

APPLICATION FOR NONRESIDENT IOWA PHARMACY LICENSE

Please type or print clearly in ink. Make changes as necessary.

1 APPLICATION FOR:

Renewal New Address Chg. Name Chg. Ownership Chg. Pharmacist in Charge Chg.

FOR LICENSE PERIOD:

IOWA PHARMACY LICENSE NO.:

LICENSE FEE: \$135.00

2 DBA, LEGAL NAME, & LOCATION OF PHARMACY:

Name GFK Pharmacy

Address DBA Glades Drugs

4680 Broadway

PA

City, State, Zip Allentown, PA 18104

Remit check or money order payable to:
IOWA BOARD OF PHARMACY
(DO NOT SEND CASH)

3 PHARMACY PHONE (610) 351-2666 FAX (610) 351-2662 FED. TAX ID: 27-3540506

E-MAIL ADDRESS: [REDACTED] DEA NO.: FG2796590

4 TYPE OF OWNERSHIP: Individual Partnership Corporation Other _____

5 PHARMACIST IN CHARGE:
Heather Stanton | RP032537L | 45/5 | Heather Stanton
NAME LICENSE NO. HRS WORKED/WEEK SIGNATURE

6 ATTACH THE FOLLOWING INFORMATION:

- a) List of the names, titles, and addresses of all principal owners, partners, and officers of the pharmacy. ✓
- b) List of all staff pharmacists currently employed (include home state license number and average hours worked per week for each). ✓
- c) List of all technicians, pharmacist-interns, and pharmacy support persons currently employed (include home state license or registration number and average hours worked per week for each). N/A
- d) Copy of current license, permit, or registration certificate issued by the home state regulatory authority. ✓
- e) Most recent inspection report resulting from an inspection conducted by the home state regulatory authority. ✓
- f) Evidence of correction of any noncompliance noted on the inspection report by the home state. ✓
- g) A copy of a prescription label that includes the toll-free number for use by Iowa patients. ✓
- h) A typed description of the prescription drugs and services provided to patients in Iowa. ✓

7 CRIMINAL HISTORY:

- a) Has the pharmacy, the pharmacy's owner, or any officer or partner (if the pharmacy is owned by a corporation or partnership) been convicted of any crimes (felonies or misdemeanors)? Exclude traffic violations and alcohol-related offenses classified as misdemeanors.
____ Yes No If yes, attach explanation.
- b) Has the pharmacist in charge been convicted of any crimes (felonies or misdemeanors)? Exclude traffic violations and alcohol-related offenses classified as misdemeanors.
____ Yes No If yes, attach explanation.

RECEIVED
OCT 09 2015

8 DISCIPLINARY HISTORY: (NOTE: Discipline includes, but is not limited to: citations, reprimands, fines, license restrictions, probation, and license or registration surrender, suspension, and revocation.)

- a) Has the pharmacy, the pharmacy's owner, or any officer or partner (if the pharmacy is owned by a corporation or partnership) ever been disciplined by any licensing authority?
 Yes _____ No If yes, describe the discipline and attach all relevant disciplinary documents.
- b) Has the pharmacist in charge ever been disciplined by any licensing authority?
____ Yes No If yes, describe the discipline and attach all relevant disciplinary documents.

IOWA BOARD OF PHARMACY

- c) Does the pharmacy, the pharmacy's owner, any officer or partner, or the pharmacist in charge have any charges, or knowledge of any complaints or investigations, pending before any licensing authority?
 ___ Yes No *If yes, attach explanation.*
- d) Has the pharmacy or the pharmacist in charge ever been denied a license by any licensing authority?
 ___ Yes No *If yes, attach explanation.*

