

BEFORE THE INDIANA  
BOARD OF PHARMACY  
CAUSE NUMBER: 2012 IBP 0023

IN THE MATTER OF THE INDIANA  
PHARMACIST LICENSE OF:

SUSAN CAMILLE NORTHROP, R.PH.  
LICENSE NUMBER: 26016401A.

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**FINAL ORDER ACCEPTING PROPOSED FINDINGS OF FACT, CONCLUSIONS OF  
LAW AND ORDER**

The State of Indiana (“Petitioner”), by the Office of the Attorney General, by Deputy Attorney General Darren R. Covington and Susan Camille Northrop, R.Ph. (“Respondent”), signed a Proposed Settlement Agreement (“Agreement”) which purports to resolve all issues involved in the action by the Petitioner and the Indiana Board of Pharmacy (“Board”) regarding the Respondent’s license, and which Agreement has been submitted to the Board for approval.

The Board, after reviewing the Agreement at the May 14, 2012 meeting held in Room W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana 46204, now finds it has been entered into fairly and without fraud, duress, or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Agreement, which is attached hereto and incorporated herein as Exhibit A, and approves and adopts in full the Agreement as a resolution of this matter. The Board approved this Agreement by a vote of 6-0. Incorporated into the Agreement was the consensus of both parties to Findings of Fact, Conclusions of Law and Order.

**WHEREFORE**, the Board hereby accepts and approves the Agreement, settling all matters in this case consistent with the terms of the Agreement between the parties, and Respondent is hereby ORDERED to abide by all the terms of the Agreement.

ORDERED, this 25 day of May 2012.

INDIANA BOARD OF PHARMACY

By:   
\_\_\_\_\_  
Frances L. Kelly  
Executive Director  
Indiana Professional Licensing Agency

**Copies To:**

Susan Northrop  
3279 N. Hamilton Rd.  
Mulberry, IN 46058

**CERTIFIED MAIL NO: 91 7190 0005 2720 0019 4913**  
**RETURN RECEIPT REQUESTED.**

Darren R. Covington, Deputy Attorney General  
Office of the Attorney General  
Indiana Government Center South  
302 West Washington Street, Fifth Floor  
Indianapolis, Indiana 46204

BEFORE THE INDIANA  
BOARD OF PHARMACY  
2012 IBP 0023

IN THE MATTER OF THE LICENSE OF )  
 )  
SUSAN CAMILLE NORTHROP, R.P.H. )  
 )  
LICENSE NO. 26016401A (SUMMARY SUSPENSION) )



**PROPOSED SETTLEMENT AGREEMENT**

The State of Indiana (Petitioner), by Darren R. Covington, Deputy Attorney General, and Susan Camille Northrop, R.Ph. (Respondent), hereby execute this Agreement to a disposition of the Complaint filed in this cause. This Agreement is subject to the review and approval of the Indiana Board of Pharmacy (Board) pursuant to Ind. Code ch. 25-1-9 and the Administrative Orders and Procedures Act, Ind. Code art. 4-21.5.

**STIPULATED FACTS**

1. Respondent's address on file with the Indiana Professional Licensing Agency is 3279 N. Hamilton Road, Mulberry, Indiana 46058.
2. Respondent is a licensed pharmacist in the State of Indiana having been issued license number 26016401A on August 10, 1988.
3. At all times relevant herein, Respondent was employed as a pharmacist with Kroger Pharmacy in Kokomo, Indiana.
4. On or around February 23, 2012, Respondent's employment with Kroger Pharmacy was terminated after Respondent forged prescriptions for phentermine and hydrocodone and diverted phentermine and hydrocodone for her own personal use.

Exhibit A

5. On or around March 12, 2012, the Indiana Board of Pharmacy summarily suspended Respondent's license for ninety days.

**STIPULATED CONCLUSIONS OF LAW**

The parties further stipulate:

1. Respondent violated Ind. Code § 25-1-9-4(a)(8) in that Respondent diverted a legend drug as evidenced by her removal of phentermine and hydrocodone from Kroger Pharmacy without proper authorization.

**AGREED DISPOSITION**

It is now therefore agreed by the Respondent and Petitioner as follows:

1. The Board has jurisdiction over the Respondent and the subject matter in this disciplinary action.
2. The parties execute this Agreement voluntarily.
3. Both parties voluntarily waive their rights to a public hearing on the Complaint.
4. Petitioner agrees that the terms of this Agreement will resolve any and all pending claims or allegations relating to disciplinary action against the Respondent's Indiana pharmacist license.
5. Respondent's license shall be **INDEFINITELY SUSPENDED**.
6. Prior to petitioning for reinstatement, Respondent shall sign a contract with the Pharmacists Recovery Network (PRN) and submit a letter from PRN in support of the petition.
7. Within thirty (30) days of the date of the Board's Order, Respondent shall

for  
4/27/12

pay a FINE in the amount of FIVE HUNDRED DOLLARS (\$500.00) payable to the Indiana Professional Licensing Agency.

8. Within thirty (30) days of the date of the Board's Order, Respondent shall, pursuant to Indiana Code 4-6-14-10 (b), pay a fee of Five Dollars (\$5.00) within thirty (30) days of the date of the Final Order in this matter, to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order made payable to the State of Indiana, and submitted to the following address:

Indiana Office of the Attorney General  
Attn: Katherine Thorpe  
302 West Washington Street, 5<sup>th</sup> Floor  
Indianapolis, IN 46204

7. The Respondent has carefully read and examined this Agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

Susan Camille Northrop, R.Ph.  
Susan Camille Northrop, R.Ph.  
Respondent

04/27/2012  
Date

D - R G  
Darren R. Covington  
Deputy Attorney General  
Atty. No. 28511-16

5/1/2012  
Date

300 4/27/12

STATE OF INDIANA )  
 ) SS:  
COUNTY OF Clinton )

Before me a Notary Public for said County and State, personally appeared Susan Northrop and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 27<sup>th</sup> day of April, 2012.

Brooke Michelle Simpson  
Signature

Brooke Michelle Simpson  
Printed

My Commission Expires: May 24, 2019

County (or Parish) of Residence: Clinton

SN  
4/27/12

State of Indiana  
IPLA - G, Pachmayr W072, IGCS  
402 W Washington St  
INDIANAPOLIS IN 46204



91 7190 0005 2720 0019 4913

Susan Northrop  
3279 N Hamilton Rd  
Mulberry IN 460589463

Z900000213955

**Shipment Request Form PBMS State of Indiana**



2900000213953

**Agency** IDOA

**From:**

Name: IPLA - G. Pachmayr W072, IGCS

Department:

Phone:

ECertified: True

EReturn Receipt: True

**To:**

Ship To 1: Susan Northrop

Ship To 2:

Address: 3279 N Hamilton Rd

Mulberry, IN 46058-9463

Country: US

**Special Instructions:**

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**Reference:**

**Requested Date:** 5/21/2012 1:17:19 PM

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To print this form:

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- 2) Place the form in a waybill pouch or attach it to your shipment so that the barcode portion of the page can be read and scanned.
- 3) If ECertified cover letter was selected , place letter contents along with eCertified cover letter in special certified envelope so that Certified Bar code shows through window.

Form (1 of 1)