May 17, 2012

AGENDA

✧ PUBLIC NOTICE ✧

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno

Wednesday, June 6, 2012 – 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;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

Please be aware that after the quasi-judicial board or commission had rendered a decision in the contested case and assuming this happens before adjournment, then you may advise the board or commission that it may entertain public comment on the proceeding at that time.
**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.

1. Public Comments and Discussion of and Deliberation Upon Those Comments:
   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)

2. Approval of April 18-19, 2012, Minutes for Possible Action

3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
   A. Community, A Walgreens Pharmacy – Chicago, IL
   B. Community, A Walgreens Pharmacy – San Francisco, CA
   C. Drugco Health Specialty Pharmacy & Central Fill – Roanoke Rapids, NC
   D. Hometech Advanced Therapies, Inc. – Sharon Hill, PA
   E. Kedzie Madison Drugs – Chicago, IL
   F. Kings Park Slope, Inc. – Brooklyn, NY
   G. Linden Care LLC – Syosset, NY
   H. Prime Therapeutics Specialty Pharmacy LLC – Orlando, FL
   I. Rx Remote Solutions – Naperville, IL
   J. Specialized Pharmacy Services – Midvale, UT
   K. Vets First Choice – Omaha, NE

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

L. AmerisourceBergen Drug Corporation – Roanoke, TN
M. AmerisourceBergen Drug Corporation – Thorofare, NJ
N. Butler Schein Animal Health Supply – Ft Worth, TX
O. HyGen Pharmaceuticals, Inc – Bellevue, WA
P. R+S Northeast LLC – Fountain Run, KY
Q. RxCrossroads Third Party Logistics Division – Louisville, KY
R. Sandoz Inc. – Broomfield, CO
S. Slate Pharmaceuticals, Inc. – Morrisville, NC
T. Smith Medical Partners – Wood Dale, IL
U. Smith & Nephew, Inc. – Memphis, TN
V. Smith & Nephew, Inc. – Oklahoma City, OK
W. Sobi, Inc. – Ardmore, PA
X. Trigen Laboratories, LLC – Tampa, FL
Y. UPS Supply Chain Solutions, Inc. – Swanee, GA
Z. Virtus Pharmaceuticals, LLC – Tampa, FL
Applications for Out-of-State MDEG – Non Appearance for Possible Action:

AA. ABC Home Medical Supply, Inc. – Dallas, TX
BB. Alick’s Home Medical Equipment, Inc. – South Bend, IN
CC. Americare Health Services Corp. – Albuquerque, NM
DD. American Diabetes Services, Inc. – Boca Raton, FL
EE. Arecibo Health Medical Equipment – Arecibo, PR
FF. AS Medical Equipment, Inc. – Hormigueros, PR
GG. Bio Horizon Medical Inc. – El Segundo, CA
HH. CardioNet, Inc. – Eagan, MN
II. CHS Pharmacy – Vancouver, WA
JJ. Diabetic Warehouse, LLC – Meridian, MS
KK. Grand Street Pharmaceutical LLC – New York, NY
LL. Howell’s Medical Equipment Supply – Milledgeville, GA
MM. Joerns LLC – Chatsworth, CA
NN. KCI USA, Inc. – Addison, IL
OO. KCI USA, Inc. – Fort Worth, TX
PP. KCI USA, Inc. – Fresno, CA
QQ. KCI USA, Inc. – Salt Lake City, UT
RR. Life Line Medical Supply – Brownsville, TX
SS. Med-Fast Homecare – Aliquippa, PA
TT. Monserrate Sales and Rental Equipment, Inc. – San Juan, PR
UU. Nationwide Diabetic, Inc. – Sunrise, FL
VV. Noay Respiratory, LLC – Spring Hill, TN
WW. Palmetto Oxygen, LLC – West Columbia, SC
XX. Pos-T-Vac Medical Inc. – Dodge City, KS
YY. Philips Medical Systems (Cleveland), Inc. – Highland Heights, OH
ZZ. Philips Refurbished Systems – Highland Heights, OH
AAA. ProMedical East – Rosemont, PA
BBB. Roadrunner Mobility Inc. – North Ridgeville, OH
CCC. WM TherapyCare, Inc. – Atlanta, GA

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

DDD. Carson Tahoe Cancer Center Pharmacy – Carson City
EEE. MBM Drug Store, LLC – Las Vegas
FFF. W’Care Pharmacy – Las Vegas

REGULAR AGENDA

4. Discipline for Possible 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. Elbion Estrin, R.Ph  (12-015-RPH-N)
B. CVS/pharmacy #4691  (12-015-PH-N)
C. Robert D. Mai, R.Ph  (11-068-RPH-N)
D. Save Mart Pharmacy #551  (11-068-PH-N)
5. Appearance for Possible Action:
   
   HHS State Health IT Coordinator – Lynn O’Mara

6. Request for Reinstatement of Pharmaceutical Technician License – Appearance for Possible Action:
   
   Rutasha Moore (09-050-PT-S)

7. Applications for Nevada Pharmacy – Appearance for Possible Action:
   
   A. Seven Hills Behavioral Institute – Henderson
   B. St. Mary’s Regional Medical Center – Reno
   C. VIP Pharmacy – Las Vegas

8. Applications for Out-of-State Pharmacy – Appearance for Possible Action:
   
   A. Central Drugs – La Habra, CA
   B. Pallimed Solutions, Inc. – Woburn, MA

9. Request for Practitioner Dispensing Registration - Appearance for Possible Action:
   
   Jason R. Burke, MD

10. Executive Secretary Report for Possible Action:
   
   A. Financial Report
   B. Temporary Licenses
   C. Staff Activities
      1. Legislative Committee on Health Care (5/8)
      2. Workgroup to Address Controlled Substance Diversion by PT’s (5/10)
      3. CE in Conjunction with RPD; Osteopathic Physicians; Carson City
      4. Dental Article
   D. Reports to Board
      1. Thank You Email
      2. Dental Association Help in PMP Registration
   E. Board Related News
      1. New Inspector in Las Vegas – Luis Curras
   F. Activities Report

11. General Counsel Report for Possible Action:
   
   A. Update of Legislative Commission approval of making AM-2201, AM-694, JWH-210, JWH-122, JWH-250 and JWH-81 listed in NAC 453.510.
   B. Update of Wholesaler/Pharmacy Litigation in Nevada
12. Next Board Meeting:

July 18-19, 2012 – Las Vegas

13. Public Comments and Discussion of and Deliberation Upon Those Comments:
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)

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:

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

at the

Las Vegas Chamber of Commerce
6671 Las Vegas Boulevard, South
Las Vegas

April 18th and 19th, 2012

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

Board Members Present:
Beth Foster   Kirk Wentworth   Jack Dalton
Russell Smith  Jody Lewis   Kam Gandhi
Cheryl Blomstrom

Board Members Absent:

Board Staff Present:
Larry Pinson   Jeri Walter   Carolyn Cramer   Rose Marie Reynolds

CONSENT AGENDA

1. Public Comments and Discussion of and Deliberation Upon Those Comments:
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)

April 18, 2012 there was no public comment.

April 19, 2012 there was no public comment.

2. Approval of February 28, 2012 Special Board Meeting, Minutes for Possible Action

Cheryl Blomstrom noted that Bruce Gentner’s name was misspelled and asked that it be corrected.
Discussion:

Motion: Cheryl Blomstrom found the minutes accurate and complete and moved for approval with the referenced spelling correction.

Second: Kirk Wentworth

Action: Passed Unanimously.

3. Approval of March 7-8, 2012, Minutes for Possible Action

Cheryl Blomstrom noted that Elisa Cafferata's name was misspelled and asked that it be corrected. She also indicated that the word “eminent” should be changed to “imminent” in the Workshop language for NAC 639.753.

Discussion:

Motion: Cheryl Blomstrom found the minutes accurate and complete and moved for approval with the referenced amendments.

Second: Jody Lewis

Action: Passed Unanimously.

4. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:

A. Access WCP – Holmes, PA
B. Auxillium Specialty Apothecary Pharmacy Inc. – Hattiesburg, MS
C. Civic Center Pharmacy – Scottsdale, AZ
D. Cystic Fibrosis Pharmacy Inc. – Orlando, FL
E. Custom Compounding Centers, LLC – Los Alamitos, CA
F. Diabetic Supplies of America, Inc. – Lake Park, FL
G. ExclusiVet – Gilbert, AZ
H. Health Care Center Pharmacy – Cary, NC
I. Injury Med Express Pharmacy LLC – Loxley, AL
J. Kubat Custom Healthcare – Omaha, NE
K. Mandells Clinical Pharmacy – Somerset, NJ
L. Medex BioCare – Memphis, TN
M. Medical Center Pharmacy – Chula Vista, CA
N. PetMart Pharmacy – Maryville, TN
O. Physician Preferred Pharmacy – Margate, FL
P. Rite Aid #6800 – Gaithersburg, MD
Q. Transcript Pharmacy, Inc. – Flowood, MS
R. Acme Delivery Service, Inc. – Aurora, CO
S. Anda Pharmaceuticals, Inc. – Olive Branch, MS
T. Bioventus LLC – Memphis, TN
U. Calvin Scott & Company, Inc. – Albuquerque, NM
V. Exel Inc. – Southaven, MS
W. Fibrocell Technologies, Inc. – Exton, PA
X. Fisher Clinical Services Inc. – Mt. Prospect, IL
Y. Healthcare and Diagnostic Solutions, Inc. – Loxley, AL
Z. Matheson Tri-Gas, Inc. – Vernon, CA
AA. ProLog Logistics, Inc. – Lexington, KY
BB. Rhodes Pharmaceuticals L.P. – Wilson, NC
CC. Safecor Health, LLC – Columbus, OH
DD. Tri-Anim Health Services, Inc. – Lenexa, KS
EE. Unomedical, Inc. – Skillman, NJ
FF. Vertical Pharmaceuticals, LLC – Sayreville, NJ
GG. Wallace Pharmaceuticals Inc. – Decatur, IL

Applications for Out-of-State MDEG – Non Appearance for Possible Action:

HH. Advanced Medical Solutions – Havell, MI
II. Advant-Edge Pharmacy Inc. – El Paso, TX
JJ. Alpha-Omega Medical Supply – Garland, TX
KK. Alternative Care Providers, Inc. – North Chelmsford, MA
LL. American Medcare Supply – Ormond Beach, FL
MM. APP Pharmaceuticals, LLC – Schaumburg, IL
NN. Arbuckle Medical Equipment – Ardmore, OK
OO. At Home Medical Supply Co. – New Bedford, MA
PP. Bioventus LLC – Memphis, TN
QQ. Brightmed Corporation – Houston, TX
RR. Brighton Pharmacy – Tempe, AZ
SS. Centrad Healthcare, LLC – Naperville, IL
TT. CardioNet, Inc. – Conshohocken, PA
UU. CardioNet, Inc. – San Francisco, CA
VV. Cardium Therapeutics, Inc. – Wood Dale, IL
WW. Colonial Medical Supplies – Alta Monte Springs, FL
XX. CPAP Supply USA LLC – Midlothian, VA
YY. Davila Pharmacy Inc. – San Antonio, TX
ZZ. Diabetic dme Supplies, LLC – Campbellsville, KY
AAA. Diabetic Experts of America – Kansas City, MO
BBB. Diabetic Health Link LLC – Titusville, FL
CCC. Diabetic Supplies Inc. – Columbus, OH
DDD. DM TEK, Inc. – Boston, MA
EEE. Easy Scripts Inc. – Des Plaines, IL
FFF. Essentia Health Medical Equipment & Supplies – Duluth, MN
GGG. Excellent Care Medical Supply – Brooklyn, NY
HHH. Freedom Medical Services, Inc. – Boca Raton, FL
III. Grace Healthcare – Gulfport, MS
JJJ. Heart Sail, Inc. – Decatur, AL
Applications for Nevada Pharmacy – Non Appearance for Possible Action:

ZAAAAA. Community, A Walgreens Pharmacy – Las Vegas
AAAAA. Integricare Rx – Reno
BBBBBB. Kim’s Better Health Pharmacy – Las Vegas
Discussion:

The consent agenda applications and supporting documents were reviewed.

NOTE: Kam Gandhi and Jody Lewis disclosed that they both know the owner, Ke Kim, of Item BBBB however it would not sway their judgment in the vote. Kam Gandhi recused from participation in the vote on Item CCCC for Redrock Pharmacy as he knows the owner of this pharmacy.

NOTE: Russ Smith disclosed that he works for Walgreens however has no personal knowledge regarding Items TTTT and UUUU.