9 PHARMACY INFORMATION:

- a) What are the regular hours of operation of the pharmacy for each period/day identified?
 Monday-Friday: 9:00am - 6:00pm Saturday: 10:00am - 3pm Sunday: closed
- b) Pharmacy's toll-free phone number: 844-452-3371 (must be printed on prescription label)
- c) What are the hours of operation of the toll-free phone number?
 Monday-Friday: 24hrs Saturday: 24hrs Sunday: 24hrs
- d) Does the pharmacist responding to patient calls during the toll-free phone number hours of operation have access to patient records at the time of the call?
 Yes ___ No (Attach additional explanation if necessary).
- e) What type of pharmacy do you operate? (Check all that apply.)
 Community Home infusion Nuclear Central Rx processing Hospital
 Mail order Long-Term Care Internet Central Rx filling Other (explain)
- f) Which of the following populations does the pharmacy serve? (Check all that apply.)
 Human Veterinary—companion animals Veterinary—food-producing animals
- g) Approximately how many prescriptions did the pharmacy deliver into Iowa last year? 0
- h) Which of the following accreditations does the pharmacy have? (Check all that apply.)
 VPPS VIPPS PCAB ACHC JCAHO DMEPOS Other ___ None
- i) Does the pharmacy engage in compounding? ___ Yes No
 If yes, what types? (Check all that apply.)
 Sterile High-Risk Sterile Medium-Risk Sterile Low-Risk
 Non-sterile Pursuant to patient-specific Rx In anticipation of patient-specific Rx
 For hospital use For office use by prescriber
- j) Does the pharmacy provide or intend to provide controlled substances to patients in Iowa?
 ___ Yes No (Nonresident pharmacies are required to report to Iowa's Prescription Monitoring Program (PMP), including submission of zero reports. Please be aware of the reporting requirements described in 657 Iowa Administrative Code chapter 37 and the Iowa Data Reporting Manual.)

10 FDA INFORMATION:

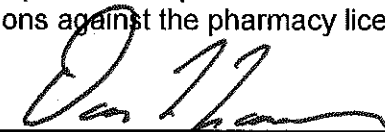
- a) Has the pharmacy ever been inspected by the FDA? ___ Yes No
- b) If yes, date of last inspection: _____
- c) If yes, has the FDA ever issued a 483 or a warning letter to the pharmacy? ___ Yes ___ No
 If yes, please attach the FDA documentation and include documentation regarding your pharmacy's response to the FDA.
- d) Is the pharmacy registered with the FDA as a 503(b) outsourcing facility? ___ Yes ___ No

REMIT TO: IOWA BOARD OF PHARMACY
 400 S.W. EIGHTH STREET, SUITE E
 DES MOINES, IA 50309-4688
 PHONE: (515) 281-5944

Information provided in this application may be disclosed pursuant to 657 IAC chapter 14.

I hereby swear under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against the pharmacy license.

11 SIGN HERE ➔


 Signature of Owner or Corporate Officer

Treasurer
 Title

10/7/15
 Date

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO APPLICANT

**Glades Drugs Inc.
Owner Info**

Terrence Myers-President

Home Address:
3220 Bellericay Lane
Land O Lakes, FL 34638

Ryan Goodkin –Secretary

Home Address:
110 Flagler Lane
West Palm Beach, FL 33407

Santo Leo-Vice President

Home Address:
498 NE 37th St
Boca Raton, FL 33834

Daniel Lansman-Treasurer

Home Address:
10145 Emerson St
Parkland, FL 33076

**LIST OF PHARMACISTS
G&K Pharmacy**

Pharmacist in charge:

Heather Lee Stanton
License # RP032537L
Exp: 9/30/16
50 hours

ADDRESS:
169 Lone Pine Rd
Barto, PA 19504

Ph: 610-223-5363

Saturday Pharmacist

Purvi Shah
License # RP441618
Exp: 9/30/16
5 hours

ADDRESS:
305 Milkweed Drive
Allentown, PA 18104

Ph: 610-866-3788

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs
Pharmacy

License Number
PP482156

Expiration Date
08/31/2017

Registration Code
ZrFmU8

License Status
Active

G & K PHARMACY
HEATHER LEE STANTON
4680 BROADWAY
Allentown PA 18104



OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Registration Code

Your registration code is found on the attached wallet card.

Use this registration code online to: renew your license, change your personal or license address, or order duplicate licenses.

