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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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 or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Ash W Pharmacy

Physical Address: 171 E. Main ST

Mailing Address: PO BOX 997

City: Duchesne State: UT Zip Code: 84021

Telephone: 435-738-3784 Fax: 435-738-3785

Toll Free Number: (844)908-3784 (Required per NAC 639.708)

E-mail: Wade.poulsen@gmail.com Website: _____

Managing Pharmacist: Wade Reid Poulsen License Number: 58600805-1701

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
- Retail
 - Hospital (# beds _____)
 - Internet
 - Nuclear
 - Ambulatory Surgery Center
 - Community
 - Other: _____

- Yes/No
- Off-site Cognitive Services
 - Parenteral **
 - Parenteral (outpatient)
 - Outpatient/Discharge
 - Mail Service
 - Long Term Care
 - Sterile Compounding **
 - Non Sterile Compounding
 - Mail Service Sterile Compounding **
 - Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

The board has a legal right to require an appearance at a scheduled board meeting. If an appearance is **required**, your company will be notified in writing two (2) weeks prior to the meeting.

If you check off-site cognitive services on the application, Nevada Administrative Code 639.4916 requires "A pharmacist who is employed by an off-site pharmaceutical service provide to provide remote chart order processing services to a hospital or correctional institution pursuant to NAC 639.4915 must (a) Be licensed to practice in Nevada." Provide name and Nevada pharmacist license number. This does not have to be the managing pharmacist.

A license is usually issued and mailed within 15 days from the board meeting date, if approved.

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under "Nevada Statutes & Regulations" tab.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at pharmacy@pharmacy.nv.gov.

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 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.

Wade Paulson
Original Signature of Person Authorized to Submit Application, no copies or stamps

Wade Paulson 2-28-19
Print Name of Authorized Person Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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: _____

Hours of Operation for the pharmacy:

Monday thru Friday	_____am	_____pm	Saturday	_____am	_____pm
Sunday	_____am	_____pm	24 Hours	_____	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General X Limited _____

Partnership Name: AW Pharmacy LLC

Mailing Address: PO BOX 997

City: Duchesne State: UT Zip Code: 84021

Telephone Number: 435-738-3784 Fax Number: 435-738-3785

Contact Person: _____

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Wade Poulson</u>	<u>G</u>	<u>50%</u>
<u>Alan Poulson</u>	<u>G</u>	<u>50%</u>

List names of 4 largest partners and percentage of ownership:

Name: Wade Poulson %: 50

Name: Alan Poulson %: 50

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 6:00 pm

Saturday 12:00 ^{pm} am 2:00 pm

Sunday / am / pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm Saturday _____am _____pm

Sunday _____am _____pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Wade Poulson

Responsible Person of A&W Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.

Wade R Poulson

Original Signature of Person Authorized to Submit Application, no copies or stamps

Wade R Poulson

Print Name of Authorized Person

2-15-19

Date



AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah)
Duchesne COUNTY) ss.)

I, Wade Paulson, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the owner/PIC for A&W Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products into the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

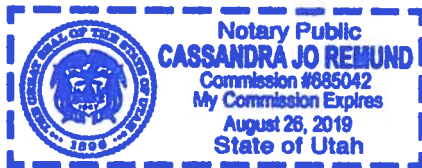
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Wade Paulson, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Wade Paulson Wade Paulson
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 29 day of February, 2019.
Cassandra Jo Remund
NOTARY PUBLIC



STATE OF UTAH
 DEPARTMENT OF COMMERCE
 DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING



ACTIVE LICENSE

EFFECTIVE DATE: 02/06/2014

EXPIRATION DATE: 09/30/2019

ISSUED TO:
 A&W Pharmacy
 171 E Main St
 PO BOX 997
 Duchesne UT 84021

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

8932016-1703 Pharmacy - Class A
 8932016-8913 Dispensing Controlled Substance License

Wanda R. Paulson
 SIGNATURE OF HOLDER

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA4549791	06-30-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RETAIL PHARMACY	05-01-2017
A&W PHARMACY 171 EAST MAIN STREET DUCHESNE, UT 84021-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA4549791	06-30-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RETAIL PHARMACY	05-01-2017
A&W PHARMACY 171 EAST MAIN STREET DUCHESNE, UT 84021-0000		

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.



Pharmacy Board

From: Wade Poulson <wade.poulson@gmail.com>
Sent: Friday, March 08, 2019 12:08 PM
To: Pharmacy Board; Sharilee McIntyre
Subject: Nevada
Attachments: Nevada.xls

Dear Nevada Board of Pharmacy and Utah Board of Pharmacy

A review of my records has revealed that we, A&W Pharmacy, 171 E Main St, Duchesne, Utah, 84021, shipped medication to patients in Nevada. I do not know if Nevada requires us to have a separate licensure for a Utah licensed pharmacy and couldn't tell from the website. Regardless, we have a policy to not ship outside of Utah without meeting other state's requirements and will not ship to Nevada until we know. If Nevada does require an out of state license we are very sorry and want to assure you it won't happen again. We are in the process of seeking to obtain licenses in other states.

I have attached a report.

Sincerely,
Wade Poulson, Pharmacist in Charge

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: 06/12/2008
EXPIRATION DATE: 09/30/2019
ISSUED TO: Wade Reid Poulson



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

5860805-1701 Pharmacist
5860805-8911 Pharmacist Controlled Substance

Wade R Poulson

SIGNATURE OF HOLDER

A&W PHARMACY LLC

[Update this Business](#)

Entity Number: 8704321-0160
Company Type: LLC - Domestic
Address: 171 E Main St Duchesne, UT 84021
State of Origin:
Registered Agent: ALAN POULSON
Registered Agent Address:
1322 N SCOTCH PINE DR PO BOX 997
DUCHESE, UT 84021

[View Management Team](#)

Status: Active

[Purchase Certificate of Existence](#)

Status: Active  as of 07/26/2018

Renew By: 06/30/2019

Status Description: Current

The "Current" status represents that a renewal has been filed, within the most recent renewal period, with the Division of Corporations and Commercial Code.

Employment Verification: Not Registered with Verify Utah

History

[View Filed Documents](#)

Registration Date: 06/11/2013

Last Renewed: 07/26/2018

Additional Information

NAICS Code: 4461 **NAICS Title:** 4461-Health and Personal Care Stores

Doing Business As

A&W COMPOUNDING
FREEDOM WEAPON SYSTEMS
A&W PHARMACEUTICALS

[<< Back to Search Results](#)

Search by

Business Name:



State of Utah
Department of Commerce



GARY R. HERBERT
Governor

Division of Occupational and Professional Licensing

SPENCER J. COX
Lieutenant Governor

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

NEVADA STATE BOARD OF PHARMACY
431 W PLUMB LN
RENO NV 89509

VERIFICATION OF UTAH LICENSURE

Licensee Information

Name of the Licensee: A&W Pharmacy

Classification of License Issued: Pharmacy - Class A

License Number: 8932016-1703

Original Date of Licensure: 02/06/2014

Expiration Date: 09/30/2019

Current Status: Active

Obtained By: Application

No Disciplinary Action

Signature:

Date: May 9, 2019

Ashley Price
License Tech.

To expedite the verification process, the above is the standard format used by the Utah Division of Occupational and Professional Licensing. If other information is needed, it must be obtained from the above named individual or the institution, which initially generated the information.



8B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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 or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 **Partnership** - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: RGH Enterprises, Inc. dba Edgepark Medical Supplies

Physical Address: 1810 Summit Commerce Park, Suite 200, Twinsburg, OH 44087

Mailing Address: 7200 Cardinal Place

City: Dublin State: OH Zip Code: 43017

Telephone: 330-963-6998 ext. 3668 Fax: 614-495-5697

Toll Free Number: 800-321-0591 (Required per NAC 639.708)

E-mail: Licensure@cardinalhealth.com Website: www.edgepark.com

Managing Pharmacist: Anna T. Keller License Number: 03326690

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 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.

Original Signature of Person Authorized to Submit Application, no copies or stamps

William S. Crates

Print Name of Authorized Person

07/11/2019

Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Ohio

Parent Company if any: AssuraMed Group, Inc.

Corporation Name: RGH Enterprises, Inc.

