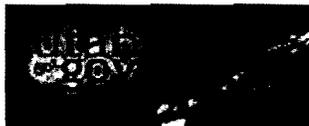


	2013	2014	2015	Mar-15
Administrative Filings	37	52	3	4
Criminal Filing/Felony	3	0	0	0
Letter of Concern	60	146	17	11
Referred to Diversion	1	2	0	0
PR/Outreach	3	4	0	0
Cases Received	710	567	111	86
Case Assigned	676	555	107	86
Closed Cases	731	595	108	55
Citations Issued	103	60	19	8
Pharmacy Inspections	225	335	29	30
Pharmacy Alerts	191	261	23	22
Dr. Shopper/Law Enforcement Letters	209	571	55	34
<b>NOTES: Pharmacy Group</b>				
PR/Outreach	On April 17-19, 2015, Pharmacy Investigators, Lynn Hooper, Camille Farley, and Pharmacy Inspector, Jennifer Healey, attended and set up a booth at the Utah Pharmacy Association 2015 Annual Convention in St George. There were 170 registered attendees, Pharmacists, Pharmacy Technicians, Interns, and Students who visited the booth. The Pharmacy group was busy answering questions, handing out information sheets on new laws, and helping with any concerns the attendees had. They received good comments from many of the participants.			
Administrative Action	Pharmacy Tech admitted to the theft of Controlled Substances from her place of employment for her own use. The Pharmacy Tech signed a Surrender Stipulation and Order, surrendering her license to practice.			
Administrative Action	Pharmacy Tech admitted to the theft of Controlled Substances, and food from his place of employment for his own use. The Pharmacy Tech signed a Surrender Stipulation and Order, surrendering his license to practice.			
Administrative Action	Pharmacist entered the wrong prescribers into patient's profiles, failed to report prescriptions to the Controlled Substance Database, altered his own prescription, filled prescriptions with medications not prescribed, filled partial prescriptions illegally, filled invalid prescriptions, filled emergency prescriptions with more than a 72-hour supply, and there were problems with the Annual Controlled Substance Inventories. The Pharmacist signed a Surrender Stipulation and Order, surrendering his license to practice and was been fined \$10,000.			

Administrative Action	Pharmacist had action taken against him by another State Agency for taking quantities of Controlled Substances from his pharmacy employer without authorization for his own use, and negligent driving with drugs in his system. The Pharmacist signed a Surrender Stipulation and Order, surrendering his license to practice.
Citation	Pharmacy was issued a Citation with a \$1,050 fine for Pharmacy Violations found during a Random Inspection.
Citation	Pharmacy was issued a Citation with a \$1,050 fine for Pharmacy Violations found during a Random Inspection.
Citation	Pharmacy was issued a Citation with a \$375 fine for Pharmacy Violations found during a Random Inspection.
Citation	Pharmacy was issued a Citation with a \$1,250 fine for Pharmacy Violations found during a Random Inspection.
Citation	Pharmacy was issued a Citation with a \$1,050 fine for Pharmacy Violations found during a Random Inspection.
Citation	Pharmacy was issued a Citation with a \$375 fine for Pharmacy Violations found during a Random Inspection.
Citation	Pharmacy was issued a Citation with a \$1,050 fine for Pharmacy Violations found during a Random Inspection.
Citation	Pharmacy was issued a Citation with a \$1,050 fine for Pharmacy Violations found during a Random Inspection.



---

**Fwd: Branch Pharmacy**

2 messages

Thu, Feb 5, 2015 at 1:07 PM

FYI

----- Forwarded message -----

From: [redacted]@atamg

Date: Thu, Feb 5, 2015 at 11:40 AM

Subject: Re: Branch Pharmacy

To: Sam Marshall &lt;pangdrug@gmail.com&gt;

Sam,

Thanks for sending the email. I may have not mentioned over the phone that my last day at DOPL is tomorrow. I'd hoped to connect with Lynn Hooper, DOPL investigator, to get his input regarding your setting up of a branch pharmacy before I left, but Lynn is out of town. You will need to connect with the interim Bureau Manager, Steve Duncombe, regarding your question. It may be something that needs to wait until my permanent replacement is hired likely in March 2015. After the new manager is hired, I suggest you contact him or her to request that your proposal be considered by the Utah Board of Pharmacy. I'm sorry that this may take longer than anticipated.