Board Action:

Motion: Kirk Wentworth found the consent agenda application information to be accurate and complete and moved for approval with the exception of Redrock Pharmacy, Item CCCC.

Second: Kam Gandhi

Action: Passed Unanimously.

Motion: Cheryl Blomstrom moved for approval of Item CCCC, Redrock Pharmacy.

Second: Kirk Wentworth

Action: Passed Unanimously.

REGULAR AGENDA

5. Discipline for Possible Actions:

A. Camerina N. Gamboa, R.Ph (11-107-RPH-S)

Camerina Gamboa appeared and was sworn by President Foster prior to answering questions or offering testimony.

NOTE: Jody Lewis recused from participation as Ms. Gamboa was employed by CVS and that she was involved in the investigation of this matter.

Rob Graham was present to represent Ms. Gamboa.
Larry Espadero appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer presented two exhibits. Exhibit 1 was Ms. Gamboa’s September 20, 2011 written statement. Exhibit 2 was Ms. Gamboa’s September 28, 2011 written statement. Both exhibits were accepted into the record by President Foster.

Carolyn Cramer called Jody Lewis to testify.

Jody Lewis appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Lewis testified that Ms. Gamboa had filled an outdated prescription for a patient twice within a few days. She also admitted that she over-filled a prescription for hydrocodone for her mother because she was personally having pain and thought she would take some of her mother’s medication. After thinking this through, she did not purchase the prescription and let it go back to stock, but that is when the person returning it to stock noticed that there were more tablets in the prescription vial than there should have been. Ms. Gamboa also filled an outdated prescription for her mother and did not call her physician for approval to refill. On another occasion she picked up several prescriptions for her mother and failed to pay for two of them.

Rob Graham questioned Ms. Lewis regarding the two prescriptions that were not paid for. He indicated that insurance was billed however Ms. Gamboa had not paid the co-pay. Ms. Gamboa picked up five prescriptions and paid for three but failed to pay the co-pay for the other two because they were in the bag with other prescriptions and were not noticed, noting that it was not intentional. He asked Ms. Lewis if Ms. Gamboa was a good pharmacist and Ms. Lewis indicated that she was a good pharmacist that had made poor choices.

Carolyn Cramer noted that Ms. Gamboa over-filled a hydrocodone prescription that was expired and filled two early fills for Soma for a patient on an expired prescription. She used the date the patient came in to the pharmacy rather than the original date of the written prescription which is why the pharmacy computer allowed the fill on the expired prescriptions. Ms. Lewis testified that the CVS computer would not have allowed the fill if the original prescription date was input.

Rob Graham asked Mr. Espadero to testify. Mr. Espadero stated that Ms. Gamboa came to him for an evaluation in November, 2011. Ms. Gamboa showed a low propensity for substance abuse from the tests he used for the evaluation. Mr. Espadero indicated that it is his practice to monitor someone he evaluates for six months to ensure that there are no problems. Mr. Espadero indicated that Ms. Gamboa is currently employed at UMC.

Mr. Graham asked Ms. Gamboa to explain the circumstances for the decisions she made. Ms. Gamboa testified that she had torn her ACL and had surgery to repair it. She was off work for quite some time and was experiencing pain when she returned to
work. She could not take more time off work and she found it was difficult for her to work 14 hour days because of the pain. Ms. Gamboa indicated that she could not take off after her leave to see her physician for a prescription for pain medication to get her through the long days on her feet. She indicated the medication he had originally prescribed after the surgery was too strong and she felt hydrocodone would work better for her which is why she over-filled her mother's prescription with the intent to take some for her personal use. She knew it was wrong and finally let the prescription be returned to stock.

While experiencing pain, she indicated that she also became more empathetic towards her patients. Ms. Gamboa indicated that she knew the patient that she price matched and sold the Soma refills to. He was a high school classmate, but there was no other relationship – strictly professional. Ms. Gamboa explained that a technician rang up her mother's prescriptions and the technician did not notice there were two other prescriptions in one of the bags so she failed to scan two of the five prescriptions. It was not intentional not to pay for them. Regarding the price matching, Ms. Gamboa testified that she was unaware that she had to get approval from the district pharmacy supervisor. She quoted a price, but when she went to ring up the prescription it came up more than what she quoted, so she made the adjustment thinking that her decision was adequate.

Regarding the two prescriptions that were not scanned and not paid for, Ms. Gamboa explained that she realized the mistake after she got home and was going to pay the co-pay the next time she went back to work, but she was scheduled off for a few days.

Carolyn Cramer gave closing statements and recommended revocation.

Rob Graham gave closing statements and noted that Ms. Gamboa does not contest the allegations, however she realized the error in judgment for overfilling her mother's prescription and let it go back to stock. Mr. Graham indicated that all pharmacies price match and if every pharmacist called their supervisor for every price match they would be on the phone all day. Ms. Gamboa did fill two prescriptions that were expired, however it was an oversight. Mr. Graham recommended a 30 day suspension and not end her career by revoking her license.

After discussion, the Board determined that the First and Second Causes of Action were proven and they were unsure about the Third Cause of Action.

Board Action:

Motion: Cheryl Blomstrom moved to find Ms. Gamboa guilty of the First Cause of Action.

Second: Kam Gandhi

Action: Passed Unanimously
Motion: Russ Smith moved to find Ms. Gamboa guilty of the Second Cause of Action.

Second: Jack Dalton

Action: Passed Unanimously

Motion: Kirk Wentworth moved to find Ms. Gamboa not guilty of the Third Cause of Action.

Second: Kam Gandhi

Action: Passed with 2 negative votes

Motion: Kam Gandhi moved to suspend Ms. Gamboa's pharmacist license for six months, be placed on two years' probation and take a CE course on ethics that is pre-approved by Board staff.

Second: Kirk Wentworth

Action: Passed Unanimously

B. Sothy Him, R.Ph (10-048A-RPH-S)
C. Jason Williamson, R.Ph (10-048B-RPH-S)
D. Walgreens #07841 (10-048-PH-S)

Carolyn Cramer advised the Board that Sothy Him and Walgreens #07841 will be continued to the July Board meeting.

Jason Williamson appeared and was sworn by President Foster prior to answering questions or offering testimony.

Rob Graham was present to represent Mr. Williamson.

Ms. Cramer presented a Stipulation and Order for Jason Williamson recommending a letter of reprimand as Mr. Williamson did everything possible to notify patients that may have received two different medications that possibly were dispensed from a Baker cell.

Board Action:

Motion: Cheryl Blomstrom moved to accept the Stipulation and Order as presented.

Second: Kam Gandhi

Action: Passed Unanimously
President Foster commended Mr. Williamson on his actions once learning of the mixed medications in the Baker cell.

E. Michelle Badten, R.Ph (11-092A-RPH-S)
F. Kenton Crowley, R.Ph (11-092B-RPH-S)
G. Timothy Brown, R.Ph (11-092C-RPH-S)
H. Pathway Specialty Compounds (11-092-PH-S)

NOTE: Jack Dalton recused from participation in this matter as he once employed Tim Brown.

Tim Brown and Michelle Badten appeared and were sworn by President Foster prior to answering questions or offering testimony.

Adam Levine was present to represent Mr. Brown, Ms. Badten and Pathway Specialty Compounds.

Carolyn Cramer presented a Stipulation and Order for Ms. Badten, Mr. Brown and Pathway Specialty Compounds.

For the purposes of resolving this matter only all parties admit the facts and violations in the Second, Third, Fourth, Fifth, Sixth and Seventh Causes of Action.

Ms. Badten will be on probation for one year and participate in the Your Success Rx program and not compound medications until she has completed the aseptic technique class at the Star Center in Colorado.

Mr. Brown shall pay a fine of $1,000.00 and take and complete the aseptic technique class at the Star Center in Colorado offered by Baxa and shall pass all competency and proficiency requirements and provide proof to Board staff by June 1, 2012.

Pathway will be on probation for three years subject to the following terms and conditions. Upon completion of the aseptic technique class Mr. Brown shall train all Pathway pharmacists and pharmaceutical technicians involved in sterile compounding the techniques learned and implement the procedures recommended by the course at Pathway. All pharmacists and pharmaceutical technicians involved in high risk compounding must pass all competency and proficiency requirements with proof to Board staff by November 1, 2012. The Pathway computer system must be modified so records cannot be altered. Any new staff to Pathway conducting sterile compounding must be approved by the Executive Secretary of the Board. Mr. Brown may continue to perform as the managing pharmacist for Pathway. A designated representative of Pathway, other than Ms. Badten, will participate in the Your Success Rx program.

Carolyn Cramer presented a Stipulation and Order for Kenton Crowley.

Lance Coburn was present to represent Mr. Crowley. Mr. Crowley was not present.
Mr. Crowley’s pharmacist license is revoked and is not eligible to apply for reinstatement for five years from the effective date of the Order.

**Board Action:**

**Motion:** Jody Lewis moved to accept the Stipulation and Order as presented.

**Second:** Kam Gandhi

**Action:** Passed Unanimously

1. Nakesha Henderson, PT (12-013-PT-S)

**NOTE:** Jody Lewis recused from participation as Ms. Henderson was employed by CVS and that she was involved in the investigation of this matter.


Don Dugger, regional loss prevention manager for CVS, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Dugger reviewed how they investigated the circumstances of the loss of controlled substances from CVS #8800. He explained that they installed a camera and learned that Ms. Henderson pulled two bottles of 500 hydrocodone from the shelf approximately one half hour before she went off shift and only replaced one. In her written statement Ms. Henderson estimated that she had taken approximately five bottles of 500 hydrocodone/APAP 10/500 tablets and three bottles of 500 hydrocodone/APAP 10/325 tablets to help pay her bills and because her family was being threatened if she did not provide drugs to the purchasing party when they were requested.

**Board Action:**

**Motion:** Kam Gandhi moved to find Ms. Henderson guilty of the alleged violations.

**Second:** Cheryl Blomstrom

**Action:** Passed Unanimously

**Motion:** Kam Gandhi moved to revoke Ms. Henderson’s pharmaceutical technician registration.

**Second:** Russ Smith

**Action:** Passed Unanimously
J. Daryl Coleman, PT (12-012-PT-S)

NOTE: Jody Lewis recused from participation as Ms. Coleman was employed by CVS and that she had knowledge the investigation of this matter.


Don Dugger was reminded he was still under oath. He again explained the process of his investigation into the theft of controlled substances from CVS #8827. In Ms. Coleman’s written statement she estimated that she took approximately 30 to 32 bottles of 500 hydrocodone/APAP 10/500 tablets, 6 to 7 bottles of 100 Alprazolam 2 mg. tablets plus approximately 400 tablets from a bottle of 500, 4 to 5 bottles of 100 Alprazolam 1 mg. tablets, 1 bottle of Xanax 2 mg. tablets plus 40 or 50 tablets from another bottle and 1 bottle of Suboxone 8 mg. tablets.

Board Action:

Motion: Kirk Wentworth moved to find Ms. Coleman guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Russ Smith moved to revoke Ms. Coleman’s pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

K. Pamela Jett, PT (12-011-PT-S)

NOTE: Jody Lewis recused from participation as Ms. Jett was employed by CVS and that she had knowledge of the investigation of this matter.


Don Dugger was again advised that he was still under oath. He again explained the process of his investigation into the theft of controlled substances from CVS #5792. In Ms. Jett’s written statement she indicated that she was taking drugs from the pharmacy for her nephew to keep him away from her home. She admitted that she took approximately 40 to 50 bottles of 100 hydrocodone/APAP 10/500 tablets and three bottles of 30 Suboxone 8 mg. tablets.
Board Action:

Motion: Cheryl Blomstrom moved to find Ms. Jett guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Kirk Wentworth moved to revoke Ms. Jett’s pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

L. Western Home Care (09-108-MDEG-S)

Christine Cassseta was present to represent Western Home Care.

Carolyn Cramer read a Stipulation and Order into the record. It included one year probation and quarterly inspections to ensure maintenance reports are in compliance and a fine of $1,000.00 and the Board’s costs and fees in the amount of $1,295.00.

Rita Perini, the complainant in the matter against Western Home Care, presented her case against Western Home Care claiming that a dirty oxygen concentrator filter was responsible for making her husband ill.

Board Action:

Motion: Kirk Wentworth moved to reject the Stipulation and Order and go to hearing in July on this matter.

Second: Cheryl Blomstrom

Action: Passed Unanimously

6. Requests for Reinstatement of Pharmaceutical Technician License – Appearance for Possible Action:

A. Shamika Banks (08-035-PT-S)

Carolyn Cramer advised the Board that Shamika Banks had requested an appearance to request reinstatement of her pharmaceutical technician registration, however, she was not present.
Board Action:

Motion: Kam Gandhi moved to deny the request for reinstatement.