Mailing Address: 1810 Summit Commerce Park

City: Twinsburg State: OH Zip: 44087

Telephone: 330-963-6998 ext. 3476 Fax: 330-405-5674

Contact Person: Cynthia Rhodes

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: 04/09/1990

Registration number issued: 770802

Stock Exchange: NYSE under CAH

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9:00</u> am	<u>5:30</u> pm	Saturday	<u>Closed</u> am	<u> </u> pm
Sunday	<u>Closed</u> am	<u> </u> pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

COPY⁴⁶⁰

Original was mailed
directly to state



**STATE OF
OHIO**
BOARD OF PHARMACY

VERIFICATION OF LICENSURE

BUSINESS NAME: EDGE PARK MEDICAL SUPPLIES & INDEPENDENCE MEDICAL

DBA: Edgepark Medical Supplies; Independence Medical

LOCATION: 1810 SUMMIT COMMERCE PARK
TWINSBURG, OH 44087

LICENSE NUMBER: 022388500

TYPE OF LICENSE: Terminal - Pharmacy - Category 2

ORIGINAL LICENSURE DATE: April 9, 2014

EXPIRATION DATE: March 31, 2021

CURRENT LICENSE STATUS: Active

CURRENT LICENSE SUB STATUS:

BOARD ACTION: No
(If Board Action is "Yes", you may find more information at license.ohio.gov)

DATE OF VERIFICATION: 7/9/2019

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

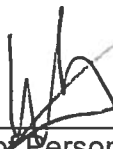
I, William S. Crates

Responsible Person of RGH Enterprises, Inc. dba Edgepark Medical Supplies

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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 of Person Authorized to Submit Application, no copies or stamps

William S. Crates
Print Name of Authorized Person

07/11/2019
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Ohio)
) ss.
Franklin COUNTY)

I, William S. Crates, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the VP, Quality Management for RGH Enterprises, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, William S. Crates, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO before me, a notary public this 11th day of July, 2019.

[Signature]
NOTARY PUBLIC

[Signature]
Name
My Commission Expires November 1, 2023
NOTARY PUBLIC
STATE OF OHIO
JENNIFER BOWERS





June 18, 2019

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, Inc. dba Edgepark Medical Supplies
1810 Summit Commerce Park
Twinsburg, OH 44087

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State Pharmacy License. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined \$500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a \$250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve

a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of \$5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration (“DEA”) regarding Cardinal Health’s registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the “Order”) on Cardinal Health’s Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility “failed to maintain effective controls against the diversion of controlled substances” and “failed to detect and report suspicious orders of oxycodone by its pharmacy customers.” In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that “[n]otwithstanding the large quantities of controlled substances ordered by Cardinal’s top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted....” Importantly, these allegations did not involve any diversion of controlled substances from Cardinal’s facility.

Under the settlement agreement, the Lakeland facility’s DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland’s registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay \$44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys’ Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company’s distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia \$20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility \$500 in administrative fees, and the California Board fined the facility \$1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers’ legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,



William Crates
VP, QRA Management

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, INC., an Ohio corporation, Charter No. 770802, having its principal location in Hudson, County of Summit, was incorporated on April 9, 1990 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of June, A.D. 2019.

A handwritten signature in red ink, reading "Frank LaRose".

Ohio Secretary of State

Validation Number: 201916902010



1810 Summit Commerce Park
Twinsburg, Ohio 44087

Officer Name	Title	Company
William Stanton Crates	Vice President, QRA Management	RGH Enterprises, Inc.
Wayne R. Robinson	Vice President, Tax and Secretary	RGH Enterprises, Inc.
Travis Eugene Leonard	Sr. Vice President and Treasurer	RGH Enterprises, Inc.
Stephen Michael Mason	President	RGH Enterprises, Inc.

Copyright © 2010 Cardinal Health. All Rights Reserved.

The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FE6349864	08-31-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,4 5	RETAIL PHARMACY	09-26-2016
EDGEPAK MEDICAL SUPPLIES & INDEPENDENCE MEDICAL 1810 SUMMIT COMMERCE PARK TWINSBURG, OH 44087		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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EDGEPAK MEDICAL SUPPLIES & INDEPENDENCE MEDICAL 1810 SUMMIT COMMERCE PARK TWINSBURG, OH 44087		

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

8C

410

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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.

[X] New Pharmacy or [] Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

[] Publicly Traded Corporation – Pages 1,2,3,7

[] Partnership - Pages 1,2,5,7

[X] Non Publicly Traded Corporation – Pages 1,2,4,7

[] Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Westmoreland Pharmacy, Inc.

Physical Address: 1945 State St. STE 100

Mailing Address: 1945 State St. STE 100

City: New Albany State: IN Zip Code: 47150

Telephone: 812-944-6500 Fax: 812-944-6900

Toll Free Number: 1-866-944-6505 (Required per NAC 639.708)

E-mail: info@westmorelandpharmacy.com Website: www.westmorelandpharmacy.com

Managing Pharmacist: Anthony Westmoreland License Number: 26017456A

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- [X] [] Retail
[] [X] Hospital (# beds _____)
[] [X] Internet
[] [X] Nuclear
[] [X] Ambulatory Surgery Center
[X] [] Community
[] [X] Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- [] [X] Off-site Cognitive Services
[] [X] Parenteral **
[] [X] Parenteral (outpatient)
[] [X] Outpatient/Discharge
[X] [] Mail Service
[] [X] Long Term Care
[] [X] Sterile Compounding **
[X] [] Non Sterile Compounding
[] [X] Mail Service Sterile Compounding **
[] [X] Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

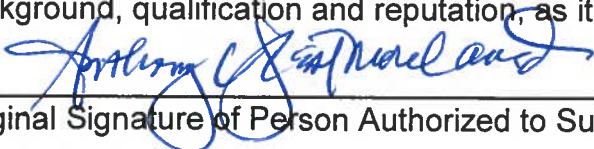
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 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.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Anthony Westmoreland
Print Name of Authorized Person

03/28/2019
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
----------------	-----------------------	-----------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Indiana

Parent Company if any: _____

Mailing Address: 1945 State St. STE 100

City: New Albany State: IN Zip: 47150

Telephone: 812-944-6500 Fax: 812-944-6900

Contact Person: _____

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u>Anthony Westmoreland</u>	<u>12307 Hummingbird Way Sellersburg, IN 47172</u>
	Name	Address

b)	_____	_____
	Name	Address

c)	_____	_____
	Name	Address

d)	_____	_____
	Name	Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? \$1

4) What date did the corporation actually receive the cash assets? 08/26/2005

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: n/a %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>8:30</u> am	<u>7:00</u> pm	Saturday	<u>8:30</u> am	<u>2:00</u> pm
Sunday	<u>n/a</u> am	<u>n/a</u> pm	24 Hours	<u>n/a</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Anthony Westmoreland

Responsible Person of Westmoreland Pharmacy, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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 of Person Authorized to Submit Application, no copies or stamps

Anthony Westmoreland

Print Name of Authorized Person

03/28/2019

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Indiana)
) ss.
Floyd COUNTY)

I, Anthony Westmoreland, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the owner/president for Westmoreland Pharmacy, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

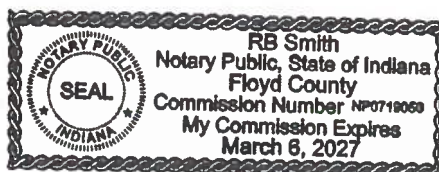
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Anthony Westmoreland, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Anthony Westmoreland
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
25 day of March, 2019.
RB Smith
NOTARY PUBLIC



Your order has been submitted and all fees have been applied to your credit card. If you ordered a card, please allow 5 - 10 business days to receive your order in the mail.

If you selected **Free Certificate Printout** click **Print Receipt** at the bottom of the page. This page serves as your certificate and can be used to satisfy any legal posting requirements.

