

**9**

**9A**

## 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: BriovaRx Infusion Services 401, LLC.

Physical Address: 4610 Northgate Blvd., Suite 130, Sacramento, CA 95834

Mailing Address: 15529 College Blvd.

City: Lanexa State: KS Zip Code: 66219

Telephone: (916) 648-0124 Fax: (844) 425-0128

Toll Free Number: (877) 698-5415 (Required per NAC 639.708)

E-mail: orxpharmic@optum.com Website: BriovaRxInfusionServices.com

Managing Pharmacist: Ramona Moenter License Number: PHY53890

#### **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

Edward P. Kramm  
Print Name of Authorized Person

4.5.2019  
Date

Board Use Only	Date Processed: _____	Amount: 
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: California

Parent Company if any: SCP Specialty Infusion, LLC

Mailing Address: 15529 College Blvd

City: Lenexa State: KS Zip: 66219

Telephone: 877-342-9352 Fax: 877-542-9352

Contact Person: Jonathan Reinstatler ; orxpharmlic@optum.com

For any corporation non publicly traded, disclose the following:

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

N/A

a) \_\_\_\_\_  
Name Address

b) \_\_\_\_\_  
Name Address

c) \_\_\_\_\_  
Name Address

d) \_\_\_\_\_  
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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: N/A %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 8:00 am 5:30 pm      Saturday Closed am \_\_\_\_\_ pm  
Sunday Closed am \_\_\_\_\_ pm      24 Hours on call

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

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Edward P. Kramm

Responsible Person of BriovaRx Infusion Services 401, LLC

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

Edward P. Kramm

4.5.2019

Print Name of Authorized Person

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Kansas )  
 ) ss.  
Johnson COUNTY )

I, Edward P. Kramm, 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 CEO for BriovaRx Infusion Services 401, LLC (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.

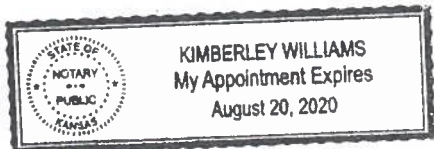
FURTHER AFFIANT SAYETH NOT.

I, Edward P. Kramm, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

[Signature]  
Name Edward P. Kramm

SUBSCRIBED AND SWORN TO before me, a notary public this 5 day of April, 2019.

[Signature]  
NOTARY PUBLIC





BrioRx Infusion Services  
15529 College Blvd.,  
Lenexa, KS 66219

T 1-877-342-9352  
F 1-877-542-9352

April 17, 2019

Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509

Re: BrioRx Infusion Services 401, LLC.  
4610 Northgate Blvd. Suite 130  
Sacramento, CA 95834

#### Disciplinary History Letter

To Whom It May Concern:

Corporate Secretary, Karen E. Peterson, paid a fine to the Oregon Board of Pharmacy in 1998 to settle a discipline related to a prescription misfill. The settlement is not available on the Board's website and she is unable to locate a copy. Ms. Peterson no longer works in this capacity for the Company.

The Kentucky Board of Pharmacy issued a fine against Edward P. Kramm as a pharmacist for failing to complete all required hours of continuing education for 2013. A settlement was signed and Mr. Kramm paid a \$500 fine. Mr. Kramm no longer works in this capacity for the company.

Please contact me, at (877) 342-9352 or [ORxPharmLic@optum.com](mailto:ORxPharmLic@optum.com) if you have any questions or requests for additional information.

Sincerely,

A handwritten signature in blue ink, appearing to read "E. Kramm", is written over a light blue horizontal line.

Edward P. Kramm  
Chief Executive Officer



Owner: (100%)  
 SCP Specialty Infusion, LLC.  
 15529 College Blvd.  
 Lenexa, KS 66219

**BriovaRx Infusion Services 401, LLC**  
**4610 Northgate Blvd., Suite 130**  
**Sacramento, CA 95834**

### List of Officers and Directors

Individual	Title
Edward Paul Kramm	Director, CEO
Robert Worth Oberrender	Treasurer
Karen Elizabeth Peterson	Secretary
Heather Anastasia Lang Jacobsen	Assistant Secretary
David John Oberg	Assistant Secretary
David John Maurer	Vice President
Michael Gerard Zeglinski	Vice President
Edward Andrew Lagerstrom	Director
Jeffrey David Grosklags	Director

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "SCP SPECIALTY INFUSION, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE FIFTEENTH DAY OF JANUARY, A.D. 2010, AT 2:24 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "SCP SPECIALTY INFUSION, LLC".

