

November 18, 2009

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Airport Plaza Hotel  
1981 Terminal Way  
Reno

Wednesday, December 2, 2009 – 9:00 am

Thursday, December 3, 2009 – 9:00 am

Please Note: The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting.

Public comment is welcomed by the Board, but will be heard only when that item on the agenda is reached and will be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his sole discretion.

◆ CONSENT AGENDA ◆

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

## December 2009 Board Meeting Agenda

- \* 1. [Approval of October 14-15, 2009, Minutes](#)
- \* 2. [Applications for Out-of-State MDEG – Non Appearance:](#)

- A. 180 Medical, Inc. – Oklahoma City, OK
- B. American Diabetic Assistance – Coral Springs, FL
- C. Kalisthenics, Inc. – Buena Park, CA
- D. Medico Express, Inc. – Miami, FL
- E. NE Ohio Health & Home Solutions – Wickliffe, OH
- F. Oxford Diabetic Supply Inc. – New York, NY
- G. Rehab Systems Inc. – Twin Falls, ID

### Applications for Out-of-State Pharmacy – Non Appearance:

- H. Agropec Trading, Inc. – Hialeah, FL
- I. Bell Plaza Pharmacy – Bell, CA
- J. California Pharmacy & Compounding Center – Newport Beach, CA
- K. Easy Scripts, Inc. – Chicago, IL
- L. Medco Health Solutions of Indiana, LLC – Whitestown, IN
- M. PMSI – Tampa, FL
- N. RSF Pharmaceuticals – San Marcos, CA
- O. Select Rx – Chalfont, PA
- P. Wickcliffe Veterinary Pharmacy – Lexington, KY

### Applications for Out-of-State Wholesaler – Non Appearance:

- Q. Allocation Inc. – Park Ridge, NJ
- R. Amylin Ohio, LLC – Hamilton, OH
- S. Antigen Laboratories, Inc. – Liberty, MO
- T. Associated Pharmacies, Inc. – Scottsboro, AL
- U. Cardinal Health – Denver, CO
- V. Foundation Care LLC – Earth City, MO
- W. KCI USA, Inc. – Pittston, PA
- X. Slate Pharmaceuticals, Inc. – Durham, NC
- Y. Virbac AH, Inc. – Bridgeton, MO
- Z. Webster Veterinary Supply, Inc. – Phoenix, AZ

### Applications for Nevada Pharmacy – Non Appearance:

- AA. Cardinal Health 414, LLC – Las Vegas
- BB. Nevada Drug Compounding Pharmacy East – Henderson
- CC. Nevada Drug Compounding Pharmacy West – Las Vegas
- DD. Unique Care Pharmacy Inc. – Las Vegas
- EE. Walgreens #10862 – Las Vegas
- FF. Walgreens #11668 – Las Vegas
- GG. Walgreens #12540 – Sparks

## December 2009 Board Meeting Agenda

Application for Nevada MDEG – Non Appearance:

HH. Unique Care Pharmacy Inc. – Las Vegas

### ◆ REGULAR AGENDA ◆

\* 3. [Reconsideration of Board Order – Appearance:](#)

Davidson Okpukpara, R.Ph (09-054-RPH-N)

\* 4. [Disciplinary Actions:](#) Note – The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

- |    |                            |                |
|----|----------------------------|----------------|
| A. | Virginia Agha, R.Ph        | (09-065-RPH-N) |
| B. | Costco Pharmacy #646       | (09-065-PH-N)  |
| C. | Kevin L. Green, PTT        | (09-074-PT-N)  |
| D. | Kevin O’Neil Jr, R.Ph      | (09-069-RPH-N) |
| E. | Wal-Mart Pharmacy #10-3408 | (09-069-PH-N)  |
| F. | Scott W. Bainbridge, R.Ph  | (09-075-RPH-O) |

\* 5. [Request for Pharmacist License – Reciprocity – Appearance:](#)

Madonna R. Wilcox, R.Ph

\* 6. [Application for Nevada Manufacturer – Appearance:](#)

Central Admixture Pharmacy Services Inc. – Las Vegas

\* 7. [Request for Pharmaceutical Technician in Training License – Appearance:](#)

Rachel L. May

\* 8. [Applications for Nevada Pharmacy – Appearance:](#)

- |    |  |
|----|--|
| A. | Clark County Pharmaceutical Services – Las Vegas |
| B. | Ridley’s Pharmacy #1154 – Ely                    |

\* 9. [Applications for Out-of-State Pharmacy – Appearance:](#)

- |    |   |
|----|---|
| A. | BioRx – Urbandale, IA                               |
| B. | Walgreens Specialty Infusion Pharmacy – Lombard, IL |

\*10. [Application for Out-of-State MDEG – Appearance:](#)

In Home Rx – San Marcos, CA

## December 2009 Board Meeting Agenda

- \*11. Election of Treasurer
- \*12. General Counsel Report
- \*13. Executive Secretary Report:
  - A. [Financial Report](#)
  - B. [Investment Report](#)
  - C. Audit – Fiscal 2009
  - D. Temporary Licenses
  - E. Staff Activities
    - 1. CE Programs
      - a. Development of program with Your Success (12/11)
    - 2. Law and Ethics Class – Sacramento
    - 3. Renewals
    - 4. Legislative Commission on Regulations Appearance (10/26)
    - 5. Interim Health Committee Appearance (11/4)
  - F. Reports to Board
    - 1. Financial Disclosure
    - 2. Report to Legislature on AB 446 (2007 Session)
    - 3. Expenses handout
  - G. Board Related News
    - 1. ICPT
  - H. Activities Report

### W O R K S H O P – Thursday, December 3, 2009 – 9:00 am

- \*14. [Proposed Regulation Amendment Workshop](#) – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.
  - 1. **Amendment of Nevada Administrative Code 639.945** Bona Fide Therapeutic Relationship
  - 2. **Amendment of Nevada Administrative Code AB213** Cancer Drug Donation Program.
  - 3. **Amendment of Nevada Administrative Code 639.7125 Use of fulfillment pharmacy by dispensing pharmacy.** Twofold: 1) To allow a registered mail order pharmacy to act as a fulfillment pharmacy, and 2) to better regulate and clarify the practices of a fulfillment pharmacy with respect to consumer understanding and patient safety.

PUBLIC HEARING – Thursday, December 3, 2009 – 9:00 am

\*15. [Notice of Intent to Act Upon a Regulation:](#)

1. **Amendment of Nevada Administrative Codes 453.530 Schedule III and 453.550 Schedule V** The Board is removing buprenorphine from Schedule V (453.530) and adding buprenorphine to Schedule III (453.530) to parallel federal law.
2. **Amendment of Nevada Administrative Code 639.272 Requirements for Physicians Assistant registration.** This amendment will delete the requirement for a physician's assistant to have a relationship with a consultant pharmacist since they are already under the direct supervision of their collaborating physician.
3. **Amendment of Nevada Administrative Code 639.220 Schedule of Fees.** The language will increase the registration fee and renewal fee for pharmacists from \$150.00 to \$180.00 and the registration fee and renewal fee for intern pharmacists from \$15.00 to \$40.00. The Board has not increased fees for pharmacists since 2001 or for interns since 1995. The cost of doing business has increased, however by increasing these fees it will allow Board staff to continue to serve licensees in a professional timely manner.
4. **Amendment of Nevada Administrative Code 639.870 Requirements for Advanced Practitioner of Nursing registration.** This amendment will delete the requirement for an advanced practitioner of nursing to have a relationship with a consultant pharmacist since they are already under the direct supervision of their collaborating physician

16 Next Board Meeting:

January 13 & 14, 2010 – Las Vegas, Nevada

\*17. Public Comments and Discussion of and Deliberation Upon Those Comments

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

\* Board action may be taken on these items.

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, Nevada 89509, or call Jeri Walter at (775) 850-1440, as soon as possible.

## December 2009 Board Meeting Agenda

Anyone desiring additional information regarding the meeting is invited to call the board office at (775) 850-1440.

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at [bop.nv.gov](http://bop.nv.gov):

Elko County Courthouse – Elko  
Mineral County Courthouse – Hawthorne  
Washoe County Courthouse – Reno  
Nevada State Board of Pharmacy – Reno and Las Vegas



# Nevada State Board of Pharmacy

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## BOARD MEETING

at the

Las Vegas Chamber of Commerce  
6671 Las Vegas Blvd South  
Las Vegas

October 14<sup>th</sup> and 15<sup>th</sup>, 2009

The meeting was called to order at 9:00 a.m. by Don Fey, Board President.

### Board Members Present:

Keith Macdonald  
Donald Fey  
Mary Lau

Leo Basch  
Chad Luebke

David Chan  
Kam Gandhi

### Board Members Absent:

### Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

Kimberly Arguello

## CONSENT AGENDA

1. Approval of September 2-3, 2009, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:

- A. Arriva Medical LLC – Coral Springs, FL
- B. Bell Medical Services, Inc. – Marlboro, NJ
- C. Mammoth Medical, Inc. – Glasgow, KY
- D. Omnicare Distribution Center – Toledo, OH
- E. Promed Medical, Inc. – Denver, CO
- F. Total Orthopedics, Inc. – Littleton, CO

### Applications for Out-of-State Pharmacy – Non Appearance:

- G. Medco Health Solutions of Long Beach – Long Beach, CA
- H. Prescription Headquarters, Inc. – San Jose, CA
- I. QPharmacy – Cedar Knolls, NJ
- J. Rx Biotech Specialty Pharmacy – West Hollywood, CA
- K. The Snyder Center of Pain Pharmacology – Inverness, FL

Applications for Out-of-State Wholesaler – Non Appearance:

- L. Baxter Healthcare Corporation – Dixon, CA
- M. Baxter Healthcare Corporation – Ontario, CA
- N. Baxter Healthcare Corporation – Olive Branch, MS
- O. Baxter Healthcare Corporation – Salt Lake City, UT
- P. CarePharma, LLC – Middlesex, NJ
- Q. Graceway Pharmaceuticals, LLC – Piney Flats, TN
- R. KeySource Medical, Inc. – Cincinnati, OH
- S. Longs Drug Stores California, LLC – Patterson, CA
- T. McKesson Medical-Surgical Minnesota Supply, Inc. – Grapevine, TX
- U. McKesson Medical-Surgical Minnesota Supply, Inc. – Grove City, OH
- V. Q Pharma, Inc. – Cedar Knolls, NJ
- W. Webster Veterinary Supply, Inc. – Everett, WA

Applications for Nevada MDEG – Non Appearance:

- X. Air Liquide Healthcare America Corporation – Henderson
- Y. Nevada Orthotics & Prosthetics – Las Vegas
- Z. RecoverCare, LLC – Las Vegas
- AA. Vitaphone USA, Corporation – Las Vegas

Applications for Nevada Pharmacy – Non Appearance:

- BB. Advanced Care Rx Pharmacy – Las Vegas
- CC. Prime Pharmacy – Henderson
- DD. Spring Valley Surgery Center, LLC – Henderson
- EE. Surgery Center of Southern Nevada II – Las Vegas

Applications for Nevada Pharmacy – Name Change – Non Appearance:

- FF. CVS/pharmacy #3948 – Sparks
- GG. CVS/pharmacy #7949 – Reno
- HH. CVS/pharmacy #9168 – Reno
- II. CVS/pharmacy #9170 – Sparks
- JJ. CVS/pharmacy #9191 – Reno
- KK. CVS/pharmacy #9548 – Henderson
- LL. CVS/pharmacy #9586 – Reno
- MM. CVS/pharmacy #9838 – Sun Valley
- NN. CVS/pharmacy #9840 – Reno
- OO. CVS/pharmacy #9841 – Reno
- PP. CVS/pharmacy #9842 – Carson City
- QQ. CVS/pharmacy #9843 – Fallon
- RR. CVS/pharmacy #9964 – Reno
- SS. CVS/pharmacy #9965 – Las Vegas
- TT. CVS/pharmacy #9967 – Las Vegas
- UU. CVS/pharmacy #9974 – Reno

VV. CVS/pharmacy #9981 – Carson City

Discussion:

The consent agenda applications and supporting documents were reviewed.

NOTE: Mary Lau and Chad Luebke recused from participation in items S and FF through VV as CVS and Longs are members of RAN and Mr. Luebke is employed by CVS and CVS has recently purchased Longs.

Board Action:

Motion: Leo Basch found the consent agenda application information to be accurate and complete and moved for approval of all but item S and FF through VV and asked that Total Orthopedics be held aside pending information to be obtained from the Reno Board office.

Second: Keith Macdonald

Action: Passed Unanimously.

Motion: Keith Macdonald moved to approve item S and FF through VV.

Second: David Chan

Action: Passed Unanimously

Discussion:

Board staff reported that Total Orthopedics did not have an administrator, just a fitter in Nevada. The orthotics are sent to the fitter in Nevada and then the fitter goes to the patient and fits the orthotic. Jim Martin is the fitter in Nevada.

Motion: Leo Basch moved to approve Total Orthopedics application for out of state MDEG provider.

Second: Keith Macdonald

Action: Passed Unanimously

Discussion:

David Chan noted that the minutes regarding the Scolari's disciplinary matter should be for Scolari's #28 rather than Scolari's #24 as they are written. The reference to Squires/Scolari's #24 is correct.

Motion: David Chan found the minutes to accurate and complete and moved for approval with the changes discussed.

Second: Kam Gandhi

Action: Passed Unanimously.

### REGULAR AGENDA

#### 3. Disciplinary Actions

- |    |                        |                |
|----|------------------------|----------------|
| A. | Amanda H. Nguyen, R.Ph | (08-067-RPH-S) |
| B. | CVS/pharmacy #9770     | (08-067-PH-S)  |

NOTE: Chad Luebke recused from participation in this matter as he is employed by CVS and Mary Lau recused because CVS is a member of RAN.

Mike Dyer appeared to represent Ms. Nguyen and CVS and Chad Luebke was present to answer questions.

Carolyn Cramer advised the Board that she and Mr. Dyer had prepared a stipulated agreement for Ms. Nguyen and CVS #9770. The terms of the agreement regarding Ms. Nguyen would be a fine of \$500.00 for First Cause of Action for failing to fill the prescription as prescribed and a fine of \$750.00 for the Second Cause of Action for failure to counsel. CVS #9770 would receive a letter for the Third Cause of Action for owning and operating the pharmacy in which the misfill occurred. Ms. Cramer explained that the Board could accept the stipulation as presented or this matter would go to hearing.

Mr. Dyer reviewed the circumstances and how Ms. Nguyen has changed her pharmacy practice since this event. Even though the dispensed medication had a label indicating that counseling was needed, the patient was sold the prescription and Ms. Nguyen was not called to the counter to counsel. CVS has re-emphasized the importance of counseling in all of its stores following this event. Mr. Dyer indicated that Ms. Nguyen's biggest revelation caused from this event is to trust the CVS system when it flags something to be reviewed by the pharmacist. Mr. Dyer indicated that Ms. Nguyen and CVS feel the stipulated agreement is fair in this instance.

#### Board Action:

Motion: Leo Basch moved to accept the stipulated agreement as presented.

Second: Keith Macdonald

Action: Passed Unanimously

- |    |                    |               |
|----|--------------------|---------------|
| C. | CVS/pharmacy #5286 | (06-073-PH-S) |
|----|--------------------|---------------|

NOTE: Chad Luebke recused from participation in this matter as he is employed by CVS and Mary Lau recused because CVS is a member of RAN.

Mike Dyer appeared to represent CVS and Chad Luebke was present to answer questions.

Carolyn Cramer advised the Board that she and Mr. Dyer had prepared a stipulated agreement for CVS #5286. The terms of the agreement would dismiss the Second, Third and Fourth Causes of Action and impose a fine of \$1,000.00 for the First Cause of Action. Ms. Cramer explained that the Board could accept the stipulation as presented or this matter would go to hearing.

Mr. Dyer noted that this case involved a similar name mix up. CVS has policies and procedures in place to require asking the patient their address and the spelling of their name to ensure this type of error does not occur again.

Chad Luebke appeared and was sworn by President Fey prior to answering questions or offering testimony.

The Board questioned Mr. Luebke regarding CVS's practices and specifically how these policies and procedures were working in his stores.

Board Action:

Motion: Keith Macdonald moved to accept the stipulated agreement as presented.

Second: Kam Gandhi

Action: Passed Unanimously

D. Matthew Osayaren, R.Ph

(09-080-RPH-S)

Matthew Osayaren appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer presented two exhibits.

Exhibit 1 United States District Court Warrant for Arrest for Matthew Osayaren and Criminal Complaint in Case 2:07-mj-00591-PAL

Exhibit 2 United States District Court Judgment in a Criminal Case 2:07-CR-227-KID-PAL

Mr. Osayaren had no objection to the exhibits and they were admitted into the record.

Ms. Cramer explained that Mr. Osayaren had pleaded guilty to Obstruction of a Federal Audit and Aiding and Abetting in Medicare fraud. Mr. Osayaren was sentenced to five months in federal prison. Mr. Osayaren must report on October 16, 2009 to FCI Lompoc, California, to fulfill his incarceration requirement. One of the special conditions after his release from prison is that he will be restricted from engaging in employment, consulting, or any association with any medical supply business for a period of five years. Mr. Osayaren was required to pay \$100,000.00 in restitution to the Centers for Medicare and Medicaid Services in one lump sum which was due immediately upon sentencing.

Mr. Osayaren explained that he had a stroke and was hospitalized. The federal authorities came to his business, MD Medical, while he was hospitalized and they surmised that since he was not present, that he fled the country. Mr. Osayaren gave his version of the circumstances of this matter.

Carolyn Cramer recommended that the Board revoke Matthew Osayaren pharmacist license for being convicted of Medicare/Medicaid fraud.

Leo Basch asked Mr. Osayaren how he started doing the fraudulent Medicare/Medicaid billing. Mr. Osayaren stated that he hired an employee to help with the federal audit and that the person he hired forged some patient signatures and the authorities caught up with him and held him responsible for submitting fraudulent documents to CIGNA.

Ms. Cramer explained again what charges Mr. Osayaren pled guilty to in the Plea Agreement and recommended that Mr. Osayaren's license be revoked.

Mr. Osayaren gave his version of the charges he pled guilty to and pled for his pharmacist license not to be revoked.

Board Action:

Motion: Mary Lau moved to find Matthew Osayaren guilty of the First Cause of Action for having been convicted of a felony involving Medicare fraud.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Mary Lau moved to revoke Mr. Osayaren's pharmacist license.

Second: Kam Gandhi

Action: Passed Unanimously

E. Michelle L. Badten, R.Ph

(09-051-RPH-S)

NOTE: Chad Luebke recused from participation in this matter as Ms. Badten worked for CVS and Mr. Luebke is employed by CVS.

Carolyn Cramer noted for the record that Ms. Badten was notified of the hearing, however was not present.

Ms. Cramer advised that this matter came to Board staff as a termination of employment notice. CVS became aware of irregularities on two prescriptions for Oxycontin 80 mg. tablets for Ms. Badten. In a written statement Ms. Badten admitted that she was addicted to narcotic pain medication and had obtained Oxycontin illegally by filling falsified prescriptions for herself for personal use.

Larry Espadero, PRN-PRN monitor, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Espadero advised the Board that Ms. Badten entered PRN-PRN on June 26<sup>th</sup>, 2009. Ms. Badten had spent two months as an in-patient when she joined PRN-PRN. Mr. Espadero noted that she is in compliance with her PRN-PRN contract at this time.

The Board questioned staff about her diversion practices. Carolyn Cramer read portions of Ms. Badten's written statement that described how she would divert, noting that she would pay for some of the drugs she obtained and would not pay for others.

Mr. Espadero indicated that Ms. Badten has been addicted for about six years and that she is too new to the PRN-PRN program for him to be able to evaluate Ms. Badten's prognosis. He does not recommend she be allowed back into a pharmacy at this point and advised that it will be at least a year before he can re-evaluate her.

Board Action:

Motion: Leo Basch moved to find Ms. Badten guilty of the First Cause of Action.

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Leo Basch moved to revoke Ms. Badten's pharmacist license.

Second: Kam Gandhi

Action: Passed Unanimously

F. Cynthia J. Stone, PT

(09-042-PT-S)

Cynthia Stone appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer explained that this came to Board staff's attention because we were notified of her termination of employment from UMC and ultimately Board staff received a police report.

Ms. Stone explained that she took drugs from UMC for a friend that did not have an insurance card. He was going to get one soon, but he needed heart medication. Ms. Stone contested the amount of hydrochlorothiazide she was accused of taking. She stated that she took 10 tablets, not 58 and she took no lisinopril. Ms. Stone indicated that in retrospect she realized that she should have gone to an ER doctor and gotten a prescription for the medication, but she did not.

The Board questioned Ms. Stone regarding this instance and asked why there were blister packs and clear baggies in her apartment with UMC stickers on them when authorities came to her apartment with a warrant for her friend. She indicated that she took them for storage. Ms. Stone also indicated that most of the staff at UMC took medications for themselves but she was singled out because she had made a complaint and she was just a victim of the system.

Board Action:

Motion: David Chan moved to find Ms. Stone guilty of the First Cause of Action in removing dangerous drugs without a prescription.

Second: Leo Basch

Action: Passed Unanimously

Motion: David Chan moved to revoke Ms. Stone's pharmaceutical technician registration.

Second: Mary Lau

Action: Passed Unanimously

G. Lehuanani Espinda, PT

(09-081A-PT-S)

H. Rachel Weber, PT

(09-081B-PT-S)

Carolyn Cramer noted for the record that Ms. Espinda and Ms. Weber were notified of the hearing, however they were not present.

NOTE: Chad Luebke recused because he is employed by CVS where Ms. Espinda and Ms. Weber were terminated from employment.

Ms. Cramer reviewed the case for the record.

Bradley Brice, CVS loss prevention, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Brice testified that Las Vegas Metro Police Department notified them that Ms. Espinda and Ms. Weber were diverting drugs from their employing pharmacy and selling them. They had been arrested prior to their termination of employment. In their written statements taken during their exit interviews, Ms. Espinda indicated that she had made \$5,500.00 by selling the drugs she diverted and Ms. Weber indicated that she made \$1,000.00 for her sales. They filled fraudulent prescriptions for controlled substances, namely hydrocodone and carisoprodol.

Board Action:

Motion: Keith Macdonald moved to find Ms. Espinda guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Ms. Espinda's pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Keith Macdonald moved to find Ms. Weber guilty of the alleged violations.

Second: Leo Basch

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Ms. Weber's pharmaceutical technician registration.

Second: Leo Basch

Action: Passed Unanimously

I. Porsche N. Pye, PT

(09-073-PT-S)

Carolyn Cramer noted for the record that Ms. Pye was notified of the hearing, however she was not present.

NOTE: Leo Basch disclosed that he works for Walgreens.

Ms. Cramer reviewed the case for the Board noting that this was a termination of employment notice. In her exit interview Ms. Pye admitted to having given a

prescription for Oxycontin to a patient without charging him for it. He offered her \$500.00 if she would give it to him without ringing it through the cash register because it would save him some money and she would gain from the transaction.

Board Action:

Motion: Chad Luebke moved to find Ms. Pye guilty of the alleged violations.

Second: Mary Lau

Action: Passed Unanimously

Motion: Chad Luebke moved to revoke Ms. Pye's pharmaceutical technician registration.

Second: Mary Lau

Action: Passed Unanimously

J. William C. Spaulding, PT

(09-071-PT-S)

Carolyn Cramer noted for the record that Mr. Spaulding was notified of the hearing, however he was not present.

NOTE: Leo Basch disclosed that he works for Walgreens.

Ms. Cramer reviewed the case for the Board noting that this was a termination of employment notice. During his exit interview, Mr. Spaulding admitted in a written statement that he was addicted to pain medications and that he had been creating fraudulent prescriptions on his home computer to meet his needs. Mr. Spaulding was arrested and charged with fraud by the Las Vegas Metropolitan Police following his exit interview.

Board Action:

Motion: Keith Macdonald moved to find Mr. Spaulding guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Mr. Spaulding's pharmaceutical technician registration

Second: David Chan

Action: Passed Unanimously

K. Martha Aceto, PT

(09-070-PT-S)

Carolyn Cramer noted for the record that Ms. Aceto was notified of the hearing, however she was not present.

Ms. Cramer reviewed the case for the Board noting that this was a termination of employment notice. Pharmacy staff at THC of Nevada observed unusual behavior of Ms. Aceto while she was working. Ms. Aceto was drug tested and the termination of her employment resulted from Ms. Aceto testing positive for oxymorphone.

Board Action:

Motion: Keith Macdonald moved to find Ms. Aceto guilty of the alleged violations.

Second: Leo Basch

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Ms. Aceto's pharmaceutical technician registration.

Second: Mary Lau

Action: Passed Unanimously

L. Rutasha G. Moore, PT

(09-050-PT-S)

Carolyn Cramer noted for the record that Ms. Moore was notified of the hearing, however she was not present.

Ms. Cramer reviewed the case for the Board noting that this was a termination of employment notice. Ms. Moore participated in a scheme with persons she met socially to fill fraudulent prescriptions for hydrocodone. She would receive a call from a doctor's office to add refills for a patient, she would call the doctor's office to verify and fill the prescription and then an unknown person would go through the drive through to pick up the filled prescription. She received \$300.00 for this service and was told there was more money where that came from.

Board Action:

Motion: David Chan moved to find Ms. Moore guilty of the alleged violations.

Second: Leo Basch

Action: Passed Unanimously

Motion: David Chan moved to revoke Ms. Moore's pharmaceutical technician registration.

Second: Leo Basch

Action: Passed Unanimously

M. Justina Bloom, PTT (09-078-PT-S)

Leo Basch disclosed that he is employed by Walgreens.

Carolyn Cramer noted for the record that Ms. Bloom was notified of the hearing, however she was not present.

Ms. Cramer reviewed the case for the Board noting that this was a termination of employment notice where the managing pharmacist reported that Ms. Bloom had approved refills for controlled substances for herself and friends and that Ms. Bloom had confessed to stealing controlled substances from patient's bags and from the pharmacy's inventory. In Ms. Bloom's written statement she admitted to adding refills to one of her own prescriptions for hydrocodone however she did not confess to the other allegations reported by the managing pharmacist.

Board Action:

Motion: Chad Luebke moved to find Ms. Bloom guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Chad Luebke moved to revoke Ms. Bloom's pharmaceutical technician in training registration.

Second: Kam Gandhi

Action: Passed Unanimously

N. Lola Walker, PT (09-079-PT-S)

Lola Walker appeared and was sworn by President Fey prior to answering questions or offering testimony.

NOTE: Chad Luebke recused because he is employed by CVS where Ms. Walker was terminated from employment.

Ms. Cramer reviewed the case for the Board and acknowledged that Ms. Walker stipulated to the facts of this matter as presented in the Accusation. This was a notice of termination of employment. Ms. Walker admitted that she diverted one bottle of 2 mg. tablets of Alprazolam and acknowledged that she had loaded gift cards by using CVS store coupons for her personal use.

Ms. Walker testified that she was under a lot of pressure at home and she needed money so she could buy milk and diapers for her children. Ms. Walker was a ten year pharmaceutical technician and appeared to be sincerely remorseful for her actions.

Board Action:

Motion: David Chan moved to find Ms. Walker guilty of the alleged violations.

Second: Leo Basch

Action: Passed Unanimously

Motion: David Chan moved to revoke Ms. Walker's pharmaceutical technician registration

Second: Leo Basch

Action: Passed Unanimously

O. Whitney H. Holmes, PTT

(09-077-PT-S)

Carolyn Cramer noted for the record that Ms. Holmes was notified of the hearing, however she was not present.

NOTE: Chad Luebke recused from participation in this matter as he is employed by CVS.

Ms. Cramer reviewed the case for the Board noting that this was a termination of employment notice. In her exit interview with CVS loss prevention personnel, Ms. Holmes noted that she was being threatened into stealing controlled substances from her employer. Ms. Holmes estimated that she took eleven bottles of 100 hydrocodone /APAP, eleven bottles of 100 Alprazolam and two bottles of brand name Xanax. Ms. Holmes admitted that she was paid \$100.00 per bottle for the theft of those controlled substances.

Board Action:

Motion: Keith Macdonald moved to find Ms. Holmes guilty of the alleged violations.

Second: Mary Lau

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Ms. Holmes pharmaceutical technician in training registration.

Second: Mary Lau

Action: Passed Unanimously

4. Request to Amend Board Order – Appearance:

Kenton Crowley, R.Ph

(08-013-RPH-S)

Kenton Crowley appeared and was sworn by President Fey prior to answering questions or offering testimony. Larry Espadero was reminded that he was still under oath.

Mr. Crowley advised that he was present to request a modification to his current Board Order to allow him to be a managing pharmacist. He explained that he has had opportunities for employment however cannot accept employment offers because the prospective employers want him to be a managing pharmacist. Mr. Crowley explained that he is currently working as a consultant with doctors and is teaching.

The Board asked if he had any specific reasons why he wanted to be a managing pharmacist at this time. Mr. Crowley indicated that he wants to work in a compounding pharmacy and that he is in the process of partnering with another person to open a pharmacy. He was then asked why he wanted to work in a compounding pharmacy in particular and he indicated it was for financial reasons, however did not want to divulge specific details of his collaboration at this time. Mr. Crowley indicated that he would be working three days as a pharmacist and two days as a consultant.. Mr. Gandhi advised Mr. Crowley that he had concerns that he would overextend his workload again. Mr. Crowley explained the practices of his "Partners in Practice" consulting firm. The Board noted that a managing pharmacist needs to work full time and asked how he intended to work both jobs and fulfill his Board Order allowing him to work only 90 hours in a two week period. Mr. Crowley noted that the opportunity he is pursuing would allow for him to adjust his hours to comply with his Order.

Keith Macdonald asked Mr. Espadero to give his opinion of Mr. Crowley's request. Mr. Espadero indicated that Mr. Crowley is in compliance with his PRN-PRN contract and noted that he has no problem with Mr. Crowley being a managing pharmacist.

Mr. Basch noted that Mr. Crowley appeared to be adjusting his life to reflect the requirements in his Order so he isn't working at such a hectic pace.

Board Action:

Motion: Leo Basch moved to amend Mr. Crowley's Board Order dated May 14<sup>th</sup>, 2008 to allow him to be a managing pharmacist.

Second: Keith Macdonald

Action: Passed Unanimously

5. Request for Pharmaceutical Technician in Training License – Appearance:

Karista Holmes

Karista Holmes and Chris Lobosky, representing High Tech Institute, appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Holmes attends High Tech Institute and is present to request a pharmaceutical technician in training registration so she can complete her program. Ms. Holmes explained that she was charged with possession of drug paraphernalia when she and a boyfriend were stopped by police officers for a routine traffic violation. When the officer asked her boyfriend if he had anything they should know about in the car, he replied that he had a registered firearm. With that the officers searched the car and found drug paraphernalia in a bag that contained both of their possessions. Her boyfriend refused to take responsibility for the drug paraphernalia so Ms. Holmes was charged with possession since some of her belongings were in the bag. Ms. Holmes testified that she was unaware of the drug paraphernalia, that she does not do drugs, and that she no longer sees this person and has other friends through High Tech and is concentrating on her education.

Board Action:

Motion: Keith Macdonald moved to approve the application for pharmaceutical technician in training for Ms. Holmes.

Second: Kam Gandhi

Action: Passed Unanimously

6. Applications for Out-of-State Pharmacy – Appearance:

A. Drug Crafters – Frisco, TX

Drug Crafters cancelled their appearance.

B. Royal Palm Compounding Pharmacy LLC – Wellington, FL

Mark Rubin appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Rubin was advised that the Nevada Board of Pharmacy had received a complaint that Royal Palm and Rejuvi were soliciting physicians in Nevada to do business with them, even though they are not licensed in Nevada. Mr. Rubin explained that they were a compounding pharmacy that mostly deals in alternative medicine. He has been a pharmacist since 1995 and is in good standing with the Florida Board of Pharmacy. Mr. Rubin acknowledged the letters and indicated they were sent to all states and then if they received interest they would license in those states. It was brought to Mr. Rubin's attention that the Rejuvi letter advertised HGH as one of the products available but in Nevada HGH is a controlled substance and is not to be used for weight loss.

Board Action:

Motion: Leo Basch moved to approve the application for out of state pharmacy for Royal Palm Compounding Pharmacy

Second: David Chan

Action: Passed With One Negative Vote

C. Zoopharm – Laramie, WY

Waldo Roth appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Roth explained that Zoopharm prepares high powered tranquilizers for darts to tranquilize animals. They provide this service to zoos and wildlife agencies. Mr. Roth gave an overview of their model and advised the Board that this is the only product they will be shipping into Nevada.