Visit our website at: www.mylicense.state.pa.us

First time users will be required to use this registration code to create a user ID and password.

G & K PHARMACY
HEATHER LEE STANTON
4680 BROADWAY
Allentown PA 18104

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

15 0166854

License Type
Pharmacy

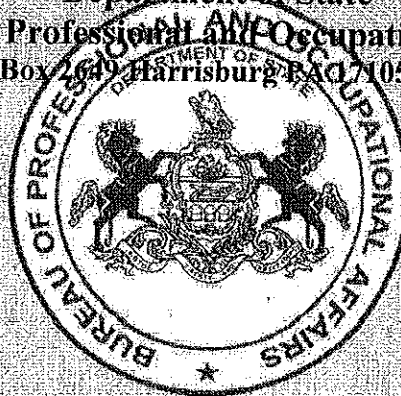
License Status
Active

G & K PHARMACY
HEATHER LEE STANTON
4680 BROADWAY
Allentown PA 18104

License Number
PP482156

Initial License Date
08/10/2011

Expiration Date
08/31/2017



Commissioner of Professional and Occupational Affairs

Signature

PA STATE BOARD OF PHARMACY
PO Box 2649
Harrisburg, PA 17105-2649
(717) 783-7156 (PHONE) • (717) 787-7769 (FAX)

FACILITY
G & K PHARMACY
4680 BROADWAY
Allentown 18104
Phone:
Owner:

LICENSE
License No: PP482156
Profession:
License Type: Pharmacy


Inspection Type:	17-Non-Directed Routine
Inspection Date:	9/2/2015
Result:	Pass

Notes:

Remarks: No technician help. Application for change in pharmacist manager filed. New pharmacist manager is Heather Lee Stanton RP032537L, new pharmacist manager began working as pharmacist manager on 8/14/2015. Former pharmacist manager Shalu Gupta last worked as pharmacist manager on 8/13/2015. Pharmacist on duty is Heather Lee Stanton RP032537L, (610)351-2666.

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

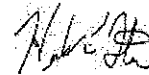
If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.



Signature of Inspector

9/2/2015

Date/Time



Signature of Owner/Representative

PA STATE BOARD OF PHARMACY
PO Box 2649
Harrisburg, PA 17105-2649
(717) 783-7156 (PHONE)
• (717) 787-7769 (FAX)

FACILITY

G & K PHARMACY
 4680 BROADWAY
 Allentown 18104

LICENSE

License No: PP482156
 Profession:
 License Type: Pharmacy

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Checklist Results	
QUESTIONS	
Question	Answer
1. Are all licenses current and posted?	Yes
2. Are there signed and dated protocols for each pharmacy technician?	Yes
Number of pharmacy technicians employed:	0
3. Are prescription files properly maintained? (electronic files are acceptable)	Yes
4. Are outdated drugs appropriately removed from active stock?	Yes
5. Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	Yes
6. Is there a refrigerator with temperature monitoring for drug storage only?	Yes
7. Are current copies of all Federal, State, and Board statutes and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	Yes
8. Is hot and cold water available in the prescription area?	Yes
9. Do labels have all the required information and match the license record?	Yes
10. Are transferred prescriptions properly recorded?	Yes
11. Are all prescriptions verified by registered pharmacists?	Yes
12. Is the name or initials of the dispensing pharmacist noted on the prescriptions?	Yes
13. Have any automated medication systems been properly validated?	N/A
14. Are there policies and procedures for the operation of any automated medication systems?	N/A
15. Is there a program for quality assurance for any automated medication systems?	N/A
16. Does the pharmacy meet all security requirements?	Yes
17. Are the required records maintained for the administration of injectable medications, biologicals, or immunizations?	N/A
18. Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	Yes
19. Are Schedule II drugs dispersed throughout the stock or securely locked in a substantially constructed cabinet?	Yes
20. Is the generic equivalent sign and list of commonly used equivalents properly posted?	Yes



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
COMPLAINTS AND INVESTIGATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head, Esq.
Commissioner

Geraldine L. Betts
Administrator

June 25, 2015

Jack P. Herick, Inc
Attn: Terry Myers, President
1095 Broken Sound Pkwy NW Suite 300
Boca Raton, FL 33487-3503

RE: 2015 PHA 10983

Dear Mr. Myers:

Please find enclosed the fully-executed consent agreement made by you, the Board of Pharmacy, and the Department of Attorney General in this matter.