4777745 8100H

100675756

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8066905

DATE: 06-21-10

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:36 PM 01/15/2010  
FILED 02:24 PM 01/15/2010  
SRV 100044035 - 4777745 FILE

**CERTIFICATE OF FORMATION**  
**OF**  
**SCP SPECIALTY INFUSION, LLC**

This Certificate of Formation of SCP Specialty Infusion, LLC (the "Company"), is executed by the undersigned for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act.

1. The name of the Company is SCP Specialty Infusion, LLC.
2. The address of the registered office of the Company in Delaware is 1209 Orange Street, Wilmington Delaware 19801, New Castle County. The name of the Company's registered agent at that address is The Corporation Trust Company.
3. The Company shall have perpetual existence.

IN WITNESS WHEREOF, the undersigned, an authorized person of the Company, has caused this Certificate of Formation to be duly executed as of the 15th day of January, 2010.

  
\_\_\_\_\_  
Michael J. Weisberg, Organizer

**State of California  
Secretary of State**

**CERTIFICATE OF REGISTRATION**

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

That on the 20th day of September, 2017, SCP SPECIALTY INFUSION, LLC, complied with the requirements of California law in effect on that date for the purpose of registering to transact intrastate business in the State of California; and further purports to be a limited liability company organized and existing under the laws of Delaware as SCP SPECIALTY INFUSION, LLC and that as of said date said limited liability company became and now is duly registered and authorized to transact intrastate business in the State of California, subject, however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute  
this certificate and affix the Great Seal  
of the State of California this day of  
September 21, 2017.



A handwritten signature in black ink, appearing to read "Alex Padilla".

**ALEX PADILLA  
Secretary of State**

AKP

**9B**

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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

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New Pharmacy or  **Ownership Change** (Provide current license number if making changes: PH 02851)  
 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: MILLER'S OF WYCKOFF

Physical Address: 678 WYCKOFF AVE

Mailing Address: \_\_\_\_\_

City: WYCKOFF State: NJ Zip Code: 07481

Telephone: 201-891-3333 Fax: 201-891-6392

Toll Free Number: 888-891-3334 (Required per NAC 639.708)

E-mail: PROUGH@YOURLIEBRI.COM Website: YOURLIEBRI.COM  
MILLERS PHARMACY.COM

Managing Pharmacist: DAVID M. MILLER License Number: (NJ) 28R101608500

**TYPE OF PHARMACY      AND      SERVICES PROVIDED**

<p>Yes/No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Internet</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Community</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>COMPOUNDING</u></p>	<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding **</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile Compounding **</p> <p><input type="checkbox"/> <input type="checkbox"/> Other Services: _____</p>
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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,

### 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.

Philip J. Kouah IV  
Original Signature of Person Authorized to Submit Application, no copies or stamps

PHILIP J. KOUAH IV  
Print Name of Authorized Person

11-23-18  
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
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**Must be included with the application for a non 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

SEE ATTACHED

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, PHILIP J. KEOUAKH IV  
Responsible Person of YOUR LIBERTY, INC DBA MULLERS OR MICHAEL

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.

Philip J. Keouakh IV  
Original Signature of Person Authorized to Submit Application, no copies or stamps

PHILIP J. KEOUAKH IV  
Print Name of Authorized Person

12-4-18  
Date

**AFFIDAVIT for Out-of-State Pharmacy License**

STATE OF \_\_\_\_\_ )  
 ) ss.  
\_\_\_\_\_ COUNTY )

I, PHIL KEOLAH, 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 CEO/PRESIDENT for MILLERS OR MYCROPE (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, PHIL KEOLAH, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

*Philip Keolah*  
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 4 day of DECEMBER 2018.