Official License Record



State of Indiana
Official License Record

Full Name: Anthony L Westmoreland
License Number: 26017456A
License Type: Pharmacist
License Status: Active
Issue Date: 10/23/1991
Expiration Date: 6/30/2020

Order Information

Date Submitted:	1 June 2018
Applicant Name:	Anthony L Westmoreland
License Number:	26017456A
Agency:	HPB
Process:	Duplicate License process

Payment Information

Authorization Code:	
Received Date:	
Transaction #:	
Credit Card Number:	
Fee Amount:	\$0.00
Service Fee:	\$2.50
Instant Fee:	\$0.00
Total Fee:	\$0.00



WESTMORELAND
PHARMACY + COMPOUNDING

1945 State Street • New Albany, IN 47150 • Ph: 812.944.6500 Fax: 812.944.6900

List of Officers and Directors:

Anthony Westmoreland, Owner/ President



WESTMORELAND
PHARMACY + COMPOUNDING

1945 State Street • New Albany, IN 47150 • Ph: 812.944.6500 Fax: 812.944.6900

Westmoreland Pharmacy, Inc. Stock Register:

On August 26, 2005 100 shares of Westmoreland Pharmacy stock were created and sold to Anthony Westmoreland for one dollar per share.



**Indiana
Professional
Licensing
Agency**

402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-3031
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

DATE: 09-04-2014

TO: Consumer Protection Division, Attorney General's Office

FROM: Deborah Frye, Compliance, IPLA

SUBJECT: Westmoreland Pharmacy 60005924A 2125 State St. New Albany, IN 47150

The Assistant Director of the Indiana Board of Pharmacy by a pharmacist regarding the compounding Domperidone for human use. The pharmacist was presented with a prescription for oral Domperidone by a patient, he informed them that the product was not available in the US. The patient said that she had been getting it in the hospital and it was compounded by Westmoreland Pharmacy in New Albany. The other question posed by the pharmacist was whether a pharmacy could compound a product and sell it to another pharmacy to be dispensed. Compounded prescriptions are written for a specific patient by a physician and dispensed directly to that patient. The FDA considers this a product that should not be compounded for use in the United States. We would like this information brought before the Indiana Board of Pharmacy for their consideration.



STATE OF INDIANA
OFFICE OF THE INDIANA ATTORNEY GENERAL

CONSUMER PROTECTION DIVISION

302 W. WASHINGTON STREET, 5TH FLOOR • INDIANAPOLIS, IN 46204-2770

www.IndianaConsumer.com

PHONE: 317.232.6330

FAX: 317.233.4393

GREG ZOELLER

INDIANA ATTORNEY GENERAL

September 17, 2014

Westmoreland Pharmacy
2125 State Street
New Albany, IN 47150

Re: File No. 14-CP-60146
Pharmacy

Indiana Professional Licensing Agency vs. Westmoreland

Dear Westmoreland Pharmacy:

Enclosed is a copy of a complaint received by the Licensing Enforcement & Homeowner Protection Unit ("Unit"). Indiana law requires the Unit to investigate complaints against licensed professionals and deceptive acts in connection with real estate transactions. The Unit also investigates complaints concerning the unlicensed practice of professions regulated under Title 25.

You may provide a written response within **twenty (20) days** of the date of this letter. You may submit your response via e-mail or fax

Please include the following information in your response:

1. The file number shown above;
2. My name, Audrea Racine
3. Your explanation of what happened;

If your written response is not received within the above-mentioned time period, the investigation will continue without the benefit of your input.

You will be advised of the final disposition of the investigation once it is completed. If you have any further questions, do not hesitate to contact me.

Sincerely,

Audrea Racine

Audrea Racine

Case Analyst

audrea.racine@atg.in.gov



Office of the Indiana Attorney General

Indianapolis, IN 46204

October 6, 2014

Re: File No. 14-CP-60146

Dear Ms. Racine,

I am writing in response to the attached complaint your office sent to me on September 17, 2014 regarding Domperidone.

On or around the beginning of this year, 2014, our pharmacy was contacted by the local hospital – Floyd Memorial Hospital and Health Services in New Albany, IN. The pharmacy stated that they had been getting Domperidone oral capsules compounded for in-patient use by a local compounding pharmacy in New Albany. But apparently that pharmacy could no longer supply it. The hospital uses Domperidone for particularly resistant cases of gastroparesis as prescribed by attending Gastroenterologists. The Hospital asked if we could begin supplying the Domperidone to them. Our pharmacy responded that we would have to try and source the chemical first and let them know. We contacted CBS Chemical in Phoenix, AZ and they agreed to provide the product to us.

Once we received the chemical, our pharmacy began supplying Domperidone 10mg capsules to the hospital for in-patient use. Also, we began to see prescriptions for patients once they left the hospital. We filled these prescriptions for home use.

Your letter came with great concern. We immediately researched and understood the validity of the complaint. The fact that this drug requires an IND in the U.S. in order to be dispensed became apparent to us. Our pharmacy takes great pride in complying with rules and regulations. We have previously been accredited by the Pharmacy Compounding Accreditation Board. We realized the significance of our actions. Thus, immediately we did the following:

1. Ceased and desisted in dispensing further Rx's for Domperidone in any form.



2. Contacted patients and Providers to notify them we would no longer be able to provide Domperidone.
3. Quarantined all Domperidone chemical and readied for reverse distribution.
4. Updated our pharmacy SOP to include a section "Determining drugs that are legal to compound".
5. Advising all staff of the events and making it mandatory to sign off on the new SOP section.

As I stated earlier, we take these matters seriously. We hope our actions, in response, have been a good faith effort to correct our deficiency. Please let us know what additional steps, if any, we need to take to resolve this situation.

Sincerely,

A handwritten signature in black ink that reads "Anthony L. Westmoreland".

Anthony L. Westmoreland, RPh

Westmoreland Pharmacy Inc.

BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NUMBER: 2015 IBP 0053

IN THE MATTER OF THE INDIANA)
PHARMACY LICENSE OF)
)
WESTMORELAND PHARMACY, INC.)
LICENSE NO.: 60005924A)



HEARING NOTICE

Comes now the INDIANA BOARD OF PHARMACY ("Board") pursuant to Ind. Code § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Westmoreland Pharmacy, Inc. ("Respondent"), 2125 State Street, New Albany, Indiana 47150.
2. This notice is being provided to counsel for State of Indiana, N. Renee Gallagher, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 5th floor, Indianapolis, Indiana 46204, telephone number (317) 234-7114.
3. The official cause number of this action is: 2015 IBP 0053.
4. This hearing is to address the issues raised in the Complaint, which is attached hereto as **Exhibit A**.
5. A hearing regarding this matter will be held on **February 8, 2016, at 1:30 p.m.**, Eastern Standard Time, in the Indiana Government Center South, Room W064, located at 402 West Washington Street, Indianapolis, Indiana 46204.
6. The Board is empowered to hold this disciplinary hearing pursuant to the authority of Ind. Code § 25-1-9 and Ind. Code § 4-21.5 *et seq.*
7. The Board will be presiding as administrative law judge in this matter. Theodore Cotterill, Director of the Board, may be contacted to obtain information concerning

CERTIFICATE OF SERVICE

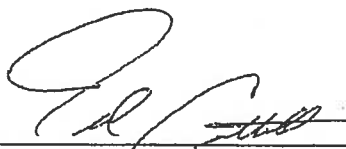
I certify that a copy of the "Hearing Notice" has been duly served upon:

Westmoreland Pharmacy, Inc.
2125 State Street
New Albany, Indiana 47150
Service by U.S. Mail

N. Renee Gallagher
Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
402 West Washington Street, 5th Floor
Indianapolis, Indiana 46204
Service by E-mail

January 25, 2016

Date



Theodore C. Cotterill, Director
Indiana Board of Pharmacy

Indiana Board of Pharmacy
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, Indiana 46204
Phone: 317-234-2067
Fax: 317-233-4236
Email: pla4@pla.in.gov

Explanation of Service Methods

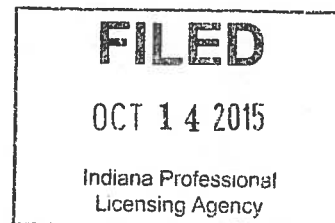
Personal Services: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

**BEFORE THE INDIANA BOARD OF PHARMACY
CAUSE NO: 2015 IBP 0053**

IN THE MATTER OF THE INDIANA)
 PHARMACY LICENSE OF)
)
 WESTMORELAND PHARMACY, INC.)
)
 LICENSE NUMBER 60005924A (ACTIVE))
 (CLOSED DOOR III))



ADMINISTRATIVE COMPLAINT

This complaint is brought against the pharmacy license of Westmoreland Pharmacy, Inc. ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General Stephanie E. Sluss, on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code ch. 25-26, the Administrative Orders and Procedures Act, Ind. Code art. 4-21.5 and Ind. Code ch. 25-1-9 and in support alleges and states:

FACTS

1. Respondent is a licensed closed door pharmacy in the State of Indiana having been issued license number 60005924A on or about December 20, 2005. Said license is currently active.
2. Respondent's address of record with the Indiana Professional Licensing Agency is 2125 State Street, New Albany, IN 47150.
3. On or around the beginning of 2014, Respondent began compounding drug products containing Domperidone.
4. Domperidone is a drug used to increase milk production in breastfeeding women, which is not an approved use, and to treat certain gastric disorders.