Board Action:

Motion: Mary Lau moved to approve the application for out of state pharmacy for Zoopharm.

Second: Leo Basch

Action: Passed Unanimously

7. Application for Nevada Pharmacy – Appearance:

Clark County Pharmaceutical Services – Las Vegas

Roy Beal, William Dahlberg and Carl Miller appeared and were sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that she sent a letter to Roy Beal advising him that she intended to recommend denial of the application for Clark County Pharmaceutical Services and read a summary of the reasons why she is making the objection.

Since drug diversion was paramount in Ms. Cramer's recommendation, Mr. Beal stated for the record that he has never been involved in drug diversion. Mr. Beal recalled conversations with Keith Macdonald where Mr. Macdonald told him about drug diversion in the closed door pharmacy world and he decided he did not want to be a part of anything that would be considered illegal. There were discussions about Mr. Beal's and Mr. Dahlberg's relationship with Tom Martino and DURRCO. Mr. Dahlberg was adamant that he wanted nothing to do with Mr. Martino as he did not trust him.

After a failed motion, the Board discussed possible conditions that might be applied to the license of Clark County Pharmaceutical Services and determined it would be best left to Board staff.

Board Action:

Motion: Keith Macdonald moved to table this application until Mr. Beal and Mr. Dahlberg met with Board staff to establish a list of conditions and to bring this application back to the December 2009 meeting.

Second: Leo Basch

Action: Passed With Two Negative Votes

8. Surety Bond Reduction Request – Non Appearance:

J. Knipper and Company, Inc.

Larry Pinson brought a request from J. Knipper and Company to reduce the surety bond to the Board for direction since this is the first request Board staff has received. Statute provides that after five years of consecutive licensure with the Board they may request a reduction in the amount of the surety bond.

Keith Macdonald asked about Board liability and noted that the gray market wholesalers was the reason for the statutory requirement for a surety bond. Carolyn Cramer read the statute and noted that there have been two or three more requests since the Board book was produced.

President Fey asked the Board if they wanted staff to review these requests or bring them to the Board or deny requests in general. Since this law was enacted through the 2005 legislative session it was probable that there would be many more requests since the five year registration requirement is upon us.

The Board directed staff to research of their concerns and bring this topic back to a future Board meeting.

## 9. General Counsel Report

Carolyn Cramer reported that she has the Massachusetts and New Jersey laws regarding the coupon issue that she was asked to investigate. She noted that Nevada does not have much authority for regulation as statute does not authorize the Board to preclude open-market competition in advertising and sale of prescription drugs.

Rich Polombo was present at the meeting and was asked how New Jersey came to their laws since he is on the New Jersey Board. He noted that their law was in statute also, however limited to giving rebates or coupons for drugs and medications to persons 60 years of age or older.

As a follow up to the last meetings discussion on telemedicine, Ms. Cramer presented a case in California where a doctor was charged with practicing medicine in California without a license in that state. Even though the doctor was licensed in Colorado he prescribed a drug over the internet after reviewing a questionnaire from a patient in California. Ultimately a drug was sent to the California resident and the doctor was charged for practicing medicine without a license. The doctor that appeared before our Board at the last meeting was requesting that he practice telemedicine in Nevada correctional facilities without a Nevada medical license. She noted that this case could be a precedence to the future of telemedicine.

Ms. Cramer reported that she would be appearing at the Legislative Committee meeting for the Board's regulations that are on the agenda for adoption.

## 10. Executive Secretary Report:

- A. Financial Report
- B. Investment Report

Larry Pinson gave the financial and investment reports to the Board's satisfaction.

- C. Temporary Licenses
  - 1. McKesson & H1N1 Vaccine Distribution (Update)

Mr. Pinson granted one temporary license and gave McKesson permission to house a distribution point for H1N1 vaccine.

- D. Staff Activities
  - 1. Meetings
    - a. NABP District Meeting (9/30-10/2)

The 2010 District Meeting will be held in New Mexico. Mr. Pinson advised that one of the topics at the meeting was the growing concern of pharmaceutical technician theft. All states are having the same difficulties that Nevada is having with this problem. NABP is heading a movement to require pharmaceutical technicians to be certified. Also, Donna Horn acknowledged Ray Seidlinger for his excellent ISMP report.

- b. CE

Joe Depczynski, Ron Shockey and Mr. Pinson have done numerous Nevada law CE appearances this year all over the state, giving pharmacists and technicians ample opportunity to obtain the one unit required for renewal of their licenses.

c. PT Advisory Committee (10/7)

- National certification of pharmaceutical technicians was discussed again. It was determined to let NABP take the lead and see where it goes from there.
- There was a discussion of the need for accurate task force data. Using a wrong DEA number to get a prescription adjudicated skews the data and attributes prescriptions to physicians that have never seen patients. Liz Macmenamin said she would bring this problem to RAN's member's attention. The Board discussed their challenges in the pharmacy because they get a prescription with no information on the prescription blank and fill the prescription with any information they can to adjudicate the prescription and serve the patient.
- Drug diversion by pharmaceutical technicians is still at the forefront of concern to the PT Advisory Committee. The Board asked Rich Polombo to comment about how New Jersey handles this issue. He stated that in New Jersey PT's have to be fingerprinted and have a background check before they are allowed in a pharmacy. The PT has to bear the cost of the background check and the fingerprinting. It was noted that most of the chain stores already do this.
- The PT Advisory Committee will take turns in drafting input for the Newsletter. Larry Pinson will accept the input, edit it and submit it for inclusion in the pharmacist's Newsletter.

d. CE Committee (10/8)

Mr. Pinson submitted three continuing education courses for approval.

Board Action:

Motion: Keith Macdonald moved to approve the the three continuing education courses recommended by the CE Committee.

Second: Leo Basch

Action: Passed Unanimously

e. Nevada Newsmakers

Mr. Pinson reported that he and Liz Macmenamin appeared on Nevada Newsmakers with Sam Shad and discussed prescription drug abuse.

E. Report to Board

Mr. Pinson provided an article on the MDEG Armenian and Russian mafia for the Board to review and noted reasons in the article why it was imperative to screen the applicants that come before the Nevada Board requesting MDEG licensure.

He also reminded the Board to use care in how they fill out their travel expense forms.

F. Board Related News

1. Medical Assistants Issue

Medical Assistants are not defined in our law and are not listed in NRS 454.213, the statute providing authority to possess and administer drugs. Mr. Pinson finds this incredible that they are not defined in law. He stated that he needs a license to fish or drive, both activities carefully regulated, however would need no license to administer drugs as an M.A. There are no standards of education or training nor regulations with respect to their duties. Mr. Pinson reported that the Medical Board is working on correcting this issue.

He reported that the Bowl of Hygeia will be presented on October 17, 2009 to Beth Foster.

Mr. Pinson advised that he has numerous speaking engagements planned.

G. Activities Report

11. Discussion and Determination:

NRS 454.213 Authority to possess and administer dangerous drugs.

Larry Pinson advised the Board that he was contacted by Patrick Cassidy who is a radiologic technologist inquiring about giving flu shots. Mr. Cassidy indicated that he did not feel comfortable giving shots and found it to be outside his scope of practice but the doctors he works for are asking him to give them.

Mr. Cassidy was present and gave the Board a presentation as to his qualifications to be a radiologic technologist and the qualifications for nuclear medicine technologists. He cited various statutes indicating qualifications for the two types of technologists and their scope of practice. He pointed out that there is no place that indicates they have qualifications to give flu shots. Mr. Cassidy asked the Board if they would consider writing regulation amendments to define what a radiological technician can do with dangerous drugs and define the scope of practice.

After discussion the Board advised Mr. Cassidy that a bill through the next legislative session would be a more appropriate venue since they could amend the statutes that already exist to include his suggestions.

## WORKSHOP

12. **Proposed Regulation Amendment Workshop**

**Amendment of Nevada Administrative Code 639.694 MDEG Administrator**

This regulation amendment clarifies the existing language and specifies the requirements for MDEG provider administrators. MDEG provider applicants will know in advance of a Board appearance if their administrators qualify to participate in that capacity.

President Fey asked for public comment on the Workshop item.

There were no public comments and President Fey asked for a motion.

Board Action:

Motion: Leo Basch moved to move the MDEG Administrator Workshop item to Public Hearing.

Second: Kam Gandhi

Action: Passed Unanimously

## PUBLIC HEARING

### 13. Notice of Intent to Act Upon a Regulation:

**Amendment of Nevada Administrative Code 639.7125 Use of fulfillment pharmacy by dispensing pharmacy.** Twofold: 1) To allow a registered mail order pharmacy to act as a fulfillment pharmacy, and 2) to better regulate and clarify the practices of a fulfillment pharmacy with respect to consumer understanding and patient safety.

President Fey opened the Public Hearing.

Bill Okuno and Jim Palm, representing Raley's, Liz Macmenamin, representing RAN, and Dan Luce, representing Walgreens, appeared and were sworn by President Fey prior to answering questions or offering testimony.

Mr. Okuno indicated he had three items he would like clarification on. Ms. Macmenamin presented a document with changes to the language her RAN members would like to see. Mr. Luce described a model in Florida that gives flexibility for the dispensing or fulfillment pharmacy to do specific activities to meet the needs of the patient. This model amounts to a shared service and does not specify whether the dispensing or fulfillment pharmacy would perform the tasks. Discussion ensued regarding the different generics and the differences in appearance from one manufacturer to another for the same basic product and it was determined that the fulfillment pharmacy should fill with the same products the dispensing pharmacy has so the patient is not confused.

President Fey led the discussion for each of the suggestions on the document presented by RAN with Mr. Okuno, Mr. Palm, Mr. Luce, Ms. Macmenamin and the Board.

Katie Craven, Mark Hinchler and Debbie Bieber appeared and were sworn by President Fey prior to answering questions or offering testimony.

They presented questions regarding manufacturing vs. fulfillment pharmacies and how they differ. It was noted for their clarification that a fulfillment pharmacy can only be used if they have a common database with the dispensing pharmacy. The fulfillment pharmacy would be processing patient specific refill prescriptions. If not patient specific it would be manufacturing. Ms. Bieber had questions regarding the impact of how this regulation amendment would affect long term care facilities and nursing homes, Mr. Hinchler was concerned that the filling pharmacist would not have the capability of checking the original prescription, and Ms. Craven had concerns that the amendments were too far-reaching.

Gener Tejero appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Tejero asked for clarification for the term "patient specific".

President Fey closed the Public Hearing and asked for a motion.

Board Action:

Motion: Keith Macdonald moved to adopt the regulation with the suggestions made.

Second: Leo Basch

Action: Passed Unanimously

14 Next Board Meeting:

December 2-3, 2009 – Reno, Nevada

15. Public Comments and Discussion of and Deliberation Upon Those Comments

There were no public comments.

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

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

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

New MDEG ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_

**FACILITY INFORMATION**

Facility Name: 180 Medical, Inc.

Physical Address: 5324 West Reno, Suite A  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5324 West Reno, Suite A

City: Oklahoma City State: OK Zip Code: 73127

Telephone Number: (877) 688-2729 Fax Number: (888) 718-0633

E-mail: info@180medical.com Website: www.180medical.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5  
Fri: 8 to 5 Sat: Closed Sun: Closed Holidays: Closed

**FACILITY ADMINISTRATOR INFORMATION**

Name: Brian R. Warner

Address: 5324 West Reno, Suite A

City: Oklahoma City State: OK Zip Code: 73127

**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- ☐ Medical Gases
- ☐ Respiratory Equipment
- ☐ Life-sustaining equipment
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment
- ☐ Orthotics and Prosthesis
- ☒ Other: Urologic Catheters & Supplies

Board Use Only  
Received

**OCT 14 2009**

Check Number

785

Amount

500-

52141  
586

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

### FACILITY INFORMATION

Facility Name: PLAZA PHARMACY/CD/BA AMERICAN DIABETIC ASSISTANCE

Physical Address: 4399 NW 124 AVE CORAL SPRINGS FL, 33065  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4399 NW 124 AVE

City: CORAL SPRINGS State: FL Zip Code: 33065

Telephone Number: 877-770-4422 Fax Number: 954-752-8805

E-mail: SROTWEIN@AMERICANDIABETIC.US Website: N/A

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: N/A to Sun: N/A to Holidays: N/A to

### FACILITY ADMINISTRATOR INFORMATION

Name: STEVEN ROTWEIN

Address: 4901 NW 120 AVE

City: CORAL SPRINGS State: FL Zip Code: 33065

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Gases                | <input type="checkbox"/> Assistive Equipment              |
| <input type="checkbox"/> Respiratory Equipment        | <input type="checkbox"/> Parenteral and Enteral Equipment |
| <input type="checkbox"/> Life-sustaining equipment    | <input type="checkbox"/> Orthotics and Prosthesis         |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____  |

Board Use Only

Received

NOV 02 2009

Check Number

1064

Amount

500.00

52306  
591

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

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New MDEG   X   Ownership Change        Name Change        Location Change       

**FACILITY INFORMATION**

Facility Name: Kalisthenics, Inc.

Physical Address: 7846 Commonwealth Ave Buena Park, CA 90621

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7846 Commonwealth Ave

City: Buena Park State: CA Zip Code: 90621

Telephone Number: (714) 228-0007 Fax Number: (714) 228-0077

E-mail: abc\_medical@cox.net Website: Not Applicable

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm  
Fri: 9am to 5pm Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED to

**FACILITY ADMINISTRATOR INFORMATION**

Name: David Levy

Address: 7846 Commonwealth Ave

City: Buena Park State: CA Zip Code: 90621

**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Gases             | <input type="checkbox"/> Assistive Equipment                         |
| <input type="checkbox"/> Respiratory Equipment     | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment |
| <input type="checkbox"/> Life-sustaining equipment | <input type="checkbox"/> Orthotics and Prosthesis                    |
| <input type="checkbox"/> Diabetic Supplies         | Other: <u>          </u>   |

Board Use Only

Received

**NOV 02 2009**

Check Number

376

Amount

500.00

52308  
594

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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New MDEG X Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_

### FACILITY INFORMATION

Facility Name: Medico Express, Inc.

Physical Address: 4770 Biscayne Blvd. Suite 780-B Miami, FL 33137  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4770 Biscayne Blvd. Suite 780 B

City: Miami State: FL Zip Code: 33137

Telephone Number: 305-576-7555 Fax Number: 305-576-7222

E-mail: dagna@medicoexpress.org Website: \_\_\_\_\_

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00

Fri: 9:00 to 5:00 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### FACILITY ADMINISTRATOR INFORMATION

Name: Dagna Mass

Address: 4770 Biscayne Blvd. Suite 780-B Miami, FL 33137

City: Miami State: FL Zip Code: 33137

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases
- ☐ Respiratory Equipment
- ☐ Life-sustaining equipment
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment
- ☐ Orthotics and Prosthesis

Other: cane, walkers, heating pads, wheelchairs

### Board Use Only

Received OCT 14 2009 Check Number 5011 Amount 500.00

52143  
584

431 W Plumb Lane - Reno, NV 89509 - or (775) 850-1440

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

New MDEG Provider X Ownership Change      Name Change      Location Change     

Telephone Number: 888-689-5488 Fax Number: 216-731-4646

Received \_\_\_\_\_ Check Number 994 Amount 500.00

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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

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

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

### FACILITY INFORMATION

Facility Name: Oxford Diabetic Supply Inc  
Physical Address: 304 Park Ave S, Ste 218, New York, NY 10010  
(This must be a business address, we can not issue a license to a home address)  
Mailing Address: 304 Park Ave S., Ste 218  
City: New York State: NY Zip Code: 10010  
Telephone Number: 800 559 0639 Fax Number: 800 348 6484  
E-mail: sbradford@oxforddiabetic.com Website: oxforddiabeticsupply

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5  
Fri: 9 to 5 Sat: to Sun: to Holidays: to

### FACILITY ADMINISTRATOR INFORMATION

Name: Svitlana Letko  
Address: 9 Kelsey Farm RD  
City: Milford State: NJ Zip Code: 08848

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Gases                | <input type="checkbox"/> Assistive Equipment              |
| <input type="checkbox"/> Respiratory Equipment        | <input type="checkbox"/> Parenteral and Enteral Equipment |
| <input type="checkbox"/> Life-sustaining equipment    | <input type="checkbox"/> Orthotics and Prosthesis         |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>DME</u>   |

Board Use Only  
Received NOV 02 2009 Check Number 1096 Amount 500.00

52307  
592

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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

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

New MDEG X Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_

### FACILITY INFORMATION

Facility Name: Rehab Systems Inc.

Physical Address: 542 Addison Ave. W Twin Falls ID 83301  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 542 Addison Ave. W. Twin Falls ID 83301

City: Twin Falls State: ID Zip Code: 83301

Telephone Number: 208-736-7330 Fax Number: 208-736-7332

E-mail: twinfalls@rehabsystems.ws Website: www.rehabsystems.ws

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5  
Fri: 8 to 4 Sat: closed Sun: closed Holidays: closed

### FACILITY ADMINISTRATOR INFORMATION

Name: Dale Perkins CPO

Address: 542 Addison Ave. W.

City: Twin Falls State: ID Zip Code: 83301

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Gases             | <input type="checkbox"/> Assistive Equipment                 |
| <input type="checkbox"/> Respiratory Equipment     | <input type="checkbox"/> Parenteral and Enteral Equipment    |
| <input type="checkbox"/> Life-sustaining equipment | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies         | Other: _____   |

Board Use Only

Received NOV 05 2009 Check Number 339 Amount 500.00

52319  
597

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

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

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

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

**GENERAL INFORMATION**

Pharmacy Name: Allivet DBA. Agropec Trading, Inc.  
Physical Address: 480 W 83rd Street  
Mailing Address: Same  
City: Hialeah State: FL Zip Code: 33014  
Telephone Number: 305 500 9944 Fax Number: 305 500 9955  
Toll Free Number: 877 500 9944  
E-mail: Kal@agropec.com Website: www.allivet.com  
Managing Pharmacist: Leonard Shaw License Number: \_\_\_\_\_

**Hours of Operation:**

Monday thru Friday 830 am 600 pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm  
Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
24 Hours ☒

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**

Received: NOV 10 2009 Check Number: 264 Amount: 500.00

52393  
1717

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

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

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

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

**GENERAL INFORMATION**

Pharmacy Name: BELL PLAZA PHARMACY  
Physical Address: 6339 S. ATLANTIC AVE.,  
Mailing Address: 6339 S. ATLANTIC AVE.,  
City: BELL State: CA Zip Code: 90201  
Telephone Number: (323) 773-4122 Fax Number: (323) 773-4773  
Toll Free Number: (877) 351-4660  
E-mail: bellpharm@gmx.com Website: N/A  
Managing Pharmacist: PAUL POPOFF License Number: 38890

**Hours of Operation:**

Monday thru Friday 10:00 am 6:00 pm      Saturday 10:00 am 2:00 pm  
Sunday - am - pm      24 Hours -

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☒ Retail
- ☐ Hospital (# beds \_\_\_\_\_)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

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

**Board Use Only**

Received: OCT 21 2009 Check Number: 1038 Amount: 500.00

52216  
11689

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

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

**GENERAL INFORMATION**

Pharmacy Name: California Pharmacy & Compounding Center

Physical Address: 4000 Birch Street Suite 120 Newport Beach CA 92660

Mailing Address: 4000 Birch Street Suite 120

City: Newport Beach State: CA Zip Code: 92660

Telephone Number: 949-642-8057 Fax Number: 949-642-0725

Toll Free Number: 800-575-7776

E-mail: questions@californiapharmacy.com Website: www.californiapharmacy.com

Managing Pharmacist: David J. Schapiro License Number: RPH26704

**Hours of Operation:**

Monday thru Friday 9 am 6 pm

Saturday 9 am 1 pm

Sunday — am — pm

24 Hours —

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☒ Retail
- ☐ Hospital (# beds \_\_\_\_\_)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

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

**Board Use Only**

Received: OCT 14 2009 Check Number: 672 Amount: 500.00

52139  
1677

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

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

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

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

**GENERAL INFORMATION**

Pharmacy Name: Easy Scripts, Inc.  
Physical Address: 5244 N. Sheridan Rd Chicago, IL  
Mailing Address: 5244 N. Sheridan Rd  
City: Chicago State: IL Zip Code: 60640  
Telephone Number: 877-235-6768 Fax Number: \_\_\_\_\_  
Toll Free Number: 877-235-6768  
E-mail: hector-ortega4012@stcglobal.net Website: \_\_\_\_\_  
Managing Pharmacist: Hector Ortega License Number: 051-28927

**Hours of Operation:**

Monday thru Friday 2:00 am 5:00 pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm  
Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

- ☒ Retail
- ☐ Hospital (# beds \_\_\_\_\_)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

**SERVICES PROVIDED**

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

**Board Use Only**

Received: OCT 21 2009 Check Number: 1022 Amount: 500.00

52217  
1690

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

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

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

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

**GENERAL INFORMATION**

Pharmacy Name: \_\_\_\_\_ Medco Health Solutions of Indiana, LLC \_\_\_\_\_  
Physical Address: \_\_\_\_\_ 4750 E 450 South \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Whitestown, IN 46075 \_\_\_\_\_  
Tel: 317-768-7000 FAX: 317-768-7001 \_\_\_\_\_  
Toll Free: 800-722-7071 \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Toll Free Number: \_\_\_\_\_

E-mail: barry\_boudreaux@medco.com Website: www.medco.com  
Managing Pharmacist: Barry Boudreaux License Number: 26023112A

**Hours of Operation:**

Monday thru Friday 7 am 5 pm Saturday — am — pm  
Sunday — am — pm 24 Hours Toll-free

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☐ Retail
- ☐ Hospital (# beds \_\_\_\_\_)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

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

**Board Use Only**

Received: **NOV 17 2009** Check Number: 322 Amount: 500.00

52396  
1720

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

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

**GENERAL INFORMATION**

Pharmacy Name: PMSI  
Physical Address: 4502 Woodland Corporate Blvd ste. 105 Tpa, F  
Mailing Address: 175 Kelsey Lane 336  
City: Tampa State: FL Zip Code: 33619  
Telephone Number: 813-626-7788 Fax Number: (813) 664-0774  
Toll Free Number: 800-237-7676  
E-mail: Vishi.Ramkisson@Pmsionline.com Website: www.pmsionline.com  
Managing Pharmacist: Rishi Ramkisson License Number: PS34771

**Hours of Operation:**

Monday thru Friday 8 am 6 pm Saturday 8 am 12 pm  
Sunday n/a am \_\_\_\_\_ pm 24 Hours n/a

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☐ Retail
- ☐ Hospital (# beds \_\_\_\_\_)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

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

**Board Use Only**

Received: OCT 14 2009 Check Number: 523 Amount: 500.00

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

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

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

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

**GENERAL INFORMATION**

Pharmacy Name: RSF Pharmaceuticals  
Physical Address: 1790 La Costa Meadows Av. Ste 103  
Mailing Address: Same  
City: San Marcos State: CA Zip Code: 92078 92078  
Telephone Number: 866-598-9363 Fax Number: 858-923-2039  
Toll Free Number: 866-598-9363  
E-mail: jkim2700@earthlink.net Website: www.rspharmaceuticals.com  
Managing Pharmacist: Susan Kim License Number: \_\_\_\_\_

**Hours of Operation:**

Monday thru Friday 9 am 5 pm  
Saturday closed am \_\_\_\_\_ pm  
Sunday closed am \_\_\_\_\_ pm  
24 Hours NO

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**

Received: OCT 14 2009 Check Number: 480 Amount: 500 -

52157  
1683

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

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

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

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

**GENERAL INFORMATION**

Pharmacy Name: SELECT RX

Physical Address: 1500 HORIZON DR. Suite 114

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

City: CHALFONT State: PA Zip Code: 18914

Telephone Number: 215 822-0900 Fax Number: 215 822 0921

Toll Free Number: 1 877 822 0912

E-mail: ERIC.BORELL@selectrx.us Website: N/A

Managing Pharmacist: ERIC Borell License Number: RP0365294

**Hours of Operation:**

Monday thru Friday 9 am 5 pm                      Saturday 9 am 12 pm  
Sunday X am X pm                      24 Hours X

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☐ Retail
- ☐ Hospital (# beds \_\_\_\_\_)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

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

**Board Use Only**

Received: OCT 14 2009 Check Number: 469 Amount: 500.00

52138  
1678

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Pharmacy ☒ Ownership Change ☐ Name Change ☐ Location Change ☐  
(Please provide current license number if making changes: PH \_\_\_\_\_)

**GENERAL INFORMATION**

Pharmacy Name: Wickliffe Pharmaceuticals, Inc. DBA Wickliffe Veteri-  
Phan

Physical Address: 148 Jefferson Street

Mailing Address: Same

City: Lexington State: KY Zip Code: 40508

Telephone Number: 859-389-7470 Fax Number: 859-381-9252

Toll Free Number: 888-634-5178

E-mail: cmcgovern@wickliffex.com Website: www.wickliffex.com

Managing Pharmacist: Kelly Zaccarelli License Number: 01793

**Hours of Operation:**

Monday thru Friday 9 am 5 pm

Saturday \_\_\_\_\_ am \_\_\_\_\_ pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm

24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☐ Retail
- ☐ Hospital (# beds \_\_\_\_\_)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

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

**Board Use Only**

Received: NOV 02 2009 Check Number: 451 Amount: 500.00

52310  
1697

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

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

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

New Wholesaler ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: ALLOCATION INC.  
Physical Address: 52 Park Ave Park Ridge NV 89656  
Mailing Address: 52 Park Ave P  
City: Park Ridge State: NV Zip Code: 89656  
Telephone Number: 201.505.0400 Fax Number: 201.505.0691  
Toll Free Number: \_\_\_\_\_  
E-mail: allan@allocationinc.com Website: \_\_\_\_\_  
Facility Manager: ALLAN J. RICHMAN  
Professional qualifications and experience of facility manager: Pharmacist

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**Board Use Only**

Received: 11-10-09 Check Number: 144 Amount: 500.00

52388  
925

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

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

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

New Wholesaler   X   Ownership Change        Name Change        Location Change         
(Please provide current license number if making changes: WH      )

## GENERAL INFORMATION

Facility Name: Amylin Ohio, LLC

**Physical Address:** 8814 Trade Port Drive

**Mailing Address:** 8814 Trade Port Drive, P.O. Box 8726, West Chester, OH 45071

(Physical address) City: Hamilton State: OH Zip Code: 45011

Telephone Number: 513-593-5006 Fax Number: 858-824-7618

**Toll Free Number:** 800-349-8919

E-mail: [john.pratt@amylin.com](mailto:john.pratt@amylin.com) Website: [www.amylin.com](http://www.amylin.com)

Facility Manager: John Pratt

Professional qualifications and experience of facility manager: See Attachment A

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies                      ☐ Practitioners                      ☐ Hospitals                      ☐ Wholesalers  
☒ Other:                      See Attachment C

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices  
☐ Poisons or Chemicals  
☐ Controlled Substances (include copy of DEA)  
☐ Other:

☐ Hypodermic Devices  
☐ Veterinary Legend Drugs

### Board Use Only

Received: OCT 21 2008 check Number: 969 Amount: 500.00

52214  
915

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

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

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

New Wholesaler ☒

Ownership Change ☐ Name Change ☐  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**FACILITY INFORMATION**

Facility Name: Antigen Laboratories, Inc.  
Physical Address: 28-36 South Main St. Liberty MO 64066  
Mailing Address: P.O. Box 123  
City: Liberty State: MO Zip Code: 64065  
Telephone Number: 816-781-5222 Fax Number: 816-781-5189  
E-mail: PMCGRATH@PCNETBIOPHARM.COM  
Facility Manager: Patrick McGrath, PhD  
Professional qualifications and experience of facility manager: See attached CV  
Patrick McGrath PhD

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies    ☒ Practitioners    ☐ Hospitals    ☒ Wholesalers  
☐ Other \_\_\_\_\_

Type of Products to be handled or wholesaled by firm

☒ Legend Pharmaceuticals, Supplies or Devices    ☒ Hypodermic Devices  
☐ Poisons or Chemicals    ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA certificate)  
☐ Other \_\_\_\_\_

**Board Use Only**

Received

**OCT 14 2009**

Check Number

697

Amount

500.00

270-

5214  
908

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

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

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

New Wholesaler ☒

Ownership Change ☐ Name Change ☐

(Please provide current license number if making changes: WH \_\_\_\_\_)

**FACILITY INFORMATION**

Facility Name: Associated Pharmacies, Inc.

Physical Address: 211 Lonnie Crawford Blvd., Scottsboro, AL 35769

Mailing Address: 211 Lonnie Crawford Blvd.

City: Scottsboro

State: Alabama

Zip Code: 35769

Telephone Number: 256-574-6819

Fax Number: 256-259-1566

E-mail: clint@apirx.com

Facility Manager: Clinton F. King

Professional qualifications and experience of facility manager: \_\_\_\_\_

B.S. Business Admin.; Designated Rep. FL & CA

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies    ☐ Practitioners    ☒ Hospitals    ☒ Wholesalers  
☒ Other Distributors, Community Pharmacies, Nursing Home Pharmacies, Veterinarians

Type of Products to be handled or wholesaled by firm

☒ Legend Pharmaceuticals, Supplies or Devices    ☐ Hypodermic Devices  
☐ Poisons or Chemicals    ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA certificate)  
☒ Other Over the Counter Drugs

**Board Use Only**

Received

**OCT 14 2009**

Check Number

587

Amount

500.00

614

45-

52146  
909

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

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

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

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

**GENERAL INFORMATION**

Facility Name: CARDINAL HEALTH  
Physical Address: 4875 FLORENCE STREET  
Mailing Address: 4875 FLORENCE STREET  
City: DENVER State: CO Zip Code: 80238  
Telephone Number: 720-374-8300 Fax Number: 303-307-1888  
Toll Free Number: \_\_\_\_\_  
E-mail: KELLY.BEASLEY@CARDINALHEALTH.COM Website: WWW.CARDINAL.COM  
Facility Manager: THOMAS "PHIL" COLES  
Professional qualifications and experience of facility manager: SEE ATTACHED

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies                      ☒ Practitioners                      ☒ Hospitals                      ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices                      ☒ Hypodermic Devices  
☐ Poisons or Chemicals                      ☒ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

<b>Board Use Only</b>
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Received: <u>NOV 17 2009</u> Check Number: <u>372</u> Amount: <u>500.00</u>
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VAWD

52394  
932

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

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

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

New Wholesaler ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: Foundation Care LLC

Physical Address: 4010 Wedgeway Court,

Mailing Address: same

City: Earth City State: MO Zip Code: 63045

Telephone Number: 314-291-1122 Fax Number: 314-291-1133

Toll Free Number: 877-291-1122

E-mail: lindsay.wessels@foundcare.com Website: www.foundcare.com

Facility Manager: Charlene Heyde

Professional qualifications and experience of facility manager: see attached resume

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: see attached

**Board Use Only**

Received: OCT 14 2009 Check Number: 560 Amount: 500.00

52145  
910

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: KCI USA, Inc.  
Physical Address: 134 Centerpoint Blvd. Pittston, PA 18640  
Mailing Address: 8023 Vantage Dr. Attn: Compliance  
City: San Antonio State: Tx Zip Code: 78230  
Telephone Number: (570) 654-5620 Fax Number: (570) 883-0751  
Toll Free Number: (800) 275-4524  
E-mail: Minerva.Mendoza@kci1.com Website: www.kci1.com  
Facility Manager: Jeff Scifers  
Professional qualifications and experience of facility manager: Resume attached for operations management

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers

☒ Other: location will ship replenishment of supplies to facilities and patients in the state to be used with wound V.A.C.

Type of Products to be handled or wholesaled by firm:

\* No Drugs  
☒ Legend Pharmaceuticals, Supplies or Devices  
☐ Poisons or Chemicals  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

(Vacuum Assisted Closure)  
☐ Hypodermic Devices  
☐ Veterinary Legend Drugs

**Board Use Only**

Received: NOV 17 2009 Check Number: 699 Amount: 500.00

10-K  
downstairs

52395  
931

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

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

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

New Wholesaler ☒

Ownership Change ☐ Name Change ☐  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**FACILITY INFORMATION**

Facility Name: Slate Pharmaceuticals, Inc.

