

New Hampshire Board of Pharmacy

7 Eagle Square
Concord, NH 03301
603-271-2350

VIOLATION NOTICE

Registrant Pillpack By Amazon PHARMACY
Street 250 Commercial St City MANCHESTER Zip 03101
Individual responsible at this location BETHANY FRANCIS Rph.
DEA No. FP 4013633

Notice is hereby given that you are not in compliance with the federal, state or local drug laws as follows;

1. Ph 702.03(a) to wit;
AN INITIAL LOSS OF CONTROLLED
SUBSTANCES (500 CLONAZEPAM 2mg)
WAS NOT REPORTED IN ONE-DAY
2. _____ to wit;

3. _____ to wit;

Notice is hereby given that you must correct the above conditions and submit a written report detailing the conditions to the Board of Pharmacy, Compliance Division on or before 9/17/22. Further action may be taken in this matter.

I hereby acknowledge that the violations noted above have been explained to me and that I have received a copy of this notice.

Signed [Signature] Date 9/2/22

Board of Pharmacy Agent [Signature]

A copy of this notice **MUST** accompany all responses and reports relative to these violations.



RECEIVED
SEP 13 2022
NH BOARD

September 13, 2022

Jay Queenen, R.Ph., M.B.A.
Compliance Investigator/Inspector
New Hampshire Board of Pharmacy
7 Eagle Square, Suite 400
Concord, NH 03301

Re: Violation Notice

Dear Mr. Queenen:

I am writing to respond to your September 2, 2022 Violation Notice related to an initial loss of controlled substances from PillPack by Amazon Pharmacy ("PillPack"). We have carefully reviewed the details and documentation regarding the loss, and have attached a timeline of events for the Board's consideration.

Timeline of Events

1. At approximately 7:30 am EDT on July 5, 2022, PillPack received a shipment from AmerisourceBergen (NH license no. 2759).
2. A PillPack pharmacist (Richard Pierce, NH license no. 3664) immediately recognized that the shipment was missing three expected items: (1) one 500-count bottle of clonazepam 2 mg tablets (NDC 16729-0138-16), (2) two Advair Diskus 100 mcg - 50 mcg inhalers (NDC 00173-0695-00), and (3) one 2.5 mL bottle of ciprofloxacin 0.3% ophthalmic solution. The pharmacist identified line items for these products on the received invoice, circled them as missing, and signed the invoice indicating that the rest of the products were received.
3. A PillPack Loss Prevention Site Leader (Dan Carney, NH license no. PhT-126707) immediately reviewed camera footage and determined that the drug totes were not tampered with in the pharmacy prior to opening.
4. At 12:04 pm EDT on July 5, 2022, a PillPack Receiving Manager (Angela McAneney, NH license no. PhT04735) created a ticket and subsequently notified AmerisourceBergen of the short order so that they could investigate and report the loss as the responsible party (supplier) per 21 CFR 1301.74(c).
5. At 3:43 pm EDT on August 23, 2022, the PillPack pharmacist-in-charge (PIC, Bethany Francis, license no. R3126) was notified via email that AmerisourceBergen denied the claim filed on July 5, 2022. This was the first contact from AmerisourceBergen regarding the missing items from the July 5, 2022 shipment.

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6. At 2:27 pm EDT on August 24, 2022, the PillPack PIC notified the NH Board of Pharmacy of this loss via email by completing a New Hampshire "Controlled Drug Loss Form", revised 5/2022, and sending it to pharmacy.compliance@oplc.nh.gov. This was completed out of an abundance of caution and within 1 business day of the PIC becoming aware, despite PillPack not being the supplier of the drugs that were presumably lost in-transit.

Multiple measures have been implemented since the initial event, including: additional camera coverage to the receiving area, security officer presence during all drug receiving, and several operational workflow updates.

Please let me know if you have any further questions.

