

February 17, 2010

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Airport Plaza Hotel  
1981 Terminal Way  
Reno

Wednesday, March 3, 2010 – 9:00 am

Thursday, March 4, 2010 – 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.

## March 2010 Board Meeting Agenda

- \* 1. [Approval of January 13-14, 2010, Minutes](#)
- \* 2. [Applications for Out-of-State MDEG – Non Appearance:](#)

- A. CoolSystems, Inc. – Alameda, CA
- B. DAKL Management Solutions, LLC – Bridgeview, IL
- C. Electrostim Medical Services, Inc. – Tampa, FL
- D. Medtronic USA, Inc. – Memphis, TN
- E. Primo Medical Supplies, Inc. – Encino, CA
- F. Pulmocare Respiratory Services – Colton, CA
- G. US Healthcare Supply LLC – Milford, NJ

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

- H. ANEWrx – Pittsburgh, PA
- I. Cardinal Health Pharmacy Services, LLC – Edinburg, TX
- J. Cardinal Health Pharmacy Services, LLC – Houston, TX
- K. Easy Clinic Lab & Rx Shop – Kahu Lui, HI
- L. Greer Pharmacy – Lenoir, NC
- M. PharMerica – Sacramento, CA
- N. United States Pharmaceutical Distributors, Inc. – Lewisville, TX

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

- O. Bard Electrophysiology Division, CR Bard Inc. – Lowell, MA
- P. Epic Pharma, LLC – Laurelton, NY
- Q. Jacobson Warehouse – Delano, PA
- R. Jacobson Warehouse – Memphis, TN
- S. KCI USA, Inc. – Fresno, CA
- T. Red River Wholesale Distribution – Franklin, TN
- U. Rising Pharmaceuticals, Inc. – Allendale, NJ
- V. X-Gen Pharmaceuticals, Inc. – Horseheads, NY

### Applications for Nevada MDEG – Non Appearance:

- W. Easy Life Medical Equipment, Inc. – Las Vegas
- X. Orthopedic Motion, Inc. – Las Vegas

### Application for Nevada Pharmacy – Non Appearance:

- Y. Advanced Isotopes of Nevada, LLC – Las Vegas

## March 2010 Board Meeting Agenda

### ◆ REGULAR AGENDA ◆

- \* 3. [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. | Mindy Hsu, R.Ph             | (09-110A-RPH-N) |
| B. | Consolacion Pagayunan, R.Ph | (09-110B-RPH-N) |
| C. | Michele Brucato, R.Ph       | (09-110C-RPH-N) |
| D. | Wal-Mart Pharmacy #10-3729  | (09-110-PH-N)   |
| E. | Tyler J. Dines, PT          | (10-004-PT-N)   |
| F. | Jessica Avery, PT           | (09-085-PT-N)   |

- \* 4. [Requests for Reinstatement of Pharmacist License – Appearance:](#)

- A. Thomas Danson
- B. Cindy Vert

- \* 5. [Request for Reinstatement of Pharmaceutical Technician – Appearance:](#)

Celeste Martinez

- \* 6. [Applications for Out-of-State Pharmacy – Appearance:](#)

- A. BioRx – Urbandale, IA
- B. Precision Pharmacy – Bakersfield, CA

- \* 7. [Applications for Nevada MDEG – Appearance:](#)

- A. Hathaway Medical – Las Vegas
- B. Three Wishes Inc. – Las Vegas

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

- A. Biomed Pharmaceuticals – Las Vegas
- B. Pathway Specialty Compounds – Las Vegas

- \* 9. [Application for Nevada Pharmacy – Non Appearance:](#)

Smoke Ranch Surgery Center – Las Vegas

- \*10. [Requested Appearances:](#)

- A. R. Kelly Hansen, Hospital Corporation of America (HCA)
- B. Paul Vitkus – St Mary's Regional Medical Center

- \*11. General Counsel Report

## March 2010 Board Meeting Agenda

### \*12. [Executive Secretary Report:](#)

- A. Financial Report
- B. Investment Report
- C. Temporary Licenses
- D. Staff Activities
  - 1. Meetings
    - a. MDEG Committee (1/19/10)
    - b. LCHH working group (2/3/10)
    - c. LCHH (2/17/10)
    - d. Speaking Engagement – Nevada Osteopathic Medical Association (1/22/10)
    - e. Speaking Engagement – Northern Nevada Dental Society (2/11/10)
    - f. Speaking Engagement – Northern Nevada Practice Managers Association (3/9/10)
- E. Reports to Board
  - 1. Opinion request on hCG
  - 2. Student rotations
- F. Board Related News
  - 1. Pharmacists given new power in Nova Scotia.
- G. Activities Report

### \*13. [Delegate for NABP](#)

### \*14. CE Committee Report

### \*15. [Discussion and Determination:](#)

Pharmacists Filling Their Own Prescriptions

### W O R K S H O P – Thursday, March 4, 2010 – 9:00 am

- \*16. **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.NEW Telepharmacy Regulation** This language sets the parameters for a pharmacist or dispensing practitioner to practice from a remote site.
- 2. **Amendment of Nevada Administrative Code 639.525 Minimum requirements for work area and equipment.** This amendment will require the temperature of the pharmacy's refrigerator to be monitored and logged to ensure biologicals are protected for patient safety.

## March 2010 Board Meeting Agenda

### 17. Next Board Meeting:

April 14-15, 2010 – Las Vegas, Nevada

### \*18. 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.

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

431 W. PLUMB LANE • RENO, NEVADA 89509  
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444  
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## BOARD MEETING

at the

Las Vegas Chamber of Commerce  
Turnberry Town Square  
6671 Las Vegas Boulevard, South  
Building D1, Suite 300  
Las Vegas

January 13<sup>th</sup> & 14<sup>th</sup>, 2010

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:

Mary Lau was not present on January 13<sup>th</sup>, 2010.

### Board Staff Present:

Larry Pinson	Jeri Walter	Carolyn Cramer	Nancy Savage
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## CONSENT AGENDA

1. Approval of December 2-3, 2009, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
  - A. Binson's Hospital Supplies, Inc. – Center Line, MI
  - B. Orbit Medical of Indiana, Inc. – Indianapolis, IN
  - C. National Seating & Mobility, Inc. – Sacramento, CA
  - D. North Coast Medical Supply – Carlsbad, CA
  - E. PharMerica – Smyrna, GA
  - F. Sanvita CBGM, LLC – Bedford, MA
  - G. Symbios Medical, LLC – Phoenix, AZ

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

- H. Costco Wholesale Corporation – Corona, CA

- I. Depot Drug – Salt Lake City, UT
- J. Griff's Compounding Center, Inc. – Scottsbluff, NE
- K. Express Scripts, Inc. – Phoenix, AZ
- L. Lee Silsby Compounding Pharmacy – Cleveland Heights, OH
- M. Precision Pharmacy – Bakersfield, CA
- N. Preferred Rx, LLC – Arlington, TX

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

- O. Aidapak Services, LLC – Vancouver, WA
- P. Bioform Medical, Inc. – Franksville, WI
- Q. Butler Schein Animal Health Supply – Columbus, OH
- R. Butler Schein Animal Health Supply – Salt Lake City, UT
- S. Butler Schein Animal Health Supply – Tualatin, OR
- T. Butler Schein Animal Health Supply – Visalia, CA
- U. Cardinal Health – Valencia, CA
- V. DeRoyal Industries, Inc. – New Tazewell, TN
- W. Fresenius Medical Care North America – Los Lunas, NM
- X. Glenwood-LLC – Englewood, NJ
- Y. Medicis Aesthetics, Inc. – Scottsdale, AZ
- Z. Medicis, The Dermatology Company – Scottsdale, AZ
- AA. Owens & Minor Healthcare Logistics – Louisville, KY
- BB. Physicians' Pharmaceutical Corporation – Oak Ridge, TN
- CC. Promotech – Totowa, NJ
- DD. Ucyclyd Pharma, Inc. – Scottsdale, AZ

Applications for Nevada MDEG – Non Appearance:

- EE. Hathaway Medical – Las Vegas
- FF. True Pharmacy – Las Vegas
- GG. Zee Medical Service Company – Las Vegas

Applications for Nevada Pharmacy – Non Appearance:

- HH. BHS Specialty Pharmacy – Las Vegas
- II. Horizon Surgical Center – Henderson
- JJ. Metro Drugs – Las Vegas
- KK. Nevada Drug Compounding Pharmacy East – Henderson
- LL. Nevada Drug Compounding Pharmacy West – Las Vegas
- MM. Remedy Rx – Las Vegas
- NN. Smoke Ranch Surgery Center – Las Vegas
- OO. True Pharmacy – Las Vegas

Discussion:

The consent agenda applications and supporting documents were reviewed. Larry Pinson asked the Board to pull Items M, EE and NN for discussion.

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 M, EE and NN.

Second: Kam Gandhi

Action: Passed Unanimously.

Motion: Chad Luebke found the minutes to be accurate and complete and moved for approval.

Second: Kirk Wentworth

Action: Passed Unanimously.

Discussion:

Item M, Precision Pharmacy, failed to check that they plan on shipping parenterals into Nevada which requires an appearance. Larry Pinson asked that the license be granted with the understanding that they must appear prior to expanding that license to include parenterals.

Board Action:

Motion: Chad Luebke moved to approve the application with the understanding that they will not ship parenterals into Nevada until they have appeared before the Board.

Second: Keith Macdonald

Action: Passed Unanimously

Item EE, Hathaway Medical, indicated on their application that they had been involved in a lawsuit however they gave no explanation. Hathaway Medical deals in bone growth stimulators.

Board Action:

Motion: Keith Macdonald moved to table this application until Board staff can obtain information regarding the lawsuit.

Second: Kam Gandhi

Action: Passed Unanimously



Item NN, Smoke Ranch Surgery Center, also indicated on their application that there was some sort of legal issue and they did not provide any explanation. Board staff was directed to change the application to require an explanation if they answer "yes" to any of the questions regarding lawsuits, arrests, administrative actions, etc.

Board Action:

Motion: Keith Macdonald moved to table this application until Board staff can obtain information regarding the legal issue.

Second: Beth Foster

Action: Passed Unanimously

REGULAR AGENDA

3. Disciplinary Actions:

- A. Warren C. Rolen, R.Ph (09-040-RPH-S)
- B. Mountain View Pharmacy (09-040-PH-S)

This matter was continued to the April Board meeting.

- C. William C. Colton, PTT (09-107-PTT-S)

Carolyn Cramer advised the Board that Mr. Colton was notified of the hearing at his last known address and he failed to appear.

Ms. Cramer explained that Mr. Colton diverted controlled substances from his employing pharmacy. In his written statement he admitted that he diverted approximately 300 hydrocodone/APAP 10/500 tablets and 20 Xanax tablets for his personal use for a total loss to his pharmacy of approximately \$175.37.

Board Action:

Motion: Chad Luebke moved to find Mr. Colton guilty of the alleged violations.

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Chad Luebke moved to revoke Mr. Colton's pharmaceutical technician in training registration.

Second: Keith Macdonald

Action: Passed Unanimously

Carolyn Cramer explained that Ms. Wells was notified of the hearing at her last known address and she failed to appear.

Ms. Cramer explained that Ms. Wells diverted controlled substances from her employing pharmacy. In her written statement she admitted that she had been diverting hydrocodone/APAP 10/500 since March, 2008. Ms. Wells would take bottles of 100 and transfer the tablets to an empty Excedrin bottle. Ms. Wells estimated that she diverted approximately 235 bottles of 100 hydrocodone 10/500 at a loss to her pharmacy of approximately \$10,126.15.

Board Action:

Motion: Mary Lau moved to find Ms. Wells guilty of the alleged violations.

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Mary Lau moved to revoke Ms. Wells' pharmaceutical technician registration.

Second: Beth Foster

Action: Passed Unanimously

4. Requests for Pharmaceutical Technician in Training License – Appearance:

A. Anzon Pablo

Anzon Pablo appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer explained that Mr. Pablo had answered yes to one of the questions on the application for pharmaceutical technician in training indicating that he had a gross misdemeanor criminal conviction in Clark County and was present to explain the circumstances.

Mr. Pablo advised that he was attending the Pima Institute and was enrolled in the pharmaceutical technician program. He indicated that he entered into an Alford Plea so he would not have to continue with the court case. He stated that he had attended a party and two girls claimed that he had assaulted them. When the case went to hearing, the girls that made the accusation advised the Judge that they wanted to drop the charges. Even though they requested the charges be dropped, the Judge sentenced Mr. Pablo to three years probation, required him to pay a \$500.00 fine, obtain counseling, have a substance abuse evaluation and perform 100 hours of

community service. Mr. Pablo has complied with all of the requirements of his probation and noted that the substance abuse evaluation showed a low propensity toward addiction.

Board Action:

Motion: Keith Macdonald moved to accept the application for pharmaceutical technician in training for Mr. Pablo.

Second: Chad Luebke

Action: Passed Unanimously

B. Genero Siciliano

Genero Siciliano appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Cramer explained that Mr. Siciliano also answered yes to a question on his application for pharmaceutical technician in training and was present to explain the circumstances.

Mr. Siciliano explained to the Board that he and his girlfriend had a heated argument earlier in the day of the incident and she left to stay with a friend. The friend heard about the argument, contacted the police and advised them that Mr. Siciliano had a shotgun. Later that evening the police arrived at Mr. Siciliano's home and asked him about the weapon. He indicated it was unloaded and in the house. The police officers asked him to leave his property and he refused, asking them if they had a warrant. The officers then advised him that he was obstructing justice and arrested him. Mr. Siciliano advised the Board that he understands that what he did was not the appropriate thing to do, however, that was what he was arrested for. Mr. Siciliano indicated that he had a court date on January 25<sup>th</sup>, 2010 and would have a judgment at that time.

Board Action:

Motion: Keith Macdonald moved to table the application for pharmaceutical technician in training until the April meeting, pending the outcome of January 25<sup>th</sup> hearing.

Second: Chad Luebke

Action: Passed Unanimously

5. Request for Pharmacist License – Examinee – Appearance:

David Katsules

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

Mr. Katsules explained that the PRN-PRN program is the best thing he has ever done for himself. He has learned how to cope with issues he found insurmountable while he was under the influence of alcohol. Mr. Espadero affirmed that Mr. Katsules has been in the PRN-PRN program since January, 2006 and has been in compliance with his contract since Mr. Katsules came to him from Oregon. Mr. Katsules explained that he had a DUI in August, 2004 in Las Vegas. He reported this to the Oregon Board where they Ordered him into treatment and allowed him to be monitored by Mr. Espadero. Mr. Katsules explained that he is currently working in Arizona on an Indian reservation, however he would like to come home to Las Vegas and practice in Nevada. Mr. Katsules requested that he be allowed to take the NAPLEX exam for Nevada.

Board Action:

Motion: Chad Luebke moved to approve the request for Mr. Katsules to take the NAPLEX for Nevada.

Second: Beth Foster

Action: Passed Unanimously

6. Request for Pharmacist License – Reciprocal – Appearance:

Madonna Wilcox

Madonna Wilcox was notified that her application was going to expire if she did not appear at this meeting to request reciprocity. Ms. Wilcox did not appear.

Board Action:

Motion: Kam Gandhi moved to deny Ms. Wilcox's request for reciprocity.

Second: Beth Foster

Action: Passed Unanimously

7. Request for Reinstatement of Pharmacist License – Appearance:

Zachary W. Bergan (07-083-RPH-N)

Zach Bergan appeared and was sworn by President Fey prior to answering questions or offering testimony.

NOTE: Kirk Wentworth recused from participation in this matter as he used to employ Mr. Bergan.

Mr. Bergan provided letters of recommendation, a resume of his pharmacy accomplishments and an employment history other than pharmacy. Mr. Bergan was very open with the Board regarding his dependence on controlled substances and what he has been doing since his license was revoked in March, 2008. He indicated that he has been in Connecticut for the last two years where he has family and a support group of friends. He indicated that he would like to have his license reinstated in Connecticut however he knew he would have to reinstate in Nevada first since Connecticut paralleled the Nevada action. The Board was interested in what kind of treatment he had been in, however the paperwork was not in his file for Carolyn Cramer to reference. After discussion it was determined to table Mr. Bergan's request until he could provide proof of treatment for at least a six month period.

Board Action:

Motion: Chad Luebke moved to table Mr. Bergan's request for reinstatement until he can provide the Board with proof that he had been in a treatment program for at least six months.

Second: Mary Lau

Action: Passed Unanimously

8. Application for Out-of-State Pharmacy – Appearance:

Altius Healthcare – Prescott, AZ

Kevin Nestruck appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer explained that Mr. Nestruck answered yes to one of the questions on the application for out of state pharmacy and is present to explain the circumstances.

Mr. Nestruck explained that he owned two or three stores in Arizona. During an inspection it was found that one of his stores failed to have a rubber spatula and a "C" stamp. The Arizona Board charged him personally as the owner with the violations rather than the responsible managing pharmacist in that particular store. Mr. Nestruck advised the Board that he is now the owner of eleven facilities and all of them are 797 compliant with no further violations found in any of his stores.

Board Action:

Motion: Keith Macdonald moved to approve the application for out of state pharmacy for Altius Healthcare.

Second: Mary Lau

Action: Passed Unanimously

9. Your Success Report:

Burke's Drug

Larry Pinson advised the Board that Katie Johnson, Herb Burke and Ted Mackie came to the Board office and met with him and Carolyn Cramer for their Your Success Rx Report. Mr. Pinson reminded the Board that originally they had no policies and procedures in their pharmacy including a standardized NDC check to ensure medication accuracy which was the primary reason for their discipline. Policies and procedures now exist. Ms. Johnson advised them that they needed to set cleanliness standards and they had the bathroom professionally cleaned and bought a vacuum cleaner. Mr. Pinson indicated that they felt the program was beneficial to their pharmacy practice and the monthly inspections showed a marked improvement overall, and recommended that probation be lifted.

Board Action:

Motion: Kirk Wentworth moved to take Burke's Drug off probation.

Second: Keith Macdonald

Action: Passed Unanimously

10. Presentation:

Preparing for Regulatory Inspectors & Inspecting for Safety  
Larry Pinson & Katie Johnson

Mr. Pinson advised the Board that he and Ms. Johnson put this program together and have presented it to a group at Scolari's and wanted the Board to see it since it will be the basis of this years law CE. The presentation was given and well received by the Board.

11. General Counsel Report:

Sanchez v. Wal-Mart

Ms. Cramer summarized the Sanchez v. Wal-Mart decision for the Board. She also advised them that we prevailed in the appeal for the McKesson contract.

12. Executive Secretary Report:

- A. Financial Report
- B. Investment Report

Larry Pinson gave the financial and investment reports to the Boards satisfaction.

- C. Temporary Licenses

There were no temporary licenses issued since the last Board meeting.

D. Staff Activities

- Katie Johnson and he presented the "Inspecting for Safety" program to a group of Scolari's pharmacy staff and it was well received. Mr. Pinson advised that he and Ms. Johnson will make the presentation to them later in the meeting.
- Mr. Pinson noted that he gave a talk to a medical staff credentialing group last night.
- He advised that he will be making a presentation for the Nevada Osteopathic Medical Association (NOMA) at Lake Tahoe on January 22<sup>nd</sup>.
- Mr. Pinson and Carolyn Cramer will be setting up a meeting with Mo Denis in the upcoming weeks to discuss prescription drug abuse as mandated by the legislature.
- He will also do a presentation to Northern Nevada Dental Society on prescription drug abuse and current dental drug issues.

E. Reports to Board

- Mr. Pinson presented the AB128 Marketing Code of Conduct Annual Compliance Report for the Board's review. He also indicated that he may do a program again for the manufacturers and wholesaler's here on the west coast in April.
- Larry Pinson also reported that he has agreed to do Fax blasts for the Health Department when they have pertinent information to disseminate.
- NABP has reviewed the new owners of ICPT and it looks favorable that the program will continue with the previous owners' standards.
- Mr. Pinson advised the Board that he received a call from Rich Polombo of Medco Health Solutions. Mr. Polombo stated that Medco would like to ship AIDS drugs and antibiotics by the palate to Haiti for the survivors of the devastating earthquake. Mr. Pinson advised the Board that he gave Mr. Polombo his approval to supply that humanitarian support to Haiti.

F. Activities Report

13. Discussion and Determination:

A. Refrigerator Log

Mr. Pinson reported that Ray Seidlinger has found a lot of discrepancies throughout all pharmacies he inspects where they are not documenting or checking their refrigerators on a regular basis to ensure proper temperature levels. He has found variances in temperature, precipitation in vials and virtually no procedures in place. Mr. Pinson asked the Board to consider regs to mandate a refrigerator log to ensure biologicals are protected for patient safety.

President Fey noted that non-industrial refrigerators cycle too often and it's difficult to maintain consistent temperatures. Beth Foster agreed and noted that the VA has ordered pharmacy quality refrigerators for her facility. Keith Macdonald wanted to know what the Board is going to do to pharmacies that cannot keep the refrigerator at consistent temperatures. Mr. Pinson advised that the law already requires pharmacies to keep drugs safely stored and all Board staff is asking for is a log to show that temperatures are being checked regularly. Chad Luebke indicated that was a good

practice to ensure public safety. The Board agreed and instructed Carolyn Cramer to draft regs and bring them forward in Workshop format.

#### B. Scheduling of Propofol as a Controlled Substance

Larry Pinson reported that he took this issue to the Task Force meeting and they did not think scheduling Propofol was necessary. Mr. Pinson asked President Fey how it would affect the hospital setting. President Fey indicated that various other states are already treating Propofol like a controlled substance. He did not think scheduling Propofol was necessary. Beth Foster agreed and did not think it would be beneficial. It was noted that the hospitals are not particularly worried but perhaps it was more of an issue in surgery centers. The Board was advised that if they choose to schedule Propofol they should be prepared to hear from the manufacturers and anesthesiologists. Mr. Pinson advised the Board that Propofol is somewhat difficult to abuse because it is so rapidly acting that it generally takes someone other than the abuser to administer.

The Board directed staff to contact NABP, the DEA, law enforcement and the coroner to get their take on this issue and report back.

#### C. Scheduling of Lisdexamfetamine, Lacosamide and Tapentadol as Controlled Substances

Mr. Pinson received a request from Tracy Birch, the forensic lab manager for the Las Vegas Metro Police Department, asking the Board to schedule Lisdexamfetamine, Lacosamide and Tapentadol. Ms. Birch noted that the DEA has already scheduled Lisdexamfetamine and Tapentadol in Schedule II and Lacosamide in Schedule V and asked that we parallel the federal law.

#### Board Action:

Motion: Kam Gandhi moved to make the regulatory changes necessary to schedule Lisdexamfetamine, Lacosamide and Tapentadol to parallel federal law.

Second: Keith Macdonald

Action: Passed Unanimously

#### \*14. Discussion on Patient Counseling

At Mr. Macdonald's request a discussion was held including all of the Board inspectors and investigators on counseling. The core of the discussion was to develop an appreciation for Board staffs duty to enforce our statutes and regulations as well as understand the challenges working pharmacists face in meeting counseling standards.

Joe Kellogg and Khanh Pham appeared and offered their thoughts.



## WORKSHOP

### \*15. **Proposed Regulation Amendment Workshop**

**Amendment of Nevada Administrative Code 639.NEW Telepharmacy Regulation** This language sets the parameters for a pharmacist or dispensing practitioner to practice from a remote site.

Carolyn Cramer and Larry Pinson advised the Board that this issue evolved from Assemblyman Carpenter's bill in the last legislative session. The only pharmacist in Wells retired and no one took his place. Wells had a physician, however he had no interest in becoming a dispensing practitioner, leaving the community without access to pharmaceutical care. The concept of satellite pharmacy and telepharmacy was the result.

Lillian Shell, representing Nevada Health Centers appeared and provided suggestions to the language as presented. Ms. Shell described how a doctor goes from one location to another to serve the rural community. She noted that they would only dispense to their own patients – someone would not be able to come in with a written prescription to be filled.

Carolyn Cramer described Board staff's vision of this concept regarding training, the people that would be allowed to perform Telepharmacy, etc. Larry Pinson said he does not want to see a pharmaceutical technician in the rural settings without the supervision of a pharmacist. Ms. Shell indicated that it would be a hardship to have to wait for a technician to receive 500 hours of training because then they would have to have two people, a trained technician and the trainee, instead of one person manning the rural Telepharmacy location. Mr. Pinson reminded the Board that the PA's and APN's started out in the rurals and now are practically all practicing in urban settings in Nevada.

Various suggestions were made and Board staff was directed to bring the language back again for a second Workshop after some of the suggestions are incorporated.

### 15. Next Board Meeting:

March 3 & 4, 2010 – Reno, Nevada

### 16. Public Comments and Discussion of and Deliberation Upon Those Comments

Liz Macmenamin asked that the Board not limit monitoring and keeping a refrigerator log to pharmacist's duties – allowing other pharmacy staff to monitor refrigerator temperatures.