Physical Address: 318 Blackwell Street, Suite 240, Durham, NC 27701

Mailing Address: 318 Blackwell Street, Suite 240

City: Durham State: NC Zip Code: 27701

Telephone Number: 919.682.8800 Fax Number: 919.682.8809

E-mail: rsw@slatepharma.com

Facility Manager: Derral A. VanLoon

Professional qualifications and experience of facility manager: Responsible for creation of the facility's policies and procedures, which were reviewed and approved by both the DEA and the State of North Carolina during their inspection process. Has worked for Slate since January 2009, and is involved in the day-to-day distribution activities.

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies    ☒ Practitioners    ☒ Hospitals    ☐ Wholesalers  
☐ Other \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm**

☒ Legend Pharmaceuticals, Supplies or Devices    ☐ Hypodermic Devices  
☐ Poisons or Chemicals    ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA certificate)  
☐ Other \_\_\_\_\_

**Board Use Only**

Received OCT 1 2009 Check Number 384 Amount 500.00 + 135

52144  
911

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: Virbac AH, Inc.

Physical Address: 13001 St. Charles Rock Rd.

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

City: Bridgeton State: MO Zip Code: 63044

Telephone Number: 314 291-6724 Fax Number: 314 447-2015

Toll Free Number: na

E-mail: gary.welton@virbacus.com Website: www.virbaccorp.com

Facility Manager: Gary Welton

Professional qualifications and experience of facility manager: 41 years experience,  
certificate of transportation management

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**Board Use Only**

Received: NOV 02 2008 Check Number: 173 Amount: 500.00

52305  
919

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

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

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

New Wholesaler ☒

Ownership Change ☐ Name Change ☐

(Please provide current license number if making changes: WH \_\_\_\_\_)

**FACILITY INFORMATION**

Facility Name: Webster Veterinary Supply, Inc.

Physical Address: 23048 N 15th Avenue, Phoenix, AZ 85027-1315

Mailing Address: Patterson Companies, Inc., Attn: Theresa Franz-Scurr, Compliance Coordinator, 1031 Mendota Heights Road

City: St. Paul State: MN Zip Code: 55120

Telephone Number: (623) 869-9816 Fax Number: (800) 492-0957

E-mail: Jay.Chabocus@webstervet.com

Facility Manager: William T. Milburn

Professional qualifications and experience of facility manager: Refer to resume titled: Wm.Todd Milburn.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers  
☒ Other Vet: Veterinary Clinics, Veterinary hospitals, Research facilities and Universities.

**Type of Products to be handled or wholesaled by firm**

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices  
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA certificate)  
☒ Other Human OTC

**Board Use Only**

Received NOV 05 2009 Check Number 4082 Amount 500.00

52320  
924

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

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

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

New Pharmacy \_\_\_\_\_ Ownership Change ☒ Name Change ☒ Location Change \_\_\_\_\_  
 (Please provide current license number if making changes: PH 00899)

**GENERAL INFORMATION**

Pharmacy Name: CARDINAL HEALTH 414, LLC  
 Physical Address: 3940 S. EASTERN AVENUE LAS VEGAS, NV 891  
 Mailing Address: 7000 CARDINAL PLACE, Q & R DEPT.  
 City: DUBLIN State: OH Zip Code: 43017  
 Telephone Number: 702-791-3608 Fax Number: 702-791-5290  
 Toll Free Number: NONE  
 E-mail: DANITA.WOODLEY@CARDINALPHARMACEUTICAL.COM Website: WWW.CARDINALHEALTH.COM  
 Managing Pharmacist: MARK FRIEDLANDER License Number: 07517

**Hours of Operation:**

Monday thru Friday 2<sup>00</sup> am 5<sup>00</sup> pm Saturday 4<sup>00</sup> am 12<sup>00</sup> pm  
 Sunday 4<sup>00</sup> am 12<sup>00</sup> pm 24 Hours X

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☐ Retail  
☐ Hospital (# beds \_\_\_\_\_)  
☐ Internet  
☒ Nuclear  
☐ Out of State  
☐ Ambulatory Surgery Center

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

**Board Use Only**

Received: NOV 02 2009 Check Number: 792 Amount: 500.00

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Pharmacy \_\_\_\_\_ Ownership Change X Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH01713)

**GENERAL INFORMATION**

Pharmacy Name: Nevada Drug Compounding Pharmacy East  
Physical Address: 3041 W. Horizon Ridge Pkwy. #100  
Mailing Address: 3041 W. Horizon Ridge Pkwy. #100  
City: Henderson State: NV Zip Code: 89052  
Telephone Number: (702)293-6900 Fax Number: \_\_\_\_\_  
Toll Free Number: N/A  
E-mail: nevadadrug@aol.com Website: N/A  
Managing Pharmacist: Scott Ricci License Number: 11997  
*see attached*

**Hours of Operation:**

Monday thru Friday 9 am 5:30 pm      Saturday - am - pm  
Sunday - am - pm      24 Hours -

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**

Received: NOV 17 2009 Check Number: 428 Amount: 500.00

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

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

**GENERAL INFORMATION**

Pharmacy Name: Nevada Drug Compounding Pharmacy West

Physical Address: 6350 W. Flamingo Blvd., Suite 1

Mailing Address: 6350 W. Flamingo Blvd., Suite 1

City: Las Vegas State: NV Zip Code: 89103

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

Toll Free Number: N/A

E-mail: N/A Website: N/A

Managing Pharmacist: Doug Camman License Number: 13340

**Hours of Operation:**

Monday thru Friday 9 am 5:30 pm      Saturday - am - pm  
Sunday - am - pm      24 Hours -

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☒ Retail
- ☐ Hospital (# beds \_\_\_\_\_)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

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

**Board Use Only**

Received: NOV 17 2009 Check Number: 427 Amount: 500.00

52398  
1723

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

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

**GENERAL INFORMATION**

Pharmacy Name: UNIQUE CARE PHARMACY INC  
Physical Address: 4571 WEST FLAMINGO ROAD, LAS VEGAS, NV, 89102  
Mailing Address: 6515 SAMBA AVENUE  
City: LAS VEGAS State: NV Zip Code: 89139  
Telephone Number: 702-525-3297 Fax Number: 702-434-2816  
Toll Free Number: \_\_\_\_\_  
E-mail: Chidexo@yahoo.com Website: \_\_\_\_\_  
Managing Pharmacist: CHIDI LAWRENCE ONYIRIMBA License Number: 16241

**Hours of Operation:**

Monday thru Friday 9 am 6 pm                      Saturday 9 am 3 pm  
Sunday Closed am Closed pm                      24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**

Received: 11-10-09 Check Number: 975 Amount: 500.00

52389  
1716

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane • Reno, NV 89509 • (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**  
**PUBLICLY TRADED CORPORATION**

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Pharmacy ☒ Ownership Change ☐ Name Change ☐ Location Change ☐  
Please include current Nevada license number if making changes: PH \_\_\_\_\_

**GENERAL INFORMATION**

Pharmacy Name: Walgreens #10862

Physical Address: 2421 E. Bonanza Rd.

Mailing Address: P.O. Box 901, Deerfield, IL 60015

City: Las Vegas State: NV Zip Code: 89101-3400

Telephone: not yet known Fax: not yet known

Toll Free: \_\_\_\_\_ E-mail address: Rxm.10862@store.walgreens.com

Managing Pharmacist: Matt Forster License Number: 14289

**Hours of Operation:**

Monday thru Friday 8 am 10 pm Saturday 9 am 6 pm  
Sunday 10 am 6 pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**

Received \_\_\_\_\_ Check Number 779 Amount 500.00

52309  
11696

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

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

**GENERAL INFORMATION**

Pharmacy Name: Walgreens #11668

Physical Address: 6390 Boulder Hwy.

Mailing Address: P.O. Box 901, Deerfield, IL 60015

City: Las Vegas State: NV Zip Code: 89122

Telephone Number: Not yet known Fax Number: Not yet known

Toll Free Number: \_\_\_\_\_

E-mail: RXM.11668@Store.Walgreens. Website: \_\_\_\_\_

Managing Pharmacist: Matthew Forster<sup>com</sup> License Number: 14289

**Hours of Operation:**

Monday thru Friday 8 am 10 pm

Saturday 9 am 6 pm

Sunday 10 am 6 pm

24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☒ Retail
- ☐ Hospital (# beds \_\_\_\_\_)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

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

**Board Use Only**

Received: NOV 17 2009 Check Number: 346 Amount: 500.00

52399  
1718

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane • Reno, NV 89509 • (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**  
**PUBLICLY TRADED CORPORATION**

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Pharmacy ☒ Ownership Change ☐ Name Change ☐ Location Change ☐  
Please include current Nevada license number if making changes: PH

**GENERAL INFORMATION**

Pharmacy Name: Walgreens #12540

Physical Address: 9705 Pyramid Way

Mailing Address: P.O. Box 901, Deerfield, IL 60015

City: Sparks State: NV Zip Code: 89441

Telephone: TBD Fax: TBD

Toll Free:                      E-mail address: TooraniPGSBCglobal.net

Managing Pharmacist: Parvin Toorani License Number: 13329

**Hours of Operation:**

Monday thru Friday 8 am 10 pm Saturday 10 am 6 pm  
Sunday 9 am 6 pm 24 Hours           

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**

Received NOV 05 2009 Check Number 371 Amount 500.00

52321  
1709

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR NEVADA MDEG PROVIDER

### NON PUBLICLY TRADED CORPORATION

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

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

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐  
Please provide current license number if making changes: \_\_\_\_\_

### FACILITY INFORMATION

Facility Name: UNIQUE CARE PHARMACY INC

Physical Address: 4571 WEST FLAMINGO ROAD, LAS VEGAS, NV, 89103  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6515 SAMBA AVENUE

City: LAS VEGAS State: NV Zip Code: 89139

Telephone Number: 702-525-3297 Fax Number: 702-434-2816

E-mail: chidexo@yahoo.com Website: NONE YET

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 6pm Tue: 9am to 6pm Wed: 9am to 6pm Thu: 9am to 6pm  
Fri: 9am to 6pm Sat: 9am to 3pm Sun: Closed to Holidays: Closed to

### FACILITY ADMINISTRATOR INFORMATION

Name: CHIDI LAWRENCE ONYIRIMBA

Address: 6515 SAMBA AVENUE

City: LAS VEGAS State: NV Zip Code: 89139

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Gases                    | <input checked="" type="checkbox"/> Assistive Equipment      |
| <input checked="" type="checkbox"/> Respiratory Equipment | <input type="checkbox"/> Parenteral and Enteral Equipment    |
| <input type="checkbox"/> Life-sustaining equipment        | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies     | Other: _____   |

### Board Use Only

Received 11-10-09 Check Number 973 Amount 500.00

52390  
599

DEC

Case No. 09-054-RPH-N

Davidson Okpukpara, R.Ph. #15298

Larry Pinson, Pharm.D.,  
Executive Secretary,  
Nevada State Board of Pharmacy,  
431 W. Plumb Lane,  
Reno, NV 89509

October 15, 2009.

Dear Mr. Secretary,

**A PLEA FOR LENIENCY, AN APPEAL**

I write today to appeal to the Board for leniency, and to **please** reconsider the judgment on my case made on September 3<sup>rd</sup>. I plead that you temper justice with mercy and understanding. I was stunned and shocked by the ruling of September 3<sup>rd</sup>. It was said at the hearing that the reason the case was brought to the Board was because of the very tragic incident that I was involved in at Rite Aid Pharmacy in 2005. It is hard to believe that the punishment I am being faced with in this case is harsher than the disciplinary action for the very unfortunate incident of 2005. In effect, the judgment of September 3<sup>rd</sup> seems to be punishing me for the 2005 incident all over again, and more.

Now, let me state to you that no punishment comes close to what I feel every morning when I wake up, when I get ready to go to work, when I drive to work, when I walk into a pharmacy, when I take a telephone order or a prescription is tendered to me, when I pick up a bottle or a packet of medication, when I count or pour a medication and when I label, check and bag that medication, always remembering what happened on November 3<sup>rd</sup>, 2005. The tragic aftermath of that incident will live with me until I die, not only because I am a Christian, but also because that incident is forever stamped on my conscience. With this daily fact of my life, I submit to you that I do not deserve any more punishment for the incident of November 2005. I understand that this disciplinary action is to make me re-evaluate my work and what I might be doing wrong, and then make necessary corrections, so that I can keep this from happening again. However, the financial and emotional hardship that this very harsh punishment will bring to my family and me will tend to do the opposite, and put me under tremendous, counter-productive stress.

The terrible and unfortunate incident of 2005 has had tremendous effect on my life, personally, professionally and spiritually. It was a very hard lesson that I learned. Since I started working for Scolari's Pharmacy in January 2006, I rededicated myself to upholding the highest tenets of the pharmacy profession, being very diligent and the best pharmacist that I can be. I have done my job with the utmost care to ensure that the safety of the public is paramount in all that I do, and in doing all these things try to restore my reputation as an exemplary pharmacist. The training I got through the "Your Success RX" program, which the Board had me go through, has been very instrumental in helping me advance and attain these goals.

I know that the Board wonders if I am good, careful, conscientious pharmacist, one that does not pose any particular risk to the public, given my two appearances before you. I can assure you that I am a very good pharmacist. During a period of almost four years, I worked at nine different Scolari's pharmacies from Fernley to Carson City, to Sparks, to Reno, and Lemon Valley, virtually error-free. I must also point out that this included working by myself without a pharmacy technician or a clerk every other Saturday and Sunday at Scolari's #28. To help me establish the fact of that clean record, I had been promised some letters of

support from Pharmacist colleagues at Scolari's before the Board hearing. Unfortunately for me, because I no longer worked for Scolari's, these reference letters were withdrawn. As a result, I had no way of letting the Board know that my record as a pharmacist is much cleaner, solid, and reassuring than my two appearances at the Board may suggest. However, I can assure the Board that my former PIC, Mr. Lorin Foster, other pharmacist colleagues, technicians, and numerous customers can testify to my proven record of being a very conscientious, detail-oriented, knowledgeable pharmacist with excellent customer service skills. I chose this profession as a mature adult, years after my first degree, because I love the practice of pharmacy, and the opportunity it provides me to help and care for people.


Going back to the hearing itself, two members of the Board had to preclude themselves from the hearing because of some conflicts of interest. Mr. David Chan, because he was my Director of Pharmacy at Scolari's Food and Drug Company where the incident happened, and Ms. Mary Lau for her own reasons. I also want to point out that Mr. Keith MacDonald voted against the motion, and Mr. Leo Basch had questioned the reasoning for such a harsh punishment, having proposed a much lighter, and should I say, fairer motion earlier. In effect, the motion for my punishment was passed by the votes of Mr. Chad Luebke, and Mr. Kam Ghandi, since the Board President does not really vote. With Mr. Chan and Ms. Lau not participating in the proceedings, I feel that I was denied the chance for a fairer hearing, and possibly different outcome given the voting dynamics that resulted.

Let me state categorically that I take full responsibility for this misfill. I do not blame anybody else for it. I thank God that Ms. Brooks discovered the error immediately, and that nobody ingested any wrong medicine or a wrong dose. I can assure the Board that I will do my best to see that this never happens again. I apologize to the Board for not taking the necessary steps to pre-empt this incident, and for the way I let Ms. Brooks convince me to let her take the wrong strength of medication home citing her knowledge of the medication, and her need to be on her way because she may not have locked her car.

In allowing this error to go past me, and failing to fully correct it when Ms. Brooks came back to the pharmacy, I failed the public and Ms. Brooks. I failed the Board of Pharmacy, the noble profession of pharmacy, and I failed myself. I take full responsibility for the incident. The very tragic incident of 2005 resulted in a commensurate disciplinary action from the Board. I completely complied with all the terms of that punishment, and the aftermath of that incident lives with me everyday. I therefore plead with the Board to please separate it from this incident. I appeal to the Board to **please** revisit this case, take a good look at the complete and true facts and considerations of the case, and render a new judgment tempered with leniency, mercy and understanding. I appeal to the Board especially with regard to Board order #s 1, 3, 3a, and 3c.

Thank you all very much.

Faithfully yours,

  
Davidson Okpukpara, Pharm.D., R.Ph. (#15298)

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**  
**Petitioner,**

**v.**

**DAVIDSON OKPUKPARA, R.Ph.,**  
**Certificate of Registration #15298,**

**SCOLARI'S PHARMACY #28,**  
**Certificate of Registration #PH00809,**  
**Respondents.**

**FINDINGS OF FACT,**  
**CONCLUSIONS OF LAW,**  
**AND ORDER**

**Case No. 09-054-RPH-N**

**Case No. 09-054-PH-N**

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on September 3, 2009, in Reno, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board, Davidson Okpukpara appeared and represented himself, and Scolari's Pharmacy was represented by Dani Dooley CPT, Pharmacy Operations. Based on the presentations of the parties, the parties' admissions, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

**FINDINGS OF FACT**

1. At hearing, all exhibits are stipulated into evidence. The Board took judicial notice of cases: Nevada State Board of Pharmacy v. David Squires and Scolari's Pharmacy #24, Case No. 03-053-N; Nevada State Board of Pharmacy v. Davidson Okpukpara and Rite Aid #6281, Case No. 05-053-N and Nevada State Board of Pharmacy v. Lorin Foster, Case No. 09-53-N. Mr. Okpukpara admitted he had misfiled Ms. Loie Brooks prescription with metoprolol 50 mg. tablets instead of 25 mg. tablets as prescribed, admitting the First Cause of Action. Board Staff presented the testimony of

Ms. Loie Brooks and Board Investigator, Joseph J. Depczynski. Mr. Okpukpara testified on his own behalf. Ms. Dooley testified on behalf of Scolari's. Based upon the agreements of the parties and the presentations of the parties, the Board finds the following to be the facts of this matter regarding Mr. Okpukpara and Scolari's Pharmacy.

2. On June 23, 2009, Ms. Loie Brooks called in a refill of her 25 mg. metoprolol tablets (Rx 6636609) to Scolari's #28. Ms. Brooks picked up her prescription and left the store, got into her vehicle and looked at the pills she had picked up at the pharmacy. Ms. Brooks testified that the pills looked different so she returned to the pharmacy to inquiry about the difference. When Ms. Brooks returned to the store she spoke with Mr. Okpukpara and told him that the pills did not look like the pills she had previously taken. Mr. Okpukpara acknowledged that an error had occurred. The bottle contained 50 mg metoprolol not 25 mg. metoprolol as prescribed. When Mr. Okpukpara attempted to correct the error he discovered that he did not have enough 25 mg. metoprolol to fill the prescription, there were only 12 in the stock bottle. Mr. Okpukpara offered to call other stores to see if more of the medication was available, however, Ms. Brooks declined his offer and asked for the medication back. Ms. Brooks testified that before Mr. Okpukpara returned the medication to her he printed out another label and wrote 50 mg. on the label and placed that over the original label but did not change the directions for use. Ms. Brooks was able to identify the original bottle of medication that had been given to her by Mr. Okpukpara as Staff's Exhibit 6. Mr. Okpukpara testified that he advised Ms. Brooks to take one half tablet and she seemed fine with that solution. Mr. Okpukpara also testified that he placed a handwritten label with the directions for use on the label as well.

3. Investigator Depczynski testified to the investigation he performed into this matter. Investigator Depczynski testified that Mr. Okpukpara failed to discover that the pharmaceutical technician pulled the wrong strength medication from the shelf and filled the requested refill with 50 mg instead of 25 mg. metoprolol. Additionally Investigator Depczynski testified that Mr. Okpukpara could have caught the error by comparing the NDC numbers and visual inspection. Investigator Depczynski testified that the first opportunity Mr. Okpukpara had to catch the mistake was when Mr. Okpukpara checked the NDC number on the label, crossed it out and then wrote on the label the NDC number for the 50 mg. metoprolol. The second opportunity came when Mr. Okpukpara failed to note the visual difference between the 25 mg. and 50 mg. metoprolol. Mr. Depczynski also testified that there was no evidence to support Mr. Okpukpara's contention that he had handwritten a label and affixed it to the bottle over the original and second label that Mr. Okpukpara affixed to the bottle.

4. Mr. Okpukpara testified that the pharmaceutical technician had been under stress and he failed to catch the error. Mr. Okpukpara also testified that he had given Ms. Brooks 15 extra pills because of the inconvenience he had caused her. The Board questioned this as the 90 day supply of the refilled prescription would have been increased to 180 days and then an additional 30 day supply. Mr. Okpukpara had no real explanation as to why he would make a second label and then why he wrote out a third handwritten label. Mr. Okpukpara offered no explanation as to why there was no evidence of the third label. The Board was also concerned with Mr. Okpukpara's failure to report the error as is required by Scolari's policy and procedures.

5. Ms. Dooley testified to the changes that Scolari's had made to make sure this type of an error would not happen again. Staff went over all of the changes that Scolari's had made with its system as a result of Case No. 09-053-N.

### **CONCLUSIONS OF LAW**

1. The Board has jurisdiction over this matter because Mr. Okpukpara is a pharmacist licensed by the Board and Scolari's Pharmacy #28 is a pharmacy licensed with the Board.

2. In refilling Ms. Brooks' prescription for metoprolol 50 mg. tablets instead of metoprolol 25 mg. tablets, Mr. Okpukpara violated NRS 639.210(4) and NAC 639.945(1) (d) and (i).

3. In failing to properly label the prescription vial with correct dosing instructions for the 50 mg. tablets that were dispensed to Ms. Brooks, Mr. Okpukpara violated NRS 639.210(4) and 639.2801(6) and NAC 639.945(1)(d) and (i).

4. In being repeatedly negligent as evidenced by the Board's discipline in Case No. 05-053-RPH-N, Mr. Okpukpara violated NRS 639.210(4) and (16) and NAC 639.945(1)(i).

5. In owning and operating the pharmacy in which the above violations occurred, Scolari's #28 violated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

### **ORDER**

Based upon the foregoing, the Board hereby orders the following regarding Mr. Okpukpara:

1. Mr. Okpukpara shall pay a total fine of \$3,000.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Mr. Okpukpara shall pay one-half of the Board's fees and costs of investigation and prosecution of this matter in the amount of \$658.68 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" which amount must be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Mr. Okpukpara shall be on probation for three years subject to the following terms and conditions:

a. Mr. Okpukpara shall perform his duties as an intern pharmacist for 60 days from the effective date of this Order. Mr. Okpukpara shall cooperate fully and genuinely with the needs, demands, and requirements of the program.

b. Mr. Okpukpara shall report any errors to the Board within seven days of the incident.

c. Mr. Okpukpara shall not work as a managing pharmacist during the period of probation.

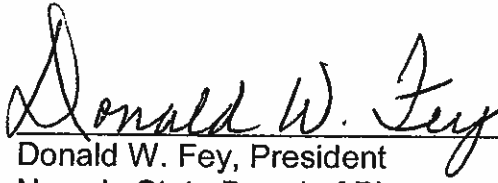
d. Mr. Okpukpara shall not work any more that 90 hours in 14 day period.

e. Mr. Okpukpara shall comply with all laws related to the practice of pharmacy, whether state or federal and whether statutory or regulatory.

4. The failure by Mr. Okpukpara to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the license.

5. Scolari's Pharmacy #28 shall pay one-half of the Board's fees and costs of investigation and prosecution of this matter and the administrative fee in the amount of \$658.68 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy." which amount must be received by the Board's Reno office within 90 days of the effective date of this Order.

Signed and effective this 3rd day of October, 2009.

  
Donald W. Fey, President  
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION  
AND ACCUSATION

VIRGINIA AGHA, R.Ph.,  
Certificate of Registration #15567,

Case No. 09-065-RPH-N

COSTCO PHARMACY #646,  
Certificate of Registration #PH02174,

Case No. 09-065-PH-N

Respondents.

\_\_\_\_\_/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Virginia Agha is a pharmacist licensed by the Board and Costco Pharmacy #646 (Costco #646) is a pharmacy licensed by the Board, located at 4810 Galleria Parkway, Sparks, Nevada.

II.

On June 23, 2009 Rita Middleton took a new prescription for Elavil 10 mg. tablets to Costco #646 to be filled. Ms. Middleton gave the prescription to a pharmacy technician at the drop off window. The pharmacy technician entered the patient information into the pharmacy's computer, scanned the original prescription and then printed out a Central Fill Rx Information form. Unfortunately, when the pharmaceutical technician was completing the Central Fill information screen by selecting the generic substitution for Elavil, she erroneously entered 100 mg. amitriptyline tablets rather than the 10 mg. amitriptyline tablets that were prescribed by Ms. Middleton's physician. She

then folded the central fill form in quarters and inserted the original prescription into the folds and placed them into a bin reserved for prescriptions to be checked by a pharmacist prior to being sent to Central Fill review.

### III.

Later that day, Ms. Agha retrieved Ms. Middleton's Central Fill Rx form and compared its contents to the original prescription. As she compared the prescriber information, patient information, date prescribed, refills, original drug, generic substitution, directions and quantity, she lined through each entry. She then initialed the sheet and placed the original prescription and the form in another bin for filling at a later time. Unfortunately, Ms. Agha failed to notice the incorrect entry of the drug strength. Ms. Agha went to the pharmacy computer and selected the release tab on the Central Fill Rx screen which electronically transferred the prescription information to the Central Fill pharmacy in Sacramento, California.

### IV.

The Central Fill pharmacy received the transmission and pharmacist Don Miller reviewed the information and filled the prescription as it was received. It was learned during the investigation of this matter that the Central Fill pharmacist does not have access to the computer scan of the original prescription for comparison purposes. His only reference was the information entered on the Central Fill Rx screen that was entered by the pharmaceutical technician and reviewed and approved by Ms. Agha.

### V.

Ms. Middleton picked up her prescription on June 25, 2009. Although this was a new prescription for Ms. Middleton, she was not counseled nor was there any record in the pharmacy that counseling had been refused. Ms. Middleton began taking the medication she was given and on July 1, 2009 she began experiencing extreme shortness of breath and sharp chest pains. Ms. Middleton sought care at Northern

Nevada Medical Center where they performed an EKG and suggested that there may be an abnormality. Ms. Middleton was advised to contact her regular physician for a follow-up. After seeing her physician and relating her symptoms, her physician examined her prescription bottle and discovered the error.

#### **FIRST CAUSE OF ACTION**

VI.

In failing to strictly follow the instructions of Ms. Middleton's physician by filling her prescription for Elavil 10 mg. tablets with the generic substitution amitriptyline 100 mg. tablets, Ms. Agha violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

#### **SECOND CAUSE OF ACTION**

VII.

In failing to counsel Ms. Middleton on her new prescription, Ms. Agha violated NRS 639.210(4) and/or 629.266(1) and/or NAC 639.707(1) and/or NAC 639.945(1)(i).

#### **THIRD CAUSE OF ACTION**

VIII.

In failing to maintain adequate counseling records to meet requirements of Nevada law, Costco #646 violated NRS 639.210(4) and/or NAC 639.707(6)(a) and 639.945(1)(i) and/or (2).

#### **FOURTH CAUSE OF ACTION**

VII.

In owning and operating the pharmacy in which the errors occurred regarding Ms. Middleton's prescription took place, Costco #646 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 1<sup>st</sup> day of September, 2009.

  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

#### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**STATEMENT TO THE RESPONDENT**  
**NOTICE OF INTENDED ACTION**  
**AND ACCUSATION**  
**RIGHT TO HEARING**

**VIRGINIA AGHA, R.Ph.,**  
**Certificate of Registration #15567,**

**Case No. 09-065-RPH-N**

**Respondent.**

\_\_\_\_\_ /

**TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:**

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II**

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, December 2, 2009 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 1<sup>st</sup> day of Septemeber, 2009.

  
\_\_\_\_\_  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND  
NOTICE OF DEFENSE

VIRGINIA AGHA, R.Ph.,  
Certificate of Registration #15567,

Case No. 09-065-RPH-N

Respondent.

\_\_\_\_\_ /

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
Virginia Agha, R.Ph.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**VIRGINIA AGHA, R.Ph.,  
Certificate of Registration #15567,**

**Case No. 09-065-RPH-N**

**COSTCO PHARMACY #646,  
Certificate of Registration #PH02174,**

**Case No. 09-065-PH-N**

**Respondents.**

\_\_\_\_\_/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Virginia Agha is a pharmacist licensed by the Board and Costco Pharmacy #646 (Costco #646) is a pharmacy licensed by the Board, located at 4810 Galleria Parkway, Sparks, Nevada.

II.

On June 23, 2009 Rita Middleton took a new prescription for Elavil 10 mg. tablets to Costco #646 to be filled. Ms. Middleton gave the prescription to a pharmacy technician at the drop off window. The pharmacy technician entered the patient information into the pharmacy's computer, scanned the original prescription and then printed out a Central Fill Rx Information form. Unfortunately, when the pharmaceutical technician was completing the Central Fill information screen by selecting the generic substitution for Elavil, she erroneously entered 100 mg. amitriptyline tablets rather than the 10 mg. amitriptyline tablets that were prescribed by Ms. Middleton's physician. She

then folded the central fill form in quarters and inserted the original prescription into the folds and placed them into a bin reserved for prescriptions to be checked by a pharmacist prior to being sent to Central Fill review.

### III.

Later that day, Ms. Agha retrieved Ms. Middleton's Central Fill Rx form and compared its contents to the original prescription. As she compared the prescriber information, patient information, date prescribed, refills, original drug, generic substitution, directions and quantity, she lined through each entry. She then initialed the sheet and placed the original prescription and the form in another bin for filling at a later time. Unfortunately, Ms. Agha failed to notice the incorrect entry of the drug strength. Ms. Agha went to the pharmacy computer and selected the release tab on the Central Fill Rx screen which electronically transferred the prescription information to the Central Fill pharmacy in Sacramento, California.

### IV.

The Central Fill pharmacy received the transmission and pharmacist Don Miller reviewed the information and filled the prescription as it was received. It was learned during the investigation of this matter that the Central Fill pharmacist does not have access to the computer scan of the original prescription for comparison purposes. His only reference was the information entered on the Central Fill Rx screen that was entered by the pharmaceutical technician and reviewed and approved by Ms. Agha.

### V.

Ms. Middleton picked up her prescription on June 25, 2009. Although this was a new prescription for Ms. Middleton, she was not counseled nor was there any record in the pharmacy that counseling had been refused. Ms. Middleton began taking the medication she was given and on July 1, 2009 she began experiencing extreme shortness of breath and sharp chest pains. Ms. Middleton sought care at Northern

Nevada Medical Center where they performed an EKG and suggested that there may be an abnormality. Ms. Middleton was advised to contact her regular physician for a follow-up. After seeing her physician and relating her symptoms, her physician examined her prescription bottle and discovered the error.

#### **FIRST CAUSE OF ACTION**

##### **VI.**

In failing to strictly follow the instructions of Ms. Middleton's physician by filling her prescription for Elavil 10 mg. tablets with the generic substitution amitriptyline 100 mg. tablets, Ms. Agha violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

#### **SECOND CAUSE OF ACTION**

##### **VII.**

In failing to counsel Ms. Middleton on her new prescription, Ms. Agha violated NRS 639.210(4) and/or 629.266(1) and/or NAC 639.707(1) and/or NAC 639.945(1)(i).

#### **THIRD CAUSE OF ACTION**

##### **VIII.**

In failing to maintain adequate counseling records to meet requirements of Nevada law, Costco #646 violated NRS 639.210(4) and/or NAC 639.707(6)(a) and 639.945(1)(i) and/or (2).

#### **FOURTH CAUSE OF ACTION**

##### **VII.**

In owning and operating the pharmacy in which the errors occurred regarding Ms. Middleton's prescription took place, Costco #646 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 1<sup>st</sup> day of September, 2009.

  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

#### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**STATEMENT TO THE RESPONDENT**  
**NOTICE OF INTENDED ACTION**  
**AND ACCUSATION**  
**RIGHT TO HEARING**

**COSTCO PHARMACY #646,  
Certificate of Registration #PH02174,**

**Case No. 09-065-PH-N**

**Respondent.**

\_\_\_\_\_ /

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, December 2, 2009 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 1<sup>st</sup> day of September, 2009.

  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

COSTCO PHARMACY #646,  
Certificate of Registration #PH02174,

ANSWER AND  
NOTICE OF DEFENSE

Case No. 09-065-PH-N

Respondent.

\_\_\_\_\_ /

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

SEP 21 2009

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

This is in response to second cause of action.

