IN THE MATTER OF	*	**BEFORE THE**
EXTRACARE PHARMACY	*	**MARYLAND BOARD**
PERMIT No: P04023	*	**OF PHARMACY**
Respondent	*	**Case No.: 20-263**

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

CONSENT ORDER

On August 16, 2023, the Maryland Board of Pharmacy ("the Board") charged **EXTRACARE PHARMACY** ("the Respondent-Pharmacy"), Permit No.: **P04023**, under the Maryland Pharmacy Act, (the "Act") Md. Code Ann., Health Occ. §§ 12-101 *et seq.* (2014 Repl. Vol. and 2019 Supp.).

The Board charged the Respondent-Pharmacy with violating the following pertinent provisions of Health Occ.:

> **§ 12-403. Required standards.**
>
> . . . .
>
> (c) *In general* — Except as otherwise provided in this section, a pharmacy for which a pharmacy permit has been issued under this title:
>
> (1) Shall be operated in compliance with the law and with the rules and regulations of the Board;
>
> . . . .
>
> (9) May not participate in any activity that is a ground for Board action against a licensed pharmacist under § 12-313 of this title, a registered pharmacy technician under § 12-6B-09 of this title, or a registered pharmacy intern under § 12-6D-11 of this title[.]

§ 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;

. . . .

(7) Willfully makes or files a false report or record as part of practicing pharmacy;

. . . .

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

The pertinent provisions of Md. Code Ann., Health-General provide as follows:

Health-General § 21-221. Prescription drug labeling.[1]

(a) A drug that is dispensed under a prescription shall bear a label that states:

(1) The name and address of the dispenser[.]

Health-Gen. § 21-2A-03. Powers and duties of Secretary.

. . . .

(c) Except as provided in subsection (d) of this section, each dispenser shall submit prescription monitoring data and naloxone medication data to the Program by electronic means, in accordance with regulations adopted by the Secretary.

[1] Effective October 1, 2022, Health-General § 21-221(c) was revised to add "and naloxone medication data" as listed here.

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

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

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

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

The Board also charged the Respondent-Pharmacy with violating the following pertinent provisions of Code Md. Regs ("COMAR"), 10.34.08, COMAR 10.34.10, COMAR 10.19.03, and COMAR 10.47.07 provide as follows:

COMAR 10.34.08.01. Information Required on All Original and Refill Prescriptions or Patient Drug Profiles or Computerized Patient Drug Records.

In addition to the information required by law on every prescription, patient drug profile, or computerized patient drug record, the following information shall be legibly entered on all original and refill prescriptions or patient drug profiles or computerized patient drug records:

A. The date of filling or refilling;

B. The initials of, or other identifying symbol for:

(1) The pharmacist responsible for filling or refilling the prescription; and

(2) The data-entry pharmacy technician involved in the dispensing process.

COMAR 10.34.10.01. Patient Safety and Welfare.

A. A pharmacist shall:

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

(a) United States Code, Title 21,

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

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

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

(e) COMAR 10.19.03;

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

. . . .

B. A pharmacist may not:

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

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

(3) Engage in unprofessional conduct.

COMAR 10.34.20.02. Requirements for Prescription Validity.

A. A valid prescription shall be:

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

COMAR 10.34.20.04. Controlled Dangerous Substances.

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

COMAR 10.19.03.07. Prescriptions.

. . . .

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

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

. . . .

E. Persons Entitled to Fill Prescriptions. A prescription for controlled dangerous substances may only be filled by a pharmacist acting in the usual course of the pharmacist's professional practice and either registered individually or employed in a registered pharmacy or registered institutional practitioner.

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 10.47.07.03. Dispenser Reporting.

A. For each monitored prescription drug dispensed, the dispenser shall report the following prescription monitoring data to the Department:

. . . .

(4) Identifying information for the dispenser, including a valid Drug Enforcement Administration registration number.

