

RECEIVED

MAR 20 2025

Iowa Board of Pharmacy

BEFORE THE PHARMACY BOARD OF THE STATE OF IOWA

IN THE MATTER OF

Digestive Care, Inc.

APPLICANT

CASE NO.:

**CONSENT AGREEMENT GRANTING
IOWA LIMITED DISTRIBUTOR
LICENSE**

COME NOW the Iowa Pharmacy Board ("Board") and Digestive Care, Inc. ("Applicant"), and enter into this Consent Agreement ("Agreement") for the issuance of an Iowa limited distributor license subject to the following conditions:

A. JURISDICTION AND BACKGROUND

1. Applicant is a small company located in Bethlehem, Pennsylvania.
2. Applicant ships pancreatic enzymes mainly used for cystic fibrosis patients to all 50 states.
3. Applicant previously maintained an Iowa wholesale distributor license that expired on December 31, 2011.
4. Due to administrative oversight, Applicant continued shipping into Iowa after the Iowa wholesale distributor license expired.
5. On July 12, 2024, Applicant submitted an application for an Iowa limited distributor license under 657 Iowa Administrative Code ("IAC") 42.
6. The Board became aware of the lapsed Iowa wholesale distributor license when Applicant applied for the Iowa limited distributor license.
7. The Board considered the application for an Iowa limited distributor license at the public meeting held on March 4, 2025.
8. A representative from Applicant appeared before the Board and explained the Applicant's

position, as well as the change in policies and procedures put in place to ensure their license does not lapse again.

9. The Board has jurisdiction in this matter pursuant to Iowa Code 155A and 657 IAC 42.

B. STIPULATIONS

10. In stipulating to this Consent Agreement, the Applicant acknowledges the following:
 - a. This Consent Agreement is subject to the approval of the Board and will have no force or effect if it is not accepted by the Board.
 - b. The Assistant Attorney General will present this Consent Agreement to the Board *ex parte*.
 - c. 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 or to object to the terms of this Consent Agreement.
 - d. I waive my ability to review the investigative file in this case.
 - e. I understand this Consent Agreement will be part of my permanent 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.
 - f. I am voluntarily entering into this Consent Agreement.
 - g. Failure to comply with the provisions of this Consent Agreement shall be grounds for disciplinary action pursuant to Iowa Code § 272C.3(2)(a).
 - h. I understand the Board is required by federal law to report this Consent

Agreement to the National Association of Boards of Pharmacy. The report to the database will reflect the language included in this Consent Agreement.

- i. I have the right to be represented by counsel in this matter.
 - j. I understand that this Consent Agreement constitutes formal disciplinary action against Applicant's Iowa limited distributor license.
 - k. I understand I am responsible for all expenses incurred to comply with the conditions and requirements of this Consent Agreement.
11. Applicant shall obey all federal, state, and local laws, and all rules governing the practice of distributing pharmaceuticals into Iowa.
12. Applicant shall submit a copy of this Consent Agreement to all licensing boards where the Applicant holds a license, whether active or not, within **THIRTY days** of the date of the Board approval of this Consent Agreement.
13. This Consent Agreement becomes a public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Chapters 17A, 22 and 272C.
14. The Board's approval of this Consent Agreement shall constitute a **FINAL ORDER** of the Board.

C. FINAL ORDER

WHEREFORE it is hereby ordered:

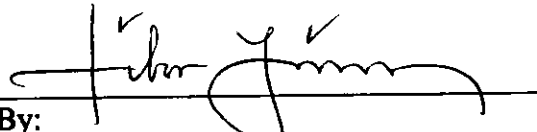
- A. CIVIL PENALTY:** Applicant shall pay a civil penalty in the amount of five thousand dollars (\$5,000.00). Applicant's check shall be made payable to the "Iowa Treasurer of State" and shall be remitted to the Iowa Board of Pharmacy, 6200 Park Avenue, Ste. 100, Des Moines, Iowa, 50321, within **SIXTY (60)** days of the date of this Order.

B. COMPLIANCE WITH LAWS AND RULES. Applicant shall abide by all state and federal laws and regulations governing the practice of pharmacy, including maintaining current licensure.

WHEREFORE, Applicant's limited distributor license is hereby GRANTED and the terms of this Consent Agreement are agreed to by the Iowa Pharmacy Board and the Applicant.


FOR THE APPLICANT:

Voluntarily agreed to and accepted by Digestive Care, Inc. on this 17 day of MARCH, 2025.


By:
On behalf of Digestive Care, Inc., Applicant

FOR THE IOWA PHARMACY BOARD:

Voluntarily agreed to and accepted by the IOWA PHARMACY BOARD on this 16th day of April, 2025.



Chairperson
Iowa Pharmacy Board