On Wed, Feb 4, 2015 at 5:58 PM, [redacted]:

[redacted]

Review of conversation with you on the phone regarding possibility of setting up a branch pharmacy in a mobile clinic. I also have a few late clarifications to make as well.

1. Garfield Memorial has received funding and is having built a mobile clinic, built in an RV. They would like to have a physician dispensing branch pharmacy. They would like me to be able to provide these services, if possible.
2. The mobile clinic would return to the Garfield Memorial Hospital every night after seeing patients in remote communities in Garfield and Piute counties, and would be stored on hospital grounds in Panguitch every night. Medications would be kept in a locked cabinet within the clinic.
3. The clinic would follow all rules regarding dispensing of medications from the clinic.

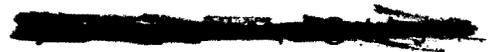
These are the things that I see possible complications:

1. security and alarming of cabinet and RV.
2. no real physical address for clinic.

I believe that there are benefits to members of our communities and to tourists that travel to our areas. Any help that you could offer would be appreciated. I also understand that it may not be possible with current rules, but wonder if change is needed.



H/



---

**data entry outsourcing**

1 message

Fri, Apr 3, 2015 at 2:05 PM



Lynn,

I left you a message yesterday, but I wanted to do a better job explaining my question. We are having a really difficult time finding good typists. We met this company that does remote data entry, and they guarantee 95% accuracy. They are not licensed in the state of Utah, and even though the company says plenty of pharmacies do this, I don't see anything in the practice act that would allow for it. What do you know about this? Is data entry not considered technician work and can fall to support staff? I can understand refills... our computer does a good amount of them anyway, but to enter a prescription for anything but billing purposes seems like tech work. This girl says she has plenty of clients in Utah... am I missing something?

Also, is there a way I could get them licensed in the state of Utah? It seems like if you need a background check and fingerprints from the Utah criminal justice center that you could not do this out of state.



45

- [Services](#)
- [The Process](#)
- [F.A.Q.](#)
- [Testimonials](#)
- [Articles](#)
- [Research](#)
- [Signup](#)
- [Contact Us](#)
- [Certification](#)

## PlacentaWise

It's not weird or freaky or gross, it's science.

# The Process

## Here is what you will need to do:

1. Decide which [Services](#) or [Package](#) you want. Determine whether PlacentaWise will pick up/drop off placenta and capsules, or if someone will bring the placenta to your Encapsulation Specialist.
2. [Sign up](#) and pay the \$50 deposit.
3. Print out the [Placenta and Health Information Release Form](#). Bring it to your next prenatal visit and have your care provider fill out and sign the required information. Sign and date.
4. Print out the [Placenta Encapsulation Processing Agreement](#). Sign and initial. This contract, along with the Release form (above), will be due, *along with the payment balance*, when we receive the placenta.
5. Print out the [Placenta Encapsulation Client Checklist](#) to make sure you have all the necessary info, forms, and equipment.
6. If you are having a home birth or birth center birth, include two gallon-size Ziploc bags with your name and phone number written on one, in the bag or suitcase you plan to bring to your birth location.
7. Bring a small cooler with you to the birth location to keep your placenta cold until pick-up.
8. Specify in your birth plan that you will be keeping your placenta. You will have to sign a release form if you are birthing in hospital.
9. Text (801) 358-1448 to notify us when you are in labor.
10. At a hospital birth, the nurses will store the placenta in a plastic container and a biohazard bag. Write your name and phone number on the container.
11. At a home or birth center birth, have the midwife double bag the placenta in two gallon-size ziploc freezer bags. Write your name and phone number on the bag.
12. Place the bagged placenta in the hospital or birth center fridge (or your own fridge for home birth) within one – two hours after birth.
13. If hospital will not store placenta in their fridge, you can place it in a cooler with ice and keep it cold.
14. The refrigerated placenta should be dropped off at your Encapsulation Specialist's house within 24 – 48 hours of the birth, between the hours of 9 AM and 9 PM. Transport the placenta in a cooler with ice.