The Board also charged the Respondent-Pharmacy with violating the following pertinent provisions of Code of Federal Regulations, 21 C.F.R. § 1304.21 and 21 C.F.R. § 1305.22:

21 C.F.R. § 1304.21. General requirements for continuing records.

(a) Every registrant[2] required to keep records pursuant to § 1304.03 shall maintain, on a current basis, a complete and accurate record of each substance manufactured, imported, received, sold, delivered, exported, or otherwise disposed of by him/her, and each inner liner, sealed inner liner, and unused and returned mail-back package, except that no registrant shall be required to maintain a perpetual inventory.

(b) Separate records shall be maintained by a registrant for each registered location except as provided in § 1304.04 (a). In the event controlled substances are in the possession or under the control of a registrant at a location for which he is not registered, the substances

[2] Pursuant to 21 C.F.R. § 1301.11(a), "Every person who manufactures, distributes, dispenses, imports, or exports any controlled substance or who proposes to engage in the manufacture, distribution, dispensing, importation or exportation of any controlled substance shall obtain a registration unless exempted by law or pursuant to §§ 1301.22 through 1301.26. Except as provided in paragraph (b) of this section, only persons actually engaged in such activities are required to obtain a registration; related or affiliated persons who are not engaged in such activities are not required to be registered. (For example, a stockholder or parent corporation of a corporation manufacturing controlled substances is not required to obtain a registration.)"

shall be included in the records of the registered location to which they are subject to control or to which the person possessing the substance is responsible.

(c) Separate records shall be maintained by a registrant for each independent activity and collection activity for which he/she is registered or authorized, except as provided in § 1304.22(d).

(d) In recording dates of receipt, distribution, other transfers, or destruction, the date on which the controlled substances are actually received, distributed, otherwise transferred, or destroyed will be used as the date of receipt, distribution, transfer, or destruction (e.g., invoices or packing slips, or DEA Form 41). In maintaining records concerning imports and exports, the registrant must record the anticipated date of release by a customs official for permit applications and declarations and the date on which the controlled substances are released by a customs officer at the port of entry or port of export for return information.

21 C.F.R. § 1305.22. Procedure for filling electronic orders.

. . . .

(g) When a purchaser receives a shipment, the purchaser must create a record of the quantity of each item received and the date received. The record must be electronically linked to the original order and archived.

On December 13, 2023, the Respondent-Pharmacy, along with their attorney, Natasha Wesker, Esq., and Kelly Cooper, Administrative Prosecutor, attended a Case Resolution Conference ("CRC") with members of the Board in an effort to resolve the pending charges in lieu of an evidentiary hearing. As a result of the CRC, the Respondent-Pharmacy and the State, for purposes of compromise and settlement, agreed to enter into this Consent Order consisting of Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The Board finds:

1. At all times relevant hereto, the Respondent-Pharmacy had a permit to operate as a pharmacy in the State of Maryland. The Respondent-Pharmacy was originally issued a permit on or about March 1, 2004. The Respondent-Pharmacy's permit expires on May 31, 2024.

2. The Respondent-Pharmacy is owned and managed by a pharmacist ("Pharmacist-Owner").

3. At all times relevant hereto, the Pharmacist-Owner was licensed to practice pharmacy in the State of Maryland. The Pharmacist-Owner was originally licensed to practice pharmacy in Maryland on or about March 17, 1982. The Pharmacist-Owner's license expires on March 31, 2024.

4. At all times relevant hereto, the Respondent-Pharmacy employed a pharmacist ("Pharmacist #1") to practice pharmacy.

5. At all times relevant hereto, Pharmacist #1 was licensed to practice pharmacy in the State of Maryland. Pharmacist #1 was originally licensed to practice pharmacy in Maryland on or about June 9, 1993. Pharmacist #1's license expires on June 30, 2025.