Sincerely,

Bethany Francis, PharmD RPh

PillPack by Amazon Pharmacy, PIC

NH License # R3126

855-745-5725

Cell: 918-906-5340

Email: bethany@pillpack.com



Initial notification lic 0796

Bethany Francis <bethany@pillpack.com>
o: Pharmacy.Compliance@oplc.nh.gov

Thu, Aug 25, 2022 at 2:2'

Please see attached letter

 **Initial notification 8-25-22.pdf**
68K





by  pharmacy

08/25/2022

DEA Diversion Field Office
324 SOUTH RIVER RD
BEDFORD, NH 03110

Dear Sir/Madam,

This letter is to inform you that we have discovered a potential loss of controlled substances at our location. We are in the process of doing our due diligence of this loss and will submit our DEA-106 Form if necessary when our investigation is complete and a loss is confirmed. If we find there is no confirmed loss, we will notify you in writing that our investigation is complete and no loss occurred. Thank you for your patience while we investigate this matter.

PillPack Pharmacy
250 Commercial St Ste 2012
Manchester, NH 03101
FP4013633
NH 0796

If you have any questions, please feel free to contact me directly via phone or email. Please do not reach out directly to the pharmacy in order to keep the investigation confidential.

Regards,

Bethany Francis
Pharmacist in Charge
918-906-5340 bethany@pillpack.com
PillPack by Amazon Pharmacy

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SEP 13 2022
NH BOARD



State of New Hampshire Board of Pharmacy

Office of Professional Licensure & Certification

7 Eagle Square - Concord, NH 03301

Tel.: (603) 271-2152 | Website: www.oplc.nh.gov/board-pharmacy

RECEIVED

SEP 13 2022

NH BOARD

NEW HAMPSHIRE CONTROLLED DRUG LOSS FORM

NH Pharmacy Rule Ph 703.03 requires the pharmacist-in-charge or pharmacist on duty report any theft or significant controlled substance loss within 1-business day to the Board of Pharmacy. Complete both pages of this form and submit to Board via mail to address listed above (attention Pharmacy Enforcement) or email to Pharmacy.Compliance@oplc.nh.gov (PLEASE NOTE: Faxes are no longer accepted)

[X] Initial Report of Loss [] Final / 30-Day Report on Loss

[] Revision to Initial Report of Loss - Date Initial Report Sent To Board: _____

Name & Address of Pharmacy: 250 Commercial St Ste 2012 Manchester, NH 03101. NH Pharmacy Permit Number: 0796. DEA Number: FP4013633. Pharmacy Phone Number: 8557455725.

Name of Pharmacist-In-Charge: Bethany Francis. Name of Pharmacy District Manager: Chris Rochon.

Date of Loss: 8/24/22. Number of Losses by Pharmacy In Past 2 Years: 1. Type of Theft or Loss: [X] Night Break-In. [] Customer Theft. [] Lost In Transit. [] Armed Robbery. [] Employee Theft. [] Misfill / Overfill / Miscount. [] Shortage in Mft / Supplier Bottle. [] Spillage / Accidental Disposal / Destruction. [] Residual Viscous Liquid from Stock Bottle Unrecoverable or Liquid Measurement Issue.

Describe Reason (or Suspected Reason) for Loss (Field Cannot Be Left Blank or Marked N/A): Pt called to say they did not receive shipment. Currently investigating

If armed robbery, was anyone: Killed? [] No [] Yes - How Many? ____ Injured? [] No [] Yes - How Many? ____ Value of Drugs Lost / Stolen: \$ 5.23

What security measures have been taken to prevent future thefts or losses?

If Drugs Lost In Transit, Complete the Following: ↓

Name of Common Carrier: UPS. Name of Consignee: Consignee DEA #: Was the carton received by the customer? [] No [] Yes. Did the carton appear to be tampered with? [] No [] Yes. Have you experienced a loss with this carrier before? [] No [] Yes.

For Board Office Use Only: [] NFA [] CI Follow-Up Required [] Immediate Action Required by Compliance. Initials of CCI / BA

↓ Form Continued On Next Page ↓





State of New Hampshire Board of Pharmacy
 Office of Professional Licensure & Certification
 7 Eagle Square - Concord, NH 03301
 Tel.: (603) 271-2152 | Website: www.oplc.nh.gov/board-pharmacy