This letter also acknowledges receipt of your fine payment of \$1,500.00 (check number 10334)

As all conditions of the Consent Agreement have been met, the above-mentioned complaint file is now closed.

If you have any questions, please feel free to contact this office.

Sincerely,

Kelly L. McLaughlin, Senior Consumer Assistant Specialist
(email:kelly.l.mclaughlin@maine.gov)

Enclosure

cc: Andrew Black, Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Chief Field Investigator & Complainant

Licensing (207)624-8620
Main Receptionist (207)624-8603
TTY USERS CALL MAINE RELAY 711

PRINTED ON RECYCLED PAPER
www.maine.gov/professionallicensing

Geraldine.L.Betts@maine.gov
Direct Line: (207)624-8625
Fax: (207)624-8686

OFFICE LOCATION: GARDINER ANNEX
78 NORTHERN AVENUE, GARDINER, MAINE

STATE OF MAINE
BOARD OF PHARMACY

IN RE:)
JACK P. HERICK, INC.) CONSENT AGREEMENT
Complaint No. 2015 PHA 10983)

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of Jack P. Herick, Inc. d/b/a Glades Drugs in the State of Maine. The parties to this Consent Agreement are: Jack P. Herick, Inc. ("JPH Inc."), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, JPH Inc. was licensed by the Board as a mail order pharmacy, license no. MO40001718, located at 109 South Lake Avenue in Pahokee, Florida.
2. On November 5, 2014, Oemar Iershad replaced Alan M. Kruger as the Pharmacist in Charge ("PIC") of JPH Inc.
3. On December 1, 2014, JPH Inc. filed an online renewal application for its mail order pharmacy license with the Board.
4. In this application JPH Inc. stated that its PIC was Mr. Kruger, and JPH Inc. certified that the information provided on the application was true and accurate.

5. Based on the information provided in the application, the Board approved JPH Inc.'s renewal application.
6. On December 5, 2014, the Board received a change in PIC application from JPH Inc. that indicated that on November 5, 2014, Mr. Iershad had assumed the role of PIC of JPH Inc.
7. On March 23, 2015, Board Investigator Thomas Avery filed a complaint with the Board alleging that JPH Inc. had failed to file a timely PIC change application with the Board and had made a misrepresentation in its online renewal application.
8. The Board docketed this complaint as complaint no. 2015 PHA 10983.
9. Under 32 M.R.S. § 13753(1)(C) a pharmacy must report to the Board by mail or fax any change of PIC no later than seven (7) days after the change.
10. In addition, under Board Rule Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.
11. On June 4, 2015, following a presentation of the complaint, the Board voted to offer JPH Inc. this Consent Agreement in order to finally resolve Complaint No. 2015 PHA 10983.
12. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Senior Consumer Assistance Specialist, 35 State House Station, Augusta, Maine 04333-0035 by July 10, 2015, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

13. JPH Inc. admits to the facts as stated above and admits that such conduct constitutes grounds for discipline as follows:

- a. Pursuant to 10 M.R.S. §§ 8003(5-A)(A)(1) by making a misrepresentation in its license renewal application with the Board;
- b. Pursuant to 10 M.R.S. §§ 8003(5-A)(A)(4) for violating a governing law of the Board, specifically 32 M.R.S. § 13753(1)(C) by failing to report to the Board by mail or fax a change of PIC no later than 7 days after the change; and
- c. Pursuant to 10 M.R.S. §§ 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rule Chapter 11, § 3, by failing to file a new application with the Board by registered mail no later than 7 days after a change of PIC.