The prescription was picked up on June 25, 2009 at which both the pharmacy manager, Todd Nole and the pharmacist, Virginia Agha was working. Since both pharmacists were working at the time the prescription was picked up, it is unknown whose responsibility it was to give consultation at that time. Neither pharmacist recalls a conversation with the patient.

Costco has a policy of giving consultation on all new prescriptions that are picked up. The staff at Costco #646 adheres to this policy with all prescriptions whether it be processed at the location or sent out to Central Fill. With this standard policy and procedure in place, there is no reason for this prescription to go out without giving consultation. Therefore, I am in the understanding that consultation was given.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 18 day of SEPTEMBER, 2009.

WARREN WONG

type or print name

  
for Costco #646

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

v.

**KEVIN L. GREEN, PTT  
Certificate of Registration No. PT09900,**

**Case No. 09-074-PT-N**

**Respondent.**

\_\_\_\_\_/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Green is a registered pharmaceutical technician in training with the Board.

II.

On or about June 23, 2009, Board staff was notified that Mr. Green had been terminated from employment as a pharmaceutical technician at Walgreens #04789 located at 3495 South Virginia Street, Reno, Nevada. In a written statement Mr. Green admitted to taking 30 tablets of Tramadol, a two month supply of Ocella birth control pills, and 300 tablets of Percocet 10/325. Mr. Green stated that he did not take them for his personal use or to gain a profit, but gave them to others in need.

**FIRST CAUSE OF ACTION**

III.

In removing dangerous drugs, namely Tramadol tablets and Ocella birth control pills, without a prescription therefore, Mr. Green violated Nevada Revised Statutes (NRS) 454.221(1), 454.321 and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h).

## **SECOND CAUSE OF ACTION**

### **IV.**

In removing controlled substances, namely Percocet 10/325 tablets, without a prescription therefore, Mr. Green violated NRS 453.331(1)(d), and/or 639.210(1), (4), and/or (12) and Nevada Administrative Code (NAC) 639.945(1)(h).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 13<sup>th</sup> day of August, 2009.

  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

## **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**STATEMENT TO THE RESPONDENT  
NOTICE OF INTENDED ACTION  
AND ACCUSATION  
RIGHT TO HEARING**

**KEVIN L. GREEN, PTT  
Certificate of Registration No. PT09900,**

**Case No. 09-074-PT-N**

**Respondent.**

\_\_\_\_\_ /

**TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:**

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, December 2<sup>nd</sup>, 2009 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 13<sup>th</sup> day of August, 2009.

  
\_\_\_\_\_  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**ANSWER AND NOTICE  
OF DEFENSE**

**KEVIN L. GREEN, PTT  
Certificate of Registration No. PT09900,**

**Case No. 09-074-PT-N**

**Respondent.**

\_\_\_\_\_/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
Kevin L. Green, PTT

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**KEVIN O'NEIL, JR., R.Ph.,  
Certificate of Registration #15356,**

**Case No. 09-069-RPH-N**

**WAL-MART PHARMACY #10-3408,  
Certificate of Registration #PH02072,**

**Case No. 09-069-PH-N**

**Respondents.**

\_\_\_\_\_/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Kevin O'Neil is a pharmacist licensed by the Board and Wal-Mart Pharmacy #10-3408 (Wal-Mart #10-3408) is a pharmacy licensed by the Board, located at 3200 Market Street in Carson City, Nevada.

II.

On July 24, 2009, Glenn Ladd took a new prescription for four 50,000 IU vitamin D capsules to Wal-Mart #10-3408 to be filled. The directions were to take one capsule by mouth every week. Mr. Ladd gave the prescription to a pharmacy technician at the drop off window. The pharmacy technician entered the patient information into the pharmacy's computer and scanned the original prescription. Unfortunately, when the pharmaceutical technician was entering the information into the computer, she incorrectly entered the physician's instructions to read, "Take one capsule by mouth every day."

### III.

The pharmacy technician then forwarded the prescription information with the incorrect physician's instructions to a pharmacist's screen for the initial pharmacist's review in the four point check process. Mr. O'Neil was the pharmacist who reviewed this prescription, however he failed to note the transcription error. Mr. O'Neil approved the prescription and sent it to a filling queue.

### IV.

The filling pharmacy technician received the transmission on her handheld PDA. She then selected the stock bottle and verified the correctness of that selection via scan and a computer generated label set was printed. The pharmaceutical technician counted the quantity prescribed, placed the capsules into a prescription vial and put one of the printed labels on the vial. She circled the quantity and then wrote in the product expiration date and her initials. The prescription vial, stock bottle and label set were then placed in a basket and staged for a pharmacist's final review. Mr. O'Neil performed the final review of Mr. Ladd's prescription and still did not notice the incorrectly transcribed directions. The prescription was approved, bagged and staged for patient pickup.

### V.

Mr. Ladd picked up his prescription later on July 24, 2009. Although this was a new prescription for Mr. Ladd, he maintains that he was not counseled nor did he speak with a pharmacist. The Wal-Mart #10-3408 counseling records show that Mr. Ladd refused counseling from pharmacist Cindy Villasenor at 12:24 p.m. which is eighteen minutes after Mr. Ladd purchased his prescription and had left the pharmacy. Mr. Ladd began taking the medication as he was directed and ingested 200,000 IU's of vitamin D within a four day period. Mr. Ladd suffered from nausea, stomach cramps, diarrhea, loss of appetite, dry mouth, insomnia, headaches, rapid heartbeat and fluttering. Mr. Ladd went to see his physician regarding the symptoms he was experiencing and it was

then determined that Mr. Ladd had ingested 200,000 IU's of vitamin D within four days. Mr. Ladd is a heart patient so he also went to his cardiologist and was diagnosed with atrial fibrillation and atrial flutter which possibly was attributed to stress and lack of sleep. Mr. Ladd's cardiologist then prescribed Digoxin to slow his heartbeat.

#### **FIRST CAUSE OF ACTION**

##### **VI.**

In failing to strictly follow the instructions of Mr. Ladd's physician by filling his prescription for 50,000 IU vitamin D capsules with directions to take one capsule by mouth every day rather than to take one capsule by mouth every week as prescribed, Mr. O'Neil violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

#### **SECOND CAUSE OF ACTION**

##### **VII.**

In failing to counsel Mr. Ladd on his new prescription, Mr. O'Neil violated NRS 639.210(4) and/or 629.266(1) and/or NAC 639.707(1) and/or NAC 639.945(1)(i).

#### **THIRD CAUSE OF ACTION**

##### **VIII.**

In failing to maintain counseling records that accurately reflect whether counseling was provided or refused by the patient, Wal-Mart #10-3408 violated NRS 639.210(4) and/or NAC 639.707(6)(a) and/or (b) and 639.945(1)(i) and/or (2).

#### **FOURTH CAUSE OF ACTION**

##### **IX.**

In owning and operating the pharmacy in which the errors occurred regarding Mr. Ladd's prescription took place, Wal-Mart #10-3408 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 24<sup>th</sup> day of October, 2009.

  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

#### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT**  
**NOTICE OF INTENDED ACTION**  
**AND ACCUSATION**  
**RIGHT TO HEARING**

KEVIN O'NEIL, JR., R.Ph.,  
Certificate of Registration #15356,

Case No. 09-069-RPH-N

Respondent.

\_\_\_\_\_/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, December 2, 2009 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 21<sup>st</sup> day of October, 2009.

  
\_\_\_\_\_  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ANSWER AND**  
**NOTICE OF DEFENSE**

KEVIN O'NEIL, JR., R.Ph.,  
Certificate of Registration #15356,

Case No. 09-069-RPH-N

Respondent.

Kevin O'Neil, Jr. /

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

Please see attached

NOV - 5 2009  
NOV - 2009

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Please see attached

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 1st day of November, 2009.

  
\_\_\_\_\_  
Kevin O'Neil, Jr., R.Ph.

KEVIN O'NEIL, JR R.PH.  
Certificate of Registration #15356  
Case No. 09-069-RPH-N

### ANSWER AND NOTICE OF DEFENSE

This document serves as Answer and Notice of Defense responding to Nevada State Board of Pharmacy (Board) Notice of Intended Action and Accusation dated October 21, 2009 against Kevin O'Neil, Jr. Certificated of Registration No. 15356 (Respondent). Respondent admits in part the First Cause of Action and seeks to dismiss the Second Cause of Action. Correspondingly, Respondent seeks a hearing on the pleadings.

Respondent admits failing to follow the physician instructions by filling a prescription for Mr. Ladd. The failure occurred when the practitioner had prescribed four (4) 50,000 IU Vitamin D capsules with directions to take one capsule by mouth every week, and the directions upon dispensing of the medication read take one capsule every day. Evidence will be presented that the prescribing and dispensing of 50,000 IU Vitamin D capsules daily are common and could not have contributed to the patient's varied claims of adverse health events. This list of patient's stated adverse effects closely parallels those generally published on patient information sheets accompanying Vitamin D prescriptions. No element of time or laboratory evidence of elevated Vitamin D blood levels exists in relation to the ingestion of the medication and alleged symptoms or visit to his cardiologist. Respondent asserts the minimal quantity and frequency of ingestion of four (4) 50,000 IU of Vitamin D can not be clinically substantiated to create potential harm or adverse outcomes.

In the Second Cause of Action, Respondent seeks a judgment of dismissal. The Cause of Action states in part "In failing to counsel Mr. Ladd on his new prescription, Mr. O'Neil violated NRS 639.210(4) and/or 629.266(1). Respondent was unable to find any statute 629.266 (1) and accordingly the allegation based upon 629.266(1) Board fails to state a claim. Another pharmacist employed on the day of the alleged failure to counsel documented that the patient had refused counseling. NRS 639.266(1) provides "upon receipt of a prescription and after review of

a patient's record, a pharmacist shall communicate matters which will enhance therapy through drugs with the patient or person caring for the patient." In the instant matter, another pharmacist documented the record of refusal. The statute does not require the pharmacist who prepares the medication to be the pharmacist who counsels the patient or person caring for the patient. Correspondingly, the Second Cause of Action against Respondent should be dismissed.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**KEVIN O'NEIL, JR., R.Ph.,  
Certificate of Registration #15356,**

**Case No. 09-069-RPH-N**

**WAL-MART PHARMACY #10-3408,  
Certificate of Registration #PH02072,**

**Case No. 09-069-PH-N**

**Respondents.**

\_\_\_\_\_/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Kevin O'Neil is a pharmacist licensed by the Board and Wal-Mart Pharmacy #10-3408 (Wal-Mart #10-3408) is a pharmacy licensed by the Board, located at 3200 Market Street in Carson City, Nevada.

II.

On July 24, 2009, Glenn Ladd took a new prescription for four 50,000 IU vitamin D capsules to Wal-Mart #10-3408 to be filled. The directions were to take one capsule by mouth every week. Mr. Ladd gave the prescription to a pharmacy technician at the drop off window. The pharmacy technician entered the patient information into the pharmacy's computer and scanned the original prescription. Unfortunately, when the pharmaceutical technician was entering the information into the computer, she incorrectly entered the physician's instructions to read, "Take one capsule by mouth every day."

### III.

The pharmacy technician then forwarded the prescription information with the incorrect physician's instructions to a pharmacist's screen for the initial pharmacist's review in the four point check process. Mr. O'Neil was the pharmacist who reviewed this prescription, however he failed to note the transcription error. Mr. O'Neil approved the prescription and sent it to a filling queue.

### IV.

The filling pharmacy technician received the transmission on her handheld PDA. She then selected the stock bottle and verified the correctness of that selection via scan and a computer generated label set was printed. The pharmaceutical technician counted the quantity prescribed, placed the capsules into a prescription vial and put one of the printed labels on the vial. She circled the quantity and then wrote in the product expiration date and her initials. The prescription vial, stock bottle and label set were then placed in a basket and staged for a pharmacist's final review. Mr. O'Neil performed the final review of Mr. Ladd's prescription and still did not notice the incorrectly transcribed directions. The prescription was approved, bagged and staged for patient pickup.

### V.

Mr. Ladd picked up his prescription later on July 24, 2009. Although this was a new prescription for Mr. Ladd, he maintains that he was not counseled nor did he speak with a pharmacist. The Wal-Mart #10-3408 counseling records show that Mr. Ladd refused counseling from pharmacist Cindy Villasenor at 12:24 p.m. which is eighteen minutes after Mr. Ladd purchased his prescription and had left the pharmacy. Mr. Ladd began taking the medication as he was directed and ingested 200,000 IU's of vitamin D within a four day period. Mr. Ladd suffered from nausea, stomach cramps, diarrhea, loss of appetite, dry mouth, insomnia, headaches, rapid heartbeat and fluttering. Mr. Ladd went to see his physician regarding the symptoms he was experiencing and it was

then determined that Mr. Ladd had ingested 200,000 IU's of vitamin D within four days. Mr. Ladd is a heart patient so he also went to his cardiologist and was diagnosed with atrial fibrillation and atrial flutter which possibly was attributed to stress and lack of sleep. Mr. Ladd's cardiologist then prescribed Digoxin to slow his heartbeat.

#### **FIRST CAUSE OF ACTION**

##### **VI.**

In failing to strictly follow the instructions of Mr. Ladd's physician by filling his prescription for 50,000 IU vitamin D capsules with directions to take one capsule by mouth every day rather than to take one capsule by mouth every week as prescribed, Mr. O'Neil violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

#### **SECOND CAUSE OF ACTION**

##### **VII.**

In failing to counsel Mr. Ladd on his new prescription, Mr. O'Neil violated NRS 639.210(4) and/or 629.266(1) and/or NAC 639.707(1) and/or NAC 639.945(1)(i).

#### **THIRD CAUSE OF ACTION**

##### **VIII.**

In failing to maintain counseling records that accurately reflect whether counseling was provided or refused by the patient, Wal-Mart #10-3408 violated NRS 639.210(4) and/or NAC 639.707(6)(a) and/or (b) and 639.945(1)(i) and/or (2).

#### **FOURTH CAUSE OF ACTION**

##### **IX.**

In owning and operating the pharmacy in which the errors occurred regarding Mr. Ladd's prescription took place, Wal-Mart #10-3408 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 21<sup>ST</sup> day of October, 2009.

  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

#### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**STATEMENT TO THE RESPONDENT**  
**NOTICE OF INTENDED ACTION**  
**AND ACCUSATION**  
**RIGHT TO HEARING**

**WAL-MART PHARMACY #10-3408,  
Certificate of Registration #PH02072,**

**Case No. 09-069-PH-N**

**Respondent.**

\_\_\_\_\_/

**TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:**

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II**


You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, December 2, 2009 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 21<sup>st</sup> day of October, 2009.

  
\_\_\_\_\_  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,  
Petitioner,**

**v.**

**WAL-MART #10-3408  
Certificate of Registration No.: PH02072**

**Case No. 09-069-PH-N**

**Respondent.**

**RESPONDENT WAL-MART'S ANSWER**

**AND NOTICE OF DEFENSE**

Respondent, WAL-MART #10-3408 (Wal-Mart"), in answer to the Notice of Intended Action and Accusation, admits, denies, and alleges as follows:

I.

Admitted.

II.

Admitted.

III.

Admitted.

IV.

Admitted.

V.

Admitted that Mr. Ladd picked up his prescription on July 24, 2008. Denied that Mr. Ladd was not offered counseling. Wal-Mart, while admitting that the counseling records identify a "date and time", denies the implication that the time stamp, in any

way, represents that the counseling was provided at exactly that time. Wal-Mart denies the remaining allegations contained in this paragraph and affirmatively contends that there is no medical evidence that would support any conclusion that Mr. Ladd's symptoms were, in any way, associated with his ingestion of Vitamin D.

#### **FIRST CAUSE OF ACTION**

VI.

This paragraph does not require a response by Wal-Mart.

#### **SECOND CAUSE OF ACTION**

VII.

This paragraph does not require a response by Wal-Mart.

#### **THIRD CAUSE OF ACTION**

VIII.

Wal-Mart denies that it failed to maintain counseling records in violation of NRS 639.210(4) and/or NAC639.707(6)(a) and/or (b) and 639.945(1)(i) and/or (2).

#### **FOURTH CAUSE OF ACTION**

IX.

Wal-Mart admits owning and operating the pharmacy in which the alleged errors occurred however Wal-Mart generally denies violation of NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i) and/or (2).

#### **AFFIRMATIVE DEFENSE AND STATEMENT IN MITIGATION**

V.

Wal-Mart maintains accurate and compliant counseling records as required by Nevada law. Wal-Mart management personnel routinely train and advise pharmacy

personnel of the importance of maintaining accurate and current records of, among other things, counseling offered to and refused by customers. Upon information and belief, counseling was offered to Mr. Ladd and it was refused.

WHEREFORE, Respondent WAL-MART #10-3408, prays for dismissal of the accusations against it.

I hereby declare, under penalty of perjury, that the foregoing Respondent Wal-Mart #10-3408 Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Dated this 4<sup>th</sup> day of November, 2009.

Wal-Mart #10-3408

By: Debbie Mack

Debbie Mack

Director of Professional Services - Nevada





# Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509  
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444  
E-mail: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) • Website: [bop.nv.gov](http://bop.nv.gov)

August 27, 2009

## **CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Scott W. Bainbridge, R.Ph  
206 Rutland Street  
Kingsley, IA 51028-5012

RE: Nevada Certificate of Registration Number: 09381  
Nevada Board of Pharmacy Case Number: 09-075-RPH-O

Dear Mr. Bainbridge:

Enclosed you will find original copies of the following documents:

- (1) one Notice of Intended Action and Accusation
- (2) one Statement to Respondent
- (3) three Notices of Defense

These documents indicate that a disciplinary matter before the Nevada State Board of Pharmacy has been commenced. Please review these documents carefully, and if you would like a hearing on this matter please complete the Answer and Notice of Defense documents and return two of them to this office within fifteen (15) days of receipt.

As an alternative to a hearing, the investigative committee of the Board can offer you a settlement in this matter. Particularly, the investigative committee offers to present a stipulated agreement in settlement of the present action to the Board for the Board's review and approval.

We have enclosed the Stipulation that would be presented to the Board in lieu of an actual hearing if you choose to accept the Stipulation. The stipulated agreement will be presented to the Board at the December, 2009 public meeting, will be discussed, and will be accepted as presented, rejected as presented, or modified. You will not need to be present when the stipulated agreement is presented to the Board, and you will be notified of the decision of the Board.

Scott W. Bainbridge, R.Ph  
August 27, 2009  
Page 2

No action against your license, other than acceptance of the stipulated agreement, can be taken by the Board unless you are notified and provided the opportunity to appear before the Board at a subsequent meeting. If you would like to accept the above offer for a stipulated agreement, you must sign and date the enclosed Stipulation and return it to this office within fifteen (15) days of the receipt of this letter.

If you would like to discuss the stipulation or if you have any questions, please call me.

Sincerely,

A handwritten signature in blue ink that reads "Larry L. Pinson, PharmD". The signature is fluid and cursive, with a long horizontal stroke at the end.

Larry L. Pinson, PharmD  
Executive Secretary

Enclosures

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**SCOTT W. BAINBRIDGE, R.PH  
Certificate of Registration No.: 09381**

**Case No. 09-075-RPH-O**

**Respondent.**

\_\_\_\_\_/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make the following that will serve as both a Notice of Intended Action under Nevada Revised Statutes (NRS) 233B.127(3) and as an Accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Bainbridge is a registered pharmacist licensed by the Board.

II.

On June 2<sup>nd</sup>, 2009 the Iowa Board of Pharmacy entered a Findings of Fact, Conclusions of Law, Decision and Order (Case No. 2008-103) regarding Mr. Bainbridge, which is attached hereto as Exhibit A and is incorporated herein by this reference as though it was fully set out herein. The basis for the Iowa Board's action was Mr. Bainbridge's failure to comply with the terms of a Board Reinstatement Order dated October 25, 2006 and an Amended Reinstatement Order dated March 14, 2007. Mr. Bainbridge has an 18 year history of substance abuse with long periods of sobriety, however Mr. Bainbridge consumed alcohol, failed to file monthly reports and failed to have the pharmacist in charge file monthly performance reports as required in the referenced Reinstatement Orders. Ultimately, on June 2, 2009 the Iowa Board of Pharmacy revoked Mr. Bainbridge's pharmacist license and will not allow Mr. Bainbridge to seek reinstatement of his license for at least two years.

### **FIRST CAUSE OF ACTION**

#### **III.**

By receiving discipline against his license in Iowa that resulted in revocation of his license, Mr. Bainbridge is subject to discipline to parallel that action in Nevada pursuant to NRS 639.210(14).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 27<sup>th</sup> day of August, 2009.

  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within (15) days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

## **EXHIBIT A**

BEFORE THE IOWA BOARD OF PHARMACY

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RE:	)	CASE NO. 2008-103
Pharmacist License of:	)	DIA NO: 09PHB006
SCOTT W. BAINBRIDGE	)	
License No. 16549	)	FINDINGS OF FACT,
	)	CONCLUSIONS OF LAW,
Respondent.	)	DECISION AND ORDER

---

TO: SCOTT W. BAINBRIDGE

On February 17, 2009, the Iowa Board of Pharmacy (Board) found probable cause to file a Statement of Charges against Scott W. Bainbridge (Respondent), a licensed pharmacist. The Statement of Charges alleged:

COUNT I: Failure to Comply with the terms of a Board Reinstatement Order, dated October 25, 2006, in violation of Iowa Code section 272C.3(2)(a)(2007).

A Notice of Hearing was issued on February 19, 2009, and the hearing on the Statement of Charges was scheduled for April 28, 2009, at 1:00 p.m.

The following members of the Board were present: Leman E. Olson, Chairperson; Vernon H. Benjamin, Vice-Chairperson; Annabelle Diehl; Susan Frey; Edward Maier; DeeAnn Wedemeyer-Oleson; and Margaret Whitworth. The Respondent participated in the hearing. Scott Galenbeck, Assistant Attorney General, represented the state. The hearing was recorded by a certified court reporter. John M. Priester, Administrative Law Judge from the Iowa Department of Inspections and Appeals, assisted the Board in conducting the hearing. The hearing was closed to the public, pursuant to Iowa Code section 272C.6(1)(2007).

After hearing the testimony and examining the exhibits, the Board convened in closed executive session, pursuant to Iowa Code section 21.5(1)(f), to deliberate its decision. The administrative law judge was instructed to prepare the Board's Findings of Fact, Conclusions of Law, Decision and Order, in conformance with the Board's deliberations.

## THE RECORD

The record includes the Statement of Charges; Notice of Hearing; the testimony of the witnesses; and Exhibits 1-21.

## FINDINGS OF FACT

On January 23, 1985, the Board issued the Respondent license number 16549 to engage in the practice of pharmacy, subject to the laws of the state of Iowa and the rules of the Board. The Respondent's license is active until June 30, 2010, subject to a Reinstatement Order dated October 25, 2006. (Ex. 10, 16 and Records of the Board)

The Respondent's disciplinary problems began back in 1991. After a hearing before the Board of Pharmacy Examiners, the Respondent's pharmacy license was placed on probation after he was found to be chemically dependent. The conditions of probation mostly concerned his continued substance abuse treatment. (Ex. 2)

The Board issued another Statement of Charges on April 23, 2003, with three counts. The charges included an allegation of Unlawful Possession of Drugs, Inability to Practice Due to Chemical Abuse, and Lack of Professional Competency. The Board then issued an Emergency Order on May 1, 2003, indefinitely suspending the Respondent's pharmacy license. The action was based upon the determination that the Respondent's physical and mental condition prevented him from working safely as a pharmacist. (Ex. 7)

The Respondent remained suspended from 2003 until 2006. (Testimony of Respondent) On October 25, 2006, the Respondent entered into a Reinstatement Order to regain his pharmacist license. The Reinstatement Order outlined the probation conditions for the Respondent to receive his license. These probation conditions included, in part:

- a. Respondent was limited to working no more than 16 hours per month.
- b. Respondent was required to continue to comply with all recommendations of his physician, Daniel J. Dees, M.D.
- c. Respondent was to refrain from using any controlled substances or prescription drugs unless authorized and prescribed by a physician.
- d. Respondent was required to file written, sworn monthly reports with the Board attesting to his compliance with all the terms and conditions of probation.

- e. The Respondent was required to have the Pharmacist in Charge of each pharmacy where the Respondent is employed submit a performance report to the Board in writing every month. The report shall be completed on a form provided by the Board and the pharmacist in charge shall personally complete, date and sign the form.

(Ex. 10)

The Board issued an Amended Reinstatement Order on March 14, 2007. The Amended Reinstatement Order allowed the Respondent to work up to 8 hours per week. All other conditions outlined in the October 25, 2006 Reinstatement Order were repeated. (Ex. 11)

On May 1, 2008, the Respondent was arrested for Operating While Intoxicated. He pled guilty to the charge on August 8, 2008, and was granted a Deferred Judgment. (Ex. 14 and testimony of the Respondent) As a result of this relapse, the Respondent entered in-patient treatment at Mercy Behavioral Care in Sioux City, Iowa, on July 14, 2008. The Respondent was discharged on August 28, 2008. (Ex. 15 and testimony of Respondent)

The Board issued a Statement of Charges on February 17, 2009 alleging that the Respondent failed to Comply with a Board Order. The Statement of Charges alleged that the Respondent did not file timely monthly reports to the Board for March, July, August, and September of 2008; the Respondent's substance abuse evaluation revealed a polydrug dependence; and the Respondent was charged with Operating While Intoxicated. (Ex. 16)

In the hearing the Respondent admitted relapsing on May 1, 2008. He testified that this was a huge set back for him because he had been sober for 19 years. Since the OWI charge he has not had any alcohol, he attends AA meetings and talks to his sponsor daily. He explained that he was only drinking alcohol, there were no other drugs involved in the OWI arrest. (Respondent testimony)

The Respondent admitted that he failed to submit monthly reports in 2008 as required by the Reinstatement Orders. The Respondent also admitted that it was his responsibility to have the pharmacist in charge reports filed monthly. The Respondent admitted that not one pharmacist in charge report was ever filed. The Respondent also admitted that when he relapsed in May of 2008, his consumption of alcohol was against his physician's advice.

## CONCLUSIONS OF LAW

### Count I

Iowa law provides that a licensing board has the authority to suspend or revoke a professional's license if the licensee fails to comply with a decision of the governing board. Iowa Code § 272C.3(2)(a)(2007).

The Board issued a Reinstatement Order on October 25, 2006. This Reinstatement Order outlined the grounds upon which the Respondent could return to the practice of being a pharmacist. The Board issued an Amended Reinstatement Order on March 14, 2007. Both of these Orders listed conditions under which the Respondent had to abide by if he wanted to be a pharmacist.

The Respondent admitted that the consumption of alcohol was against his physician's advice. The Respondent was required to follow all of the recommendations of his physician. (Ex. 10, (1)(b); Ex. 11(2)) The consumption of alcohol by the Respondent violated the Reinstatement Order and the Amended Reinstatement Order.

The Respondent admitted that he failed to file monthly reports. The Respondent was required to file monthly reports pursuant to the Reinstatement Order (Ex. 10, p. 2, (g)) and the Amended Reinstatement Order (Ex. 11, p. 2 (7)). The failure to file the monthly reports violated the Reinstatement Order and the Amended Reinstatement Order.

The Respondent admitted that he never filed any performance reports by the pharmacist in charge of any of his places of employment. The Respondent's Reinstatement Order and Amended Reinstatement Order required that the pharmacist in charge file monthly performance reports. (Ex. 10, p. 3, o; Ex. 11, p. 3, 15) The failure to have the pharmacist in charge file monthly performance reports was a violation of the Reinstatement Order and Amended Reinstatement Order.

The Respondent has an 18 year history of substance abuse. He has had long periods of sobriety in that time, but has regularly been brought before the Board for improper actions. The Board has run out of patience with the Respondent.

The Respondent violated the Reinstatement Order and Amended Reinstatement Order when he consumed alcohol against his physician's advice, failed to file monthly reports, and failed to have the pharmacist in charge file monthly performance reports.

Sanction

The Respondent's actions require that the Board take action to protect the public. The Respondent's pharmacist license shall be revoked and the Respondent will not be eligible for reinstatement for at least two years from the date of this Order.

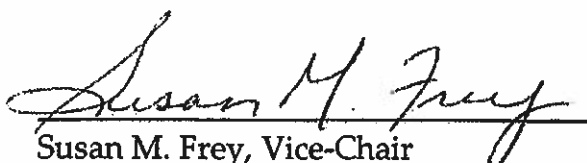
If the Respondent does seek reinstatement he will have to begin the licensure process at the beginning. If he is successful in obtaining his pharmacist license, he will be required to be placed on probation with all of the conditions outlined in the Reinstatement Order dated October 25, 2006 and the Amended Reinstatement Order dated March 14, 2007 in force. An additional condition of the Respondent's probation will be a requirement that the Respondent not consume alcohol.

**DECISION AND ORDER**

**IT IS THEREFORE ORDERED** that pharmacy license no. 16549 issued to Scott W. Bainbridge, shall be **REVOKED** effective immediately upon service of this order. The Respondent shall not petition for reinstatement for at least two years from the date of this order.

IT IS FURTHER ORDERED, pursuant to Iowa Code section 272C.6 and 657 IAC 36.18(2), that the Respondent shall pay \$75.00 for fees associated with conducting the disciplinary hearing. In addition, the executive secretary/director of the Board shall bill the Respondent for any witness fees and expenses or transcript costs associated with this disciplinary hearing. The Respondent shall remit for these expenses within thirty (30) days of receipt of the bill.

Dated this 2<sup>nd</sup> day of June 2009.

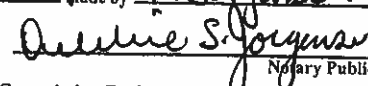
  
Susan M. Frey, Vice-Chair  
Iowa Board of Pharmacy Examiners

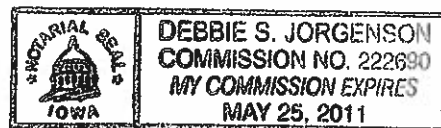
cc: Scott Galenbeck, Assistant Attorney General

Any aggrieved or adversely affected party may seek judicial review of this decision and order of the board, pursuant to Iowa Code section 17A.19.

NOTARY COPY CERTIFICATION

State of Iowa  
County of Polk

I, Debbie S. Jorgenson, a Notary Public, certify  
this 13<sup>th</sup> day of Aug, 2009, the foregoing/attached  
document is a true, correct, complete and unaltered copy of Findings  
of Fact - Bainbridge made by D. Jorgenson  
  
Notary Public  
My Commission Expires: \_\_\_\_\_



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**STATEMENT TO THE RESPONDENT**  
**NOTICE OF INTENDED ACTION**  
**AND ACCUSATION**  
**RIGHT TO HEARING**

v.

**SCOTT W. BAINBRIDGE, R.PH**  
**Certificate of Registration No. 09381,**

**Case No. 09-075-RPH-O**

**Respondent.**

\_\_\_\_\_/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, December 2, 2009 as the date for a hearing on this matter, if requested, at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow if you choose to have a hearing.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 27<sup>th</sup> day of August, 2009.

  
\_\_\_\_\_  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE  
OF DEFENSE

SCOTT W. BAINBRIDGE, R.PH  
Certificate of Registration No.: 09381

Case No. 09-075-RPH-O

Respondent.

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

Some of the charges against me are not being reported correctly. On 4/23/2003 while I was working at Hartley Drug I would drive to work and instead of arriving there I would have some sort of seizure and end up in a hospital emergency room instead of work. This happened 5 times (not all going to work at Hartley) but I always ended up in the ER with no knowledge of what happened. This was the only reason, I feel the Board suspended my license as a pharmacist. I totally had nothing to do with unlawful possession of drugs or to practice with chemical abuse. No abusive drugs were ever found in my body either at the ERs or the times they ~~drug~~ <sup>Board</sup> tested me why this was going on at Hartley Drug. In fact at this time there were two incidents of drug theft at Hartley Drug at this time. It was found out that a new pharmacist stole 200 hydrocodone and the owner's daughter stole 100 Adderall. Of course because of my late past drug use plus my bizarre behavior with seizures made me the most possible suspect. The Iowa Board now knows the truth about this. It ended up I was having seizures acting strange because I ~~lost~~ <sup>needed</sup> open heart surgery at Mayo Clinic along with being caregiver for my traumatic brain injury victim (over)

arteries to my heart were all 97% blocked. Also For 1½ year I didn't know that they caught the people who were involved in stealing the drugs at Hartley Drug. I Feel that was wrong to be Feeling guilty about this and a call From the Board on Hartley Drug seems like the humane thing to do. I may have applied to not have my pharmacy license not under suspension and Feel the doctors I am still seeing should of had a huge decision on my license outcome especially under the circumstances.

in but I have been in and out of the hospital for many days & to my diabetic foot ulcer.