5. Domperidone is not approved for use in any country for breastfeeding women and only in the United States for use in treating certain gastric disorders under special conditions which are outlined by the FDA.

6. Domperidone was removed from the market by the Food and Drug Administration (“FDA”) in 1998 due to serious adverse effects, including irregular heartbeat, stopping of the heart, or sudden death. These dangers could convey to nursing babies of breastfeeding women.

7. In June 2004, the FDA issued a “Talk Paper” warning breastfeeding women not to use Domperidone and issued warning letters to pharmacies that compounded products containing Domperidone and firms that supplied Domperidone for use in compounding.

8. Since June 2004, the FDA has issued several warning letters to pharmacies and firms regarding compounding, supplying or distributing Domperidone.

9. The FDA also issued an “Import Alert” alerting FDA field personnel to watch for imports of Domperidone and to detain and refuse admission as appropriate.

10. In March 2012, the FDA issued another “Import Alert” advising that Domperidone was being imported as a bulk active pharmaceutical ingredient for compounding, and in a finished dosage form. The FDA warned that the importation of Domperidone presents a “public health risk” and violates the FDCA.

11. Domperidone can only be obtained in the United States through the FDA’s Expanded Access to Investigational Drugs Program (“IND”), and then only for patients 12 years of age and older with certain gastric disorders.

12. Prior to prescribing or dispensing Domperidone, a health care practitioner must submit an application to the FDA to become a Sponsor-Investigator as part of the IND and the

IND must be in effect prior to the importation, interstate shipment, and administration of Domperidone.

13. To obtain Domperidone, the FDA has authorized only specific suppliers to provide the drug.

14. A health care practitioner who is a Sponsor-Investigator can obtain Domperidone for their patients through either direct import to their office for dispensing from one of the approved manufacturers, or by direct shipment to the patient by the approved pharmacy supplier.

15. Respondent received Domperidone from CBS Chemical in Phoenix, AZ, an unauthorized distributor of Domperidone.

16. Respondent used this bulk product to compound Domperidone for patients with certain gastric disorders and without INDs in place.

17. Respondent supplied a local hospital with Domperidone drug products and also filled prescriptions for individuals to use the drug at home.

18. Respondent indicated that it has ceased compounding Domperidone after receiving a consumer complaint in September of 2014 and conducting independent research on the drug.

COUNT I

19. Paragraphs 1 (one) through 18 (eighteen) are incorporated by reference herein.

20. Respondent violated Ind. Code § 25-1-9-4(a)(4)(A) in that Respondent has continued to practice although it has become unfit to practice due to professional incompetence as evidenced by, which includes but is not limited to, Respondent compounding Domperidone and supplying it to a hospital and individuals.

COUNT II

21. Paragraphs 1 (one) through 18 (eighteen) are incorporated by reference herein.
22. Respondent violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although it has become unfit to practice due to failure to keep abreast of current professional theory or practice as evidenced by, which includes but is not limited to, Respondent compounding Domperidone and supplying it to a hospital and individuals.

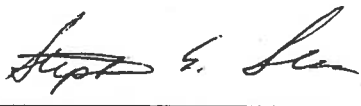
WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;
2. Directs Respondent to immediately pay all of the cost incurred in the prosecution of this case;
3. Directs Respondent to pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund pursuant to Ind. Code § 4-6-14-10(b); and
4. Provide any other relief the Board deems just and proper within the premises.

Respectfully submitted,

Gregory F. Zoeller
Attorney General of Indiana
Atty. No. 1958-98

By:



Stephanie E. Sluss
Deputy Attorney General
Attorney No. 26920-49



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

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

January 19, 2017

CERTIFIED MAIL

WESTMORELAND PHARMACY & COMPOUN
ATTN: ANTHONY WESTMORELAND
1945 STATE ST.
NEW ALBANY, IN 47150

RE: CI 2016 71933
WESTMORELAND PHARMACY & COMPOUNDING
Unlicensed

After thorough and careful consideration of the explanation and information you provided at the office conference, the committee determined that the information presented had been previously considered and was not new information. The committee decided to affirm the above-referenced Citation and Fine, CI 2016 71933 as originally issued.

This decision is the final administrative order regarding the Citation. Since you did not timely request a hearing to contest the Citation pursuant to California Code of Regulations, title 16, section 1775.4, subdivision (a), the administrative appeals process has concluded.

Failure to pay any imposed fine(s) within 30 days of the date of this letter may result in disciplinary action being taken. The timely payment of the imposed fine(s) shall not constitute an admission of the violation(s) charged in the Citation.

If any fine(s) are not timely paid, then the full amount of the unpaid fine(s) shall be added to the fee for the renewal of your license. Your license shall not then be renewed without full payment of the renewal fee and the assessed fine(s).

Please contact Associate Enforcement Analyst Jennifer Sevilla at (916) 574-7925, if you have any questions.

Sincerely

A handwritten signature in cursive script that reads "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: WESTMORELAND PHARMACY & COMPOUNDING Unlicensed

Citation CI 2016 71933

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 January 19, 2017, I served the attached:

Decision letter from office conference.

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, addresses as follows:

NAME


CERTIFIED MAIL NO

WESTMORELAND PHARMACY & COMPOUNDING
ATTN: ANTHONY WESTMORELAND
1945 STATE ST.
NEW ALBANY, IN 47150

7016 1370 0000 5640 5975

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

Executed on January 19, 2017, at Sacramento, California.



 DECLARANT
 Jennifer Sevilla
 Associate Enforcement Analyst

**BEFORE THE INDIANA BOARD OF PHARMACY
CAUSE NO: 2015 IBP 0053**

IN THE MATTER OF THE INDIANA)
 PHARMACY LICENSE OF)
)
 WESTMORELAND PHARMACY, INC.)
 LICENSE NUMBER 60005924A)

FINAL ORDER ACCEPTING PROPOSED SETTLEMENT AGREEMENT

The State of Indiana (“Petitioner”), by Amelia A. Hilliker, and Williams Bros. Health Care Pharmacy of Bloomington, Inc. (“Respondent”), signed a “Settlement Agreement” (“Agreement”), filed on April 4, 2017, 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 April 10, 2017, 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**, into this Final Order.

WHEREFORE, the Board hereby accepts and approves the Findings of Facts, Conclusions of Law, and Agreed Disposition presented by the parties and issues this Final Order, by a vote of 6-0:

1. Respondent’s Indiana pharmacy license shall be issued **LETTER OF REPRIMAND**, which will be included as a permanent part of Respondent’s file located at the Indiana Professional Licensing Agency.

PLEASE SEE ATTACHMENT.

2. Respondent will ensure compounding staff undergo ten (10) hours of continuing education in the areas of FDA Regulations within one (1) year of the date of the Board's Final Order accepting this Agreement and provide proof of completion to the Board.

3. ~~Within thirty (30) days of the date of this Order, Respondent shall, pursuant to~~ I.C. § 4-6-14-10(b), pay a fee of Five Dollars (\$5.00) 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: Teresa Henson
302 W. Washington Street, 5th Floor
Indianapolis, IN 46204

4. A violation of this Final Order, any non-compliance with the statutes or regulations regarding the practice of pharmacy may result in an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, and or all of which could lead to additional sanctions.

SO ORDERED, this _____ day of February, 2017.