*Renata M. Weiss*  
NOTARY PUBLIC



NEVADA STATE BOARD OF PHARMACY

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT


Date: 11/04/2016  
Amount: 500.00  
License #: PH02851

MILLERS OF WYCKOFF  
678 WYCKOFF AVE  
WYCKOFF, NJ 07481

(ID Card)

Trim ID Card to fit your wallet

**PHARMACY**



NEVADA  
BOARD OF  
PHARMACY

Expires: 10/31/2018  
MILLERS OF WYCKOFF  
678 WYCKOFF AVE  
WYCKOFF, NJ 07481

License #  
PH02851  
Active

**IDENTIFICATION ONLY**  
**DOES NOT MEET POSTING REQUIREMENTS**

**STATE OF NEVADA  
STATE BOARD OF PHARMACY**



THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

License Type: PHARMACY

License #: PH02851

DEA #: BM4899615

Expires: 10/31/2018  
STATUS: Active

MILLERS OF WYCKOFF  
678 WYCKOFF AVE  
WYCKOFF, NJ 07481

**NONTRANSFERABLE**  
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

State Of New Jersey  
New Jersey Office of the Attorney General  
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE  
Board of Pharmacy


HAS LICENSED

MILLERS OF WYCKOFF INC  
DAVID M MILLER  
678 WYCKOFF AVE  
WYCKOFF NJ 07481-1430

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy

06/06/2018 TO 06/30/2019  
VALID

28RS00529600  
LICENSE/REGISTRATION/CERTIFICATION #



Signature of Licensee/Registrant/Certificate Holder



ACTING DIRECTOR



# NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Paul R. Rodrij  
Acting Dir  
Rea

### License Information

Accurate as of November 23, 2018 12:13 PM

[Return to Search Results](#)

Name: MILLERS OF WYCKOFF INC

Address: WYCKOFF,NJ

Profession/License Type: Pharmacy,Pharmacy

License No: 28RS00529600

License Status: Active

Status Change Reason:

Issue Date: 4/10/1996

Expiration Date: 6/30/2019

Board Action: YES\*

Please visit DCA's website to see the final disposition documents.

\* A "YES" in the "Board Action" field indicates that the licensee has a public record of some form of action on file with the Board/Committee. Board actions may come in the form of a Cease and Desist Order, Interim Order, Reprimand, a finalized Uniform Penalty Letter, agreed upon Settlement Letter or Final Order. In some instances, "Yes" will represent that a public record such as an Administrative Complaint or a Provisional Order of Discipline may have been filed with the Board/Committee. Such documents represent the filing of allegations by the Attorney General. Such documents not represent a finding of misconduct until the matter is adjudicated by the Board. Contact the Board/Committee directly to obtain a copy of such documents.

<b>Division</b>	<b>Department</b>	<b>State</b>	<b>Legal</b>	<b>RSS</b>
<a href="#">Division Home</a>	<a href="#">OAG Home</a>	<a href="#">NJ Home</a>	<a href="#">Legal Statement</a>	Sign up for New Jersey Division of Consumer Affairs RSS feeds to get latest information. You can select any category that you are interested in and any time the website is updated you will receive a notification.  More information about RSS feeds.
<a href="#">Consumer Protection</a>	<a href="#">Contact OAG</a>	<a href="#">Services A-Z</a>	<a href="#">Privacy Notice</a>	
<a href="#">Licensing Boards</a>	<a href="#">FAQ OAG</a>	<a href="#">Departments/Agencies</a>	<a href="#">Accessibility</a>	
<a href="#">File a Complaint</a>	<a href="#">OAG News</a>	<a href="#">FAQs</a>	<a href="#">Statement</a>	
<a href="#">Adoptions &amp; Rule</a>	<a href="#">Services A to Z</a>			
<a href="#">Proposals</a>	<a href="#">Employment</a>			
<a href="#">Internship</a>				
<a href="#">Opportunities</a>				



**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**MILLERS OF WYCKOFF, INC.  
6085010000**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on January 02, 1957.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

DAVID MILLER  
678 WYCKOFF AVE  
WYCKOFF, NJ 07481



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
13th day of September, 2018*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6091219667

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

DEA REGISTRATION NUMBER	BM4899615	THIS REGISTRATION EXPIRES	01-31-2020	FEE PAID	\$731
SCHEDULES	2,2N, 3,3N,4,5,	BUSINESS ACTIVITY	RETAIL PHARMACY-COLLECTOR	ISSUE DATE	12-05-2016
MILLERS OF WYCKOFF INC 678 WYCKOFF AVE WYCKOFF, NJ 07481-0000					

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

Sections 304 and 1008 (21 USC 824 and 868) 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	BM4899615	THIS REGISTRATION EXPIRES	01-31-2020	FEE PAID	\$731
SCHEDULES	2,2N, 3,3N,4,5,	BUSINESS ACTIVITY	RETAIL PHARMACY-COLLECTOR	ISSUE DATE	12-05-2016
MILLERS OF WYCKOFF INC 678 WYCKOFF AVE WYCKOFF, NJ 07481-0000					

m DEA-223 (9/2016)

Sections 304 and 1008 (21 USC 824 and 868) 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.



# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "YOURLIFERX, INC.", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF DECEMBER, A.D. 2017, AT 12:40 O`CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



  
Jeffrey W. Bullock, Secretary of State

6671413 8100  
SR# 20177685999

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203800773  
Date: 12-20-17



PHILIP D. MURPHY  
Governor

SHEILA Y. OLIVER  
Lt. Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
Board of Pharmacy  
124 Halsey Street, 6<sup>th</sup> Floor, Newark NJ 07102



GURBIR S. GREWAL  
Attorney General

PAUL R. RODRIGUEZ  
Acting Director

Mailing Address:  
P.O. Box 46018  
Newark, NJ 07101  
(973) 604-6450

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

August 30, 2018

David Miller, RPIC  
Millers of Wyckoff Pharmacy  
678 Wyckoff Avenue  
Wyckoff, New Jersey 07481

Re: Inspection #8-2498-17-160  
Date of Inspection: 3/1/17

Dear Mr. Miller:

After affording you an opportunity to discuss the above-referenced matter with the New Jersey State Board of Pharmacy on August 22, 2018, the Board has decided to remove citation N.J.A.C.13:39-11.16(a) and mitigate citation N.J.A.C.13:39-11.24(a)10 to a Warning.

Please complete the attached Certification form and submit \$1,000.00 for fines incurred to the Board within 15 days receipt of this letter.

**NEW JERSEY STATE BOARD OF PHARMACY**

By:   
Anthony Rubimaccio, RPh  
Executive Director

AR/th  
(8/17)

### CERTIFICATION

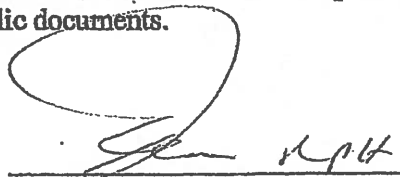
I, DAVID MILLER, hereby acknowledge that I have read and reviewed the Board's letter dated August 30, 2018 regarding allegations of violations of the Board's enabling act and/or regulations.

**Please Check One:**

I acknowledge the conduct which has been charged and agree to:

**Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of \$1,000.00 (to be paid upon signing of this Certification).**

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

  
\_\_\_\_\_  
(Signature)

Dated: 9/4/18

DAVID MILLER  
\_\_\_\_\_  
(Print Name)

Ref: David Miller, RPIC  
Millers of Wyckoff Pharmacy  
678 Wyckoff Avenue  
Wyckoff, NJ 07481  
(28RS00529600)  
Inspection #8-2498-17-160

AR/th  
(8/17)

**ATTACHMENT A**

Millers of Wyckoff Pharmacy – 678 Wyckoff Avenue, Wyckoff, New Jersey 07481  
 Pharmacist-In-Charge: David Miller  
 Bureau File #8-2498-17-160, Period: 3/1/17  
 Reference: Board of Pharmacy inspection conducted per N.J.S.A.45:1-18 and N.J.S.A.45:14-48(a)11&12, and a memorandum, dated February 6, 2017 from Anthony Rubimaccio, Executive Director, Board of Pharmacy, to Edward Tumminello, Chief, Enforcement Bureau, requesting an inspection for the subject pharmacy in connection with an application for a Remodeling.

**Details**

CITE	DESCRIPTION	FINE
N.J.A.C.13:39-11.24(a)10	When test result indicated that the cleanroom did not meet the standards established, the pharmacy failed to immediately cease using the cleanroom that was out of compliance until such time that the cleanroom met the requisite standards.	Warning
N.J.A.C.13:39-11A.9(g)	During the compounding of hormonal products, the pharmacy failed to adhere to standards establish by the Occupational Safety and Health Administration (OSHA):  Specifically, most commonly compounded non-sterile preparation are hormonal related products, in the dosage forms of capsules, creams and ointments. Hazardous Active Pharmaceutical Ingredients (API), such as Progesterone and Testosterone, as well as batch prepared hormonal products, were observed to be stored in the active inventory along with non-hazardous API's.	\$1,000.00
<b>TOTAL: \$1,000.00</b>		