Second: Jody Lewis

Action: Passed Unanimously

B. Cynthia (Blake) Butler (03-027-PT-S)

Ms. Cramer noted that Cynthia Blake also requested an appearance to request reinstatement of her pharmaceutical technician registration, however she was not present.

Board Action:

Motion: Russ Smith moved to deny the request for reinstatement.

Second: Kam Gandhi

Action: Passed Unanimously

7. Appearance Request for Reconsideration – Medco’s PVSV Process for Possible Action:

    Linda S. Fang - Gilbert & Sackman
    Representing USW Local 675

The request for appearance was withdrawn.

8. Request for Pharmacist Registration – Examinee – Appearance for Possible Action:

    Jin Hong

Jin Hong appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that Mr. Hong surrendered his pharmacist license in California for being convicted of two counts of unlawful sex with a minor in 2006, convicted of DUI in 2008, paid $300.00 for sex with an adult while on probation for having sex with an underage person and was in possession of a Taser gun which is also a violation of probation. Ms. Cramer asked Mr. Hong why this Board should allow him to test for Nevada. Mr. Hong was unable to provide any viable reason other than he did not know that it was a violation of his probation to own a Taser gun. He also noted that he is not on probation in California any longer.
Board Action:

Motion: Kam Gandhi moved to deny Mr. Hong to apply to Nevada to become a pharmacist until he reinstates his license in California.

Second: Cheryl Blomstrom

Action: Passed Unanimously

9. Application for Nevada Pharmacy – Appearance for Possible Action:

Patient Care Infusion of Nevada – Las Vegas

Ridge Smidt, owner, and Joseph Foo, regional manager, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Smidt was asked why he answered yes to two of the questions on his application however did not provide an explanation. He explained that when Cardinal acquired Bio Tech it was determined it was a monopoly and they did not notify the FTC. The FTC accepted their application as a nuclear pharmacy and he did have to testify before a grand jury. They have an established pharmacy in Arizona and they would like to open a facility in Nevada. They will be marketing to see if they can reestablish a relationship with previous Bio Tech patients.

It was also brought to the Board’s attention that Mr. Smidt is a major shareholder of Western Home Care, however he answered the question on the application for pharmacy honestly because he had not been served with the Accusation in that matter when he filed this application.

Board Action:

Motion: Russ Smith moved to accept the application for pharmacy contingent upon the explanation being provided to Board staff for the “yes” answers on page 4 of the application.

Second: Jody Lewis

Action: Passed Unanimously

10. Request for Practitioner Dispensing Registration - Appearance for Possible Action:

Richard L. Bailey, MD

This application is tabled to the July Board meeting as he did not appear.
11. Request for Controlled Substance Registration - Appearance for Possible Action:

Trevor A. Schmidt, PA

Trevor Schmidt and Dr. Leo Capobianco appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer explained to the Board that Mr. Schmidt was dispensing at My Shape Liposculpture Specialists under Dr. Anil Patel’s supervision without the proper licensure. He is now applying for a controlled substance registration and will no longer be working under Dr. Patel’s supervision.

Dr. Capobianco explained that he is now the supervising physician for Mr. Schmidt and he has a controlled substance registration and a dispensing license with the Board.

Danny Garcia appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Garcia indicated that he went into the office and found that Mr. Schmidt had a DEA license but did not complete the controlled substance registration process by providing Board staff with a copy of the DEA license when he received it. No controlled substance registration was ever issued to Mr. Schmidt.

Board Action:

Motion: Russ Smith moved to approve the controlled substance registration for Mr. Schmidt.

Second: Cheryl Blomstrom

Action: Passed Unanimously

12. Applications for Out-of-State Pharmacy – Appearance for Possible Action:

A. Allermed Pharmacy – San Diego, CA

Karen Koenig, managing pharmacist, and Mike Durschlag, compliance contact, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Allermed is a sterile compounding facility that is 797 compliant that ships into Nevada patient specific. The described their shipping methods and gave an overview of their business model.
Board Action:

Motion: Jody Lewis moved to approve the out of state pharmacy license for Allermed.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. Midwest Compounders, Inc. – Lenexa, KS

Troy DeLong, managing pharmacist, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. DeLong explained that they are a specialty compounding pharmacy for veterinary and ophthalmic medications and injectables. They will provide products to patients that reside in Nevada on a part time basis. Mr. DeLong indicated that they do not market and it is more of a word of mouth process. They provide patient specific medications that are administered in the office.

Board Action:

Motion: Kirk Wentworth moved to approve the out of state pharmacy license for Midwest Compounders.

Second: Russ Smith

Action: Passed Unanimously

C. Pallimed Solutions, Inc. – Woburn, MA

This application has been continued to the June Board meeting.

D. Quality Home Infusion – Burbank, CA

Holly Griffith, managing pharmacist, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Quality Home Infusion caters to hemophiliac patients. Ms. Griffith gave an overview of their business model and details about their shipping process.

Board Action:

Motion: Russ Smith moved to approve the out of state pharmacy license for Quality Home Infusion.

Second: Kirk Wentworth
Darrian Chandler appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Chandler advised the Board that Wells Pharmacy Network specializes in horse fertility and they produce freeze dried tri-mix injectables. They are 797 compliant and do not practice internet pharmacy, though they do have a website.

**Board Action:**

**Motion:** Cheryl Blomstrom moved to approve the out of state pharmacy license for Wells Pharmacy Network subject to receipt of a letter stating that they will not compound any products containing cidenafil, tadalafil nor sell through the internet.

**Second:** Kirk Wentworth

**Action:** Passed Unanimously

13. Applications for Nevada MDEG – Appearance for Possible Action:

   A. Ability Prosthetics and Orthotics of Nevada, LLC – Reno

   Travis Humphries, 91% owner, appeared and was sworn by President Foster prior to answering questions or offering testimony.

   Mr. Humphries has been working in Nevada for Acadian Rehab, Inc. for the last fifteen years, however the owner would like to retire and he is applying for a MDEG license to open his own business and continue caring for the patients he has been serving.

   **Board Action:**

   **Motion:** Kirk Wentworth moved to approve the MDEG license for Ability Prosthetics and Orthotics of Nevada.

   **Second:** Cheryl Blomstrom

   **Action:** Passed Unanimously

   B. Eric M. Lindsey Ocular Artists, Inc. – Las Vegas

   Eric Lindsey, ocularist, appeared and was sworn by President Foster prior to answering questions or offering testimony.
Mr. Lindsey described his business as an ocularist. He makes impression fitted, hand sculptured and hand painted ocular prostheses for his patients. Mr. Lindsey also makes thin shell prostheses to improve the appearance of blind or disfigured eyes.

**Board Action:**

**Motion:** Russ Smith moved to approve the MDEG application for Eric M. Lindsey Ocular Artists, Inc.

**Second:** Jack Dalton

**Action:** Passed Unanimously

14. Your Success Rx Reports for Possible Action:

   A. Kelli Ramsey
   B. Walgreens #05369
   C. Vanessa Ebosiem

Larry Pinson reported that all three of the participants in the Your Success Rx program did well and have learned various ways to improve their pharmacy practice. They each revealed positive changes they have made to increase their efficiency and practices to ensure concentration during the filling process.

15. Discussion and Determination for Possible Action:

   Counseling on OTC Medications

Kam Gandhi raised the question regarding the legality of pharmaceutical technicians or pharmacy clerk’s making recommendations or suggestions to patients regarding OTC medications. Is it any different than a convenience store clerk who has no pharmacy experience making a suggestion for an OTC product? Carolyn Cramer indicated that pharmaceutical technicians are not allowed to counsel and in essence it would constitute counseling even though it is an OTC product that the Board does not regulate.

16. Executive Secretary Report for Possible Action:

   A. Financial Report
   Larry Pinson gave the financial report to the Board’s satisfaction.
   B. Temporary Licenses
   One temporary license was issued since the last meeting.
   C. Staff Activities
   Larry Pinson reported on Staff’s participation in the following
   1. Legislative Health Committee (3/13 & 4/10)
   2. AG’s Substance Abuse Working Group (3/28)
3. Task Force on Unlicensed Health Care (3/28)
   a. Press Conference at Board Office (4/3/)
Frankie Sue Del Papa held a press conference in the Board’s Reno office to kick off her task force on unlicensed health care addressing the Hispanic community of the risks involved by going to unconventional sources for their health care.

D. Reports to Board
   1. Certificate of Recognition for Marguerite Snyder-Kitts (3/13)
Mr. Pinson deferred to President Foster to report that she went to Ms. Snyder-Kitts home and presented her with flowers and a certificate acknowledging her as one of the first female pharmacists to register in Nevada.

   2. Hospital Regulation Planning Group (3/30)
Larry Pinson reported that a planning group was formed and will hold its first formal meeting on June 8, 2012.

   3. NABP Resolutions
Nevada is going to present a resolution at the NABP Annual meeting regarding Medi Spa’s.

   4. Speaking Engagements
Larry Pinson reported that he was the guest speaker at the following meetings, speaking primarily to prescription drug abuse.
   a. CC Paralegal Group (4/13)
   b. NVSHP PT Workshop (4/14)
   c. NOMA Annual Meeting - Osteopaths (4/27)
   d. RPD (5/29 & 5/31)

E. Board Related News
   1. Missouri Discipline for Pharmacy Security Issues (theft)
President Foster indicated that she would like a Discussion and Determination item on prescription drug abuse to discuss the huge number of controlled substance thefts from pharmacies. Mr. Pinson noted that in Missouri the Board of Pharmacy charges the managing pharmacist, the store and the pharmaceutical technician for not maintaining security in their pharmacies. He also noted that the legislators here in Nevada are finding this a serious concern part of prescription drug abuse in Nevada.

The Board directed staff to organize a workgroup to come up with ideas to curb diversion of controlled substances from pharmacies by pharmaceutical technicians.

F. Activities Report

17. General Counsel Report for Possible Action:

Carolyn Cramer reported on recent DEA pressure on wholesalers for selling huge amounts of controlled substances to some pharmacies without question. She also noted that two CVS pharmacies in Florida were closed for just such activity. Ms. Cramer also reported on the Kerns vs. Hoppe case.
WORKSHOP

18. Proposed Regulation Amendment Workshop

A. Amendment of Nevada Administrative Code 639.753 Declination of pharmacist to fill prescription.

Liz Macmenamin and Josh Hicks appeared representing RAN. Mr. Hicks began to object to staff language when it was determined that he was not addressing the latest version Ms. Cramer had drafted. Mr. Hicks was presented with a copy of the language at hand and after reviewing it was satisfied to see the changes and has no issue with the version presented. He presented the shall/may suggestion for the Board to discuss and since the language already uses the term “may” he is comfortable with leaving it as is.

Board Action:

Motion: Cheryl Blomstrom moved to bring the language to Public Hearing.

Second: Jody Lewis

Action: Passed Unanimously

B. Amendment of Nevada Administrative Code 639.7105 Electronic transmission of prescriptions listed in schedule II.

Liz Macmenamin and Mary Staples, representing NACDS, appeared. Ms. Staples gave statistics that she has gathered regarding the states that allow electronic transmission of prescriptions listed in schedule II.

Dan Luce, from Walgreens, appeared and noted that it could take 3 to 5 years for SureScripts to integrate anything with a forced field into their program. If Nevada required a physician to insert a controlled substance registration number in free text that would be doable, however he admitted that the physician probably would not input the number if it was not a mandated field.

Mr. Luce contacted SureScripts during a break and reported that in a free format the controlled substance registration number would have to be input for each prescription, however on the physician software side perhaps it could be input once and it would come up in that field without having to re-enter it for each prescription.

Larry Matheis appeared and recommended that the Board take its time to ensure that all the people involved are on the same page. The next legislative session will change the laws again and we should wait until there is more consistency.

Cheryl Blomstrom stated that the Board should act now because of the substance abuse in Nevada. There was considerable discussion regarding this issue.
President Foster asked for a motion to give Board staff direction.

**Board Action:**

**Motion:** Cheryl Blomstrom moved to refer this back to Board staff and report back in June after the NABP Annual Meeting and invite Lynn O’Mara, the State Health IT Coordinator, to attend that meeting to discuss these issues.