# 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: CoolSystems, Inc.

Physical Address: 1201 Marina Village Parkway, Suite 200, Alameda, CA 94501

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

Mailing Address: 1201 Marina Village Parkway, Suite 200

City: Alameda State: CA Zip Code: 94501

Telephone Number: 510-868-2100 Fax Number: 510-559-9402

E-mail: info@gameready.com Website: www.gameready.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: Russell Harrison

Address: 1201 Marina Village Parkway, Suite 200

City: Alameda State: CA Zip Code: 94501

### 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 type="checkbox"/> Diabetic Supplies         | Other: <u>Game Ready Professional Therapy System</u>      |

Board Use Only

Received **FEB 10 2010** Check Number 730 Amount 500.00

53049  
631

# 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: DAKL Management Solutions, LLC

Physical Address: 8919 Odell Avenue  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8919 Odell Avenue

City: Bridgeview State: IL Zip Code: 60455

Telephone Number: (708) 233-4110 Fax Number: (708) 233-4171

E-mail: Lambik@daklmanagement.com Website: daklmanagement.com

### 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: 9 to 1 Sun: to Holidays: to

### FACILITY ADMINISTRATOR INFORMATION

Name: Kristofer Lambi

Address: 8748 S. 84th Avenue

City: Hickory Hills State: IL Zip Code: 60457

### 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: Incontinence Products & Supplies

Board Use Only

Received FEB 16 2010 Check Number 500 Amount 500.00

53070  
634

**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: Electrostim Medical Services, Inc.

Physical Address: 3504 Cragmont Drive Tampa FL 33619  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3504 Cragmont Drive suite 100

City: Tampa State: FL Zip Code: 33619

Telephone Number: 800-588-8383 Fax Number: 813-931-3262

E-mail: rcielo@wecontrolpain.com Website: www.wecontrolpain.com

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

Mon: 9 to 5:30 Tue: 9 to 5:30 Wed: 9 to 5:30 Thu: 9 to 5:30

Fri: 9 to 5:30 Sat: to Sun: to Holidays: to

**FACILITY ADMINISTRATOR INFORMATION**

Name: Yorlan Alfonso

Address: 3504 Cragmont Drive suite 100

City: Tampa State: FL Zip Code: 33619

**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: Electrostim devices & garments

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Amount 500.00

53037  
629

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

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

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

**FACILITY INFORMATION**

Facility Name: Medtronic USA, Inc.

Physical Address: 4340 Swinnea Road  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: Memphis State: TN Zip Code: 38118

Telephone Number: 901-362-1736 Fax Number: 901-344-0940

E-mail: pam.summons@medtronic.com Website: www.medtronic.com

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

Mon: 12 to 12 Tue: 12 to 12 Wed: 12 to 12 Thu: 12 to 12  
Fri: 12 to 12 Sat: 8 to 4:30 Sun: 8:30 to 12 Holidays: - to -

**FACILITY ADMINISTRATOR INFORMATION**

Name: Pam Summons

Address: 4340 Swinnea Road

City: Memphis State: TN Zip Code: 38118

**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 type="checkbox"/> Diabetic Supplies         | Other: <u>medical device manufacturing and distribution.</u> |

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52777  
609

**NEVADA STATE BOARD OF PHARMACY**  
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**CORPORATION**

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

**FACILITY INFORMATION**

Facility Name: PRIMO MEDICAL SUPPLIES, INC

Physical Address: 17337 VENTURA BLVD., STE 220 ENCINO, CA 91316  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 17337 VENTURA BLVD., STE 220

City: ENCINO State: CA Zip Code: 91316

Telephone Number: 866-224-5811 Fax Number: 818-768-7711

E-mail: PRIMOMEDICAL@GMAIL.COM Website: PRIMOMEDICAL.COM

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

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4  
Fri: 9 to 4 Sat: CLOSED Sun: CLOSED Holidays: CLOSED

**FACILITY ADMINISTRATOR INFORMATION**

Name: FRANKIE BAHNASSI

Address: 6025 VIA POMPEII

City: BURBANK State: CA Zip Code: 91504

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

~~Will Not be Supplying~~

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

- ☒ Assistive Equipment  
☐ Parenteral and Enteral Equipment\*\*  
☐ Orthotics and Prosthesis

\*\* If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☒ No ☐ If yes please provide name and telephone number of local contact.

Name: LINA BAHNASSI Telephone: 818-309-6180

# NEVADA STATE BOARD OF PHARMACY

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

### FACILITY INFORMATION

Facility Name: PULMOCARE RESPIRATORY SERVICES

Physical Address: 760 S. VIA LATA, Ste 100  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: COLTON State: CA Zip Code: 92324

Telephone Number: 888.785.6622  
(909) 777.5000 Fax Number: (909) 777.5005

E-mail: Pulmocare@earthlink.net Website: (Pending)

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

Mon: 9a to 5p Tue: 9a to 5p Wed: 9a to 5p Thu: 9a to 5p  
Fri: 9a to 5p Sat: (Closed) Sun: (Closed) Holidays: (Closed)  
24 HR EMERGENCY CALL  
888.785.6622  
909.777.5000

### FACILITY ADMINISTRATOR INFORMATION

Name: Bruce Gingles, PRESIDENT

Address: #411: 4767 OCEAN BLVD, #411, SAN DIEGO, CA 92109

City: SAN DIEGO State: CA Zip Code: 92109

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

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Gases                    | <input type="checkbox"/> Assistive Equipment              |
| <input checked="" type="checkbox"/> Respiratory Equipment | <input 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>RESPIRATORY SUPPLIES</u>                        |

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53048  
632



# 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: US Healthcare Supply LLC

Physical Address: 14 Bridge St  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 372

City: Milford State: NJ Zip Code: 08848-1223

Telephone Number: (908) 505-1100 Fax Number: (908) 505-1111

E-mail: mkleinhans@ushsnj.com Website: n/a

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

Mon: 9a to 5p Tue: 9a to 5p Wed: 9a to 5p Thu: 9a to 5p  
Fri: 9a to 5p Sat: No to  Sun: No to  Holidays: No to

### FACILITY ADMINISTRATOR INFORMATION

Name: Jon P Letko

Address: 304 Waterford Ter

City: Easton State: PA Zip Code: 18042

### 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 - non-custom back brace
- Other: other OME

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52994  
627



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

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

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

**GENERAL INFORMATION**

Pharmacy Name: ANEWrx  
Physical Address: 523 Parkway View Drive  
Mailing Address: Same  
City: Pittsburgh State: PA Zip Code: 15205  
Telephone Number: (412)788-8908 Fax Number: (412)788-8948  
Toll Free Number: (877)788-8908  
E-mail: info@anewrx.com Website: www.anewrx.com  
Managing Pharmacist: Robert F. Hahn License Number: RP029268L

**Hours of Operation:**

Monday thru Friday 9 am 6 pm Saturday 10 am 2 pm  
Sunday Closed am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- |  |  |
|--|--|
| <input 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              |

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Received: FEB 04 2010 Check Number: 871 Amount: 500.00

52984  
1821

**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)

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New Pharmacy \_\_\_\_\_ Ownership Change ☒ Name Change ☒ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH 021391)

**GENERAL INFORMATION**

Pharmacy Name: Cardinal Health Pharmacy Services, LLC.

Physical Address: 2868 West Trenton Rd. Edinburg Tx 78539

Mailing Address: 2868 West Trenton Rd.

City: Edinburg State: TX Zip Code: 78539

Telephone Number: 956-686-7001 Fax Number: 956-928-0416

Toll Free Number: 866-599-8870

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

Managing Pharmacist: John Varghese License Number: TX-42321  
NV-17550

**Hours of Operation:**

Monday thru Friday 7 am 6 pm Saturday 7 am 4 pm  
Sunday 7 am 4 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
- \* Off-site en of physician medication order for hospital pharm non-drug dispens Pharmacy.

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Received: JAN 13 2010 Check Number: 143 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**

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New Pharmacy \_\_\_\_\_ Ownership Change ☒ Name Change ☒ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH02138)

**GENERAL INFORMATION**

Pharmacy Name: Cardinal Health Pharmacy Services, LLC.

Physical Address: 1330 Enclave Parkway #301

Mailing Address: 1330 Enclave Parkway #301

City: Houston State: TX Zip Code: 77077

Telephone Number: 281-749-2000 Fax Number: 281-749-2071

Toll Free Number: 866-599-8870

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

Managing Pharmacist: Mark Leung - PIC License Number: TX-39327  
NV-17153

**Hours of Operation:**

Monday thru Friday 12 pm 7 A.m

Saturday 12 pm 7 A.m

Sunday 12 pm 7 A.m

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

☒ offsite entry  
Physician medication  
orders for hospital  
pharmacies  
(non-drug dispensing  
pharmacy).

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Received: JAN 13 2010 Check Number: 142 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)

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

**GENERAL INFORMATION**

Pharmacy Name: Easy Clinic Lab & Rx Shop  
Physical Address: 430 Kele St # 401 Kahu Lui, HI 96732  
Mailing Address: 430 Kele St # 401  
City: Kahu Lui State: HI Zip Code: 96732  
Telephone Number: (877) 753-9225 Fax Number: (808) 873-6424  
Toll Free Number: (877) 753-9225  
E-mail: EasyClinicLab@gmx.com Website: \_\_\_\_\_  
Managing Pharmacist: Shawn Errol Moki Tavaré License Number: 941

**Hours of Operation:**

Monday thru Friday 9 am 5 pm      Saturday Ø am Ø pm  
Sunday Ø am Ø 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 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              |

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Received: FEB 03 2010 Check Number: 20 Amount: 500.00

52960  
1808

**NEVADA STATE BOARD OF PHARMACY**  
555 Double Eagle Court #1100 • Reno, NV 89521 • (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**  
**CORPORATION**

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

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New Pharmacy ☒

Ownership Change ☐ Name Change ☐

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

**GENERAL INFORMATION**

Pharmacy Name: GREER Pharmacy

Physical Address: 639 Nuway Circle

Mailing Address: P.O. Box 800

City: Lenoir State: NC Zip: 28645

Telephone Number: 828-759-7856 Fax Number: 800-759-8929

Toll Free Number: 800-378-3906 E-mail address: ckelly@greerlabs.com

Managing Pharmacist: Christopher P. Kelly License Number: 20303

**Hours of Operation:**

Monday thru Friday 8:00 am 5:00 pm

Saturday 8:00 am 5:00 pm

Sunday Closed am Closed pm

24 Hours N/A

DEA#: N/A

NCPDP #: N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☐ Retail
- ☐ Hospital (# beds \_\_\_\_)
- ☐ Correctional (# inmates \_\_\_\_)
- ☐ Nuclear
- ☒ Out of State
- ☐ Internet

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

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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**

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

**GENERAL INFORMATION**

Pharmacy Name: PharMerica  
Physical Address: 1214 North Market Blvd., Suite C, Sacramento, CA 95834  
Mailing Address: Same  
City: Sacramento State: CA Zip Code: 95834-2931  
Telephone Number: 916/928-3830 Fax Number: 916/928-1375  
Toll Free Number: 800/655-3247  
E-mail: scott.wallace@pharmerica.com Website: www.pharmerica.com  
Managing Pharmacist: Scott Wallace License Number: RPH 51748

**Hours of Operation:**

Monday thru Friday 9:00 am 8:00 pm Saturday 9:00 am 5:00 pm  
Sunday 9:00 am 5:00 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

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52993  
1823

**NEVADA STATE BOARD OF PHARMACY**  
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**CORPORATION**

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New Pharmacy ☒

Ownership Change ☐ Name Change ☐

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

**GENERAL INFORMATION**

Pharmacy Name: UNITED STATES PHARMACEUTICAL DISTRIBUTORS, INC.

Physical Address: 1025 N. MILL STREET, SUITE C

Mailing Address: SAME

City: LEWISVILLE

State: TEXAS Zip: 75057-3038

Telephone Number: 972-316-4100

Fax Number: 972-438-8159

Toll Free Number: 877-672-2525

E-mail address: tproctor@uspd.com

Managing Pharmacist: THOMAS PROCTOR

License Number: 20811

**Hours of Operation:**

Monday thru Friday 830 am 5:00 pm

Saturday 9 am 12 pm

Sunday N/A am \_\_\_\_\_ pm

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

DEA#: BU9420744

NCPDP #: 4539598

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☐ Retail
- ☐ Hospital (# beds \_\_\_\_)
- ☐ Correctional (# inmates \_\_\_\_)
- ☐ Nuclear
- ☒ Out of State
- ☐ Internet

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

**Board Use Only**

Received FEB 09 2010 Check Number 177 Amount 500.00

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

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

**GENERAL INFORMATION**

Facility Name: Bard Electrophysiology Division, C. R. Bard, Inc.  
Physical Address: 55 Technology Drive  
Mailing Address: 55 Technology Drive  
City: Lowell State: MA Zip Code: 01851  
Telephone Number: 978-441-6202 Fax Number: 978-323-2222  
Toll Free Number: 800-282-1332  
E-mail: Julie.broderick@crbard.com Website: www.bardep.com  
Facility Manager: Julie N. Broderick

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: \_\_\_\_\_

**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: FEB 09 2010 Check Number: 467 Amount: 500.00

53035  
974



**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

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

**GENERAL INFORMATION**

Facility Name: EPIC PHARMA, LLC

Physical Address: 227-15 NORTH CONDUIT AVE

Mailing Address: Same as above

City: LAURELTON State: NY Zip Code: 11413

Telephone Number: 718-276-8600 Fax Number: 718-276-8635

Toll Free Number: 1-888-374-2791

E-mail: r.podolski@epic-pharma.com Website: www.epic-pharma.com

Facility Manager: Ashok G. Nigalaye (President)

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

**Board Use Only**

Received: FEB 09 2010 Check Number: 123 Amount: 500.00

123

135-

53034  
975

**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 JAG. Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: JACOBSON WAREHOUSE.  
Physical Address: 10 SCHULTZ DRIVE.  
Mailing Address: PO Box 87.  
City: DELANO State: PA Zip Code: 18220  
Telephone Number: 570-467-3786 Fax Number: 570-467-3101.  
Toll Free Number: 800-636-6171  
E-mail: ADAM.LEVINE@JACOBSONCO.COM Website: WWW.JACOBSONCO.COM.  
Facility Manager: ADAM LEVINE.  
Professional qualifications and experience of facility manager: RESUME ATTACHED

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☒ Other: VETERINARY OFFICES.

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: FEB 16 2010 Check Number: 242 Amount: 500.00

53059  
980

**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 1ASO . Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: JACOBSON WAREHOUSE

Physical Address: 4148 DEEP STREET

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

City: MEMPHIS State: TN Zip Code: 38118

Telephone Number: 901-542-9558 Fax Number: 901-542-9578

Toll Free Number: 800-636-6171

E-mail: JEHN.GAUGHAN@JACOBSONCO.COM Website: WWW.JACOBSONCO.COM

Facility Manager: JOHN GAUGHAN

Professional qualifications and experience of facility manager: RESUME ATTACHED

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☒ Other: VETERINARY OFFICES

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: FEB 16 2010 Check Number: 241 Amount: 500.00

90-

53060  
978

**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: 3134 S. East Avenue, Suite 103 Fresno, CA 93791

Mailing Address: 8023 Vantage Dr. Attn: Compliance

City: San Antonio State: TX Zip Code: 78230

Telephone Number: (559) 490-2371 Fax Number: (559) 264-2185

Toll Free Number: (800) 275-4524

E-mail: Minerva.Mendoza@kci1.com Website: www.kci1.com

Facility Manager: Stere Thune, Jeff Scifers

Professional qualifications and experience of facility manager: Exemptee employee to meet HMQR requirements for California.

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: (Vacuum Assisted Closure, \* NO Drugs

☒ Legend Pharmaceuticals Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

**Board Use Only**

Received: FEB 16 2010 Check Number: 700 Amount: 500.00

53068  
9A

**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: Red River Wholesale Distribution  
Physical Address: 416 Mary Lindsay Polk Drive Ste 519 Franklin, TN 37067  
Mailing Address: Same as physical  
City: Franklin State: TN Zip Code: 37067  
Telephone Number: 615-771-1473 Fax Number: 615-771-4593  
Toll Free Number: \_\_\_\_\_  
E-mail: redriver@maxorcps.com Website: \_\_\_\_\_  
Facility Manager: Jeff Risch  
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: \_\_\_\_\_

**Board Use Only**

Received: DEC 15 2009 Check Number: 578 Amount: 500.00

52653  
949



**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: RISING PHARMACEUTICALS, INC.  
Physical Address: 3 PEARL COURT A/B  
Mailing Address: (same as physical address)  
City: ALLENDALE State: N.J. Zip Code: 07401  
Telephone Number: 201-961-9000 Fax Number: 201-961-1234  
Toll Free Number: 800 567 2656  
E-mail: bbarnett@risingpharma.com Website: risingpharma.com  
Facility Manager: BENJAMIN BARNETT  
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: \_\_\_\_\_

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: JAN 18 2010 Check Number: 414 Amount: 500.00

52828  
952

**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: X-Gen Pharmaceuticals, Inc.

Physical Address: 300 Daniel Zenker Drive

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

City: Horseheads State: NY Zip Code: 14845

Telephone Number: (607) 562-2700 Fax Number: (607) 562-2760

E-mail: SLS2@me.com (For Licensing)

Facility Manager: Richard C. Park

Professional qualifications and experience of facility manager: Please refer to attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies    ☐ Practitioners    ☒ Hospitals    ☒ Wholesalers  
☒ Other Other manufacturers, supply chains, US government

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

**JAN 20 2010**

Check Number

62

Amount

500-

61

135-

52869  
01/11

# 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 X Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
Please provide current license number if making changes: \_\_\_\_\_

### FACILITY INFORMATION

Facility Name: EASY LIFE MEDICAL EQUIPMENT, INC.

Physical Address: 1400 S DECATUR BLVD., LAS VEGAS, NV 89102

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

Mailing Address: 1400 S DECATUR BLVD.

City: LAS VEGAS State: NV Zip Code: 89102

Telephone Number: (702) 255-2178 Fax Number: (202) 255-2964

E-mail: easylifemedicalequipment@gmail.com

Website: \_\_\_\_\_

### 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: 9am to 1pm Sun: n/a to n/a Holidays: N/A to h/a

### FACILITY ADMINISTRATOR INFORMATION

Name: MARY MONICA KHAMTRASYAN

Address: 1400 S DECATUR BLVD

City: LAS VEGAS State: NV Zip Code: 89102

### 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 Prosethetics

Other: \_\_\_\_\_

Board Use Only

Received

**FEB 16 2010**

Check Number

629

Amount

500.00

53669  
633



# 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 ☐  
*additional location* Please provide current license number if making changes: \_\_\_\_\_

### FACILITY INFORMATION

Facility Name: Orthopedic Motion, Inc  
Physical Address: 8930 W. SUNSET RD Bldg C Ste C LV, NV 89114  
(This must be a business address, we can not issue a license to a home address)  
Mailing Address: 2800 E. DESERT INN ROAD #250  
City: LAS VEGAS State: NV Zip Code: 89121  
Telephone Number: 702-697-7070 Fax Number: 702-697-7077  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### 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 *on call 24 hours 7 days a week*  
Fri: 8 to 5 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### FACILITY ADMINISTRATOR INFORMATION

Name: Brittany Strucker  
Address: 2800 E. DESERT INN RD. SUITE 250  
City: LAS VEGAS State: NV Zip Code: 89121

### 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 FEB 04 2010 Check Number 614 Amount 500.00

52970  
625

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

**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 02453

**GENERAL INFORMATION**

Pharmacy Name: Advanced Isotopes of Nevada, LLC

Physical Address: 1090 E. Desert Inn Rd #102

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

City: Las Vegas State: NV Zip Code: 89109

Telephone Number: (702) 476-8600 Fax Number: (702) 750-1376

Toll Free Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Managing Pharmacist: Chris Southwick License Number: 11480

**Hours of Operation:**

Monday thru Friday 4 am 4 pm Saturday 6 am 12 pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- |   |  |
|---|--|
| <input 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 checked="" 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: FEB 16 2010 Check Number: 183 Amount: 500.00

P/mk



Primadone 50 mg. tablets with instructions to take one tablet by mouth twice daily. This treatment was to begin after an initial half tablet test dose. Ms. Briggs took her prescription to Wal-Mart #10-3729 to be filled. Ms. Briggs indicated that she would wait for her prescription to be filled.

### III.

Ms. Briggs prescription was given to a pharmaceutical technician for input into the pharmacy computer system. During input, the pharmaceutical technician erroneously entered prednisone instead of Primidone and became confused about the strength of the test dose. The pharmaceutical technician consulted with pharmacist Mindy Hsu and then entered a test dose of 25 mg.

### IV.

The first Wal-Mart Four Point Check was initiated by Ms. Hsu. During the Four Point Check Ms. Hsu failed to notice the drug error. Ms. Hsu subsequently approved the input without modification and forwarded it to the fill queue. A pharmaceutical technician attempted to fill Ms. Briggs prescription, however failed to locate 50 mg. prednisone on the stock shelf and ultimately exited out of the order and the prescription was returned to the fill queue. Another pharmaceutical technician attempted to fill Ms. Briggs prescription however she also failed to find 50 mg. prednisone and exited out of the order and notified pharmacist Consolacion Pagayunan that a change in drug strength was needed to accommodate the available stock on hand.

### V.

Ms. Pagayunan manually selected the prescription and changed the 50 mg. prednisone tablets to the 10 mg. tablets they had in stock and changed the directions from "Take one tablet by mouth twice daily after a test dose of one-half tablet" to "Take

five tablets (50 mg.) by mouth twice daily after test dose of one-half tablet (25 mg.). Ms. Pagayunan did not notice that she made a calculation error with the test dose. One-half of a 10 mg. tablet would have been 5 mg. After she made the changes to the Ms. Briggs prescription she returned it to the Four Point Check for a pharmacist's review. Ms. Hsu retrieved the prescription for the second Four Point Check and noticed the test dose error but was confused as to how to fix it. She subsequently exited the Four Point Check and requested that pharmacist Michele Brucato make the necessary changes.

#### VI.

Ms. Brucato initiated the third Four Point Check at which time she changed the directions from "Take five tablets (50 mg.) by mouth twice daily after test dose of one-half tablets (25 mg.)" to "Take five tablets (50 mg.) by mouth twice daily after test dose of two and a half tablets (25 mg.)". Ms. Brucato did not notice the drug error and exited out of the modified details screen and the Four Point Check. For unknown reasons the prescription was again returned to the Four Point Check queue where it was retrieved by Ms. Hsu. Ms. Hsu exited the station and advised Ms. Brucato that her Four Point Check had not yet cleared. Ms. Brucato re-entered the Four Point Check screen and approved the prescription without further modification and it was then sent to the filling queue for a third time.

#### VII.

A pharmaceutical technician retrieved the prescription from the fill queue and a short time later discovered that the prednisone brand selected was not in stock. She then sent the prescription to trouble-shooting for a change in NDC. Ms. Brucato retrieved the prescription at the trouble shooting station, changed the NDC and sent it back to the fill queue for the fourth time. A pharmaceutical technician retrieved the

prescription with the new NDC and filled the prescription without incident. The prescription was then sent to the visual verify queue to await a pharmacist's final approval.

#### VIII.

The Wal-Mart Activity Log indicates that the prescription was retrieved at visual verification by Ms. Brucato but for some reason Ms. Brucato skipped this verification step and exited from the computer station and the prescription went back to the visual verification queue. The Activity Log next indicated that the prescription was retrieved by Ms. Pagayunan and for unknown reasons, Ms. Pagayunan cancelled out of the verification process and the prescription was once again returned to the visual verification queue. The Activity Log next indicated that Ms. Brucato manually pulled the prescription and completed the visual verification. She then printed the patient information leaflets to include with the prescription. Ms. Briggs was waiting, the sale of the prescription and counseling immediately followed.

#### IX.

Ms. Briggs ingested the prednisone tablets as directed by the pharmacy for 28 days before the error was discovered. As the result, Ms. Briggs hand tremor went untreated and she experienced insomnia, swelling of the face and extremities, abnormal blood work and a fifteen pound weight gain.

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

#### X.

In filling Ms. Briggs Primidone prescription as prescribed by her physician, Dr. McHugh, with prednisone, Ms. Hsu, Ms. Pagayunan and Ms. Brucato each violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC)

639.945(1)(d) and (i).

**SECOND CAUSE OF ACTION**

XI.

In failing to completely check the original prescription to verify the prescribed drug when having so much difficulty trying to fill the prescription for Primidone with prednisone, Ms. Hsu, Ms. Pagayunan and Ms. Brucato each violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

**THIRD CAUSE OF ACTION**

XII.

In owning and operating the pharmacy in which Ms. Hsu, Ms. Pagayunan and Ms. Brucato misfiled Ms. Briggs prescription with prednisone instead of Primidone as prescribed, Wal-Mart #10-3729 violated NRS 639.210(4) and NAC 639.945(1)(d),(e) and (i) and (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 28<sup>th</sup> day of January, 2010.

  
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**

**MINDY HSU, R.Ph.,  
Certificate of Registration #17613,**

**Case No. 09-110A-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.


III.

The Board has reserved Wednesday, March 3, 2010 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 28<sup>th</sup> day of January, 2010.

  
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**

**MINDY HSU, R.Ph.,**  
**Certificate of Registration #17613,**  
**Respondent.**

**Case No. 09-110A-RPH-N**

\_\_\_\_\_/

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 \_\_\_\_\_, 2010.

---

Mindy Hsu, R.Ph

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND  
NOTICE OF DEFENSE

CONSOLACION PAGAYUNAN, R.Ph.

Certificate of Registration #14219

Respondent.

Case No. 09-110B-RPH-N

\_\_\_\_\_/

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 am formally objecting to any and all disciplinary charges. Unfortunately, I don't completely recall this incident. After reading The Notice of Intended Action and Walmarts documentation, I find the investigation to be accurate. I do not dispute the activity logs or any other findings.

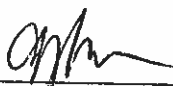
Despite the events, I cannot be held responsible for the following reasons:

1. Following my direct input, the prescription was completely restarted in the 4 point check TWICE. This means that the prescription was completely re-done by other pharmacists TWICE.
2. Another pharmacist then corrected and approved the changes, and subsequently dispensed and counseled on the prescription.

Because I had no involvement in the final 4 pt check, final visual check, dispensing and/or counseling of this prescription, I request dismissal of all charges .

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 11 day of February, 2010.

  
\_\_\_\_\_  
Consolacion Pagayunan, R.Ph

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND  
NOTICE OF DEFENSE

MICHELE BRUCATO, R.Ph.,  
Certificate of Registration #12941,  
Respondent.

Case No. 09-110C-RPH-N

\_\_\_\_\_/

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").