**9C**

**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: Premier Specialty Infusion LLC  
 Physical Address: 2401 Hassell Rd Ste 1525  
 Mailing Address: 2401 Hassell Rd. Ste 1525  
 City: Hoffman Estates State: ILLINOIS Zip Code: 60169  
 Telephone: 800-783-9655 Fax: 877-770-4179  
 Toll Free Number: 800-783-9655 (Required per NAC 639.708)  
 E-mail: scott.luckow@psinfusion.com Website: www.psinfusion.com  
 Managing Pharmacist: Scott Luckow License Number: 51.041005

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No	AND	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> 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,**

### 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

SCOTT LUCKOW  
Print Name of Authorized Person

10/23/18  
Date

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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP**

General \_\_\_\_\_ Limited

Partnership Name: Premier Specialty Infusion LLC

Mailing Address: 2401 Hassell Rd Ste 1525

City: Hoffman Estates State: IL Zip Code: 601169

Telephone Number: 800-783-9655 Fax Number: 877-770-4179

Contact Person: Scott Luckow

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>Ambreena Jafri</u>	<u>L</u>	<u>97%</u>
<u>Scott Luckow</u>	<u>L</u>	<u>3%</u>

List names of 4 largest partners and percentage of ownership:

- Name: N/A %: \_\_\_\_\_
- Name: \_\_\_\_\_ %: \_\_\_\_\_
- Name: \_\_\_\_\_ %: \_\_\_\_\_
- Name: \_\_\_\_\_ %: \_\_\_\_\_

List any physician shareholders and percentage of ownership.

- Name: N/A %: \_\_\_\_\_
- Name: \_\_\_\_\_ %: \_\_\_\_\_
- Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 8:00 am 5:00 pm      Saturday 24 am 7 pm  
 Sunday 24 am 7 by phone pm      24 Hours by phone

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



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: N/A

Business Name: \_\_\_\_\_

Current Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday N/A am \_\_\_\_\_ pm          Saturday N/A am \_\_\_\_\_ pm  
Sunday N/A am \_\_\_\_\_ pm          24 Hours N/A

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

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Scott Luckow

Responsible Person of Premier Specialty Infusion LLC

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.

Scott

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

Scott Luckow  
Print Name of Authorized Person

10/23/18  
Date

**Include with the Application for Authority to Dispense Drugs**

Practitioner Dispensing  
Controlled Substance Waiver Form

Each dispensing practitioner must complete this form. Do not submit for a group.

Print Name: Premier Specialty Infusion LLC

Address: 2401 Hassell Rd Ste. 1525

City: Hoffman Estates State: IL Zip: 60169

Telephone: 800-783-9655

I will be dispensing controlled substances at the address listed above and I understand that I am required and submit data to the Prescription Controlled Substance Abuse Prevention Task Force weekly as required by NAC 639.745 [1(f)].

I will not be dispensing controlled substances at the address listed above. If I choose to dispense controlled substances in the future, I must contact the Nevada State Board of Pharmacy to modify my license.

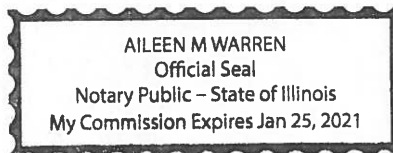
By signing and dating this waiver form, I certify that the information provided is true.

  
Original Signature of Dispensing Practitioner

10/23/18  
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF ILLINOIS )  
 ) ss.  
KANE COUNTY )



I, Scott Luckow, 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 Pharmacist In Charge for Premier Speciality Infusion (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.

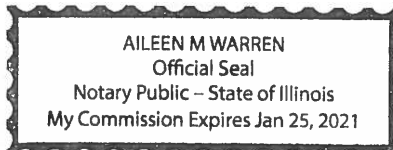
FURTHER AFFIANT SAYETH NOT.

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

Scott Luckow  
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 23 day of October, 2018.