**Second:** Jody Lewis

**Action:** Passed Unanimously

**PUBLIC HEARING**

19. Notice of Intent to Act Upon a Regulation for Possible Action:

**Amendment of Nevada Administrative Code 453.510** Schedule I. Because of abuse of un-regulated products containing synthetic cannabinoids being sold in head shops, law enforcement has requested that the Board of Pharmacy to schedule AM-2201, JWH-081, JWH-122, JWH-250, JWH-210 and AM-694 to Schedule 1.

President Foster opened the Public Hearing.

There was no public comment.

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

**Board Action:**

**Motion:** Cheryl Blomstrom moved to adopt the amendment to NAC 453.510 as presented.

**Second:** Kam Gandhi

**Action:** Passed Unanimously

20. Next Board Meeting:

June 6-7, 2012 – Reno

21. Public Comments and Discussion of and Deliberation Upon Those Comments: 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)
April 18, 2012 there was no public comment.

April 19, 2012

Ron Shockey appeared and suggested the Board consider mandating pharmacies do perpetual inventories to curb the pharmaceutical technician theft problem.
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or
denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

☐ New Pharmacy  ☑ Ownership Change
(Please provide current license number if making changes: PH 02465)
☒ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Community, A Walgreens Pharmacy
Physical Address: 912 W. Belmont Avenue, Chicago, IL 60657
Mailing Address: PO Box 901
City: Deerfield State: IL Zip Code: 60015
Telephone: 773-665-8990 Fax: 773-665-9766
Toll Free Number: 866-798-2905 (Required per NAC 639.708)
E-mail: store.rxm15305@walgreens.com Website: www.walgreens.com
Managing Pharmacist: Paul Djuricich License Number: 051289565

Hours of Operation:
Monday thru Friday 9:00 am 6:30 pm Saturday Closed am _____pm
Sunday Closed am _____pm 24 Hours No

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
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☐ New Pharmacy  ☑ Ownership Change
(Please provide current license number if making changes: PH 02626 )
☑ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Community, A Walgreens Pharmacy
Physical Address: 2262 Market Street, San Francisco, CA  94114
Mailing Address: 300 Wilmot Road, MS #3301
City: Deerfield  State: IL  Zip Code: 60015
Telephone: 847-527-4274  Fax: 847-368-6691
Toll Free Number: 877-901-9971  (Required per NAC 639.708)
E-mail: store.rxm15296@walgreens.com  Website: www.walgreens.com
Managing Pharmacist: Adrian Wong  License Number: 29945

Hours of Operation:
Monday thru Friday 9:00 am  7:00 pm  Saturday Closed  am  pm
Sunday Closed  pm  24 Hours  No

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

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☐ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Drugs Health Specialty Pharmacy and Central Fill
Physical Address: 107 South Churn Rd Ste A
Mailing Address: 107 South Churn Rd Ste A
City: Reno Zip Code: 89503 State: NV
Toll Free Number: 1-866-601-8434 (Required per NAC 639.708)
E-mail: NewOrDrugstorePharmacy.com Website: www.drugstorepharmacy.com
Managing Pharmacist: Andrew Chandler Huggins License Number: NC20326

Hours of Operation:
Monday thru Friday 8:30am – 5:30pm  Saturday 8 am – pm
Sunday 8 am – pm 24 Hours Pharmacists on call

TYPE OF PHARMACY
☐ Retail  ☐ Out of State
☐ Hospital (# beds ___)
☐ Internet  ☐ Ambulatory Surgery Center
☐ Nuclear

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

Page 1 59889
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☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: HOMETECH ADVANCED THERAPIES, INC.
Physical Address: 4 Hook Road Sharon Hill, PA 19079
Mailing Address: 4 Hook Road
City: Sharon Hill State: PA Zip Code: 19079
Telephone: 484-494-3121 Fax: 484-494-3506
Toll Free Number: 855-494-3121 (Required per NAC 639.708)
E-mail: info@hometechadvanced.com Website: www.hometechadvanced.com
Managing Pharmacist: AVERY CARLTON HUFF License Number: RP046015R

Hours of Operation:
Monday thru Friday 9 am 5:30 pm Saturday 9 am 1 pm
Sunday on-call am on-call pm 24 Hours ____

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☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: PEDEE KAY, INC d/b/a KEDIE MADISON DRUGS
Physical Address: 3179 W MADISON ST
Mailing Address:Same
City: Chicago State: IL Zip Code: 60612
Telephone: 773-722-2626 Fax: 773-722-2626
Toll Free Number: ____________________ (Required per NAC 639.708)
E-mail: maan4@aol.com Website: n/a
Managing Pharmacist: MAHENDRA P. KHANDU License Number: 051036477

Hours of Operation:
Monday thru Friday 9 am 6 pm Saturday 10 am 4 pm
Sunday _ am _ pm 24 Hours _

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ____) ☐ Off-site Cognitive Services
☐ Internet ☐ Parenteral
☐ Nuclear ☐ Parenteral (outpatient)
☒ Out of State ☐ Outpatient/Discharge
☐ Ambulatory Surgery Center ☐ Mail Service
☐ Long Term Care

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New Pharmacy

(Please provide current license number if making changes: PH______)

☐ Ownership Change

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☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Kings Park Sswe, Inc.

Physical Address: 357 Flatbush Ave, Brooklyn, NY 11238

Mailing Address: 357 Flatbush Ave,

City: Brooklyn State: NY Zip Code: 11238

Telephone: 718-230-3535 Fax: 718-230-0596

Toll Free Number: 800-255-4647 (Required per NAC 639.708)

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

Managing Pharmacist: Ronald Deliego License Number: 32971

Hours of Operation:

Monday thru Friday 8:30 am 9 pm

Saturday 9 am 8 pm

Sunday 9 am 6 pm

24 Hours X

TYPE OF PHARMACY

☐ Retail

☐ Hospital (# beds ____)

☐ Internet

☐ Nuclear

☐ Out of State

☐ Ambulatory Surgery Center

SERVICES PROVIDED

☐ Off-site Cognitive Services

☐ Parenteral

☐ Parenteral (outpatient)

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□ Partnership - Pages 1,2,5,7 LLC  
□ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: **LINDEN CARE LLC**

Physical Address: **123 EILEEN WAY**

Mailing Address: **SAME**

City: **SYOSSET**  
State: **NY**  
Zip Code: **11791**

Telephone: **516-221-7600**  
Fax: **516-398-4339**

Toll Free Number: **877-954-6336** (Required per NAC 639.708)

E-mail: **info@lindencare.com**  
Website: **lindencare.com**

Managing Pharmacist: **JORDAN FOGEL**  
License Number: **035386-1**

**Hours of Operation:**

Monday thru Friday **8:30 am 7 pm**

Saturday **CLOSED**

Sunday **CLOSED**

**TYPE OF PHARMACY**

☐ Retail  
☐ Hospital (# beds ___)  
☐ Internet  
☐ Nuclear  
☐ Out of State  
☐ Ambulatory Surgery Center

**SERVICES PROVIDED**

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

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Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Prime Therapeutics Specialty Pharmacy LLC  
Physical Address: 2354 Commerce Park Drive, Suite 100 Orlando, FL 32819  
Mailing Address: 1305 Corporate Center Drive, Eagan, MN 55121

City: ______________ State: __________ Zip Code: ________  
Telephone: 407-591-4060 Fax: 407-591-4076  
Toll Free Number: 877-627-6337 (Required per NAC 639.708)  
E-mail: LWatkins@primetherapeutics.com Website: __________________________

Managing Pharmacist: Laura Watkins License Number: PS40397

Hours of Operation:

Monday thru Friday 8AM am 7PM pm  
Saturday Closed am pm  
Sunday Closed am pm  
24 Hours  # Pharmacist will be avail  
for Counseling 24/7 via toll Free #.

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59948
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Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: ☒ Remote Solutions
Physical Address: 1771 W. Dickens Road, Suite 300
Mailing Address: ___________________________________________
City: Naperville State: Illinois Zip Code: 60543
Telephone: 630-299-1595 Fax: 331-333-4319
Toll Free Number: 855-244-7763 (Required per NAC 639.708)
E-mail: info@rxremote.com Website: www.rxremote.com
Managing Pharmacist: Robert L. Breege License Number: 18210

Hours of Operation:
Monday thru Friday _____am _____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

Page 1 60023
New Pharmacy
(Please provide current license number if making changes: PH____)
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New Pharmacy   ☐ Ownership Change
(Please provide current license number if making changes: PH_______)

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

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Vets First Choice LLC d/b/a Vets First Choice.

Physical Address: 5013 So. 110th St.
Mailing Address: 5013 So. 110th St.
City: Omaha State: NE Zip Code: 68137
Telephone: (402)339-1174 Fax: (816)256-8435
Toll Free Number: (816)356-6814 (Required per NAC 639.708)
E-mail: pharma@vetsfirstchoice.com Website: www.vetsfirstchoice.com
Managing Pharmacist: Jennifer O'Grady License Number: NE 11562

Hours of Operation:
Monday thru Friday 8:30 am 4:30 pm CST
Saturday 9 am 11 am CST
Sunday Closed Closed

24 Hours N/A

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

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New Wholesaler  ☐ Ownership Change
(Please provide current license number if making changes: WH_______)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Facility Name: AmerisourceBergen Drug Corporation
Physical Address: 501 Patriot Parkway, Roanoke, TX 76262
Mailing Address: 501 Patriot Parkway
City: Roanoke State: TX Zip Code: 76262
Telephone: (817) 859-3635 Fax: (817) 859-3608
Toll Free Number: ____________________________
E-mail: jhamilton@americourcebergen.com Website: www.amerisourcebergen.com
Facility Manager: Joe Cheney, Vice President, Distribution Center Manager

Professional qualifications and experience of facility manager: Vice President and Distribution Center Manager of the facility since 2004. Responsible for the entire multi-shift pharmaceutical wholesale operation. Manages all services and operations within the facility, and oversees all operational functions including warehouse operations, inventory management, data processing, and customer service.

Types of licensed outlets or authorized persons firm will serve:
☒ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☑ Wholesalers
☐ Other: ________________

Type of Products to be handled or wholesaled be firm:
☒ Legend Pharmaceuticals, Supplies or Devices  ☑ Hypodermic Devices
☐ Poisons or Chemicals  ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)  ☐ Other: ____________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☐ New Wholesaler  ☐ Ownership Change
(Please provide current license number if making changes: WH______)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: AmerisourceBergen Drug Corporation
Physical Address: 100 Friars Boulevard
Mailing Address: 
City: Thorofare State: NJ Zip Code: 08086
Telephone: 856-848-3400 Fax: 856-384-2146
Toll Free Number: 
E-mail: mguerreiro@amerisourcebergen.com Website: www.amerisourcebergen.com
Facility Manager: Larry Lonergan, Vice President, Distribution Center Manager

Professional qualifications and experience of facility manager: 10 Years Direct of Operations

Types of licensed outlets or authorized persons firm will serve:

☑ Pharmacies ☐ Practitioners ☑ Hospitals ☑ Wholesalers
☐ Other: 

Type of Products to be handled or wholesaled be firm:

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

Page 1
**NEVADA STATE BOARD OF PHARMACY**
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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

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

Application must be printed legibly or typed

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

<table>
<thead>
<tr>
<th>☒ New Wholesaler</th>
<th>☐ Ownership Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Please provide current license number if making changes: WH______)</td>
</tr>
</tbody>
</table>

| ☐ Publicly Traded Corporation – Pages 1,2,3,4 | ☐ Partnership - Pages 1,2,3,6 |
| ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b | ☐ Sole Owner – Pages 1,2,3,7 |

Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION**

Facility Name:  Butler Animal Health Supply, LLC  d/b/a Butler Schein Animal Health Supply

Physical Address:  14800 FAA Blvd., #100  Ft. Worth TX 76155

Mailing Address:  Corporate office: Regulatory Affairs Department 400 Metro Place North Dublin OH 43017

City:  Ft. Worth  state:  TX  Zip Code:  76155

Telephone:  817-864-4000 X 3850  Fax:  817-545-7720

Toll Free Number:  NA

E-mail:  kknox@butlerschein.com  Website:  www.butlerschein.com

Facility Manager:  Daniel A. Fritz

Professional qualifications and experience of facility manager:  B.S.B.A in Marketing, Minor in Management Management team with Butler AHS since 2006. Please see attached resume

Types of licensed outlets or authorized persons firm will serve:

<table>
<thead>
<tr>
<th>☐ Pharmacies</th>
<th>☐ Practitioners</th>
<th>☐ Hospitals</th>
<th>☒ Wholesalers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Other: Veterinarians/teaching/research institutions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of Products to be handled or wholesaled be firm:

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

Page 1

60007
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV  89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

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

GENERAL INFORMATION

Facility Name: Hygen Pharmaceuticals, Inc.
Physical Address: 1940 124th AVE NE, STE A-105, Bellevue WA-98005
Mailing Address: Same
City: Bellevue  State: WA  Zip Code: 98005
Telephone Number: 425-451-9178  Fax Number: 425-451-8964
Toll Free Number: 877-630-9198
E-mail: info@hygenpharma.com  Website: www.hygenpharma.com
Facility Manager: Nishit K Mehra
Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☐ Wholesalers
☐ Other:

Type of Products to be handled or wholesaled be firm:

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

FDA Board Use Only
Received: MAY 6 2 2012  Amount: 500-  Entity: 59905

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

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

New Wholesaler ☑ Ownership Change ☐
(Please provide current license number if making changes: WH _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☑ Partnership – Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Dixon Shane LLC d/b/a R+S Northeast LLC

Physical Address: 8407 Austin Tracey Rd

Mailing Address: 8407 Austin Tracey Rd

City: Fountain Run State: KY Zip Code: 42133

Telephone: 270-434-2045 Fax: 270-434-4746

Toll Free Number: 800-626-0208

E-mail: mark@rsonortheast.com Website: rsonortheast.com

Facility Manager: Jerry Shirley

Professional qualifications and experience of facility manager: Facility manager has over 10 years experience of record keeping and shipping.

