listed in Schedule II.**

A. Requirement of Prescription-Schedule II (21 CFR §1306.11).

- (1) A pharmacist may dispense directly a controlled dangerous substance listed in Schedule II, which is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act, only pursuant to a written prescription signed by the prescribing individual practitioner, except as provided in §A(4) of this regulation. Except as noted in §A(5)-(7) of this regulation, a prescription for a Schedule II controlled substance may be transmitted by the practitioner or the practitioner's agent to a pharmacy by facsimile equipment, if the original written, signed prescription is presented to the pharmacist for review before the actual dispensing of a controlled substance.

**COMAR 10.19.03.09. Controlled Substances Listed in Schedules III, IV, and V.**

A. Requirement of Prescriptions Listed in Schedules III, IV, and V (21 CFR §1306.21).

- (1) A pharmacist may dispense directly a controlled dangerous substance listed in Schedules III, IV, or V, which is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act, or State Law, only pursuant to either a written prescription signed by a prescribing individual practitioner or a facsimile received by facsimile equipment of a written, signed prescription transmitted by the practitioner or the practitioner's agent to the pharmacy or pursuant to an oral prescription made by a prescribing individual practitioner and immediately reduced to writing by the pharmacist containing all information required in Regulation .07 of this chapter, except the signature of the prescribing individual practitioner.

## ALLEGATIONS OF FACT<sup>1</sup>

### **I. Background**

1. At all times relevant hereto, the Respondent was licensed to practice pharmacy in the State of Maryland. The Respondent was originally licensed to practice pharmacy in Maryland on or about August 7, 1996. The Respondent's license is currently suspended.<sup>2</sup>

2. On or about January 7, 2015, the Respondent applied to the Board for a permit to operate a retail pharmacy (the "Respondent-Pharmacy").<sup>3</sup> The Board subsequently issued a permit for the Respondent-Pharmacy.<sup>4</sup>

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<sup>1</sup> The statements regarding the Respondent's conduct are only intended to provide the Respondent with notice of the basis for the Board's action. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in this matter.

<sup>2</sup> On August 7, 2017, the Board issued an Order for Summary Suspension of the Respondent's license to practice pharmacy pursuant to its authority under Md. Code Ann., State Gov't § 10-226(c)(2) (2014 Repl. Vol. and 2016 Supp.) concluding that the public health, safety, and welfare imperatively required emergency action in the case.

<sup>3</sup> 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.

<sup>4</sup> On September 25, 2017, the Board issued an Order of Summary Suspension, which summarily suspended the Respondent-Pharmacy's permit and found that the Respondent-Pharmacy was not able to demonstrate that continued operation of the Respondent-Pharmacy did not imperatively require emergency action to protect the public health, safety and welfare.

## II. Case No. GLR-17-0341

3. On or about June 22, 2017, in Case No. GLR-17-0341, a Federal Grand Jury for the District of Maryland issued a nine-count indictment (the “Indictment”) against the Respondent.<sup>5</sup> The Indictment charged the Respondent with:

**Count One** - From at least August 2015, up to at least May 2016, in the District of Maryland, [the Respondent], did knowingly and willfully combine, conspire, confederate, and agree with others known and unknown . . . to knowingly, intentionally, and unlawfully distribute and possess with intent to distribute a mixture or substance containing oxycodone, a schedule II controlled substance, and alprazolam, a schedule IV controlled substance, in violation of Title 21, United States Code, Section 841(a)(1), 21 U.S.C. § 846.

**Count Two** - On or about January 15, 2016, in the District of Maryland, [the Respondent] did knowingly and intentionally distribute and possess with the intent to distribute a quantity of a mixture or substance containing a detectable amount of alprazolam, a Schedule IV controlled substance. 21 U.S.C. § 841(a)(1), 18 U.S.C. § 2.

**Count Three** - On or about January 19, 2016, in the District of Maryland, [the Respondent] did knowingly and intentionally distribute and possess with the intent to distribute a quantity of a mixture or substance containing a detectable amount of alprazolam, a Schedule IV controlled substance. 21 U.S.C. § 841(a)(1), 18 U.S.C. § 2.