15. If you cannot get the placenta to your Encapsulation Specialist within 48 hours, it should be put in the freezer.
16. We can usually have the placenta completed within 48-72 hours.
17. We will contact you when the capsules are finished, and you can pick them up at your convenience. Tinctures take 6-8 weeks and can be picked up at your convenience.

## **Checklist of items to bring to hospital or birth center:**

- Payment balance: cash or check.
- Signed and initialed Placenta and Health Release form, and Placenta Encapsulation Agreement.
- Placenta Encapsulation Checklist for reference.
- Small cooler or container to keep placenta on ice.
- For birth center or home births: two gallon-sized Ziploc bags with your name and phone number written on them.
- Birth plan specifying that you are keeping placenta.

## **The encapsulation process includes:**

- Thorough sanitization of work space and all equipment. Strict OSHA standards are observed.
- Carefully rinsing and cleaning the placenta of extra blood, clots, or any debris.
- Trimming the cord, which is dehydrated in a heart shape as a birth keepsake.
- If client desires, steaming the cleaned placenta.
- Slicing the placenta thinly.
- Heating the placenta strips to 160 degrees to kill any bacteria that may be present.
- Complete dehydration in a dehydrator that is reserved specifically for placentas.
- Grinding the dehydrated strips into a fine powder.
- Filling capsules with powder, placing in containers and printing dosing instructions.
- Sanitization of all equipment and work space.



- [Services](#)
- [The Process](#)
- [F.A.Q.](#)
- [Testimonials](#)
- [Articles](#)
- [Research](#)
- [Signup](#)
- [Contact Us](#)
- [Certification](#)

## PlacentaWise

It's not weird or freaky or gross, it's science.

# Services

Here are the services you can get with our great package deals!

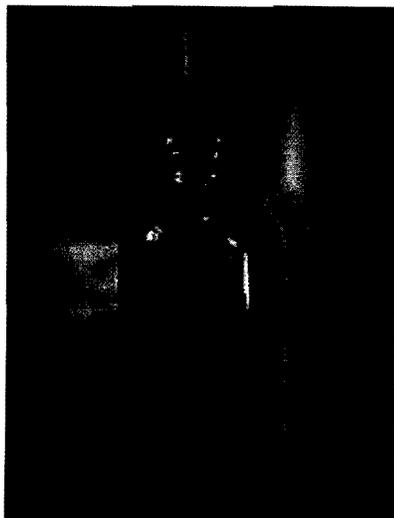
→ Signup now and place your deposit

## Placenta Capsules



- This method usually produces around 100-175 capsules, depending on the size of your placenta.
- Capsules last many years when stored in the freezer. Take them for PMS, low milk supply, fertility challenges, and even menopause!
- Capsules should be taken with a glass of juice and a meal to help the powder settle and reconstitute in your stomach.
- Includes a heart-shaped umbilical cord keepsake.
- *Check out our great package deals below!*

## Placenta Tincture



- Placenta tincture is an added bonus in that it can be used in addition to and long after the capsules are gone. By tincturing a small piece of the placenta in a high grade alcohol, you can prolong the benefits of your placental hormones. The tincture can be used in any time of trauma, transition, emotional distress and during menopause and ease your symptoms.
- The tincture is allowed to sit for at least six – eight weeks before use. It is very shelf-stable if kept in a cool dark place such as a cupboard, and will last for many, many years.
- Dosage is 7 – 10 drops of tincture in a full glass of juice. At this dilution, the alcohol has no intoxicating effects. It is less alcohol than cough medicine contains. If you prefer to reduce the alcohol even further, you can place the drops in a cup of boiling tea, “burning” off the alcohol, then cooling before ingesting.