14. As DISCIPLINE for the conduct admitted to in paragraph 13 above, JPH Inc. agrees to accept the imposition of:

- a. A WARNING; and
- b. A CIVIL PENALTY in the amount of one thousand five hundred dollars (\$1500.00), payment of which civil penalty shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Kelly McLaughlin, Senior Consumer Assistance Specialist, Maine Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, within thirty (30) days of the execution of this Consent Agreement.

15. This Consent Agreement is not appealable and is effective until modified or rescinded by the parties hereto.

16. Violation of any of the terms or conditions of this Consent Agreement by JPH Inc. shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.
17. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.
18. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.
19. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.
20. The Board and JPH Inc. agree that no further agency or legal action will be initiated against JPH Inc. by the Board based upon the specific violations admitted to herein, except or unless JPH Inc. fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against JPH Inc. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against JPH Inc.
21. JPH Inc. acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

JACK P. HERICK, INC.

DATED:

6-17-15

BY:



Authorized Representative:

Santo Sileo

Printed Name


DATED:

6/25/15


JOSEPH BRUNO, R. Ph., President
MAINE BOARD OF PHARMACY

DATED:

6/25/2015


ANDREW L. BLACK
Assistant Attorney General

LM2 HP-1

G&K Pharmacy
4680 Broadway Allentown, PA 18104
844-452-3371

NABP #

Rx 00109265
JOHN M DOE
1234 MAIN ST LAKE WORTH, FL 33460
KETOPROFEN/LIDOCAINE

JOHNATHAN DOE DR.

10%/4%
120 GM
Cream
Discard after
APPLY 1-2 PUMPS (1 PUMP = 1.5 GRAMS)
TO THE FOCAL SITE OF PAIN 3-4 TIMES
DAILY

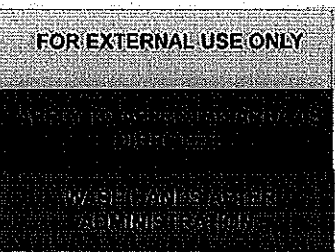
KK No refills authorized

08/05/2015

Rx Safety cap

Patient pay \$0.00
Disp. DAW: 0

Cost: \$7.10



Signature Log
JOHN M DOE
1234 MAIN ST LAKE WORTH, FL 33460

Rx 00109265
08/05/2015 KK Signature

00109265 08/05/2015 .KK 10/10/2000 CASH CUSTOMER
JOHN M DOE 1234 MAIN ST LAKE WORTH, FL 33460 123-456-7890
KETOPROFEN/LIDOCAINE 10%/4% CREAM 120 GM \$0.00
APPLY 1-2 PUMPS (1 PUMP = 1.5 GRAMS) TO THE FOCAL SITE OF PAIN 3-4 TIMES DAILY
JOHNATHAN DOE DR. JD5555 (561)555-5555 Refills: 0
5555 LAKE WORTH RD LAKE WORTH, FL 33460

KETOPROFEN USP MICRONIZED POWDER
NDC: 62991273308 Mfg: LETCO Exp: 04/30/2019
Lot#: 1406250045 LIDOCAINE USP
NDC: 62991-1094-06 Mfg: LETCO Exp: 05/06/2019
Lot#: 1410280062

JOHN M DOE
1234 MAIN ST
LAKE WORTH, FL 33460

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

**Ketoprofen- NSAID, Topical Anti-Inflammatory
Lidocaine- Topical Anesthetic**

BEFORE USING THIS MEDICINE:

- * Inform your Doctor or Pharmacist if you are allergic to any prescription or non-prescription medicine, taking other medicines or have other medical problems; pregnant, planning a pregnancy, or breastfeeding.
- * Check with your Doctor, Pharmacist, or Nurse if information in this leaflet causes you special concern or if you want additional information about your medicine and its use.