2. That, in answer to the Notice of Intended Action and Accusation, he admits,

denies and alleges as follows:

I admit that I ~~had~~ <sup>do</sup> have a lot of concerns but I feel I am trying to eliminate most or all of them. I see about 4 doctors monthly at a consistent basis. My wife who has a brain injury and is kind of like a third grader is living 7 miles from me with her parents. We were together for 25 years and she has no concept of time but it is still very frustrating when she calls me about every 6 months. Her parents won't let me call her because they say that confuses her. When she divorced me I had to give her a huge settlement and now I am financial distress. My psychiatrist who I see monthly since 2003 helps me greatly. Also I have diabetes that has been poorly controlled until all of a sudden it has been in excellent control. I had 2 surgeries on my ankle and they removed tendon/ligaments and I limp along with having a foot ulcer which won't heal. This has been going on for 2 years. This is the main reason I have been working only about 1, maybe 2 days a week as a pharmacist because for know I can't stand long or it injures my foot. The wound care clinic doctors say it will get better. I strongly want to mention that I had 19 years of sobriety with support from my neighbors, sponsors, AA, going thru a ~~refresh~~ refresh 6 week drug treatment program along with aftercare. Also working as a pharmacist made me have self-worth. Anyway, I admit of <sup>in 2008</sup> having a huge setback by getting a DUI on May 1, 2008. Basically I felt sorry for myself. I did I stupid thing by having 3-4 drinks at a pizza place. I repeat, this is after having 19 years of sobriety that is pretty well documented by BCCA. I have never had any problems while working as a pharmacist in Nevada and feel I

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge. should stay over away from town if possible

DATED this 14th day of October, 2009.

Scott W. Bainbridge Rph

Scott W. Bainbridge, R.Ph

Blank



**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440  
**APPLICATION BY RECIPROCATION AS A PHARMACIST**

**Total Fee: \$300.00 (non-refundable, money order or cashier's check only)**

Money Order or Cashier's Check made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Madonna Middle: Rose Last: Wilcox

Mailing Address: 5596 B Lakeview Circle

City: Osage Beach State: Missouri Zip Code: 65065

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: 2/3/1958 Place of Birth: St. Louis Missouri ☐ M ☒ F

E-mail Address: \_\_\_\_\_

**College of Pharmacy Information**

Graduation Date: 5/15/1982

(mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: St. Louis College of Pharmacy

Location of School: Saint Louis Missouri

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information.

State which are licensed by exam: Missouri

Other states where you are (or were) licensed as a pharmacist or print "none"

State	License #	Is the license active?	State	License #	Is the license active?
<u>MO</u>	<u>041012</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Board Use Only**

Received: FEB 18 2009 Check Number: MO Amount: 300-  
Date Law Book Mailed: 2/25 MPJE Approved: \_\_\_\_\_

49350  
269

- 1) I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
- 2) I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have ☒ I have not ☐ been the subject of an administrative action whether completed or pending.
- 4) I have ☒ I have not ☐ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 2, 3 or 4 above, please include the following information and an explanation and/or documents.

- a) Board Administrative Action and/or State: MO Date: 11/7/2006 Case Number: n/a
- b) Criminal Action State: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_  
County: \_\_\_\_\_ Court: \_\_\_\_\_

### **FEDERALLY MANDATED REQUIREMENTS**

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this form as part of all applications

I am ☐ I am not ☒ subject to a court order for the support of a child.

If you are subject to a court order for the support of a child, please mark the appropriate response.

I am ☐ I am not ☐ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

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, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

Madeira D. Alvarado  
SIGNATURE OF APPLICANT

1/16/2009  
DATE



Matt Blunt  
Governor  
State of Missouri

David T. Broeker, Director  
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance  
Financial Institutions  
and Professional Registration  
Linda Bohrer, Acting Director

BOARD OF PHARMACY  
3605 Missouri Boulevard  
P.O. Box 625  
Jefferson City, MO 65102-0625  
573-751-0091 PHONE  
573-526-3464 FAX  
800-735-2966 TTY Relay Missouri  
800-735-2466 Voice Relay Missouri

[www.pr.mo.gov/pharmacists.asp](http://www.pr.mo.gov/pharmacists.asp)  
e-mail: [pharmacy@pr.mo.gov](mailto:pharmacy@pr.mo.gov)

November 7, 2008

Madonna R Wilcox, RPh  
5596 B Lakeview Circle  
Osage Beach, MO 65065

Dear Ms. Wilcox:

This is official notification that you have completed the terms of your discipline with the Missouri Board of Pharmacy as of November 6, 2008. If you have any questions, or if we can be of assistance in the future, feel free to contact this office.

Thank you for complying.

Sincerely,

A handwritten signature in black ink, appearing to read "Don Walker".

DON WALKER  
COMPLIANCE COORDINATOR



Matt Blunt  
Governor  
State of Missouri

David T. Broeker, Director  
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance  
Financial Institutions  
and Professional Registration  
W. Dale Finke, Director

BOARD OF PHARMACY  
3605 Missouri Boulevard  
P.O. Box 625  
Jefferson City, MO 65102-0625

[www.pr.mo.gov/pharmacists.asp](http://www.pr.mo.gov/pharmacists.asp)  
e-mail: [pharmacy@pr.mo.gov](mailto:pharmacy@pr.mo.gov)  
573-751-0091 PHONE  
573-526-3464 FAX  
800-735-2966 TTY Relay Missouri  
800-735-2466 Voice Relay Missouri

November 7, 2006

Madonna R. Wilcox, RPh  
5596B Lakeview Circle  
Osage Beach, MO 65065

Dear Ms. Wilcox:

On October 23, 2006, you were sent an executed copy of the **Settlement Agreement Between State Board of Pharmacy and Madonna Wilcox**. Your Missouri pharmacist license #041012 was placed on probation, effective today, November 7, 2006 until November 6, 2008.

You should review each term of this Agreement and comply with the requirements as set forth, paying special attention to the sections regarding retaking the law exam and continuing education requirements. Compliance with this Agreement is your responsibility; reminders will not be sent from this office. Failure to comply with the terms of this Agreement may result in a violation hearing before the Board.

Enclosed is a Licensee Report of Discipline Compliance form for use in submitting the six-month reports required by the Agreement. This form may be copied as needed for future use.

Sincerely,

DON WALKER  
COMPLIANCE COORDINATOR

enclosure



Matt Blunt  
Governor  
State of Missouri

David T. Broeker, Director  
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance  
Financial Institutions  
and Professional Registration  
W. Dale Finke, Director

BOARD OF PHARMACY  
3605 Missouri Boulevard  
P.O. Box 625  
Jefferson City, MO 65102-0625

[www.pr.mo.gov/pharmacists.asp](http://www.pr.mo.gov/pharmacists.asp)  
e-mail: [pharmacy@pr.mo.gov](mailto:pharmacy@pr.mo.gov)  
573-751-0091 PHONE  
573-526-3464 FAX  
800-735-2966 TTY Relay Missouri  
800-735-2466 Voice Relay Missouri

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Certified Article Number

7160 3901 9849 2178 7664

SENDERS RECORD

October 23, 2006

Madonna R. Wilcox, RPh  
5596B Lakeview Circle  
Osage Beach, MO 65065

Dear Ms. Wilcox:

Enclosed is a copy of the fully executed **Settlement Agreement Between State Board of Pharmacy and Madonna R. Wilcox** regarding discipline of your Missouri license to practice pharmacy #041012.

The Agreement is scheduled to become effective November 7, 2006. You will receive additional communication from our office after that date. If you have any questions, please feel free to contact me at (573) 751-9056.

Sincerely,

DON WALKER  
COMPLIANCE COORDINATOR

dw

Enclosure

cc: William E. Roberts, AAG

**SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY  
AND MADONNA WILCOX**

Come now Madonna Wilcox ("Licensee") and the State Board of Pharmacy ("Board") and enter into this settlement agreement for the purpose of resolving the question of whether Licensee's pharmacist license will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo 2000, the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the state of Missouri and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo 2000, and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Licensee acknowledges that she understands the various rights and privileges afforded her by law, including the right to a hearing of the charges against her; the right to appear and be represented by legal counsel; the right to have all charges against her proven upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against her; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against her and, subsequently, the right to a disciplinary hearing before the Board at which time she may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against her license. Being aware of these rights provided her by operation of law, Licensee knowingly and voluntarily waives each and every one of these rights and freely enters into this settlement agreement and agrees to abide by the terms of this document, as they pertain to her.

Licensee acknowledges that she has received a copy of the complaint filed with the Board, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Licensee's license. For the purpose of settling this dispute, Licensee stipulates that the factual allegations contained in this settlement agreement are true and stipulates with the Board that Licensee's pharmacist license, License Number 41012 is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621, RSMo 2000 and Chapter 338, RSMo 2000.

Joint Stipulation of Facts

1. The Missouri Board of Pharmacy ("Board") is an agency of the state of Missouri, created and established pursuant to § 338.140, RSMo<sup>1</sup>, for the purpose of executing and enforcing the provisions of Chapter 338, RSMo.

2. Madonna Wilcox ("Licensee") is licensed by the Board as a pharmacist, License No. 41012. Licensee's Missouri license was at all times relevant herein, and is now, current and active.

3. At the time of the events described herein, Licensee was the Pharmacist-in-Charge at Osage Village Pharmacy ("Pharmacy").

4. On or about January 23, 2004, Inspector Sidney G. Werges ("Werges") conducted an inspection for the Board. At that time, the Pharmacy was distributing

---

<sup>1</sup>All statutory references are to the 2000 Revised Statutes of Missouri, as amended, unless otherwise noted.

controlled substances in amount which exceeded 5% of the Pharmacy's total gross sales volume without a drug distributor's license.

5. During the January 23, 2004 inspection, Werges also noted that the Pharmacy was improperly using logs and labeling for batch compounding. Specifically, the Pharmacy's logs did not contain lot numbers.

6. On or about March 1, 2005, Werges and Inspector Tom Glenski ("Glenski") conducted another inspection at the Pharmacy. At this time, the Pharmacy was still out of compliance in regard to compounding. Specifically, the Pharmacy had incomplete compounding records for both batch and patient specific compounding.

7. During the March 1, 2005 inspection, Werges found twelve outdated manufacturer's stock bottles in the Pharmacy's active inventory. Werges also found a large cardboard box of outdated drugs in the Pharmacy that had not been disposed of.

8. During the March 1, 2005 inspection, Glenski found a prescription for Midrin in which a generic substitute had been dispensed. Glenski could not find a generic form of this drug in the active inventory. However, in the cardboard box of outdated drugs, Glenski found an outdated manufacturer's stock bottle Migquin, of the generic form of Midrin.

9. The outdated generic drug was labeled Migquin, NDC #0603-4664-24, Lot #K10302. The bottle was labeled with an expiration date of September, 2004.

10. When Werges asked Licensee how she filled the prescription for Midrin, Licensee told Werges that she had filled it with a small bottle she had ordered from the

wholesaler and had dispensed the whole bottle. Licensee stated that she had dispensed the entire bottle, thus none remained in the Pharmacy.

11. Werges and Glenski asked for the dispensing record for the generic Midrin for the time period beginning on October 1, 2004 and ending March 1, 2005. Licensee provided the record which showed two prescriptions for generic Midrin totaling 50 capsules.

12. The NDC number on the records for the two prescriptions for generic Midrin was the same as the NDC number on the outdated stock bottle of Migquin, NDC #0603-4664-24.

13. Qualitest Pharmaceuticals, the manufacturer of Migquin distributes only two different size stock bottles of Migquin: a 100-capsule stock bottle (NDC #0603-4664-21) and a 250-capsule stock bottle (NDC #0603-4664-24).

14. Werges and Glenski did not locate an invoice at the Pharmacy for generic Midrin or Migquin. They left a *Drug Utilization Review* form with Licensee requesting that she provide copies of the invoices for the purchases of such drugs.

15. On or about March 10, 2005, Werges received a response from Licensee stating that she could not find an invoice for the drugs.

16. On or about March 31, 2005, Werges interviewed Licensee. At that time, Licensee admitted that she had used outdated drugs to fill the prescriptions for Migquin.

Joint Conclusions of Law

17. § 338.055.2(5), (6), (13), and (15), RSMo, state, in pertinent part:

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:

...

(5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by this chapter;

...

(6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter;

...

(13) Violation of any professional trust or confidence;

...

(15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government[.]

...

18. § 338.333, RSMo, regulates the activity of wholesale drug distributors and pharmacy distributors and states, in pertinent part:

1. No person or distribution outlet shall act as a wholesale drug distributor or pharmacy distributor without first obtaining license to do so from the Missouri Board of Pharmacy and paying the required fee[.]

19. § 338.330.2, RSMO, defines "Pharmacy distributor" as follows:

(2) "Pharmacy distributor", any licensed pharmacy, as defined in § 338.210, engaged in the delivery or distribution off legend drugs to any other licensed pharmacy where such delivery or distribution constitutes at least five percent of the total gross sales of such pharmacy[.]

20. 4 CSR 220-2.090(2) describes the responsibilities of a pharmacist-in-charge and states, in pertinent part:

(2) The responsibilities of a pharmacist-in-charge, at a minimum, will include:

...

(E) Assurance that all procedures of the pharmacy in the handling, dispensing and recordkeeping of controlled substances are in compliance with state and federal laws;

...

(V) No outdated drugs are dispensed or maintained within the active inventory of the pharmacy, including prescription and related nonprescription items;

...

(W) Assure full compliance with all state and federal drug laws and rules[.]

...

(Z) Maintain compliance with all state and federal laws governing drug distributor activities and assure that appropriate licensure as a drug distributor is secured if lawful thresholds for unlicensed distributions are exceeded[.]

...

21. 4 CSR 220-2.400(7) governs quality control for compounding of pharmaceuticals and states, in pertinent part:

(7) Appropriate quality control measures shall be maintained by the pharmacy and its staff over compounding methods.

(A) Such methods shall include the following and shall be followed in the execution of the drug compounding process. A separate log shall be maintained which includes:

...

(6) The identity of the source, lot number and the beyond-use date of each drug product ingredient, as well as in-house lot number and a beyond-use date for bulk compounded products

...

(B) Information related to and the methods of compounding shall be available upon request

...

22. 4 CSR 220-2.010(6) states, in pertinent part:

(6) Drugs and devices that are maintained as part of the pharmacy inventory or are being processed for dispensing or other distribution purposes must be physically separated at all times from articles, supplies or other drugs that are for employee personal use or that are outdated, distressed, misbranded or adulterated. An area separate from drug storage must be used to store quarantined, nonusable substances. Areas used for this type of drug storage must be clearly identified. Any prescription drugs that are present in a licensed pharmacy but are for the personal use of pharmacy personnel must be labeled in accordance with section 338.059, RSMo.

23. Cause exists for the Board to take disciplinary action against Licensee pursuant to § 338.055.2(5) because failure to ensure that the pharmacy had proper licensure for drug distributors, failure to comply with compounding standards, specifically those dealing with appropriate record keeping and labeling, failure to separate outdated drugs from the active inventory, and failure to keep outdated drugs from being dispensed constitutes incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of a pharmacist and a pharmacist-in-charge.

24. Cause exists for the Board to take disciplinary action against Licensee pursuant to § 338.055.2( 6) because failure to ensure proper licensure as a drug distributor, failure to comply with compounding standards, failure to separate outdated drugs, and dispensing outdated drugs constitute violations of both this chapter and regulations adopted pursuant to this chapter.

25. Cause exists for the Board to take disciplinary action against Licensee pursuant to § 338.055.2(13) because Licensee's failure to maintain an active inventory free of outdated drugs and dispensing outdated drugs violate the trust the public places in Licensee by virtue of its status as a state-licensed pharmacist that Licensee will safeguard the public by preventing outdated drugs from being dispensed.

26. Cause exists for the Board to take disciplinary action against Licensee pursuant to § 338.022.2(15) because failure to ensure that the pharmacy had proper licensure for drug distributors, failure to comply with compounding standards, specifically those dealing with appropriate record keeping and labeling, failure to separate outdated drugs from the active inventory, and failure to keep outdated drugs from being dispensed violates § 338.333, RSMo, 4 CSR 220-2.090(2)(Z), 4 CSR 220-2.400(7)(A)(6), 4 CSR 220-2.400(7)(B), 4 CSR 220-2.010(6), 4 CSR 220-2.090(2)(V), 4 CSR 220-2.090(2)(E) and (W).

#### Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of § 621.045.3, RSMo 2000.

1. Licensee's pharmacist license, License No. 41012, is immediately placed on PROBATION for a period of two (2) years. The terms of the probation shall be:

A. Licensee shall keep the Board apprised of her current home and work addresses and telephone numbers. If at any time Licensee is employed by a

temporary employment agency or maintains employment that requires frequent daily or weekly changes of work locations she must provide the board with all scheduled places of employment in writing prior to any scheduled work time.

- B. Licensee shall pay all required fees for licensing to the Board and shall renew her license prior to October 31 of each licensing year.
- C. Licensee shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.
- D. Licensee shall make herself available for personal interviews to be conducted by a member of the Board or the Board of Pharmacy staff. Said meetings will be at the Board's discretion and may occur periodically during the disciplinary period. Licensee will be notified and given sufficient time to arrange these meetings.
- E. Licensee's failure to comply with any condition fo discipline set forth herein constitutes a violation of this disciplinary agreement.
- F. The parties to this agreement understand that the Board of Pharmacy will maintain this agreement as an open record of the Board as provided in Chapters 338, 610, 620, RSMo.

- G. If, after disciplinary sanctions have been imposed, the licensee ceases to keep her Missouri license current, fails to keep the Board advised of her current place of employment and residence, or begins employment as a pharmacist or technician outside the state, such periods shall not be deemed or taken as any part of the time of discipline so imposed. Licensee may petition the board to seek a waiver for any portion of this requirement by making such a request in written form to the Board for its consideration. No exception will be made to this requirement without prior board approval.
- H. Licensee shall provide all current and future pharmacy and drug distributor employers and pharmacist/manger-in-charges a copy of this disciplinary agreement within five(5) business days of the effective date of discipline or the beginning date or each employment. If at any time Licensee is employed by a temporary employment agency she must provide each pharmacy and drug distributor employer and pharmacist/manger-in-charge a copy of this disciplinary agreement prior to or at the time of any scheduled work assignments.
- I. Licensee shall not serve as a preceptor for interns.
- J. Licensee shall not serve as a pharmacist in charge or in a supervisory capacity without prior approval of the Board.

- K. Licensee shall report to the Board, on a preprinted form supplied by the Board office, once every 6 months, beginning 6 months after this agreement becomes effective, stating truthfully whether or not she has complied with all terms and conditions of his disciplinary order.
- L. Licensee shall take and pass the Board's designated jurisprudence (law) examination.
1. Licensee may serve as a pharmacist in charge once Licensee passes the jurisprudence examination.
  2. Failure to obtain a passing score on the jurisprudence examination two times shall constitute a violation of the terms of Licensee's probation.
  3. Licensee shall contact the Board of Pharmacy office to request a current law packet and the required registration materials no less than ninety (90) days prior to the date Licensee desires to take the examination. Licensee shall complete the registration materials and submit them and the required fee to the Board office. Upon Licensee's receipt of an Authorization to Test (ATT), Licensee shall schedule the exam as instructed.
- M. Out of the required continuing education hours required for renewal of a license, Wilcox shall provide for 4 hours of continuing education in the area of pharmacy law.

1. The additional continuing education hours required must be "contact hours." "Contact hours" are defined as "in person" attendance at seminars, classes, programs, etc., and not correspondence courses. Contact hours may include courses participated in via computer or video links but only if the means of participation allows real-time, contemporaneous interaction between the presenter and Licensee.
2. Because license renewals are on a two-year cycle, if Licensee's discipline ends in a non-renewal year, Licensee shall submit the required additional continuing education to the Board office before the end of the disciplinary period. The continuing education hours required by law for renewal of Licensee's license shall be submitted with the renewal application.

2. The parties to this settlement agreement understand that the Board of Pharmacy will maintain this settlement agreement as an open and public record of the Board as provided in Chapters 338, 610, and 620, RSMo.

3. Upon the expiration of said discipline, Licensee's pharmacist license in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Licensee has violated any term or condition of this settlement agreement, the Board may, in its discretion, after an evidentiary

hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Licensee.

4. No order shall be entered by the Board pursuant to the preceding paragraph of this settlement agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

5. If the Board determines that Licensee has violated a term or condition of this settlement agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this settlement agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this settlement agreement during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this settlement agreement has occurred.

6. The terms of this settlement agreement are contractual, legally enforceable, and binding, not merely recital. Except as otherwise contained herein, neither this settlement agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

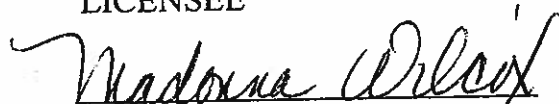
7. Licensee hereby waives and releases the Board, its members and any of its employees, agents or attorneys, including any former Board members, employees, agents and attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this settlement agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this settlement agreement in that it survives in perpetuity even in the event that any court of law deems this settlement agreement or any portion thereof void or unenforceable.

8. Licensee understands that she may, either at the time the settlement agreement is signed by all parties, or within fifteen (15) days thereafter, submit the agreement to the Administrative Hearing Commission for determination that the facts agreed to by the parties constitute grounds for disciplining Licensee's license. If Licensee desires the Administrative Hearing Commission to review this Agreement, Licensee may submit her request to: Administrative Hearing Commission, Truman State Office Building, Room 640, 301 W. High Street, P.O. Box 1557, Jefferson City, Missouri 65101.

9. If Licensee requests review, this settlement agreement shall become effective on the date the Administrative Hearing Commission issues its order finding that the settlement agreement sets forth cause for disciplining Licensee's license. If Licensee does


not request review by the Administrative Hearing Commission, the settlement agreement goes into effect 15 days after the document is signed by the Executive Director of the Board.

LICENSEE

  
Madonna Wilcox

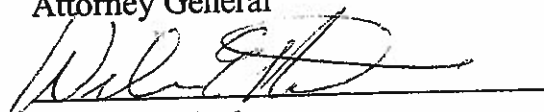
Date 10/9/06

BOARD

  
Tammy Siebert  
Executive Assistant  
State Board of Pharmacy

Date 10-23-06

JEREMIAH W. (JAY) NIXON  
Attorney General

  
William E. Roberts  
Assistant Attorney General  
Missouri Bar No. 56718

7<sup>th</sup> Floor, Broadway State Office Building  
221 West High Street  
P.O. Box 899  
Jefferson City, MO 65102  
Telephone: (573) 751-1143  
Telefax: (573) 751-5660  
Email: William.Roberts@ago.mo.gov

Attorneys for Board

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509 (775) 850-1440

APPLICATION FOR MANUFACTURER

FEE \$500.00 (non-refundable and not transferable)

Application must be typewritten

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 Manufacturer ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

GENERAL INFORMATION

Facility Name: Central Admixture Pharmacy Services, Inc.

Physical Address: 7061 West Arby Ave., Suite 110

Mailing Address: 7061 West Arby Ave., Suite 110

City: Las Vegas State: NV Zip Code: 89113

Telephone Number: 702-837-9500 Fax Number: 702-837-1740

Toll Free Number: 877-527-9328

E-mail: johnbrandon@bbrown.com Website: No website.

Facility Manager: Michael F. Pendergast

Professional qualifications and experience of facility manager:

Registered NV Pharmacist (NV 07476)

Types of licensed outlets firm will serve:

☐ Pharmacies ☐ Manufacturers ☒ Hospitals ☐ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Prophylactic Products  
☐ Hypodermic Devices ☐ Poisons or Chemicals  
☐ Controlled Substances (include copy of DEA) ☐ Veterinary Legend Drugs  
☐ Other: \_\_\_\_\_

Board Use Only

Received: SEP 29 2009 Check Number: 454 Amount: 500.00

**OWNERSHIP IS A CORPORATION**State of Incorporation: DelawareParent Company if any: B. Braun of America Inc.Corporation Name: Central Admixture Pharmacy Services, Inc.Mailing Address: 18012 Cowan, Suite # 250City: Irvine State: CA Zip: 92614Telephone: 949-660-2701 Fax: 949-660-2361License Contact Person: Wm. John Brandon (205) 945-1955, Ext. 18Professional Compliance Contact Person: Wm. John Brandon (205) 945-1955, Ext. 18

Ownership Information - Complete Section 1 or 2

**Do not use N/A in this section - Section 1 or 2 must be completed.**Section 1: List the corporations four largest shareholders:  
(Name and percentage of ownership)1. Wholly owned by B. Braun of America Inc.2. 824 12th Ave.Bethlehem, PA 18018

3. \_\_\_\_\_

4. \_\_\_\_\_

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

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

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

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

Date of Incorporation: \_\_\_\_\_

Registration number issued: \_\_\_\_\_

Stock Exchange: \_\_\_\_\_

*\* non publicly traded corporation*

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

B. Braun of America Inc. - PA CorporationOfficers: Carroll H. Neubauer Charles A. DinardoBruce Hengel Cathy Codrea

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a)	Name	Address		
	Business			
b)	Name	Address		
	Business			
c)	Name	Address		
	Business			
d)	Name	Address		
	Business			

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products (drugs) were sold, dispensed or distributed? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a)	Name	Address		
	Business			
b)	Name	Address		
	Business			
c)	Name	Address		
	Business			
d)	Name	Address		
	Business			

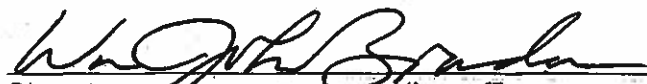
Within the last five (5) years:

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

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

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

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

  
Signature of owner or executive officer

9/23/09  
Date

Wm. John Brandon, Regional Director Pharmacy Operations  
Print or Type name and title

**Central Admixture Pharmacy Services, Inc.  
("CAPS")**

**Subsidiary of B. Braun of America, Inc.**

**SHAREHOLDERS:** Wholly owned by B. Braun of America Inc.

**INCORPORATED:** Delaware, December 5, 1990, No. 2248466  
Federal I.D. No. 33-0439686


**QUALIFIED:** Pennsylvania, May 12, 1997, No. 2754731

**ADDRESS:** Central Admixture Pharmacy Services, Inc.,  
18012 Cowan Suite 250  
Irvine, CA 92614

<b>OFFICERS:</b>	<b>Eric Kenneth Steen</b>	<b>President/ Sales and Marketing</b>
	<b>Willem J. deGoede</b>	<b>President of Operations</b>
	<b>Bruce Huegel</b>	<b>Senior Vice President , Chief Financial Officer &amp; Treasurer</b>
	<b>Kikoo Tejawani</b>	<b>Vice President, Quality Assurance</b>
	<b>Thomas Wilverding</b>	<b>Vice President, Field Operations</b>
	<b>Mike Koch</b>	<b>Vice President, Sales and Support</b>
	<b>William B. MacKnight</b>	<b>Secretary</b>
<b>DESIGNEE:</b>	<b>Wm. John Brandon</b>	<b>Regional Director Pharmacy Operations</b>

Form Approved: OMB No. 0910-0045. Expiration Date: December 31, 2007.

138549 4-25-04 4-24-09  
See OMB Statement on Reverse.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION <b>REGISTRATION OF DRUG ESTABLISHMENT/          LABELER CODE ASSIGNMENT</b> (In accordance with Public Law 92-387)				FDA USE ONLY PR 85 510		FDA USE ONLY 2009 JUN 24 AM 11:32			
NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 303).						LABELER CODE 66647		REGISTRATION NUMBER 3007816453	
<b>SECTION A - SITE INFORMATION</b>									
REPORTING FIRM NAME CENTRAL ADMIXTURE PHARMACY SERVICES, INC.						STATE OF INC. DE			
SITE ADDRESS (No P.O. Box) 7061 West Arby Avenue, Suite 110						SITE TELEPHONE NUMBER ( 702 ) 837-9500			
CITY Las Vegas		STATE NV	ZIP CODE 89113	COUNTRY USA		BUSINESS CATEGORY <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY			
SITE MAILING ADDRESS (if different from site address) SAME									
CITY SAME		STATE	ZIP CODE	COUNTRY		SITE INTERNET/EMAIL ADDRESS			
DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable) SAME									
PARENT COMPANY NAME B. BRAUN OF AMERICA INC.									
<b>REASON(s) FOR SUBMISSION</b> <input checked="" type="checkbox"/> Firm Registration <input checked="" type="checkbox"/> Registration of Additional Site <input type="checkbox"/> Re-Registration <input type="checkbox"/> LC Assignment <input type="checkbox"/> Name Change				<b>TYPE OF OWNERSHIP</b> <input type="checkbox"/> Address Change <input type="checkbox"/> Merger/Buyout <input type="checkbox"/> Reentry into Business with Same Name <input type="checkbox"/> Out of Business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other		<b>PERSON SUBMITTING DATA AND TELEPHONE</b> <b>BUSINESS TYPE</b> <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Relabeler <input type="checkbox"/> Distributor <input type="checkbox"/> Foreign Country <input type="checkbox"/> Analytical Lab <input type="checkbox"/> Other			
<b>SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence</b>									
NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code WM. John Brandon, 211 Summit Parkway, Suite 122, Homewood, AL 35209						TELEPHONE NUMBER ( 205 ) 945-1955, Ext. 18			
CITY Homewood		STATE AL	ZIP CODE 35209	COUNTRY USA		COMPLIANCE INTERNET/EMAIL ADDRESS			
<b>SECTION C - ADDITIONAL FIRM AND SITE INFORMATION</b>									
NAME OF OWNER, PARTNERS OR OFFICERS				TITLE		POSITION			
OTHER FIRMS DOING BUSINESS AT THIS SITE									
LABELER CODE		FIRM NAME		LABELER CODE		FIRM NAME			
<b>SECTION D - SIGNATURE</b>									
SIGNATURE OF AUTHORIZING OFFICIAL 				TITLE Regional Director Pharmacy Operations		DATE 50/28/2009			
DISTRIBUTOR'S CERTIFICATION: As a Distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2856) to the registered manufacturer(s). My signature and phone number are listed below.									
RETURN THIS FORM TO: FOOD AND DRUG ADMINISTRATION CDER/DRUG REGISTRATION AND LISTING (HFD-337) 1800 FISHERS LANE ROCKVILLE, MD 20857 INTERNET: DRUGS@FDA.HHS.GOV				SIGNATURE OF DISTRIBUTOR					
				DISTRIBUTOR'S TELEPHONE NUMBER ( )					

IA 2856 (8/07) (FRONT)

NOTE: Validation of this form is not to be construed as FDA approval of the establishment or its products.  
PREVIOUS EDITION IS OBSOLETE

**NEVADA STATE BOARD OF PHARMACY**  
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440  
**PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION**  
**Registration Fee: \$40.00 - (non-refundable)**

☒ **New Application**    ☐ **Change of Pharmacy**    ☐ **Additional Pharmacy** (Please check one)  
Complete Name (no abbreviations):

First: Rachel    Middle: Louise    Last: May  
Home Address: 612 Nader Way    Apt #:         
City: Fernley    State: NV    Zip Code: 89408  
Telephone: \_\_\_\_\_    Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_    Place of Birth: Watsonville    Sex: M    or ☒ F  
E-mail Address: \_\_\_\_\_

**I am requesting registration at the following pharmacy or approved training program:**

Pharmacy: Career College of Northern NV    Store #: School  
Address: 1421 Pullman Drive  
City: Sparks    State: NV    Zip Code: 89434  
Signature of Managing Pharmacist: Adrianna Santiago    Lic #: PH00002    Date: 11/8/09  
*instructor*  
(Without the signature of the managing pharmacist, the application will be returned.)

- 1) Are you 18 years of age or older?    Yes ☒ No ☐  
2) Are you a high school graduate or the equivalent?    Yes ☒ No ☐  
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)  
3) I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.  
4) I have ☒ I have not ☐ been charged, arrested or convicted of a misdemeanor ☒ or felony ☐  
5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.  
6) I have ☐ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action    State: \_\_\_\_\_    Date: \_\_\_\_\_    Case #: \_\_\_\_\_  
and/or  
b) Criminal Action    State: \_\_\_\_\_    Date: \_\_\_\_\_    Case #: \_\_\_\_\_  
County: \_\_\_\_\_    Court: \_\_\_\_\_

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am ☐ I am not ☒ subject to a court order for the support of a child.