## Placenta Salve



- Your own superfine placenta powder is infused into a high quality salve base, with or without your choice of essential oils. We use a luxurious organic base as our carrier because it is non-sensitizing, good smelling, food based, and can penetrate deep under the surface of the skin. The Salve base is made of: Organic shea butter, organic macadamia nut oil, organic coconut oil, organic locally farmed beeswax, and vitamin E.
- Placenta has long been used in skincare for its healing and restorative properties. There are a number of expensive anti-aging lotions and creams containing “sheep placenta extract” as the

- [Services](#)
- [The Process](#)
- [F.A.Q.](#)
- [Testimonials](#)
- [Articles](#)
- [Research](#)
- [Signup](#)
- [Contact Us](#)
- [Certification](#)

## [PlacentaWise](#)

It's not weird or freaky or gross, it's science.

# Research Studies Supporting Placenta Encapsulation

## Placentophagy protocol in management of postpartum care

"Giving...placenta to a new mother following birth has become standard protocol among a growing number of midwives in the United States. **By nourishing the blood and fluids, endocrine glands and organs, Placenta will ...reduce or stop postpartum bleeding, speed up recovery, boost energy and relieve postpartum blues.**" *Homes, Peter. 1993. Jade Remedies, Snow Lotus Press, 352.*

## The Effect of Ingestion of Desiccated (dried) Placenta on Milk Production

"All patients were given desiccated placenta prepared as previously described (C.A. II, 2492) in doses of 10 grains in a capsule 3 times a day. Only those mothers were chosen for the study whose parturition was normal and only the weights of those infants were recorded whose sole source of nourishment was mothers milk. The growth of 177 infants was studied. The rate of growth is increased by the ingestion of placenta by the mother... the maternal ingestion of dried placenta tissue so stimulates the tissues of the infants feeding on the milk produced during this time, that unit weight is able to add on greater increments of matter, from day to day, than can unit weight of infants feeding on milk from mothers not ingesting this substance." *Hammitt, Frederick. S. 1918. The Journal of Biological Chemistry, 36. American Society of Biological Chemists, Rockefeller Institute for Medical Research, original press: Harvard University.*

## The American journal of obstetrics and diseases of women and children

"It has been shown that the feeding of desiccated placenta to women during the first eleven days after parturition causes an increase in the protein and lactose percent of the milk... All the mothers were receiving the same diet, and to the second set 0.6mg of desiccated placenta was fed three times a day throughout the period. Certain definite differences in the progress of growth of the two sets of infants are to be observed. It is

evident that the recovery from the postnatal decline in weight is hastened by the consumption of milk produced under the influence of maternally ingested placenta.”  
*McNeile, Lyle G. 1918. The American journal of obstetrics and diseases of women and children, 77. W.A. Townsend & Adams, original press: University of Michigan.*

## Placenta as Lactagagon

“Powdered Placenta Hominis was used for 57 cases of insufficient lactation. Within 4 days, 48 women had markedly increased milk production, with the remainder following suit over the next three days.” *Bensky/Gamble. 1997. Materia Medica, Eastland Press, 549.*

“An attempt was made to increase milk secretion in mothers by administration of dried placenta per os. Of 210 controlled cases only 29 (13.8%) gave negative results; 181 women (86.2%) reacted positively to the treatment, 117 (55.7%) with good and 64 (30.5%) with very good results. It could be shown by similar experiments with a beef preparation that the effective substance in placenta is not protein. Nor does the lyophilised placenta act as a biogenic stimulator so that the good results of placenta administration cannot be explained as a form of tissue therapy per os. The question of a hormonal influence remains open. So far it could be shown that progesterone is probably not active in increasing lactation after administration of dried placenta.