COMMON USE FOR THIS MEDICINE:

For the potential treatment of: Osteoarthritis/Rheumatoid Arthritis TMJ Neuropathy/Diabetic Peripheral Neuropathy Fibromyalgia
Post Herpetic Neuralgia Radiculopathy Failed Back Syndrome Tendonitis Epicondylitis Myofascial Pain
Syndrome Trigeminal Neuralgia

HOW TO USE THIS MEDICINE:

- Use this medicine exactly as directed on the label, unless instructed differently by your doctor
- * This medication is for EXTERNAL USE only.
- * CLEANSE & DRY area first before applying.
- * WASH hands prior to administration.
- * WASH hands immediately after using medication.
- * DO NOT USE on irritated, denuded, or damaged skin.

WHAT TO DO IF YOU MISS A DOSE:

If you miss a dose, apply as soon as possible when remembered; then resume regular dosing schedule.

HOW TO STORE THIS MEDICINE:

Keep in original closed container in a dark, cool, and dry place away from children. Ingredients may separate upon prolonged exposure to heat. Refrigeration of the medication for several hours may help the product remix. Discard unneeded medicine.

CALL YOUR DOCTOR IMMEDIATELY IF YOU EXPERIENCE:

Skin inflammation; Skin rash; Dry skin; Itching.

PRECAUTIONS AND WARNINGS:

- * There are no adequate or well-controlled safety studies for this medication.



G&K Pharmacy
4680 Broadway Allentown, PA 18104
844-452-3371

Receipt

G&K Pharmacy
4680 Broadway Allentown, PA 18104
844-452-3371

Receipt

JOHN M DOE
1234 MAIN ST
LAKE WORTH, FL
33460

NABP #

JOHN M DOE
1234 MAIN ST
LAKE WORTH, FL
33460

NABP #

Rx 00109265
120 GM
KETOPROFEN/LIDOCAINE 10%/4% CREAM

08/05/2015

123-456-7890

HIPAA check
10 day supply NDC:

08/05/2015

123-456-7890

JOHNATHAN DOE DR.
5555 LAKE WORTH RD LAKE WORTH, FL 33460
(561)555-5555 JD5555

CASH CUSTOMERS

\$0.00

Sales tax \$0.00



00109265

\$0.00

G&K Pharmacy, DBA Glades Drugs

Description

Pharmacy practice of the establishment G&K Pharmacy. DBA Glades Drugs is an independent retail and non-sterile compounding facility. Prescription drugs from retail filled are Schedules II-V and legend drugs. Compounded non-sterile drugs are Schedule III-V and legend drugs. USP <795> guidelines are used for the non-sterile compounding practice at this site.

Offer to Counsel

All Patients are given an offer to counsel in a separate writing with their prescription. On this offer to counsel are the pharmacy hours, toll-free phone number and on-call phone number where the pharmacist may be reached after hours. This telephone service is free and has multiple lines to ensure reasonable access.

Normal delivery process

All prescriptions are mailed FedEx ground the day they are processed and the normal arrival time is 2-3 business days after the prescription is received at the pharmacy. The patient is contacted before the prescription is sent and informed of the expected arrival time. Overnight shipments are available upon request.

Delivery Delays

If the prescription is not available or there is going to be a delay in the processing of the prescription, the patient is contacted to either inform the patient of the delay or to set up an alternative means for acquiring the prescription.

Non Delivery

If the prescription has not been received, we contact the courier to find out the reason(s) for the delay and overnight replacement medication.

Temperature sensitive drugs

All temperature-sensitive drugs are sent in appropriate thermal packaging to ensure proper storage temperature upon delivery.

Acute Illness

For an acute illness, the prescription can either be sent overnight or transferred to a local pharmacy for immediate pickup.

New Nonresident Pharmacy Application Review

Name:	G&K Pharmacy
DBA:	Glades Pharmacy
Street Address:	4680 Broadway
City, State, Zip:	Allentown, PA 18104
Date application received:	10-09-2015
Application reviewed by:	Sue Mears
Date application reviewed:	10-13-2015
Omission(s):	None
Area(s) of Concern:	Disclosed discipline, summarized below

Glades Pharmacy entered into a Consent Agreement in June 2015 with the Maine Board of Pharmacy for not filing a change of pharmacist in charge application within 7 days. The Consent Agreement included a \$1,500 civil penalty along with a warning, but no further sanction.