INDIANA BOARD OF PHARMACY

Steve Anderson, R. Ph, Vice President
Indiana Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that a copy of the "Final Order Accepting Proposed Settlement Agreement" has been duly served upon:

Westmoreland Pharmacy, Inc.
c/o Anthony Westmoreland
2125 State Street
New Albany, IN 47150
Service by US Mail

Amelia A. Hilliker
Deputy Attorney General
302 West Washington Street, 5th Floor
Indianapolis, IN 46204
Amelia.Hilliker@atg.in.gov
Service by E-Mail

Date

Litigation Specialist

UNSUBSIDIZED
SIGN UP TODAY AT PNC REMITTANCE ADVANTAGE [HTTPS://KAD](https://kad)
1 MEDICARE'S PAYMENT-THIS MAY INCLUDE THE SEQUESTRAT
2 AMOUNT NON-COVERED IS BASED ON MEDICARE'S EOB OR F

Telephone: 317-234-2067
Email: pla4@pla.in.gov

Explanation of Service Methods

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.



WESTMORELAND
PHARMACY • COMPOUNDING

*filed 1-9-18
to BOP
AK*

January 9, 2018

Dear Board of Pharmacy,

Pursuant to the attached Letter of Reprimand that our pharmacy received, please find the REQUIRED 10 HOURS OF CONTINUING EDUCATION PERFORMED BY COMPOUNDING STAFF.

We have 3 compounding staff members that performed the CE:

Anthony Westmoreland PIC

Tahnee Miller RPh Compounding Pharmacist

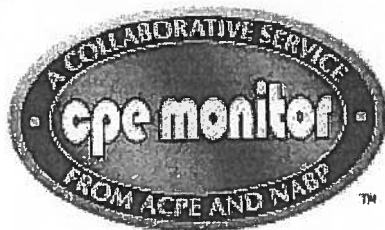
Randy Bryan Smith CPhT Compounding Technician

If there are any further questions, please feel free to contact me directly at 502-298-9085.

Sincerely,

Anthony Westmoreland RPh

Owner, Westmoreland Pharmacy



CPE Monitor Activity Transcript

Participant Name:

Tahnee Lynne Miller — *RPh Compounding Pharmacist*

NABP e-Profile ID:

278939

CPE Activity Date Range:

11/01/2017 - 01/08/2018

Total CPE Hours Earned:

37.0

Recorded CPE activity for the period of 11/01/2017 to 01/08/2018. Please allow 60 days for the CPE Provider to process your CPE and submit it through the CPE Monitor System. If it has been more than 60 days since you submitted the necessary information for CPE credit, please contact the CPE Provider.

Activity Date	ACPE UAN	Title	Provider	Format	Topic Designators	Contact Hours (CEU)	Live Hours	Home Hours	Activity Type
01/08/2018	0422-0000-17-236-H07-P	Compounding: Managing Sterile Compounding	Therapeutic Research Center	Home	Compounding	1.0 (0.1)	0.0	1.0	Knowledge-based
01/08/2018	0422-0000-17-321-H07-P	Compounding: Sterile Compounding Aseptic Technique	Therapeutic Research Center	Home	Compounding	1.0 (0.1)	0.0	1.0	Knowledge-based
01/08/2018	0422-0000-17-325-H07-P	Compounding: Understanding Requirements for Sterile Compounding	Therapeutic Research Center	Home	Compounding	1.0 (0.1)	0.0	1.0	Knowledge-based
01/08/2018	0422-0000-17-327-H07-P	Compounding: Maintaining a Controlled Environment for Sterile Compounding	Therapeutic Research Center	Home	Compounding	1.0 (0.1)	0.0	1.0	Knowledge-based
01/08/2018	0422-0000-17-331-H07-P	Compounding: Complex Nonsterile Compounding: Topical Dosage Forms	Therapeutic Research Center	Home	Compounding	1.0 (0.1)	0.0	1.0	Knowledge-based
01/08/2018	0422-0000-17-332-H07-P	Compounding: Corrective Action and Preventative Action (CAPA) Plans for Sterile Compounding	Therapeutic Research Center	Home	Compounding	1.0 (0.1)	0.0	1.0	Knowledge-based
01/08/2018	0422-0000-16-314-H04-P	Compounding: Sterile Compounding and USP Chapter <797>	Therapeutic Research Center	Home	General Pharmacy Topics	1.0 (0.1)	0.0	1.0	Application-based
12/21/2017	0422-0000-17-710-H01-P	Emerging Developments in Drug Therapy and Implementation into Patient Care: October 2017	Therapeutic Research Center	Home	Drug Therapy Related	1.0 (0.1)	0.0	1.0	Knowledge-based
12/21/2017	0422-0000-17-001-H01-P	Emerging Developments in Drug Therapy and Implementation into Patient Care: January 2017	Therapeutic Research Center	Home	Drug Therapy Related	1.0 (0.1)	0.0	1.0	Knowledge-based
12/21/2017	0422-0000-17-002-H01-P	Emerging Developments in Drug Therapy and Implementation into Patient Care: February 2017	Therapeutic Research Center	Home	Drug Therapy Related	1.0 (0.1)	0.0	1.0	Knowledge-based
12/21/2017	0422-0000-17-003-H01-P	Emerging Developments in Drug Therapy and Implementation into Patient Care: March 2017	Therapeutic Research Center	Home	Drug Therapy Related	1.0 (0.1)	0.0	1.0	Knowledge-based
12/21/2017	0422-0000-17-004-H01-P	Emerging Developments in Drug Therapy and Implementation into Patient Care: April 2017	Therapeutic Research Center	Home	Drug Therapy Related	1.0 (0.1)	0.0	1.0	Knowledge-based

This statement contains information provided to NABP from the Accreditation Council for Pharmacy Education (ACPE). The CPE provider is responsible for the accuracy of the CPE course data on the statement; however, NABP affirms that the participation information has been matched to the corresponding e-Profile data within its systems. Requests for changes to CPE course data must be directed to the ACPE-accredited provider that offered the course. CPE documentation requirements are determined by each Board of Pharmacy; please check with your licensing board about these requirements. CPE information has been made available to licensees' respective board(s) of pharmacy for use at the boards' discretion.



CPE Monitor Activity Transcript

Participant Name: Randy Bryan Smith — *CPH T COMPOUNDING LAB*
NABP e-Profile ID: 487505
CPE Activity Date Range: 10/03/2013 - 12/29/2017
Total CPE Hours Earned: 23.5

Recorded CPE activity for the period of 10/03/2013 to 12/29/2017. Please allow 60 days for the CPE Provider to process your CPE and submit it through the CPE Monitor System. If it has been more than 60 days since you submitted the necessary information for CPE credit, please contact the CPE Provider.

Activity Date	ACPE UAN	Title	Provider	Format	Topic Designators	Contact Hours (CEU)	Live Hours	Home Hours	Activity Type
12/29/2017	0798-0000-16-090-H04-T	The Compounding Side of Hormone Therapy for Men and Women	PharmCon, Inc.	Home	General Pharmacy Topics	1.0 (0.1)	0.0	1.0	Knowledge-based
12/26/2017	0798-0000-15-122-H03-T	Compounded Medicines: New Laws, New Responsibilities, New Questions	PharmCon, Inc.	Home	Law	1.0 (0.1)	0.0	1.0	Knowledge-based
12/22/2017	0798-0000-16-137-H04-T	Decoding the Drug Quality and Security Act Pertinent to Sterile and Non-Sterile Compounding	PharmCon, Inc.	Home	General Pharmacy Topics	2.0 (0.2)	0.0	2.0	Knowledge-based
12/21/2017	0401-0000-16-504-H03-T	DSN Quick Credit: Applying law to pharmaceutical compounding	Drug Store News	Home	Law	0.25 (0.025)	0.0	0.25	Knowledge-based
12/21/2017	0798-0000-17-116-H04-T	USP 800 Compliance	PharmCon, Inc.	Home	General Pharmacy Topics	2.0 (0.2)	0.0	2.0	Knowledge-based
12/20/2017	0280-0000-16-082-H03-P	Sterile Compounding Update: Laws, Regulations & Standards	American Health Resources	Home	Law	1.25 (0.125)	0.0	1.25	Knowledge-based
10/03/2013	0201-0000-11-039-L01-T	Aseptic Technique Compounding	American College of Apothecaries, Inc.	Live	Drug Therapy Related	13.0 (1.3)	13.0	0.0	Application-based
10/03/2013	0201-0000-11-041-H01-T	Aseptic Technique Home Study	American College of Apothecaries, Inc.	Home	Drug Therapy Related	3.0 (0.3)	0.0	3.0	Knowledge-based

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CPE Monitor Activity Transcript

Participant Name: Anthony Lee Westmoreland - RPh P.I.C.
 NABP e-Profile ID: 390818
 CPE Activity Date Range: 12/01/2017 - 01/01/2018
 Total CPE Hours Earned: 15.0

Recorded CPE activity for the period of 12/01/2017 to 01/01/2018. Please allow 60 days for the CPE Provider to process your CPE and submit it through the CPE Monitor System. If it has been more than 60 days since you submitted the necessary information for CPE credit, please contact the CPE Provider.