*See Attached*

FEB 17 2010



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

*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 \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Michele Brucato, R.Ph

THE NEVADA STATE BOARD OF PHARMACY

ANSWER AND NOTICE OF DEFENSE for Case No. 09-110C-RPH-N

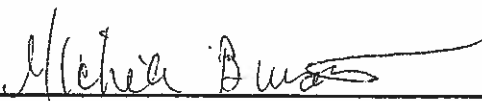
MICHELE BRUCATO, RPH,  
Certificate of registration #12941,  
Respondent

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

I admit that after being asked to fix the directions on Mrs. Briggs prescription by pharmacist Mindy Hsu, that I corrected the directions and failed to look back over the entire prescription and did not catch the look alike/sound alike drug error. After completing the directions, the prescription automatically went back to the Four Point Check which is required in the Wal-Mart system since a change was made to the directions. Then Mindy got the prescription on her screen and asked me to pull it up on my screen and complete it (not sure why she did not complete it). At that point the patient had been waiting over 30 minutes for her prescription, so I quickly Four Pointed the prescription reviewing the directions only since 2 other pharmacists had seen the RX and I was only asked to change the directions. This was a mistake and I will always review the entire prescription in the future. Because the prescription was taking longer to fill than we had told the patient it would take, I tried to complete the prescription and give it to the cashier to ring up.

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 11<sup>th</sup> day of February, 2010.

  
\_\_\_\_\_  
Michele Brucato, RPh

Blank

# HAL TAYLOR

ATTORNEY AT LAW

*Professional Licensing Law – Social Security Disability*

NevadaLicenseLawyer.com

223 Marsh Avenue

Reno, Nevada 89509

Licensed to Practice in:  
NEVADA  
CALIFORNIA  
ILLINOIS

PHONE: (775) 825-2223  
FAX: (775) 329-1113

February 17, 2010

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

Attn: Carolyn J. Cramer, Esq.  
General Counsel

Re: Wal-Mart #10-3729  
Reg.#PH02112  
Case No.: 09-110-PH-N

Dear Carolyn:

Please find enclosed Respondent Wal-Mart #10-3729's Answer and Notice of Defense. The Answer is out for signature by Debbie Mack, and I will supply a copy of the signature page as soon as I receive it.

Please feel free to contact me if I may be of further assistance. I have not discussed resolution yet with my client, but if you would like to suggest something to get the discussion going, I would be happy to convey it to my client.

Sincerely,

  
Hal Taylor, Esq.

HRT/  
cc: Client

1                                   **BEFORE THE NEVADA STATE BOARD OF PHARMACY**  
2   **NEVADA STATE BOARD OF PHARMACY,**  
3                                   **Petitioner,**  
4   **v.**  
5   **MINDY HSU, R.Ph.**  
6   **Certificate of Registration #17613**                                   **Case No. 09-110A-RPH-N**  
7   **CONSOLACION PAGAYUNAN, R.Ph.**  
8   **Certificate of Registration #14219**                                   **Case No. 09-110B-RPH-N**  
9   **MICHELE BRUCATO, R.Ph.**  
10   **Certificate of Registration #12941**                                   **Case No. 09-110C-RPH-N**  
11   **WAL-MART #10-3729**  
12   **Certificate of Registration #PH02112**                                   **Case No. 09-110-PH-N**

13                                   **Respondents.**  
14   \_\_\_\_\_ /

15                                   **RESPONDENT WAL-MART'S ANSWER**  
16                                   **AND NOTICE OF DEFENSE**

17                   Respondent, WAL-MART #10-3729 ("Wal-Mart"), in answer to the Notice of  
18   Intended Action and Accusation, admits, denies, and alleges as follows:

19                                   I.  
20                   Admitted.

21                                   II.  
22                   Admitted that Ms. Briggs took her prescription to Wal-Mart to be filled, that the  
23   prescription was for 60 Primadone 50 mg. tablets with instructions to take one tablet by  
24   mouth twice daily, and that she indicated that she would wait for it to be filled. Wal-Mart  
25   has no direct knowledge of the circumstances of her appointment with her doctor or of  
26   her medical condition and the treatment thereof, and therefore cannot respond to these  
27   allegations.

28                                   III.  
29                   Admitted except as to the state of mind of the technician, of which Wal-Mart has  
30   no direct knowledge.

IV.

Admitted.

V.

Admitted except as to state of mind of Ms. Hsu, of which Wal-Mart has no direct knowledge.

VI.

Admitted.

VII.

Admitted.

VIII.

Admitted.

IX.

Wal-Mart has no direct knowledge of Ms. Briggs ingestion of the tablets as directed, but has no basis for belief that this allegation is untrue. Wal-Mart has no direct knowledge of the alleged physical consequences of Ms. Briggs' ingesting the prednisone tablets, and therefore cannot respond to these allegations.

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

X.

These allegations do not require a response by Wal-Mart.

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

XI.

These allegations do not require a response by Wal-Mart.

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

XII.

Wal-Mart admits that it owned and operated the pharmacy in which the alleged errors occurred.

Wal-Mart denies that the mere ownership and operation of this pharmacy made it guilty of unprofessional conduct or conduct contrary to the public interest in violation

of NRS 639.210(4).

Wal-Mart denies that the mere ownership and operation of this pharmacy resulted in the alleged failure to strictly follow the orders of the doctor in violation of NAC 639.945(1)(d).

Wal-Mart denies that the mere ownership and operation of this pharmacy resulted in any failure to confer with the doctor regarding this prescription in violation of NAC 639.945(1)(e).

Wal-Mart denies that the mere ownership and operation of this pharmacy were the cause of any incompetent, unskillful or negligent acts alleged herein in violation of NAC 639.945(1)(i).

Wal-Mart denies that it should be held strictly responsible as the owner and operator of this pharmacy for the acts of the licensees it employed absent any act by Wal-Mart that contributed to the alleged errors in this case in violation of NAC 639.945(2).

#### **AFFIRMATIVE DEFENSE**

Had Wal-Mart's policies and procedures been followed, the errors alleged would never have occurred, and therefore Wal-Mart should not be held responsible for any violations alleged herein.

WHEREFORE, Respondent Wal-Mart #10-3729 prays for dismissal of the accusations against it.

I hereby declare, under penalty of perjury, that the foregoing Respondent Wal-Mart #10-3729 Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Dated this \_\_\_\_ day of February, 2010.

Wal-Mart #10-3729

By: \_\_\_\_\_  
Debbie Mack  
Director of Professional Services - Nevada

CERTIFICATE OF SERVICE

On this date, the undersigned, an employee of Hal Taylor, Esq., delivered the attached Respondent Wal-Mart's Answer and Notice of Defense to the Nevada State Board of Pharmacy at the address below:

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

Attn: Carolyn J. Cramer, Esq.  
General Counsel  
(Fax: 850-1444)

Dated: February 17, 2010.

\_\_\_\_\_  
Hal Taylor, Esq.



Proof

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**v.**

**TYLER J. DINES, PT,  
Certificate of Registration No. PT08731,**

**Case No. 10-004-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 Dines is a registered pharmaceutical technician with the Board.

II.

On or about January 12, 2010, Board staff was notified that Mr. Dines had been terminated from employment as a pharmaceutical technician at Wal-Mart #10-3277 located at 155 Damonte Ranch Parkway, Reno, Nevada.

III.

While cleaning the pharmacy bathroom on December 22, 2009, the managing pharmacist, Chi Pagayunan, found a 4 ounce bottle of Tussionex that was three quarters full. A prescription for Tussionex had been filled earlier in the day, however it was voided and the medication should have been returned to stock. Ms. Pagayunan placed the bottle she found in the bathroom on the counter of the workstation and realized a short while later that it was no longer there. She checked the stock shelf and found the bottle of Tussionex and secured it in a cabinet.

IV.

On December 24, 2009 Ms. Pagayunan located a note left by Mr. Dines that indicated that he was the person who had placed the bottle of Tussionex in the bathroom on December 22, 2009. Ms. Pagayunan spoke with Mr. Dines regarding the note, however she threw the note away thinking it was of no value to the investigation. Mr. Dines admitted to her that he had consumed some of the Tussionex, even though the note did not contain that admission. Ms. Pagayunan notified upper management regarding these circumstances. Wal-Mart investigated this incident and viewed video tapes of the pharmacy. The video showed that Mr. Dines had removed the bottle of Tussionex that Ms. Pagayunan had retrieved from the bathroom and placed on the workstation counter, and placed it back on the stock shelf on December 22, 2009.

V.

In a voluntary written statement given as part of the investigation with Wal-Mart loss prevention personnel, Mr. Dines admitted that he had placed the bottle of Tussionex in the bathroom and had consumed some of it. The total loss to Wal-Mart, as reported on a DEA Form 106 was \$592.00. Wal-Mart also filed a police report with the Reno Police Department.


**FIRST CAUSE OF ACTION**

VI.

By ingesting a controlled substance, namely Tussionex, in the bathroom of Wal-Mart #10-3277 without a prescription therefore, Mr. Dines violated (NRS) 453.331(1)(d), 453.336(1) and 639.210(1), (4), and (12) and Nevada Administrative Code (NAC) 639.945(1)(h) and (i).

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 28<sup>th</sup> day of January, 2010.

  
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**

**TYLER J. DINES, PT  
Certificate of Registration No. PT08731,**

**Case No. 10-004-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.

The Board has reserved Wednesday, March 3, 2010 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 28<sup>th</sup> day of January, 2010.

  
\_\_\_\_\_  
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

TYLER J. DINES, PT,  
Certificate of Registration No. PT08731,

Case No. 10-004-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").

None

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

I do admit that on Decembei 22, 2009, I did ingest the controlled substance Tussionex without a prescription. I realize the gravity of this action, and I am very sorry for what I have done. It was a huge mistake and a lapse of judgement on my part. I will do anything necessary in order to show the board how serious I am about keeping my license. Wether that means going through the PRN Program, taking periodic and random drug tests, or speaking to Pharmacy Technician classes to educate them on how serious of a matter this is, and pay compensation to Wal-Mart. I sincerely vow to never do anything of this sort again. I would be extremely appreciative and grateful to be given a second chance. Thank you for your ti

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 11<sup>th</sup> day of February, 2010.

  
Tyler J. Dines, PT



Park

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**v.**

**JESSICA AVERY, PT  
Certificate of Registration No. PT07740,**

**Case No. 09-085-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 Avery is a registered pharmaceutical technician with the Board.

II.

On or about August 26, 2009, Board staff was notified by ex-boyfriend, Shane Hauser, that Ms. Avery had taken drugs from two of her employers. Ms. Avery was working at Carson Tahoe Regional Medical Center and Sierra Surgery Hospital. Mr. Hauser claimed to have in his possession approximately 13 different controlled substances and dangerous drugs – both injectables and tablets with lot numbers. Mr. Hauser ultimately sent the drugs in his possession to Board investigator, Joseph Depczynski.

III.

Mr. Depczynski investigated this matter and learned from both Carson Tahoe Regional Medical Center and Sierra Surgery Hospital personnel that Mr. Hauser had

also been in contact with them regarding these drugs. Sierra Surgery Hospital identified the lot numbers for Midazolam, Ketamine and Meperidine as being consistent with those used at their facility. Carson Tahoe Regional Medical Center confirmed that lot numbers for Cyclobenzaprine, Haloperidol and Metaxalone matched those currently in their pharmacy stock.

IV.

Ms. Avery sent Mr. Depczynski a written statement admitting to taking the drugs depicted because she was being threatened by Mr. Hauser. Ms. Avery claims that Mr. Hauser threatened to get her fired from her jobs, have her children taken from her and various other threats, if she did not obtain drugs for him.

**FIRST CAUSE OF ACTION**

V.

In removing controlled substances from Sierra Surgery Hospital, namely Midazolam, Ketamine and Meperidine without a prescription therefore, Ms. Avery violated Nevada Revised Statute 453.331(1)(d), and/or 453.336(1) and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (i).


**SECOND CAUSE OF ACTION**

VI.

In removing dangerous drugs from Carson Tahoe Regional Medical Center, namely Cyclobenzaprine, Haloperidol and Metaxalone without a prescription therefore, Ms. Avery violated Nevada Revised Statute 454.221(1), and/or 454.321 and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code 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 29<sup>th</sup> day of January, 2010.

  
\_\_\_\_\_  
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**

**JESSICA AVERY, PT  
Certificate of Registration No. PT07740,**

**Case No. 09-085-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, March 3, 2010 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 29<sup>th</sup> day of January, 2010.

  
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**

**JESSICA AVERY, PT  
Certificate of Registration No. PT07740,**

**Case No. 09-085-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 \_\_\_\_\_, 2010.

\_\_\_\_\_  
Jessica Avery, PT





Thomas Danson  
13255 Welcome Way  
Reno, NV 89511  
February 1, 2010

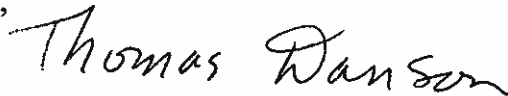
Jeri Walter  
Board Coordinator  
Nevada State Board of Pharmacy  
431 W Plumb Ln  
Reno, NV 89509

Dear Jeri:

Please include me on the March 2010 Board meeting agenda for consideration of reinstatement of my pharmacist license #8390.

I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink that reads "Thomas Danson". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Thomas Danson

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>Petitioner,</b>	)	
	)	
<b>v.</b>	)	<b><u>FINDINGS OF FACT,</u></b>
	)	<b><u>CONCLUSIONS OF LAW, AND</u></b>
	)	<b><u>ORDER REGARDING</u></b>
	)	<b><u>HAMPTON AND DANSON</u></b>
<b>PAUL L. HAMPTON, R.Ph.,</b>	)	
<b>Certificate of Registration No. 10619,</b>	)	<b>Case No. 06-041A-RPH-N</b>
	)	
<b>THOMAS E. DANSON, R.Ph.,</b>	)	
<b>Certificate of Registration No. 08390,</b>	)	<b>Case No. 06-041B-RPH-N</b>
	)	
<b>JOHN A. WARREN, R.Ph.,</b>	)	
<b>Certificate of Registration No. 08476,</b>	)	<b>Case No. 06-041C-RPH-N</b>
	)	
<b>McKESSON MEDICATION MANAGEMENT,</b>	)	
<b>LLC, operator of an d/b/a NORTHERN</b>	)	
<b>NEVADA MEDICAL CENTER PHARMACY,</b>	)	
<b>Certificate of Registration No. IA01761,</b>	)	<b>Case No. 06-041-IA-N</b>
	)	
<b>Respondents.</b>	)	
	)	

---

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 10, 2007, in Reno, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondents Paul L. Hampton and John A. Warren appeared and represented themselves. Respondent Thomas E. Danson was represented by Hal Taylor, and Respondent McKesson Medication Management, LLC (McKesson) was represented by Roger Morris of Quarles Brady. The parties agreed that the entire matter would be heard at two different hearings, with the hearing on January 10, 2007 to hear and resolve entirely the matters regarding Mr. Hampton and Mr. Danson and the hearing on February 22, 2007 to resolve the matters regarding Mr. Warren and McKesson. The parties further agreed that all evidence at the hearing on January 10, 2007 would also constitute part of the

record for the hearing on February 22, 2007. Based on the presentations of the parties 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. Mr. Hampton and Board Staff stipulated that the facts contained in the Notice of Intended Action and Accusation related to Mr. Hampton were true and correct, so Mr. Hampton appeared by way of explanation and mitigation, and Board Staff presented no evidence or testimony regarding Mr. Hampton. Mr. Danson's matter was heard in a full evidentiary hearing before the Board at which Board Staff presented the testimony of Gretta Woodington and Joe Depczynski and at which Mr. Taylor presented the testimony of Kevin Gammel, John Warren, and Mr. Danson. Board Staff introduced and the Board accepted into evidence two exhibits, and Mr. Danson introduced and the Board accepted into evidence one exhibit. Based upon the presentations of the parties and the public records in the possession and control of the Board, the Board finds the following to be the facts regarding Mr. Hampton's and Mr. Danson's matters within this larger case.

### **Facts Regarding Mr. Hampton**

2. Mr. Hampton testified that he was an alcoholic who was successfully addressing his addiction, but while he was working at Washoe Medical Center Pharmacy, he took without a lawful order approximately 30 hydrocodone tablets. Once he began using the hydrocodone unlawfully he essentially fulfilled his craving for alcohol by taking hydrocodone.

3. Mr. Hampton worked as a per diem shift pharmacist at Northern Nevada Medical Center Pharmacy (NNMC) beginning in January, 2006. Almost immediately

upon commencing his employment at NNMC, Mr. Hampton began removing various amounts of various strengths of Oxycontin from a Pyxis station on the fifth floor of NNMC. To do so, he would use his identification number and password to let himself into the Pyxis station. Once in the device, he would remove what he wanted, then create a discrepancy in the Pyxis device's computer system that he would then resolve by typing in the words "med transfer." Mr. Hampton explained that "med transfer" was meaningless and that NNMC policy required for a real medication transfer to identify the location to which the medications were transferred. Mr. Hampton also explained that he engaged in the fraudulent behavior at NNMC rather than at Washoe Medical Center because at Washoe Medical Center two people were required to witness the resolution of a discrepancy whereas at NNMC only one person was required to resolve a discrepancy, and, thus, at NNMC he could resolve discrepancies he was creating with each theft of Oxycontin.

4. Mr. Hampton explained that at no time when McKesson was operating the pharmacy and when Mr. Warren was the managing pharmacist were his "med transfer" entries discovered or discussed with him. Mr. Hampton's theft was not discovered until the transition that occurred after McKesson ceased managing and operating NNMC's pharmacy, when Gretta Woodington, a pharmacist assisting in the transition, reviewed the Pyxis logs and immediately spotted Mr. Hampton's "med transfer" entries. When confronted, Mr. Hampton immediately admitted to the scheme by which he was removing Oxycontin and methadone from NNMC's Pyxis devices for his own use. Thereafter, Mr. Hampton contacted PRN-PRN and entered into a substance abuse treatment agreement. Once in the PRN-PRN program, Mr. Hampton ceased any work

within a pharmacy in any capacity, a status that he had continued up through the date of the Board's hearing.

5. Mr. Hampton did not contest at hearing the quantities of controlled substances that were improperly removed and were attributed by Board staff and NNMC's staff to his acts. The controlled substances removed by Mr. Hampton without a lawful order included 22 tablets of Oxycontin 10 mg., 116 tablets of Oxycodone 20 mg. tablets, 203 tablets of Oxycodone 80 mg., and 25 tablets of methadone 10 mg. tablets.

6. At hearing, Ms. Woodington testified both in her capacity as a pharmacist involved in the NNMC transition after McKesson ceased managing and operating the NNMC pharmacy and in her capacity as a board member of PRN-PRN. In her capacity as a board member and active participant in PRN-PRN, Ms. Woodington testified that PRN-PRN's opinion was that Mr. Hampton had been working effectively his substance abuse treatment program, had suffered no relapses, and was a good candidate to return to the practice of pharmacy.

7. Mr. Hampton's demeanor at hearing indicated sincere remorse for his acts and seemed to indicate that he was engaged in an honest and sincere attempt to address his serious substance abuse issues.

#### **Facts Regarding Mr. Danson**

8. Mr. Danson began working at NNMC as a pharmacist in August, 2002. In 2003, NNMC installed a Pyxis safe in the main pharmacy. The Pyxis safe was a device accessed through a computer in which NNMC pharmacy stored all of its controlled substances. Each pharmacy employee allowed to access the Pyxis safe, which included both pharmacists and pharmaceutical technicians, were given a password by

which access to the Pyxis safe was gained and through which the device maintained a running record of all people who gained access to the device. Mr. Danson explained that he used the names of his dogs as his passwords and that he often changed his passwords.

9. Mr. Danson explained at hearing, the controlled substances stored in the Pyxis safe were not used to fill individual orders for patients and were, instead, used to supply various Pyxis stations distributed throughout the hospital from which nurses could then remove and administer individual doses to patients. When a member of the pharmacy's staff accessed the Pyxis safe, he or she was required to record in the Pyxis safe's computer system the purpose for being in the device. For most purposes, a ready list of purposes existed such as showing that controlled substances had been removed to be placed in a particular Pyxis station in the hospital or to show a return of controlled substances from one of the Pyxis stations. In this way, the Pyxis safe acted as a de facto perpetual inventory, since the Pyxis safe tracked every controlled substance with exact precision since it kept a running total of all controlled substances placed into or removed from the device.

10. Any person who gained access to the device was supposed to perform a "blind count" of the pocket or drawer that he or she accessed, meaning that he or she was supposed to physically count the contents of the drawer or pocket and log that amount into the computer. If the physical count did not match the number that the Pyxis device maintained at that time for the particular drawer or pocket, the Pyxis device would create a discrepancy report on the computer's screen (as explained by Mr. Gammel, this was denoted by a red bar across the computer's screen). Only a pharmacist could resolve the discrepancy by entering into the Pyxis safe's computer an

explanation for the discrepancy. Once the discrepancy was resolved by a pharmacist, the Pyxis safe's computer would adjust the count of the particular controlled substance to the corrected number entered by the pharmacist as part of the discrepancy report. All of the activity regarding the resolution of a discrepancy would be captured in the Pyxis safe's computer and would be attributed to the pharmacist who had entered the discrepancy notation into the system.

9. In the course of the transition after McKesson ceased managing and operating the NNMC pharmacy, Ms. Woodington ran transaction reports from the Pyxis safe. Ms. Woodington's review of the transaction reports from January 1, 2006 through June 26, 2006 raised concerns regarding a number of discrepancies for which Mr. Danson had entered the explanatory language in the Pyxis safe's computer system. Using resources available from the pharmacy's records, Ms. Woodington attempted to reconcile or understand the discrepancies entered by Mr. Danson, but she was unable to explain or reconcile any of the discrepancies. Because the discrepancies could not be explained and because she knew, through her years of experience working with the Board's PRN-PRN program, that the controlled substances involved (oxycodone, hydrocodone, and zolpidem) were drugs that were frequently abused, Ms. Woodington suspected Mr. Danson of diverting the controlled substances for which he had created the discrepancy notations.

10. Because she could not reconcile or understand the discrepancies noted by Mr. Danson, Ms. Woodington attempted to discuss the discrepancies with Mr. Danson. At the time that Ms. Woodington discovered the discrepancies, Mr. Danson had been offered employment for NNMC in the post-McKesson operation of the pharmacy, but Mr. Danson had not yet accepted the offer. When Ms. Woodington contacted Mr.



Danson to ask him about the discrepancies, he offered no explanation or justification for his entries and told her that he would call her back at a later time. Mr. Danson did not call Ms. Woodington, and so NNMC withdrew Mr. Danson's offer of employment.

11. At hearing, Ms. Woodington was asked about a number of the discrepancies that she had noted in the transaction log, and Ms. Woodington could not explain the substance of Mr. Danson's explanation in the Pyxis safe's computer system. In many cases, the explanations entered by Mr. Danson were nonsensical, violated NNMC policy, or, if legitimate, would have been entered another way. Ms. Woodington noted that in her review of the transaction reports at issue in this matter, Mr. Danson was the only employee of NNMC pharmacy who made discrepancy notations in the Pyxis safe.

12. Ms. Woodington tallied all of the controlled substances that were the subject of the various discrepancies for which Mr. Danson was responsible. The controlled substances for which Mr. Danson was responsible were:

Oxycodone/APAP liquid 10 ml. unit doses	136
Oxycodone/APAP liquid 5 ml. unit doses	11
Hydrocodone/APAP 7.5 mg./15 ml.	405 ml.
Zolpidem 5 mg. tablets	95

13. At hearing, Mr. Danson offered no explanation for any of the discrepancy notations he had made, even when asked directly to do so. Mr. Danson admitted at hearing that all but one of the discrepancy notations attributed to him in the transaction reports were, in fact, made by him, and as to the one to which he did not admit, he explained only that he could not remember whether he had made the notation. Mr. Danson posited a number of possible explanations for various of the discrepancies, but he could not say definitively that any of his explanations was what, in fact, had occurred. For example, Mr. Danson speculated that another person may have been

using his password to attribute certain acts to him, but this was belied by his testimony that he routinely left his password on a Post-It note on the computer and by his testimony that he admitted that the entries on the transaction report attributed to him were, in fact, acts done by him. Mr. Danson speculated that some of the discrepancies could have been explained as having been legitimate returns or transfers, but this was belied by Mr. Danson's own discrepancy notations that did not conform to the usual and simple entries for such routine tasks. Mr. Danson speculated that some of the discrepancies might be explained by underfilling the individual dosing cups or by slight excesses in some manufacturer's bottles from which the individual dosing cups were filled, but as Mr. Danson explained, any such discrepancies would result in surpluses, not shortages, and all of the discrepancies noted by Ms. Woodington were shortages.

14. At hearing, Mr. Danson himself raised his disciplinary history with the Board which started in March 1989 as a result of Mr. Danson's removing of 27 vials (325 mg. each) of cocaine from his employing hospital pharmacy, at that time Washoe Medical Center Pharmacy. In March 1989, Mr. Danson was suspended for 90 days and ordered into a probation to monitor his substance abuse treatment. Fourteen months into his probation, Mr. Danson tested positive twice for hydrocodone for which he had no lawful prescription, so in July 1990, the Board revoked Mr. Danson's license. In September 1991, the Board reinstated Mr. Danson's license subject again to a probation with conditions related to his substance abuse treatment. In November 1992 and again in September 1994, Mr. Danson was disciplined for various violations of the terms of his probation having to do with his treatment or testing to verify his sobriety. In July 1996, Mr. Danson's probation terminated and his license was restored to good standing.

15. Mr. Danson's demeanor and answers at hearing indicated that his testimony lacked credibility. When given a chance to explain the numerous discrepancy notations for which he was responsible, Mr. Danson offered no answer at all. Mr. Danson's numerous speculations regarding what might have happened or what might explain the discrepancies were unconvincing in view of his admitted responsibility for the making of the discrepancy notations. He was uniquely placed to know what happened, but he refused to provide credible explanations for even one of the discrepancies. Mr. Danson's answers were sometimes evasive, sometimes convoluted, sometimes confused, sometimes contradictory, and sometimes completely lacking. The effect of Mr. Danson's demeanor and answers was that he was deemed incredible, especially in view of the considerable weight of the evidence amassed against him. The only conclusion available to the Board under such circumstances was to conclude that Mr. Danson had, in fact, removed the numerous controlled substances identified by Ms. Woodington from the NNMC Pyxis safe without lawful orders therefore.

