

OWNERSHIP IS A CORPORATION

State of Incorporation: FLORIDA

Parent Company if any: DIABETIC CARE RX, LLC

Corporation Name: DIABETIC CARE RX, LLC

Mailing Address: 5371 NORTH HATFIELD ROAD

City: SUNRISE State: FL Zip: 33357

Telephone: 954.473.4717 Fax: 954.473.9519

License Contact Person: JASARA MOHAMMED

Professional Compliance Contact Person: ALEX KNEE / JASARA MOHAMMED

**Ownership Information – Complete Section 1 or 2
Do not use N/A in this section – Section 1 or 2 must be completed.**

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

- 1. JEFFREY FRIEDMAN %: 50
- 2. RONALD FRIEDMAN %: 50
- 3. _____ %: _____
- 4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: NOT APPLICABLE
Registration number issued: _____
Stock Exchange: _____

List any physician shareholders and percentage of ownership:

NOT APPLICABLE _____

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

NOT APPLICABLE _____

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Mohammed Original Signature of owner or executive officer, no stamps or copies 11/14/11 Date

JASARA MOHAMMED, COO
Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA


I, JASARA MOHAMMED

Corporate Officer of DIABETIC CARE RX, LLC

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.


Original Signature

11/14/11
Date



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY,
NY 12230

OFFICE OF THE PROFESSIONS
DIVISION OF PROFESSIONAL LICENSING SERVICES
Public Information Unit
Tel. (518) 474-3817 EXT: 330
Fax (518) 473-0578
E-mail: DPLSDSU@MAIL.NYSED.GOV

STATE OF NEW YORK)

SS:

COUNTY OF ALBANY)

In accordance with the **Civil Practice Law and Rules Article 45, Rule 4540**, I, Connie F. Mitchell, Clerk II in the Division of Professional Licensing Services of the New York State Education Department, have caused this certificate to be prepared. I further state that I have legal custody of the official records of the Division of Professional Licensing Services and I attest that MICHAEL KNEE is the holder of a license to practice PHARMACY, license number 043342, issued 03/28/95, and is currently registered to practice the profession in New York State. These records indicate that on 09/03/02, the licensee was the subject of a Violations Committee proceeding for a minor/technical professional misconduct. For further information please contact:

Attn: Nellia Blaizes-McNear
NYS Education Department
O.P.D.
1411 Broadway 10th Floor
New York, NY 10018
(212) 951-6500

Witness my hand and the seal of the New York State Education Department this 23 November,



11/23/2011

Connie F. Mitchell

Connie F. Mitchell, Clerk II
Professional Licensing Services

Blank

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
 Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change _____ Name Change _____ Location Change _____
 (Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Sesquinox Inc d/b/a Equisox Healthcare
 Physical Address: 3240 B Corporate Ct, Ellicott City, Maryland 21042
 Mailing Address: 3240 B Corporate Court
 City: Ellicott City State: Maryland Zip Code: 21042
 Telephone Number: 410-203-1701 Fax Number: 410-203-1702
 Toll Free Number: 800-715-6650
 E-mail: Kpate@equisoxhealthcare.com Website: N/A
 Managing Pharmacist: Kalpash Patel License Number: MD 13024

Hours of Operation:

Monday thru Friday 8:30 am 6:30 pm Saturday 8:30 am 1:00 pm
 Sunday Pharmacist & Nurse on call 24/7 am pm 24 Hours 17

TYPE OF PHARMACY

SERVICES PROVIDED

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Out of State
- Ambulatory Surgery Center

- Off-site Cognitive Services
- Parenteral
- Parenteral (outpatient) Home Infusion
- Outpatient/Discharge
- Mail Service
- Long Term Care

Board Use Only

Received: AUG 09 2011 Check Number: mo Amount: 500.00

57629

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Signature of owner or executive officer

6-29-11

Date

Kapash Patel, Director of Operations, Owner

Print or Type name and title
Pharmacist in Charge

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Clay Ritchey

Corporate Officer of Sesquinox LLC db/a Equinox Healthcare
hereby acknowledge and understand that in addition to the corporation's
responsibilities, my fellow officers and I, as corporate officers of said corporation,
may be responsible for any violations of pharmacy law that may occur in a pharmacy
owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be
named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or
permit the pharmacist(s) in said pharmacy to violate any provision of any local, state
or federal laws or regulations pertaining to the practice of pharmacy.