**IF YOU ARE SUBJECT** to a court order for the support of a child, please mark the appropriate response.

I am ☐ I am not ☐ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature: Rachel May    Date: 11/08/09  
**Board Use Only**    Received: NOV 02 2009    Check Number: 730    Amount: 40.00

52293  
7157

September 28, 2009

To Whom It May Concern:

On June 13, 2009 I was stopped by NHP at the McCarren exit in Sparks, NV for failure to use signal and received a DUI. My driver's license was suspended until October 22, 2009 and I had to complete 40 hours of community service (which I have already completed and I have to complete a DUI class and attend a victim impact panel (both are coming up). I get a ride to school and every where else from friends and family and have no problem getting to school daily. I was also pulled over shortly after (around July 8, 2009) the DUI and received a driving on a suspended license (which I had not been notified of) and that is being dealt with in the courts and I will have to do community service for that. This was not a felony it was a misdemeanor first offense. And it has not interfered with my schooling.

Thank you for your time,

Rachel May

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

Re: Rachel May  
Technician in Training Applicant

Rachel May is a student at Career College of Northern Nevada. When we enrolled her into the program she was aware of the requirements for the Technician in Training Application.

In May of 2009, Rachel was arrested for a DUI while in the program. She was also arrested after that for driving with a suspended driver's license. I spoke with Carolyn Cramer regarding this student and Carolyn told me she would like to see this student appear before the board. I spoke with our Dean of Education and we all feel the same. Rachel seems to feel like the BOP does not care about DUI's or arrest. Her attitude is not where we would like it to be and she feels no responsibility for her actions. We do have concerns about this student. We have received phone calls from the Reno police department about restraining orders and other strange phone calls regarding her behavior.

Rachel is currently on a leave of absence which does not affect her financial aide, until we receive her Technician in Training registration.

Thank you,

A handwritten signature in black ink that reads "Adrienne Santiago CPhT". The signature is written in a cursive, flowing style.

Adrienne Santiago CPhT  
Director Pharmaceutical Training  
Career College of Northern Nevada  
1421 Pullman Drive  
Sparks Nevada 89434  
775-856-2266

Blank

## **STAFF RECOMMENDATIONS FOR CONDITIONAL LICENSING OF CLARK COUNTY PHARMACEUTICAL SERVICES**

- 1) The pharmacy will not be authorized to deal in MDEG products (medical devices, equipment, and gases) for a period of one year from the time of licensing.
- 2) Copies of any and all contracts with suppliers will be provided to Board staff.
- 3) Copies of any and all contracts with clients will be provided to Board staff.
- 4) Un-redacted copies of all purchases (invoices) and sales (to whom) will be provided to Board staff on a monthly basis.
- 5) There will be no changes of corporate structure or pharmacy management without prior approval of Board staff.
- 6) The pharmacy will be required to execute the "purple sheets" on a monthly basis.
- 7) All materials forwarded to Board staff shall be addressed to:

Nevada State Board of Pharmacy  
4220 S. Maryland Parkway Suite A-104  
Las Vegas, NV 89119-7524  
Attn: Ray Seidlinger

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Pharmacy ☒ Ownership Change ☐ Name Change ☐ Location Change ☐  
(Please provide current license number if making changes: PH \_\_\_\_\_)

**GENERAL INFORMATION**

Pharmacy Name: CLARK COUNTY PHARMACEUTICAL SERVICES  
Physical Address: 5460 CAMERON ST LAS VEGAS NV 89118 #10  
Mailing Address: 5460 CAMERON ST  
City: LAS VEGAS State: NV Zip Code: 89118  
Telephone Number: 702-762-4887 Fax Number: 702-629-6144  
Toll Free Number: N/A  
E-mail: N/A Website: N/A  
Managing Pharmacist: CARL MILLER License Number: 10396

**Hours of Operation:**

Monday thru Friday \_\_\_\_\_ am \_\_\_\_\_ pm      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours ☒

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☒ Retail
- ☐ Hospital (# beds \_\_\_\_\_)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

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

**Board Use Only**

Received: SEP 21 2009 Check Number: CC Amount: 500.00

51914  
1660

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

Owner's Name: Roy C. Beall, Jr.  
List all previous names: n/a  
Social Security Number: 549-78-1265  
Date of Birth: 06/08/1949  
Place of Birth: City: Loma Linda State: California Country: San Bernadino  
Citizenship: USA ☒ other ☐  
If applicable, list Naturalization Number: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Current residence address: 3055 Bay Sands  
City: Laughlin State: NV Zip Code: 89029  
Telephone Number: (310) 991-3726 Fax Number: \_\_\_\_\_

Previous address (last 5 years):  
Address: 3601 W. Hidden Ln #702 City: Palos Verdes Peninsula State: CA Zip Code: 90274  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Current Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Previous Employment (last 5 years):  
Name: City of Rolling Hills Est. Address: 4045 Palos Verdes Drive North  
City: Rolling Hills Estates State: CA Zip Code: 90274  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you a registered pharmacist in Nevada? Yes or ☒ No License #: \_\_\_\_\_  
Professional qualifications if not a pharmacist: \_\_\_\_\_  
\_\_\_\_\_

Within the last five (5) years:

- 4) Have you ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Have ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Have you ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Have you 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 ☒
- 8) Have you ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 4 through 8 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.

Roy C. Beall, Jr  
Signature of owner

June 29, 2009  
Date

Roy C. Beall, Jr  
Print or Type name

## Statement of Responsibility

### Managing Pharmacist

Pharmacist Name: CARL Miller

License #: 10396

Pharmacy Name: Clark County Pharm Services

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____



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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Pharmacy \_\_\_\_\_ Ownership Change X Name Change X Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH 00453)

**GENERAL INFORMATION**

Pharmacy Name: Ridley's PHARMACY # 1154

Physical Address: 504 AULTMAN ST

Mailing Address: - SAME -

City: Ely State: NEVADA Zip Code: 89301

Telephone Number: 775-289-2671 Fax Number: 775-289-6950

Toll Free Number: N/A

E-mail: 1154rx@shopridleys.com Website: N/A

Managing Pharmacist: ART M. OLSON License Number: 02638

**Hours of Operation:**

Monday thru Friday 9:00 am 6:00 pm

Saturday CLOSED am \_\_\_\_\_ pm

Sunday CLOSED am \_\_\_\_\_ pm

24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☒ Retail
- ☐ Hospital (# beds \_\_\_\_\_)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

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

**Board Use Only**

Received: NOV 1 / 2009 Check Number: 577 Amount: 500.00

# OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: IDAHO

Parent Company if any: N/A

Corporation Name: Ridley's Food Corporation

Mailing Address: 621 WASHINGTON STREET SOUTH

City: TWIN FALLS State: IDAHO Zip: 83301

Telephone: 208-324-4633 Fax: 208-324-1190

License Contact Person: ART M. OLSON

Professional Compliance Contact Person: ART M. OLSON

## Name and title of each officer and director (Use separate sheet if necessary)

Officer or director name

Officer or director title

JERRY L. RIDLEY - PRES.

CONSTANCE F. RIDLEY - SEC./TRS.

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?

50% - a) JERRY L. RIDLEY 2547 POLLENE ROAD E. TWIN FALLS, ID. 83301  
Name Address

50% - b) CONSTANCE F. RIDLEY - SAME -  
Name Address

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

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

**NOTE:** All persons who are stockholders must accurately complete a personal history record form.

2) Provide the number of shares issued by the corporation. 2,670

3) What was the price paid per share? \$100.00

4) What date did the corporation actually receive the cash assets? 03-09-1988

5) Provide a copy of the corporations stock register evidencing the above information ☒

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

N/A

- 6) Has the firm or any owner(s), shareholder(s) hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) Ridley's Family MARKETS 1689 GREAT BASIN BLVD.  
Name Address  
STORE # 1154 ELY, NEVADA 89301  
Business

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

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

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

- 7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) NINE Ridley's PHARMACIES IN IDAHO plus  
Name Address  
ONE Ridley's PHARMACY IN WYOMING  
Business

b) DIRECTORY ATTACHED  
Name Address  
Business

Within the last five (5) years:

- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

- 9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?

Yes ☐ No ☒

11) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?

Yes ☐ No ☒

12) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

Yes ☐ No ☒

If the answer to any question 8 through 12 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

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

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

Signature of corporation officer

Date

Print or Type name and title

## Statement of Responsibility

### Managing Pharmacist

Pharmacist Name: Arthur Marshall Olson

License #: 2638

Pharmacy Name: Ridley's Pharmacy #1154

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>NY</u>	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

Office Outlook Web Access Type here to search This Folder Address Book Options Log Off

Mail Calendar Contacts Deleted Items (50) Drafts [9] Inbox (8) Junk E-mail Sent Items

Click to view all folders Saved Mail (26) Manage Folders...

Reply Reply to All Forward Move Delete Junk Close

**Ridley's Pharmacy - Ely**  
Joe Depczynski

Sent: Wednesday, November 04, 2009 9:42 AM

To: john@shopridleys.com

Cc: LARRY L. PINSON

Good morning John,

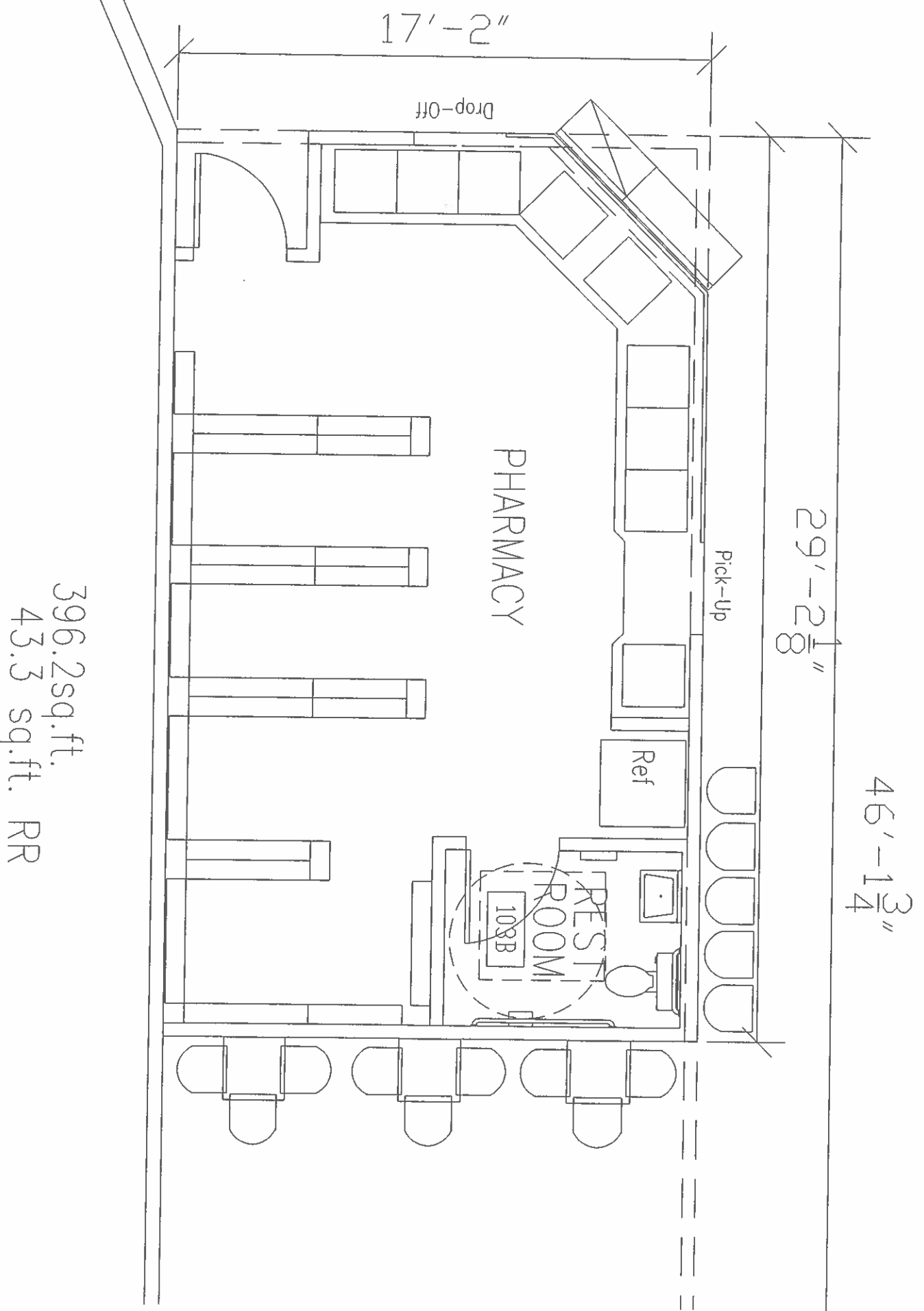
I am an inspector with the Nevada State Board of Pharmacy. Larry Pinson asked that I review the pharmacy plans that were submitted with your correspondence to him on November 3, 2009. Based on this review I noted some areas of possible concern:

1. As you've already indicated, the waiting area and the pickup/counseling area are very close. This may require that counseling be done at the drop-off window or at the entry at the other side of the pharmacy. Another option of course is to relocate the waiting area if that is possible. I'm not sure what area you are referring to as the "front corner".
2. There are no dimensions listed for the counter space or the space between the counters and shelves. NAC 639.525 establishes minimum work area requirements. Essentially there is a minimum counter space that must be reserved exclusively for filling. This space is to be at least 2 foot deep by 3 foot wide for each pharmacist and filling technician. This same NAC requires a free floor space behind the prescription counter that is not less than eight feet in length and four feet in width.
3. If this pharmacy is located inside of a business please review NAC 639.520 regarding security requirements. Essentially the prescription department must be separated from the merchandising or public area by a barrier extending not less than five feet above the floor and of sufficient width to make the pharmacy area inaccessible to unauthorized persons. The barrier must be constructed of a solid material. Each entry must also have a deadbolt.

If you have any questions please call me at 775-850-1440.

Joe Depczynski  
Inspector - Nevada State Board of Pharmacy

Connected to Microsoft Exchange



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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Pharmacy ☒ Ownership Change ☐ Name Change ☐ Location Change ☐  
(Please provide current license number if making changes: PH \_\_\_\_\_)

**GENERAL INFORMATION**

Pharmacy Name: Biorex  
Physical Address: 3821 71st St. Urbandale, Iowa 50322  
Mailing Address: 10828 Kenwood Rd.  
City: Cincinnati State: OH Zip Code: 45242  
Telephone Number: 515-727-7937 Fax Number: 515-727-7938  
Toll Free Number: 800-442-4679  
E-mail: DSmith@Biorex-net Website: \_\_\_\_\_  
Managing Pharmacist: Deborah G Smith License Number: 17485

**Hours of Operation:**

Monday thru Friday 8:30 am 5:30 pm Saturday / am / pm  
Sunday / am / pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☐ Retail
- ☐ Hospital (# beds \_\_\_\_\_)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

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

**Board Use Only**

Received: OCT 14 2009 Check Number: 956 Amount: 500.00

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1676

## OWNERSHIP IS A CORPORATION

State of Incorporation: Ohio

Parent Company if any: n/A

Corporation Name: BioRx LLC

Mailing Address: 10828 Kenwood Rd.

City: Cincinnati State: Ohio Zip: 45242

Telephone: 513-792-7080 Fax: 513-792-3838

License Contact Person: Deborah Smith

Professional Compliance Contact Person: Deborah Smith

Ownership Information – Complete Section 1 or 2

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

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

1. see Attached %: \_\_\_\_\_
2. \_\_\_\_\_ %: \_\_\_\_\_
3. \_\_\_\_\_ %: \_\_\_\_\_
4. \_\_\_\_\_ %: \_\_\_\_\_

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

Date of Incorporation: n/A

Registration number issued: \_\_\_\_\_

Stock Exchange: \_\_\_\_\_

List any physician shareholders and percentage of ownership:

n/A \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

n/A \_\_\_\_\_

Within the last five (5) years:

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

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

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

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

  
Signature of owner or executive officer

9/25/09  
Date

Philip Rielly  
Print or Type name and title

President

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**PHARMACY LICENSE VERIFICATION**

Name: BioRx  
Address: 3821-71<sup>st</sup> Street Suite C  
City: Urbandale State: IA Zip: 50322  
I hereby authorize the Iowa Bd of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.  
Signature of Applicant: [Signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE  
LICENSING AGENCY FOR COMPLETION  
DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
1319	Active	11/17/08	12/31/09

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u>Charity Hornum</u>	<u>clerk</u>	<u>IA</u>	<u>9/22/09</u>	

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

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

**GENERAL INFORMATION**

Pharmacy Name: WALGREENS SPECIALTY INFUSION PHARMACY  
Physical Address: 2050 SOUTH FINLEY RD STE 20 LOMBARD IL 60148  
Mailing Address: 485 HALF DAY RD SUITE 300  
City: BUFFALO GROVE State: IL Zip Code: 60089-8806  
Telephone Number: (630) 495-2777 Fax Number: (630) 495-2839  
Toll Free Number: (877) 974-4844  
E-mail: lisa.betts@walgreens.com Website: www.optioncare.com  
Managing Pharmacist: LISA BETTS License Number: 51.038604

**Hours of Operation:**

Monday thru Friday 8:30 am 6:00 pm      Saturday ON am CALL pm  
Sunday ON am CALL pm      24 Hours ON/CALL

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☐ Retail
- ☐ Hospital (# beds \_\_\_\_\_)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

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

**Board Use Only**

Received: NOV 17 2009 Check Number: 260 Amount: 500.00

10-K

52397  
1721

## OWNERSHIP IS A CORPORATION

State of Incorporation: DELAWARE  
Parent Company if any: OPTION CARE INC.  
Corporation Name: OPTION CARE ENTERPRISES, INC. (OCE)  
Mailing Address: 485 HALF DAY RD STE 300  
City: BUFFALO GROVE State: IL Zip: 60089  
Telephone: (800) 879-6137 Fax: (847) 913-9024  
License Contact Person: MARY LEONARD  
Professional Compliance Contact Person: JOHN TRAVIS

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

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

- |                                  |                       |
|----------------------------------|-----------------------|
| 1. <u>OPTION CARE INC. (OCI)</u> | %: <u>100% OF OCE</u> |
| 2. <u>WALGREEN CO.</u>           | %: <u>100% OF OCI</u> |
| 3. _____                         | %: _____              |
| 4. _____                         | %: _____              |

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

Date of Incorporation: See attached 10-K  
Registration number issued: \_\_\_\_\_  
Stock Exchange: \_\_\_\_\_

List any physician shareholders and percentage of ownership:

NONE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

SEE ATTACHED \_\_\_\_\_

Within the last five (5) years:

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

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

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

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

Lori Zsitsek  
Signature of owner or executive officer

11/13/09  
Date

LORI ZSITSEK, VICE PRESIDENT  
Print or Type name and title



Illinois Department of Financial and Professional Regulation  
Division of Professional Regulation

PAT QUINN  
Governor

BRENT E. ADAMS  
Acting Secretary

DANIEL E. BLUTHARDT  
Director  
Division of Professional Regulation

CERTIFICATION OF LICENSURE

NEVADA STATE BOARD OF PHARMACY  
431 W PLUMB LANE  
RENO, NV 89509

Licensee: OPTION CARE ENTERPRISES INC  
License Number: 054.016748  
Profession: LICENSED DIVISION I PHARMACY  
Date of Issuance: 10/20/2009  
Expiration Date: 03/31/2010  
License Status: ACTIVE  
License Method: NON-EXAM  
Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Daniel E. Bluthardt  
Director

Division of Professional Regulation

November 10, 2009  
Date

Refer to the Department's Web Site at [www.idfpr.com](http://www.idfpr.com) to verify professional licenses via License Look-Up.

Please contact the Division of Professional Regulation, Licensure Maintenance Unit, at 217-782-0458 if you have any questions.

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509 - or (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG PROVIDER - CORPORATION

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

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

New MDEG Provider ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

### FACILITY INFORMATION

Facility Name: Three Wishes inc. dba In Home Rx

Physical Address: 1582 W. San Marcos Blvd Ste 301

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

City: San Marcos State: CA Zip Code: 92078

Telephone Number: 760-891-0418 Fax Number: 760-891-0597

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5  
Fri: 8 to 5 Sat: closed Sun: closed Holidays: on call

### FACILITY ADMINISTRATOR INFORMATION

Name: Dennis W. Karnes

Address: 12223 Highland Ave #268

City: Rancho Cucamonga State: CA Zip Code: 91739

Telephone Number: \_\_\_\_\_

### TYPE OF MDEG PRODUCTS THAT WILL BE PROVIDED (CHECK ALL APPLICABLE)

☒ Medical Gases ☒ Assistive Equipment ☒ Respiratory Equipment  
☐ Parenteral and Enteral Equipment ☐ Life-sustaining equipment

If providing life-sustaining equipment, provide a 24-hour contact number: (800) 535-3603

### Board Use Only

Received OCT 14 2009 Check Number 100025 Amount 500.00

**OWNERSHIP IS A CORPORATION**

State of Incorporation: NV

Parent Company if any: \_\_\_\_\_

Corporation Name: Three Wishes inc.

Mailing Address: 1582 W. San Marcos Blvd Ste 301

City, State and Zip: San Marcos, CA 92078

Telephone Number: 760-891-0418 Fax Number: 760-891-0597

License Contact Person: Henry Walker

Professional Compliance Contact Person: Liz Apodaca

**Name and title of each officer and director** (Use separate sheet if necessary)

Officer or director name

Officer or director title

Dennis W. Karnes - President.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

4179250001 - medicare

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

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

Business

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

Business

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

Business

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

Business

- a) \_\_\_\_\_

Name	Address
Business	

b) \_\_\_\_\_

Name	Address
Business	

c) \_\_\_\_\_

Name	Address
Business	

- |   |             |
|---|-------------|
| <input type="checkbox"/> Practitioner                     | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant            | Name: _____ |
| <input type="checkbox"/> Physical Therapist               | Name: _____ |
| <input type="checkbox"/> Occupational Therapist           | Name: _____ |
| <input type="checkbox"/> Registered Nurse                 | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist            | Name: _____ |

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

If the answer to any question 4 through 8 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 MDEG provider may be grounds for the revocation of this permit.

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



Signature of corporation officer

5/27/09

Date

Dennis W. Karnes - President

Type name and title



1582 W. SAN MARCOS BLVD SUITE 301, SAN MARCOS, CA 92078  
PHONE: 760-891-0418 FAX: 760-891-0597

## Complete List of Products

- Commodes
- Canes (Single Point and Quad)
- Walkers
- Manual Wheelchairs
- Power Wheelchairs
- Power Operated Vehicles (Scooter)
- Seat Lift Chairs
- Continues Positive Air Pressure Machine (CPAP) and Accessories
- Bi-Level Positive Air Pressure Machine (BiPAP) and Accessories
- Support Surfaces
- Hospital Bed
- Trapeze Bars (Attached and Free Standing)
- Patient Lifts
- Oxygen (Stationary and Portable)
- Suction Pump and Accessories
- Diabetic Supplies
- Nebulizers

Blank

# **EXECUTIVE SECRETARY REPORT – DECEMBER 2009**

## **A) FINANCIAL REPORT**

## **B) INVESTMENT REPORT**

## **C) AUDIT - FISCAL 2009**

## **D) TEMPORARY LICENSES**

## **E) STAFF ACTIVITIES**

1. CE Programs
  - a. Development of program with Your Success (12/11)
2. Law and Ethics Class - Sacramento
3. Renewals
4. Legislative Commission on Regulations Appearance (10/26)
5. Interim Health Committee Appearance (11/4)

## **F) REPORT TO BOARD**

1. Financial disclosure
2. Report to Legislature on AB 446 (2007 session)
3. Expenses handout

## **G) BOARD RELATED NEWS**

1. ICPT

## **H) ACTIVITIES REPORT**

**TEMPORARY LICENSES**  
**(Issued since last board meeting)**

No temporary licenses have been issued since last board meeting.

## RE: Committee Meeting

Denis, Moises Assemblyman [mdenis@lcb.state.nv.us]

**Sent:** Thursday, November 05, 2009 5:16 PM

**To:** LARRY L. PINSON

---

I thought you did great. We do need to talk. Now we have to get everyone together and come up with a plan that everyone agrees on. ...Mo

---

**From:** LARRY L. PINSON [lpinson@pharmacy.nv.gov]

**Sent:** Thursday, November 05, 2009 1:41 PM

**To:** Denis, Moises Assemblyman

**Subject:** Committee Meeting

Good afternoon Assemblyman Denis:

Sorry we did not have opportunity to chat yesterday (since we were in CC and you in LV). Just thought I would check with you to see if you were satisfied with our testimony and to once again assure you that we stand with you to help with the challenge of curbing prescription drug abuse in whatever manner we can.

*Larry*

Larry L. Pinson, Pharm. D.  
Executive Secretary  
Nevada State Board of Pharmacy  
(775) 850-1440  
(775) 850-1444 (fax)

# **NEVADA STATE BOARD OF PHARMACY**

## **REPORT TO LEGISLATURE ON THE IMPLEMENTATION OF AB 446 (2007 SESSION) REGARDING THE TRACKING OF PRESCRIPTIONS FOR CONTROLLED SUBSTANCES**

**NEVADA STATE BOARD OF PHARMACY  
431 WEST PLUMB LANE  
RENO, NEVADA 89509  
(775) 850-1440  
FAX: (775) 850-1444  
WEBSITE: BOP.NV.GOV  
E-MAIL: PHARMACY@PHARMACY.NV.GOV**

## INTRODUCTION

A copy of this report is available from the Board of Pharmacy upon request.

This report, mandated by AB446 (2007 Session), will look at the implementation of the changes in Chapter 639 of the Nevada Administrative Code regarding the utilization of data available to practitioners from the Controlled Substance Prescription Abuse Prevention Task Force.

According to the National Institute on Drug Abuse, Americans comprise approximately 6% of the world's population, yet we consume:

- 60% of all manufactured drugs
- 80% of the world's supply of opioids
- 99% of the world's supply of hydrocodone (Vicodin and Lortab)

The number of opioid prescriptions has escalated some 350% since 1991, with only a 19% increase in population. 6.9 million people over the age of 11 are abusers of analgesic opioids in our country, with another 20 million being illicit drug users. Every day approximately 2500 youths (aged 12-17) abuse an opioid for the first time, and over half of them get their drugs from family and friends.

Nevadans consume about twice the national average of several prescription pain killers, ranking, per 100 thousand people, #1 for consumption of hydrocodone (Vicodin/Lortab); #4 for oxycodone (Percodan/Percocet); #4 for methadone; #7 for codeine and #17 for meperidine (Demerol). It is interesting to note that roughly 5% of the total numbers of practitioners prescribe 88% of the drugs.

The general public, and especially youth, believe that prescription drugs are "safe" simply because they have been prescribed by a doctor. We must all come to the realization that **the only difference between a drug and a poison is the dose**. The treatment of pain is both an art and a science and is many times extremely difficult for physicians, the challenge being differentiating real pain from being conned. We must understand that a patient cannot get a prescription drug unless the doctor orders it and a pharmacist cannot give that drug unless the doctor orders it.

## THE CONTROLLED SUBSTANCE PRESCRIPTION ABUSE PREVENTION TASK FORCE

The 1995-1996 Nevada State Legislature passed into law NRS 453.1545 mandating the creation of a computerized program to track controlled substance prescriptions. As a result of this legislation, in January of 1997 the Controlled Substance Prescription Abuse Prevention Task Force (hereafter referred to as the "Task Force") began one of the first programs in the country to collect from pharmacies, data regarding Schedule II, III and IV controlled substance prescriptions. Thresholds were set with the goal of identifying potential "doctor shoppers" (which is a felony) and referring them to

treatment. It is imperative to note that the goal of the Task Force is to get people into treatment, not into jail. This data is not to be used for law enforcement “fishing expeditions”. The Task Force has now been in operation for twelve years, surviving solely upon funding through federal grants and the Board of Pharmacy. Nevada’s Task Force has been a model for many of the 33 states that now have some sort of similar program.

## **HOW THE TASK FORCE WORKS**

- Pharmacies and dispensing practitioners must report their controlled substance prescription records to the Task Force weekly.
- Staff then filters this data for warning signs of abuse, such as multiple doctors and multiple pharmacies.
- If a patient sets off enough “red flags” the Task Force sends a letter and utilization report for that patient to each practitioner and pharmacy visited by that patient, so that now all of the professionals involved with this patient’s care are aware.
- It then is up to each of these professionals to determine how to handle the patient.
- The Task Force does employ one intervention officer with a case load of approximately 60 patients to help guide troubled patients into treatment.

## **REGULATORY CHANGES**

In the 2007 Legislative Session, AB 446 was adopted mandating a very progressive change to the utilization of Task Force data, that being, in essence, that a practitioner shall, before he prescribes a controlled substance listed in schedule II, III, or IV for a patient, obtain a patient utilization report for that patient from the Task Force for the preceding 12 months if the patient is seeking a controlled substance and:

- The patient is a new patient of the practitioner; or
- The patient has not received a prescription for a controlled substance from that practitioner in the preceding 12 months.

The practitioner also must have a reasonable belief that the patient may be seeking the controlled substance for a reason other than an existing medical condition.

AB 446 also mandated that the Task Force provide internet access to the database to each practitioner who is authorized to write prescriptions for controlled substances, allowing them to comply with the provisions of the act.

## **THE REPORT**

- The Task Force has developed a secure website that prescribers and dispensers can access 24/7 to view or request their patient’s utilization report.
- The Task Force will train any such practitioner or dispenser on how to register and then obtain appropriate passwords to then access and utilize the database.

- Data is collected weekly (it was monthly at the beginning) however many pharmacies now report on a daily basis, allowing even more current data.
- The number of requests by practitioners will push 200,000 by the end of 2009, compared to about 58,000 in 2007, demonstrating the impact of AB 446 (see table below):

Requested by:	2007	2008	2009
practitioners	58,238	132,383	Est: 200,000
pharmacies	4,192	17,286	Est: 18,700

- Intervention by the Task Force intervention officer for a patient identified as being over the threshold has resulted in:
  - Average number of prescriptions filled dropping from 150 to 46 per year.
  - Average number of doctor visits dropping some 37%.
  - Average number of doses dropping approximately 43%.

## CONCLUSION

It is the opinion of the Board of Pharmacy that AB446 mandating a more aggressive requirement for practitioners to utilize the data available through the Controlled Substance Prescription Abuse Prevention Task Force has increased the utilization of this most valuable tool. Strengthening this requirement even further, such as making it a mandatory standard of practice, would most likely result in a decrease in doctor shopping as patients learned that their practitioner HAD to look at their utilization report prior to prescribing.



nabp

## National Association of Boards of Pharmacy

1600 Feehanville Drive • Mount Prospect, IL 60056-6014

Tel: 847/391-4406 • Fax: 847/391-4502

Web Site: [www.nabp.net](http://www.nabp.net)

October 30, 2009

Rebecca M. Rabbitt, MS, PharmD  
 Chief Executive Officer  
 Institute for the Certification of Pharmacy Technicians  
 2536 S Old Hwy 94, Suite 214  
 St. Charles, MO 63303

Dear Dr Rabbitt:

It has come to our attention that MCI apparently has sold, or otherwise transferred its ownership in, the ICPT credentialing program. As you are aware, MCI, through you, previously indicated that ICPT was interested in NABP undertaking a review of the ICPT Program and the ExCPT Examination to assess whether the examination and credentialing process satisfies the same standards that were used by NABP to assess the Pharmacy Technician Certification Examination (PTCE) administered by the Pharmacy Technician Certification Board (PTCB). Although we exchanged emails trying to arrange a conference call to discuss the details for such an evaluation some time ago, to date we have not received back from you confirmation on any of the dates we suggested to you. In the interim since our last exchange, NABP received inquiries from the state boards of pharmacy about the status of your request. To respond to those inquiries, the state boards of pharmacy are being copied on this email. We will also provide a copy of your response to the boards when it is received.