Types of licensed outlets or authorized persons firm will serve:

☑ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers

☑ Other: Gov. Univ.

Type of Products to be handled or wholesaled be firm:

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

☐ Hypodermic Devices
☐ Veterinary Legend Drugs

Page 1

59775
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH_______)

☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: RxC Acquisition Company d/b/a/ RxCrossroads Third Party Logistics Division
Physical Address: 1001 Cheri Way: Suite 100
Mailing Address: 4500 Progress Blvd.; Louisville, KY 40218
City: Louisville State: KY Zip Code: 40118
Telephone: (502) 357-1310 Fax: (502) 322-1323
Toll Free Number: None
E-mail: regulatory@rxcrossroads.com Website: www.rxcrossroads.com
Facility Manager: James Trevino
Professional qualifications and experience of facility manager: See attached resumé

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Clinics

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: ________________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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☑ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH______)

☑ Publicly Traded Corporation – Pages 1,2,3,4* ☐ Partnership – Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

*Sanofi Inc. (Sanofi) is wholly owned by Novartis AG, a publicly traded company. As confirmed with your office, because Sanofi is wholly owned by a publicly traded company, the publicly traded corporation section of this application should be completed (pages 1-4).

GENERAL INFORMATION
Facility Name: Sanofi Inc.
Physical Address: 2599 West Midway Blvd.
Mailing Address: 2555 West Midway Blvd.
City: Broomfield State: CO Zip Code: 80020
Telephone: 303-466-2400 Fax: 303-438-4577
Toll Free Number: N/A
E-mail: gaspar.zuniga@sandoz.com Website: www.sandoz.com
Facility Manager: Gaspar Zuniga
Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:
☑ Pharmacies ☐ Practitioners ☑ Hospitals ☑ Wholesalers
☑ Other: Nursing home pharmacies

Type of Products to be handled or wholesaled be firm:
☑ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☑ Poisons or Chemicals (List I chemicals) ☐ Veterinary Legend Drugs
☑ Controlled Substances (include copy of DEA) See Attachment B
☑ Other: ____________________________

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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New Wholesaler ☒ Ownership Change ☐
(Please provide current license number if making changes: WH __________)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENEAL INFORMATION

Facility Name: Slate Pharmaceuticals, Inc.

Physical Address: 633 Davis Drive, Suite 100 Morrisville NC 27560

Mailing Address: 150 S. Saunders Rd, Suite 120

City: Lake Forest, State: IL Zip Code: 60045

Telephone: 919-993-3375 Fax: 919-993-9975

Toll Free Number: 888-SLATE-50

E-mail: bryan.reiner@aclientpharma.com Website: www.slatepharma.com

Facility Manager: David Thomas (Tom) Duhling

Professional qualifications and experience of facility manager: Tom Duhling is responsible for the day to day operations of the facility and creation of the policies & procedures reviewed and approved by both the DEA & the state of North Carolina during their inspection process. He has worked for Slate Pharmaceuticals, Inc. since March 2010.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

☐ Other: ____________________________

Type of Products to be handled or wholesaled be firm:

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

Page 1

59841
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly and typed

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

☑ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH ______)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: SMITH MEDICAL PARTNERS
Physical Address: 940 LIVELY BOULEVARD, WOOD DALE, IL 60191
Mailing Address: STATE LICENSE SERVICING, 321 ROUTE 94 SOUTH
City: WARWICK State: NY Zip Code: 10990
Telephone: 630-227-9330 Fax: 630-227-9220
Toll Free Number: N/A
E-mail: SMP@SLSNY.COM Website: WWW.SMPSPECIALTY.COM
Facility Manager: ROBERT FRUSOLONE

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

Type of Products to be handled or wholesaled be firm:
☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA) ☐ Other: OTC
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE  
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier’s check only)  
Application must be printed legibly or typed  

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

☐ New Wholesaler  ☐ Ownership Change  
(Please provide current license number if making changes: WH______)  

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

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION  
Facility Name: Smith & Nephew, Inc.  
Physical Address: 3303 E. Holmes Road, Memphis, TN 38118  
Mailing Address: c/o Business Licenses LLC, PO Box 867  
City: Monsey State: NY Zip Code: 10952  
Telephone: 901-399-6645 Fax: 901-399-6380  
Toll Free Number: 800-271-5700  
E-mail: Cheryl.McClarty@smith-nephew.com Website: www.smith-nephew.com  
Facility Manager: Cheryl McClarty  

Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:  
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers  
☐ Other: ____________________________

Type of Products to be handled or wholesaled be firm:  
☐ Legend Pharmaceuticals, Supplies or Devices  ☐ Hypodermic Devices  
☐ Poisons or Chemicals  ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: ____________________________

Page 1

59854
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH______)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Smith & Nephew, Inc.

Physical Address: 76 S. Meridian Avenue, Oklahoma City, OK 73107

Mailing Address: c/o Business Licenses LLC, PO Box 867

City: Monsey State: NY Zip Code: 10952

Telephone: 405-917-8516 Fax: 405-917-8650

Toll Free Number: 800-821-5700

E-mail: Jerry.Kinsey@smith-nephew.com Website: www.smith-nephew.com

Facility Manager: Jerry Kinsey

Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: __________________________

Type of Products to be handled or wholesaled be firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA) ☐ Other: __________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH______)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Facility Name: Sobi, Inc
Physical Address: Suburban Square Shopping Center, 32 Parking Plaza
Mailing Address: Same as above
City: Ardmore State: PA Zip Code: 19003
Telephone: 610-228-2042 Fax: 484-297-6034
Toll Free Number: N/A
E-mail: statelicenses@sobi.com Website: www.sobi.com
Facility Manager: Scott Brewster

Professional qualifications and experience of facility manager: more than 20 years management experience
sales management, logistics and distribution within North American market.

Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: ________________________________

Type of Products to be handled or wholesaled be firm:
☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: ________________________________

Page 1

59713
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
(Please provide current license number if making changes: WH __________)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Trigen Laboratories, LLC

Physical Address: 2631 Causeway Center Drive, Tampa, FL 33619

Mailing Address: 2631 Causeway Center Drive

City: Tampa  State: FL  Zip Code: 33619

Telephone: 732-721-0070  Fax: 813-621-2222

Toll Free Number: N/A

E-mail: drosenberg@trigenlab.com  Website: www.trigenlab.com

Facility Manager: David Rosenberg

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: Manufacturers

Type of Products to be handled or wholesaled be firm:

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

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☐ New Wholesaler  ☑ Ownership Change
(Please provide current license number if making changes: WHO1059)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Facility Name: UPS Supply Chain Solutions, Inc.
Physical Address: 20 Cartridge Drive, Suwanee, GA 30024
Mailing Address: 211 Lake Drive, Suwanee, GA
City: Newark  State: DE  Zip Code: 19702
Telephone: 710-831-2900  Fax: 302-631-5238
Toll Free Number: N/A
E-mail: Rosamundnranda@ups.com  Website: N/A
Facility Manager: Kendrick Waters
Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☐ Wholesalers
☐ Other: 

Type of Products to be handled or wholesaled be firm:
☐ Legend Pharmaceuticals, Supplies or Devices  ☐ Hypodermic Devices
☐ Poisons or Chemicals  ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)  ☐ Other: Devices

Page 1

10-6
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE CORPORATION

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

GENERAL INFORMATION
Facility Name: Virtus Pharmaceuticals, LLC.
Physical Address: 2140 Causeway Center Blvd
Mailing Address: ___________________________
City: Tampa State: FL Zip Code: 33609
Telephone Number: 813-283-1344 Fax Number: 813-283-1354
Toll Free Number: _________________________
E-mail: glynch@virtusrx.com Website: www.virtusrx.com
Facility Manager: Louis Socolov
Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: Retail Chain Pharmacies With Warehouse Locations

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: APR 17 2012 Amount: 500 Entity: 59814
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW___________)
☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION
Facility Name: ABC Home Medical Supply, Inc.
Physical Address: 12630 E. Northwest Highway, Suite 303, Dallas, TX 75228
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: 12630 E. Northwest Highway, Suite 303
City: Dallas State: TX Zip Code: 75228
Telephone: 972-279-9090 Fax: 972-270-7282
E-mail: keith.jones@abchomemedical.com Website: www.abchomemedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00
Fri: 8:30 to 5:00 Sat: N/A to ______ Sun: N/A to ______ Holidays: N/A to ______

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Keith Jones

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: Disposable Medical Equipment
**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: N/A Telephone: ____________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION
Facility Name: Alick's Home Medical Equipment, Inc
Physical Address: 17187 SR 23,
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: Same
City: South Bend State: IN Zip Code: 46635
Telephone: (574) 273-6000 Fax: (574) 247-8199
E-mail: nafe.alick@alicks.com Website: www.alicks.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8a to 6p Tue: 8a to 6p Wed: 8a to 6p Thu: 8a to 6p
Fri: 8a to 6p Sat: 9a to 3p Sun: ______ to ______ Holidays: ______ to ______

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: NAFE S. ALICK

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: ________________________________

**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: ____________________________ Telephone: ____________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Americare Health Services Corp.

Physical Address: 101D Sun Avenue NE, Albuquerque NM 87109
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same as above

City: ___________________________ State: _________ Zip Code: ______________

Telephone: 505-468-0678 Fax: 505-468-8013

E-mail: virginia.lovelace@sunh.com Website: www.americare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Katrina Andrade

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other: Enteral Nutrients

**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: ___________________________ Telephone: ___________________________
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR OUT-OF-STATE MDEG LICENSE  
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier's check only)  
Application must be printed legibly or typed  

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

| ☑ New MDEG | ☐ Ownership Change  
| ☐ Publicly Traded Corporation – Pages 1,2,3,4 | ☐ Partnership – Pages 1,2,3,6  
| ☑ Non Publicly Traded Corporation – Pages 1,2,3,5 | ☑ Sole Owner – Pages 1,2,3,7  

Please check box for type of ownership and complete correct part of the application.