Aileen M Warren  
NOTARY PUBLIC





To Whom It May Concern:

Below is a list containing the Name, Date of Birth, and Address of All Corporate Officers, Partners or Owner(s):

**Scott Luckow**

Pharmacy Manager, PIC, Owner

W437 Bode Rd

Elgin, IL 60120

DOB: 5

**Ambreen Jafri**

Pharmacy Owner, Partner

' Lake Adalyn Drive

South Barrington, IL 60010

DOB:

Thank you,

Premier Specialty Infusion

2401 W Hassell Rd, Suite 1525

Hoffman Estate, IL 60169



2401 West Hassell Road Suite 1525  
Hoffman Estates IL 60169



800 783 9655



877 770 4179

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREMIER SPECIALTY INFUSION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2018.



6225542 8300

SR# 20187166020

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

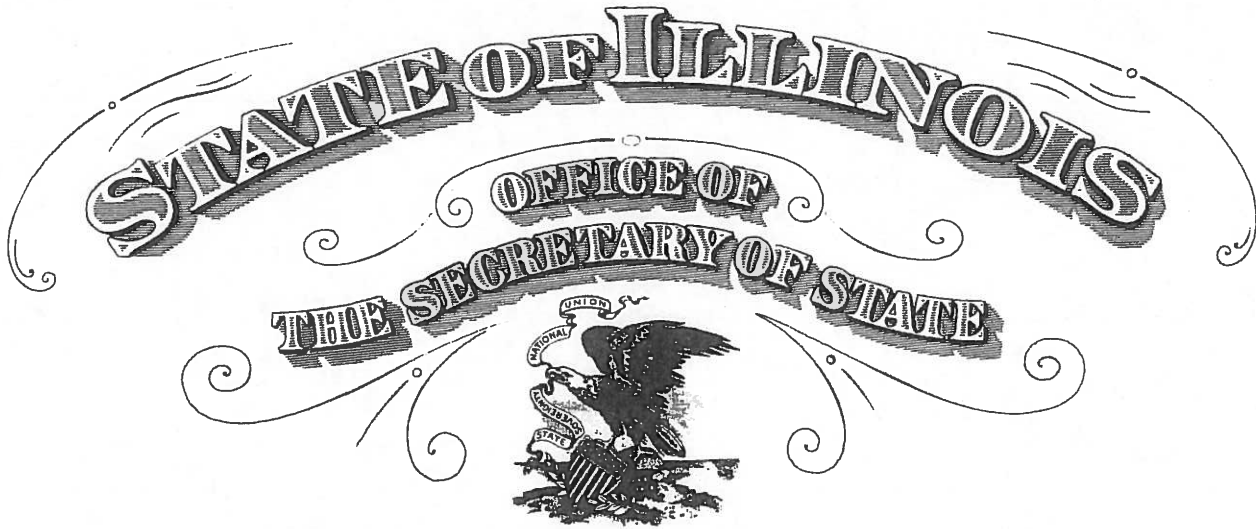
Jeffrey W. Bullock, Secretary of State

Authentication: 203631232

Date: 10-17-18

File Number

0616916-3



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

PREMIER SPECIALTY INFUSION, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 06, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of NOVEMBER A.D. 2018 .***



*Jesse White*

SECRETARY OF STATE



Sent to:  
DFPR  
10.17.18  
copy of check  
attached

October 16, 2018

To Whom It May Concern,

We are pursuing an out of state pharmacy license and need to request an **Illinois Certification of Licensure** for our Pharmacy.

**Premier Specialty Infusion LLC**  
**2401 Hassell Rd. Ste 1525**  
**Hoffman Estates, IL 60169**

License#: 054.020273 - Active  
Issued: 04/20/2017  
Expires: 03/31/2020  
Method of Licensure: Paper  
Disciplinary Action: N

Please send the above Illinois Certification of Licensure to:

**Nevada State Board of Pharmacy**  
**431 W Plum Lane**  
**Reno, NV 89509**

Thank you,

Aileen Warren, PharmD, RPh  
Director Of Operations  
[Aileen.warren@psinfusion.com](mailto:Aileen.warren@psinfusion.com)  
800-783-9655



2401 West Hassell Road Suite 1525  
Hoffman Estates IL 60169



800.783.9655



877.770.4179





LICENSE NO.  
054.020273  
051.041005

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:  
03/31/2020

LICENSED PHARMACY



COMMUNITY

PREMIER SPECIALTY INFUSION LLC  
SCOTT LUCKOW  
2401 HASSELL RD STE 1525  
HOFFMAN ESTATES, IL 60169-2000



*Bryan A. Schneider*

BRYAN A. SCHNEIDER  
SECRETARY

*Jessica Baer*

JESSICA BAER  
DIRECTOR

The official status of this license can be verified at [www.idfpr.com](http://www.idfpr.com)