### **CONCLUSIONS OF LAW**

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Mr. Hampton and Mr. Danson are pharmacists licensed by the Board.

2. In removing controlled substances, namely oxycodone and methadone, without a prescription therefore and for his personal use, Mr. Hampton violated NRS 453.331(1)(d), 453.336(1), and 639.210(1), (4), and (12) and NAC 639.945(1)(h) and (i).

3. In removing controlled substances, namely oxycodone, hydrocodone, and zolpidem, without a prescription therefore, Mr. Danson violated NRS 453.331(1)(d), 453.336(1), and 639.210(1), (4), and (12) and NAC 639.945(1)(h) and (i).

## **ORDER**

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Danson's license (#08390) is revoked effective January 10, 2007. Mr. Danson may not be employed in any capacity in any facility or business licensed or regulated by the Board. Mr. Danson shall send his license certificate and wallet card to the Board within 10 days of the effective date of this Order, and his failure to do so shall result in a fine of \$5,000.00.

1. Mr. Hampton's license (#15170) is suspended for a period of six months commencing January 10, 2007, during which period of suspension Mr. Hampton may not be employed in any capacity in any facility or business licensed or regulated by this Board.

2. During the period of suspension and thereafter, Mr. Hampton shall participate in and complete probation according to the following terms and conditions:

a. Mr. Hampton shall continue in his treatment agreement with PRN-PRN upon such terms and conditions as PRN-PRN shall deem necessary and appropriate. Mr. Hampton shall comply fully with the terms and conditions required of him by PRN-PRN. Mr. Hampton's probation shall be for such a term as PRN-PRN determines to be necessary and appropriate. Any violation of Mr. Hampton's PRN-PRN agreement shall constitute a violation of this Order.

b. Mr. Hampton may not be employed or serve as a managing pharmacist.

c. Mr. Hampton shall notify his present employer and any potential employers of the existence and terms of this Order and shall provide a copy of this Order to his employer or potential employer. During the period of probation, no pharmacy that

employs Mr. Hampton shall allow him to work without another pharmacist being present in the pharmacy at all times with Mr. Hampton.

d. Mr. Hampton shall provide to PRN-PRN a copy of or notification of any prescription he receives from a physician. If Mr. Hampton seeks a prescription for a controlled substance, he shall assure that the physician is notified of this Order before the physician prescribes a controlled substance for Mr. Hampton.

e. PRN-PRN shall notify the Board's office of any breach of his treatment agreement committed by Mr. Hampton. The Board's staff shall evaluate and, if it deems necessary, investigate the breach and shall take such action, including seeking additional discipline, as the Board's staff deems appropriate.

f. If Mr. Hampton has otherwise complied with the terms of this Order, his suspension shall terminate and he shall thereafter be allowed to resume the practice of pharmacy upon the Board office's receipt of the notification from PRN-PRN that PRN-PRN has determined that Mr. Hampton would benefit from resuming the practice of pharmacy. Upon receipt of such notice, the Board shall schedule an appearance by Mr. Hampton (accompanied by a representative of PRN-PRN) at its next regularly scheduled meeting, and the Board may allow Mr. Hampton to resume practicing pharmacy if the Board is satisfied that Mr. Hampton can safely resume his practice of pharmacy.

g. Mr. Hampton shall make restitution to McKesson for the controlled substances he removed upon such terms and in such amounts and McKesson shall deem satisfactory. Mr. Hampton's probation may not be terminated until he has paid restitution satisfactory to McKesson.

h. PRN-PRN shall notify the Board's office of Mr. Hampton's successful completion of his treatment agreement. Upon the Board office's receipt of the notification from PRN-PRN that Mr. Hampton has successfully completed his treatment agreement, Mr. Hampton's probation pursuant to this Order shall cease.

i. When Mr. Hampton is allowed to again practice pharmacy, he shall comply with all laws relating to the practice of pharmacy, whether state or federal, statute or regulation.

3. If Mr. Hampton intends to reside outside of Nevada and cannot participate in the PRN-PRN program, he must:

a. Notify PRN-PRN and the Board in writing at least two weeks before he departs the state;

b. Enroll in a substance abuse treatment program sponsored by or affiliated with the board of pharmacy in the state in which he intends to make his residence, if such a program is available. If such a program is unavailable, then Mr. Hampton shall attempt to obtain private substance abuse treatment. Mr. Hampton shall notify PRN-PRN that he has enrolled in a sister-state program or a private program within two weeks after he has moved to the new state. PRN-PRN shall correspond with the sister-state program or the private program to assure that the program will operate in a manner satisfactory to PRN-PRN. While Mr. Hampton is enrolled in a sister-state or private program, his treatment shall be monitored by PRN-PRN, and any violation of the out-of-state program shall constitute a violation of Mr. Hampton's treatment agreement with PRN-PRN and this Order.

4. If Mr. Hampton is not able to reasonably enroll in an out-of-state programs pursuant to paragraph (3) above, then he shall notify the Board office and PRN-PRN

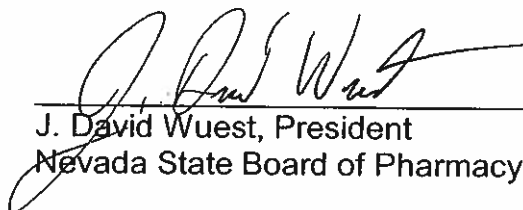
that of his inability to enroll, and this Order will thereafter be stayed until Mr. Hampton either enrolls in an out-of-state program or until Mr. Hampton again resides in Nevada and re-enrolls in the PRN-PRN program.

5. Mr. Hampton shall pay one-half of the Board's administrative fee and the fees and costs of investigation and prosecution of this matter by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy." The amount due under this paragraph will be determined after this matter is fully and finally resolved as a result of the Board's hearing on February 22, 2007, and Mr. Hampton will receive notification from Board Staff within 30 days after the February 22, 2007 hearing of the amount due under this paragraph, which amount must be received by the Board's Reno office within 90 days after the date on which Mr. Hampton is notified of the amount due.

6. Mr. Hampton shall be responsible for and shall pay all fees and costs related to his substance abuse treatment pursuant to this Order. A failure to pay any of these fees or costs for treatment shall be deemed a violation of this Order.

7. Upon receipt of credible information that Mr. Hampton has failed to comply with any term of this Order, the Board's Executive Secretary shall be authorized to immediately suspend Mr. Hampton's license. The Board's Executive Secretary shall also prepare and file such documents as are necessary to allow the Board to impose further discipline, up to and including revocation of Mr. Hampton's license. Furthermore, any failure to pay any fine, fee, or cost ordered herein by Mr. Hampton or Mr. Danson will also result in such legal action as Board staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 2<sup>nd</sup> day of February, 2007.

  
\_\_\_\_\_  
J. David Wuest, President  
Nevada State Board of Pharmacy



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02/02/2010

Dear Nevada State Board of Pharmacy,

This letter is to request for myself to be put on the agenda for the Board meeting taking place March 3<sup>rd</sup> and 4<sup>th</sup> 2010. My pharmacist license was revoked for 1 year on March 5<sup>th</sup> 2009. I would like to ask the board for my pharmacist license #16835 be reinstated at the March meeting.

Thank you for your consideration,

Cindy J. Vert  
2300 High Terrace Dr.  
Reno, NV. 89509

121 River Rock Street.  
Reno, NV 89501

**Addiction Treatment Services**

Phone (775) 322-6811  
Fax (775) 322-6810

# PROGRESS REPORT

03/26/09 to 01/29/10

**Larry Espardero**

**N/A**

**PRN-PRN**

Contact

Case Number

Agency

**Vert, Cindy**

**8/25/1959**

Client Name

Date of Birth

**Program Level:** ☒ **16 weeks**

Month	Alcohol/ Drug Use	Groups			Self Help Attendance				Balance
		Required	Attended	Missed	Required	Attended	Extra (Missed)	Credit (Owed)	
Apr-09		2	2	0	6	6	0	0	
May-09		5	5	1	12	12	0	0	current
Jun-09		4	4	0	12	12	0	0	current
Jul-09		5	5	0	15	15	0	0	current
Aug-09		4	4	0	12	12	0	0	current
Sep-09		4	4	0	12	12	0	0	current
Oct-09		5	5	0	15	15	0	0	current
Nov-09		4	4	0	12	12	0	0	current
Dec-09		5	5	0	15	15	0	0	current
Jan-10		4	4	0	12	12	0	0	current
Feb-10									
Mar-10									
Apr-10									
May-10									
Jun-10									
Jul-10									
Aug-10									
Sep-10									
Totals		42	42	0	123	123	0		

**Comments for Period:** 03/26/09 To 01/29/10

Ms. Vert has attended her weekly group sessions, she attends self-help meetings, her fee's are current.

Ms. Vert participates well in group, she is a real leader. She continues to be motivated.

She reports once notified for drug tests, all tests were negative, as well as breathalyzer's.

**Recommendations and Status:**

Client's status is excellent.

**Respectfully Submitted:**

  
Jeff Walter, LADC, NCAC  
Program Director

1/29/2010

Date

1/29/2010, 10:48 AM

OFFICES IN RENO SPARKS

Vert, Cindy 16 Weeks.xls, report

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**  
**v.**

**CINDY J. VERT, RPH.,**  
**Certificate of Registration No. 16835,**

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

**Case No. 09-009-RPH-N**

**Respondent.**

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THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on March 5, 2009, in Reno, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Respondent Vert represented herself and filed a written Answer and Notice of Defense on her own behalf. Based on the presentation of the Board's staff, 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. On or about March 5, 2008, Ms. Vert appeared at the Board's regularly scheduled meeting. At that meeting Ms. Vert testified that she had been terminated from her employment for diverting butorphanol tartrate nasal spray from Scolari's #24 for her personal use. Ms. Vert admitted that she removed 234 units of butorphanol tartrate nasal spray over an 18 month period. Ms. Vert was suspended indefinitely and ordered to enter into the PRN-PRN program.
2. On September 3, 2008, Ms. Vert and Mr. Espadero appeared before the Board and her suspension was lifted as she had been diligently working her program and the Board lifted the suspension providing that she continued with her PRN-PRN program with all other terms of the order to remain in effect

3. Mr. Larry Espadero from PRN-PRN appeared and testified that Ms. Vert was on a PRN-PRN contract and she had given a urine sample that tested positive for opiates on January 28, 2009. Mr. Espadero contacted Ms. Vert with the results and she advised him that she had taken Tramadol. Mr. Espadero had not previously been advised that Ms. Vert was taking Tramadol. Mr. Espadero testified that Tramadol is a mind-altering/addictive drug and Ms. Vert's use of it without his prior knowledge is a violation of her PRN-PRN contract. Mr. Espadero testified that Tramadol does not metabolize as an opiate. Mr. Espadero testified that at a later date Ms. Vert told him she had mistakenly taken hydrocodone which she still had in her possession from a prior surgery and that she had confused them with her vitamins. Mr. Espadero testified that Ms. Vert had violated her PRN-PRN contract in two ways. First, Ms. Vert was using Tramadol without his prior knowledge. Second, Ms. Vert had taken hydrocodone, an opiate. Mr. Espadero testified that all urine samples taken after the positive test had been negative.

4. Ms. Vert testified that she did not believe that Tramadol was a problem but that she now knows that Mr. Espadero has a problem with her use of the drug. Ms. Vert also testified that she had a valid prescription for the hydrocodone and that it was leftover from a prior surgery and that she had accidentally taken the medication as she confused it with one of the many vitamins that she takes daily. Ms. Vert presented the Board with a copy of the hydrocodone prescription. The Board questioned Ms. Vert regarding her confusing hydrocodone with a vitamin pill and expressed concern with her having hydrocodone in her possession considering her past drug use.

### **CONCLUSIONS OF LAW**

1. The Board has jurisdiction over this matter because Ms. Vert is registered as a pharmacist with the Board.

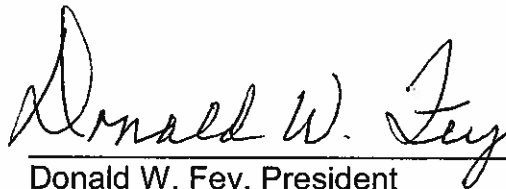
2. In violating the Board's Order by breaking her contract with PRN-PRN by using hydrocodone and Tramadal, Ms. Vert violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(I).

**ORDER**

Based upon the foregoing, the Board imposes the following discipline:

1. Ms. Vert's registration (16835) is revoked. Ms. Vert may not be employed in any business registered by the Board in any capacity.

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

A handwritten signature in cursive script that reads "Donald W. Fey". The signature is written in dark ink and is positioned above a horizontal line.

Donald W. Fey, President  
Nevada State Board of Pharmacy

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February 11, 2010

Jeri L. Walter  
Board Coordinator  
Custodian of Records  
Nevada State Board of Pharmacy  
431 West Plumb Lane  
Reno, NV 89509

Dear Mr. Walter,

My name is Celeste Martinez. I am writing this letter requesting an appearance before the Board so that I may request reinstatement of my license. My license was revoked in 2008. Please contact me if you need any additional information. You can reach me at (775) 267-1401(work) or (775) 745-3578(cell).

Thank You,

Celeste Martinez



1. On April 4, 2008, the Board's Reno office received notice from David Chan, Director of Pharmacy for Scolari's Food and Drug Co. (Scolari's), advising the Board that Ms. Martinez had been terminated from her employment as a pharmaceutical technician for removing controlled substances from her employing Scolari's #105 without lawful authorization. As part of the internal investigation conducted by Scolari's #105, Ms. Martinez provided a written statement in which she admitted that she had removed two prescription vials containing as much as 200 tablets of generic hydrocodone. In her statement, Ms. Martinez explained that she had removed the hydrocodone without paying for it for a friend who was in pain and did not have

insurance to pay for the controlled substances. Scholaris' internal investigation found that Ms. Martinez may have removed as much as 150 dosage units of hydrocodone.

### **CONCLUSIONS OF LAW**

1. The Board has jurisdiction over this matter because Ms. Martinez is a pharmaceutical technician registered by the Board.
2. In removing controlled substances, namely hydrocodone, without lawful authorization therefore, Ms. Martinez violated NRS 453.331(1)(d), 453.336(1), and 639.210(1), (4), and (12) and NAC 639.945(1)(h) and (i).

### **ORDER**

Based upon the foregoing, the Board imposes the following discipline:

1. Ms. Martinez's pharmaceutical technician registration (PT07269) is revoked. Ms. Martinez may not be employed in any business registered by the Board in any capacity unless and until her registration as a pharmaceutical technician has been reinstated.
2. Ms. Martinez shall return to the Board's Reno office her registration certificate within 10 days of her receipt of this Order. Her failure to do so will result in a fine of \$1,000 per day until the registration certificate is received by the Board office.

Signed and effective this 3<sup>rd</sup> day of July, 2008.



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Barry Boudreaux, President  
Nevada State Board of Pharmacy

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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: Biorx  
Physical Address: 3821 71st St. Urbanvale, 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@Biorx-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**

- ☐ 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 14 2009 Check Number: 956 Amount: 500.00

52140  
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 President  
Print or Type name and title

**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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Has applicant met all licensing requirements of your state? (If no, please explain) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Signature of State Official	Title	State	Date	State Seal
<u>Charity Hornum Clerk</u>		<u>IA</u>	<u>9/22/09</u>	



January 25, 2010

To Whom It May Concern:

Precision Pharmacy (Nevada License PH02584) is a privately owned retail compounding pharmacy located in Bakersfield, California. We specialize in veterinary compounding. Utilizing our clean room and laminar flow hoods in our California Sterile Compounding Licensed Pharmacy (99351) our pharmacists and pharmacy technicians are able to provide multiple forms of medications to our patients including: injectables, capsules, suspensions, gels and powders. We are requesting our Nevada Pharmacy License be amended to include parenterals. We understand we will have to appear before the board and hope to be placed on the board's March agenda in Reno.

Sincerely,

Rachel Taggs  
Compliance Officer

JAN 28 2010



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

PH0258

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: Precision Pharmacy

Physical Address: 4000 Empire Dr. #200

Mailing Address: Same

City: Bakersfield State: CA Zip Code: 93309

Telephone Number: (661) 377-3333 Fax Number: (661) 377-3334

Toll Free Number: (877) 734-3338

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

Managing Pharmacist: Patricia Waldrup-Helgren License Number: 42842  
California

**Hours of Operation:**

Monday thru Friday 8:15 am 5:15 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: DEC 17 2009 Check Number: 230 Amount: 500.00

52674  
1761

## OWNERSHIP IS A CORPORATION

State of Incorporation: California  
Parent Company if any: N/A  
Corporation Name: Precision Pharmacies, LLC  
Mailing Address: 4000 Empire Drive, #200  
City: Bakersfield State: CA Zip: 93309  
Telephone: (661) 377-3333 Fax: (661) 377-3334  
License Contact Person: Patricia Helgren or Patrick Wade  
Professional Compliance Contact Person: Patricia Helgren or Patrick Wade

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. Patrick Wade %: 100
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: \_\_\_\_\_  
Registration number issued: \_\_\_\_\_  
Stock Exchange: \_\_\_\_\_

List any physician shareholders and percentage of ownership:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

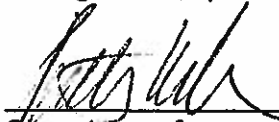
Within the last five (5) years:

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

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

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

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

  
\_\_\_\_\_  
Signature of owner or executive officer

7/27/09  
\_\_\_\_\_  
Date

Patrick Wade Owner  
\_\_\_\_\_  
Print or Type name and title



To Whom It May Concern:

The purpose of this letter is to inform the recipient of a misdemeanor crime committed by myself, Patrick Wade, owner of Precision Pharmacy.

On March 17, 2001, I had a party and underage people attended. The sheriff's department responded due to a noise complaint, they found some underage attendants drinking alcohol. For this I was charged with a misdemeanor crime and sentenced by the Kern County Superior Court to three years probation and \$350 fine. The probation has since passed without incident and was removed as of March 2004.

Patrick Wade

427162/20

#48133

NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

## PHARMACY LICENSE VERIFICATION

2009 DEC 17 AM 8:21

Name: Precision Pharmacy PHY47310  
 Address: 4000 Empire Drive #200  
 City: Bakersfield State: CA Zip: 93309

I hereby authorize the California Board 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
PHY 47310	active	10/7/05	10/1/10

Has this license been encumbered in any way?  
☐ Yes ☒ No

Type of Encumbrance: (if any)  
☐ Revoked ☐ Surrendered ☐ Limited  
☐ Suspended ☐ Restricted ☐ 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) No, to the best of our knowledge. ☐ 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) No, to the best of our knowledge. ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) N/A ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) Inspections are not public info ☐ Yes ☒ No

Signature of State Official	Title	State	Date	State Seal
<u>[Signature]</u>	<u>Public Inquiry Analyst</u>	<u>CA</u>	<u>12/30/09</u>	

January 27, 2010

To Whom It May Concern:

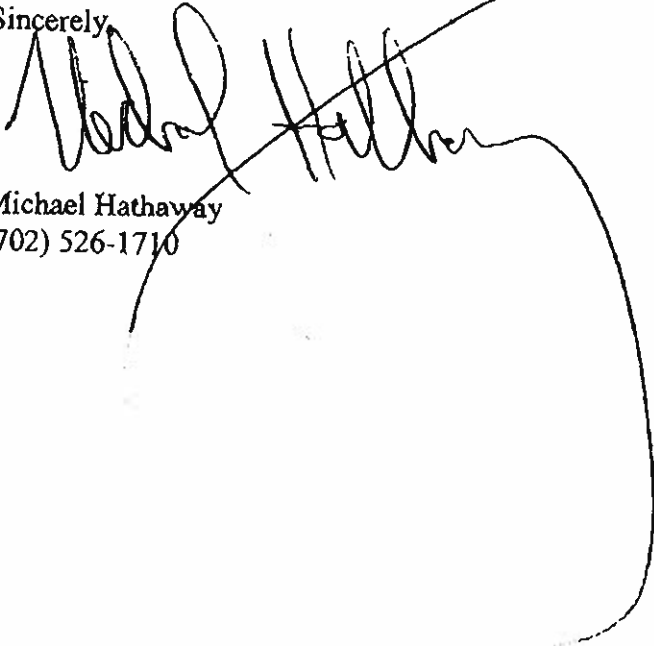
I am writing to explain the circumstances of my bankruptcy that was listed on my MDEG license application for Hathaway Medical.

I filed for personal bankruptcy in November of 2008. I had invested in real estate, the stock market, a bank and the foreign exchange market over the past couple of years. During the beginning of 2008 these markets began to take a turn for the worse and so did my portfolio. During this period of time my income also declined due to corporate pay restructuring. I was able to stay afloat for about 9 months before it became apparent I would not be able to continue without filing for bankruptcy. As someone with a 700+ credit score and over 15 years of credit history this was not a decision that was made lightly.

Since the discharge of my bankruptcy things have returned to normal. My income has increased to previous levels and I now pay for all my expenses without credit or credit cards. This unfortunate part of my history was not related to my business or business practices but to personal investments and market conditions.

The bankruptcy case # was 08-24429-lbr. This was a chapter 7 bankruptcy and was discharged on 3/10/09. If you need additional explanation or documentation please feel free to contact me.

Sincerely,



Michael Hathaway  
(702) 526-1710

# 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: Hathaway Medical

Physical Address: 6053 S. Fort Apache Rd. LV. NV 89148  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4117 California Condo

City: North Las Vegas State: NV Zip Code: 89084

Telephone Number: 702 526 1710 Fax Number: 702 387 1716

E-mail: hathawaymedical@yahoo.com Website: N/A

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

Mon: NA to \_\_\_\_\_ Tue: \_\_\_\_\_ to \_\_\_\_\_ Wed: \_\_\_\_\_ to \_\_\_\_\_ Thu: \_\_\_\_\_ to \_\_\_\_\_  
Fri: \_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

doesn't see  
patients in  
office -

### FACILITY ADMINISTRATOR INFORMATION

Name: Michael Hathaway

Address: 4117 California Condo

City: North Las Vegas State: NV Zip Code: 89084

### 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 type="checkbox"/> Diabetic Supplies         | Other: <u>Bone Growth Stimulators</u>                     |

### Board Use Only

Received \_\_\_\_\_ Check Number 4068 Amount 500.00

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Nevada  
Parent Company if any: N/A  
Corporation Name: Hathaway Medical  
Mailing Address: 4117 California Condor  
City, State and Zip: North Las Vegas NV 89084  
Telephone Number: 702 526 1710 Fax Number: 702 387 1710  
License Contact Person: Michael Hathaway  
Professional Compliance Contact Person: Michael Hathaway

**NAME AND TITLE OF EACH OFFICER AND DIRECTOR** (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>Michael Hathaway</u>	<u>President</u>
<u>Jackie Hathaway</u>	<u>Vice President</u>

For any corporation non publicly traded, disclose the following:

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

a) <u>NA</u>	Name	Address
b) <u>NA</u>	Name	Address
c) <u>NA</u>	Name	Address
d) <u>NA</u>	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. 2500
- 3) What was the price paid per share? 0
- 4) What date did the corporation actually receive the cash assets? NA
- 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.

NA

List all Medicare and Medicaid provider numbers registered to the business or its owner:

NA

- 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 MDEG products 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

3) Are any of the owners health professionals? If yes, please list name.

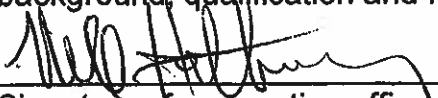
___ Practitioner	Name: _____
___ Advanced Practitioner of Nursing	Name: _____
___ Physician's Assistant	Name: _____
___ Physical Therapist	Name: _____
___ Occupational Therapist	Name: _____
___ Registered Nurse	Name: _____
___ Respiratory Therapist	Name: _____

Within the last five (5) years:

- 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

12-18-09  
Date

Michael Hathaway President  
Type name and title

# PERSONAL HISTORY RECORD

Date.....

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for M D E G  
Hathaway Medical 6053 South Fort Apache Rd Las Vegas NV 89148  
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Hathaway First Name Michael Middle Name Evan  
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
Mike  
Present Residence Address-Street or RFD 4117 California Condor City North Las Vegas State/Zip NV 89084  
Present Business Address 6053 S Fort Apache Rd City Las Vegas State/Zip NV 89148  
Occupation Sales Phone: Bozeman, Gallitan, Montana Residence Business Fax  
Date of Birth 36 Place of Birth (City, County, State)  
Age 36 Social Security Number Male Sex  
Color of Eyes Brown Color of Hair Blond Complexion Caucasian Weight 215 Build N/A Height 6'0"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.....

If naturalized, certificate No..... Date.....