### FACILITY INFORMATION

**Facility Name:** American Diabetes Services, Inc.  
**Physical Address:** 951 Broken Sound Pkwy, Ste 250, Boca Raton, FL 33487  
**Mailing Address:** 951 Broken Sound Pkwy, Suite 250  
**City:** Boca Raton  
**State:** FL  
**Zip Code:** 33487  
**Telephone:** 561-446-3096  
**Fax:** 888-262-0475  
**E-mail:** prodriques@americandiabetes.com  
**Website:** Americandiabetes.com

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

| Mon: 9:30 to 5:00 | Tue: 9:30 to 5:00 | Wed: 9:30 to 5:00 | Thu: 9:30 to 5:00 | Fri: 9:30 to 5:00 | Sat: N/A | Sun: N/A | Holidays: N/A |

### MDEG ADMINISTRATOR INFORMATION:

**Person in charge on a daily basis:** Peter Rodrigues

### 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 Prosthetics
- Other:

**If providing these types of services, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.**

Name:  
Telephone:  

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW ____________)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5  ☐ Sole Owner - Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: ARECIBO HEALTH MEDICAL EQUIPMENT

Physical Address: CALLE JUAN RAMON FIGUEROA #319, Arecibo PR 00612
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. BOX 2848

City: ARECIBO State: P.R. Zip Code: 00613

Telephone: (787) 817-2752  Fax: (787) 878-7368

E-mail: ahmepr@yahoo.com Website: 

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00  Tue: 8:00 to 5:00  Wed: 8:00 to 5:00  Thu: 8:00 to 5:00
Fri: 8:00 to 5:00  Sat: to  Sun: to  Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sara Santiago

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other: Medical Equipments

**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: ___________________________  Telephone: ________________________

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV  89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG)
LICENSE - CORPORATION
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

New MDEG  X  Ownership Change  ____  Name Change  ____  Location Change  ____

FACILITY INFORMATION
Facility Name:  AS Medical Equipment, Inc

Physical Address:  Zona Industrial Solar #4 Urb. Verdum Hormigueros, PR 00940
(This must be a business address, we cannot issue a license to a home address)

Mailing Address:  P.O. Box 140

City:  Hormigueros  State:  PR  Zip Code:  00940-0060

Telephone Number:  787-849-4047  Fax Number:  787-849-0537

E-mail:  info@asmedicalinc.com  Website:  www.asmedicalinc.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:  to  Sun:  to  Holidays:  to

FACILITY ADMINISTRATOR INFORMATION
Name:  Yojara Reyes Lebrón

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other:  Urological Supplies (catheters)

**If providing these types of services you are required to have in place a mechanism to ensure
continued care in the event of an emergency. Provide name and telephone number of Nevada
contact. Name:  Telephone:  

☒ Board Use Only
Received  MAY 2 2012  Amount  500.00  Entity  59943  1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW)
☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership – Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Bio Horizon Medical Inc.
Physical Address: 1970 E. Grand Avenue Suite #570, El Segundo, CA 90245
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: 1970 E. Grand Avenue, Suite #570
City: El Segundo State: CA Zip Code: 90245
Telephone: 310-321-5830 Fax: 310-321-5851
E-mail: lsuarez@biohorizonmedical.com Website: www.biohorizonmedical.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: N/A to N/A  Sun: N/A to N/A  Holidays: 8am to 5pm

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Mark Knight

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: Mark Knight  Telephone: 310-321-58

NEVADA CONTACT: Frank Garrison 703-303-6619

Page 1
Any misrepresentation in the answer to any question on this application is grounds for refusal or
denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

New MDEG  X  Ownership Change  _____  Name Change  _____  Location Change  _____

FACILITY INFORMATION

Facility Name:  CardioNet, Inc.

Physical Address:  1285 Corporate Center Drive, Suite 175

(Must be a business address, we cannot issue a license to a home address)

Mailing Address:  1285 Corporate Center Drive, Suite 175

City:  Eagan  State:  MN  Zip Code:  55121

Telephone Number:  612-225-0025  Fax Number:  866-924-2459

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon:  8:30am to 5:00pm  Tue:  8:30am to 5:00pm  Wed:  8:30am to 5:00pm

Thu:  8:30am to 5:00pm  Fri:  8:30am to 5:00pm  Sat:  _ to _  Sun:  _ to _  Holidays:  _ to _

FACILITY ADMINISTRATOR INFORMATION

Name:  Greg Tripodi

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 Prosthetics
Other:  Mobile Cardiac Monitors

**If providing these types of services you are required to have in place a mechanism to ensure
continued care in the event of an emergency. Provide name and telephone number of Nevada
contact. Name:  Telephone:  

Board Use Only
Received  APR 04 2012  Amount  500.00  Entity  59718
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☐ Ownership Change
  (Please provide current license number if making changes: MP or MW__________)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership – Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5  ☐ Sole Owner – Pages 1,2,3,7
  Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Care Health Solutions DBA Acts Pharmacy

Physical Address: 6630 NE 112th Ct Suite 103 Vancouver WA 98662
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6630 NE 112th Ct Suite 103

City: Vancouver State: WA Zip Code: 98662

Telephone: 360-694-7377 Fax: 816-296-0293

E-mail: lega.mack@actspharmacy.com Website: ____________________________

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 7  Tue: 8 to 7  Wed: 8 to 7  Thu: 8 to 7
Fri: 8 to 7  Sat: 9 to 5  Sun: 9 to 5  Holidays: 9 to 5

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Megan Waletich

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other: __________________________

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: __________________________  Telephone: __________________________

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW
☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership – Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Diabetic Warehouse, LLC
Physical Address: 3839 Old US Hwy 45N Suite B
(Mailing Address: 3839 Old US Hwy 45N Suite B
City: Meridian State: MS Zip Code: 39301
Telephone: 601-474-3300 Fax: 601-474-3310
E-mail: steve@diabeticwarehouse.org Website: ________________

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8:00 to 5:00 Tues: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00
Fri: 8:00 to 5:00 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Steve Andrews / Stacy Klinker

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: __________________________

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: __________________________ Telephone: 601-474-3310

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

FACILITY INFORMATION
Facility Name: GRAND STREET PHARMACEUTICAL LLC
Physical Address: 215-7 GRAND ST., NEW YORK, NY 10013
(Must be a business address, we cannot issue a license to a home address)
Mailing Address: 215-7 GRAND ST.,
City: New York State: NY Zip Code: 10013
Telephone: 212-625-9505 Fax: 212-625-9509
E-mail: bchoi@yahoocom Website: 

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9:00 to 7:30 Tue: 9:00 to 7:30 Wed: 9:00 to 7:30 Thu: 9:00 to 7:30
Fri: 9:00 to 7:30 Sat: 9:00 to 7:30 Sun: 9:00 to 7:30 Holidays: 9:00 to 5:00

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: BING CHUNG

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: __________________________

**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: BING CHUNG Telephone: 212-625-9505
Page 1 917-972-6663
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW___________)
☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION
Facility Name: Howell's Medical Equipment Supply
Physical Address: 630 Meriweather Rd Suite A Milledgeville, GA 31061
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: 630 Meriweather Rd, Ste. A
City: Milledgeville State: Ga. Zip Code: 31061
Telephone: (478) 414-1230 Fax: (478) 454-4077
E-mail: HowellT@Hotmail.com Website: ____________________________

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 to 5  Tue: 9 to 5  Wed: 9 to 5  Thu: 9 to 5  Fri: 9 to 5  Sat: to  Sun: to  Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Latonya N. Howell

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other: _________________________________
**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: ______________________ Telephone: __________________________
Page 1

59945
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG   ☐ Ownership Change   ☐ Name Change   ☐ Location Change
(Please provide current license number if making changes: MP or MW ___________)

☐ Publicly Traded Corporation – Pages 1,2,3,4   ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b   ☐ Solo Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Joerns LLC

Physical Address: 19748 Dearborn Street
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 19748 Dearborn St

City: Chatsworth State: CA Zip Code: 91311

Telephone: 800-966-6662 Fax: 800-232-9796

E-mail: ______________________________ Website: www.joerns.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: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Karen Brown

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: _______ Negative Pressure Wound Therapy

**If providing these types of services you are required to have in place a mechanism to ensure
continued care in the event of an emergency. Provide name and telephone number of Nevada
contact. Name: N/A Telephone: N/A
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG    □ Ownership Change
(Provide current license number if making changes: MP or MW______________)

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

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: KCI USA, Inc.
Physical Address: 780 W. Belden Ave., Suite K, Addison, IL 60101
(Must be a business address, we cannot issue a license to a home address)
Mailing Address: 6103 Farimont Drive
City: San Antonio    State: Texas    Zip Code: 78249

Telephone: (210) 255-6524    Fax: (210) 255-6121
E-mail: minerva.mendoza@kciil.com    Website: www.kciil.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: ____________ to ____________  Tue: ____________ to ____________  Wed: ____________ to ____________  Thu: ____________ to ____________
9-12 & 1-4  9-12 & 1-4  9-12 & 1-4  9-12 & 1-4
Fri: ____________ to ____________  Sat: ____________ to ____________  Sun: ____________ to ____________  Holidays: ____________ to ____________
24 hour on call services

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Doolin

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

☐ Medical Gases**    ☐ Assistive Equipment
☐ Respiratory Equipment**    ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**    ☐ Orthotics and Prosthetics
☐ Diabetic Supplies

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: KCI USA, Inc.
Telephone: 1-800-275-4524

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW________)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership – Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: KCI USA, Inc.

Physical Address: 15000 Grand River Road, Suite 101, Fort Worth, Texas 76155
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6103 Farimon Drive

City: San Antonio  State: Texas  Zip Code: 78249

Telephone: (210) 255-6524  Fax: (210) 255-6121

E-mail: minerva.mendoza@kcil.com  Website: www.kcil.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9-12 & 1-4  Tue: 9-12 & 1-4  Wed: 9-12 & 1-4  Thu: 9-12 & 1-4
Fri: 9-12 & 1-4  Sat: 24 hour on call services  Sun:  to  Holidays:  to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Donald Doll

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other: Wound VAC (Vacuum Assisted Closure)

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: KCI USA, Inc.

Telephone: 1-800-275-4524

Page 1

59901
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☐ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW__________)
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: KCI USA, Inc.
Physical Address: 3134 S. East Ave., Suite 103, Fresno, CA 93725
(This must be a business address, we will not issue a license to a home address)
Mailing Address: 6103 Farion Drive
City: San Antonio State: Texas Zip Code: 78249
Telephone: (210) 255-6524 Fax: (210) 255-6121
E-mail: minerva.mendoza@kcii.com Website: www.kcii.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

<table>
<thead>
<tr>
<th>Mon: 9-12 &amp; 1-4</th>
<th>Tue: 9-12 &amp; 1-4</th>
<th>Wed: 9-12 &amp; 1-4</th>
<th>Thu: 9-12 &amp; 1-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fri: 9-12 &amp; 1-4</td>
<td>Sat: 24 hour on call services</td>
<td>Sun: to</td>
<td>Holidays: to</td>
</tr>
</tbody>
</table>

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: David Romero

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: Wound VAC (Vacuum Assisted Closure)

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: KCI USA, Inc.
Telephone: 1-800-275-4524

Page 1

59900
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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☐ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW__________)
☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name:  KCI USA, Inc.

Physical Address:  1761 South 900 West, Suite 75, Salt Lake City, UT 84104
(This must be a business address, we cannot issue a license to a home address)

Mailing Address:  6103 Farinon Drive

City:  San Antonio  State:  Texas  Zip Code:  78249

Telephone:  (210) 255-6524  Fax:  (210) 255-6121

E-mail:  minerva.mendoza@kci1.com  Website:  www.kci1.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon:  9-12 & 1-4  Tue:  9-12 & 1-4  Wed:  9-12 & 1-4  Thu:  9-12 & 1-4
Fri:  9-12 & 1-4  Sat:  24 hour on call services  Sun:  to  Holidays:  to

MDEG ADMINISTRATOR INFORMATION:  Person in charge on a daily basis

Name:  Laurie Pearson

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

☐ Medical Gases**  ☐ Made Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other:  Wound VAC (Vacuum Assisted Closure)

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name:  KCI USA, Inc.
Telephone:  1-800-275-4524

Page 1

59899
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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New MDEG  □ Ownership Change
(Please provide current license number if making changes: MP or MW__________)
□ Publicly Traded Corporation – Pages 1,2,3,4  □ Partnership – Pages 1,2,3,6
□ Non Publicly Traded Corporation – Pages 1,2,3,5  □ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Life Line Medical Supply

Physical Address: 805 W. Price Rd., Ste C-1 Brownsville, TX 78526
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 805 W. Price Rd., Ste C-1
City: Brownsville State: TX Zip Code: 78526

Telephone: (956) 504-1300 Fax: (866) 332-9151

E-mail: darredondo@lifelinenmedical.us Website: www.lifelinenmedical.us

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8:30am to 4:30pm Tue: 8:30am to 4:30pm Wed: 8:30am to 4:30pm Thu: 8:30am to 4:30pm
Fri: 8:30am to 4:30pm Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Diana Arredondo, Operations Manager

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

□ Medical Gases**  □ Assistive Equipment
□ Respiratory Equipment**  □ Parenteral and Enteral Equipment**
□ Life-sustaining equipment**  □ Orthotics and Prosthetics
□ Diabetic Supplies  Other: ________________________________

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: __________________________ Telephone: __________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
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☐ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW __________)
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION
Facility Name: Med-Fast Homecare
Physical Address: 2003 Sheffield Rd Aliquippa, PA 15001
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 2003 Sheffield Rd
City: Aliquippa State: PA Zip Code: 15001
Telephone: 724-378-5325 Fax: 724-378-5312
E-mail: Parklyy@medfast.com Website: www.medfast.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 to 7 Tue: 9 to 7 Wed: 9 to 7 Thu: 9 to 7
Fri: 9 to 7 Sat: 9 to 4 Sun: 10 to 2 Holidays: NIA Holiday Hours
☐ Closed Major Holiday

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Douglas Kaleugher

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assisitive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☒ Diabetic Supplies
Other: ______________________________________

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: __________________________ Telephone: __________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
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Application must be printed legibly or typed

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FACILITY INFORMATION
Facility Name: Monserrate Sales and Rental Equipment, Inc.
Physical Address: 1517 Parana, San Juan, PR 00926
(Must be a business address, we cannot issue a license to a home address)
Mailing Address: PO BOX 366148
City: San Juan State: PR Zip Code: 00936-6148
Telephone: 787-754-0449 Fax: 787-751-4204
E-mail: lclas@monserratesales.com Website:

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8am - 5pm Tue: 8am to 5pm Wed: 8am to 8pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: 8am to 5pm Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Evelyn Badillo

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☒ Diabetic Supplies

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: ___________________________ Telephone: ___________________________

Page 1

59950
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.