Signature

6-27-11
Date



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue, Baltimore, Maryland 21215-2299

Michael Souranis, Board President – LaVerne G. Naesea, Executive Director

MARYLAND BOARD OF PHARMACY
PHARMACY VERIFICATION FORM

NAME OF PHARMACY

Equinox Healthcare
3240B Corporate Court
Ellicott City, MD 21042

TYPE OF REGISTRATION ISSUED:

Pharmacy

LICENSE NUMBER:

PW0332

EXPIRATION DATE:

12/31/2011

LAST INSPECTION DATE:

04/14/2010

ORIGINAL ISSUANCE DATE:

01/15/2010

CURRENT STATUS:

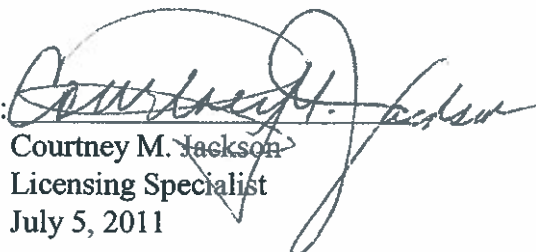
Active Non-Renewed Closed

GOOD STANDING:

Yes No

HAS PHARMACY BEEN FOUND GUILTY OF ANY VIOLATIONS FOR WHICH DISCIPLINARY ACTION WAS TAKEN? Yes No

SIGNATURE:


Courtney M. Jackson
Licensing Specialist
July 5, 2011



Blank

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
 Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy <input checked="" type="checkbox"/> Ownership Change <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change <input type="checkbox"/> (Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: University Specialty Pharmacy
 Physical Address: 3328 Garfield Ave. Commerce, CA
 Mailing Address: Same 90040
 City: _____ State: _____ Zip Code: _____
 Telephone Number: (323) 201-4488 Fax Number: (909) 728-4810
 Toll Free Number: _____
 E-mail: ilissa@greenvalleymed.com Website: www.universitysp.com
 Managing Pharmacist: Ron Yuan License Number: 36525

Hours of Operation:

Monday thru Friday 8:30 am 5 pm Saturday — am — pm
 Sunday — am — pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
--	---

Board Use Only

Received: 7-25-11 Check Number: 00 Amount: 500.00

57467

OWNERSHIP IS A CORPORATION

State of Incorporation: Nevada

Parent Company if any: _____

Corporation Name: FVS Holdings, Inc.

Mailing Address: 1850 Whitney mesa #180

City: Henderson State: NV Zip: 89014

Telephone: (702) 564-2079 Fax: (702) 564-8273

License Contact Person: Hissa Vogel

Professional Compliance Contact Person: Hissa Vogel

**Ownership Information – Complete Section 1 or 2
Do not use N/A in this section – Section 1 or 2 must be completed.**

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

- 1. Please see _____ %: _____
- 2. attached. _____ %: _____
- 3. _____ %: _____
- 4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____
Registration number issued: _____
Stock Exchange: _____

List any physician shareholders and percentage of ownership:

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Signature of owner or executive officer

7/7/11

Date

Scot Silber

CEO/President

Print or Type name and title

Partner Information

Silber Family Trust
Scot Silber, Trustee
30 Chalet Hills Terrace
Henderson, NV 89052
(702) 458-1347
38% owner

Gans Survivors Trust
Julie Gans, Trustee (Partner)
763 Ricota Court
Henderson, NV 89012
(702) 580-1956
22% owner

Lawrence M. Preston (Partner)
6570 East Viewpoint Dr.
Las Vegas, NV 89156
(702) 809-5200
20% owner

Kenneth Hooks (Partner)
2073 Dover Ridge Ct.
Henderson, NV 89014
(702) 303-6340
20% owner

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Scot Silber
Corporate Officer of FVS Holdings, Inc.

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.


Signature

7/7/11
Date

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Signature of owner or executive officer

10/27/11
Date

Scott Silber Pres / CEO
Print or Type name and title

NOV - 2 2011

Noah E. Jussim
Direct: 310.315.8225

McGUIREWOODS

njussim@mcguirewoods.com
Direct Fax: 310.956.312
C/m No. 2056747-000

November 1, 2011

Carolyn J. Cramer, Esq.
General Counsel
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

Re: University Specialty Pharmacy

Dear Ms. Cramer:

We understand that the Nevada State Board of Pharmacy ("Nevada Board") has raised an issue with respect to University Specialty Pharmacy's ("USP") negative response to a question regarding administrative actions or proceedings on USP's non resident pharmacy license application. As our office represents USP in opposing the citation and fine alleged by the California State Board of Pharmacy ("California Board") against USP ("Citation") – causing the issue with respect to USP's negative response to the application's Question No. 3 about "administrative action" – USP has asked us to write you.

By its date, the Citation likely only made it into the mail a few days before USP's president, Scot Silber, R.Ph., executed the non-resident license application. To the extent Mr. Silber had given the Citation any thought, it would be that USP would not acquiesce to it. Indeed, he has asked our firm to oppose the Citation. That process has only begun, with USP and the California Board participating in an informal settlement conference later this November.

Given that the Citation is opposed, Mr. Silber would have understood the response to your form's question as "No," because USP's administrative liability has not been established, to the extent he focused at all on the Citation, then at best only recently received by USP in California.

Moreover, the California Board does not consider the issuance of a citation to constitute discipline against a license. A citation is more of a traffic ticket. Again, therefore, when asked whether USP had been subject of a proceeding, Mr. Silber likely believed the correct answer to be "No." Mr. Silber would had no reason and would not believe he was making any false statement to the Nevada Board.