**Count Four** - On or about February 23, 2016, in the District of Maryland, [the Respondent] did knowingly and intentionally distribute and possess with the intent to distribute a quantity of a mixture or substance containing a detectable amount of alprazolam,

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<sup>5</sup> The Board’s compliance coordinator (“Compliance Coordinator”) was present at the Respondent-Pharmacy when the search and seizure warrant was executed. The Compliance Coordinator observed that controlled dangerous substances remained on the pharmacy premises after execution of the search and seizure warrant, including but not limited to, fentanyl patches (a schedule II controlled substance), hydrocodone (a schedule II controlled substance), hydromorphone (a schedule II controlled substance), oxycodone (a schedule II controlled substance), and tramadol (a schedule IV controlled substance).

a Schedule IV controlled substance. 21 U.S.C. § 841(a)(1), 18 U.S.C. § 2.

**Count Five** - On or about March 9, 2016, in the District of Maryland, [the Respondent] did knowingly and intentionally distribute and possess with the intent to distribute a quantity of a mixture or substance containing a detectable amount of oxycodone, a Schedule II controlled substance, and a quantity of a mixture or substance containing a detectable amount of alprazolam, a Schedule IV controlled substance. 21 U.S.C. § 841(a)(1), 18 U.S.C. § 2.

**Count Six** - On or about April 20, 2016, in the District of Maryland, [the Respondent] did knowingly and intentionally distribute and possess with the intent to distribute a quantity of a mixture or substance containing a detectable amount of oxycodone, a Schedule II controlled substance, and a quantity of a mixture or substance containing a detectable amount of alprazolam, a Schedule IV controlled substance. 21 U.S.C. § 841(a)(1), 18 U.S.C. § 2.

**Count Seven** - On or about May 11, 2016, in the District of Maryland, [the Respondent] did knowingly and intentionally distribute and possess with the intent to distribute a quantity of a mixture or substance containing a detectable amount of alprazolam, a Schedule IV controlled substance. 21 U.S.C. § 841(a)(1), 18 U.S.C. § 2.

**Count Eight** - On or about June 6, 2016, in the District of Maryland, [the Respondent] did knowingly and intentionally distribute and possess with the intent to distribute a quantity of a mixture or substance containing a detectable amount of oxycodone, a Schedule II controlled substance, and a quantity of a mixture or substance containing a detectable amount of alprazolam, a Schedule IV controlled substance. 21 U.S.C. § 841(a)(1), 18 U.S.C. § 2.

**Count Nine** - On or about July 29, 2016, in the District of Maryland, [the Respondent] did knowingly and intentionally distribute and possess with the intent to distribute a quantity of a mixture or substance containing a detectable amount of alprazolam, a Schedule IV controlled substance. 21 U.S.C. § 841(a)(1), 18 U.S.C. § 2.

4. On June 28, 2017, the Respondent was released on personal recognizance.

According to the Order Setting Conditions of Release, “[u]pon finding that release by one

of the above methods will not by itself reasonably assure the [Respondent's] appearance and the safety of other persons or the community, it is further ordered that the [Respondent's] release is subject to" conditions, including: 1) "notify Md. Board of Pharmacy of these charges by COB on 7/3/17. To be confirmed by [pretrial services]"; 2) the Respondent "is not to enter [the Pharmacy] but may perform off-site management functions not involving drugs or pharmacist duties"; and 3) the Respondent is "to notify current or potential employers of pendency of this action."

5. On or about October 10, 2018, in Case No. GLR-17-0341, the Respondent filed a Plea Agreement in the United States District Court for the District of Maryland, where he pleaded guilty to Count One – conspiracy to distribute and possess with the intent to distribute oxycodone and alprazolam, in violation of 21 U.S.C. § 846 and Count Six – distribution and possession with the intent to distribute a quantity of a mixture or substance containing a detectable amount of oxycodone and a quantity of a mixture or substance containing a detectable amount of alprazolam, in violation of 21 U.S.C. § 841(a)(1). As part of the Plea Agreement, the Respondent "admit[ted] that he is, in fact, guilty of the offenses."

6. As part of the Plea Agreement, the Respondent also stipulated and agreed to the following Statement of Facts:

A confidential source advised law enforcement that the pharmacist at [the Respondent-Pharmacy] knowingly filled the confidential source's and others' fraudulent prescriptions for Alprazolam and Oxycodone at the [Respondent-Pharmacy]. The confidential source positively identified the [Respondent] as that pharmacist, after law



enforcement showed the confidential source a photograph of the [Respondent], who owned and operated [the Respondent-Pharmacy].

