

**State of New Hampshire
Board of Pharmacy
Concord, New Hampshire**

In the Matter of:
Key Compounding Pharmacy
Permit No.: NR 0634

PRELIMINARY AGREEMENT FOR PRACTICE RESTRICTIONS

The New Hampshire Board of Pharmacy ("Board") granted Key Compounding Pharmacy ("Respondent"), a non-resident pharmacy, a State of New Hampshire permit to ship drugs and compounded drugs to New Hampshire on March 27, 2008. Respondent holds permit number NR 0634.

Respondent enters into a Preliminary Agreement with the Board as follows:

1. Recognizing that concerns regarding excessive bacteria and fungus levels in certain rooms at Key Compounding Pharmacy's facility are currently being investigated by the Board, Respondent hereby voluntarily agrees not to ship sterile compounded drugs/products into New Hampshire until further Order by the Board.

2. Respondent further agrees to send a notification to all New Hampshire patients who received sterile compounded drugs/products from Respondent since May 10, 2016, which is the date of the last test in which viable growth at Respondent's facility was purported to be at acceptable levels.

3. Respondent agrees that such notifications required by paragraph 2 of this Agreement shall be conducted within three (3) days of the effective date of this Agreement and shall specifically contain the following:

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- a. Notification that bacteria and/or fungus had been identified in samplings taken from Respondent facility's Ante room and Buffer room on November 15 and 16, 2016, which exceeds acceptable levels;
 - b. Notification that May 10, 2016 was the last date in which a test of viable growth at Respondent's facility was purported to be at acceptable levels;
 - c. Notification that Respondent's records shows that it shipped sterile compounded drugs/products to the patient after May 10, 2016 when viable growth at Respondent's facility had, or might have, exceeded acceptable levels;
 - d. Listing of all dates for the shipments referenced in notification requirement contained in paragraph 3, c of this Agreement and the name of the prescriber;
and
 - e. A name and direct contact information for Respondent's point person regarding inquiries from the patients receiving the notifications or their providers.
4. Respondent admits to no violations of RSA Chapter 318 or any other State or federal laws, statutes, rules or regulations.
 5. Respondent understands that a breach of any terms or conditions of this Agreement shall constitute a sufficient basis for disciplinary action by the Board.

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6. Understanding that these restrictions shall remain until further order of the Board, Respondent hereby specifically waive any statute of limitations or laches defense, which might then be available as to any resulting misconduct allegations.

7. Respondent further understands that this document shall become a permanent part of its file, and will be maintained by the Board as a public document.

8. Respondent voluntarily enters into this agreement with the Board and states that no promises or representations have been made to Respondent or its representatives other than those terms and conditions expressly stated herein.

FOR RESPONDENT

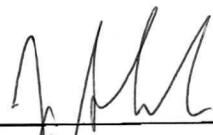
Date: 1-10-2017

 (signature)
Irene Foo (print name)
Authorized Representative of
Key Compounding Pharmacy, Respondent

FOR THE BOARD

This Preliminary Agreement is hereby accepted in accordance with the binding terms and conditions set forth above.

Date: 1/12/17


(Signature)
JOSEPH G. SHOEMAKER
Name
Authorized Representative of the
New Hampshire Board of Pharmacy