Carolyn J. Cramer, Esq.
General Counsel
Nevada State Board of Pharmacy
November 1, 2011
Page 2

USP will, however, amend its application to indicate "Yes" to Question No. 3, to accommodate the Nevada Board. In that vein, enclosed is a copy of the amended application, along with a copy of the Citation, and the requests for Office Conference and Appeal filed by this office. With the application thus amended, we respectfully request that USP's non-resident pharmacy license be granted, without the need for further appearance by representatives of USP.

On that last score, I am told that at the prior meeting where USP's application was discussed, your Board's president brought up allegations concerning Mr. Silber that date back to 2004. That date proceeds any relationship between Mr. Silber and USP. Moreover, as the application form asked for disclosure of proceedings five years old or less, those 2004 allegations could not be relevant. We therefore hope your president's remarks will not prejudice USP's application.

Please do let me know if there are any remaining issues. Thank you so much for your time with this correspondence.

Respectfully yours,



Noah E. Jussim
McGuireWoods LLP

Encls.



California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

June 27, 2011

DATED MATERIAL ENCLOSED

UNIVERSITY SPECIALTY PHARMACY
ATTN: SCOT SILBER, PRESIDENT
3328 GARFIELD AVENUE
COMMERCE, CA 90040

**RE: CI 2010 48633
UNIVERSITY SPECIALTY PHARMACY
PHY 50160**

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

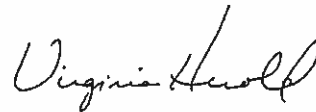
- July 27, 2011: Unless the Citation is contested payment of fine(s) must be received by the Board.
- July 11, 2011: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- July 27, 2011: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Linda Kapovich at (916) 574-7924.

Sincerely



Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **July 27, 2011**.
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Linda Kapovich
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7924

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than July 11, 2011 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than July 27, 2011 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Linda Kapovich, Associate Enforcement Analyst, at (916) 574-7924.

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number CI 2010 48633	Name, License No. UNIVERSITY SPECIALTY PHARMACY, PHY 50160
---	--

JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)		
VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
Bus. & Prof. Code § 4126.5 subd. (a)(1)	Furnishing Dangerous Drugs by Pharmacy; Authorized recipients; To a wholesaler owned or under common control	\$365,000.00
Bus. & Prof. Code § 4163 subd. (a)	Unauthorized Furnishing by Manufacturer or Wholesaler	\$500.00
Bus. & Prof. Code § 4059 subd. (a)	Furnishing dangerous drugs without a prescription	\$3,000.00
Title 21 CFR § 1307.11 subd. (a)/Title 21 CFR § 1304.22 (c)	Distribution by dispenser to another practitioner; Another practitioner for the purpose of general dispensing by the practitioner to patients/Records for manufacturers, distributors, dispensers, resea	\$1,000.00
Bus. & Prof. Code § 4301 subd. (j)	Unprofessional Conduct - Violation of any statutes of this state or of the United States regulation controlled substances or dangerous drugs	\$250.00
CCR, Title 16, § 1714 subd. (e)	Operational Standards and Security; emergency key	\$250.00

CONDUCT:

Non-Compliant Furnishing of Dangerous Drugs. University Specialty was not in compliance with Business and Professions Code section 4126.5 subd. (a)(1) that prohibits the furnishing of dangerous drugs to a wholesaler, unless the wholesaler is owned or under common control by the wholesaler from whom the dangerous drugs were acquired. Specifically University Specialty Pharmacy located at 3328 Garfield Ave. in Commerce, CA 90040 sold dangerous drugs to Beachside Surgical Supplies Inc., (wls 4691), located at 18261 Enterprise Lane, Ste. B in Huntington Beach, CA 92648. These two businesses do not have common ownership. Dangerous drugs purchased from Cardinal Health and re-sold to Beachside Surgical Supplies, Inc. are listed on the following invoices and dates:

DATE	INVOICE NO	COMPANY	AMOUNT	LICENSE
5/4/2010	5091364	Beachside	\$15.92	wls
5/7/2010	5091984	Beachside	\$513.10	wls
5/10/2010	5092120	Beachside	\$32.00	wls
5/12/2010	5092685	Beachside	\$199.48	wls
5/13/2010	5092903	Beachside	\$93.51	wls
5/13/2010	5092941	Beachside	\$925.98	wls
5/14/2010	5093129	Beachside	\$228.50	wls
5/14/2010	5093134	Beachside	\$158.50	wls
5/14/2010	5093135	Beachside	\$1,482.10	wls
5/14/2010	5093137	Beachside	\$98.52	wls
5/18/2010	5093592	Beachside	\$192.29	wls
5/18/2010	5093593	Beachside	\$79.75	wls
5/20/2010	5094101	Beachside	\$108.05	wls
5/24/2010	5094401	Beachside	\$31.90	wls
5/24/2010	5094402	Beachside	\$98.45	wls
5/24/2010	5094467	Beachside	\$122.13	wls
5/25/2010	5094691	Beachside	\$176.91	wls
5/25/2010	5094693	Beachside	\$179.38	wls
5/25/2010	5094694	Beachside	\$215.96	wls
5/25/2010	5094749	Beachside	\$284.09	wls
5/26/2010	5094916	Beachside	\$173.43	wls
5/26/2010	5094971	Beachside	\$193.98	wls
5/28/2010	5095391	Beachside	\$334.78	wls
6/1/2010	5095599	Beachside	\$119.10	wls
6/1/2010	5095623	Beachside	\$70.86	wls
6/2/2010	5095864	Beachside	\$183.76	wls
6/2/2010	5095872	Beachside	\$19.48	wls
6/3/2010	5096059	Beachside	\$68.13	wls
6/3/2010	5096087	Beachside	\$159.00	wls
6/7/2010	5096541	Beachside	\$205.75	wls
6/7/2010	5096542	Beachside	\$1,986.33	wls
6/7/2010	5096546	Beachside	\$324.00	wls
6/8/2010	5096766	Beachside	\$23.40	wls
6/8/2010	5096767	Beachside	\$11.70	wls
6/8/2010	5096781	Beachside	\$107.70	wls
6/8/2010	5096810	Beachside	\$162.99	wls
6/10/2010	5097205	Beachside	\$127.88	wls
6/11/2010	5097475	Beachside	\$199.60	wls
6/14/2010	5097647	Beachside	\$13.46	wls
6/18/2010	5098501	Beachside	\$30.20	wls
6/18/2010	5098503	Beachside	\$151.07	wls
6/18/2010	5098562	Beachside	\$399.20	wls
6/21/2010	5098724	Beachside	\$199.60	wls
6/21/2010	5098751	Beachside	\$95.70	wls
6/22/2010	5098997	Beachside	\$67.63	wls
6/22/2010	5099015	Beachside	\$31.90	wls
6/28/2010	5099853	Beachside	\$162.99	wls
6/29/2010	5100089	Beachside	\$162.99	wls
7/1/2010	5100558	Beachside	\$135.25	wls
9/20/2010	5112998	Beachside	\$177.50	wls
9/21/2010	5113269	Beachside	\$63.80	wls
9/22/2010	5113358	Beachside	\$120.41	wls
9/22/2010	5113360	Beachside	\$11.68	wls

9/22/2010	5113362	Beachside	\$63.80	wls
9/23/2010	5113630	Beachside	\$12.76	wls
9/23/2010	5113688	Beachside	\$29.25	wls
9/27/2010	5114074	Beachside	\$46.80	wls
9/27/2010	5114076	Beachside	\$135.25	wls
9/27/2010	5114107	Beachside	\$58.82	wls
9/28/2010	5114202	Beachside	\$137.39	wls
9/29/2010	5114585	Beachside	\$2.48	Wls
9/30/2010	5114695	Beachside	\$323.52	Wls
9/30/2010	5114696	Beachside	\$19.16	Wls
10/1/2010	5114952	Beachside	\$6.39	Wls
10/1/2010	5114976	Beachside	\$106.90	Wls
10/4/2010	5115159	Beachside	\$126.03	Wls
10/8/2010	5116048	Beachside	\$106.00	Wls
10/8/2010	5118004	Beachside	\$282.43	Wls
10/19/2010	5117769	Beachside	\$96.80	Wls
10/20/2010	5117895	Beachside	\$205.10	Wls
10/20/2010	5117896	Beachside	\$101.44	Wls
10/20/2010	5117897	Beachside	\$651.29	Wls
10/21/2010	5118280	Beachside	\$223.68	Wls
			\$14,267.06	

This is a violation of pharmacy law.

Unauthorized Furnishing. University Specialty Pharmacy was not in compliance with Business and Professions Code section 4163 subd. (a) which prohibits a manufacturer, wholesaler, repackager, or pharmacy from furnishing dangerous drugs to an unauthorized person. Specifically University Specialty pharmacy located at 3328 Garfield Ave. in Commerce, CA 90040 sold a dangerous drug to Physicians Surgery Center located at 12567 Hesperia Ave, in Victorville, CA 92395 on 8/10/2010, invoice # 5106382. Physicians Surgery Center is physician owned and is not licensed with the Board or the California Department of Public Health as a surgical clinic. This is a violation of pharmacy law.

Furnishing of Dangerous Drugs Prohibited without a Prescription. University Specialty Pharmacy was not in compliance with Business and Professions Code section 4059 subd. (a) which prohibits a person from furnishing any dangerous drug without a prescription from an authorized prescriber and (b) which allows a pharmacy to furnish dangerous drugs to authorized persons or facilities under sales and purchase records that correctly name the date, the name and address of the supplier and buyer, the drug or device and its quantity. Specifically University Specialty Pharmacy located at 3328 Garfield Ave. in Commerce, 90040 sold/transferred dangerous drugs to GreenValleyMed located at 1850 Whitney Mesa in Henderson, NV 89014, which is not licensed as a pharmacy or wholesaler by the Nevada State Board of Pharmacy. Green Valley Drug, DEA # BG8108107 is the facility at that address. University Specialty Pharmacy sold dangerous drugs to unlicensed GreenValleyMed under false sales record that do not correctly name the buyer and using a DEA Registration number not issued to GreenValleyMed, on the following dates and invoice number:

Date	Invoice No	Amount	Transfer No.	CS Sched.
4/2/2010	1808829	\$315.33	9000132	
4/2/2010	1808831	\$113.10	9000072	IV
4/2/2010	1809823	\$1,186.67	9000145	
4/5/2010	1815203	\$1,325.27	9000117	

4/5/2010	1815205	\$218.46	9000091	IV
4/6/2010	1821304	\$1,254.55	9000272	
4/7/2010	1826331	\$12,753.29	9000235	
4/7/2010	1826332	\$282.47	9000084	III, IV
4/12/2010	1841008	\$442.46	9000593	
4/19/2010	1868361	\$957.92	9000083	
4/21/2010	1889191	\$2,218.39	9000086	
4/22/2010	1884885	\$332.32	9000088	
4/23/2010	1889704	\$265.76	9000093	
5/3/2010	1922230	\$1,093.63	9000117	
5/3/2010	1922465	\$1,130.12	9000116	
5/12/2010	1960397	\$291.79	9000148	IV
5/12/2010	1960399	\$1,095.92	9000148	
5/13/2010	1966295	\$1,285.90	9000154	
5/13/2010	1966297	\$242.80	9000154	IV
6/4/2010	2047472	\$2,251.06	9000212	
6/7/2010	2053033	\$552.65	9000217	
6/16/2010	2092233	\$3,178.78	9000243	III
6/17/2010	2097297	\$1,057.04	9000246	
6/22/2010	2114362	\$26.05	9000261	IV
6/23/2010	2118964	\$61.29	9000097	
6/24/2010	2124231	\$605.11	9000491	
6/24/2010	2124232	\$26.05	9000405	IV
6/25/2010	2129495	\$936.82	9000073	
6/28/2010	2135454	\$369.79	9000529	
6/29/2010	2142411	\$1,257.92	9000154	
7/1/2010	2153290	\$891.75	9000292	
7/6/2010	2162755	\$270.65	9000296	
7/9/2010	2181228	\$1,669.06	9000306	
7/12/2010	2186313	\$21.46	9000310	
7/13/2010	2193000	\$1,641.40	9000314	
7/21/2010	2224964	\$1,695.68	9000393	III
7/22/2010	2230177	\$2,085.04	9000552	
7/23/2010	2235131	\$290.28	9000445	
7/26/2010	2240195	\$882.56	9000348	
7/28/2010	2251473	\$167.97	9000356	
7/29/2010	2256782	\$844.25	9000359	
7/30/2010	2261370	\$2,933.64	9000362	
8/4/2010	2278800	\$1,180.86	9000374	
8/6/2010	2289257	\$1,412.74	9000378	
8/10/2010	2300879	\$61.52	9000380	
8/11/2010	2306054	\$184.12	9000382	
8/13/2010	2316354	\$269.15	9000388	
8/16/2010	2321853	\$27.14	9000389	
8/19/2010	2338996	\$1,723.88	9000397	
8/31/2010	2382758	\$2.10	9000420	
9/1/2010	2388242	\$6,604.65	9000422	III
9/2/2010	2394024	\$1,575.63	9000423	
9/2/2010	2394026	\$82.58	9000119	IV
9/2/2010	2394026	\$82.58	9000423	
9/7/2010	2404730	\$642.21	9000431	
9/8/2010	2411936	\$227.07	9000432	
9/9/2010	2417846	\$93.48	9000433	
9/10/2010	2423492	\$1,387.61	9000084	

9/13/2010	2429120	\$7,669.47	9000442	
9/14/2010	2435831	\$88.77	9000461	IV
9/15/2010	2441275	\$22.56	9000528	III
9/16/2010	2447036	\$243.41	9000585	V,III
9/20/2010	2456539	\$1,239.00	9000073	II
9/20/2010	2457417	\$3,400.10	9000457	
9/21/2010	2464135	\$1,260.78	9000460	
9/22/2010	2469544	\$14.25	9000171	IV
9/23/2010	2474926	\$175.96	9000466	
9/27/2010	2485537	\$23.84	9000470	
9/28/2010	2490390	\$862.78	9000472	
9/28/2010	2493130	\$365.46	9000473	
9/29/2010	2498285	\$5.89	9000515	III
9/30/2010	2503000	\$581.12	9000480	
10/1/2010	2508104	\$361.28	9000071	IV
10/4/2010	2514384	\$2,354.99	9000487	
10/5/2010	2521055	\$65.10	9000528	IV
10/6/2010	2526259	\$564.00	9000491	
10/7/2010	2529879	\$44.24	9000084	
10/7/2010	2531333	\$423.97	9000494	
10/8/2010	2536743	\$112.84	9000495	
10/8/2010	2536744	\$537.24	9000495	IV
10/12/2010	2548228	\$49.50	9000426	IV
10/18/2010	2569330	\$378.94	9000512	
10/19/2010	2575989	\$43.45	9000515	IV
10/19/2010	2575990	\$394.49	9000515	
10/20/2010	2580821	\$4,694.77	9000520	III
10/21/2010	2586238	\$43.45	9000522	IV
10/21/2010	2586240	\$758.53	9000522	
10/25/2010	2596641	\$104.56	9000528	III, IV
10/25/2010	2596642	\$210.59	9000528	
10/26/2010	2603431	\$750.67	9000529	
10/26/2010	2603432	\$76.86	9000529	IV
10/27/2010	2608658	\$46.31	9000533	
10/28/2010	2613514	\$2,240.70	9000536	
10/29/2010	2618726	\$298.58	9000538	
10/29/2010	2618727	\$130.95	9000538	IV
11/1/2010	2624430	\$1,943.59	9000541	
11/3/2010	2636951	\$73.19	9000543	
11/4/2010	2642477	\$249.76	9000548	
11/8/2010	2652846	\$40.73	9000551	IV
11/8/2010	2652848	\$138.87	9000551	
11/11/2010	2669807	\$1,790.42	9000559	
11/12/2010	2674537	\$809.37	9000562	
11/15/2010	2680205	\$229.46	9000563	
11/16/2010	2686630	\$767.70	9000565	
11/18/2010	2697271	\$512.12	9000569	
11/19/2010	2702274	\$198.96	9000572	
11/19/2010	2702595	\$216.66	9000572	
11/22/2010	2707835	\$349.60	9000574	
11/22/2010	2707836	\$49.83	9000574	III
11/23/2010	2714797	\$42.85	9000576	
11/24/2010	2720345	\$1,386.60	9000579	
11/29/2010	2729923	\$73.75	9000580	IV