6. On February 3, 2020, the Office of Controlled Substances Administration ("OCSA") conducted an inspection of the Respondent-Pharmacy. During the inspection, the OCSA Inspector noted several concerns, including:

a. Schedule III-V invoices and receipts were not being dated.

b. Several patient prescription labels were noted to have an incorrect prescriber's address on them; incorrect prescriber's address in the computer system.

c. When Schedule II products were ordered using a controlled substance ordering system ("CSOS") the Respondent-Pharmacy was not creating a record of the quantity of each item received or the date the item was received.

d. The Respondent-Pharmacy did not maintain a perpetual inventory for Schedule II drugs.

e. Red flags were noted, such as high strength and high quantity opioids being dispensed, including to patients younger than 40 years old.

7. On July 2, 2020, the Board subpoenaed copies of all of the Respondent-Pharmacy's Schedule II Controlled Dangerous Substances ("CDS") prescriptions from January to December 2019. In response, the Board received 1,463 prescriptions.

8. A review of the 1,463 Schedule II CDS prescriptions revealed the following additional red flags:

a. Two hundred and fifty-five (255) prescriptions were for a high quantity and only one of those prescriptions had a notation that CRISP had been accessed for review.

b. Eighteen (18) prescriptions were paid for with cash, none of which had notated documentation on it.

c. Eighteen (18) prescriptions had "Fill with Insurance Only" stamped on the front of them by the prescribers but no notation indicating whether insurance had been verified.

d. Three hundred and six (306) prescriptions had long distance by either in state patient prescriber located long distance from the patient and/or from the pharmacy – no notations were documented on any of the prescriptions to indicate verification of a genuine prescriber-patient relationship.

9. On August 31, 2020, the Board also subpoenaed from the Respondent-Pharmacy copies of all CDS for five specific patients (Patient 1 – Patient 5) because the patients were receiving both opioid and benzodiazepine prescriptions, a combination widely-known to be disfavored/unsafe in the medical community. A review of the prescriptions revealed the following:

a. Patient #1 received the following medication cocktails: OxyContin, oxycodone, morphine sulfate, and Xanax. No documentation was noted on these prescriptions that PDMP/CRISP was checked or that verification of the medication was made by calling the provider to ensure the medications were prescribed for a legitimate medical purpose.

b. Patient #2 received oxycodone and promethazine with codeine from two different prescribers and no documented notes were found on the prescriptions that PDMP/CRISP was checked or that verification of

the medication was made by calling the provider to ensure the medications were prescribed for a legitimate medical purpose.

c. Several physicians and CRNPs prescribed prescriptions for Patient #3 however the prescriptions did not contain any notes that the pharmacist ever questioned or verified the alprazolam, oxycodone, and/or morphine prescriptions.

d. Prescriptions for Patient #4 included oxycodone and alprazolam with no evidence of verification on any of the prescriptions.

e. Alprazolam, oxycodone, Lyrica, Butalbital-APAP-Caff-Cod, and zolpidem tartrate were prescribed for Patient #5 but the prescriptions lacked documentation of verification.

10. The Board issued a subpoena to the Prescription Drug Monitoring Program ("PDMP") requesting dispensing information for all CDS dispensed by the Respondent-Pharmacy for the time period of January 2, 2019 to December 31, 2019. On or about June 2, 2020, OCSA's Clinical Pharmacist Inspector ("Clinical Pharmacist Inspector") reviewed the PDMP report and provided the Board with their analysis, which notes the following:

a. 2,529 CDS prescriptions were dispensed;

b. 57% (1,442) of the prescriptions were for opioid or opioid containing drugs;

c. 33% (832) were for immediate release oxycodone strengths 10mg, 15 mg, 20mg, or 30mg dispensed in quantities of ninety (90) or greater as a thirty (30) day supply;[3]

d. 30% (758) were benzodiazepines, mostly high strengths of alprazolam 1mg or 2mg, clonazepam 1mg or 2pmg. The dispensed quantities were usually sixty (60) to ninety (90) as thirty (30) day supplies. The benzodiazepines were frequently dispensed to patients who were also receiving high dose immediate release oxycodone prescriptions.[4]

e. Several of the prescribers are located in Prince George's County, Maryland "which is a significant distance" from Baltimore City, Maryland where the Respondent-Pharmacy is located. "Traveling excessive distances to obtain CDS medications is a red flag for abuse/diversion."