Place.....(If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐  
Applicant's initial MA

MARITAL INFORMATION-Continued

A. **Current Marriage** August 26, 2000 Idaho Falls, Bonneville, Idaho  
Date City, County and State  
 Spouse's full name (Maiden) Jackie Jones S.S. No.  
 Date of Birth 7-10-1971 Place of Birth Columbus OH  
 Resident address 4117 California Condor North Las Vegas NV 89084  
Street City State Zip  
 Telephone: Residence (702) 642-0566 Business ( ) N/A  
 Spouse's employer N/A Occupation Homemaker  
 Address of employer N/A  
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Jerry MacDonald</u>	<u>4/1999</u>	<u>Salt Lake, UT</u>	<u>9-2-98</u>	<u>Annulment Las Vegas, Clark, NV</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

B. **Child Support Information:**

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am 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; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial MA

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Michael James Hathaway	11-8-49	6267 S. 55th W Idaho Falls ID 83402	Farmer
------------------------	---------	-------------------------------------	--------

Mother

Lorraine Tracy	5-9-51	Same as above	Homemaker
----------------	--------	---------------	-----------

Father-in-Law

Paul Jones	12-14-46	2925 N Boones Ferry Rd Woodburn OR 97071	Vet
------------	----------	--	-----

Mother-in-Law

Barbara Bresee	6-21-45	Same as above	
----------------	---------	---------------	--

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Kathryn Hathaway	8-5-72	162 Richmond Ln Idaho Falls ID 83404	Software Consult
------------------	--------	--------------------------------------	------------------

Spouse

N/A

Kevin Hathaway	2-28-75	1005 Ada Ave Idaho Falls ID 83402	Sales
----------------	---------	-----------------------------------	-------

Spouse

Kali Lewis	8-31-75	Same as above	Homemaker
------------	---------	---------------	-----------

Valerie Hathaway	10-10-76	490 Moonlite Dr. Idaho Falls ID 83402	Homemaker
------------------	----------	---------------------------------------	-----------

Spouse

Justin Hendricks	10-28-77	Same as above	DOE Retrieval Operation
------------------	----------	---------------	-------------------------

Shauna Hathaway	5-12-78	900 Spratt Ave Idaho Falls ID 83404	Homemaker
-----------------	---------	-------------------------------------	-----------

Spouse

Jeremiah Martin	7-30-76	Same as above	Student
-----------------	---------	---------------	---------

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Hamer Elementary	Hamer ID	79-87	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	West Jefferson	Terreton ID	88-92	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	Brigham Young University	Provo UT	95-2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University				
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... Political Science.....

College or university where obtained..... Brigham Young University.....

Applicant's initial..... MJA.....

**5 MILITARY INFORMATION:**

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☒ No ☐

County Clark State IO Date registered 1990

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

- F. Have you every had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when?.....city, county and state.....

- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when?.....city, county and state.....

- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial MA

# ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes ☒ No ☐ (Other than divorces)  
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Michael Hathaway	12/08	08-24429-1br	Las Vegas, Clark, NV	3/10/09

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
 Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

## 7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
6-07 / Present	4117 California Condor	North Las Vegas NV	89084
2-05 / 6-07	6220 Craters Edge St	North Las Vegas NV	89031
9-00 / 2-05	1842 Box Springs Ave	North Las Vegas NV	89071
6-79 / 9-00	PO Box 9	Hammer ID	83425

Applicant's initial 

## 8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
12-03 / Present	DJ Orthopedics 1430 Decision St Vista CA 92081	Becoming a distributor
Senior Territory Manager	Medical Device Sales	Jamie Laderman
4-01 / 12-03	Cardinal Health 7000 Cardinal Pl Dublin OH 43017	Got a job with DJO
Territory Manager	Medical Supply Sales	Rob Griffith
9-00 / 4-01	Fletcher Jones Toyota 3255 E Sahara Ln NV 89104	Got a job w/ cardinal
Salesman	Automotive Sales	Steve Beecher
12-96 / 9-00	Missionary Training Center 2005 N 900 E Provo UT 84604	Graduated College
Gym Supervisor	Managed gym	Craig Cosgrove
12-94 / 9-00	Hathaway Roofing 4117 California Center Ave NV 89084	Self
Owner	Sales & Roof installation	Graduated College
12-92 / 12-94	Oregon Eugene Mission 55 W 29 St A Eugene OR 97402	
Missionary	Proselyting and Service	John Simmons
12-86 / 12-92	Walker Farms 1015 Crane Dr Idaho Falls ID 83402	Went on Mormon Mission
Foreman	Managed Irrigation Systems	Steve Carpenter
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial MM



## 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Brett Sellers</u>	Home	<u>1815 Village Center Cir</u>	<u>LV</u>	<u>NV 89134</u>		<u>7</u>
Employer <u>Sellers &amp; Co</u>	Business	<u>1612 Gentle Brook</u>	<u>NLV</u>	<u>NV 89084</u>		
Name <u>Calvin Rasmussen</u>	Home	<u>3369 Antique Rose Dr</u>	<u>LV</u>	<u>NV 89135</u>		<u>8</u>
Employer <u>Royce Ind.</u>	Business	<u>11 W Brooks Ave</u>	<u>LV</u>	<u>NV 89030</u>		
Name <u>Craig Cosgrove</u>	Home	<u>29 W 1040 S</u>	<u>Or</u>	<u>UT 84058</u>		<u>13</u>
Employer <u>MTC</u>	Business	<u>2005 N 900 E</u>	<u>Provo</u>	<u>UT 84604</u>		
Name <u>Donovan Neider</u>	Home	<u>985 Grassland</u>	<u>Idaho Falls</u>	<u>ID 83401</u>		<u>15</u>
Employer <u>Pinnacle Health</u>	Business	<u>1522 Elk Creek Dr</u>	<u>IF</u>	<u>ID 83401</u>		
Name <u>Mark Hendry</u>	Home	<u>380 N 100 W</u>	<u>Washington</u>	<u>UT 84780</u>		<u>15</u>
Employer <u>Washington Public Safety</u>	Business	<u>95 N Main St</u>	<u>Washington</u>	<u>UT 84780</u>		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒   
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

*MA*

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 12-29-09

Applicant's initial MHA

STATE OF Idaho

ss.

COUNTY OF Bonner

I, Michael Hathaway, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Michael Hathaway  
Signature of Applicant

Subscribed and Sworn to before me this 29th day of

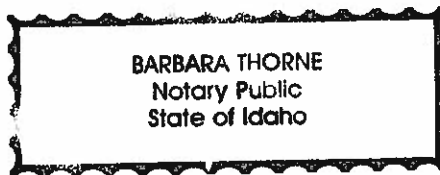
December 2009

Barbara Thorne

Notary Public

Commission expires 4-10-2011

(seal)



Applicant's initial

MA

# ADDITIONAL INFORMATION

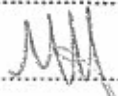
## Siblings cont.

Mark Hathaway	7-30-80	302 Kohrs St Deer Lodge MT 59722	Network Admin
Mary Bowen	10-29-81	Same as above	Housewife
Scott Hathaway	3-27-83	775 Tiger Ave Idaho Falls ID 83401	DOE Retinal Ops
Shyanne Burr	4-17-81		Homemaker

## Children cont.

Michael Evan Hathaway	7-5-07	Las Vegas NV California Condor NLV NV 89084
-----------------------	--------	---

Applicant's initial



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# 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: Three Wishes inc.

Physical Address: 3355 W. Spring Mountain Rd #23  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3355 W. Spring Mountain Rd #23

City: Las Vegas State: NV Zip Code: 89102

Telephone Number: 702-873-3755 Fax Number: 702-871-1894

E-mail: dkarnes@threewishes2.com Website: www.threewishes2.com

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

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat: closed on call Sun: closed on call Holidays: closed on call

### FACILITY ADMINISTRATOR INFORMATION

Name: Dennis Karnes

Address: 12223 Highland Ave #268

City: Rancho Cucamonga State: CA Zip Code: 91739

### 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: Power wheelchairs & scooters

Board Use Only

Received

**FEB 08 2009**

Check Number

755

Amount

500.00

53009  
628

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Nevada  
Parent Company if any: \_\_\_\_\_  
Corporation Name: Three Wishes inc.  
Mailing Address: 1582 W. San Marcos Blvd #301  
City, State and Zip: San Marcos, CA. 92078  
Telephone Number: 760-891-0418 Fax Number: 760-891-0597  
License Contact Person: Dennis Karnes  
Professional Compliance Contact Person: Elizabeth Apolaca

**NAME AND TITLE OF EACH OFFICER AND DIRECTOR** (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>Dennis Karnes</u>	<u>President</u>
_____	_____

For any corporation non publicly traded, disclose the following:

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

a) Dennis Karnes 7116 Oaktree Pl, Fontana CA. 92336  
Name Address

b) \_\_\_\_\_  
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. \_\_\_\_\_
- 3) What was the price paid per share? \_\_\_\_\_
- 4) What date did the corporation actually receive the cash assets? \_\_\_\_\_
- 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.

U/A

List all Medicare and Medicaid provider numbers registered to the business or its owner:

See Attached.

- 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 MDEG products 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



- 3) Are any of the owners health professionals? If yes, please list name. NO

<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: _____

Within the last five (5) years:

- 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

12-14-89  
Date

Dennis Karpis - President  
Type name and title

# PERSONAL HISTORY RECORD

Date 12-14-09

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable Medical Equipment and Oxygen  
three wishes inc. 3355 W. Spring Mountain Rd #23  
Nature of License  
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Karnes Dennis William  
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

7116 Oak Tree Pl. Fontana CA. 92330  
Present Residence Address-Street or RFD City State/Zip

1582 W. San Marcos Blvd #301 San Marcos CA. 92078  
Present Business Address City State/Zip

Administrator 11/08 - Present 800-535-3063  
Occupation Dates Phone:

4/21/108 Dixey, Los Angeles, CA. 19  
Date of Birth Place of Birth (City, County, State) Residence Business Fax

41 Male  
Age Social Security Number Sex

Blue Brown Pale 350 large 6' 1"  
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Scar(L) Hand Between Index & Thumb

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. \_\_\_\_\_

If naturalized, certificate No. \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial DWR

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/27/98 Las Vegas, Clark, Nevada  
Date City, County and State  
 Spouse's full name (Maiden) Gloria Sanchez   
S.S. No.  
 Date of Birth 9/5/70 Place of Birth Los Angeles CA.  
 Resident address 7116 Oak Tree Pl. Fontana CA. 92336  
Street City State Zip  
 Telephone: Residence (909) 452-8777 Business (760) 891-0418  
 Spouse's employer A/R Management Group Inc. Occupation Billing Manager  
 Address of employer 4749 Holt Blvd. Montclair CA. 91763  
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Stephanie Roach	11/2/98	11/30/89	Divorce	Las Vegas Clark, Nevada

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Unknown					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
		Las Vegas	

B. **Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am 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; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial DWK Page 2

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address \_\_\_\_\_

Contact person \_\_\_\_\_

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Dennis Karnes	12/22/47	Toulon Ct, Riverside, CA	Plumber
Mother			
Carol Niemann	2/16/48	7116 Oak tree Pl. Fontana, CA. 92336	Admin
Father-in-Law			
Jose Sanchez			Dry cleaner
Mother-in-Law			
Maria Sanchez			Dry cleaner

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Richard Karnes	9/21/74	14975 Guivero Rd, Apple Valley, CA	Elevator Mechan
Spouse Lori Karnes	"	"	Special Needs Helper
Michael Karnes	12/13/76		Logistic Manager
Spouse Tanya Karnes	5/23/76		Billor.

Spouse \_\_\_\_\_

Spouse \_\_\_\_\_

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Highgrove Elementary	Highgrove, CA	73-80	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	John W. North High	Riverside, CA	82-86	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	Yuba College	Yuba City, CA	87-88	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	US Air Force	Beale AFB CA, Soesterberg ABNL		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any EMT Certification, FV Cert, Med Delivery Cert, ACLS C

College or university where obtained \_\_\_\_\_

Applicant's initial DK

**5 MILITARY INFORMATION:**

- A. Have you ever served in any armed forces? Yes ☒ No ☐

Branch AR Force Date of entry-active service 8/13/87

Date of separation May 2, 1992 Type of discharge Honorable

Rating at separation E-4 Serial number Social Security #

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☒

County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
June 89	22	DUI	Fairfield, CA.	Dismissed July 89	CHF

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No ☐
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10. Don't know Large Family!

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

Applicant's initial DWL

# ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
MD & Associates	Feb, 09	?	Rancho Cucamonga, San Bernardino Co, CA	Dismissed 4-15-09
patient records				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

## 7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
see Attached			
copy of credit report			

Applicant's initial

*[Signature]*

## 8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
See Attached	Copy of credit report	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

*DWK*

## 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Rick Lea</u>	Home					
Employer <u>Tryplex</u>	Business	<u>Tryplex</u>				
Name <u>Terrell Thacker</u>	Home					
Employer <u>Pacific oncology</u>	Business	<u>Cancer</u>				
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒   
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

EMT California 88  
Audiology Technician Texas, California 87, 93

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Three wishes inc., 907 Vann Dr Ste A, Jackson TN 382

Applicant's initial

DWR



13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer)? Yes ☒ No ☐

Brian Haimovitz California Pharmacy Permit.

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph

Applicant's initial

DWL

STATE OF .....

SS.

COUNTY OF .....

I, Dennis Karnes, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

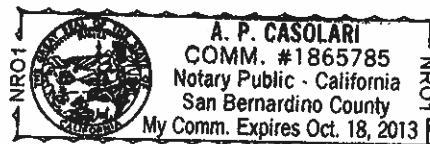
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



Signature of Applicant

Subscribed and Sworn to before me this 14 day of

December 2009  
A. P. Casolari  
Notary Public



(seal)

Applicant's initial



ADDITIONAL INFORMATION

Sat in Front of Nevada Board of Pharmacy  
Regarding Application of Three Wishes, INC. Result  
Withdraw Application 12-3-09.

Applicant's initial

*FW*

**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: Biomed Pharmaceuticals  
Physical Address: 4020 W. Ali Baba Lane, Unit D, Las Vegas, NV 89111  
Mailing Address: 4020 W. Ali Baba Lane, Unit D  
City: Las Vegas State: NV Zip Code: 89118  
Telephone Number: 702-272-1204 Fax Number: 702-272-1480  
Toll Free Number: 888-475-9099  
E-mail: rlubrani@biomed-rx.com Website: www.biomed-rx.com  
Managing Pharmacist: Russell D. Lubrani License Number: 15929

**Hours of Operation:**

Monday thru Friday 8 am 5 pm Saturday — am — pm  
Sunday — 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 checked="" 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: FEB 16 2010 Check Number: 728 Amount: 500.00

# OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Pennsylvania  
Parent Company if any: Biomed ~~PA, Inc.~~ Healthcare, Inc.  
Corporation Name: Biomed PA, Inc.  
Mailing Address: 950 Calcon Hook Rd, Ste 15  
City: Sharon Hill State: PA Zip: 19079  
Telephone: 610-586-2340 Fax: 610-586-3320  
License Contact Person: Jennifer Hoefner, R.Ph.  
Professional Compliance Contact Person: Robert Fleckenstein, R.Ph.

## Name and title of each officer and director (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>Michael Moran</u>	<u>Pres.</u>
<u>Steve Maggio</u>	<u>Secretary</u>

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?
  - a) Biomed Healthcare, Inc. owns 100% Biomed PA, Inc.  
Name Address
  - b) \_\_\_\_\_  
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. ~~10~~ 100
- 3) What was the price paid per share? \$100.00
- 4) What date did the corporation actually receive the cash assets? 6/15/2007
- 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.

Biomed Healthcare, Inc. - PA  
Michael Moran - Pres.  
Steve Maggio - Pres

- 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) Biomed PA, Inc - Out of state pharmacy  
Name Address  
950 Calcon Hook Rd, Ste 15, Sharon Hill, PA 19079  
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) Biomed PA, Inc 950 Calcon Hook Rd, Ste 15,  
Name Address  
Pharmacy Sharon Hill, PA 19079  
Business

b) \_\_\_\_\_  
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?

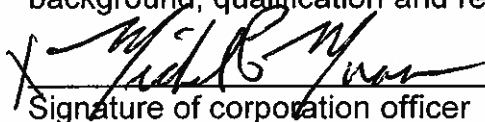
Yes ☐ No ☒

- 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

1/27/10  
Date

Michael Morzn / Pres.  
Print or Type name and title

# Statement of Responsibility

## Managing Pharmacist

Pharmacist Name: Russell D. Lubrani

License #: 15929

Pharmacy Name: Biomed Pharmaceuticals

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>CA</u>	Date: <u>3/19/2004</u>
		Case #: <u>AC 200100256000</u>
And/or Criminal Action:	State: _____	Date: _____
County: _____	Court: _____	Case #: _____



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**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: PH \_\_\_\_\_)

**GENERAL INFORMATION**

Pharmacy Name: PATHWAY Specialty Compounds

Physical Address: 2560 E. Sunset Rd #120

Mailing Address: 2560 E. Sunset Rd #120

City: Las Vegas State: Nevada Zip Code: 89120

Telephone Number: 702-541-6023 Fax Number: 702-405-8135

Toll Free Number: 800-541-6023

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

Managing Pharmacist: Kenton Crowley License Number: 15858

**Hours of Operation:**

Monday thru Friday 8 am 2 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: FEB 16 2010 Check Number: 197 Amount: 500.00

53046  
1828

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: NEVADA  
Parent Company if any: K.J. REVORKINA, PHARM.D., A Professional Corporation  
Corporation Name: the Pathway Specialty Compounds  
Mailing Address: 2560 E. Sunset Rd, #120  
City: LAS Vegas State: NV Zip: 89120  
Telephone: 702-541-6023 Fax: 702-405-8135  
License Contact Person: Kenton Crowley  
Professional Compliance Contact Person: Kenton Crowley

**Name and title of each officer and director** (Use separate sheet if necessary)

Officer or director name

Officer or director title

Vernon Gettys

President

For any corporation non publicly traded, disclose the following:

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

a) Vernon Gettys 921 S. Beacon St, San Pedro, CA 90731  
Name Address

b) \_\_\_\_\_  
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. 1000
- 3) What was the price paid per share? \$10.00
- 4) What date did the corporation actually receive the cash assets? N/A
- 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.

- 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) \_\_\_\_\_  
Name Address

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) Vernon Gettys 921 S. Beacon St. San Pedro, CA 90731  
Name Address

Health View, Inc. 921 S. Beacon St. San Pedro, CA 90731  
Business

b) \_\_\_\_\_  
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.

Vernon Gettys  
Signature of corporation officer

02/02/2010  
Date

Vernon Gettys President  
Print or Type name and title

# Statement of Responsibility

## Managing Pharmacist

Pharmacist Name: Kenton Lance

License #: 15858

Pharmacy Name: PATHWAY Specialty Compounds

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? <i>The Dr is 10 years ago not a current issue.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>CA</u>	Date: <u>7/16/08</u> Case #: <u>AC3107</u>
And/or Criminal Action:	State: <u>CA</u>	Date: <u>6/11/07</u> Case #: <u>07-8653</u>
	County: <u>Gonoma</u>	Court: <u>sonoma co. Sup. Ct.</u> <u>(SCR 513206)</u>

NV 5/14/08 08-013-RPH-5

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**JASWINDER GROVER, M.D.**  
*Diplomate, American Board of Orthopaedic  
Surgery  
Fellowship Trained Spinal Surgeon*

**JORG ROSIER, M.D.**  
*Diplomate, American Board of Anesthesiology  
Diplomate, American Board of Pain Medicine*

**HABUK GITUMAN, M.D.**  
*Pain Specialist/Anesthesia  
Diplomate, American Board of Anesthesiology  
Fellowship Trained Pain Specialist*

February 4, 2010

Candy Nally  
Nevada State Board of Pharmacy

Dear Ms. Nally:

I am responding to your inquiry dated January 25, 2010. I have enclosed for you a copy of the report the National Practitioner Databank, which summarizes the events surrounding this particular case. Additionally, I would like the Board to be aware that this is a case brought against me by an individual who presented to the emergency room at a local hospital with symptoms of severe back pain, incontinence of bladder function, and inability to ambulate. I treated her through appropriate measures and she ultimately recovered, returned to her home state of Texas and, as far as I am aware, is currently ambulatory independently without any focal neurological deficits. The claim that she made against me was because she was suffering from ongoing pain in her lower back.

At the time that I defended this case and to this day, I continue to feel strongly that I treated this patient appropriately and I provided for her care that improved her condition and her quality of life. I had the opportunity to settle this case for less than \$200,000, although I believed strongly then, and I continue to believe, that this case should be defended as I did not believe that I had committed any malpractice. The case ultimately went to arbitration and the arbitrator's decision was in favor of the plaintiff and awarded the plaintiff \$500,000. At the time that this patient presented to arbitration, which I attended, the patient was independently ambulatory without orthotics or assistive devices and her basis for her claim against me was that she was having ongoing pain in her lower back.

I have been in practice in Las Vegas for the past 15 years, taking care of complex spinal disorders including traumatic injuries, tumors, deformity and spinal cord injuries.

7140 Smoke Ranch Rd. Ste. 150, Las Vegas, NV. 89128  
10001 S. Eastern Ave. Ste. 208, Henderson, NV. 89052  
Ph. (702) 320-8111 Fax: (702) 320-8112



To: Candy Nally

Page 2

I have performed surgery on several thousand patients and take great pride in trying to provide the best possible quality of care for my patients. Understandably, I was disappointed and I continue to disagree with the decision at the time of arbitration.

I trust this information is clear and will assist you in the overall understanding of this case. Should you have any additional questions or concerns, please do not hesitate to contact me.

Sincerely,

2/5/2010

X 

---

Jaswinder S. Grover, M.D.

JSG/tm

DT: 2/4/2010

ST. ROSE DOMINICAN HOSPITAL  
LAS VEGAS, NV  
MOUNTAINVIEW HOSPITAL  
LAS VEGAS, NV  
VALLEY HOSPITAL  
LAS VEGAS, NV

Date of Report: 06/02/2008

Relationship of Entity to  
This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment  
for This Practitioner: \$ 500,000.00

Date of This Payment: 04/24/2008

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by  
This Payer for This Practitioner: \$ 500,000.00

Payment Result of: JUDGMENT

Date of Judgment or Settlement, if Any: 04/16/2008

Adjudicative Body Case Number: A514354

Adjudicative Body Name: DISTRICT CT CLARK COUNTY, NEVADA

Court File Number:

Description of Judgment or Settlement and Any  
Conditions, Including Terms of Payment:

ALTHOUGH WE HAD EXPERT SUPPORT, IN LIEU OF THE LENGTH  
AND UNCERTAINTY OF GOING TO TRIAL, DR. GROVER AND THE  
PLAINTIFF AGREED TO PARTICIPATE IN A BINDING HIGH/LOW  
ARBITRATION BEFORE A SINGLE ARBITRATOR CHARGED WITH  
DECIDING LIABILITY AND DAMAGES UNDER NEVADA LAW. PER  
AGREEMENT BETWEEN PARTIES, THE HIGH/LOW AMOUNT WAS  
\$200,000/\$500,000. THE ARBITRATOR FINDING WAS FOR THE  
PLAINTIFF AND THE HIGH AMOUNT WAS TENDERED BY THE  
CARRIER ON BEHALF OF THE INSURED.

**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

Total Amount Paid or to Be Paid by This Payer for All  
Practitioners in This Case: \$ 500,000.00

Number of Practitioners for Whom This Payer Has Paid  
or Will Pay in This Case: 1

**PAYMENTS BY OTHERS FOR THIS PRACTITIONER**

Has a State Guaranty Fund or State Excess Judgment Fund  
Made a Payment for This Practitioner in This Case, or Is Such a  
Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance  
Company/Companies Made Payment(s) for This Practitioner in  
This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by Self-Insured  
Organization(s) and/or Other Insurance Company/Companies:

**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Patient's Age at Time of Initial Event: 59 YEARS

Patient's Gender: FEMALE

Patient Type: INPATIENT

Description of the Medical Condition With Which the Patient  
Presented for Treatment: PLAINTIFF, A THEN 59-YEAR-OLD TEXAS RESIDENT, WITH A

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

OCN: 5500000051440014

Process Date: 06/02/2008

Page: 3 of 4

For authorized use by:

CENTER FOR SPINE AND SPECIAL SURGERY

HISTORY OF LOW BACK PROBLEMS DATING SINCE AT LEAST 1993, WAS VISITING LAS VEGAS WHEN SHE PRESENTED TO THE EMERGENCY DEPARTMENT AT DESERT SPRINGS HOSPITAL ON 12/14/03, WITH INTRACTABLE BACK PAIN AND A SUDDEN ONSET OF BILATERAL LOWER EXTREMITY WEAKNESS, INCLUDING INABILITY TO VOID. SHE HAD BEEN TRANSPORTED TO THE FACILITY VIA AMBULANCE, FOLLOWING THE SUDDEN ONSET OF THESE NEUROLOGICAL DEFICITS IN HER HOTEL ROOM. SHE WAS ADMITTED TO THE HOSPITAL FOR EVALUATION, AND BOTH CT AND MRI CONFIRMED SIGNIFICANT PATHOLOGY AT THE L4-5 AND L5-S1 LEVELS IN THE SPINE, INCLUDING STENOSIS AT L4-5, DIFFUSE DISC BULGE AT L5-S1 EXTENDING INTO THE NEURAL FORAMEN BILATERALLY, AND DEGENERATIVE DISC DISEASE AT BOTH LEVELS. SHE WAS MONITORED FOR FOUR DAYS PRIOR TO CONSENTING TO SURGERY TO ADDRESS THE PATHOLOGY AND ALLEVIATE HER SYMPTOMS.