11/29/2010	2729924	\$874.58	9000580	
11/30/2010	2736943	\$2,827.53	9000583	
12/1/2010	2742446	\$79.87	9000589	
12/2/2010	2748585	\$4,323.94	9000590	
		\$113,698.55		

This is a violation of pharmacy law.

Furnishing of Controlled Substances without a Prescription. University Specialty Pharmacy was not in compliance with Code of Federal Regulations section 1307.11 subd. (a)(1)(i)(ii) and is recorded in accordance with Code of Federal Regulation section 1304.22 subd. (c) which allow a pharmacy to distribute without a prescription to a registered practitioner under sales record that correctly names the buyer and address. Specifically University Specialty Pharmacy located at 3328 Garfield Ave. in Commerce, 90040 sold/transferred controlled substances to GreenValleyMed located at 1850 Whitney Mesa in Henderson, NV 89014, which is not licensed as a pharmacy or wholesaler by the Nevada State Board of Pharmacy. Green Valley Drug, DEA # BG8108107 is the facility at that address. University Specialty Pharmacy sold controlled substances to GreenValleyMed under false sales records that do not correctly name the buyer and use a DEA Registration number not issued to GreenValleyMed on the following dates and invoice number:

Date	Invoice No	Amount	Transfer No.	CS Sched.
4/2/2010	1808831	\$113.10	9000072	IV
4/5/2010	1815205	\$218.46	9000091	IV
4/7/2010	1826332	\$282.47	9000084	III, IV
5/12/2010	1960397	\$291.79	9000148	IV
5/13/2010	1966297	\$242.80	9000154	IV
6/16/2010	2092233	\$3,178.78	9000243	III
6/22/2010	2114362	\$26.05	9000261	IV
6/24/2010	2124232	\$26.05	9000405	IV
7/21/2010	2224964	\$1,695.68	9000393	III
9/1/2010	2388242	\$6,604.65	9000422	III
9/2/2010	2394026	\$82.58	9000119	IV
9/14/2010	2435831	\$88.77	9000461	IV
9/15/2010	2441275	\$22.56	9000528	III
9/16/2010	2447036	\$243.41	9000585	V,III
9/20/2010	2456539	\$1,239.00	9000073	II
9/22/2010	2469544	\$14.25	9000171	IV
9/29/2010	2498285	\$5.89	9000515	III
10/1/2010	2508104	\$361.28	9000071	IV
10/5/2010	2521055	\$65.10	9000528	IV
10/8/2010	2536744	\$537.24	9000495	IV
10/12/2010	2548228	\$49.50	9000426	IV
10/19/2010	2575989	\$43.45	9000515	IV
10/20/2010	2580821	\$4,694.77	9000520	III
10/21/2010	2586238	\$43.45	9000522	IV
10/25/2010	2596641	\$104.56	9000528	III, IV
10/26/2010	2603432	\$76.86	9000529	IV
10/29/2010	2618727	\$130.95	9000538	IV
11/8/2010	2652846	\$40.73	9000551	IV
11/22/2010	2707836	\$49.83	9000574	III
11/29/2010	2729923	\$73.75	9000580	IV
		\$20,647.76		

This is a violation of pharmacy law.

Violation of The Statutes of Another State. University Specialty Pharmacy was not in compliance with Business and Professions Code section 4301 subd. (j) which states unprofessional conduct is the violation of any statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs. Specifically University Specialty Pharmacy located at 3328 Garfield Ave. in Commerce, 90040 violated Nevada Revised Statute section 639.233: License required.

Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing dangerous drugs or devices shall obtain a license pursuant to the provisions of this chapter. USP was not licensed to transfer drugs to Nevada as a wholesaler or non-residence pharmacy.

