

Redacted - Confidential PHI

NOTE: SECURITY BACKPRINT • NUMBERING • SAFETY PAPER

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909 Hyde Street, Suite 125  
San Francisco, CA 94109  
(415) 771-4366 • Fax (415) 771-6412

Rx

Name \_\_\_\_\_

Address \_\_\_\_\_

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*Hydrochloride 875  
T-II 10 g 400m*

Quantity: ☐ 1-24 ☐ 25-49 ☐ 50-74  
☐ 75-100 ☐ 101-150 ☒ 151 and over  
Units 300 Refills 0 ☐ NR ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
☐ Do not substitute Initial \_\_\_\_\_

Quantity: ☐ 1-24 ☐ 25-49 ☐ 50-74  
☐ 75-100 ☐ 101-150 ☐ 151 and over  
Units \_\_\_\_\_ Refills \_\_\_\_\_ ☐ NR ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
☐ Do not substitute Initial \_\_\_\_\_

Quantity: ☐ 1-24 ☐ 25-49 ☐ 50-74  
☐ 75-100 ☐ 101-150 ☐ 151 and over  
Units \_\_\_\_\_ Refills \_\_\_\_\_ ☐ NR ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
☐ Do not substitute Initial \_\_\_\_\_

Testers #5, 6, 7, 14

Prescription is VOID if the number of drugs prescribed is not noted.

To order Rx sheets &  
pads for prescribers,  
call 916-760-4477 or  
go to [www.cpr4rx.com](http://www.cpr4rx.com)

X

*Sandy Ly*

Date 1/27/12

J94Z19

SP 15


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PLAINTIFF TRIAL  
EXHIBIT

P-27446\_00001

DATE 01/27/17	FILL DATE 01/30/17 08:57	NO 387177-13666
ORIG REFILLS 0		VDV/CIL/CIL/CIL
LF 01/30/17		
PATIENT PH		
<b>HYDROMORPHONE 8MG TABLETS</b>		NDC 00406-3249-01
QTY 360 NO REFILLS		MFG MALLINCKRODT
TAKE 1 TO 2 TABLETS BY MOUTH		DAW N CLASS C2 #DAYS 30
EVERY 4 HOURS AS NEEDED		SAEUB SERRA \$482.29
		PAY CODE
<b>GUIDO GORES JR, MD</b>		
909 HYDE ST		
SAN FRANCISCO, CA 941094832		
<i>Walgreens</i>		
DEA# BG1121196		



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Rx

Name \_\_\_\_\_

Address \_\_\_\_\_

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*methadone 10mg  
7 PO BID*

Quantity: ☐ 1-24 ☐ 25-49 ☐ 50-74  
☐ 75-100 ☐ 101-150 ☒ 151 and over  
Units *720* Refills *0* NR ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
☐ Do not substitute Initial \_\_\_\_\_

Quantity: ☐ 1-24 ☐ 25-49 ☐ 50-74  
☐ 75-100 ☐ 101-150 ☐ 151 and over  
Units \_\_\_\_\_ Refills \_\_\_\_\_ NR ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
☐ Do not substitute Initial \_\_\_\_\_

Quantity: ☐ 1-24 ☐ 25-49 ☐ 50-74  
☐ 75-100 ☐ 101-150 ☐ 151 and over  
Units \_\_\_\_\_ Refills \_\_\_\_\_ NR ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
☐ Do not substitute Initial \_\_\_\_\_

Patent #5,636,874

Prescription is VOID if the number of drugs prescribed is not noted. *1* ☐ 1 ☐ 2 ☐ 3

To order Rx sheets & pads for prescribers, call 916-760-4477 or go to [www.cpr4rx.com](http://www.cpr4rx.com)

*x* *Sandy Sg*

Date

*1/27/17*  
J94Z19

SP 15

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DATE 01/27/17      FILL DATE 01/30/17 08:57      NO 387176-13666  
QTY 420      NDC 67877-0116-01  
TAKE 7 TABLETS BY MOUTH TWICE DAILY      MFG ASCEND

**METHADONE 10MG TABLETS**

QTY 420      NO REFILLS


TAKE 7 TABLETS BY MOUTH TWICE DAILY

DAW N CLASS C2 #DAYS 30  
CRLA      BLLBA      \$177.19  
PAY CODE

**GUIDO GORES JR, MD**  
909 HYDE ST  
SAN FRANCISCO CA 941094832  
DEA# BG1121196

*Wagstaff*

*[Signature]*





# Target Drug Good Faith Dispensing Checklist

Patient Name: Redacted - Confidential PHI

Rx #:

Date: 1/30/17

Please select drug (tablets/capsules only):

Oxycodone \_\_\_\_\_ Hydromorphone \_\_\_\_\_ Methadone 10mg Other (optional - district specific) \_\_\_\_\_

Check boxes that apply to assist you in determining if the prescription should be filled. Attach checklist to hard copy of Rx.

	Yes	No	Mandatory Checklist Requirements; Must be Yes to fill prescription.	RPh/Tech Initials
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Valid government photo ID copied and attached to hard copy of Rx. For eRx, attach copy at pick-up. ID is optional for Hospice, Oncology, bedside delivery, and patients <u>known</u> to the pharmacy staff, unless it is required by state regulations.	u
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No prior GFD refusal for <u>this</u> prescription in patient comments in IC+ profile.	h
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If available in your state, PDMP has been reviewed.	u

Through a conversation with the patient/caregiver in the store or via phone, resolve any concerns, questions, or red flags (examples below) that are related to the prescription. Document in notes section.