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RECEIVED

NEW HAMPSHIRE CONTROLLED DRUG LOSS FORM AUG 24 RECD

NH Pharmacy Rule Ph 703.03 requires the pharmacist-in-charge or pharmacist on duty report any theft or significant controlled substance loss within 1-business day to the Board of Pharmacy. Complete both pages of this form and submit to Board via mail to address listed above (attention Pharmacy Enforcement) or email to Pharmacy.Compliance@oplc.nh.gov (PLEASE NOTE: Faxes are no longer accepted)

<input checked="" type="checkbox"/> Initial Report of Loss		<input type="checkbox"/> Final / 30-Day Report on Loss	
<input type="checkbox"/> Revision to Initial Report of Loss – Date Initial Report Sent To Board: _____			
Name & Address of Pharmacy 250 Commercial St Ste 2012 Manchester, NH 03101		NH Pharmacy Permit Number 0796	
		DEA Number FP4013633	
		Pharmacy Phone Number 8557455725	
Name of Pharmacist-In-Charge: Bethany Francis (918-906-5340)		Name of Pharmacy District Manager: Chris Rochon	

Date of Loss 7/10/22 7/5/22 <i>K8</i>	Number of Losses by Pharmacy In Past 2 Years 0	Type of Theft or Loss: <input checked="" type="checkbox"/> Night Break-In <input type="checkbox"/> Customer Theft <input checked="" type="checkbox"/> Lost In Transit <input type="checkbox"/> Armed Robbery <input type="checkbox"/> Employee Theft <input type="checkbox"/> Misfill / Overfill / Miscount <input type="checkbox"/> Shortage in Mft / Supplier Bottle <input type="checkbox"/> Spillage / Accidental Disposal / Destruction <input type="checkbox"/> Residual Viscous Liquid from Stock Bottle Unrecoverable or Liquid Measurement Issue	
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Describe Reason (or Suspected Reason) for Loss (Field Cannot Be Left Blank or Marked N/A):
 On 7/5/22 we received a shipment from ABC which upon opening was short 1 bottle of clonazepam. Upon discovery we reiveiwed surveillance at teh receiving area and did not observe any totes which were tamper with in the pharmacy. The was immediatley escalated to the supplier. I was altered 8/23/22 that the wholesaler is denying the shortage.

If armed robbery, was anyone: Killed? <input type="checkbox"/> No <input type="checkbox"/> Yes – How Many? _____ Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes – How Many? _____	Value of Drugs Lost / Stolen \$ 6.74
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What security measures have been taken to prevent future thefts or losses?

If Drugs Lost In Transit, Complete the Following: ↓

Name of Common Carrier: ABC	Name of Consignee	Consignee DEA #
Was the carton received by the customer? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Did the carton appear to be tampered with? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Have you experienced a loss with this carrier before? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

For Board Office Use Only: <input type="checkbox"/> NFA <input checked="" type="checkbox"/> CI Follow-Up Required <input type="checkbox"/> Immediate Action Required by Compliance	Initials of CCI / BA
---	----------------------

JQ

↓ Form Continued On Next Page ↓



RECEIVED

AUG 25 REC'D

NH BOARD OF PHARMACY



by amazon pharmacy

08/25/2022

DEA Diversion Field Office
324 SOUTH RIVER RD
BEDFORD, NH 03110

Dear Sir/Madam,

This letter is to inform you that we have discovered a potential loss of controlled substances at our location. We are in the process of doing our due diligence of this loss and will submit our DEA-106 Form if necessary when our investigation is complete and a loss is confirmed. If we find there is no confirmed loss, we will notify you in writing that our investigation is complete and no loss occurred. Thank you for your patience while we investigate this matter.

PillPack Pharmacy
250 Commercial St Ste 2012
Manchester, NH 03101
FP4013633
NH 0796

If you have any questions, please feel free to contact me directly via phone or email. Please do not reach out directly to the pharmacy in order to keep the investigation confidential.

Regards,

Bethany Francis
Pharmacist in Charge
918-906-5340 bethany@pillpack.com
PillPack by Amazon Pharmacy

REVISED

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1999

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Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice Drug Enforcement Administration Diversion Control Division



Type of Report: (check one box only)

New Report

Amendment Key (prior report dated): 3J91ZDSYF...