Activity Date	ACPE UAN	Title	Provider	Format	Topic Designators	Contact Hours (CEU)	Live Hours	Home Hours	Activity Type
12/26/2017	0422-0000-17-246-H05-P	Controlled Substances: Preventing Diversion and Promoting Patient Safety with Opioids	Therapeutic Research Center	Home	Patient Safety	2.0 (0.2)	0.0	2.0	Knowledge-based
12/26/2017	0422-0000-16-215-H01-P	The Balancing Act with Controlled Substances: Ensuring Access for Patients with Valid Prescriptions	Therapeutic Research Center	Home	Drug Therapy Related	2.0 (0.2)	0.0	2.0	Knowledge-based
12/25/2017	0422-0000-17-325-H07-P	Compounding: Understanding Requirements for Sterile Compounding	Therapeutic Research Center	Home	Compounding	1.0 (0.1)	0.0	1.0	Knowledge-based
12/25/2017	0422-0000-17-236-H07-P	Compounding: Managing Sterile Compounding	Therapeutic Research Center	Home	Compounding	1.0 (0.1)	0.0	1.0	Knowledge-based
12/25/2017	0422-0000-17-309-H04-P	USP-800 How to Handle Hazardous Meds in the Healthcare Setting	Therapeutic Research Center	Home	General Pharmacy Topics	1.0 (0.1)	0.0	1.0	Knowledge-based
12/25/2017	0422-0000-17-321-H07-P	Compounding: Sterile Compounding Aseptic Technique	Therapeutic Research Center	Home	Compounding	1.0 (0.1)	0.0	1.0	Knowledge-based
12/25/2017	0422-0000-17-331-H07-P	Compounding: Complex Nonsterile Compounding: Topical Dosage Forms	Therapeutic Research Center	Home	Compounding	1.0 (0.1)	0.0	1.0	Knowledge-based
12/25/2017	0422-0000-17-327-H07-P	Compounding: Maintaining a Controlled Environment for Sterile Compounding	Therapeutic Research Center	Home	Compounding	1.0 (0.1)	0.0	1.0	Knowledge-based
12/25/2017	0422-0000-17-326-H07-P	Compounding: Complex Nonsterile Compounding Oral Dosage Forms	Therapeutic Research Center	Home	Compounding	1.0 (0.1)	0.0	1.0	Knowledge-based
12/16/2017	0422-0000-17-311-H04-P	Nonsterile Compounding of Common Topical and Oral Liquid Preparations	Therapeutic Research Center	Home	General Pharmacy Topics	1.0 (0.1)	0.0	1.0	Application-based
12/16/2017	0422-0000-17-320-H07-P	Compounding: An Overview of Complex Nonsterile Compounding	Therapeutic Research Center	Home	Compounding	1.0 (0.1)	0.0	1.0	Knowledge-based
12/14/2017	0422-0000-16-307-H03-P	A Review of the Federal Pharmacy Law	Therapeutic Research Center	Home	Law	1.0 (0.1)	0.0	1.0	Application-based
12/06/2017	0422-0000-17-308-H03-P	A Review of DEA Requirements	Therapeutic Research Center	Home	Law	1.0 (0.1)	0.0	1.0	Knowledge-based

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BEFORE THE INDIANA BOARD OF PHARMACY
CAUSE NO: 2015 IBP 0053

IN THE MATTER OF THE INDIANA)
PHARMACY LICENSE OF)
WESTMORELAND PHARMACY, INC.)
LICENSE NUMBER 60005924A)



PROPOSED SETTLEMENT AGREEMENT

The State of Indiana ("Petitioner"), by Amelia A. Hilliker, Deputy Attorney General, and Westmoreland Pharmacy, Inc. ("Respondent"), hereby execute this Settlement Agreement ("Agreement") to a disposition of the Administrative Complaint filed in this cause with the Indiana Board of Pharmacy ("Board"). This Agreement is subject to the review of the Board pursuant to Ind. Code § 25-1-9 *et seq.* and the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 *et seq.*

STIPULATED FACTS

1. Respondent is a licensed closed door pharmacy in the State of Indiana having been issued license number 60005924A on or about December 20, 2005.
2. Respondent's address of record with the Indiana Professional Licensing Agency is 2125 State Street, New Albany, IN 47150.
3. On or around the beginning of 2014, Respondent began compounding drug products containing Domperidone.
4. Domperidone is approved for use in the United States in treating certain gastric disorders under special conditions which are outlined by the FDA.
5. Domperidone was removed from the market by the Food and Drug Administration ("FDA") in 1998 due to serious adverse effects, including irregular heartbeat, stopping of the heart, or sudden death.

6. Domperidone can only be obtained in the United States through the FDA's Expanded Access to Investigational Drugs Program ("IND"), and then only for patients 12 years of age and older with certain gastric disorders.

7. Prior to prescribing or dispensing Domperidone, a health care practitioner must submit an application to the FDA to become a Sponsor-Investigator as part of the IND and the IND must be in effect prior to the importation, interstate shipment, and administration of Domperidone.

8. To obtain Domperidone, the FDA has authorized only specific suppliers to provide the drug.

9. A health care practitioner who is a Sponsor-Investigator can obtain Domperidone for their patients through either direct import to their office for dispensing from one of the approved manufacturers, or by direct shipment to the patient by the approved pharmacy supplier.

10. Respondent compounded drug products containing Domperidone pursuant to a valid prescription for individual patients who did not have an IND in place.

11. Respondent conducted the activities described in Paragraph 10 above, without knowledge or belief that its actions were in violation of federal or state law. Respondent acted in reliance on materials widely distributed by a national trade association representing compounding pharmacies.

12. Respondent ceased compounding Domperidone after receiving a consumer complaint from the Office of the Indiana Attorney General in September of 2014 and conducting independent research on the drug.

STIPULATED CONCLUSIONS OF LAW

The parties further stipulate:

1. By the conduct described above, to wit violating the FDCA, 21 U.S.C. § 353a and 355, and 856 IAC 1-20-1(5), Respondent violated Ind. Code § 25-1-9-4(a)(3).

2. By Respondent's conduct in compounding drug products containing Domperidone for patients without a valid IND in place, Respondent violated Ind. Code § 25-1-9-4(a)(4)(B).

AGREED DISPOSITION

The parties agree to the following disposition:

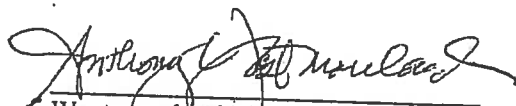
1. The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.
2. The parties execute this Agreement voluntarily.
3. Both parties voluntarily waive their rights to a public hearing on the Complaint and all other proceedings in this action to which either party may be entitled by law, including judicial review and appeal.
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 pharmacy license.
5. Respondent agrees that they will receive the attached **LETTER OF REPRIMAND**, which will be included as a permanent part of Respondent's file located at the Indiana Professional Licensing Agency. (See Letter of Reprimand attached hereto as Exhibit "A".)
6. Respondent will ensure compounding staff undergo ten (10) hours of continuing education in the areas of FDA Regulations within one (1) year of the date of the Board's Final Order accepting this Agreement and provide proof of completion to the Board.