	Yes	No	Additional Checklist Requirements; every "no" is a red flag. Use your professional judgment to assess the prescription for potential abuse, misuse, or diversion.	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patient has received this prescription from Walgreens before.	h
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	This prescription is from the same prescriber for the same medication as the previous fill.	u
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patient and/or prescriber address is within geographical proximity to pharmacy; any variances can be reasonably explained.	h
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prescription is being filled on time. If your state regulates early refills of controlled substance prescriptions, follow your state's regulations.	u
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3rd Party Insurance is billed (cash or a cash discount card is a red flag).	u
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chronic prescription use can be explained and is supported by documentation (ICD 9/10 codes or diagnosis consistent with chronic pain condition).	u
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patient does not appear intoxicated or under the influence of illicit drugs.	u

If in your professional judgment a call to the prescriber's clinical staff is warranted, document conversation in notes section.

If no call is required, complete this form with your signature.

(For Hospice and Oncology patients only: if unable to reach the prescriber's clinical staff, RPh may fill the prescription without verification provided the elements of Good Faith Dispensing are met.)

Notes:

388.29 Chronic Pain  
 723.1 Neck Pain  
 lower back Pain 724.2

I attest that I have used the Target Drug Good Faith Dispensing Checklist validation procedures and my professional judgment to review this prescription and I have:

☒ Dispensed: Product review Pharmacist signature Cheney  
☐ Refused: Pharmacist signature Cheney  
 (RPh must make a copy of the Rx for the refusal file folder)

Proprietary &amp; Confidential. This Checklist and the information contained herein is a Trade Secret of Walgreen Co.



**Rx Integrity**

- [Overview](#)

**DEA:**

- [DEA Links/Resources](#)
- [DEA Inspection Resources](#)
- [DEA License Number Validation](#)

**Policy and Procedures:**

- [Target Drug Good Faith Dispensing](#)
- [Controlled Substance Rxs & GFD](#)
- [CSOS DEA e-222 Links/Resources](#)

**Forms:**

- [TD GFD Checklist](#)
- [CSO Override Form/Ceiling Limits Tool](#)
- [Prescriber Ticket Notification Form](#)
- [DEA 106 Form & PSE Loss/Theft Form](#)

**General Information:**

- [FAQs/Job Aids](#)
- [Who Can Prescribe In Your State?](#)
- [Continuing Education](#)
- [Rx Integrity Web Portal](#)

1/26/2017



ImRx - [Patient Information: ]

Application Patient Utilities Window

WAIT 14Min 9:55 AM  
PAT 0 Calls  
PBR 0 Calls

F1 1 F4 1  
FILL 6 REV 3

CMD 6 TPR 23 PFL 3 MSC 8  
WCB 55 DUR 0 OOS 3 STATS

1 Pat 2 Pbr 3 Plan 4 PA 5 Fax 6 Store

Gen Info Phone/Contact Info 3rd Pty Plans Sr Div Allergies

Patient

Name: Redacted - Confidential PHI

Primary

Birthday

Address

Zip

Third Party Plan

Allergy/Health Conditions

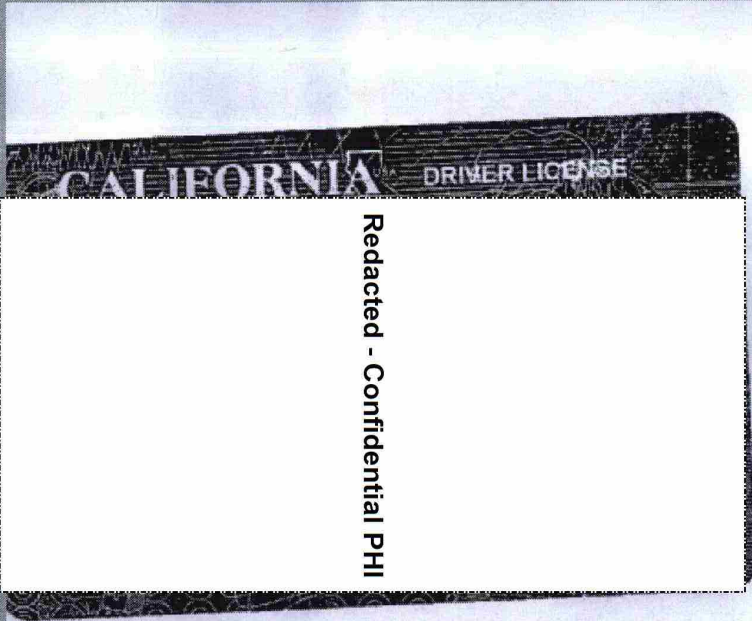
None <NO KNOWN HEALTH COND>  
PENICILLINS

balance Rewards Member

Image Viewer

Image

SCAN STORE: 1126 Scan Date: 05/04/2016



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Annotations All There are no annotations

Rotate

Zoom

< Prev Image Next Image > Select Cancel

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