f. The Clinical Pharmacist Inspector noted that the Respondent-Pharmacy "routinely dispenses CDS prescriptions with red flags of potential abuse or diversion. Patients receive high dose opioids combined with benzodiazepines. Patients travel to distant prescribers to bring their prescriptions to the [Respondent-Pharmacy] for

[3] The US Centers for Disease Control (CDC) recommends that daily opioid dosages should rarely meet or exceed 90 milligrams of morphine equivalents ("MME"). This is due to a statistically increased risk of fatal overdose for patients on these doses compared to patients on lower doses.

[4] The product prescribing information for both oxycodone (an opioid) and benzodiazepines have a "black box" warning recommending not to take the two types of medications concurrently. This is due to an increased risk of respiratory failure, coma, and death when they are combined.

filling. . . . Most pharmacists and pharmacies will not fill the kinds of red flag prescriptions that are being dispensed from [the Respondent-Pharmacy]."

11. On or about November 25, 2020, the Board subpoenaed the "audit log for all controlled dangerous substances ("CDS") dispensed by [the Pharmacist-Owner] and [Pharmacist #1] to include access by their delegates at [the Respondent-Pharmacy] . . . from January 1, 2016 to December 31, 2019."

12. The Board's Investigator cross-referenced the audit logs[5] with the 1,463 Schedule II CDS hard copy red flag prescriptions received from the Respondent-Pharmacy to determine whether the pharmacists examined CRISP before dispensing the prescriptions. The Board Investigator's review revealed the following alarming observations:

a. 255 hard copy CDS prescriptions were for a high quantity. Out of those 255, only five prescriptions appeared on the pharmacists' audit logs, representing only 2%;

b. 18 prescriptions were paid for in cash. Out of those 18, only 2 appeared on the pharmacists' audit logs, representing only 11%;

[5] An Audit Log is a report containing a log of all PDMP data access by a clinical user under their individual CRISP account or through an approved PDMP integration within their workflow. Clinical users (prescribers, pharmacists, and delegates) can query (search for) PDMP data related to a patient through CRISP products. A record exists when a query was successfully made, regardless of whether data was returned (i.e. a provider can search for a patient in the system and be shown either PDMP prescription data or be told that no data exists for the searched patient demographics; both of these situations would be logged as a successful query).

c. 18 prescriptions were paid for with insurance only, none of which appeared on the pharmacists' audit logs; and

d. 306 prescriptions were for patients at a long distance. Out of the 306, only 19 appeared on the pharmacists' audit logs, representing only 6%.

13. The Board's Investigator cross-referenced the audit logs with the CDS prescriptions for Patient 1 – Patient 5 who received both opioid and benzodiazepine prescriptions to determine whether the pharmacists examined CRISP before dispensing the prescriptions. The Board Investigator's review revealed the following problematic dispensing behaviors:

a. None of the prescriptions for Patients #1, 2, or 5 appeared on the pharmacists' audit logs;

b. Only 2 out of the 39 hard copy prescriptions received for Patient #3 appeared on the pharmacists' audit logs, representing less than 2%; and

c. Only 1 out of the 37 hard copy prescriptions received for Patient #4 appeared on the pharmacists' audit logs.