During the United States Drug Enforcement Administration's investigation of the [Respondent] and [the Respondent-Pharmacy] between January 2016 and July 2016, United States Drug Enforcement Administration ("DEA") investigators used the confidential source to make controlled purchases from the [Respondent] at the [Respondent-Pharmacy] and usually provided the confidential source with blank prescriptions. Investigators learned that the [Respondent] was aware that the prescriptions were fraudulent, because he had advised the confidential informant on the prescriptions' content. For instance, on January 19, 2016, the confidential source told the [Respondent] that it could only remember the purported patient's first name that the [Respondent] had provided to it during a prior visit. In response, the [Respondent] provided the confidential source with the purported patient's last name and directed the confidential source to add that name to those prescriptions. Additionally, on April 20, 2016, the confidential source told the [Respondent] that it had blank prescriptions. In response, the [Respondent] asked the confidential source what type of medication did it want; advised the confidential source about the quantity of Oxycodone tablets to write on the prescriptions; and, to evade law enforcement detection, directed the confidential source to include non-controlled medications on the same prescriptions.

Between April 2015 and June 2017, the [Respondent] distributed or dispensed at least the approximate aggregate amount of 12,330 units of Alprazolam and 10,000 milligrams of Oxycodone at the [Respondent-Pharmacy] outside the scope of professional practice and not for a legitimate medical purpose. The street value for Alprazolam is approximately two (2) dollars per milligram whereas the street value for one milligram of Oxycodone is approximately one (1) dollar.

DEA investigators also learned that, during the [Respondent's] tenure as a pharmacist working the night shift at a [different pharmacy in] Maryland, the [Respondent] knowingly filled fraudulent prescriptions for Oxycodone. The [Respondent] wrote the prescriptions and listed the names of prominent National Football League, Major League Baseball, and National Basketball Association athletes he had been provided as the purported patients, and the purported patients' profiles had the same month and day of

birth but different years of birth. Between September 2015 and December 2015, the [Respondent] dispensed at least the approximate aggregate amount of 85,500 milligrams of Oxycodone outside the scope of professional practice and not for a legitimate medical purpose.

Based on the controlled purchases and calls as well as their surveillance of the [Respondent], law enforcement obtained and executed search warrants for [the Respondent's residence] and [the Respondent-Pharmacy]. From the [Respondent's] residence, law enforcement also located and seized a Sentry safe, containing \$143,862.00 in United States currency, in the master bedroom and \$16,000.00 in United States currency from the [Respondent's] dresser drawer in the master bedroom. During their execution of the search warrant for the [Respondent's] residence, law enforcement seized the [Respondent's] 2011 BMW vehicle and conducted an inventory of it. Among the items that they recovered were \$46,927.00 in United States currency in a brief case [*sic*], blank prescriptions, a prescription pad, and a loaded Ruger P89 9mm pistol. From the [Respondent-Pharmacy], law enforcement found and seized \$60,486.00 in United States currency in a safe; an Eagle Arms AR-15 rifle with a magazine; several boxes of ammunition for that weapon; and various records, invoices, and receipts.

Additionally, pursuant to a search and seizure warrant, DEA investigators recovered \$25,041.00 in United States currency, \$4,500.00 in gold coins, and \$1,010.00 in silver coins from a safe deposit box rented by the [Respondent].

7. On or about March 4, 2021, the Court adjudged the Respondent guilty of Count One and Count Six<sup>6</sup> in Case No. GLR-17-0341, and sentenced the Respondent to fifty-one (51) months of imprisonment, followed by three (3) years of supervised release. As part of the sentence, the Respondent was ordered to participate in any substance abuse program which he may be eligible and participate in a mental health program while

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<sup>6</sup> Counts Two, Three, Four, Five, Seven, Eight, and Nine were dismissed on the motion of the United States.

incarcerated, and then while on supervised probation, he must participate in a mental health treatment program and submit to substance abuse testing.

### III. Case No. GLR-20-424

8. On or about December 1, 2020, in the United States District Court for the District of Maryland (Case No. GLR-20-424) the Respondent was charged with one count of Murder for Hire in violation of 18 U.S.C. § 1958.