Facility Information

Facility Name: Nationwide Diabetic, Inc.
Physical Address: 777 Shotgun Rd, Sunrise, FL 33326
Mailing Address: 777 Shotgun Rd
City: Sunrise State: FL Zip Code: 33326
Telephone: 1-800-693-7573 Fax: 1-800-693-2696
E-mail: davidkrop@nationwide diabetic.com Website: www.nationwide diabetic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 10 to 4 Tue: 10 to 4 Wed: 10 to 4 Thu: 10 to 4
Fri: 10 to 4 Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: David Plante

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: 

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: N/A Telephone: N/A

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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☐ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW____________________)

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

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION
Facility Name: NOAH Respiratory, LLC
Physical Address: 404 B McLemore Ave. ste 4, Spring Hill, TN 37174
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: ____________________________
City: ____________________________ State: __________ Zip Code: ______________
Telephone: 931-487-9104 Fax: 931-487-9799
E-mail: slankford@noah.net  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
Fri: 8 to 5  Sat: ______ to ______  Sun: ______ to ______  Holidays: ______ to ______

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Jenny White

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other: ____________________________

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: ____________________________ Telephone: ____________________________

Page 1

59774
FACILITY INFORMATION

Facility Name:  Palmetto Oxygen, LLC

Physical Address:  104 corporate blvd, #402, West Columbia, SC 29169

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

Mailing Address:  430 Woodruff Road, #450

City:  Greenville  State:  SC  Zip Code:  29607

Telephone:  803-926-0252  Fax:  803-926-0236

E-mail:  N/A  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:  - to  -  Sun:  - to  -  Holidays:  - to  -

MDEG ADMINISTRATOR INFORMATION:  Person in charge on a daily basis

Name:  Ken Magee

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other: CPAP, Respiratory Assist Devices

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name:  

Telephone:  

Page 1
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

New MDEG ☑ Ownership Change ☐
(Please provide current license number if making changes: MP or MW________)
☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Pos-T-Vac Medical Inc.
Physical Address: 500 Park Street
(Must be a business address, we cannot issue a license to a home address)
Mailing Address: P.O. Box 14310
City: Dodge City State: KS Zip Code: 67801
Telephone: 620-227-7434 Fax: 620-227-8474
E-mail: erect@postvac.com Website: www.postvac.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8AM to 8PM  Tue: 8AM to 8PM  Wed: 8AM to 8PM  Thu: 8AM to 8PM
Fri: 8AM to 8PM  Sat: _______ to _______  Sun: _______ to _______  Holidays: _______ to _______

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Dennis Bell

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other: Male Vacuum Erection Device

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: N/A Telephone: N/A
Application must be printed legibly or typed.

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

FACILITY INFORMATION

Facility Name: Philips Medical Systems (Cleveland), Inc.
Physical Address: 603 Alpha Drive, Highland Heights, OH 44143
Mailing Address: 595 Miner Road, Attention: Logistics
City: Highland Heights, State: OH, Zip Code: 44143
Telephone: 440-483-3000, Fax: 440-483-2452
E-mail: bill.boykin@philips.com, Website: www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7 am to 5 pm, Tue: 7 am to 5 pm, Wed: 7 am to 5 pm, Thu: 7 am to 5 pm,
Fri: 7 am to 5 pm, Sat: -- to --, Sun: -- to --, Holidays: -- to --

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Bill Boykin, Director of Logistics

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: Medical Device Imaging Systems **If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: __________________________ Telephone: __________________________

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW _____________)
☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION
Facility Name: Philips Refurbished Systems, a division of Philips Electronics North America Corporation
Physical Address: 603 Alpha Drive
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: Same
City: Highland Heights  State: OH  Zip Code: 44143
Telephone: 440-483-1200  Fax: 440-483-2452
E-mail: bob.small@philips.com  Website: www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 7 am to 5 pm  Tue: 7 am to 5 pm  Wed: 7 am to 5 pm  Thu: 7 am to 5 pm
Fri: 7 am to 5 pm  Sat: -- to --  Sun: -- to --  Holidays: -- to --

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Robert Small

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other: Refurbished Medical Devices
**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: __________________________  Telephone: __________________________
Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV  89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW
☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name:  PRO MEDICAL EAST
Physical Address:  1429 COUNTY LINE RD, ROSEMONT, PA 19010
(This must be a business address, we cannot issue a license to a home address)
Mailing Address:  1429 COUNTY LINE RD, ROSEMONT,
City:  ROSEMONT  State:  PA  Zip Code:  19010
Telephone:  610-595-3162  Fax:  610-525-4009
E-mail:  JFDIMARCO@AOL.COM  Website:  PMEDIABTEES.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:  - to  -  Sun:  - to  -  Holidays:  - to  -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name:  JOHN DIMARCO, CPED

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☒ Diabetic Supplies (Mail order only)  Other:  
**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name:  N/A  Telephone:  N/A

Page 1

59773
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

[ ] New MDEG    [ ] Ownership Change
(Please provide current license number if making changes: MP or MW________)  

[ ] Publicly Traded Corporation – Pages 1,2,3,4    [ ] Partnership - Pages 1,2,3,6
[ ] Non Publicly Traded Corporation – Pages 1,2,3,5    [ ] Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Roadrunner Mobility Inc.

Physical Address: 39400 Taylor Parkway North Ridgeville, Ohio 44039
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 39400 Taylor Parkway North Ridgeville, Ohio 44039

City: North Ridgeville     State: Ohio     Zip Code: 44039-6263
Telephone: 888-497-2100     Fax: 888-997-0779
E-mail: customerservice@Roadrunnermobility.com
Website: Roadrunnermobility.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8:00 to 5:00    Tue: 8:00 to 5:00    Wed: 8:00 to 5:00    Thu: 8:00 to 5:00
Fri: 8:00 to 5:00    Sat: 00 to 00     Sun: 00 to 00
Holidays: 00 to 00

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Ken Eastlick

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

[ ] Medical Gases**    [ ] Assistive Equipment
[ ] Respiratory Equipment**    [ ] Parenteral and Enteral Equipment**
[ ] Life-sustaining equipment**    [ ] Orthotics and Prosthetics
[ ] Diabetic Supplies    Other: Service Power Wheelchairs

*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: ____________________________ Telephone: ____________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV  89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☐ Ownership Change
  (Please provide current license number if making changes: MP or MW____________________)
☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name:  Woodward TherapyCare, Inc.
Physical Address: 1117 Perimeter Center West, Ste W514
(This must be a business address, we cannot issue a license to a home address)
Mailing Address:  same as above
City:  Atlanta  State:  GA  Zip Code:  30338-5445
Telephone:  877-710-6999  Fax:  404-592-8880
E-mail:  anaful@watermarkmedical.com  Website:  www.watermarkmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon:  9am to 6pm  Tue:  9am to 6pm  Wed:  9am to 6pm  Thu:  9am to 6pm
Fri:  9am to 6pm  Sat:  to  Sun:  to  Holidays:  to

MDEG ADMINISTRATOR INFORMATION:  Person in charge on a daily basis
Name:  Angie Naful

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other:  CPAP

**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency.  Provide name and telephone number of Nevada contact.
Name:  ____________________________  Telephone:  ____________________________

Page 1
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR NEVADA PHARMACY LICENSE  
PUBLICLY TRADED CORPORATION  
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier's check only)  
Application must be printed legibly or typed  
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy  X  Ownership Change ____  Name Change ____  Location Change ____  
(Please provide current license number if making changes: PH____)

GENERAL INFORMATION

Pharmacy Name:  CARSON TAHOE CANCER CENTER PHARMACY  
Physical Address:  1535 MEDICAL PARKWAY  
Mailing Address:  
City:  CARSON CITY  State:  NV  Zip Code:  89703  
Telephone Number:  775-445-8650  Fax Number:  
Toll Free Number:  N/A  
E-mail:  WAYNE.MITCHELL@CTNH.ORG  Website:  WWW.CARSONTAHOE.COM  
Managing Pharmacist:  KEVIN  License Number:  17333

Hours of Operation:

Monday thru Friday 8 am 3 pm  Saturday  X am  X pm  
Sunday  X am  X pm  24 Hours  X

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Retail</td>
<td>□ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☑ Hospital (# beds ___)</td>
<td>☑ Parenteral</td>
</tr>
<tr>
<td>☑ Internet</td>
<td>☑ Parenteral (outpatient)</td>
</tr>
<tr>
<td>□ Nuclear</td>
<td>□ Outpatient/Discharge</td>
</tr>
<tr>
<td>□ Out of State</td>
<td>□ Mail Service</td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
<td>☑ Long Term Care</td>
</tr>
</tbody>
</table>

Board Use Only  
Received: MAY 17 2012  
Amount: 500.00  
Entity: 600060
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the
application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy  ☐ Ownership Change  ☐ Name Change  ☐ Location Change
(please provide current license number if making changes: PH____)  

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b  ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b  ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: MB M DRUG STORE, LLC
Physical Address: 3430 E. TROPICANA AVE LAS VEGAS, NV 89121
Mailing Address: 2768 TYNDALM AVE
City: Henderson  State: NV  Zip Code: 89121
Telephone: 702-576-9540  Fax: 702-834-6546
Toll Free Number: 805-4-WELEY
E-mail: LENDING  Website: LENDING
Managing Pharmacist: HANG THUONG  License Number: 16849

Hours of Operation:
Monday thru Friday 9 am 6 pm  Saturday  _______ am  _______ pm
Sunday  _______ am  _______ pm  24 Hours _______

TYPE OF PHARMACY
☐ Retail  ☐ Off-site Cognitive Services
☐ Hospital (# beds ___)  ☐ Parenteral
☐ Internet  ☐ Parenteral (outpatient)
☐ Nuclear  ☐ Outpatient/Discharge
☐ Out of State  ☐ Mail Service
☐ Ambulatory Surgery Center  ☐ Long Term Care
GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: WCARE PHARMACY

Physical Address: 4845 S RAINBOW BLVD #403 LAS VEGAS NV 89103

Mailing Address: 10248 HUXLEY CROSS LN

City: LAS VEGAS State: NV Zip Code: 89144

Telephone: 702-806-7302 Fax: 702-658-8403

Toll Free Number: 

E-mail: iykeoke@wcarepharmacy.com Website: 

Managing Pharmacist: John Ikechukwu Okoye License Number: 13980

Hours of Operation:

Monday thru Friday ___9 am ___6 pm Saturday ___9 am ___3 pm
Sunday closed ___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

Page 1
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.

ELBION ESTRIN, R.Ph.,
Certificate of Registration #03573,

CVS/PHARMACY #4691,
Certificate of Registration #PH02471,

NOTICE OF INTENDED ACTION
AND ACCUSATION

Respondents.

Case No. 12-015-RPH-N
Case No. 12-015-PH-N

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 Elbion Estrin is a pharmacist licensed by the Board and CVS/Pharmacy #4691 (CVS #4691) is a pharmacy licensed by the Board, located at 5151 Sparks Boulevard, Sparks, Nevada.

II.

On or about January 31, 2012, Jennifer Childs saw her physician, Dr. James Schaupp, for treatment of pain and swelling of her left foot. Ms. Childs was prescribed 50 mg. diclofenac potassium tablets with instructions to take one tablet by mouth twice daily as needed. Dr. Schaupp electronically transmitted the prescription however inadvertently sent it to the wrong CVS pharmacy. Later that same day it was faxed to the intended CVS pharmacy #4691. Ms. Childs picked up the prescription from CVS #4691 and ingested 10 tablets from what she was given and experienced several

-1-
adverse effects including dry mouth, dizziness, hand tremors, extreme fatigue, blurred vision, constipation and night sweats before it was discovered that she received and ingested 50 mg. amitriptyline tablets rather than the diclofenac potassium tablets that she was prescribed.