14. While reviewing the audit logs for the Pharmacist-Owner and Pharmacist #1 as well as all of the hard copy prescriptions obtained throughout the investigation, the Board's investigator noticed that for several of the prescriptions the name of the pharmacist entered into PDMP for the audit log was different than the name of the pharmacist printed on the prescription label, indicating that the two pharmacists were sharing PDMP login

credentials and/or the pharmacists entered incorrect data on the prescription labels. Specifically, the Board's investigator found discrepancies for the following prescriptions:

Patient's Name	Date Prescription Filled	Pharmacist's Name Listed on Audit Logs	Pharmacist's Initials Printed on the Prescription Label
Patient #6	3/18/2019	Pharmacist #1	Pharmacist-Owner
Patient #7	7/8/2019	Pharmacist #1	Pharmacist-Owner
Patient #8	8/2/2019	Pharmacist #1	Pharmacist-Owner
Patient #8	8/2/2019	Pharmacist #1	Pharmacist-Owner
Patient #3	9/7/2018	Pharmacist #1	Pharmacist-Owner

CONCLUSIONS OF LAW

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

By failing to date Schedule III-V invoices and receipts, the Respondent-Pharmacy violated Health Occ. § 12-403(c)(1) in that the Respondent-Pharmacy violated COMAR 10.34.08.01(A), COMAR 10.34.10.01(B)(1)-(3), and/or 21 C.F.R. § 1304.21.

Inputting incorrect prescriber addresses on prescription labels and in the computer system is a violation of Health Occ. § 12-403(c)(1), Health-General § 21-221(a)(1), and/or COMAR 10.34.10.01(A)(1) and/or (B)(1)-(3).

By failing to create a record of the quantity of each item received and the date received for Schedule II CDS ordered using CSOS, the Respondent-Pharmacy violated Health Occ. § 12-403(c)(1by violating COMAR 10.34.10.01 (B)(1)-(3), 21 C.F.R. § 1304.21, and/or 21 C.F.R. § 1305.22(g).

Filling prescriptions with red flags is a violation of Health Occ. § 12-403(c)(1), Health-Gen. § 21-2A-04.2(e)(1)-(2), COMAR 10.34.10.01(A)(1) and/or (A)(2) and/or

(B)(1)-(3), COMAR 10.34.20.02(A)(1), COMAR 10.34.20.04, COMAR 10.19.03.07(C)(1) and/or (E), and/or COMAR 10.19.03.08.

By failing to check CRISP for red flag prescriptions and/or failing to document that CRISP was checked prior to filing red flag prescriptions, the Respondent-Pharmacy violated Health Occ. § 12-403(c)(1), Health-Gen. § 21-2A-03, Health-Gen. § 21-2A-04.2(e)(1)-(2), COMAR 10.34.10.01(A)(1) and/or (A)(2) and/or (B)(1)-(3), COMAR 10.34.20.02(A)(1), COMAR 10.34.20.04, and/or COMAR 10.19.03.07(C)(1) and/or (E).

By filling numerous prescriptions despite several red flags and/or failing to document verification checks were completed for red flag prescriptions, the Respondent-Pharmacy violated Health-Gen. § 21-2A-04.2(e)(1)-(2), Health Occ. § 12-403(c)(1) in that the Respondent-Pharmacy violated COMAR 10.34.10.01(A)(1) and/or (A)(2) and/or (B)(1)-(3), COMAR 10.34.20.02(A)(1), COMAR 10.34.20.04, COMAR 10.19.03.07(C)(1) and/or (E), and/or COMAR 10.19.03.08.

By sharing PDMP login credentials and/or entering incorrect data on prescription labels, the Respondent-Pharmacy violated Health Occ. § 12-403(c)(1), Health-General § 21-221(a)(1), Health-Gen. § 21-2A-03, Health-Gen. § 21-2A-04.2(e)(1)-(2), COMAR 10.34.08.01, COMAR 10.34.10.01(A)(1) and/or (B)(1)-(3), COMAR 10.34.20.04, COMAR 10.47.07.03(A)(4), and/or 21 C.F.R. § 1304.21.