9. On or about December 17, 2020, in Case No. GLR-20-424, the Respondent filed a Plea Agreement where he pleaded guilty to one count of Murder for Hire in violation of 18 U.S.C. § 1958. As part of the Plea Agreement, the Respondent admitted that he “is, in fact, guilty of the offense.”

10. As part of the Plea Agreement, the Respondent also stipulated and agreed to the following Statement of Facts:

From at least in or about June 2017 through February 2019 [the Respondent] used and caused another to use the mail or any facility of interstate or foreign commerce with the intent that a murder be committed in violation of state or federal law. That murder was to be completed as consideration for receipt of, or promise or agreement to pay, anything of pecuniary value.

[The Respondent] was a registered pharmacist in the state of Maryland. . . . From January 2016 to July 2016 law enforcement used a confidential source (“CS-1”) to make several controlled purchases of Oxycodone and Alprazolam from [the Respondent] at his pharmacy, [the Respondent-Pharmacy].

On June 22, 2017, a Federal Grand jury in the District of Maryland indicted [the Respondent] on one (1) count of conspiracy to distribute and possess with intent to distribute Oxycodone and Alprazolam, . . . and eight (8) counts of distribution of Oxycodone and Alprazolam . . . [(Case No. GLR-17-0341)]. On June 27, 2017, law enforcement officers arrested [the Respondent]. On June 29,

2017, [the Respondent] was released from custody under supervision by pre-trial services.

On October 10, 2018, [the Respondent] pled guilty to one (1) count of conspiracy to distribute and possess with intent to distribute Oxycodone and Alprazolam, . . . and one (1) count of distribution and possession with intent to distribute of Oxycodone and Alprazolam . . . . He was continued on conditions of release and his sentencing was scheduled for February 15, 2019.

On October 27, 2018, an officer . . . saw . . . a drug transaction between two individuals. . . Officers stopped the vehicle and arrested the operator (“CS-2”). Officers recovered from the trunk of the vehicle a . . . shoe box containing a cardboard box containing twenty-three (23) stock pharmacy boules [*sic*]. Each bottle contained one hundred (100) tablets of Promethazine, a prescription medication, totaling two thousand three hundred (2,300) dosage units. Another shoebox contained a cardboard box with twelve (12) stock pharmacy bottles. Each bottle contained one hundred (100) tablets of Clonidine, a prescription medication, for a total of one thousand and two hundred (1,200) dosage units. . . .

CS-2 had obtained the prescription medications from [the Respondent]. CS-2 had known [the Respondent] for approximately three (3) years and previously purchased Oxycodone, Xanax, Clonidine and Promethazine from [the Respondent] at [the Respondent-Pharmacy]. Initially, CS-2 recruited individuals to go in [the Respondent-Pharmacy] using various names to get pills from [the Respondent]. Eventually, CS-2 started dealing with [the Respondent] directly. . . . CS-2 visited [the Respondent] at the [Respondent-Pharmacy] several times a week to get medications and would re-sell these for a profit.

After [the Respondent’s] pharmacy was raided (June 27, 2017) [the Respondent] began providing CS-2 with case lots or boxes of medications in exchange for cash and no prescription was required. [The Respondent] also told CS-2 to get rid of any evidence pertaining to the pills. [The Respondent] continued to sell Promethazine and Clonidine and that six (6) months after the raid [the Respondent] was still ordering pills from his vendors.

In late 2018 and early 2019, CS-2 made several controlled purchases of prescription medications at the direction of law enforcement. In

each of these instances CS-2 did not provide (and [the Respondent] did not request) a prescription for these pills. Specifically:

- On December 13, 2018, [the Respondent] sold CS-2 forty-eight (48) stock pharmacy bottles containing one hundred (100) tablets each of Clonidine, totaling four thousand eight hundred (4,800) dosage units . . . .
- On January 24, 2019, [the Respondent] sold CS-2 twenty-four (24) stock pharmacy bottles each containing one hundred (100) tablets of Promethazine 50 mg, totaling two thousand four hundred (2,400) dosage units and forty-eight (48) stock pharmacy bottles each containing one hundred (100) tablets each of Clonidine 0.3 mg, totaling four thousand eight hundred (4,800) dosage units . . . .
- On February 7, 2019, [the Respondent] sold CS-2 twenty-two (22) stock bottles of Clonidine, totaling two thousand two hundred (2,200) dosage units . . . .