This method of treating hypogalactia seems worth noting since the placenta preparation is easily obtained, has not so far been utilized and in our experience is successful in the majority of women.” *Soykova-Pachnerova E, et. al.(1954). Gynaecologia 138(6):617-627.*

## Placentophagia: A Biobehavioral Enigma

KRISTAL, M. B. NEUROSCI. BIOBEHAV. REV. 4(2) 141-150, 1980.

“Although ingestion of the afterbirth during delivery is a reliable component of parturitional behavior of mothers in most mammalian species, we know almost nothing of the direct causes or consequences of the act. Traditional explanations of placentophagia, such as general or specific hunger, are discussed and evaluated in light of recent experimental results. Next, research is reviewed which has attempted to distinguish between placentophagia as a maternal behavior and placentophagia as an ingestive behavior. Finally, consequences of the behavior, which may also be viewed as ultimate causes in an evolutionary sense, are considered, such as the possibility of beneficial effects on maternal behavior or reproductive competence, on protection against predators, and on immunological protection afforded either the mother or the young.”

## Placenta for Pain Relief

*Placenta ingestion by rats enhances  $\gamma$ - and  $n$ -opioid antinociception, but suppresses  $A$ -opioid antinociception*

Jean M. DiPirro\*, Mark B. Kristal

**Ingestion of placenta or amniotic fluid produces a dramatic enhancement of centrally mediated opioid antinociception in the rat.** The present experiments investigated the role of each opioid receptor type (A,  $\mu$ ,  $\kappa$ ) in the antinociception-modulating effects of Placental Opioid-Enhancing Factor (POEF—presumably the active substance). Antinociception was measured on a 52 jC hotplate in adult, female rats after they ingested placenta or control substance (1.0 g) and after they received an intracerebroventricular injection of a  $\mu$ -specific ([D-Pen<sup>2</sup>,D-Pen<sup>5</sup>]enkephalin (DPDPE); 0, 30, 50, 62, or 70 nmol), A-specific ([D-Ala<sup>2</sup>,N-MePhe<sup>4</sup>,Gly<sup>5</sup>-ol]enkephalin (DAMGO); 0, 0.21, 0.29, or 0.39 nmol), or  $\kappa$ -specific (U-62066; spiradolone; 0, 100, 150, or 200 nmol) opioid receptor agonist. The results showed that ingestion of placenta potentiated  $\mu$ - and  $\kappa$ -opioid antinociception, but attenuated A-opioid antinociception. This finding of POEF action as both opioid receptor-specific and complex provides an important basis for understanding the intrinsic pain-suppression mechanisms that are activated during parturition and modified by placentophagia, and important information for the possible use of POEF as an adjunct to opioids in pain management.  
D 2004 Elsevier B.V. All rights reserved.

## **Enhancement of Opioid-Mediated Analgesia: A Solution to the Enigma of Placentophagia.**

KRISTAL, M.B. NEUROSCI BIOBEHAV REV 15(3) 425-435, 1991.

Two major consequences of placentophagia, the ingestion of afterbirth materials that occurs usually during mammalian parturition, have been uncovered in the past several years. The first is that increased contact, associated with ingesting placenta and amniotic fluid from the surface of the young, causes an accelerated onset of maternal behavior toward those young. The second, which probably has importance for a broader range of mammalian taxa than the first, is that ingestion of afterbirth materials produces enhancement of ongoing opioid-mediated analgesia. The active substance in placenta and amniotic fluid has been named POEF, for Placental Opioid-Enhancing Factor. Recent research on both consequences is summarized, with particular attention to POEF, the generalizability of the enhancement phenomenon, its locus and mode of action, and its significance for new approaches to the management of pain and addiction. Read the full article [here](#).