USP sold/transferred dangerous drugs to unlicensed GreenValleyMed located at 1850 Whitney Mesa in Henderson, NV 89014, which is not licensed as a pharmacy or wholesaler by the Nevada State Board of Pharmacy. Green Valley Drug, DEA # BG8108107 is the facility at that address. University Specialty Pharmacy sold dangerous drugs/controlled substances to unlicensed GreenValleyMed under false sales record that do not correctly name the buyer, to a DEA Registration number not issued to GreenValleyMed on the following dates and invoice number:

Date	Invoice No	Amount	Transfer No.	CS Sched.
4/2/2010	1808829	\$315.33	9000132	
4/2/2010	1808831	\$113.10	9000072	IV
4/2/2010	1809823	\$1,186.67	9000145	
4/5/2010	1815203	\$1,325.27	9000117	
4/5/2010	1815205	\$218.46	9000091	IV
4/6/2010	1821304	\$1,254.55	9000272	
4/7/2010	1826331	\$12,753.29	9000235	
4/7/2010	1826332	\$282.47	9000084	III, IV
4/12/2010	1841008	\$442.46	9000593	
4/19/2010	1868361	\$957.92	9000083	
4/21/2010	1889191	\$2,218.39	9000086	
4/22/2010	1884885	\$332.32	9000088	
4/23/2010	1889704	\$265.76	9000093	
5/3/2010	1922230	\$1,093.63	9000117	
5/3/2010	1922465	\$1,130.12	9000116	
5/12/2010	1960397	\$291.79	9000148	IV
5/12/2010	1960399	\$1,095.92	9000148	
5/13/2010	1966295	\$1,285.90	9000154	
5/13/2010	1966297	\$242.80	9000154	IV
6/4/2010	2047472	\$2,251.06	9000212	
6/7/2010	2053033	\$552.65	9000217	
6/16/2010	2092233	\$3,178.78	9000243	III
6/17/2010	2097297	\$1,057.04	9000246	
6/22/2010	2114362	\$26.05	9000261	IV
6/23/2010	2118964	\$61.29	9000097	
6/24/2010	2124231	\$605.11	9000491	
6/24/2010	2124232	\$26.05	9000405	IV
6/25/2010	2129495	\$936.82	9000073	
6/28/2010	2135454	\$369.79	9000529	

6/29/2010	2142411	\$1,257.92	9000154	
7/1/2010	2153290	\$891.75	9000292	
7/6/2010	2162755	\$270.65	9000296	
7/9/2010	2181228	\$1,669.06	9000306	
7/12/2010	2186313	\$21.46	9000310	
7/13/2010	2193000	\$1,641.40	9000314	
7/21/2010	2224964	\$1,695.68	9000393	III
7/22/2010	2230177	\$2,085.04	9000552	
7/23/2010	2235131	\$290.28	9000445	
7/26/2010	2240195	\$882.56	9000348	
7/28/2010	2251473	\$167.97	9000356	
7/29/2010	2256782	\$844.25	9000359	
7/30/2010	2261370	\$2,933.64	9000362	
8/4/2010	2278800	\$1,180.86	9000374	
8/6/2010	2289257	\$1,412.74	9000378	
8/10/2010	2300879	\$61.52	9000380	
8/11/2010	2306054	\$184.12	9000382	
8/13/2010	2316354	\$269.15	9000388	
8/16/2010	2321853	\$27.14	9000389	
8/19/2010	2338996	\$1,723.88	9000397	
8/31/2010	2382758	\$2.10	9000420	
9/1/2010	2388242	\$6,604.65	9000422	III
9/2/2010	2394024	\$1,575.63	9000423	
9/2/2010	2394026	\$82.58	9000119	IV
9/2/2010	2394026	\$82.58	9000423	
9/7/2010	2404730	\$642.21	9000431	
9/8/2010	2411936	\$227.07	9000432	
9/9/2010	2417846	\$93.48	9000433	
9/10/2010	2423492	\$1,387.61	9000084	
9/13/2010	2429120	\$7,669.47	9000442	
9/14/2010	2435831	\$88.77	9000461	IV
9/15/2010	2441275	\$22.56	9000528	III
9/16/2010	2447036	\$243.41	9000585	V,III
9/20/2010	2456539	\$1,239.00	9000073	II
9/20/2010	2457417	\$3,400.10	9000457	
9/21/2010	2464135	\$1,260.78	9000460	
9/22/2010	2469544	\$14.25	9000171	IV
9/23/2010	2474926	\$175.96	9000466	
9/27/2010	2485537	\$23.84	9000470	
9/28/2010	2490390	\$862.78	9000472	
9/28/2010	2493130	\$365.46	9000473	
9/29/2010	2498285	\$5.89	9000515	III
9/30/2010	2503000	\$581.12	9000480	
10/1/2010	2508104	\$361.28	9000071	IV
10/4/2010	2514384	\$2,354.99	9000487	
10/5/2010	2521055	\$65.10	9000528	IV
10/6/2010	2526259	\$564.00	9000491	
10/7/2010	2529879	\$44.24	9000084	
10/7/2010	2531333	\$423.97	9000494	
10/8/2010	2536743	\$112.84	9000495	
10/8/2010	2536744	\$537.24	9000495	IV
10/12/2010	2548228	\$49.50	9000426	IV
10/18/2010	2569330	\$378.94	9000512	
10/19/2010	2575989	\$43.45	9000515	IV