Following his arrest in 2017, [the Respondent] told CS-2 about an individual that [the Respondent] believed had cooperated with law enforcement and led to his arrest (i.e., CS-1). CS-2 and [the Respondent] had a discussion about CS-1 being killed. After some time, the two agreed to have CS-1 killed. [The Respondent] provided CS-2 some information about CS-1. CS-2 told [the Respondent] that he/she knew someone that could do a "hit" on CS-1. CS-2 told [the Respondent] that the fee would be \$10,000.00 - \$5,000.00 up front [*sic*] and \$5,000.00 when CS-1 was killed.

During the course of 2017 and 2018, [the Respondent] used a cellular telephone to contact CS-2 to arrange meetings at which they met to discuss the potential murder of CS-1. . . .

. . . .

On February 14, 2019, CS-2 made a call to [the Respondent] and told [the Respondent] that the thing was done and that the guy would want his money. CS-2 then met with [the Respondent]. [The Respondent] provided CS-2 with \$2,000 . . . . [The Respondent] asked the CS-2 for proof that the murder had been completed. CS-2 showed [the Respondent] several fake photos in which it appeared

that CS-1 had been bound with zip ties, shot several times, and killed.

11. On or about March 4, 2021, the Court adjudged the Respondent guilty of one count of Murder for Hire in Case No. GLR-20-424, and sentenced the Respondent to one hundred and twenty (120) months of imprisonment, to run consecutive to the imprisonment imposed in Case No. GLR-17-0341, which equals a total term of one hundred and seventy-one (171) months of imprisonment. The Respondent was also sentenced to three (3) years of supervised release after he is released from prison which is to run concurrent to the supervised release imposed in Case No. GLR-17-0341. As part of the sentence, the Respondent was ordered to participate in any substance abuse program which he may be eligible and participate in a mental health program while incarcerated, and then while on supervised probation, he must participate in a mental health treatment program and submit to substance abuse testing.

12. The Respondent's conduct, as set forth above, constitutes a violation of Health Occ. §§ 12-313(b)(2), (15), (22), and/or (25), and/or COMAR 10.34.10.01(A)(1)(a), (c), and/or (e), and/or (A)(2), and/or (B)(1), (2), and/or (3), and/or COMAR 10.19.03.07(B)(1)(a) and/or (b), and/or (C)(1), and/or COMAR 10.19.03.08(A)(1), and/or COMAR 10.19.03.09(A)(1).

#### **NOTICE OF SANCTIONS**

If, after a hearing, the Board finds that there are grounds for action under Health Occ. § 12-313 and/or COMAR 10.34.10.01 and/or COMAR 10.19.03.07 and/or COMAR 10.19.03.08 and/or COMAR 10.19.03.09, the Board may impose disciplinary sanctions

against the Respondent's license in accordance with Health Occ. § 12-313, Health Occ. § 12-314, and the Board's regulations under COMAR 10.34.10.09, including reprimanding the Respondent, placing the Respondent on probation, or revocation or suspension, and/or may impose a monetary penalty.

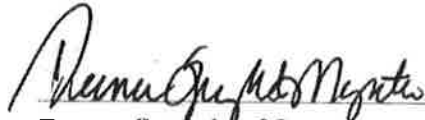
**NOTICE OF AN OPPORTUNITY FOR A HEARING**

In accordance with the Administrative Procedure Act, Md. Code Ann., State Gov't §§ 10-201 *et seq.*, the Board hereby notifies the Respondent of his opportunity for a hearing before the Board makes a final decision in this case. The Respondent must request a hearing **within thirty (30) days** from service of this Notice. The request for a hearing must be made in writing to:

Deena Speights-Napata, M.A., Executive Director  
Maryland Board of Pharmacy  
4201 Patterson Avenue  
Baltimore, Maryland 21215

If a request for a hearing is made, a hearing before the Board will be scheduled. If the Board does not receive a written request for a hearing **within thirty (30) days** from service of this notice, the Board will sign the attached Final Order.

5-21-21  
Date

  
Deena Speights-Napata, M.A.  
Executive Director for  
Jennifer L. Hardesty, Pharm.D.  
Board President  
Maryland Board of Pharmacy