In light of the apparent sale, and in order to determine the status of the requested NABP review, I am requesting that you clarify the ownership status of the ICPT Program and the positions of the new owner regarding the NABP evaluation of the Program. Specifically, I am asking that you provide the following, relevant information for dissemination to the state boards of pharmacy:

- The date of any sale or ownership transfer of the ICPT Program;
- The current owner(s) of the ICPT credentialing program, including the identity and address of the entity or entities that now operate and administer the ICPT Program and the ExCPT Examination;

Rebecca M. Rabbitt, MS, PharmD  
October 30, 2009  
Page 2

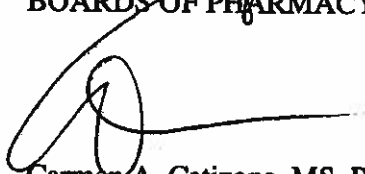
- Whether MCI/ICPT owners, managers, staff, and/or other representatives are involved in the current ICPT Program, and, if so, the nature of such involvement;
- A summary of the terms of the sale of the ICPT Program as they relate to the control, administration, and governance of the ExCPT Examination;
- The eligibility requirements related to the ICPT Program and ExCPT Examination under the new ownership; and,
- Whether the current owner of the ICPT Program intends to continue the NABP evaluation of the Program and the ExCPT.

In the event that you are no longer the ICPT Program manager responsible for the NABP evaluation, please identify the appropriate individual so that I may contact him or her directly.

Thank you for your anticipated cooperation.

Cordially,

NATIONAL ASSOCIATION OF  
BOARDS OF PHARMACY



Carmen A. Catizone, MS, RPh, DPh  
Executive Director/Secretary

CC/sf

cc: EXECUTIVE OFFICERS - STATE BOARDS OF PAHRMACY



NOV - 2 2009

Oct. 27, 2009

Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy  
431 W Plumb Ln  
Reno, NV 89509

Dear colleagues:

I have good news to share!

Recently, ICPT reached an agreement to join Assessment Technologies Institute (ATI), the nation's leader in online testing and remediation for the nursing industry.

Certainly, I'm excited about what this means for ICPT in general, but I'm even more excited about what this means for the pharmacy technician training, education and certification space overall. ATI was founded a decade ago to fill a need within a specific segment of the healthcare market – nursing education. Over those past 10 years, ATI has established a reputation for excellence and innovation in the online testing and remediation arena, helping nurses prepare for their National Council Licensure EXamination (NCLEX). ATI recently expanded its online education with the purchase of the National Healthcareer Association (NHA), the largest allied healthcare certification company in the country. NHA has issued more than 200,000 certifications to allied-health professionals, and currently works with more than 1,300 educational institutions in curriculum development, competency testing and preparation for national certification exams. The company is a perfect complement to ICPT.

In addition, ATI supports our efforts to further solidify pharmacy technicians' role within the healthcare field, and shares our passion to produce first-rate technicians and promote certification standards within the industry. We will do so by combining ICPT's leadership and accredited program with ATI's proven sales, marketing, R&D, psychometrician and product development resources. At ATI's core is a desire to do the right thing – especially for our pharmacists, technicians and the patients they serve. I believe that is a desire we all share.

With our industry partners, we will passionately pursue the creation of national/uniform standards for pharmacy technician training programs. Because training programs should be allowed to address the diversity and specifics of the various practice sites, we will work toward developing programs that properly train technicians to accurately and effectively perform their duties in their particular practice setting.

Over the two and a half years I've been associated with ICPT, there has been much discussion on the competencies and standards for pharmacy technician education, training and certification. The alliance of these resources positions ICPT to work with our partners in bringing needed change to the market. As you can see, I'm very excited about the future, and I hope that you will be, too. Effective immediately, ATI and ICPT's management team will be continuing our work with our partners to train, educate, certify and help pharmacy technicians. As in the past, you may still reach me at (314) 323-9207 or [becky@icptmail.org](mailto:becky@icptmail.org)

Thank you for all that you do for your clients and in support of pharmacy technicians. Here's to a great new partnership!

All the best,

Rebecca M. Rabbitt, Pharm.D.  
Executive Director, Pharmacy Solutions





# Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509  
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444  
E-mail: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) • Website: [bop.nv.gov](http://bop.nv.gov)

## NEVADA STATE BOARD OF PHARMACY

### ACTIVITIES REPORT

#### OCTOBER 14<sup>TH</sup> & 15<sup>TH</sup>, 2009 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the October 2009 Board meeting.

#### Licensing Activity:

- 7 licenses were granted for Out-of-State pharmacies.
- 6 licenses were granted for Out-of-State MDEG companies.
- 12 licenses were granted for Out-of-State wholesalers.
- 4 licenses were granted for Nevada pharmacy (pending inspection) and 1 application was tabled for further review.
- 4 licenses were granted for Nevada MDEG companies.

#### Disciplinary Action:

- 10 Pharmaceutical technicians were revoked for the diversion of controlled substances.
- Pharmacist KC's request for amending his disciplinary order to allow him to serve as a managing pharmacist was granted.
- Pharmacist MO was revoked for being convicted of felony Medicare fraud and pharmacist MB was revoked for diversion of controlled substances for self use.
- Pharmaceutical technician in training KH was granted registration after appearing to answer questions on a past drug charge.

#### Other Activity:

- Besides the usual business activities of the Board, discussions were held on surety bond requirements of wholesalers and radiologic technician pharmacy related activities.

**Workshop:**

1. **Amendment of Nevada Administrative Code 639.694 MDEG Administrator required.** This regulation amendment clarifies the existing language and specifies the requirements for MDEG provider administrators. MDEG provider applicants will know in advance of a Board appearance if their administrators qualify to participate in that capacity.

**Public Hearing:**

1. **Amendment of Nevada Administrative Code 639.7125 Use of fulfillment pharmacy by dispensing pharmacy.** Twofold: 1) To allow a registered mail order pharmacy to act as a fulfillment pharmacy, and 2) to better regulate and clarify the practices of a fulfillment pharmacy with respect to consumer understanding and patient safety.

**PROPOSED AMENDMENT TO NAC 639.945**  
**AMENDING BONA FIDE THERAPEUTIC RELATIONSHIP**  
**10/9/09**

**NAC 639.945 Unprofessional conduct; owner responsible for acts of employees. ([NRS 639.070, 639.210](#))**

1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.

(b) Except as otherwise provided in [NRS 639.2583](#) to [639.2807](#), inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:

- (1) The date on which the permission was granted;
- (2) The name of the practitioner granting the permission;
- (3) The name of the person obtaining the permission;
- (4) The name of the drug dispensed; and
- (5) The name of the manufacturer or distributor of the drug.

(c) Using secret formulas.

(d) Failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person except as permitted by law.

(e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.

(f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.

(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.

(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

(i) Performing any of his duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

(l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to [chapters 453, 454, 585 and 639](#) of NRS and [chapters](#)

453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his request.

(n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

2. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his employ.

3. As used in this section and except as otherwise provided in subsection 4, “bona fide therapeutic relationship” means a relationship in which a practitioner has:

(a) Physically examined a patient; and

(b) As a result of the examination, diagnosed a condition for which a given drug therapy is prescribed,

↳ within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient.

4. physician licensed pursuant to NRS chapters 630 or 633 serving patients who are offenders incarcerated in correctional institutions located in the state of Nevada may serve the offender by telemedicine and will be deemed to have established a bona fide therapeutic relationship with the offender without physically examining the offender if:

(a) The physician has available to him a medical history of the offender;

(b) The physician has examined the offender either by telephone or videoconferencing system;

(c) The correctional institution employs a nurse, or physician assistant licensed pursuant to Nevada law and trained in the use of any videoconferencing system and peripheral equipment connected to the videoconferencing system and is present with the offender when the physician is examining the patient in order to execute any orders the physician might make in the course of the examination; and

(d) The physician enters the information derived from the telephonic or videoconferenced examination into the offender’s chart maintained at the correctional institution.

[Bd. of Pharmacy, § 639.165, eff. 6-26-80]—(NAC A 6-16-86; R012-99, 11-3-99; R014-01, 11-1-2001; R156-04, 10-22-2004; R219-05, 5-4-2006)

**Amended Workshop for Regulations for AB 213 Cancer Drug Donation Program**

**September 25, 2009**

**Authority: AB 213**

**Section 1.** Chapter 457 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 18, inclusive, of this regulation.

**Sec. 2.** ***"Board" means the Nevada State Board of Pharmacy.***

**Sec. 3.** ***"Cancer Drug" means a dangerous drug that is indicated by the FDA to treat cancer.***

**Sec. 4.** ***"Cancer Patient" means a patient who has cancer and is a resident of the State of Nevada.***

**Sec. 5.** ***"Dispense" has the meaning ascribed to it in NRS 639.0065.***

**Sec. 6.** ***"Medical Facility" has the meaning ascribed to it in NRS 449.0151.***

**Sec. 7.** ***"Program" means the Cancer Drug Donation Program established pursuant to Assembly Bill 213; Nevada Statutes, Chapter 409 (effective July 1, 2009).***

**Sec. 8.** ***"Person" means a resident of the State of Nevada***

**Sec. 9.** ***"Pharmacy" has the meaning ascribed to it in NRS 639.012.***

**Sec. 10.** ***"Practitioner" means a person authorized by law to prescribe dangerous drugs, acting within the scope of such authority, pursuant to NRS chapters 630, 632 and 633.***

**Sec. 11.** ***"Unit Dose" means that quantity of a drug which is packaged as a single dose.***

**Sec. 12.** ***"Dispensing Practitioner" is a practitioner who has a dispensing registration pursuant to NAC 639.742.***

Sec. 13. *"Reissue" means to fill a lawful prescription for a person with a cancer drug that has been donated pursuant to this program.*

Sec. 14. *Program Goals: The Cancer Drug Donation Program is established for the purpose of allowing any person to donate unused cancer drugs for dispensing to cancer patients in the State of Nevada. The program allows any person to donate unused cancer drugs to a practitioner, medical facility, or pharmacy that elects to participate in the program. A pharmacy that receives a donated cancer drug under the program may dispense to an eligible cancer patient.*

Sec. 15.

*1. Any person, ~~or~~ practitioner, medical facility, or pharmacy may donate cancer drugs to the program that have been dispensed from a Nevada licensed pharmacy. A cancer drug may not be designated by the donor for a specific person or resold. There is no limitation on the number of doses that can be donated to the program as long as the donated drugs meet the requirements of these regulations.*

*2. Any practitioner, medical facility, or pharmacy as defined above, is eligible to participate in the program.*

*3. Nothing in these rules is intended to supersede or negate any other state or federal laws or administrative rules applicable to practitioners, medical facilities, or pharmacies participating in the program.*

*4. A practitioner, medical facility or pharmacy may accept and dispense cancer drugs donated under the program to ~~eligible~~ patients, if all of the following requirements are met:*

- (a) The cancer drug is in its original manufacturer's packaging, unopened, sealed, and tamper-evident unit dose packaging;*
- (b) The cancer drug is prescribed by a practitioner for use by a eligible patient;*
- (c) The cancer drug donated for use in the program bears an expiration date that is later than 30 days after the drug is donated; and*
- (d) A dispensing practitioner or pharmacist has inspected the cancer drug packaging prior to dispensing it and has determined that the cancer drug is not adulterated or misbranded.*

*5. Donated cancer drugs under this program shall be stored separately from other stock and stored ~~under~~ according to the manufacturer's recommended storage conditions. If the drug is expired it must be destroyed and not returned for credit.*

*6. A practitioner, medical facility, or pharmacy shall maintain records of receipt of all ~~returned or~~ donated cancer drugs, which shall include at least the following information:*

- (a) Date of receipt;*
- (b) Original date dispensed;*
- (c) Original prescription number;*
- (d) Drug name and strength;*
- (e) Quantity ~~returned-donated~~;*
- (f) Expiration date of drug;*
- (g) Name, address and phone number of the original dispenser; ~~and~~*
- (h) Name, address and phone number of person donating the drug; and*

*(i) Lot number.*

*7. A practitioner, medical facility, or pharmacy shall maintain records of cancer drugs transferred to other eligible-dispensing practitioners, medical facilities, or pharmacies, which shall include at least the following information:*

*(a) All of the information required in subsection 6;*

*(b) Name, address and phone number of transferring entity;*

*(c) The quantity of drug transferred; and*

*(d) The name and address of the receiving dispensing practitioner, medical facility, or pharmacy.*

*8. Nothing in these rules is intended to supersede or negate any of the recordkeeping requirements established by the Nevada State Board of Pharmacy for dispensing drugs.*

**Sec. 16.**

- 1. Cancer drug dispensing shall be prioritized first to cancer patients who are uninsured, then to any other cancer patient if an uninsured patient is not available.*
- 2. A dispensing practitioner, medical facility, or pharmacy may exercise discretion in determining eligibility of cancer patients when an uninsured patient is not available.*
- 3. Cancer drugs may only be dispensed pursuant to a prescription issued by a prescribing practitioner.*

Sec. 17.

1. *No cancer drug donated under the program may be resold.*
2. *A dispensing practitioner, medical facility, or pharmacy may charge a handling fee of no more than \$10.00 per prescription for distributing or dispensing donated cancer drugs.*
3. *A ~~provider of health care~~ dispensing practitioner, medical facility or pharmacy may exercise discretion as to whether a handling fee may be waived.*

Sec. 18. *A cancer drug is not acceptable for donation or distribution through the program if it meets any of the following:*

1. *It is a controlled substance;*
2. *It bears an expiration date of less than 30 days from the day the cancer drug was donated;*
3. *The receiving practitioner or dispensing pharmacist ~~believes~~ suspects the cancer drug may have been adulterated or misbranded, or the effectiveness and safety of the cancer drug cannot be ensured;*
4. *The packaging ~~that~~ has been opened, unsealed, or tampered with or is no longer in its original container;*
5. *It requires refrigeration, freezing, or other special temperature requirements beyond controlled room temperature;*
6. *It can only be dispensed to a patient registered with the drug manufacturer; or*
7. *It was not originally dispensed from a licensed Nevada pharmacy or Nevada dispensing practitioner.*

**Sec. 19. 1. *The Board will establish and maintain a registry for ~~the program~~ participating entities which will include:***

- (a) Participant's name, address and telephone number; and***
- (b) Whether the participant is a practitioner, medical facility, or pharmacy.***

***2. It is the responsibility of the participant to notify the Board of the desire to participate in the program and provide the required registry information to the Board.***

***3. Any participant in the program will be entered on the registry by the board.***

***4. It is the responsibility of the participant to notify the board of:***

- (a) A change in name, address, telephone number, or participant type; and***
- (b) When the participant no longer wishes to participate in the program.***

***5. The Board will make the registry information available to any person or entity wishing to donate cancer drugs to the program by its web site, by contacting the Board in person, by telephone, or in writing.***

**REVISED PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY  
LCB File No. R035-09**

October 29, 2009

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted. Matter in *italics* is proposed from October 15, 2009 regulation hearing.

AUTHORITY: §1, NRS 639.070 and 639.0745.

A REGULATION relating to pharmacies; revising provisions governing the filling and refilling of prescriptions by a fulfillment pharmacy for a dispensing pharmacy; and providing other matters properly relating thereto.

**Section 1.** NAC 639.7125 is hereby amended to read as follows:

639.7125 1. **[A]** *Except as otherwise provided in subsection 2, a* prescription may be filled or refilled by a fulfillment pharmacy for a dispensing pharmacy if:

(a) The dispensing *or fulfillment* pharmacy enters the data concerning the prescription into its computer system and *if entered by the dispensing pharmacy that pharmacy* transfers that data to the computer system of the fulfillment pharmacy in a secure and confidential manner;

(b) The computer system of the dispensing pharmacy:

(1) Transmits to the computer system of the fulfillment pharmacy the National Drug Code number of ~~[a generic]~~ *the* drug ~~[in stock]~~ that the *fulfillment pharmacy is* dispensing ~~[pharmacy would have used to fill or refill the prescription if the prescription had not been transmitted to the fulfillment pharmacy];~~

(2) Makes and retains a record documenting the date and time that the prescription is transmitted to the fulfillment pharmacy and the identity of the fulfillment pharmacy; and

(3) If applicable, automatically reduces the number of refills of the prescription;

(c) The computer systems of the dispensing pharmacy and the fulfillment pharmacy are operated in compliance with the applicable provisions of this chapter and chapter 639 of NRS;

(d) The fulfillment pharmacy labels the container in which the prescription will be dispensed in compliance with NRS 639.2801 using a label from the dispensing pharmacy or a label that contains the same information as the dispensing pharmacy would have been required to place on the label if the dispensing pharmacy had filled or refilled the prescription;

(e) For each *new* prescription that is being filled for the first time by the *dispensing* ~~[fulfillment]~~ pharmacy, a pharmacist ~~[employed by the dispensing pharmacy]~~:

(1) Verifies the correctness of the data in the computer system of the dispensing pharmacy concerning the prescription ~~[before the prescription is transmitted to the fulfillment pharmacy to be filled,]~~ if:

(I) The computer system of the dispensing pharmacy is capable of recording the identification of the pharmacist and the date and time when the pharmacist performed the verification; and *the* ~~[(II)The]~~ pharmacist properly records in the computer system of the dispensing pharmacy his *or her* verification of the data ~~[;]~~ *or* ~~[(II) the pharmacist makes a written notation of the verification of the data directly on the prescription; or~~

(2) Verifies the correctness of the prescription drug ordered by the prescription when it is received from the fulfillment pharmacy and the pharmacist makes a written notation on the prescription or in the record of the prescription in the computer system of the dispensing pharmacy that includes ~~his~~ *the* name *of the pharmacist* and the date on which ~~he~~ *the pharmacist* performed the verification; ~~and~~

(f) For each prescription that is being refilled by the fulfillment pharmacy, a pharmacist *or any other person* employed by the dispensing pharmacy **:**

(1) ~~Makes~~ *makes* a record, by hand on a written document or in the record of the prescription in the computer system of the dispensing pharmacy, that includes:

~~[(I)]~~ (1) The date that the request to refill the prescription was sent to the fulfillment pharmacy; *and*

~~[(II)]~~ (2) The date that the prescription drug ordered to refill the prescription was received by the dispensing pharmacy from the fulfillment pharmacy; ~~and~~

~~[(III)]~~ The date that the prescription drug was dispensed to the patient or an agent of the patient; and

(2) Verifies

(g) *A pharmacist employed by the dispensing pharmacy verifies* the correctness of the prescription drug ordered to refill the prescription when the prescription drug is received from the fulfillment pharmacy if, in his *or her* professional judgment, the pharmacist determines such verification is necessary.

2. If ~~a fulfillment pharmacy fills or refills a prescription pursuant to this section with a generic drug that is manufactured by a different manufacturer than the manufacturer used by the dispensing pharmacy, the fulfillment pharmacy shall show on the label of the container in which the prescription will be dispensed the name of the manufacturer of the generic drug used to fill or refill the prescription and the computer system of the fulfillment pharmacy must transmit to the computer system of the dispensing pharmacy~~ *the drug identified by the National Drug Code number and the price of that generic drug. If the computer system of* ~~which is transmitted to a fulfillment pharmacy pursuant to subparagraph (1) of paragraph (b) of subsection 1 is not available to the fulfillment pharmacy, the fulfillment pharmacy is incapable of transmitting such data to the dispensing pharmacy, the fulfillment pharmacy shall not fill or refill the prescription and shall notify the dispensing pharmacy that the fulfillment pharmacy cannot~~ **:**

~~(a) Shall not fill or refill the prescription~~ **;** *and*

~~(b) Shall transmit the prescription back to the dispensing pharmacy to be filled or refilled.~~

3. If a dispensing pharmacy:

(a) Does not include prescription drugs ordered by prescriptions that are filled or refilled by a fulfillment pharmacy in the inventory of the dispensing pharmacy, the dispensing pharmacy shall, not later than 30 days after receipt of a prescription drug ordered by a prescription that was filled or refilled by a fulfillment pharmacy:

(1) Return the prescription drug to the fulfillment pharmacy that filled or refilled the prescription if the prescription drug has not been dispensed to a patient or an agent of a patient; and

(2) Ensure that a pharmacist employed by the dispensing pharmacy records the date that the prescription drug was returned to the fulfillment pharmacy on a written document that is maintained at the dispensing pharmacy or in the record of the prescription in the computer

system of the dispensing pharmacy.

(b) Includes prescription drugs ordered by prescriptions that are filled or refilled by a fulfillment pharmacy in the inventory of the dispensing pharmacy, the dispensing pharmacy shall:

(1) Not take possession of a prescription drug ordered by a prescription that was filled or refilled by a fulfillment pharmacy unless the prescription drug is accompanied by *a written or electronic record [an invoice]*;

(2) File and process an invoice for each prescription drug that it receives from a fulfillment pharmacy in the same manner as the dispensing pharmacy files and processes invoices for prescription drugs that it receives from a wholesaler; and

(3) Process and treat each prescription drug ordered by a prescription that is filled or refilled by a fulfillment pharmacy in the same manner as the dispensing pharmacy processes and treats prescription drugs that originate from the inventory of the dispensing pharmacy.

4. The transmission of a prescription by a dispensing pharmacy to a fulfillment pharmacy pursuant to this section is not a transfer of a prescription.

5. A dispensing pharmacy shall ensure that:

(a) A patient has been counseled in compliance with NRS 639.266 and NAC 639.707 and 639.708; and

(b) All communications with the patient are made by and through the dispensing pharmacy *or fulfillment pharmacy*.

6. If a prescription is transmitted to and filled or refilled by a fulfillment pharmacy pursuant to this section, both the dispensing pharmacy and the fulfillment pharmacy are individually responsible for ensuring that *their respective portions of* the prescription *[has] have* been filled or refilled correctly.

7. A dispensing pharmacy shall not transmit, and a fulfillment pharmacy shall not fill or refill, a prescription pursuant to this section for any controlled substance listed in schedule II.

8. As used in this section:

(a) "Dispensing pharmacy" means a pharmacy licensed by the Board that:

(1) Sends a prescription to a fulfillment pharmacy to be filled or refilled by the fulfillment pharmacy; and (2) Dispenses the prescription drug ordered by the prescription and filled or refilled by the fulfillment pharmacy to the ultimate user.

☐ *The term includes a mail order pharmacy.*

(b) "Fulfillment pharmacy" means a pharmacy licensed by the Board that fills or refills prescriptions on behalf of a dispensing pharmacy.

(c) *"Mail order pharmacy" means a pharmacy licensed by the Board that fills or refills prescriptions and dispenses the majority of the prescriptions it fills or refills by mail or common carrier to the ultimate user.*

(d) "Wholesaler" has the meaning ascribed to it in NRS 639.016.

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**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R123-09**

October 13, 2009

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§1 and 2, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; adding certain controlled substances to schedule III of controlled substances; removing certain controlled substances from schedule V of controlled substances; and providing other matters properly relating thereto.

**Section 1.** NAC 453.530 is hereby amended to read as follows:

453.530 1. Schedule III consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including their salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule III, including:

(a) Those compounds, mixtures or preparations in dosage unit form containing any substance listed in schedule II which has a stimulant effect on the central nervous system, which compounds, mixtures or preparations were listed on August 25, 1971, as excepted compounds

under the regulations of the Drug Enforcement Administration of the Department of Justice, and any other drug of the same quantitative composition as a drug shown on the list or which is the same except that it contains a lesser quantity of controlled substances;

- (b) Benzphetamine;
- (c) Chlorphentermine;
- (d) Clortermine; or
- (e) Phendimetrazine.

↪ For the purposes of this subsection, “isomer” includes the optical, position or geometric isomer.

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system is hereby enumerated on schedule III:

- (a) Any substance which contains any quantity of a derivative of barbituric acid or any salt thereof;
- (b) Chlorhexadol;
- (c) Embutramide;
- (d) Lysergic acid;
- (e) Lysergic acid amide;
- (f) Methyprylon;
- (g) Sulfondiethylmethane;
- (h) Sulfonethylmethane;
- (i) Sulfonmethane;

(j) Any compound, mixture or preparation containing amobarbital, secobarbital, pentobarbital or any salt thereof and one or more other active medicinal ingredients, which are not listed in any schedule;

(k) Any suppository dosage form containing amobarbital, secobarbital, pentobarbital, or any salt of any of these drugs approved by the Food and Drug Administration of the United States Department of Health and Human Services for marketing only as a suppository; or

(l) Tiletamine and zolazepam or any salt thereof. (Some trade or other names for a tiletamine-zolazepam combination product: Telzol. Some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thienyl)-cyclohexanone. Some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-[3,4-e][1,4]-diazepin-7(1H)-one, flupyrazapon).

4. Nalorphine is hereby enumerated on schedule III.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs or their salts, calculated as the free anhydrous base or alkaloid, in quantities is hereby enumerated on schedule III:

(a) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(b) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(c) Not more than 300 milligrams of dihydrocodeinone (hydrocodone) per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(d) Not more than 300 milligrams of dihydrocodeinone (hydrocodone) per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(e) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(f) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(g) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts; or

(h) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

6. Except as otherwise provided in subsections 7 and 8, or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of:

(a) Ephedrine, pseudoephedrine or phenylpropanolamine, their optical isomers, salts and salts of optical isomers, other than an over-the-counter ephedrine, pseudoephedrine or phenylpropanolamine drug product;

(b) N-methylephedrine, its optical isomers, salts and salts of optical isomers;

(c) Hydriodic acid; or

(d) Hydrogen iodide gas,

↪ are, as immediate precursors, controlled, the control of which is necessary to prevent, curtail or limit the manufacture of the controlled substances methamphetamine and N, N-dimethylamphetamine.

7. Ephedrine sulfate injection, as a solution, in either single-dose or multiple-dose ampules or vials in the possession of a practitioner or other person licensed by the Board to possess drugs is not a controlled substance.

8. Mahuang or other botanical products of genus *Ephedra* used in their natural state as a preparation for human consumption are not controlled substances for the purposes of this section.

9. Except as otherwise provided in subsections 10 and 11, or specifically excepted or listed in another schedule, any material, compound, mixture or preparation containing any quantity of anabolic steroids, including their salts, isomers, esters and salts of isomers, whenever the existence of such salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule III:

- (a) Androisoxazole;
- (b) Androstenediol;
- (c) Bolandiol;
- (d) Bolasterone;
- (e) Boldenone;
- (f) Chlormethandienone;
- (g) Clostebol;
- (h) Chorionic gonadotropin (HGC);
- (i) Dihydrochlormethyltestosterone;

- (j) Dihydromesterone;
- (k) Drostanolone;
- (l) Ethylestrenol;
- (m) Fluoxymesterone;
- (n) Formebolone;
- (o) Formyldienolone;
- (p) 4-Hydroxy-19-nortestosterone;
- (q) Mesterolone;
- (r) Methandrenone;
- (s) Methandriol;
- (t) Methandrostenolone;
- (u) Methenolone;
- (v) 17-Methyltestosterone;
- (w) Methyltrienolone;
- (x) Mibolerone;
- (y) Nandrolone;
- (z) Norbolethone;
- (aa) Norethandrolone;
- (bb) Normethandrolone;
- (cc) Oxandrolone;
- (dd) Oxymesterone;
- (ee) Oxymetholone;

- (ff) Quinbolone;
- (gg) Stanolone;
- (hh) Stanozolol;
- (ii) Stenbolone;
- (jj) Testolactone;
- (kk) Testosterone; or
- (ll) Trenbolone.

10. Any anabolic steroid described in subsection 9 which is used solely for implantation in cattle or any other nonhuman species and is approved by the Food and Drug Administration for that use is not a controlled substance.

11. The following classifications are not controlled substances for the purposes of this section:

- (a) Oral combinations containing therapeutic doses of estrogen and androgen;
- (b) Parenteral preparations containing therapeutic doses of estrogen and androgen;
- (c) Topical preparations containing androgens or combinations of androgen and estrogen; and
- (d) Vaginal preparations.

12. Ketamine HCL is hereby enumerated on schedule III.

13. Synthetic Dronabinol in sesame oil encapsulated in a soft gelatin capsule in a drug product approved by the Food and Drug Administration (some trade or other names: (6aR-trans)-6a,7,8,10a-tetrahydro-6; 6,9-trimethyl-3-pentyl-6H-dibenzo [b,d]pyran- 1-ol; (-)-delta-9-(trans)-tetrahydrocannabinol; Marinol) is hereby enumerated on schedule III.

14. Gamma-hydroxybutyrate prepared by a registered pharmaceutical manufacturer of the Food and Drug Administration which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Food and Drug Administration is hereby enumerated on schedule III.

15. Human growth hormone (HGH) is hereby enumerated on schedule III.

16. *Any material, compound, mixture or preparation containing buprenorphine, including its salts, is hereby enumerated on schedule III.*

17. As used in this section, “over-the-counter ephedrine, pseudoephedrine or phenylpropanolamine drug product” means a drug product that is packaged and sold in compliance with 21 U.S.C. §§ 801 et seq.

Sec. 2. NAC 453.550 is hereby amended to read as follows:

453.550 1. Schedule V consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. ~~{Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing buprenorphine, including its salts,~~

~~—3.—~~ Any compound, mixture or preparation containing any of the following narcotic drugs or their salts calculated as the free anhydrous base alkaloid, containing one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone, in quantities:

(a) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;

(b) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;

- (c) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;
- (d) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;
- (e) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams; or
- (f) Not more than 0.5 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

~~{4-}~~ 3. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pyrovalerone having a stimulant effect on the central nervous system, including their salts, isomers and salts of isomers.

~~{5-}~~ 4. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pregabalin having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers.

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**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R120-09**

October 13, 2009

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §1, NRS 639.070 and 639.1373.

A REGULATION relating to pharmacy; revising the requirements for a physician assistant to obtain a registration certificate to prescribe and dispense certain medications and devices; and providing other matters properly relating thereto.

**Section 1.** NAC 639.272 is hereby amended to read as follows:

639.272 1. The application of a physician assistant for:

(a) A registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices; or

(b) A registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices,  
→ must be in writing and filed with the Executive Secretary.

2. Each application for a registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe controlled

substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.

3. Each application for a registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.

4. Each physician assistant who applies for a registration certificate pursuant to subsection 3 must:

(a) Personally appear before the Board for determination and assignment of the specific authority to be granted to the physician assistant if the physician assistant:

(1) Responded affirmatively to any of the questions on the application regarding his character or competency; or

(2) Is requested to do so by the Board; *and*

(b) ~~{Submit a statement, signed by the applicant and a pharmacist who is registered with the Board, indicating that the pharmacist is available to the applicant as a consultant concerning the dispensing of controlled substances, poisons, dangerous drugs and devices; and~~

~~—(c)}~~ Pass an examination administered by the Board on the law relating to pharmacy.

5. Each physician assistant to whom a registration certificate is issued must be registered to a supervising physician.

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**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R119-09**

October 13, 2009

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 639.070 and 639.170.

A REGULATION relating to pharmacy; increasing the fees for the investigation, registration or renewal of registration of an applicant as a registered pharmacist; increasing the fees for the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity; increasing the fees for the investigation, registration and renewal of registration of an applicant as an intern pharmacist; and providing other matters properly relating thereto.

**Section 1.** NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist .....	Actual cost
	of the
	examination
For the investigation or registration of an applicant as a registered pharmacist.....	<del>[\$150]</del> <b>\$180</b>
For the investigation, examination or registration of an applicant as a registered	
pharmacist by reciprocity.....	<del>{150}</del> <b>180</b>

For the investigation or issuance of an original license to conduct a retail pharmacy.....	500
For the biennial renewal of a license to conduct a retail pharmacy.....	500
For the investigation or issuance of an original license to conduct an institutional pharmacy.....	500
For the biennial renewal of a license to conduct an institutional pharmacy.....	500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution .....	500
For the biennial renewal of a license to conduct a pharmacy in a correctional institution .....	500
For the issuance of an original or duplicate certificate of registration as a registered pharmacist .....	50
For the biennial renewal of registration as a registered pharmacist.....	<del>{150}</del> 180
For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse) .....	100
For the initial registration of a pharmaceutical technician or pharmaceutical technician in training.....	40
For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training .....	40
For the investigation or registration of an intern pharmacist.....	<del>{15}</del> 40
For the biennial renewal of registration as an intern pharmacist .....	<del>{15}</del> 40

For the investigation or registration of an advanced practitioner of nursing or a physician assistant to prescribe drugs that are not controlled substances.....	80
For the biennial renewal of registration of an advanced practitioner of nursing or a physician assistant to prescribe drugs that are not controlled substances.....	80
For authorization of a physician, advanced practitioner of nursing, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances .....	80
For the biennial renewal of authorization of a physician, advanced practitioner of nursing, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....	80
For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler .....	500
For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler .....	500
For the investigation or issuance of an original license to a manufacturer or wholesaler .....	500
For the biennial renewal of a license for a manufacturer or wholesaler .....	500

For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon .....	50
For authorization of a practitioner to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both .....	300
For the biennial renewal of authorization of a practitioner to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....	300

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 4 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practitioner of nursing who is required to pay a fee pursuant to NAC 639.870.