7. Within thirty (30) days of the date of the Board's Final Order accepting this Agreement, Respondent shall, pursuant to I.C. § 4-6-14-10 (b), pay a fee of Five Dollars (\$5.00) 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:

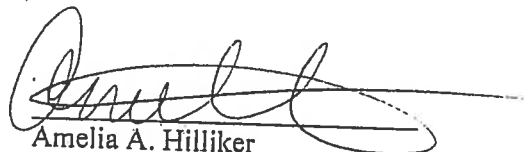
Indiana Office of the Attorney General
Attn: Teresa Henson
302 West Washington Street, 5th Floor
Indianapolis, IN 46204.

8. 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.

9. Respondent further understands that a violation of the Final Order accepting this Agreement, any non-compliance with the statutes or regulations regarding the practice of pharmacy, or any violation of the Settlement Agreement may result in the State requesting an emergency suspension of the Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to I.C. § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.


Westmoreland Pharmacy, Inc.

4-3-17
Date


Amelia A. Hilliker
Deputy Attorney General

4-4-2017
Date

March 28, 2017

Westmoreland Pharmacy, Inc.
2125 State Street
New Albany, IN 47150

**Re: In the matter of the license of Westmoreland Pharmacy, LLC
Before the Indiana Board of Pharmacy**

To Whom it May Concern:

This letter of reprimand issued in accordance with the Findings of Fact and Order issued by the Indiana Board of Pharmacy resolving the administrative complaint against your pharmacy license filed by the Office of the Attorney General, Division of Consumer Protection on October 14, 2015.

The purpose of this reprimand is to stress the important responsibility that you have by reason of possession of a pharmacy license in the State of Indiana.

The Settlement Agreement, Findings of Fact, and Final Order are attached and incorporated herein as part of this reprimand.

It is your responsibility to conduct your practice as a pharmacy in accordance with the statutes, regulations, and standards of the profession.

Sincerely,

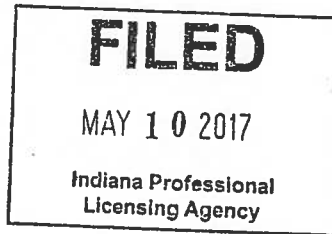
INDIANA BOARD OF PHARMACY

By: _____
Steve Anderson, R.Ph., President

EXHIBIT "A"

BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NO: 2015 IBP 0053

IN THE MATTER OF THE INDIANA)
PHARMACY LICENSE OF)
)
WESTMORELAND PHARMACY, INC.)
LICENSE NUMBER 60005924A)



FINAL ORDER ACCEPTING PROPOSED SETTLEMENT AGREEMENT

The State of Indiana (“Petitioner”), by Amelia A. Hilliker, and Westmoreland Pharmacy, Inc. (“Respondent”), signed a “Settlement Agreement” (“Agreement”), filed on April 4, 2017, 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 April 10, 2017, 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**, into this Final Order.

WHEREFORE, the Board hereby accepts and approves the Findings of Facts, Conclusions of Law, and Agreed Disposition presented by the parties and issues this Final Order, by a vote of 6-0:

1. Respondent’s Indiana pharmacy license shall be issued **LETTER OF REPRIMAND**, which will be included as a permanent part of Respondent’s file located at the Indiana Professional Licensing Agency.

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3. Within thirty (30) days of the date of this Order, Respondent shall, pursuant to I.C. § 4-6-14-10(b), pay a fee of Five Dollars (\$5.00) 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: Teresa Henson
302 W. Washington Street, 5th Floor
Indianapolis, IN 46204

4. A violation of this Final Order, any non-compliance with the statutes or regulations regarding the practice of pharmacy may result in an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, and or all of which could lead to additional sanctions.

SO ORDERED, this 10th day of May, 2017.

INDIANA BOARD OF PHARMACY

for Maurice Bennett
Steve Anderson, R. Ph, Vice President
Indiana Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that a copy of the "Final Order Accepting Proposed Settlement Agreement" has been duly served upon:

Westmoreland Pharmacy, Inc.
c/o Anthony Westmoreland
1945 State Street
New Albany, IN 47150
Service by US Mail

Amelia A. Hilliker
Deputy Attorney General
302 West Washington Street, 5th Floor
Indianapolis, IN 46204
Amelia.Hilliker@atg.in.gov
Service by E-Mail

5-10-17
Date

Donna Moran
Donna Moran, Litigation Specialist

Indiana Board of Pharmacy
Indiana Government Center South
302 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: 317-234-2067
Email: pla4@pla.in.gov

Explanation of Service Methods

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

Professional Licensing Agency
 402 West Washington Street
 Room W072
 Indianapolis, IN 46204



Eric J. Holcomb
 Governor of Indiana
 Deborah J. Frye
 PLA Executive Director

May 9, 2017

Westmoreland Pharmacy, Inc.
 2125 State Street
 New Albany, IN 47150

**Re: In the matter of the license of Westmoreland Pharmacy, LLC
 Before the Indiana Board of Pharmacy**

To Whom it May Concern:

This letter of reprimand issued in accordance with the Findings of Fact and Order issued by the Indiana Board of Pharmacy resolving the administrative complaint against your pharmacy license filed by the Office of the Attorney General, Division of Consumer Protection on October 14, 2015.

The purpose of this reprimand is to stress the important responsibility that you have by reason of possession of a pharmacy license in the State of Indiana.

The Settlement Agreement, Findings of Fact, and Final Order are attached and incorporated herein as part of this reprimand.

It is your responsibility to conduct your practice as a pharmacy in accordance with the statutes, regulations, and standards of the profession.

Sincerely,

INDIANA BOARD OF PHARMACY

By: Maureen Bennett
 for Steve Anderson, R.Ph., President

EXHIBIT "A"



WESTMORELAND
PHARMACY + COMPOUNDING

*mailed to
KPOP
2/6/18*

State of Illinois

Board of Pharmacy

February 6, 2018

RE: No. 2017-01360

This is the written answer to the above-referenced complaint against our pharmacy, Westmoreland Pharmacy at 1945 State St, New Albany IN 47150.

Count 1, Paragraphs 1-9

We admit this allegation.

Count 2, Paragraph 10

We admit this allegation.

Please contact me directly at 502-298-9085 if there are any further questions. Sincerely,

Anthony L. Westmoreland RPh

PIC, Westmoreland Pharmacy

Illinois License 054.016721,320.009596

INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of Indiana } ss.
County of Floyd }

On this the 6th day of February, 2018, before me,

Laura Wheatley, the undersigned Notary Public,
Name of Notary Public

personally appeared Anthony L. Westmoreland
Name(s) of Signer(s)

personally known to me – OR –

proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.



Laura Wheatley
Signature of Notary Public

Place Notary Seal/Stamp Above

Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

INFORMATION IN AREAS 1-4 REQUIRED IN ARIZONA. OPTIONAL IN OTHER STATES.

Description of Any Attached Document

1 Title or Type of Document: St. of Illinois Board of Pharmacy

2 Document Date: February 6, 2018 3 Number of Pages: 1

4 Signer(s) Other Than Named Above: N/A

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

ILL. DEPT. OF FINANCIAL AND
PROFESSIONAL REGULATION
18 JAN 22 PM 1:36
CLERK OF THE COURT

DEPARTMENT OF FINANCIAL AND)
PROFESSIONAL REGULATION, DIVISION OF)
PROFESSIONAL REGULATION)
of the State of Illinois, Complainant,) No. 2017-01360
v.)
WESTMORELAND PHARMACY INC,)
License No. 054.016721, 320.009596,)
Respondent.)

NOTICE OF PRELIMINARY HEARING

TO: WESTMORELAND PHARMACY INC
ANTHONY WESTMORELAND
1945 STATE ST
NEW ALBANY, IN 47150-4919

PLEASE TAKE NOTICE that on March 19th, 2018, at 1:00 p.m., you are directed to appear before the Administrative Law Judge of the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois, located at 100 West Randolph Street, Suite 9-300, Chicago Illinois 60601, at which time a hearing date will be set. You are requested to then and there present any and all routine motions you may wish to have heard regarding the charges contained in the attached Complaint. Any motions presented on the above date should be served on the Adjudicative Services Unit of the Department of Financial and Professional Regulation, Division of Professional Regulation, 100 West Randolph Street, Suite 9-300, Chicago Illinois 60601 at least three (3) business days in advance of the scheduled hearing.