Description of the Procedure Performed: DR. GROVER PERFORMED A FUSION, STABILIZATION L4 TO S1 AND MICRODECOMPRESSION L3 TO S1. HIS INTRAOPERATIVE NOTES DOCUMENTED RUPTURE OF THE L4-5 AND L5-S1 DISK SPACES POSTERIORLY, INCLUDING THE POSTERIOR ANNULUS, AND MARKED FACET DEGENERATION AND FACET CYST FORMATION AT L4-5, AND EVIDENCE OF EROSION CHANGES CONSISTENT WITH SUBLUXATION. POSTERIORLY, HE PERFORMED A MICROLAMINOTOMY AT L3-4 AND PARTIAL LAMINECTOMIES WITH FACETECTOMIES AT L4, L5 AND S1. HE DISSECTED THE L4-5 FACET CYST, WHICH WAS PRESSING AND DISPLACING THE THECAL SAC AND ADHERENT TO THE L5 NERVE ROOTS. IN PLACING THE TRANSPEDICULAR SCREWS, HE FOUND THAT THE PATIENT HAD RELATIVELY SMALL PEDICLES, ALTHOUGH HE FELT THAT HE WAS ABLE TO ACHIEVE SATISFACTORY SCREW PLACEMENT AND ACHIEVED GOOD FIXATION. HE WAS UNABLE TO GET GOOD FLUOROSCOPIC IMAGES OF THE NEURAL CANAL, BUT ON PALPATION THERE WAS NO EVIDENCE THAT THE SCREWS WERE IMPINGING ON THE CANAL. HOWEVER, A POSTOPERATIVE LUMBAR CT DEMONSTRATED LESS-THAN-OPTIMAL SCREW PLACEMENT; THUS, DR. GROVER RETURNED THE PATIENT TO SURGERY TO REVISE THE SCREW PLACEMENT. HE WAS ABLE TO ACHIEVE ADEQUATE SCREW PLACEMENT DURING THE REVISION PROCEDURE. FOLLOWING THE SURGICAL PROCEDURES, THE PLAINTIFF REMAINED NEUROLOGICALLY INTACT WITHOUT ANY NEW DEFICITS AFTER SURGERY AND REPORTED FUNCTIONAL IMPROVEMENT SINCE THE EMERGENT ADMISSION.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: FAILURE TO DIAGNOSE (101)

Other Specific Allegations:

Date of Event Associated With Allegation or Incident: 12/15/2003

Specific Allegation: UNNECESSARY PROCEDURE (402)

Other Specific Allegations:

Date of Event Associated With Allegation or Incident: 12/19/2003

Outcome: INSIGNIFICANT INJURY (02)

Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based:

THE COMPLAINT ALLEGED THAT DR. GROVER FAILED TO DIAGNOSE A SACRAL FRACTURE AS WELL AS A TRANSVERSE PROCESS FRACTURE AT L5 AND PERFORMED AN UNNECESSARY SURGICAL PROCEDURE DURING WHICH TIME THE PEDICLE SCREWS WERE MISPLACED CAUSING CONTINUED PAIN.

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes ☒ No ☐ (Other than divorces)  
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Respondent	5/21/08	AS14354	Las Vegas, NV (Clark County)	6/08 - resolved

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
 Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2000 - 2010	917 Tronchy Hills Dr	Las Vegas NV	89134
1995 - 2000	832 Tom O'Shane P.	LV NV	89106
1985 - 1995	Los California in apartments (Los Angeles) while going to school.		

Applicant's Initial

Page 5

**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: Smoke Ranch Surgery Center  
Physical Address: 7180 Smoke Ranch Road Las Vegas NV 89128  
Mailing Address: same  
City: Las Vegas State: NV Zip Code: 89128  
Telephone Number: (702) 483-2270 Fax Number: (702) 851-3278  
Toll Free Number: N/A  
E-mail: mtaylor@nvapineclinic.com Website: N/A  
Managing Pharmacist: Doug Cumman License Number: 13340

**Hours of Operation:**

Monday thru Friday 8 am 5 pm      Saturday 8 am 3 pm  
Sunday N/A am N/A 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: 1-13-10 Check Number: MO Amount: 500.00

52742

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

Owner's Name: Jaswinder S. Grover

List all previous names: \_\_\_\_\_

Social Security Number: 566-53-5032

Date of Birth: 4/25/1965

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: India

Citizenship: USA ☒ other ☐

If applicable, list Naturalization Number: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Current residence address: 917 Trophy Hills Dr.

City: Las Vegas State: NV Zip Code: 89134-6328

Telephone Number: (702) 320-8111

Fax Number: \_\_\_\_\_

Previous address (last 5 years): N/A

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

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

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

Business Name: Smoke Ranch Surgery Center

Current Business Address: 7180 Smoke Ranch Road

City: Las Vegas State: NV Zip Code: 89128

Telephone Number: (702) 483-2270

Fax Number: (702) 851-3278

Previous Employment (last 5 years):

Name: Nevada Spine Clinic Address: 7140 Smoke Ranch Rd #150

City: Las Vegas State: NV Zip Code: 89128

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Are you a registered pharmacist in Nevada? Yes or No ☒ No

Professional qualifications if not a pharmacist: \_\_\_\_\_

License #:

Medical Doctor / Surgeon

Within the last five (5) years:

- 1) 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 ☒
- 2) Have ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Have you ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) 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 ☒
- 5) 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 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

Date

Print or Type name



Hospital Corporation of America

Far West & Mountain Supply Chain Services  
1120 Sportsplex Drive  
Kaysville, UT 84037

P 801 444-8800  
F 801 444-8802

Larry L. Pinson  
Executive Secretary  
Nevada Board of Pharmacy  
431 W. Plumb Lane  
Reno, Nevada 89509

January 5, 2010

Dear Larry,

The Hospital Corporation of America (HCA) owns and operates three hospitals in Las Vegas, Sunrise Medical Center, MountainView Hospital, and Southern Hills. Core to the HCA business model for pharmacy management is Centralized Order Entry (COE). Currently, HCA operates five COE pharmacies that service nearly 70 hospitals in 23 States.

HCA has developed a sophisticated and successful model for offsite remote physician order entry that has been in use since 2005. The COE pharmacy model has allowed HCA institutional pharmacists to spend more time providing clinical services to hospitalized patients by freeing them up from the routine activity of physician order entry.

We are aware that current Nevada Law does not allow COE activity 24/7, but that The Board is embarking on a process to revise pharmacy regulations. We would like the opportunity to meet with your board, describe our COE program, and investigate the possibility of receiving approval to provide COE services for the three HCA facilities in Nevada. We have been in communication with Don Fey, an HCA pharmacist and President of your Board of Pharmacy as to how best to work with you in this effort.

We are requesting to be on the agenda for your March 2010 meeting. I am including some additional materials that will help further describe the HCA COE program.

Thank you for your consideration,

R. Kelly Hansen RPh, MPA  
HCA Division Director of Pharmacy  
801-444-8856

JAN 13 2010



## HOSPITAL CORPORATION OF AMERICA PHARMACY CENTRALIZED ORDER ENTRY PROGRAM

### Mission Statement

Centralized Order Entry is a pharmacist order entry service providing 24/7 comprehensive and timely prospective medication order reviews, improved order entry efficiency, and supports the integration of the hospital pharmacist into clinical care activities that promote safe and cost-effective patient-focused care.

### Goals:

Increase Patient Safety

- Clinical intervention pharmacists can reduce adverse events.
- Clinical Intervention pharmacists education to patients can reduce medication errors

Reduce Drug Costs

- Pharmacist's redeployment for clinical interventions will reduce drug spend.

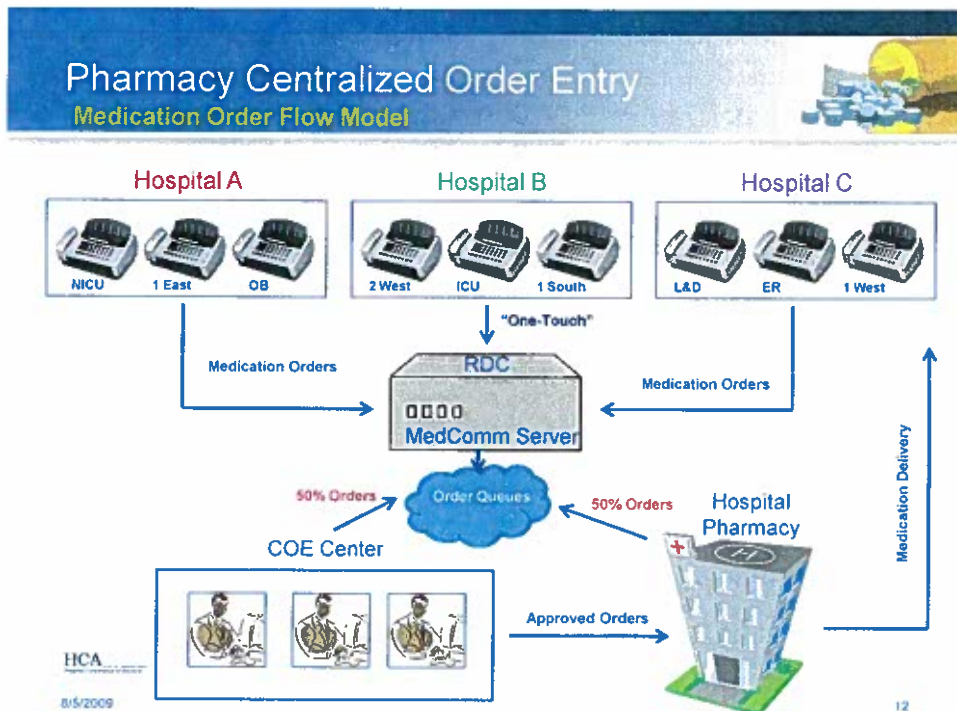
### Critical Success Factors

#### **Program Standardization**

- ✓ Hardware/Software Platform
- ✓ Policies & Procedures (Best Practices)
- ✓ Service Level Agreements
- ✓ IT&S Support Model

#### **Plan to Realize the "Full Benefits" of the Program**

- ✓ 24/7 Pharmacy Coverage for Hospitals
- ✓ Cost Avoidance
- ✓ Improved Productivity
- ✓ Flexible Working Hours for Pharmacists
- ✓ Increased Direct Patient Interaction & Clinical Intervention Activity



### **Hospital Corporation of America Central Order Entry Program Highlights**

- Program started in 2005.
- Four Central Order Entry Pharmacies strategically located across the Country.
- Regional Data Centers strategically placed across the country. Security of data and redundant back up to highest of industry standards.
- Currently servicing more than 70 hospitals in 23 States.
- Processing over 400,000 activities a month.
- Documented increased clinical activity from pharmacists freed up from order entry functions.
- Service Level Agreement between COE Pharmacy and Client Hospital clearly defining services to be provided.
- Continuous Quality Improvement Process
  - Monthly Dashboard reports.
- State of the art information technology solutions deployed across the HCA system of hospitals.
- Advisory Board consisting of process management engineers, pharmacy directors, information technology experts.

### **Denver Colorado Central Order Entry Pharmacy**

- Licensed pharmacy beginning in September of 2008
- 18 licensed pharmacists entering orders for 12 HCA hospitals in 6 States.
- Pharmacy and pharmacists are registered/licensed in the all States they serve allowing for State Board of Pharmacy oversight.
- Pharmacists training and mentoring program at Central Order Entry Pharmacy.
  - Documented competency testing.
- Complete Policy and Procedure manual.
  - Down time procedure
  - Order clarification process
  - Establishment of common dictionaries
  - Medi-Tech screen alerts for auto substitutions
  - Defined scope of order type to be processed at Central Order Entry Pharmacy
  - IT Support functions clearly defined.
  - Standardized IT platforms.

## **COE Operational Policies and Procedures**

1. Mission Statement
2. Communication
3. DEA Restrictions and Prescribing Privilege Validation
4. COE Downtime Procedures
5. Volume Escalation Plan
6. Pharmacist and Pharmacy Licenses
7. Pharmacy Policy & Procedure Manual
8. Pharmacy Record Maintenance
9. Pharmacy References
10. Pharmacy Information System Access
13. COE Pharmacy Safety Plan
14. COE Participating Hospitals and Pharmacies
15. Security Pharmacy
16. Pharmacy and Therapeutic Committee
17. COE Intervention Documentation
18. Meditech and COE System Access
19. COE Advisory Board

## **COE Medication Management**

1. Scope of Care
2. Unapproved Abbreviations
3. Illegible Order
4. Patient Allergy Status Missing
5. Formulary System for Medication
6. Medication Order Review
7. Medication Profile
8. Patient Information Missing
9. Herbal medications and Alternative Therapies
10. Therapeutic Interchanges/Substitutions
11. Non-Formulary Not in Database
12. Clinical Intervention Documentation
13. Pharmacokinetic Dosing
14. Physician Medication Order Entry
15. Patient Own Medication
16. Hold Order Management
17. Weight Based Order
18. Renal Dosing
19. Patient Own Med
20. IV to PO
21. Possible Allergy to New Order
22. Automatic Stop Orders

## **COE HR Policies**

1. Confidentiality
2. Pharmacy Orientation, Competency and Continuing Education
3. Home-Based Order Entry Shared Services P&P
4. Performance Improvement
5. Performance Metrics
6. Adverse Event Reporting
7. Medication Incident Reporting

## **Additional P&P's**

1. Hurricane Plans/Disaster Plans
2. Regulatory Compliance Notification from Quality Management

Paul Vitkus  
Director of Pharmacy  
Saint Mary's Regional Medical Center  
235 W. 6<sup>th</sup> Street  
Reno, NV 89503  
775-770-3922  
February 2, 2010

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

Dear Larry,

Thank you for taking the time to discuss our issues in meeting the timeline to complete the construction of a USP 797 compliant IV admixture room by March 18<sup>th</sup>, 2010.

I have been in lengthy discussions with Saint Mary's senior executive leadership over the last 45 days, since you and I spoke.

A number of factors have delayed our progress in meeting the timeline. I have been instructed by senior executive leadership to respectfully ask the Nevada State Board of Pharmacy for an extension, for a target date of completion of construction of the clean room to be October 31<sup>st</sup>, 2010.

Thank you for your consideration.

Sincerely,



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## **EXECUTIVE SECRETARY REPORT – MARCH 2010**

### **A) FINANCIAL REPORT**

### **B) INVESTMENT REPORT**

### **C) TEMPORARY LICENSES**

### **D) STAFF ACTIVITIES**

#### **1. Meetings**

- a. MDEG Committee (1/19/10)
- b. LCHH working group (2/3/10)
- c. LCHH (2/17/10)
- d. Speaking engagement – NV Osteopathic Medical Assn (1/22/10)
- e. Speaking engagement – N. NV Dental Society (2/11/10)
- f. Speaking engagement - N. NV Practice Managers Assn (3/9/10)

### **E) REPORT TO BOARD**

- 1. Opinion request on hCG.
- 2. Student rotations

### **F) BOARD RELATED NEWS**

- 1. Pharmacists given new power in Nova Scotia.

### **G) ACTIVITIES REPORT**

Blank

**TEMPORARY LICENSES**  
(Issued since last board meeting)

No temporary licenses have been issued since last board meeting.



Blank

# **UPDATE TO THE LEGISLATIVE COMMITTEE ON HEALTH CARE**

**FROM:** Nevada State Boards of Pharmacy, Medicine and Osteopathy

**RE:** PRESCRIPTION DRUG ABUSE IN NEVADA

On February 3, 2010, in Carson City, Nevada, representatives from the above mentioned Boards called a meeting of stakeholders to begin discussions on the problem of prescription drug abuse in Nevada, chaired by Executive Secretary Larry Pinson from the Board of Pharmacy. Invited attendees:

Assemblyman Mo Denis

Larry L. Pinson, Pharm. D., Executive Secretary, Board of Pharmacy

Douglas Cooper, Interim Executive Director, Board of Medical Examiners

Dianna Hegeduis, Esq., Executive Director, Board of Osteopathic Medicine

Carolyn Cramer, Esq., General Counsel, Board of Pharmacy

Liz McMenamin, Lobbyist, Retail Association of Nevada

Fred Hillerby, Lobbyist, Board of Pharmacy

Jeanette Belz, Lobbyist, NV Psychiatric Association

Charles S. Price, M.D., NV Psychiatric Association

Kevin Quint, Executive Director, Join Together Northern Nevada

Larry Mathesis, Executive Director, NV State Medical Association

Joanee Quirk, Program Director, CS Prescription Abuse Prevention Task Force

Jennifer Chisel, LCB

The goal of the meeting was to identify the issues that contribute to prescription drug abuse and to determine if other participants would be beneficial to the discussions. All participants agreed that the goal of the study would be to have draft legislation to the Legislative Committee on Health Care no later than September 1, 2010, that would address issues that contribute to prescription drug abuse.

All participants recognized that the prescription drug abuse issue is a huge problem that is broad in scope. Each participant was asked to share his/her comments on issues they believe contribute to the problem, and possible measures to address those problems. The following list demonstrates some of those thoughts:

- Where do the drugs come from?
  - Prescriptions
  - Unused in medicine cabinets
  - Diversion by pharmacy technicians, patients, practitioners
  - Internet
  - Dr. shopping
  - Over prescribing

- Youth
  - Where are they getting the drugs & how to prevent?
  - Education, not only to kids, but to their parents and the public in general.
- Law Enforcement
  - Should there be more involvement here?
- Medicaid
  - Is there diversion here, and if so is it at the taxpayer's expense?
  - Should Medicaid be required to access Task Force data as a condition of eligibility?
- Controlled Substance Prescription Abuse Task Force
  - Can we improve the data so that it is more accurate and timely?
  - Is "real time" an attainable goal?
- Prescribing Practices
  - Should we strengthen NRS 639.23507 to require mandatory use by practitioners of Task Force data?
  - Should the narcotic seeking patient be told up front that their profile will be checked?
  - Are narcotics indeed overprescribed, and if so, is there a remedy?
  - Do dispensing practitioners really need the ability to dispense controlled substances (rather than the standard prescription writing process)?
  - What is coming out of the VA system (since they are not required to report)?
- Drug Destruction
  - How do facilitate the destruction of unwanted medications, especially controlled substances?
    - DEA considerations
- Education
  - Youth
  - The general public
  - Practitioners

Where do we go from here?

The consensus of the group for going forward is the following:

- 1) Meet monthly with the goal of having draft legislation to the Legislative Committee on Health Care by September 1, 2010.
  - a. \*note: we have just been informed that the above mentioned recommendations need to be ready for presentation to the LCHH by their May 26, 2010 meeting.
- 2) Identify, out of the myriad of issues, just what it is that we can actually impact and manage, and without fiscal impact.
- 3) Invite to our group, representatives from the education system (schools), law enforcement, and the Attorney General's office.
  - a. The AG's office has subsequently been contacted and is most willing to participate.

b. Assignments were made to make those contacts.

Blank

### MEETING NOTICE AND AGENDA

Name of Organization: Legislative Committee on Health Care  
(Nevada Revised Statutes 439B.200)

Date and Time of Meeting: Wednesday, February 17, 2010  
9 a.m.

Place of Meeting: Grant Sawyer State Office Building  
Room 4401  
555 East Washington Avenue  
Las Vegas, Nevada

Note: Some members of the Committee may be attending the meeting and other persons may observe the meeting and provide testimony through a simultaneous videoconference conducted at the following location: Legislative Building, Room 3138, 401 South Carson Street, Carson City, Nevada.

*If you cannot attend the meeting, you can listen or view it live over the Internet. The address for the Nevada Legislature website is <http://www.leg.state.nv.us>. Click on the link "Live Meetings – Listen or View."*

Note: Minutes of this meeting will be produced in summary format. Please provide the secretary with electronic or written copies of testimony and visual presentations if you wish to have complete versions included as exhibits with the minutes.

### A G E N D A

Note: Items on this agenda may be taken in a different order than listed.

\*Denotes items on which the Committee may take action.

- I. Introduction, Opening Remarks, and Committee Schedule  
Senator Valerie Wiener, Chair
- \*II. Approval of Minutes of the Meeting Held on December 9, 2009, in Las Vegas, Nevada
- \*III. Status Report Regarding Emergency Mental Health Services in Nevada and the Impact of the Budget Reductions on Certain Mental Health Programs in the State  
Harold Cook, Ph.D., Administrator, Division of Mental Health and Developmental Services, Department of Health and Human Services (DHHS)
- \*IV. Update of the Study Conducted Pursuant to Senate Bill 307 (Chapter 88, *Statutes of Nevada 2009*) Concerning Issues Relating to Medicaid  
Charles Duarte, Administrator, Division of Health Care Financing and Policy, DHHS
- \*V. Presentation Concerning the Status of the J-1 Physician Visa Waiver Program  
Richard Whitley, M.S., Administrator, Health Division, DHHS  
Christine Roden, R.N., M.P.H., Manager, Primary Care Office, Health Division, DHHS
- \*VI. Update Regarding the H1N1 Flu Virus in Nevada and Presentation Concerning the Management of the H1N1 Flu Virus in Nevada  
Tracey D. Green, M.D., State Health Officer, Health Division, DHHS

- \*VII. Presentation Concerning the Study of the Abuse of Prescription Narcotic Drugs and the Manner of Monitoring and Addressing the Abuse of Prescription Narcotic Drugs in Nevada Pursuant to Assembly Bill 326 (Chapter 301, *Statutes of Nevada 2009*)  
 Larry L. Pinson, Executive Secretary, State Board of Pharmacy  
 Douglas C. Cooper, C.M.B.I., Interim Executive Director, Board of Medical Examiners  
 Dianna Hegeduis, Esq., Executive Director/Board Counsel, State Board of Osteopathic Medicine
- \*VIII. Overview of Options for the Regulation of Medical Assistants in Nevada  
 Tracey D. Green, M.D., State Health Officer, Health Division, DHHS  
 Lawrence P. Matheis, Executive Director, Nevada State Medical Association
- \*IX. Presentation Concerning the Collaboration of Licensing Boards in the Investigation and Oversight of Providers of Health Care  
 Richard Whitley, M.S., Administrator, Health Division, DHHS  
 Marla McDade Williams, Chief, Bureau of Health Care Quality and Compliance, Health Division, DHHS  
 Douglas C. Cooper, C.M.B.I., Interim Executive Director, Board of Medical Examiners  
 Dianna Hegeduis, Esq., Executive Director/Board Counsel, State Board of Osteopathic Medicine  
 Larry L. Pinson, Executive Secretary, State Board of Pharmacy  
 Debra Scott, M.S.N., R.N., A.P.N., F.R.E., Executive Director, State Board of Nursing
- \*X. Presentation Concerning the History of Legislation from Previous Sessions of the Nevada Legislature Which Proposed to Consolidate or Restructure Certain Professional and Occupational Licensing Boards  
 Marshellah D. Lyons, Principal Research Analyst, Research Division, Legislative Counsel Bureau (LCB)
- \*XI. Discussion Regarding the Consolidation of Administrative Services for Health Professional and Occupational Licensing Boards  
 Lawrence P. Matheis, Executive Director, Nevada State Medical Association
- \*XII. Consideration of Regulations Proposed or Adopted by Certain Licensing Boards Pursuant to *Nevada Revised Statutes 439B.225*
  - A. LCB File No. 154-09, State Board of Osteopathic Medicine
  - B. LCB File No. 200-09, Board of Dental Examiners of Nevada
  - C. LCB File No. 203-09, State Board of Health
  - D. LCB File No. 002-10, State Board of Nursing
 Sara L. Partida, Principal Deputy Legislative Counsel, Legal Division, LCB
- XIII. Public Comment
- XIV. Adjournment

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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 Research Division of the Legislative Counsel Bureau, in writing, at the Legislative Building, 401 South Carson Street, Carson City, Nevada 89701-4747, or call Sally Trotter at (775) 684-6825 as soon as possible.

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Notice of this meeting was posted in the following Carson City, Nevada, locations: Blasdel Building, 209 East Musser Street; Capitol Press Corps, Basement, Capitol Building; City Hall, 201 North Carson Street; Legislative Building, 401 South Carson Street; and Nevada State Library, 100 Stewart Street. Notice of this meeting was faxed and e-mailed for posting to the following Las Vegas, Nevada, locations: Clark County Government Center, 500 South Grand Central Parkway; and Capitol Police, Grant Sawyer State Office Building, 555 East Washington Avenue. Notice of this meeting was posted on the Internet through the Nevada Legislature's website at [www.leg.state.nv.us](http://www.leg.state.nv.us).



# 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)

February 11, 2010

Mr. Douglas Cooper, Interim Executive Director  
Nevada State Board of Medical Examiners  
1105 Terminal Way, Suite 301  
Reno, NV 89502

Re: Comment on potential change to NAC 630.230

Dear Mr. Cooper:

Thank you for allowing Nevada State Board of Pharmacy Staff to comment on what we understand is a request for the Nevada State Board of Medical Examiners to strike from NAC 630.230(1)(g) "chorionic gonadotrophic hormones" (hCG) to allow the use of that hormone for weight loss. The genesis of NAC 630.230 goes back to 1979, at which time the Board correctly, in our opinion, made the use of hCG for weight loss "prohibited professional conduct." One does not have to look far to understand why:

- hCG is approved by the FDA for the following indications only:
  - prepubertal cryptorchidism
  - hypogonadism
  - ovulation induction
- hCG comes with a warning (see attached from "Drug Facts and Comparisons"; 2010, Updated Monthly)
  - "Human chorionic gonadotropin (hCG) has no known effect on fat mobilization, appetite, sense of hunger or body fat distribution. HCG has NOT been demonstrated to be effective adjunctive therapy in the treatment of obesity. There is no substantial evidence that it increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or "normal" distribution of fat or that it decreases the hunger and discomfort associated with calorie restricted diets."

Further, the Nevada State Board of Pharmacy designated hCG a "controlled substance" in 1990 (NAC 453.530 Schedule III) in an effort to curtail its abuse by athletes and body builders as an adjunct to anabolic steroid abuse. It is curious that a substance being abused by body builders to gain muscle mass and weight could now suddenly be utilized to lose weight.



Mr. Douglas Cooper, Interim Executive Director  
February 11, 2010  
Page 2

Finally, the precautions, warnings and adverse reactions of hCG (also included on the attached page) demonstrate that the drug is not innocuous. Ranging from pregnancy category "X" to ovulation induction, the cautious use of hCG is obvious, especially when used in women of child bearing age, many of whom seek weight loss.

In summary, Pharmacy Board Staff feels that a change by the Nevada State Board of Medical Examiners to allow the use of hCG for weight loss is not in the best interest of the public.

Sincerely,

A handwritten signature in blue ink, appearing to read "Larry L. Pinson, Pharm. D.", with a stylized flourish at the end.