RECEIVED

1. DEA Registration Number: FP4013633

Name of Business: PILLPACK, LLC

AUG 24 REC'D

Address: 250 COMMERCIAL ST STE 2012

City: MANCHESTER

State: NH

ZIP Code: 031011118

NH BOARD OF PHARMACY

Point of Contact: BETHANY FRANCIS

Email Address: BETHANY@PILLPACK.COM

Phone No.: 9189065340

Date of the Theft or Loss (or first discovery of theft or loss): July 05, 2022

Number of Thefts and Losses in the past 24 months: 0

Principal Business of Registrant: RETAIL PHARMACY

2. Type of theft or loss: LOSS IN TRANSIT:

3. Loss in Transit. (*Fill out this section only if there was a loss in transit, or hijacking of transport vehicle.)

Name of Common Carrier: ABC DRIVER

Telephone Number of Common Carrier: 5083378750

Package Tracking Number: 3098248695

Have there been losses in transit from this same carrier in the past? No

Yes (If yes, how many, excluding this theft or loss?):

Was the package received and accepted by the consignee? No

Yes (If yes, the consignee is responsible for reporting the theft or loss.)

If the package was accepted by the consignee, did it appear to be tampered with? No

Yes

Name of Consignee / Supplier: AMERISOURCEBERGEB

Enter the Name of Consignee (if reported by the supplier), or the Name of Supplier (if the package was accepted by the consignee).

If the consignee does not have a DEA Registration Number, e.g. if this was a shipment to a patient, or a nursing home emergency kit, enter "Patient" or "Nursing Home Kit."

DEA Registration Number of Consignee / Supplier:

Enter the DEA Registration Number of Consignee (if reported by the supplier), or DEA Registration Number of Supplier, (if the package was accepted by the consignee). If the controlled substances were shipped to a non-registrant, leave blank, unless a registered pharmacy shipped to an emergency kit held on site at a nursing home. In this case, the supplying pharmacy is required to report the theft or loss.

4. If this was a robbery, were any people injured? No Yes (If yes, how many?): Were any people killed? No Yes (If yes, how many?):

5. Purchase value to Registrant of controlled substances taken?: \$ 6

6. Were any pharmaceuticals or merchandise taken? No Yes (Est. Value):

7. Was theft reported to Police? No Yes (If yes, fill out the following information):

Name of Police Department: Police Report number:

Name of Responding Officer: Phone No.:

8. Which corrective measure(s) have you taken to prevent a future theft or loss?

Installed monitoring equipment (e.g. video camera).

Provided security training to staff.

Increased employee monitoring (e.g. random drug tests).

Requested increased security patrols by Police.

Installed metal bars or other security on doors or windows.

Hired security guards for premises.

Secured Controlled Substances within safe.

Terminated employee.

Other (Please describe on last page).





1. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?:

11. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers:

Describe any other corrective measure(s) you have taken to prevent a future theft or loss:

Enter remarks, if required. Description of how theft or loss occurred. Attach a separate sheet, if necessary:

ON 7/5/22 WE RECEIVED A DELIVERY FROM ABC WHICH UPON OPENING WAS SHORT 1 BOTTLE OF CLONAZEPAM. UPON DISCOVERY WE REVIEWED SURVEILLANCE AT THE RECEIVING AREA AND DID NOT IDENTIFY ANY TOTES WHICH WERE TAPERED WITHIN THE PHARMACY. THIS WAS IMMEDIATELY ESCALATED TO TO THE WHOLESALER. I WAS ALERTED ON 8/23/22 THAT THE WHOLESALER IS DENYING THE SHORTAGE CLAIM.

The foregoing information is correct to the best of my knowledge and belief: By signing my full name in the space below, I hereby certify that the foregoing information furnished on this DEA Form 106 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: BETHANY FRANCIS

Title: PHARMACIST IN CHARGE

Date Signed: August 24, 2022

NOTICE: In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Freedom of Information: Please prominently identify any confidential business information per 28 CFR 16.8(c) and Exemption 4 of the Freedom of Information Act (FOIA). In the event DEA receives a FOIA request to obtain such information, DEA will give written notice to the registrant to obtain such information. DEA will give written notice to the registrant to allow an opportunity to object prior to the release of information.

Privacy Act Information

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: Reporting of unusual or excessive theft or loss of a Controlled Substance.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of Controlled Substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