By participating in activities, as outlined above, that are a ground for Board action against the Pharmacist-Owner and/or Pharmacist #1, under § 12-313, including § 12-313(b)(2), (7) and/or (25), the Respondent-Pharmacy violated § 12-403(c)(9) of the Act.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 17th day of January 2024, by the affirmative vote of a majority of the members of the Board then serving:

ORDERED that the Respondent-Pharmacy's permit to operate as a pharmacy in the State of Maryland is hereby **REPRIMANDED**; and it is further

ORDERED that the Respondent-Pharmacy's permit shall be placed on **Probation** for a period of at least **THREE (3) YEARS**, subject to the following terms and conditions:

1. During the probationary period, the Board, at its discretion, may conduct random inspections of the Respondent-Pharmacy;

2. During the probationary period, the Board, shall obtain quarterly reports from the prescription drug monitoring program (PDMP) for the Respondent-Pharmacy;

3. The Respondent-Pharmacy shall provide training to all pharmacy staff members regarding valid prescriber-patient relationships and non-scheduled drugs of abuse. Such training shall occur within ninety (90) days of the effective date of the Consent Order and yearly thereafter for the duration of the probationary period. The Respondent-Pharmacy shall provide written documentation indicating the successful completion of these trainings;

4. During the period of probation, the Respondent-Pharmacy shall be monitored by a Board-approved supervisor;

5. The Respondent-Pharmacy shall receive approval from the Board for the supervisor within sixty (60) days of the effective date of the consent order;

6. The Respondent-Pharmacy shall meet in person quarterly with the Board-approved supervisor;

7. The Board approved supervisor shall consult with the Respondent-Pharmacy on the pharmacy operation and work with the Respondent-Pharmacy to develop policies regarding Controlled Dangerous

Substances ("CDS") which should include, among other things, inquires of the prescription drug monitoring program (PDMP);

8. During the period of probation, the Respondent-Pharmacy's Board-approved supervisor shall provide the Board with quarterly reports addressing the Respondent-Pharmacy's practice;

9. After **THREE (3) YEARS** from the date of this Consent Order, the Respondent-Pharmacy may submit a written petition to the Board requesting termination of probation, provided that it has been fully compliant with this Consent Order and has no outstanding complaints filed against it;

ORDERED that the Respondent-Pharmacy shall pay a monetary **fine in the amount of $5,000**, payable within one (1) year of the effective date of the Consent Order, payable by certified check or money order to The Maryland State Board of Pharmacy and sent to:

Wells Fargo Bank
Attn: State of MD - Board of Pharmacy
Lockbox 2051
401 Market Street
Philadelphia, PA 19106

Please reference Case Number 20-263 – Extracare Pharmacy on your check or money order to ensure proper assignment to your case; and it is further

ORDERED that the Respondent-Pharmacy shall operate in accordance with the laws and regulations governing the practice of pharmacy in Maryland;

ORDERED that the Respondent-Pharmacy shall bear the cost(s) of complying with the Consent Order;

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

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

ORDERED that the Consent Order shall be a public document pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2019).

1-17-24
Date

Deena Speights-Napata, MA, Executive Director
Maryland Board of Pharmacy

CONSENT

I, Abdulmojeed Lawal, owner of Extracare Pharmacy, acknowledge that I have had the opportunity to consult with legal counsel before signing this document. By this Consent, I accept, on behalf of Extracare Pharmacy, to be bound by this Consent Order and its conditions and restrictions. On its behalf, I waive any rights Extracare Pharmacy may have had to contest the Findings of Fact and Conclusions of Law.

I acknowledge the validity of this Consent Order as if entered into after the

conclusion of a formal evidentiary hearing in which Extracare Pharmacy would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on its behalf and to all other substantive and procedural protections as provided by law.

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

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

1/15/24

Date

Abdulmojeed Lawal, Owner
Extracare Pharmacy

NOTARY

STATE OF MD

COUNTY/CITY OF: Montgomery

I hereby certify that on this 15th day of January, 2024, before me, a Notary Public of the State of Maryland and County/City aforesaid, personally appeared **Abdulmojeed Lawal**, and made an oath in due form that the foregoing Consent was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

R. Singh

Notary ~~Public~~

RAVINDER SINGH NOTARY PUBLIC MONTGOMERY COUNTY, MARYLAND EXP 8-02-2026

My Commission Expires: 08/02/2026

Maryland Board of Pharmacy