

**BEFORE THE PHARMACY BOARD OF THE STATE OF IOWA**

**IN THE MATTER OF**

**CVS PHARMACY  
3804 Metro Drive  
Council Bluffs, Iowa 51501**

**RESPONDENT**

**CASE NO.: 2024-0186**

**COMBINED STATEMENT OF  
CHARGES, SETTLEMENT  
AGREEMENT, AND FINAL ORDER**

**COME NOW** the Iowa Board of Pharmacy (“Board”) and CVS Pharmacy (“Respondent”) and enter into this combined Statement of Charges and Settlement Agreement and Final Order (“Order”) pursuant to Iowa Code sections 17A.10(2), 272C.3(4), and 272C.10 and 657 Iowa Administrative Code (“IAC”) 35.24.

**A. BACKGROUND**

1. **Iowa License.** Respondent maintains Iowa pharmacy license number 1564. Respondent’s Iowa pharmacy license is active and will next expire on December 31, 2024.
2. **Practice Setting.** Respondent is an Iowa licensed pharmacy located in Council Bluffs, Iowa, during the time period relevant to these allegations.
3. **Jurisdiction.** The Board has jurisdiction in this matter pursuant to Iowa Code section 155A.
4. **Allegations.** On August 14, 2024, patient A.R. received a prescription from Respondent pharmacy for clobazam. The prescription had been repackaged from the original manufacturer packaging into a pharmacy vial, despite warnings on the box, bottle, and package insert stating that clobazam must be dispensed in original packaging. In addition, the original packaging stated the medication must be used within 90 days once opened and any remainder be discarded. The packaging that Respondent pharmacy used for the medication instead stated a beyond-use date of

one year. A caretaker for A.R. notified the CVS District Leader of the error. Respondent pharmacy was notified of the error on September 9, 2024. The Respondent pharmacy did not complete a CQI for this error until September 17, 2024.

## **B. STATEMENT OF CHARGES**

### **COUNT I**

5. Respondent is charged under 657 IAC 36.6(28) with failing to create and maintain complete and accurate records as required by state or federal law or regulation or rule of the board, by failing to properly record medication errors in the CQI reports.

### **COUNT II**

6. Respondent is charged under 657 IAC 36.6(41) with dispensing, or contributing to the dispensing of, an incorrect prescription, which includes, but is not limited to, the incorrect drug, the incorrect strength, the incorrect patient or prescriber, or the incorrect or incomplete directions.

## **C. SETTLEMENT AGREEMENT**

7. Respondent acknowledges that the allegations in the Statement of Charges, if proven in a contested case hearing, would constitute grounds for the discipline agreed to in this Order.
8. To resolve this matter without proceeding to hearing, Respondent agrees to the conditions set forth in section D below.
9. In entering this Order, Respondent acknowledges the following:
  - a. This Order is subject to the approval of the Board and will have no force or effect if it is not accepted by the Board.
  - b. Counsel for the State will present this Order to the Board *ex parte*.

- c. I have the right to be represented by counsel in this matter.
- d. I understand I have an opportunity to be heard and to contest the allegations against me in a formal hearing before the Board and that, by waiving the formal hearing, I waive my right to challenge the allegations against me and all attendant rights, including the right to seek judicial review of the Board's actions.
- e. I waive my ability to review the investigative file in this case.
- f. I understand this Order will be part of my permanent licensure file and may be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.
- g. I am voluntarily entering into this Order.
- h. Failure to comply with the provisions of this Order shall be grounds for further disciplinary action pursuant to Iowa Code § 272C.3(2)(a).
- i. I understand the Board is required by federal law to report this Order to the National Association of Pharmacy Boards. The report to the database will reflect the language included in this Order.
- j. I understand I am responsible for all expenses incurred to comply with the conditions and requirements of this Order.

10. Respondent shall submit a copy of this Order to all licensing boards where Respondent holds a license, whether active or not, within **THIRTY (30) DAYS** of the date of the Board approval of this Order.

11. This Order constitutes discipline against Respondent and is the final agency action in a contested case pursuant to Iowa Code section 17A.10.

12. This Order shall not preclude the Board from taking additional action against Respondent should Respondent violate laws, rules, or standards of practice administered by the Board in the future.

13. This Order becomes a public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Sections 17A, 22, and 272C.

14. The Board's approval of this Order shall constitute a **Final Order** of the Board.

#### **D. FINAL ORDER**

#### **IT IS THEREFORE ORDERED:**

- A. CITATION AND WARNING:** Respondent is hereby **CITED** under 657 IAC 36.6(28) for failing to create and maintain complete and accurate records as required by state or federal law or regulation or rule of the board and 657 IAC 36.6(41) for dispensing an incorrect prescription, including using the incorrect or incomplete directions. Respondent is hereby **WARNED** that engaging in such conduct in the future may result in further disciplinary action against Respondent's Iowa pharmacy license.
- B. CONTINUING EDUCATION FOR ALL PHARMACY STAFF.** Within ninety (90) days of this Order, all pharmacists and pharmacy technicians shall complete, at Respondent's expense, a board-approved continuing education course on patient safety and preventing medication errors.
- C. CIVIL PENALTY.** Within thirty (30) days of this Order, Respondent shall pay a civil penalty in the amount of one thousand dollars (\$1,000.00). Respondent's check shall be made payable to the "Treasurer of Iowa" and shall be remitted to the Iowa Board of Pharmacy, 6200 Park Avenue, Ste. 100, Des Moines, Iowa, 50321.

**FOR THE RESPONDENT:**

Voluntarily agreed to and accepted by CVS PHARMACY on this 21 day of  
January, 2025.



By:

On Behalf of: CVS PHARMACY, Respondent

**FOR THE IOWA BOARD OF PHARMACY:**

Voluntarily agreed to and accepted by the **IOWA BOARD OF PHARMACY** on this  
4th day of March, 2025



Kathy Stone, Chair

Iowa Board of Pharmacy