[http://en.wikipedia.org/wiki/Placentophagy#Human\\_placentophagy](http://en.wikipedia.org/wiki/Placentophagy#Human_placentophagy)

“The placenta contains high levels of prostaglandin which stimulates involution (an inward curvature or penetration, or, a shrinking or return to a former size) of the uterus, in effect cleaning the uterus out. The placenta also contains small amounts of oxytocin which eases birth stress and causes the smooth muscles around the mammary cells to contract and eject milk.

The most general benefit of placentophagy, according to recent research, is that placenta and amniotic fluid contain a molecule (POEF, Placental Opioid-Enhancing Factor) that modifies the activity of endogenous opioids in such a way that produces an enhancement of the natural reduction in pain that occurs shortly after and during delivery.”

## **Effects of placentophagy on serum prolactin and progesterone concentrations in rats after parturition or superovulation**

Blank MS, Friesen HG.: J Reprod Fertil. 1980 Nov;60(2):273-8.

In rats that were allowed to eat the placentae after parturition concentrations of serum prolactin were elevated on Day 1 but concentrations of serum progesterone were depressed on Days 6 and 8 post partum when compared to those of rats prevented from eating the placentae. In rats treated with PMSG to induce superovulation serum prolactin and progesterone values were significantly ( $P < 0.05$ ) elevated on Days 3 and 5 respectively, after being fed 2 g rat placenta/day for 2 days. However, feeding each rat 4 g placenta/day significantly ( $P < 0.02$ ) lowered serum progesterone on Day 5. Oestrogen injections or bovine or human placenta in the diet had no effect. The organic phase of a petroleum ether extract of rat placenta (2 g-equivalents/day) lowered peripheral concentrations of progesterone on Day 5, but other extracts were ineffective. We conclude that the rat placenta contains orally-active substance(s) which modify blood levels of pituitary and ovarian hormones.

**The placenta is composed of beneficial hormones, chemicals, iron, and proteins. These healing substances include:**

- **Estrogen, Progesterone, Testosterone:** Contributes to mammary gland development in preparation for lactation; stabilizes postpartum mood; regulates post-birth uterine cramping; decreases depression; normalizes and stimulates libido.
- **Prolactin:** Promotes lactation; increases milk supply; enhances the mothering instinct.
- **Oxytocin:** Decreases pain and increases bonding in mother and infant; counteracts the production of stress hormones such as Cortisol; greatly reduces postpartum bleeding; enhances the breastfeeding let-down reflex.
- **Placental Opioid-Enhancing Factor (POEF):** Stimulates the production of your body's natural opioids, including endorphins; reduces pain; increases well-being.
- **Thyroid Stimulating Hormone:** Regulates the thyroid gland; boosts energy and supports recovery from stressful events.
- **Corticotropin Releasing Hormone (CRH):** Low levels of CRH are implicated in postpartum depression. Regulation of CRH helps prevent depression.
- **Cortisone:** Reduces inflammation and swelling; promotes healing.
- **Interferon:** Triggers the protective defenses of the immune system to fight infection.
- **Prostaglandins:** Regulates contractions in the uterus after birth; helps uterus return to its pre-pregnancy size. Anti-inflammatory effects.
- **Iron:** Replenishes maternal iron stores to combat anemia, a common postpartum condition. Increases energy; decreases fatigue and depression.
- **Hemoglobin:** Oxygen-carrying molecule which provides a boost in energy.

- **Urokinase Inhibiting Factor and Factor XIII:** stops bleeding and enhances wound healing.
- **Immunoglobulin G (IgG):** Antibody molecules which support the immune system.
- **Human Placental Lactogen (hPL):** This hormone has lactogenic and growth-promoting properties; promotes mammary gland growth in preparation for lactation in the mother. It also regulates maternal glucose, protein, and fat levels.