Larry L. Pinson, Pharm. D.  
Executive Secretary

Enclosure

**CHORIONIC GONADOTROPIN**

Rx	<b>Chorionic Gonadotropin</b> (Various, eg, Goldline, Rugby, Steris)	<b>Powder for Injection:</b> 5000 units per vial with 10 ml diluent (to make 500 units per ml)	In 10 ml vials.
Rx	<b>Chorex-5 (Hyrex)</b>		In 10 ml vials. <sup>2</sup>
Rx	<b>Profasi (Serono)</b>		In 10 ml vials. <sup>2</sup>
Rx	<b>Chorionic Gonadotropin</b> (Various, eg, Goldline, Rugby, Steris)	<b>Powder for Injection:</b> 10,000 units per vial with 10 ml diluent (to make 1000 units per ml)	In 10 ml vials.
Rx	<b>Choron 10 (Forest)</b>		In 10 ml vials. <sup>2</sup>
Rx	<b>Gonic (Hauck)</b>		In 10 ml vials. <sup>2</sup>
Rx	<b>Novarel (Ferring)</b>		In 10 ml vials. <sup>2</sup>
Rx	<b>Pregnyl (Organon)</b>		In 10 ml vials. <sup>3</sup>
Rx	<b>Profasi (Serono)</b>		In 10 ml vials. <sup>2</sup>
Rx	<b>Chorionic Gonadotropin</b> (Various, eg, Goldline, Steris)	<b>Powder for Injection:</b> 20,000 units per vial with 10 ml diluent (to make 2000 units per ml)	In 10 ml vials.

<sup>1</sup> With benzyl alcohol, < 0.2% phenol and lactose.<sup>2</sup> With mannitol and 0.9% benzyl alcohol.<sup>3</sup> With 0.9% benzyl alcohol.**WARNING**

Human chorionic gonadotropin (hCG) has no known effect on fat mobilization, appetite, sense of hunger or body fat distribution. HCG has NOT been demonstrated to be effective adjunctive therapy in the treatment of obesity. There is no substantial evidence that it increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or "normal" distribution of fat or that it decreases the hunger and discomfort associated with calorie restricted diets.

**Indications**

► **Prepubertal cryptorchidism:** Prepubertal cryptorchidism not due to anatomical obstruction. HCG is thought to induce testicular descent in situations when descent would have occurred at puberty. HCG may help predict whether orchiopexy will be needed in the future. In some cases, descent following hCG administration is permanent, but in most cases the response is temporary. Therapy is usually instituted between the ages of 4 and 9.

► **Hypogonadism:** Selected cases of hypogonadotropic hypogonadism (hypogonadism secondary to a pituitary deficiency) in males.

► **Ovulation induction:** Induction of ovulation in the anovulatory, infertile woman in whom the cause of anovulation is secondary and not due to primary ovarian failure, and who has been appropriately pretreated with human menopausal gonadotropins.

**Administration and Dosage**

For IM use only. There is a marked variance of opinion concerning dosage regimens. The regimen employed will depend on the indication, age and weight of the patient and the physician's preference. The following regimens have been advocated.

► **Prepubertal cryptorchidism not caused by anatomical obstruction:**

- 1.) 4000 USP units, 3 times weekly for 3 weeks.
- 2.) 5000 USP units every second day for 4 injections.
- 3.) 15 injections of 500 to 1000 USP units over a period of 6 weeks.
- 4.) 500 USP units, 3 times weekly for 4 to 6 weeks. If this course is not successful, start another course 1 month later, giving 1000 USP units per injection.

► **Selected cases of hypogonadotropic hypogonadism in males:**

- 1.) 500 to 1000 USP units 3 times a week for 3 weeks, followed by the same dose twice a week for 3 weeks.
- 2.) 1000 to 2000 USP units, 3 times weekly.
- 3.) 4000 USP units 3 times weekly for 6 to 9 months; reduce dosage to 2000 USP units 3 times weekly for an additional 3 months.

► **Induction of ovulation and pregnancy:** In the anovulatory, infertile woman in whom the cause of anovulation is secondary and not due to primary ovarian failure, and who has been appropriately pretreated with human menopausal gonadotropins (see Menotropins monograph) - 5000 to 10,000 USP units 1 day following the last dose of menotropins.

The above products consist of lyophilized powder, with or without diluent, to prepare solutions for injection providing the indicated number of units of hCG. Refer to manufacturers' labeling for preparation and storage.

**Actions**

► **Pharmacology:** HCG, a polypeptide hormone produced by the human placenta, is composed of an  $\alpha$  and  $\beta$  subunit. The  $\alpha$  subunit is

essentially identical to the  $\alpha$  subunits of the human pituitary gonadotropins, luteinizing hormone (LH) and follicle-stimulating hormone (FSH), as well as to the  $\alpha$  subunit of human thyroid stimulating hormone (TSH). The  $\beta$  subunits of these hormones differ in amino acid sequence.

HCG's action is virtually identical to pituitary LH's, although hCG appears to have a small degree of FSH activity as well. It stimulates production of gonadal steroid hormones by stimulating interstitial cells (Leydig cells) of testis to produce androgens, and the corpus luteum of the ovary to produce progesterone. Androgen stimulation in males leads to development of secondary sex characteristics and may stimulate testicular descent when no anatomical impediment is present. The descent is usually reversible when hCG is discontinued. During the normal menstrual cycle, LH participates with FSH in development and maturation of the normal ovarian follicle, and the mid-cycle LH surge triggers ovulation; hCG can substitute for LH in this function. During a normal pregnancy, hCG secreted by the placenta maintains the corpus luteum after LH secretion decreases, supporting continued estrogen and progesterone secretion and preventing menstruation.

**Contraindications**

Precocious puberty; prostatic carcinoma or other androgen-dependent neoplasm; prior allergic reaction to chorionic gonadotropin; pregnancy (see Warnings).

**Warnings**

► **Use for infertility:** HCG should be used in conjunction with human menopausal gonadotropins only by physicians experienced with infertility problems.

► **Pregnancy: Category X.** HCG may cause fetal harm when administered to a pregnant woman. Combined hCG/PMS (pregnant mare's serum) therapy has been noted to induce high incidences of external congenital anomalies in the offspring of mice, in a dose-dependent manner. The potential extrapolation to humans has not been determined.

► **Lactation:** It is not known whether this drug is excreted in breast milk. Exercise caution when hCG is administered to a nursing woman.

► **Children:** Safety and efficacy in children < 4 years of age have not been established.

**Precautions**

► **Precocious puberty:** Induction of androgen secretion by hCG may induce phallic enlargement; testicular enlargement and redness; development of pubic hair; aggressive behavior. These changes are reversible within 4 weeks of the last injection.

► **Fluid retention:** Since androgens may cause fluid retention, use HCG with caution in patients with epilepsy, migraine, asthma, cardiac or renal disease.

**Adverse Reactions**

Headache; irritability; restlessness; depression; fatigue; edema; precocious puberty; gynecomastia; pain at injection site; aggressive behavior; ovarian hyperstimulation syndrome; ovarian malignancy (rare); enlargement of preexisting ovarian cysts and possible rupture; arterial thromboembolism.

**Ovulation induction** - The principal serious adverse reactions with this indication are: Ovarian hyperstimulation (sudden ovarian enlargement); ascites with or without pain and pleural effusion; rupture of ovarian cysts with resultant hemoperitoneum; multiple births; arterial thromboembolism.

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Published: 2010-01-28

## Pharmacists given new powers

By JOHN McPHEE Health Reporter

The province has approved regulations that will allow pharmacists to do a lot more for their patients.

For the first time, pharmacists in Nova Scotia will be able to write prescriptions independently for minor ailments.

The new rules also will loosen the strict conditions that pharmacists face in changing existing prescriptions.

Although the province approved the new regulations Tuesday, you won't see any changes at the pharmacy counter for some time.

"All this . . . will only be able to take effect when some standards of practice are in place," said Susan Wedlake, registrar of the Nova Scotia College of Pharmacists.

The pharmacy regulatory body will work with the College of Physicians and Surgeons over the coming year to establish those standards, Ms. Wedlake said in an interview Wednesday.

If a prescription has been changed, the pharmacist must inform the prescribing doctor.

Only doctors, dentists, nurse practitioners, some optometrists and midwives now have the authority to prescribe medications in Nova Scotia.

Pharmacists will be able to prescribe only for minor conditions, Ms. Wedlake emphasized. A specific list of those conditions will be drawn up as part of the work on the standards of practice.

As for existing prescriptions, pharmacists already have the power to extend them, but only in emergency situations and under strict conditions, Ms. Wedlake said.

For example, the refills are only good for 30 days. That time limit will be removed under the new regime.

"Pharmacists will be freed up to exercise their professional judgment a bit more," Ms. Wedlake said. "The pharmacist must (consider), if that physician were here, (whether) they would most likely renew this drug therapy."

As well, pharmacists will be able to prescribe "behind the counter" drugs, in order to have the cost of the drug covered by the patient's health insurance.

"These new regulations will ensure that Nova Scotians can get the medicines they need even if they can't get to their doctor right away," Health Minister Maureen MacDonald said in a news release Wednesday.

The changes will help relieve the huge demands on the health-care system, Ms. Wedlake said.

"It's placed a lot more pressure on pharmacists to utilize their knowledge and skills in the area of drug therapy," she said.

The College of Physicians and Surgeons welcomed the expansion of the pharmacists' role.

"This is an excellent example of how collaboration among health professions can better serve the needs of patients without compromising safety," said Dr. Cameron Little, the college's registrar and CEO, in the news release.

( jmcphoe@herald.ca)

CLOSE WINDOW

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# Nevada State Board of Pharmacy

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## NEVADA STATE BOARD OF PHARMACY

### ACTIVITIES REPORT

#### JANUARY 13<sup>TH</sup> & 14<sup>TH</sup> 2010 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 January, 2010 Board meeting.

#### Licensing Activity:

- 8 licenses were granted for Out-of-State pharmacies.
- 7 licenses were granted for Out-of-State MDEG companies.
- 16 licenses were granted for Out-of-State wholesalers.
- 7 licenses were granted for Nevada pharmacy (pending inspection).
- 2 licenses were granted for Nevada MDEG companies (pending inspection).

#### Disciplinary Action:

- Pharmaceutical technicians WC and JW were revoked for the diversion of controlled substances.
- Pharmacist ZB's request for reinstatement of his license was tabled pending further documentation of past Board orders from another state.
- Pharmacist DK was granted permission to sit for the exam after answering questions pertaining to a past DUI.
- Pharmaceutical technician AP was granted registration after appearing to answer questions regarding a recent arrest while pharmaceutical technician GS's request was tabled pending a court appearance.

#### Other Activity:

- Besides the usual business activities of the Board, a presentation was made by Board staff on "Preparing for a Regulatory Inspection & Inspecting for Safety". A report on BD Pharmacy was presented resulting in the termination of their probation. The Sanchez v. Wal-Mart Nevada Supreme Court case was discussed and discussions were held on refrigerator logs and the scheduling of certain drugs.

**Workshop:**

**Amendment of Nevada Administrative Code 639.NEW Telepharmacy Regulation** This language sets the parameters for a pharmacist or dispensing practitioner to practice from a remote site.

# PROCEDURES FOR DELEGATES AND ALTERNATES

## Annual Meeting National Association of Boards of Pharmacy

1. Each delegate and alternate(s) will receive a nomination booklet which will include a ribbon indicating that they are the official voting delegate for their state.
2. Each official voting delegate will receive a **RED** ribbon to be attached to his or her badge.
3. The designated alternate delegate will receive a **WHITE** ribbon to be attached to his or her badge.
4. Voting will take place at the business sessions designated in the program.
5. During the business sessions, delegates should sit in the aisle seats next to their designated state sign.
6. Delegates and alternates are responsible for keeping order during meetings.
7. All affiliated members in attendance may participate in the discussions of any subject considered by this Association. However, **only the official voting delegate can vote** on issues put to a vote of the members of the Annual Meeting of this Association.
8. Each associate member will receive an **ORANGE** ribbon to be attached to his or her badge. Associate members may not vote.

NABP is a professional organization whose members will want to conduct business in a professional manner. Procedures and protocol are in place to see that all members are treated equally, that all members will be heard, that due process will be served, and that the Association is informed to make the proper decisions in the interest of its members and the public we serve.



**National Association of Boards of Pharmacy**  
**OFFICIAL DELEGATE CERTIFICATE – ACTIVE MEMBER BOARDS**

The Constitution of the National Association of Boards of Pharmacy states:

**ARTICLE II - PURPOSE**

The purpose of the Association is to provide for interstate transfer in pharmacist licensure, based upon a uniform minimum standard of pharmacist education and uniform legislation; and to improve the standards of pharmacist education, licensure and practice by cooperating with State, National, and International Governmental Agencies and Associations having similar objectives.

**ARTICLE III - MEMBERSHIP, VOTING AND DISTRICTS**

*Section 1.*

(a) The members of this Association shall be the boards of pharmacy (or similar pharmacy licensing agency) of the individual States, the District of Columbia, the Territories and Commonwealths of the United States, the individual provinces of the Dominion of Canada, and such other jurisdictions that apply to join the Association and are approved, from time to time, by the Executive Committee. The members shall consist of active and associate members.

(b) Applications for membership shall be submitted to the Executive Director/Secretary. New members may be admitted to the Association at any meeting of the Executive Committee by an affirmative vote of two-thirds (2/3) of the total members of the Executive Committee entitled to vote.

(c) Active member boards shall be those member boards that have formally approved the Constitution and Bylaws of the Association and that require the use of the NABP Clearinghouse for all candidates for the purpose of transferring licensure both into and out of the state as provided by the Bylaws of this Association.

(d) Associate member boards shall be those member boards not classified as active member boards.

(e) Any individual who is a member or administrative officer of an active or associate member board of the Association shall be an affiliated member of the Association and shall continue to be an affiliated member hereof, although such person is no longer actively participating on such board, so long as such person shall not have been convicted of an offense involving moral turpitude or violation of pharmacy, liquor or drug laws and so long as such board is a member in good standing with this Association.

*Section 3.*

(a) Each active member board of pharmacy in good standing which is represented at the Annual Meeting shall have one vote on each issue put to a vote of the members at the Annual Meeting of this Association. *The vote shall be cast by that affiliated member who shall be recognized at the Annual Meeting as the official delegate of said board. No voting by proxy shall be permitted.*

The Bylaws of the National Association of Boards of Pharmacy states:

**ARTICLE I**

*Section 3. Credentialing Delegates*

Each active and associate member shall furnish credentials for the delegate and alternate delegates of the board to the Annual Meeting of this Association on a blank furnished by the Executive Director/Secretary and returned to the Association at least thirty (30) days prior to the Annual Meeting.

-----  
Execution of this Certificate by an Active Member state shall be deemed acceptance by the Board of Pharmacy of the Constitution and Bylaws of NABP and a continuing commitment to permit the transfer of pharmaceutical licensure as provided under the terms and conditions of the Bylaws in conformance with the statutes and regulations of such Active Member State.

Failure to pay membership dues to NABP within thirty (30) days from the date of invoice will jeopardize the good standing of the Board and will nullify an Active Member Board's right to vote at the Annual Meeting (Article 3, Section 3(a), NABP Constitution above).

TO: NATIONAL ASSOCIATION OF BOARDS OF PHARMACY

FROM: \_\_\_\_\_ BOARD OF PHARMACY

This is to certify that (name of official voting delegate) \_\_\_\_\_ has been duly appointed as a delegate and is hereby authorized and empowered to act for the \_\_\_\_\_ Board of Pharmacy at the Annual Meeting of the National Association of Boards of Pharmacy, to be held at the Hyatt Regency Orange County in Anaheim, California, May 22-25, 2010.

This is to certify that (name of alternate delegate) \_\_\_\_\_ is the authorized individual to act and vote for the official delegate (in his absence) if authorized by him/her and official recognition of this fact is conveyed to the Chair and recognized officials.

*Attest:*

\_\_\_\_\_  
*Chief Executive Officer/Secretary*

*Seal*

\_\_\_\_\_  
*Date*

## DISCUSSION AND DETERMINATION

MARCH – 2010

### SELF FILLING OF PRESCRIPTIONS

**NRS 453.381** (Limitations on prescribing, possessing, administering, transporting and dispensing controlled substances) and **NRS 453.256** (Prescriptions; requirements for dispensing certain substances) prohibit a practitioner from prescribing or dispensing controlled substances for their own personal use. Should the same hold true for a pharmacist? Considerations:

- The above rules are in statute, not regulation. Does the Board of Pharmacy have authority to make such a ruling? (Carolyn will opine).
- The above rules address controlled substances only. Would the same be true for a pharmacist, or is it unacceptable for a pharmacist to fill anything at all for himself (i.e. blood pressure meds).
- To what extent would the pharmacist be limited? Immediate family? Self?
- If you are the only pharmacist in a town (say Tonopah), is it reasonable to expect that pharmacist to drive some 200 miles to simply get his own prescriptions filled, or for a single-man pharmacy to be required to use a competitor?
- Is there evidence to demonstrate that allowing pharmacists to fill their own prescriptions leads to diversion or theft?

Ethically, the filling of one's own prescriptions is probably not the best practice, however may sometimes be necessary and certainly more convenient. Possibly a softer approach would be to require a second party (either a pharmaceutical technician or another pharmacist) to sign off on a prescription filled by oneself?

Board staff invites discussion.

Blank

## BOARD MEETING

at the

Airport Plaza Hotel  
1981 Terminal Way  
Reno, Nevada

March 3<sup>rd</sup> and 4<sup>th</sup>, 2010

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

### Board Members Present:

Beth Foster	Kirk Wentworth	Mary Lau
Donald Fey	Chad Luebke	Kam Gandhi

### Board Members Absent:

Keith Macdonald

### Board Staff Present:

Larry Pinson	Jeri Walter	Carolyn Cramer	Keith Marcher
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## CONSENT AGENDA

1. Approval of January 13-14, 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
  - A. CoolSystems, Inc. – Alameda, CA
  - B. DAKL Management Solutions, LLC – Bridgeview, IL
  - C. Electrostim Medical Services, Inc. – Tampa, FL
  - D. Medtronic USA, Inc. – Memphis, TN
  - E. Primo Medical Supplies, Inc. – Encino, CA
  - F. Pulmocare Respiratory Services – Colton, CA
  - G. US Healthcare Supply LLC – Milford, NJ

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

- H. ANEWrx – Pittsburgh, PA
- I. Cardinal Health Pharmacy Services, LLC – Edinburg, TX
- J. Cardinal Health Pharmacy Services, LLC – Houston, TX
- K. Easy Clinic Lab & Rx Shop – Kahu Lui, HI

- L. Greer Pharmacy – Lenoir, NC
- M. PharMerica – Sacramento, CA
- N. United States Pharmaceutical Distributors, Inc. – Lewisville, TX

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

- O. Bard Electrophysiology Division, CR Bard Inc. – Lowell, MA
- P. Epic Pharma, LLC – Laurelton, NY
- Q. Jacobson Warehouse – Delano, PA
- R. Jacobson Warehouse – Memphis, TN
- S. KCI USA, Inc. – Fresno, CA
- T. Red River Wholesale Distribution – Franklin, TN
- U. Rising Pharmaceuticals, Inc. – Allendale, NJ
- V. X-Gen Pharmaceuticals, Inc. – Horseheads, NY

Applications for Nevada MDEG – Non Appearance:

- W. Easy Life Medical Equipment, Inc. – Las Vegas
- X. Orthopedic Motion, Inc. – Las Vegas

Application for Nevada Pharmacy – Non Appearance:

- Y. Advanced Isotopes of Nevada, LLC – Las Vegas

Discussion:

The consent agenda applications and supporting documents were reviewed.

Board staff asked that items 2H, I and S be pulled for discussion.

Board Action:

Motion: Mary Lau found the consent agenda application information to be accurate and complete and moved for approval of all items with the exception 2H, I and S.

Second: Kirk Wentworth

Action: Passed Unanimously.

Board staff has learned that AnewRx, Item 2H, has been doing business in Nevada prior to getting licensed. It was also noted that there was a pending court case in Pennsylvania.

Board Action:

Motion: Mary Lau moved to table this application and require an appearance for details regarding these circumstances.

Second: Beth Foster

Action: Passed Unanimously

The application for Cardinal Health Pharmacy Services, Inc., Item 2I, shows that their hours of operation will be during regular business hours, however Nevada law precludes that offsite order entry can only be done when the pharmacy is closed.

Board Action:

Motion: Mary Lau moved to table this application until the hours of operation can be clarified.

Second: Kam Gandhi

Action: Passed Unanimously

KCI USA, Inc., Item 2S, indicates that they will be shipping their products directly to patients and wholesalers are not allowed to do that under Nevada law.

Board Action:

Motion: Mary Lau moved to table this application until they can be advised of Nevada law regarding wholesalers shipping directly to patients.

Second: Beth Foster

Action: Passed Unanimously

Motion: Kirk Wentworth found the minutes to be accurate and complete and moved for approval.

Second: Beth Foster

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

- |    |                             |                 |
|----|-----------------------------|-----------------|
| A. | Mindy Hsu, R.Ph             | (09-110A-RPH-N) |
| B. | Consolacion Pagayunan, R.Ph | (09-110B-RPH-N) |

C.	Michele Brucato, R.Ph	(09-110C-RPH-N)
D.	Wal-Mart Pharmacy #10-3729	(09-110-PH-N)

NOTE: Mary Lau recused from participation as Wal-Mart is a member of RAN. Beth Foster recused from participation as she employs Mindy Hsu.

Hal Taylor was present to represent Wal-Mart. The pharmacists were all present and represented themselves in this matter.

14 Exhibits were marked and accepted into the record.

Debbie Mack, representing Wal-Mart, Roger McHugh, physician, Georgianna Briggs, patient, Steve Dang, pharmacist, Joe Depczynski, Board inspector/investigator, Michele Brucato, Consolacion Pagayunan and Mindy Hsu appeared and were sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer reviewed the details of this case. Hal Taylor stipulates that the pharmaceutical technician made the error at input, however noted that Wal-Mart cannot stipulate to what the doctor or patient discussed or any harm that may have been caused from this error. Mr. Taylor advised that Wal-Mart has learned from this mistake and has taken measures to correct the issues brought forth from this investigation.

Carolyn Cramer questioned Dr. McHugh. Dr. McHugh indicated that he specializes in neurology and was treating Ms. Briggs for a tremor in her arm and hand. Dr. McHugh ran tests on Ms. Briggs and found no indicators for Parkinson's disease. He determined that Ms. Briggs' tremor might be helped with the medication Primadone. Dr. McHugh wrote a prescription for 50 mg. tablets of primadone. He explained that he always writes prescriptions for primadone to begin with a dose of ½ tablet due to nausea in some patients. After the first dose, Ms. Briggs was directed to take one tablet twice daily. Ms. Briggs returned to his office one month later and advised Dr. McHugh that she still had the tremor. Dr. McHugh asked Ms. Briggs if she was taking the primadone as he prescribed and Ms. Briggs stated that she was taking prednisone, not primadone. Dr. McHugh testified that he worked with the pharmacist to determine how to reduce the dosage of prednisone. He ordered further lab tests and referred Ms. Briggs to an endocrinologist. Dr. McHugh advised that high doses of prednisone can cause problems, such as adrenal suppression, which could become a serious problem. Dr. McHugh did feel that Ms. Briggs should be able to recover from this error.

Mr. Taylor cross examined.

Ms. Brucato noted that she called the receptionist in Dr. McHugh's office to follow-up regarding the prednisone taper.

Carolyn Cramer called Ms. Briggs to testify. Ms. Briggs stated that she had initially gone to Dr. McHugh for hand tremors. She indicated that she had transferred all of her prescriptions to Wal-Mart because Mindy Hsu was a pharmacist in that pharmacy and that Ms. Hsu is a personal friend. Ms. Briggs also took her prescription for primadone to

Wal-Mart to be filled. Ms. Briggs described that she began having difficulty sleeping, terrible mood swings, weight gain and that she was constantly tired once she began taking the medication that she received from Wal-Mart. Ms. Briggs testified that she returned to Dr. McHugh's office one month later to see if the primadone was helping with her hand tremor. During that appointment she confided that she still had her hand tremor but she had other adverse affects from the medication she was taking. That was when it was discovered that an error had been made. Ms. Briggs returned to Wal-Mart after her appointment with a prescription to taper off the dosage of prednisone and a new prescription for primadone for the tremor. Ms. Briggs testified that she is still having swelling problems with her knees and hands. She had a MRI and a CAT scan on her knee, but she noted that most of her facial swelling had gone down. Ms. Briggs stated that the endocrinologist said that the adrenal glands seemed to be coming back on their own. She also indicated that she is hypoglycemic and that her blood sugar was uncontrollable while she was taking the prednisone.

Ms. Brucato noted for the record that the prescription took 40 minutes to fill rather than 20 minutes indicated by Ms. Briggs in her testimony.

The Board questioned Ms. Briggs.