10/19/2010	2575990	\$394.49	9000515	
10/20/2010	2580821	\$4,694.77	9000520	III
10/21/2010	2586238	\$43.45	9000522	IV
10/21/2010	2586240	\$758.53	9000522	
10/25/2010	2596641	\$104.56	9000528	III, IV
10/25/2010	2596642	\$210.59	9000528	
10/26/2010	2603431	\$750.67	9000529	
10/26/2010	2603432	\$76.86	9000529	IV
10/27/2010	2608658	\$46.31	9000533	
10/28/2010	2613514	\$2,240.70	9000536	
10/29/2010	2618726	\$298.58	9000538	
10/29/2010	2618727	\$130.95	9000538	IV
11/1/2010	2624430	\$1,943.59	9000541	
11/3/2010	2636951	\$73.19	9000543	
11/4/2010	2642477	\$249.76	9000548	
11/8/2010	2652846	\$40.73	9000551	IV
11/8/2010	2652848	\$138.87	9000551	
11/11/2010	2669807	\$1,790.42	9000559	
11/12/2010	2674537	\$809.37	9000562	
11/15/2010	2680205	\$229.46	9000563	
11/16/2010	2686630	\$767.70	9000565	
11/18/2010	2697271	\$512.12	9000569	
11/19/2010	2702274	\$198.96	9000572	
11/19/2010	2702595	\$216.66	9000572	
11/22/2010	2707835	\$349.60	9000574	
11/22/2010	2707836	\$49.83	9000574	III
11/23/2010	2714797	\$42.85	9000576	
11/24/2010	2720345	\$1,386.60	9000579	
11/29/2010	2729923	\$73.75	9000580	IV
11/29/2010	2729924	\$874.58	9000580	
11/30/2010	2736943	\$2,827.53	9000583	
12/1/2010	2742446	\$79.87	9000589	
12/2/2010	2748585	\$4,323.94	9000590	
		\$113,698.55		

This is a violation of pharmacy law.

Non-Compliant Security. University Specialty Pharmacy was not in compliance with California Code of Regulations section 1714 subd. (e), which states only the pharmacy owner, the building owner or manager or a family member of a pharmacist owner may possess a key to the pharmacy that is maintained in a tamper evident container. Specifically University Specialty Pharmacy located at 3328 Garfield Ave. in Commerce, CA 90040 on 1/13/2011 a key to the pharmacy was in the possession of a non-licensed employee which was not in a tamper evident container.

This is a violation of pharmacy law.

CITATION ISSUED ON: June 27, 2011

TOTAL AMOUNT OF FINE(S): \$370,000.00

PAYMENT OF FINE(S) DUE BY: July 27, 2011

California State Board of Pharmacy
REQUEST FOR OFFICE CONFERENCE

Licensee: UNIVERSITY SPECIALTY PHARMACY

License No: PHY 50160

Citation Number : CI 2010 48633

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check I contest the Citation and request an Office Conference.

Check One:

I contest the entire Citation or

specific violations for the following reasons (list each violation with your specific reason):

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) () _____ Residence: () _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Linda Kapovich
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7924

1 **REQUEST FOR APPEAL**

2 BEFORE THE
3 BOARD OF PHARMACY
4 DEPARTMENT OF CONSUMER AFFAIRS
5 STATE OF CALIFORNIA

6 Check I contest the Citation and request an administrative hearing before an
7 Administrative Law Judge.

8 In the Matter of the Citation Against: UNIVERSITY SPECIALTY PHARMACY PHY 50160 Respondent	Citation Case No : CI 2010 48633 NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)
--	--

9 I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a
10 copy of the Citation.

11 I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in
12 said Citation.

13 DATE _____ (Respondent)

14 Mailing Address of Respondent:

15 _____
(Street Address)
16 _____ () _____
(City (State) (Zip) (Telephone)

17 Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please
18 complete the following:

19 Mailing Address of Attorney

20
21 _____
22 (Attorney's Name
23 _____
(Street Address)
24 _____ () _____
(City (State) (Zip) (Telephone)

25
26
27

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

**Name: UNIVERSITY SPECIALTY PHARMACY, PHY 50160
Citation and Fine CI 2010 48633**

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On June 27, 2011, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME

CERTIFIED MAIL NO

UNIVERSITY SPECIALTY PHARMACY
ATTN: SCOT SILBER, PRESIDENT
3328 GARFIELD AVENUE
COMMERCE, CA 90040

7009 1410 1700 7502 4449

I declare under penalty of perjury that the forgoing is true and correct.

Executed on June 27, 2011, at Sacramento, California.



DECLARANT

Linda Kapovich
Associate Enforcement Analyst