5. A health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,  
↪ is not required to pay the fee for the collective certification of advanced practitioners of nursing in the employ of a public or nonprofit agency as set forth in subsection 1.

6. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,  
↪ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

7. A practitioner who is exempt from the payment of a fee pursuant to subsection 6 shall notify the Board in writing of each change of address or additional address, or both.

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**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R122-09**

October 13, 2009

EXPLANATION – Matter in *italics* is new; matter in brackets ~~(omitted material)~~ is material to be omitted.

AUTHORITY: §1, NRS 639.070 and 639.1375.

A REGULATION relating to pharmacy; revising the requirements for an advanced practitioner of nursing to obtain a certificate of registration to dispense certain medications; and providing other matters properly relating thereto.

**Section 1.** NAC 639.870 is hereby amended to read as follows:

639.870 1. The application of an advanced practitioner of nursing for a certificate of registration to dispense controlled substances, poisons, dangerous drugs and devices must include:

- (a) The name, address, social security number and telephone number of the applicant;
- (b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to dispense controlled substances, poisons, dangerous drugs and devices;
- (c) The name, address and telephone number of the applicant's collaborating physician;
- (d) ~~{A statement signed by a pharmacist registered by the Board and the applicant which indicates that the pharmacist is available to the applicant as a consultant concerning the dispensing of controlled substances, poisons, dangerous drugs and devices;~~

~~—(e)~~ Written verification from the State Board of Nursing that the applicant has passed an examination on Nevada law relating to pharmacy; and

~~{(f)}~~ (e) Any other information requested by the Board.

2. Each application for the issuance or the biennial renewal of a certificate of registration must be accompanied by a nonrefundable fee of \$300. The biennial certificate of registration covers the period beginning on November 1 of each even-numbered year.

3. Each advanced practitioner of nursing who applies for a certificate of registration and his collaborating physician must appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced practitioner of nursing if the advanced practitioner of nursing:

(a) Will be operating in a practice not previously licensed by the Board;

(b) Responded affirmatively to any of the questions on the application regarding his character or competency; or

(c) Is requested to do so by the Board.

4. Each advanced practitioner of nursing to whom a certificate of registration is issued must be registered to a collaborating physician.

5. An advanced practitioner of nursing who fails to renew his certificate of registration within the time prescribed by statute or regulation must pay, in addition to the fee for renewal required by subsection 2, a fee equal to 50 percent of the fee for the renewal of the certificate.

## BOARD MEETING

at the

Airport Plaza Hotel  
1981 Terminal Way  
Reno

December 2<sup>nd</sup> and 3<sup>rd</sup>, 2009

The meeting was called to order at 9:00 a.m. by Don Fey, Board President.

### Board Members Present:

Keith Macdonald	Beth Foster	Kirk Wentworth
Donald Fey	Chad Luebke	Kam Gandhi
Mary Lau		

### Board Members Absent:

### Board Staff Present:

Larry Pinson	Jeri Walter	Carolyn Cramer	Keith Marcher
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## CONSENT AGENDA

1. Approval of October 14-15, 2009, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
  - A. 180 Medical, Inc. – Oklahoma City, OK
  - B. American Diabetic Assistance – Coral Springs, FL
  - C. Kalisthenics, Inc. – Buena Park, CA
  - D. Medico Express, Inc. – Miami, FL
  - E. NE Ohio Health & Home Solutions – Wickliffe, OH
  - F. Oxford Diabetic Supply Inc. – New York, NY
  - G. Rehab Systems Inc. – Twin Falls, ID

Applications for Out-of-State Pharmacy – Non Appearance:

- H. Agropec Trading, Inc. – Hialeah, FL
- I. Bell Plaza Pharmacy – Bell, CA
- J. California Pharmacy & Compounding Center – Newport Beach, CA
- K. Easy Scripts, Inc. – Chicago, IL
- L. Medco Health Solutions of Indiana, LLC – Whitestown, IN

- M. PMSI – Tampa, FL
- N. RSF Pharmaceuticals – San Marcos, CA
- O. Select Rx – Chalfont, PA
- P. Wickcliffe Veterinary Pharmacy – Lexington, KY

Applications for Out-of-State Wholesaler – Non Appearance:

- Q. Allocation Inc. – Park Ridge, NJ
- R. Amylin Ohio, LLC – Hamilton, OH
- S. Antigen Laboratories, Inc. – Liberty, MO
- T. Associated Pharmacies, Inc. – Scottsboro, AL
- U. Cardinal Health – Denver, CO
- V. Foundation Care LLC – Earth City, MO
- W. KCI USA, Inc. – Pittston, PA
- X. Slate Pharmaceuticals, Inc. – Durham, NC
- Y. Virbac AH, Inc. – Bridgeton, MO
- Z. Webster Veterinary Supply, Inc. – Phoenix, AZ

Applications for Nevada Pharmacy – Non Appearance:

- AA. Cardinal Health 414, LLC – Las Vegas
- BB. Nevada Drug Compounding Pharmacy East – Henderson
- CC. Nevada Drug Compounding Pharmacy West – Las Vegas
- DD. Unique Care Pharmacy Inc. – Las Vegas
- EE. Walgreens #10862 – Las Vegas
- FF. Walgreens #11668 – Las Vegas
- GG. Walgreens #12540 – Sparks

Application for Nevada MDEG – Non Appearance:

- HH. Unique Care Pharmacy Inc. – Las Vegas

Discussion:

The consent agenda applications and supporting documents were reviewed. Larry Pinson asked that BB and CC be pulled from the vote for discussion.

NOTE: Mary Lau was delayed and was not present to vote on the Consent Agenda.

Board Action:

Motion: Keith Macdonald found the consent agenda application information to be accurate and complete and moved for approval with the exception of items BB and CC.

Second: Chad Luebke

Action: Passed Unanimously.

Motion: Chad Luebke found the minutes to accurate and complete and moved for approval.

Second: Kam Gandhi

Action: Passed Unanimously.

Discussion:

Carolyn Cramer noted that there were discrepancies on the applications from Nevada Compounding Pharmacy East and West. One indicated that someone in their organization had a misdemeanor or felony and the other did not. The one that indicated they had a misdemeanor or felony did not provide any details as required.

Motion: Kam Gandhi moved to table the applications until clarification was provided to Board staff.

Second: Keith Macdonald

Action: Passed Unanimously

### REGULAR AGENDA

#### 3. Reconsideration of Board Order – Appearance:

Davidson Okpukpara, R.Ph

(09-054-RPH-N)

Davidson Okpukpara appeared and was sworn by President Fey prior to answering questions or offering testimony.

NOTE: Mary Lau recused from participation as Mr. Okpukpara works for one of the pharmacies that belong to RAN.

Mr. Okpukpara advised the Board that this was his last week practicing as an intern pharmacist as directed in his Order. Mr. Okpukpara asked the Board to consider reducing the fine that was imposed in the referenced case because he had already taken a drastic pay cut for practicing as an intern and it has become a hardship on his family. He also requested the length of probation be shortened and asked that he be allowed to practice as a managing pharmacist.

Mr. Okpukpara gave a review of his career and apologized for errors happening when he was on duty. He feels that he is being punished again for his first error which was more serious than the one in the referenced case, yet he is being more severely punished and asked the Board for leniency.

The Board asked Mr. Okpukpara why it was important for him to be a managing pharmacist. He indicated that when he went to work at Raley's in Winnemucca as their managing pharmacist, he was to help make the pharmacy more efficient and orderly and he would like to continue with those responsibilities. Mr. Okpukpara indicated that he has learned from his experience of practicing as an intern pharmacist that he needs to focus on his job and not let distractions interfere with his practice. He stated that he has set up new guidelines for the practice of pharmacy for himself and the staff from the lessons he has learned from this experience.

Keith Macdonald indicated that he thinks the fine imposed upon Mr. Okpukpara for a non-ingested error was excessive and disallowing him to practice as a managing pharmacist for three years is too long.

Chad Luebke noted that originally he felt that Mr. Okpukpara had issues taking ownership of the error in this matter. Mr. Luebke indicated that he now feels that his internship has allowed him to reflect and accept responsibility for his actions.

Mr. Macdonald suggested that we reduce the fine to \$1,000.00 and when Mr. Okpukpara needs to perform as a managing pharmacist have him make the request at that time. Mr. Okpukpara indicated that he can still perform pharmacist duties and set up guidelines for the store without being a managing pharmacist at this time.

After a failed motion, the following motion was passed:

Board Action:

Motion: Kam Gandhi moved to reduce the fine from \$3,000.00 to \$1,500.00 plus fees and costs, allow Mr. Okpukpara to pay the fine and fees within six months rather than 90 days and amend his Order further to allow Mr. Okpukpara to practice as a managing pharmacist.

Second: Keith Macdonald

Action: Passed With One Negative Vote

4. Disciplinary Actions:

- |    |                      |                |
|----|----------------------|----------------|
| A. | Virginia Agha, R.Ph  | (09-065-RPH-N) |
| B. | Costco Pharmacy #646 | (09-065-PH-N)  |

Warren Wong, district pharmacy manager for Costco, Virginia Agha, Rita Middleton, complainant, and Joe Depczynski, Board investigator appeared and were sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer called Joe Depczynski to testify on this matter. Mr. Depczynski described the procedures he follows when doing an investigation. Mr. Depczynski explained what he learned in this instance. A pharmaceutical technician received the

prescription for Elavil 10 mg. tablets from Ms. Middleton and input it into the Costco computer system. The pharmaceutical technician used a dropdown list to choose the generic substitution for Elavil and in so doing she chose the wrong strength. After input, the prescription was going to be sent to a central fill facility for filling. Ms. Agha was the confirming pharmacist on this prescription and checked it before it went to the central fill facility. Ms. Agha did not look at the original prescription. The central fill facility does not see the original prescription so they filled from what they received from the pharmacy. Mr. Depczynski also indicated that there was no indication on the counseling log that counseling had taken place. Ultimately, Ms. Middleton received 100 mg. tablets of generic Elavil rather than the 10 mg. tablets her physician prescribed.

Rita Middleton testified that she received her prescription from Costco and began taking the medication she was given. Ms. Middleton stated that she slept for three days and went to the hospital and had an EKG and other tests. Ms. Cramer asked Ms. Middleton if she was counseled when she picked up her medication and she indicated that Ms. Agha advised her to take one tablet at bedtime but nothing more. Ms. Middleton made an appointment with her physician and questioned the dosage. It was at that time Ms. Middleton realized she was given 100 mg. generic Elavil rather than the 10 mg. tablets her physician prescribed.

Ms. Agha described her pharmacy practice and explained her normal counseling procedures. Ms. Agha indicated that she found it unusual that if she spoke with Ms. Middleton that she only told her to take one tablet at bedtime. There was lengthy discussion regarding the processing of prescriptions at Costco and their central fill facility. Ms. Agha admitted that they were not keeping accurate records of central fill prescriptions at the time this error occurred, however since this incident they have found a less cumbersome process to ensure the records were accurate. Ms. Agha indicated that they had only had their central fill facility for approximately two months at the time Ms. Middleton's prescription was filled.

Mr. Wong explained the changes they have made to circumvent this type of error from happening again, however he admitted that the central fill facility still does not have the ability to view original written prescriptions.

Carolyn Cramer made closing statements and gave recommendations.

Keith Macdonald voiced his concerns regarding the counseling charges. He indicated that a pharmacist cannot possibly go over all eight items in our regulations. Mr. Macdonald indicated he would like to dismiss the Second and Third Causes of Action since Ms. Middleton admitted that the pharmacist spoke with her. Having said that, Mr. Macdonald again reiterated that it was impossible to determine what defines the amount of counseling and what is appropriate. Mary Lau and Beth Foster agreed with Mr. Macdonald's suggestion.

#### Board Action:

Motion: Chad Luebke moved to find Ms. Agha guilty of the First Cause of Action.

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Chad Luebke moved to fine Ms. Agha \$1,000.00 for the error in the First Cause of Action.

Second: Beth Foster

Action: Passed With One Negative Vote

Motion: Chad Luebke moved to find Ms. Agha not guilty of the Second Cause of Action.

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Chad Luebke moved to find Costco guilty of the Third Cause of Action

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Chad Luebke moved to fine Costco \$750.00 for the Third Cause of Action regarding counseling.

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Chad Luebke moved to find Costco guilty of the Fourth Cause of Action.

Second: Beth Foster

Action: Passed Unanimously

Motion: Chad Luebke moved to have Costco meet with Board staff to review their counseling records.

Second: Mary Lau

Action: Passed Unanimously

Motion: Chad Luebke moved to have Ms. Agha and Costco split the fees and costs in this matter.

Second: Kam Gandhi

Action: Passed Unanimously

C. Kevin L. Green, PTT (09-074-PT-N)

Carolyn Cramer noted that Mr. Green was notified of the time and place of the hearing however he was not present.

Ms. Cramer noted that this was a termination of employment notice from Walgreens #04789. Mr. Green had been terminated from employment for diversion of dangerous drugs, namely 30 tablets of Tramadol and a two month supply of Ocilla birth control pills. Mr. Green also diverted controlled substances, namely 300 Percocet 10/325 mg. tablets.

Board Action:

Motion: Keith Macdonald moved to find Mr. Green guilty of the First and Second Causes of Action.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Mr. Green's pharmaceutical technician in training registration.

Second: Kam Gandhi

Action: Passed Unanimously

D. Kevin O'Neil Jr, R.Ph (09-069-RPH-N)

E. Wal-Mart Pharmacy #10-3408 (09-069-PH-N)

NOTE: Keith Macdonald recused from participation in this matter as he is employed by Wal-Mart and Mary Lau recused because Wal-Mart is a member of RAN.

Debbie Mack appeared for Wal-Mart and Hal Taylor was present as local legal counsel for Wal-Mart. Mr. O'Neil represented himself.

Carolyn Cramer advised the Board that all parties had stipulated to the facts of this matter and made a recommendation for all three Causes of Action. She recommended a fine of \$1,000.00 for the First Cause of Action regarding the error made by Mr. O'Neil, a fine of \$750.00 for the Second Cause of Action regarding failure to counsel for Mr. O'Neil, and Board Staff to meet with Wal-Mart regarding their counseling issues for the Third and Fourth Causes of Action.

Joe Depczynski, Board investigator, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Depczynski gave a synopsis of his investigation into this matter. Glenn Ladd, the complainant, took a new prescription for four 50,000 IU vitamin D capsules to Wal-Mart to be filled. Mr. Depczynski found during his investigation that a pharmaceutical technician input the prescription into the pharmacy computer however inadvertently entered the wrong directions causing Mr. Ladd to take 50,000 IU vitamin D tablets daily for four days rather than one a week. Mr. O'Neal was the pharmacist that verified the work of the pharmaceutical technician and did not notice that the directions were incorrect. Mr. Depczynski reviewed the counseling records and they showed that Mr. Ladd refused counseling 18 minutes after he purchased the prescription.

Glenn Ladd appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Ladd gave details of what he experienced as the result of taking too much vitamin D. He explained that he has a heart condition and he suffered from nausea, stomach cramps, diarrhea, loss of appetite, dry mouth, insomnia, headaches and rapid heartbeat and heart fluttering. Mr. Ladd's cardiologist prescribed medication to help regulate his heartbeat.

Mr. O'Neil asked Mr. Ladd if he had lab work done and what the levels were. Mr. Ladd responded that he had lab work done, however by the time the labs were done his vitamin D levels were almost normal.

Kevin O'Neil appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. O'Neil explained that he had researched vitamin D levels and found common dosing quantities and stated that he did not believe the amount that Mr. Ladd had ingested could have done harm. Mr. O'Neil presented a packet of redacted prescriptions showing common quantities prescribed by local physicians that the dosages were as high as Mr. Ladd had ingested and higher. The packet was marked as Exhibit A and admitted into the record.

Mr. Taylor presented a screen shot showing how the Wal-Mart computer system is set up in Arizona when counseling is required. The screen shot was marked Exhibit B and accepted into the record.

Ms. Cramer indicated that Board staff was anxious to sit down with Wal-Mart and work out a solution to ensure their counseling records are accurate and reflect the real time counseling was accepted or refused.

Mr. Taylor gave closing remarks and noted that he is comfortable that the recommendation made by Ms. Cramer was appropriate.

After Board discussion and agreement with counsel it was agreed that for the First Cause of Action against Mr. O'Neil he will be fined \$1,000.00 for the error. The Second Cause of Action against Mr. O'Neil is dismissed. On the Third Cause of Action there is no contest from Wal-Mart for failing to maintain counseling records accurately and will pay a fine of \$705.00. For the Fourth Cause of Action for Wal-Mart owning and operating the pharmacy in which the error occurred, Wal-Mart will meet with Board staff to resolve the counseling record issue.

Board Action:

Motion: Kam Gandhi moved to accept the stipulated agreement as presented.

Second: Beth Foster

Action: Passed Unanimously

After this hearing, Keith Macdonald stated that he wanted to discuss counseling. He indicated that he is frustrated with the whole counseling issue. He is aware that each chain store has their own method of tracking counseling, but stated that he wants an interpretation of what "immediately documented" in our law means. Chad Luebke said there must be a way to come to a meaningful compromise between Nevada law and how each chain handles documentation of counseling. Mr. Macdonald stated that he would like our law to say what it means.

The Board directed staff to put the counseling issue on the January agenda as a Discussion and Determination item.

F. Scott W. Bainbridge, R.Ph

(09-075-RPH-O)

Carolyn Cramer advised the Board that Mr. Bainbridge had signed a stipulated agreement relinquishing his pharmacist license in Nevada to parallel an action taken in the state of Iowa. Mr. Bainbridge was on probation in Iowa and he violated his probation by consuming alcohol and failing to file monthly reports with the Iowa Board of Pharmacy.

Board Action:

Motion: Chad Luebke moved to accept the Stipulated Agreement.

Second: Kam Gandhi

Action: Passed Unanimously

5. Request for Pharmacist License – Reciprocity – Appearance:

Madonna R. Wilcox, R.Ph

Ms. Wilcox cancelled her appearance and will reschedule.

6. Application for Nevada Manufacturer – Appearance:

Central Admixture Pharmacy Services Inc. – Las Vegas

Bill Jones appeared and was sworn by President Fey prior to answering questions or offering testimony.

Larry Pinson reviewed the CAPS application process for the new Board members. They are applying for a manufacturing license, however have been unable to provide proof to Board staff that they are licensed as a manufacturer with the FDA.

Mr. Jones read a correspondence for the FDA. He conceded that the circumstances are unusual, but even the FDA cannot provide a “certificate” for the location they are trying to license with our Board. Through an intricate history of e-mails between a representative from the FDA and Mr. Jones and one of his associates, the FDA representative cannot be certain when their facility will show on the FDA Drug Registration Listing System. The Board asked Mr. Jones if their other locations show on the FDA system and they all do, except for this specific location which they are assured will show eventually.

Board Action:

Motion: Keith Macdonald moved to approve the application for CAPS.

Second: Chad Luebke

Action: Passed Unanimously

Mr. Jones thanked the Board and advised that he would keep in touch with Board staff as to their progress of getting this facility on the FDA verification list.

7. Request for Pharmaceutical Technician in Training License – Appearance:

Rachel L. May

Rachel May appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised that Ms. May had answered the question regarding having been charged, arrested or convicted of a misdemeanor or felony in the affirmative on her pharmaceutical technician in training application. Ms. May is present to answer questions from the Board.

Ms. May was very matter of fact. She admitted that she had been arrested for driving under the influence of alcohol but claimed that she is not alcohol dependent. In fact, she is diabetic and generally does not drink. Ms. May indicated that all of the charges have been dropped against her. Ms. May was asked why she wanted to be a pharmaceutical technician and she indicated that she was an EMT for a long time but would rather be a pharmaceutical technician because she does not want to touch people but would like to help people nonetheless. Ms. May indicated that she has a B average at CCNN and would like to complete the program by obtaining her pharmaceutical technician in training registration so she can work in a pharmacy. Ms. May was asked if she would be open to having a PRN-PRN evaluation and she indicated that she would.

Board Action:

Motion: Chad Luebke moved to approve Ms. May's application for pharmaceutical technician in training and require her to have a PRN-PRN evaluation.

Second: Kam Gandhi

Action: Passed Unanimously

8. Applications for Nevada Pharmacy – Appearance:

A. Clark County Pharmaceutical Services – Las Vegas

William Dahlberg appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer reviewed the application process with Clark County Pharmaceutical Services to date. At the last meeting the application was tabled and Roy Beal and William Dahlberg were asked to meet with Board staff to come up with some conditions they would be willing to abide by if their application were approved. Ms. Cramer indicated that Board staff still did not recommend approval of this application.

Larry Pinson reviewed the list of seven conditions they came up with, including providing copies of contracts with clients and suppliers, providing copies of un-redacted purchases and sales, the pharmacy will provide purple sheets on a monthly basis, there will be no change in their corporate structure or pharmacy management without prior approval and paramount to the agreement, they would not be authorized to deal in MDEG products for a period of one year.

Mr. Dahlberg stated that Board staff did not have the correct information regarding the timeline of Mr. Dahlberg and Mr. Beal's activities with previous business entities. He stated that they have agreed to the conditions structured at the meeting with Board's staff and they plan to do business as upstanding citizens in the Las Vegas area and request approval of their application for a sole proprietor pharmacy license.

Board Action:

Motion: Keith Macdonald moved to approve the application with the conditions Mr. Dahlberg and Mr. Beal agreed to.

Second: No Second

Action: Motion Failed

Motion: Chad Luebke moved to deny the application.

Second: Mary Lau

Action: Passed With One Negative Vote

Mr. Dahlberg questioned the Board regarding their decision to deny the application. He demanded specific reasons why Mr. Luebke and Ms. Lau made the motion to deny. After discussion the Board tried another motion.

Board Action:

Motion: Kirk Wentworth moved to reconsider the first motion.

Second: Keith Macdonald

Action: Motion Failed With 4 Negative Votes

B. Ridley's Pharmacy #1154 – Ely

John W. Condry, risk manager for Ridley's, appeared and was sworn by President Fey prior to answering questions or offering testimony.

NOTE: Mary Lau recused from participation in this matter.

Mr. Condry advised the Board that two years ago Ridley's purchased Gorman's grocery store in Ely but the grocery store did not have a pharmacy. They purchased Step Toe Pharmacy from Art Olson and eventually they will be moving the pharmacy into the grocery store. At the moment Mr. Olson is staying on as the managing pharmacist and to help with the transition. Currently Ridley's owns thirteen grocery stores in Idaho, Wyoming and Utah and ten of those grocery stores have pharmacies, so they are aware of how to go about adding the pharmacy to Gorman's grocery store.

Board Action:

Motion: Kam Gandhi moved to approve the application for pharmacy for Ridley's

Second: Keith Macdonald

Action: Passed Unanimously

9. Applications for Out-of-State Pharmacy – Appearance:

- A. BioRx – Urbandale, IA
- B. Walgreens Specialty Infusion Pharmacy – Lombard, IL

No one appeared for BioRx or Walgreens Specialty Infusion Pharmacy.

Board Action:

Motion: Kam Gandhi moved to table the applications for BioRx and Walgreens Specialty Infusion Pharmacy.

Second: Beth Foster

Action: Passed Unanimously

10. Application for Out-of-State MDEG – Appearance:

In Home Rx – San Marcos, CA

Dennis Karnes, president, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Karnes gave a description of his business plan. He is applying for an out of state MDEG license so he can ship from California to Nevada patients.

Carolyn Cramer advised the Board that Mr. Karnes is already operating in Nevada and asked Ray Seidlinger to come forward.

Ray Seidlinger, Board inspector, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Seidlinger stated that he went to 4320 West Reno #C in Las Vegas to inspect Arise Medical, Inc. When he arrived he was informed that it was not Arise Medical now, but it was Three Wishes. The person at Arise/Three Wishes told Mr. Seidlinger that Three Wishes ships to 4320 West Reno #C in Las Vegas from their facility in California and do not ship directly to patients.

After discussion with the Board, Mr. Karnes withdrew his application.

11. Election of Treasurer

Board Action:

Motion: Kam Gandhi moved to elect Keith Macdonald as Treasurer of the Board.

Second: Chad Luebke

Action: Passed Unanimously

## 12. General Counsel Report

Carolyn Cramer advised the Board that she attended the ASPL conference and related some of the highlights. One topic was the Chinese heparin issue in pet food and baby formula. The plant where the filler was made had a process that could not identify if a product was adulterated when tested. The United States sent the FDA to China to investigate but by the time they got there they had executed the plant executive and bulldozed the plant and told the FDA officers there was no more problem.

As follow up to the request for a decrease in wholesaler's surety bonds, she found that J. Knipper was a publicly traded company and did not need to provide a bond. Since then another company has come forth and made a request for a decrease in their bond. Ms. Cramer read a portion of the law that describes who would qualify for a decrease and asked the Board to give her and Larry Pinson the authority to determine if a decrease should be granted.

### Board Action:

Motion: Keith Macdonald moved to grant authority to Larry Pinson and Carolyn Cramer to determine if a wholesaler would qualify for a decrease in their bond requirement.

Second: Kam Gandhi

Action: Passed Unanimously

## 13. Executive Secretary Report:

- A. Financial Report
- B. Investment Report
- C. Audit – Fiscal 2009

Larry Pinson gave the financial and investment reports to the Board's satisfaction and presented the 2009 audit.

- D. Temporary Licenses

There were no temporary licenses granted since the last Board meeting.

- E. Staff Activities
  - 1. CE Programs

- a. Development of program with Your Success (12/11)

Mr. Pinson advised that he and Katie Johnson developed a slide show that they will present at live CE's. He noted that it is a valuable tool and should enlighten

pharmacists about how their environment can affect their practice. They will give their first presentation at Scolari's on December 11<sup>th</sup>.

2. Law and Ethics Class – Sacramento

Mr. Pinson spoke to a group of pharmacy students at California North State College of Pharmacy in Rancho Cordova. He noted that their tuition is \$40,000.00 per year for a four year course of study.

3. Renewals

Renewals ran extremely smoothly this year. Board staff was able to keep up their regular duties as well as keep up with the renewal process.

4. Legislative Commission on Regulations Appearance (10/26)

Board staff appeared before the Legislative Commission and all of our regulations passed.

5. Interim Health Committee Appearance (11/4)

Mr. Pinson appeared before the Interim Health Committee and spoke on prescription drug abuse. He stated that he has also been invited to speak at the dental society and before the Board of Osteopathic Medicine.

F. Reports to Board

1. Financial Disclosure

The Board was asked to complete the financial disclosure form for the Board's records.

2. Report to Legislature on AB 446 (2007 Session)

Mr. Pinson presented the report to the legislature on implementation of AB446 regarding the tracking of prescriptions for controlled substances.

3. Expenses handout

The Board was given the 2010 Per Diem Rates for Meals and Incidental Expenses.

G. Board Related News

1. ICPT

Mr. Pinson directed the Board to a letter from NABP indicating that ICPT had been sold or had transferred ownership. NABP will keep the Board apprised if there are any changes in the ICPT program that would need to be addressed. NABP is in the process of obtaining information on the new owners to ensure the examination and credentialing process satisfies the same standards as originally approved.

H. Activities Report

## WORKSHOP

14. **Proposed Regulation Amendment Workshop** – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.

1. **Amendment of Nevada Administrative Code 639.945** Bona Fide Therapeutic Relationship

Carolyn Cramer advised the Board that Mike Pavlakis of Allison MacKenzie submitted a letter and advised that the language as drafted meets the concerns they raised at the September Board meeting regarding a doctor/patient relationship in correctional facilities.

Ms. Cramer reviewed the genesis of this concept for the new Board members. This is our first attempt at getting something in regulation to allow telemedicine as an option in the correctional facility arena. She indicated that the Legislative Counsel Bureau may not allow it because law specifies that a bona fide relationship is where the doctor “physically” examines a patient.

President Fey noted that he has difficulty with the term “offenders” rather than using the term “patient.” Ms. Cramer explained that in a correctional facility the patients are offenders and that is what LCB calls them.

It was suggested that in 4(c) we add APN to the group of people employed in a correctional institution that can be trained in the use of videoconferencing equipment.

Board Action:

Motion: Keith Macdonald moved to make the correction as noted and bring to Public Hearing.

Second: Kam Gandhi

Action: Passed Unanimously

**2. Amendment of Nevada Administrative Code AB213 Cancer Drug Donation Program.**

Patty Halterman, representing the Nevada Cancer Institute, appeared with questions regarding the donation program and if it would have a central repository and the answer to that was no – the participants would be on their own. This is a voluntary program and each pharmacy that elected to participate would set up their own system of handling the drugs, and issuing them. Ms. Halterman asked about patient consent and Board staff noted that that was addressed in the final draft of AB213. Ms. Halterman thanked the Board for clarification.

Board Action:

Motion: Keith Macdonald moved to bring this regulation to Public Hearing.

Second: Kirk Wentworth

Action: Passed Unanimously

**3. Amendment of Nevada Administrative Code 639.7125 Use of fulfillment pharmacy by dispensing pharmacy.** Twofold: 1) To allow a registered mail order pharmacy to act as a fulfillment pharmacy, and 2) to better regulate and clarify the practices of a fulfillment pharmacy with respect to consumer understanding and patient safety.

Liz Macmenamin, representing RAN and Jeff Sinko, representing Medco, appeared and presented objection to section 8 as written. Ms. Macmenamin and Mr. Sinko asked the Board to remove section 8(2) and © from the language after citing various reasons.

The Board discussed and agreed that that change would be in the best interest for all concerned.

Board Action:

Motion: Mary Lau moved to approve as rewritten and delete section 8(2) and (c) as discussed.

Second: Keith Macdonald

Action: Passed Unanimously

PUBLIC HEARING

15. Notice of Intent to Act Upon a Regulation:

1. **Amendment of Nevada Administrative Codes 453.530 Schedule III and 453.550 Schedule V** The Board is removing buprenorphine from Schedule V (453.530) and adding buprenorphine to Schedule III (453.530) to parallel federal law.

President Fey opened the Public Hearing.

There was no public comment.

President Fey closed the Public Hearing and asked for a motion.

Board Action:

Motion: Keith Macdonald moved to adopt these regulations as presented.

Second: Kam Gandhi

Action: Passed Unanimously

2. **Amendment of Nevada Administrative Code 639.272 Requirements for Physicians Assistant registration.** This amendment will delete the requirement for a physician's assistant to have a relationship with a consultant pharmacist since they are already under the direct supervision of their collaborating physician.

President Fey opened the Public Hearing.

There was no public comment.

President Fey closed the Public Hearing and asked for a motion.

Board Action:

Motion: Kam Gandhi moved to adopt this regulation as presented.

Second: Keith Macdonald

Action: Passed Unanimously

3. **Amendment of Nevada Administrative Code 639.220 Schedule of Fees.**

The language will increase the registration fee and renewal fee for pharmacists from \$150.00 to \$180.00 and the registration fee and renewal fee for intern pharmacists from \$15.00 to \$40.00. The Board has not increased fees for pharmacists since 2001 or for interns since 1995. The cost of doing business has increased, however by increasing these fees it will allow Board staff to continue to serve licensees in a professional timely manner.

The Board discussed increasing the fees for pharmacists and interns. Mary Lau indicated that she did not want to raise fees in this economic time of uncertainty.

President Fey opened the Public Hearing.

Ed Smith supported the increase in pharmacists licensing and renewal fee but felt that interns fees should remain the same.

President Fey closed the Public Hearing and asked for discussion or a motion.

Board Action:

Motion: Keith Macdonald moved to adopt the regulation as presented.

Second: Kirk Wentworth

Action: Passed With One Negative Vote

4. **Amendment of Nevada Administrative Code 639.870 Requirements for Advanced Practitioner of Nursing registration.** This amendment will delete the requirement for an advanced practitioner of nursing to have a relationship with a consultant pharmacist since they are already under the direct supervision of their collaborating physician

President Fey opened the Public Hearing.

There was no public comment.

President Fey closed the Public Hearing and asked for a motion.

Board Action:

Motion: Keith Macdonald moved to adopt this regulation as presented.

Second: Kam Gandhi

Action: Passed Unanimously

16 Next Board Meeting:

January 13 & 14, 2010 – Las Vegas, Nevada

17. Public Comments and Discussion of and Deliberation Upon Those Comments

There was no public comment.