Joe Depczynski was called by Ms. Cramer to testify. Mr. Depczynski described his duties as the Board's inspector/investigator. He noted that he requested pharmacy records and then went to the pharmacy to address the issues in Ms. Briggs complaint and go through the complete prescription processing procedures. Mr. Depczynski described the sequence of events leading up to the dispensing of Ms. Briggs prescription. At input the pharmaceutical technician erroneously selected prednisone from a dropdown list and became confused because of the strength of the test dose. The technician consulted with Ms. Hsu and then entered a test dose of 25 mg. The first Wal-Mart 4 Point Check was initiated by Ms. Hsu, however she failed to notice the drug error. She approved it and forwarded it to the fill queue. Another pharmaceutical technician attempted to fill Ms. Briggs prescription, however failed to locate 50 mg. prednisone on the stock shelf and ultimately exited out of the order and the prescription was returned to the fill queue. Another pharmaceutical technician attempted to fill Ms. Briggs prescription however she also failed to find 50 mg. prednisone and exited out of the order and notified pharmacist Pagayunan that a change in drug strength was needed to accommodate the available stock on hand. Ms. Pagayunan manually selected the prescription and changed the 50 mg. prednisone tablets to 10 mg. tablets and changed the directions from "Take one tablet by mouth twice daily after a test dose of one-half tablet" to "Take five tablets (50 mg.) by mouth twice daily after test dose of one-half tablet (25 mg.)". Ms. Pagayunan did not realize that she had made a calculation error on the half dose. She returned the prescription to the 4 Point Check for a pharmacist's review. Ms. Hsu retrieved the prescription for the second 4 Point Check and noticed the test dose error but was confused as to how to fix it. She exited the 4 Point Check and requested Ms. Brucato to make the necessary changes. Ms. Brucato initiated the third 4 Point Check and changed the directions to "Take five tablets (50 mg.) by mouth twice daily after test dose of two and a half tablets (25 mg.)". Ms. Brucato did not notice the drug error and exited out of the modified detail screen and the



4 Point Check. For unknown reasons the prescription was again returned to the 4 Point Check queue where it was retrieved by Ms. Hsu. Ms. Hsu exited the 4 Point Check and advised Ms. Brucato that her 4 Point Check had not yet cleared. Ms. Brucato re-entered the 4 Point Check and approved the prescription and it was again sent to the filling queue. At that point a technician retrieved the prescription from the fill queue and discovered that the prednisone brand selected was not in stock. She sent the prescription to trouble shooting for a change in NDC. Ms. Brucato retrieved the prescription and changed the NDC and sent it back to the fill queue for the fourth time. A technician filled the prescription with the new NDC without incident and the prescription was then sent to the visual verify queue to await a pharmacist's final approval. The Wal-Mart Activity Log showed that the prescription was retrieved for the visual verification by Ms. Brucato but she skipped that step and exited from the computer. Next the prescription was retrieved for the visual verification by Ms. Pagayunan but she cancelled out of the verification process and it was returned to the visual verification queue. Next Ms. Brucato manually pulled the prescription and completed the visual verification. She then printed the patient information leaflets to include with the prescription and counseled Ms. Briggs. Mr. Depczynski indicated that had the pharmacists followed the Wal-Mart Policies and Procedures this error would not have happened.

Hal Taylor called Steve Dang to testify. Mr. Dang is the pharmacy manager for this Wal-Mart and testified that he was the pharmacist that saw Ms. Briggs when she came into the pharmacy to advise them of the error they had made. Mr. Dang indicated that he contacted Dr. McHugh to discuss tapering Ms. Briggs off the prednisone.

Mr. Taylor presented Exhibit A, a Wal-Mart screen shot of what a pharmacist would see if they had a scanned prescription. Exhibit A was accepted into the record.

Mr. Taylor noted that the scanned prescription is always on the screen at input, through the 4 Point Checks and at the visual verification screen. Mr. Dang indicated the three pharmacists work well together and during a normal day they bounce things off each other and trust one another. Mr. Taylor asked Mr. Dang if there had been new procedures put in place since this incident and Mr. Dang testified that a new SOP checklist was implemented and all managing pharmacists had a meeting with the district manager to review the new checklist. The managing pharmacists returned to their respective stores and reviewed the changes with their staff.

Carolyn Cramer cross examined Mr. Dang and asked why the three pharmacists involved in this incident did not look at the scanned prescription that was on the screen each time someone 4 Point checked the prescription and he did not have an answer.

There were questions from the Board and Mr. Taylor had redirect.

Ms. Hsu noted for the record that you cannot tell if a prescription had been 4 Point Checked when you pull it up.

Ms. Brucato said that she had focused on the directions when she looked at the scanned prescription however now her practice is to focus on everything.

Carolyn Cramer asked if it was not her duty to ensure that a prescription was correct before it left the pharmacy and Ms. Brucato indicated that it was. Ms. Brucato stated that it was taking a long time to fill this prescription and since the patient was waiting she overlooked the drug and concentrated on the directions.

Hal Taylor cross examined and the Board questioned Ms. Brucato.

Carolyn Cramer gave closing remarks and asked the Board to find guilt in all three Causes of Action.

Mr. Taylor gave closing remarks and asked the Board not to find guilt in the Third Cause of Action pertaining to Wal-Mart because they had policies and procedures in place and the pharmacists in this instance did not follow them.

Ms. Brucato gave a closing statement and advised that this was uncharacteristic behavior in her practice of pharmacy and apologized for her part in this error.

Ms. Hsu gave a closing statement, apologized and noted that now she is more willing to call the doctor when she has issues with a prescription.

Ms. Pagayunan gave a closing statement, apologized and noted for the record that she did not do the 4 Point Check and should not be held responsible.

Board Action:

Motion: Kam Gandhi moved to find Ms. Hsu guilty of the First Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kam Gandhi moved to find Ms. Hsu guilty of the Second Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kam Gandhi moved to find Ms. Brucato guilty of the First Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kam Gandhi moved to find Ms. Brucato guilty of the Second Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kam Gandhi moved to find Ms. Pagayunan guilty of the First Cause of Action.

Second: No Second

Action: Motion Failed

Motion: Kirk Wentworth moved to find Ms. Pagayunan not guilty of the First Cause of Action.

Second: Don Fey

Action: Passed With One Negative Vote

Motion: Kirk Wentworth moved to find Ms. Pagayunan not guilty of the Second Cause of Action.

Second: No Second

Action: Motion Failed

Motion: Kam Gandhi moved to find Ms. Pagayunan guilty of the Second Cause of Action.

Second: Don Fey

Action: Passed With One Negative Vote

Motion: Kam Gandhi moved to find Wal-Mart #10-3729 not guilty of the Third Cause of Action.

Second: Don Fey

Action: Passed Unanimously

Motion: Kirk Wentworth moved in the First and Second Causes of Action to have Ms. Hsu go through the Your Success Rx program and pay one half of the fees and costs in this matter.

Second: Don Fey

Action: Motion Failed

Motion: Kam Gandhi moved in the First and Second Causes of Action to fine Ms. Hsu \$750.00, have her go through the Your Success Rx program and pay half of the fees and costs in this matter.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kam Gandhi moved in the First and Second Causes of Action to fine Ms. Brucato \$750.00, have her go through the Your Success Rx program and pay half of the fees and costs in this matter.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kirk Wentworth moved in the Second Cause of Action to fine Ms. Pagayunan \$500.00.

Second: Kam Gandhi

Action: Passed Unanimously

E. Tyler J. Dines, PT

(10-004-PT-N)

Tyler Dines appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer reviewed the circumstances of this matter for the Board and presented two exhibits. Exhibit 1, DEA report and Exhibit 2, Managing Pharmacist's written statement. Mr. Dines agreed to the exhibits and they were marked and accepted into the record.

Mr. Dines testified that the circumstances as written in the Accusation were true but had no explanation as to why he had taken a bottle of Tussionex, that was to be returned to stock, into the bathroom of the pharmacy and consumed a small amount of it. Mr. Dines indicated that he had never done anything like that before and could not explain his actions. The Board asked Mr. Dines if he had ever taken any other drugs from the pharmacy for his personal use and he indicated that he had not. Mr. Dines acknowledged that what he did was wrong and asked the Board for another opportunity to continue his practice as a pharmaceutical technician.

Board Action:

Motion: Kam Gandhi moved to find Mr. Dines guilty of the alleged violation.

Second: Beth Foster

Action: Passed Unanimously

Motion: Kam Gandhi moved to suspend Mr. Dines' pharmaceutical technician registration until he is evaluated by PRN-PRN and reappears before the Board with Larry Espadero, PRN-PRN monitor, for his conclusion.

Second: Beth Foster

Action: Passed Unanimously

F. Jessica Avery, PT (09-085-PT-N)

Carolyn Cramer noted that Ms. Avery was noticed for the appearance today, however she was not present.

Ms. Cramer advised the Board that John Warren, Kelly Schott, and Joe Depczynski were present to testify if the Board felt the necessity.

Fourteen Exhibits were admitted and accepted into the record in this matter.

Ms. Cramer advised the Board that staff was notified by Ms. Avery's ex-boyfriend that he was in possession of drugs that Ms. Avery had obtained from two of her previous employers and he wanted to get rid of them. He sent them to Joe Depczynski, the Board's inspector/investigator, and Mr. Depczynski investigated. He found that Sierra Surgery Hospital identified the lot numbers for Midazolam, Ketamine and Meperidine as being consistent with those used at their facility and Carson Tahoe Regional Medical Center confirmed that lot numbers for Cyclobenzaprine, Haloperidol and Metaxalone matched those in their pharmacy stock. In a written statement Ms. Avery claimed that her ex-boyfriend threatened to get her fired from her jobs and have her children taken away from her if she did not obtain drugs for him.

Board Action:

Motion: Mary Lau moved to find Ms. Avery guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Mary Lau moved to revoke Ms. Avery's pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

4. Requests for Reinstatement of Pharmacist License – Appearance:

A. Thomas Danson

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

NOTE: Beth Foster recused from participation as she employs Mr. Danson's wife.

Mr. Danson indicated that he is basically retired now, however indicated that he may like to work on a part time basis to occasionally fill in for someone that needs to take time off. Mr. Danson stated that he can only earn a small amount of money since he is receiving social security benefits so he was not looking for full time work. He indicated that he would be privileged to have his pharmacist license reinstated.

Mr. Espadero testified that for the first time Mr. Danson is truly involved in the PRN-PRN program. He stated that when a member of PRN-PRN indicates that he wants to come before the Board to request reinstatement he increases their monitoring. Mr. Espadero indicated that Mr. Danson has shown true dedication to his program and would like redemption by making it right with himself and the Board. Mr. Espadero recommended reinstatement of Mr. Danson's pharmacist license.

Chad Luebke asked Mr. Danson what really happened at NNMC – the last hearing that revoked his license. Mr. Danson admitted that he was vague when he answered questions at that hearing because he did not want to admit that he had been diverting drugs for his personal use, however he admitted that everything the Board accused him of was true.

Mr. Danson testified how the PRN-PRN program has helped him learn about himself and to use coping skills. He finds his family supportive and they hold him accountable for his actions and behavior. Mr. Danson indicated that he has a sponsor and is very involved in the PRN-PRN program.

Larry Pinson expressed his disappointment in Mr. Danson's performance at the NNMC hearing. He considered Mr. Danson a friend and that he let Mr. Pinson down. Mr. Danson apologized to Mr. Pinson and indicated that he is ready to practice pharmacy again because he is stronger now than he has ever been and asked the Board to consider reinstatement of his pharmacist license.

Board Action:

Motion: Chad Luebke moved to reinstate Mr. Danson's pharmacist license with restrictions: 1) Mr. Danson needs to catch up on his CE's and provide 45 CE's to Board staff when they are complete; 2) Extend Mr. Danson's PRN-PRN contract two more years for a total of five years; 3) Inform any potential employers of this Board's Order and not practice as a managing pharmacist; and 4) Mr. Danson must work with another person in the pharmacy – either another pharmacist or a pharmaceutical technician.

Second: Kam Gandhi

Action: Passed Unanimously

B. Cindy Vert

Cindy Vert 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. Espadero testified that Ms. Vert had a revelation at the last hearing when her pharmacist license was revoked. She finally understood the gravity of her actions and has stepped up and taken responsibility. Mr. Espadero indicated that she has been very positive in the last year, unlike her previous involvement with PRN-PRN.

Ms. Vert testified that she became complacent the first time she was with the PRN-PRN program and was walking through her program without any dedication to it. For the past year Ms. Vert indicated that she has a strong support group and is genuinely participating in the program. She indicated that she was careless and realizes now that she needs to be held responsible for her actions.

The Board indicated that when they revoked her license they found her testimony incredible about confusing Vicodin with a vitamin. They could not believe that a pharmacist could make a mistake like that. Ms. Vert admitted that she did take the Vicodin however she was not paying attention to what she was doing. The Board questioned her regarding her CE. Ms. Vert stated that she has completed 26 CE's and that she reads the trade magazines.

Board Action:

Motion: Chad Luebke moved to reinstate Ms. Vert's pharmacist license with restrictions: 1) Ms. Vert needs to provide copies of her CE's to Board staff; 2) Extend Ms. Vert's PRN-PRN contract two more years; 3) Inform any potential employers of this Board's Order and not practice as a managing pharmacist; 4) Ms. Vert must work with another person in the pharmacy – either another pharmacist or a pharmaceutical technician; and 5) Not work more than 90 hours in a two week period.

Second: Mary Lau

Amendment: Kam Gandhi moved to amend the motion to include that Ms. Vert reappear at the June, 2010 Board meeting for an update on her reinstatement.

The First and Second accepted the Amendment

Action: Passed Unanimously

5. Request for Reinstatement of Pharmaceutical Technician – Appearance:

Celeste Martinez

Celeste Martinez appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Martinez testified that she had a drug problem and went into a 90 day inpatient treatment program after she was terminated from employment at Scolari's. That was the reason she did not appear before the Board for her hearing in June, 2008. Ms. Martinez also was unaware of a warrant that was out for her arrest because she was in the treatment program. When she was released she went through drug court and is now in the final phase of that program. Ms. Martinez indicated that she was drug tested regularly and that she has complied with all requirements of the Court. Ms. Martinez asked the Board to consider giving her pharmaceutical technician registration back as her goal is to become a pharmacist.

The Board questioned Ms. Martinez about what kind of programs she participates in and she indicated that she appears before the Judge in drug court once a month to report her progress, she attends four or five 12 step meetings a week and now has her family's support. Ms. Martinez indicated that she had to prove herself to her family for them to trust her again.

Board Action:

Motion: Mary Lau moved to table the request for reinstatement until June and require Ms. Martinez to have a PRN-PRN evaluation.

Second: Kam Gandhi

Action: Passed Unanimously

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

A. BioRx – Urbandale, IA



BioRx cancelled their appearance and will reschedule to the June Board meeting.

B. Precision Pharmacy – Bakersfield, CA

Patrick Wade, owner, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Wade described his business practice in California. He indicated that they make sterile injectables for horses. Precision Pharmacy is currently licensed in 42 states and has been providing their products from their Bakersfield, California facility since 2005. The Board advised Mr. Wade that his injectable products needed to be patient (horse) specific and that he cannot ship bulk into Nevada without a wholesaler license. Mr. Wade acknowledged that he understood and indicated that he would not ship in bulk.

Board Action:

Motion: Kam Gandhi moved to accept the application for Precision Pharmacy.

Second: Kirk Wentworth

Action: Passed Unanimously

7. Applications for Nevada MDEG – Appearance:

A. Hathaway Medical – Las Vegas

Michael Hathaway, facility administrator, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Hathaway indicated that he had worked for DJ Orthopedics in the bone growth stimulator business for several years and is now branching out on his own. Bone growth stimulators is the only product he will carry in his MDEG facility. Mr. Hathaway described why bone stimulators are prescribed and how bone growth stimulators are used for a patient's therapy.

Board Action:

Motion: Beth Foster moved to approve the MDEG application for Mr. Hathaway.

Second: Kirk Wentworth

Action: Passed Unanimously

B. Three Wishes Inc. – Las Vegas

Dennis Karnes appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer explained that Mr. Karnes had previously applied for an MDEG license with the Board, however withdrew his application until he was more prepared to open a facility.

Mr. Karnes answered questions regarding his business practice to the Board's satisfaction.

Board Action:

Motion: Mary Lau moved to approve the MDEG application for Three Wishes.

Second: Beth Foster

Action: Passed Unanimously

8. Applications for Nevada Pharmacy – Appearance:

A. Biomed Pharmaceuticals – Las Vegas

Russell Lubriani appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Lubriani described the business practice and shipping methods used at Biomed Pharmaceuticals. Mr. Lubriani indicated that they serve patients who suffer from hemophilia. The Board questioned Mr. Lubriani regarding parenterals because it was checked on his application. Mr. Lubriani indicated that they were not planning to prepare parenterals.

Board Action:

Motion: Kirk Wentworth moved to accept the application for pharmacy from Biomed Pharmaceuticals with the removal of parenterals from the paperwork.

Second: Kam Gandhi

Action: Passed Unanimously

B. Pathway Specialty Compounds – Las Vegas

Vernon Gettys, president, and Kenton Crowley, pending managing pharmacist, appeared and were sworn by President Fey prior to answering questions or offering testimony.

Mr. Gettys described his professional career in the healthcare field and answered questions regarding his involvement with Pathway Specialty Compounds. Mr. Crowley

answered questions regarding the products Pathway planned to compound and who their marketing was directed toward. He indicated that they were planning to do hormone replacement products for now and would like to expand into doing parenterals in the future.

Board Action:

Motion: Kam Gandhi moved to accept the application for Pathway Specialty Compounds.

Second: Kirk Wentworth

Action: Passed Unanimously

9. Application for Nevada Pharmacy – Non Appearance:

Smoke Ranch Surgery Center – Las Vegas

Ms. Cramer advised the Board that she received information regarding the law suit involving Dr. Grover and noted that it was a malpractice case that had been resolved.

Board Action:

Motion: Beth Foster moved to accept the application for pharmacy for Smoke Ranch Surgery Center.

Second: Kirk Wentworth

Action: Passed Unanimously

10. Requested Appearances:

A. R. Kelly Hansen, Hospital Corporation of America (HCA)

Chad Luebke took over for President Fey as he recused from participation on this agenda item as he is employed by HCA. Kam Gandhi disclosed that he works for Specialty Surgicare as a consultant pharmacist.

Kelly Hansen, Division Director of Pharmacy for HCA, Peter VanNess, Director of Centralized Order Entry Pharmacy in Denver, Colorado, and Jim Blue Director of COE Pharmacy in Nashville, Tennessee, appeared and were sworn by Chad Luebke prior to answering questions or offering testimony.

Larry Pinson advised the Board that he received a letter from Mr. Hansen in January requesting an appearance and originally he thought they were going to request centralized order entry from one hospital to another in Las Vegas. He did a little research and found that this is a nationwide program and that the centralized order

entry facilities are not located in Nevada. Nevada law does not allow this practice. If a hospital has a pharmacy they can only provide remote order entry if the pharmacy is closed but the model HCA is proposing is not allowed per our current laws. Mr. Pinson asked the Board to hear the presentation and then make a determination if regs should be written to allow this practice.

Mr. Hansen stated that they have 160 hospitals across the United States and that 80 of them currently utilize the five remote order entry pharmacies. They are currently licensed in 23 states and 13 of those states allow this practice. Mr. Hansen further indicated that studies have shown that this practice of Centralized Order Entry (COE) enhances the practice so pharmacists can be more clinically astute and involved in the care of their patients. Mr. VanNess and Mr. Blue gave testimony as to how the practice works in Colorado and Tennessee for the hospitals they serve.

Adam Porath and Robert Long, representing the Nevada Society of Health-System Pharmacists, appeared and were sworn by President Fey prior to answering questions or offering testimony.

Mr. Porath and Mr. Long both voiced concerns about delays in patient care and safety if this procedure were allowed. They gave instances where this practice would impede the patient's care and ultimately require a local pharmacist to intervene in the completion of a remote order entry chart order and they may as well do it locally. They find no evidence that this practice would allow for more time to perform clinical services; on the contrary they would be dealing with problems and orders that were on hold. They recommend that the Board defer any decisions at this time and do a more comprehensive review of this practice when they rework the hospital regulations.

Board Action:

Motion: Beth Foster moved to look at this practice again when Board staff begins reworking the hospital regulations.

Second: Kam Gandhi

Action: Passed With One Negative Vote

B. Paul Vitkus – St Mary's Regional Medical Center

Paul Vitkus appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Vitkus appeared to request an extension for St. Mary's to comply with the March 18, 2010 deadline to be compliant with the Compounding reg requirements of having a functional clean room. He provided the Board with copies of the planned pharmacy clean room floor plan. Mr. Vitkus advised the Board that he went to his superiors at St. Mary's to make the request numerous times and advise them of the deadline for having a compliant clean room, however they did not heed his requests. The CFO has finally

allotted the funds for a clean room, and they now have permits to deconstruct and construct the clean room, however it cannot be accomplished by March 18<sup>th</sup>.

Mr. Vitkus was advised that when the Board passed the Compounding regs they were aware that hospitals could not produce an instant clean room which is why they allowed 18 months to comply. It was noted that this is the first deficiency brought to the Board's attention and probably will not be the only hospital pharmacy that is non-compliant. In all probability, more will be found during inspections.

Board Action:

Motion: Kam Gandhi moved to have Board staff write a letter to Mr. Vitkus advising him that interim provisions need to be made for compliance with the Compounding regs requirement of having a clean room.

Second: Mary Lau

Action: Passed Unanimously

11. General Counsel Report

Carolyn Cramer cited a Florida case involving Walgreens where a pharmaceutical technician made an error at input that was not caught by the pharmacist. The patient received and ingested ten times the amount of warfarin that was prescribed. The court awarded a \$25.8 million judgment in that case and when they took it to appeal, the court upheld the judgment. She also described another case against Rite Aid where a patient was awarded \$2.5 million for an ingested misfill caused by a pharmaceutical technician.

Ms. Cramer also advised the Board that she was going to speak to a group of veterinarians.

12. 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

There were no temporary licenses issued since the last Board meeting.

- D. Staff Activities

1. Meetings

- a. MDEG Committee (1/19/10)

This was the quarterly meeting and nothing in particular came out of it to bring forth.

- b. LCHH working group (2/3/10)

- c. LCHH (2/17/10)

AB326 from the 2009 session mandated that we, along with the Board of Medical Examiners and the Board of Osteopathic Medicine work together to address the

escalating problem of prescription drug abuse in Nevada. To that end, Mr. Pinson formed and chaired a workgroup which held its first meeting with the goal of exploring the problem; identifying the issues that contribute to prescription drug abuse; then coming forth with draft legislation to address the problem. It became evident to the group that this issue is overwhelming in scope and will be quite challenging, especially with the lack of any available funds.

- d. Speaking Engagement – Nevada Osteopathic Medical Association (1/22/10)
- e. Speaking Engagement – Northern Nevada Dental Society (2/11/10)
- f. Speaking Engagement – Northern Nevada Practice Managers Association (3/9/10)

Mr. Pinson spoke to all three groups and gave them an overview of the purpose and function of the Board of Pharmacy, as well as addressing prescription drug abuse in Nevada.

- E. Reports to Board
  - 1. Opinion request on hCG

The Board of Medical Examiners asked Mr. Pinson to opine on hCG.

- 2. Student rotations

The Board of Pharmacy staff will host students from Idaho State University and Creighton University for six to eight week rotations.

- F. Board Related News
  - 1. Pharmacists given new power in Nova Scotia.

Pharmacists in Nova Scotia have been given the power to write prescriptions for minor ailments and will loosen the strict conditions for changing existing prescriptions.

- G. Activities Report

### 13. Delegate for NABP

#### Board Action:

Motion: Kam Gandhi moved to appoint Beth Foster as the delegate and Kirk Wentworth as the alternate for the NABP Annual Meeting.

Second: Mary Lau

Action: Passed Unanimously

### 14. CE Committee Report

Larry Pinson advised the Board that two programs were discussed at the CE Committee meeting. One was "Pharmacy Safety and Security" and the other was "Reducing the Risk of Sudden Infant Death Syndrome (SIDS)" and Mr. Pinson asked the Board for approval of these programs.

Board Action:

Motion: Beth Foster moved to accept the recommendation of the CE Committee and approve the two programs described.

Second: Mary Lau

Action: Passed Unanimously

15. Discussion and Determination:

Pharmacists Filling Their Own Prescriptions

Larry Pinson noted that Kam Gandhi had requested this topic be placed on the agenda for discussion. Mr. Pinson indicated that ethically it is probably not a good idea for pharmacists to fill their own prescriptions if there is another pharmacist available. There are many circumstances to consider, however, such as the only pharmacy/pharmacist in a rural setting. Would he have to drive 200 miles to take his prescription to another pharmacy or could he fill his own? Carolyn Cramer reminded the Board that first and foremost there needs to be a legitimate written prescription. If the Board wanted to prohibit pharmacists from filling their own prescriptions they would have to write regs since there is nothing in Nevada law presently to prohibit this practice. After discussion it was determined that policies and procedures set by the individual pharmacies should be adequate without changing our laws.

WORKSHOP

16. **Proposed Regulation Amendment Workshop**

- 1. Amendment of Nevada Administrative Code 639.NEW Telepharmacy Regulation** This language sets the parameters for a pharmacist or dispensing practitioner to practice from a remote site.

Carolyn Cramer advised the Board that the language before them was derived from their suggestions at the last Workshop.

Liz Macmenamin asked for clarification on the definition of service. Lillian Shell asked for clarification on initials for labels and Carolyn Cramer read comments provided by Roy Elsner. The Board and staff clarified the two questions raised and President Fey asked for a motion.

Board Action:

Motion: Mary Lau moved to continue the process and move to Public Hearing.

Second: Kirk Wentworth

Action: Passed Unanimously

- 2. Amendment of Nevada Administrative Code 639.525 Minimum requirements for work area and equipment.** This amendment will require the temperature of the pharmacy's refrigerator to be monitored and logged to ensure biologicals are protected for patient safety.

Chris Smith appeared from the Department of Health and indicated that vaccines are also at issue in the need for checking the temperature in pharmacy refrigerators. She would suggest the refrigerator be checked twice a day. If the vaccines temperature is lower than 35 degrees they could freeze and if they are maintained at a temperature over 46 degrees it is too warm and the vaccines could become ineffective. Ms. Smith added that pharmacists partnering with them to give immunizations in the community has been a huge help reducing their enormous volume.

Liz Macmenamin asked if pharmacies can use their own logs or if they had to use what was included in the Board book. Carolyn Cramer noted that she included examples in the Board book provided by the Department of Health, however if a pharmacy already has a log, that is acceptable as long as it is used.

Russ Smith appeared and noted that if a product goes out of temperature in their stores they call the manufacturer. He has found that some of the products need to be returned to the manufacturer and others just need to be destroyed.

After more discussion, Board staff was directed to re-workshop this regulation amendment.

17. Next Board Meeting:

April 14-15, 2010 – Las Vegas, Nevada

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

There were no public comments.