Your appearance on the scheduled date and time is mandatory and your failure to so appear may result in the selection of a hearing date in your absence, unless a continuance has been secured in advance. Your appearance may be made personally or through counsel.

It is required that you file a written ANSWER UNDER OATH AND UNDER PENALTY OF PERJURY to the attached Complaint under oath with the Department of Professional Regulation within (20) days of the date this Notice was mailed. The answer should address each numbered paragraph of the Complaint. The answer shall be signed under oath and your signature must be verified by a notary public who affixes the notary seal to the document. For each paragraph, the Answer should either:


- a) admit the allegation in the paragraph
- b) deny the allegation in the paragraph, or
- c) state under oath that you have insufficient information with which to admit or deny the allegation in the paragraph

PLEASE BE ADVISED that the failure to file a verified Answer may subject you to being held in default. If you are held in default, the Board will assume the allegation to be true and will issue a recommendation based upon those facts without a hearing being held. These proceedings are held pursuant to the jurisdiction granted to the Department to investigate complaints and to bring this action pursuant to 20 Ill. Comp. Stat. 2105-15(a)(5) and 225 Ill. Comp. Stat. 60/36 (2006 as amended).

RULES OF PRACTICE IN ADMINISTRATIVE HEARINGS IN THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION AND BEFORE COMMITTEES OR BOARDS OF SAID DEPARTMENT AS WELL AS PRACTICE ACTS AND RULES MAY BE FOUND AT <http://www.idfpr.com/dpr/default.asp>.

PLEASE BE ADVISED THAT YOU WILL HAVE TO SHOW A STATE ISSUED PHOTO IDENTIFICATION AND GO THROUGH A METAL DETECTOR IN ORDER TO GAIN ACCESS TO THE BUILDING.

**DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION OF THE
STATE OF ILLINOIS, DIVISION OF
PROFESSIONAL REGULATION**

By: 
Frank Lamas
Chief of Health-Related Prosecutions

Brandon Thom/ck
Attorney, Health Related Prosecutions
IDFPR Division of Professional Regulation
100 W. Randolph St., Suite 9-300
Chicago, IL 60601
(312) 814-1693
Brandon.Thom@illinois.gov
Enf. ID: 2017-01360
Respondents: WESTMORELAND PHARMACY, 054.016721, 320.009596

STATE OF ILLINOIS)
)
COUNTY OF COOK)

SS: 2017-01360

UNDER PENALTY OF PERJURY, as provided by law, Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that I caused the attached Notice Preliminary Hearing and Complaint to be deposited in the United States mailbox located at 100 West Randolph Street, Chicago, Illinois 60601, and by mailing same by certified mail at 100 West Randolph Street, Chicago, Illinois, 60601, with proper postage prepaid to the parties at the addresses listed above, prior to 5:00 p.m. on the 22 day of January, 2018.

Crystal Kuewella
AFFIANT

Cert. Mail No: 7017 1070 0000 9339 4494

**STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION**

DEPARTMENT OF FINANCIAL AND)	
PROFESSIONAL REGULATION, DIVISION OF)	
PROFESSIONAL REGULATION)	
of the State of Illinois,)	No. 2017-01360
v.)	
WESTMORELAND PHARMACY INC,)	
License No. 054.016721, 320.009596,)	
Respondent.)	

COMPLAINT

NOW COMES THE DIVISION OF PROFESSIONAL REGULATION of the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois (“Department”), by its Chief of Health-Related Prosecutions, Frank Lamas, and as its Complaint against WESTMORELAND PHARMACY, INC, Respondent, complains as follows:

**COUNT I
UNLICENSED PRACTICE**

1. The Department has the legal power and duty to investigate the conduct of licensees and take disciplinary action in administration and enforcement of the Illinois Pharmacy Practice Act, 225 ILCS 85/1 et seq., and the Rules adopted by the Department in furtherance of the Act, 68 Ill. Admin. Code § 1330.10 et seq.
2. WESTMORELAND PHARMACY, INC (hereinafter “Respondent Pharmacy”) is the holder of a Pharmacy license in the State of Illinois, License Number 054.016721.
3. Respondent Pharmacy is the holder of a Controlled Substance License, License Number 320.009596, in the State of Illinois issued by the Department.
4. On or about March 31, 2016, Respondent’s pharmacy license expired.
5. On or about March 31, 2016, Respondent’s Controlled Substance license expired.
6. Respondent Pharmacy practiced with a non-renewed pharmacy license from April 1, 2016 to September 4, 2016.

7. Respondent Pharmacy practiced with a non-renewed Controlled Substance license from April 1, 2016 to September 4, 2016.
8. Between April 1, 2016, and September 4, 2016, Respondent Pharmacy dispensed prescriptions to Illinois Residents.
9. Respondent Pharmacy has engaged in the unlicensed practice of Pharmacy and unlicensed dispensing of controlled substances in the State of Illinois.
10. The foregoing acts or omissions are in violation of 225 ILCS 85/5.5(a), 225 ILCS 85/12(f), 225 ILCS 85/30(a)(2), 225 ILCS 85/30(a)(4), 225 ILCS 85/30(a)(7), 720 ILCS 570/302, 720 ILCS 570/304(a)(5), 702 ILCS 570/312, 68 Ill. Admin. Code 1330.30, and 68 Ill. Admin. Code 1330.40.
11. The foregoing acts, omissions, and violations are grounds for discipline pursuant to 225 ILCS 85/30 (a)(2), 225 ILCS 85/30 (a)(4), 225 ILCS 85/30 (a)(7), and 720 ILCS 570/304(a)(5).

WHEREFORE, based on the foregoing allegations, the Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation, by Frank Lamas, its Chief of Health-Related Prosecutions, prays that the Pharmacy license of WESTMORELAND PHARMACY, INC, License No. 054.016721, be suspended, revoked, or otherwise disciplined and that Respondent be fined an amount not to exceed \$10,000 per violation in accordance with the Illinois Pharmacy Practice Act; and that the Illinois Controlled Substance License of WESTMORELAND PHARMACY, INC, License No. 320.009596, be suspended, revoked, or otherwise disciplined and that Respondent be fined an amount not to exceed \$10,000 per violation in accordance with the Illinois Controlled Substances Act.

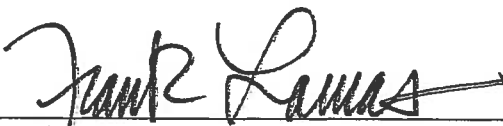
COUNT II
UNPROFESSIONAL CONDUCT

- 1-9. The Department repeats and realleges paragraphs 1 through 9 of Count I as paragraphs 1 through 9 of this Count as if the same were fully stated herein.
10. Respondent Non-Resident Pharmacy engaged in unprofessional conduct by dispensing medications to Illinois Residents when it had not renewed its Illinois pharmacy license.

11. The foregoing acts or omissions are in violation of 225 ILCS 85/5.5(a), 225 ILCS 85/30 (a)(2), 225 ILCS 85/30 (a)(4), 225 ILCS 85/30 (a)(7), and 68 Ill. Admin. Code 1330.30.
12. The foregoing acts, omissions, and violations are grounds for discipline pursuant to 225 ILCS 85/5.5(a), 225 ILCS 85/30 (a)(2), 225 ILCS 85/30 (a)(4), and 225 ILCS 85/30 (a)(7).

WHEREFORE, based on the foregoing allegations, the Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation, by Frank Lamas, its Chief of Health-Related Prosecutions, prays that the Pharmacy license of WESTMORELAND PHARMACY, INC, License No. 054.016721, be suspended, revoked, or otherwise disciplined and that Respondent be fined an amount not to exceed \$10,000 per violation in accordance with the Illinois Pharmacy Practice Act.

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of the State of Illinois
DIVISION OF PROFESSIONAL REGULATION

By: 
Frank Lamas
Chief of Health-Related Prosecutions

Brandon Thom
Attorney, Health Related Prosecutions
IDFPR Division of Professional Regulation
100 W. Randolph St., Suite 9-300
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