12389962

Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4052203

**9D**

4-10

**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: 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		Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/>	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/>	<input type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/>	<input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> 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,**

### APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

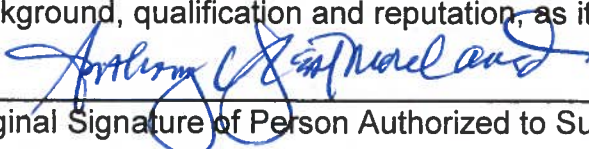
Within the last five (5) years:

- 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

<b>Board Use Only</b>	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

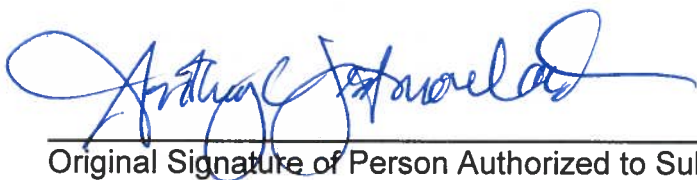
I, Anthony Westmoreland

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.

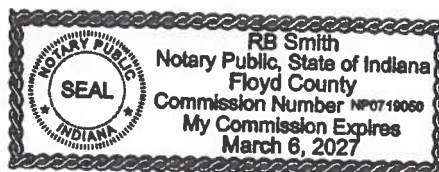
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

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

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#### 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

<b>Date Submitted:</b>	1 June 2018
<b>Applicant Name:</b>	Anthony L Westmoreland
<b>License Number:</b>	26017456A
<b>Agency:</b>	HPB
<b>Process:</b>	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



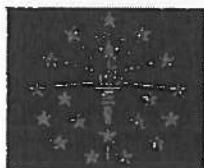
**WESTMORELAND**  
PHARMACY + COMPOUNDING

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". The signature is fluid and cursive, with the first name being the most prominent part.

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, 5<sup>th</sup> 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](mailto: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.

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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

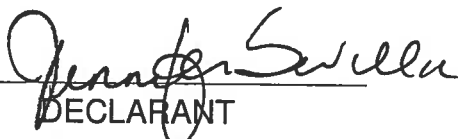
CERTIFIED MAIL NO

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, 5<sup>th</sup> 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, 5<sup>th</sup> Floor  
Indianapolis, IN 46204  
Amelia.Hilliker@atg.in.gov  
**Service by E-Mail**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Litigation Specialist

UNCONSOLIDATED  
SIGN UP TODAY AT PNC REMITTANCE ADVANTAGE [HTTPS://RAD](https://rad)  
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](mailto: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

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

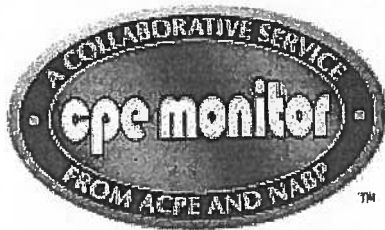
If there are any further questions, please feel free to contact me directly at 502-298-9085.

Sincerely,

Anthony Westmoreland RPh

Owner, Westmoreland Pharmacy

*filed 1-9-18  
to BOP  
AK*



# 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 — *CPHJ 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

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:** 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

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.

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.

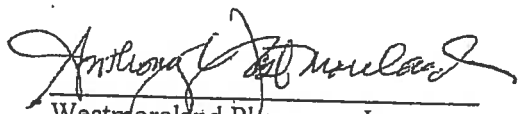


7. Within thirty (30) days of the date of the Board's Final Order accepting this Agreement, Respondent shall, pursuant to I.C. § 4-6-14-10 (b), pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid 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, 5<sup>th</sup> 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.

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, 5<sup>th</sup> 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 10<sup>th</sup> 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, 5<sup>th</sup> 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](mailto: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  
IL Board  
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 6<sup>th</sup> day of February, 2018, before me,  
Laura Wheatley the undersigned Notary Public,  
Day Month Year

personally appeared Anthony L. Westmoreland  
Name of Notary Public 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 4404

**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:   
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Chief of Health-Related Prosecutions

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Enf. ID: 2017-01360  
Respondents: WESTMORELAND PHARMACY, 054.016721, 320.009596