III.

During the investigation of this matter it was found that one pharmaceutical technician had input the prescription information and generated a label set. A second pharmaceutical technician pulled the stock bottle, counted and filled the prescription. It was then verified by Mr. Estrin. The label set accurately reflected the prescriber’s order and it was assumed the error took place during the counting and filling production process. Although the pharmacy’s computer system does not provide exact times for prescription fills it was discovered that another patient had a prescription for 50 mg. amitriptyline tablets and 10 mg. lisinopril tablets filled at CVS #4691 that same day. The refill log showed only the label for lisinopril and not the label for amitriptyline for the other patient and Ms. Childs label for diclofenac potassium, even though it is CVS’s policy to put all labels, new and refill, in the refill log. It is assumed that the amitriptyline prescription and the diclofenac potassium prescriptions were being filled at the same time and that the stock bottles were switched during the filling process.

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the instructions of Ms. Child’s physician by verifying and dispensing her prescription for 50 mg. tablets of diclofenac potassium with 50 mg. tablets of amitriptyline, Mr. Estrin violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).
SECOND CAUSE OF ACTION

V.

In owning and operating the pharmacy in which Mr. Estrin verified and dispensed Ms. Childs prescription for 50 mg. diclofenac potassium tablets with 50 mg. amitriptyline tablets, CVS #4691 violated NRS 639.210(4) and/or NAC 639.945(1)(d) 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 ___ day of May, 2012.

[Signature]

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. 

ELBION ESTRIN, R.Ph.,
Certificate of Registration #03573,

Case No. 12-015-RPH-N

Respondent.

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

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, June 6, 2012 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 3rd day of May, 2012.

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
ELBION ESTRIN, R.Ph.,                                                 NOTICE OF DEFENSE
Certificate of Registration #03573,                                  Case No. 12-015-RPH-N

Respondent.

Respectfully submitted,

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 did not follow company procedure because in the past I have been asked to do illegal things. I did not trust them to ask me to do illegal things. I admit I misfilled a prescription. We were extremely busy, and when I asked for additional help, I was refused the request.

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 15 day of May, 2012.

Elbion Estrin, R.Ph.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner,

v.

ELBION ESTRIN, R.PH.
Certificate of Registration No. 03573

CVS PHARMACY #4691
Certificate of Registration No. PH02471

Respondents.

COMES NOW Respondent CVS Pharmacy #4691 ("CVS") by and through counsel, Michael W. Dyer, of Dyer, Lawrence, Penrose, Flaherty, Donaldson & Prunty, and hereby responds to the Notice of Intended Action and Accusation, filed on May 3, 2012, ("Accusation") by Petitioner, the Nevada State Board of Pharmacy ("Board"). This Response will serve as Respondent’s Answer and Notice of Defense pursuant to NRS 639.244. Respondent hereby declares:

1. That a hearing on the Accusation is requested.

2. That Respondent CVS objects to the Accusation as failing to state clearly the charges and/or failing to state a claim, which is hereby interposed based upon the specific grounds and reasons addressed in the answers to the individual Paragraphs of the Accusation.

3. That, in answer to the Accusation, Respondent CVS admits, denies, and alleges as follows:

   ///

   ///

   1 Respondent Elbion Estrin is not represented by CVS or its counsel, Michael W. Dyer, of Dyer, Lawrence, Penrose, Flaherty, Donaldson & Prunty.
I.

Respondent CVS admits the allegations in Paragraph I.

II.

Answering Paragraph II of the Accusation, Respondent CVS admits that on or about January 31, 2012, Dr. James Schaupp prescribed for Patient C 30 tablets of 75 mg diclofenac sodium with instructions to take one tablet by mouth twice daily as needed. Respondent CVS admits that the prescription was received by and filled at CVS #4691, that the prescription was picked up from CVS #4691, and that Patient C was given 30 tablets of 50 mg amitriptyline. Respondent CVS is without sufficient information or belief to form an answer with regard to the remaining allegations in Paragraph II and therefore denies the same.

III.

Answering Paragraph III of the Accusation, Respondent CVS admits that Mr. Estrin verified the prescription. Respondent CVS denies that the label set accurately reflected the prescription. Respondent CVS admits that another patient had a prescription for 50 mg amitriptyline tablets that was refilled that day at CVS #4691. Respondent CVS is currently without sufficient information or belief to form an answer with regard to the remaining allegations in Paragraph III and therefore denies the same. Respondent CVS is currently investigating the allegations in Paragraph III of the Accusation, and will amend its Answer to Paragraph III when it has sufficient information to admit or deny the remaining allegations.
FIRST CAUSE OF ACTION

IV.

The First Cause of Action does not make any assertion concerning CVS; therefore, CVS does not make any response to the First Cause of Action. To the extent that CVS is required to admit or deny the allegations in the First Cause of Action, CVS denies the allegations.

SECOND CAUSE OF ACTION

V.

Respondent CVS denies the allegations in the Second Cause of Action that it violated NRS 639.210(4) and/or NAC 639.945(1)(d) and (i) and (2) by “owning and operating the pharmacy in which” a violation of NRS or NAC Chapter 639 is alleged to have occurred. The Accusation fails to state any allegation that CVS itself performed any act incompetently, directed, approved or condoned the actions alleged to have been taken by Mr. Estrin, or failed to take any action required of CVS. Therefore, the allegation that CVS violated NRS 639.210(4) and NAC 639.945(1)(d) and (i) constitutes a violation of due process and NRS 639.241(2) (the Board's duty to “set forth in ordinary and concise language the acts or omissions with which the respondent is charged”) and fails to state a claim. CVS further denies that NAC 639.945(2) enables the Board to impose strict liability upon CVS by taking disciplinary action against the CVS pharmacy license based solely on the fact that CVS owned and operated the pharmacy in which a violation of NRS or NAC Chapter 639 is alleged to have occurred. Accordingly, CVS has not violated NRS 639.210(4) and/or NAC 639.945(1)(d) and (i) and (2), and CVS denies the allegations that it has done so and demands strict proof of the evidence on which such allegations are based.

///
WHEREFORE Respondent requests a hearing before the Nevada State Board of Pharmacy regarding the Notice of Intended Action and Accusation filed by Petitioner.

Dated this 17th day of May 2012.

DYER, LAWRENCE, PENROSE, FLAHERTY, DONALDSON & PRUNTY

By

Michael W. Dyer
Todd E. Reese
Attorneys for Respondent
CVS Pharmacy #4691
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,
Case No. 11-068-RPH-N

SAVE MART PHARMACY #551,
Certificate of Registration #PH01036,
Case No. 11-068-PH-N

Respondents.

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Robert Mai is a pharmacist licensed by the Board and Save Mart Pharmacy #551 (Save Mart #551) is a pharmacy licensed by the Board, located at 4348 South Carson Street, Carson City, Nevada.

II.

On or about June 28, 2011, Bernadette Nieto filed a complaint with the Board on behalf of her daughter, Reana Sallee. Ms. Nieto called in a refill of Ms. Sallee’s gabapentin 600 mg. tablets (Neurontin) on June 8, 2011. When Ms. Nieto arrived at Save Mart #551, the prescription had not yet been filled, she waited at the counter until pharmacy staff completed the fill and left the pharmacy with the medication she was given. Within days of ingesting the medication she received from Save Mart #551, Ms. Sallee began to suffer frequent seizures. On the morning of June 27, 2011, Ms. Sallee
fell and hit her head above her left eye causing the area to become red and swollen. Ms. Sallee was seen by her physician that same morning at which time it was discovered that her prescription had been misfilled with gemfibrozil. Ms. Sallee had ingested 49 gemfibrozil tablets.

III.

During the investigation of this matter it was found that a pharmaceutical technician had selected gemfibrozil from the shelf rather than the gabapentin. When the pharmaceutical technician entered the NDC number into the computer an alert was generated advising that the substitute GPI was not equivalent to the GPI prescribed. It was learned from Mr. Mai that the pharmaceutical technician was familiar with his personal identifier code and she used the code to clear the warning and continued with the prescription fill. The computer system accepted the override and subsequently generated a label set identifying gemfibrozil as a generic equivalent for Neurontin. Mr. Mai verified the prescription and affixed an advisory sticker to the front of the label that read “This is the same medication that you have been getting. Color, size or shape may appear different.”

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the instructions of Ms. Sallee’s physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC 639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).
THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Save Mart #551 violated NRS 639.210(4) and/or NAC 639.945(1)(d) 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 \text{30th} day of April, 2012.

\begin{flushright}
\text{Larry L. Pinson, Executive Secretary}\\
\text{Nevada State Board of Pharmacy}
\end{flushright}

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

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,
Respondent.
Case No. 11-068-RPH-N

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, June 6, 2012 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 30\textsuperscript{th} day of April, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Respondent.

ANSWER AND
NOTICE OF DEFENSE

Case No. 11-068-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 _________________, 2012.

_______________________________

Robert Mai, R.Ph.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SAVE MART PHARMACY #551,
Certificate of Registration #PHO1036,

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

As to First Cause of Action, paragraph IV Save Mart Supermarkets does not contest to the assertions at this time.
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 11th day of May, 2012.

______________________________
Type or Print Name

[Signature]
for Save Mart #551
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SAVE MART PHARMACY #551,
Certificate of Registration #PHO1036,

Respondent.

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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

As to Second Cause of Action, paragraph V Save Mart Supermarkets does not contest to the assertions at this time.
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 11th day of May, 2012.

Robert Vaughan

[type or print name]

for Save Mart #551
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SAVE MART PHARMACY #551,
Certificate of Registration #PHO1036,

Respondent.

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ANSWER AND
NOTICE OF DEFENSE

Case No. 11-068-PH-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)

As to Third Cause of Action, paragraph VI Save Mart Supermarkets contests and requests a hearing to address the mitigating circumstances. Save Mart Supermarkets has policy and procedures in place at all times that clearly define verifying and dispensing medications, in addition to policies for password protections. Save Mart takes these matters very seriously and has a long standing commitment to patient safety & quality assurance.
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 11 day of May, 2012.

[Signature]

Robert Vaughan

type or print name

for Save Mart #551

-2-
June 6, 2012

State Board of Pharmacy

and Nevada

ARRA HiTech Act
Informational Items and Resources

- Senate Bill 43 (2011)
- E-Residency EPRx Data provided to State HIE grantees
- E-Prescribing

Cooperative Agreement

ARRA HITECH State Health Information Exchange (HIE)

Meaningful Use Requirements

Clinical Health Act of 2009 (HITECH)

ARRA Health Information Technology for Economic and

Agenda
Reduced health care costs
Increased efficiency of care provision and administrative efficiencies
Quality, safe, coordinated care providers and payers
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and its secure exchange among and between health care consumers,
Medicare providers may also receive payments from
Medicaid patient load.

Qualifying Hospitals - stipulated reimbursements based on
Implementation, training, and maintenance costs

Qualifying Providers - Reimbursement of up to 85% HIT

Medicare from both Medicare and Medicaid
other ARRA sources, and hospitals may receive

Beginning 2011 and through 2015, qualifying Medicare
The three stages of MU criteria each include both a core set and a menu of objectives that are specific to eligible professionals or eligible hospitals and CAHs.

**Definition**: Providers need to show they are using Federally-certified EHR technology in ways that can be measured by meaningful use.

Point of care: It is accomplished through the exchange and use of health information for effective clinical decisions at the time and location of care.

**Intent**: Better health care does not come from the adoption of HIT. It comes from the meaningful use of HIT.

- Meet MU criteria
- Exchange health information electronically
- Use a Federally-certified EHR system
- SMART (specific, measurable, achievable, relevant, and time bound) states that a meaningful user must:

Meaningful Use (MU)
First Incentive Payment Year: 2015
Access to comprehensive patient data
Patient access to self-management tools
Decision support for national high priority conditions
Performance level
Improving quality, safety, and efficiency by requiring physicians to meet a minimum expected

Stage 3:
First Incentive Payment Year: 2013
Increased thresholds required

Stage 2: Meaningful Use Stage 2 Core Set with
Stage 1 Meaning Set of objectives/measures will be transitioned into Stage 2 Core Set with
The electronic exchange of information in the most structured format possible
The use of health IT for continuous quality improvement at the point of care

Stage 1: Meaningful Use Stages
First Incentive Payment Year: 2011
Priority Areas: Improve quality, safety, efficiency and care coordination, reduce health disparities, and engage patients and families in health care
Care coordination purposes
Electronically capturing health information in a coded/structured format, using that information to track key clinical conditions, and communicating that information for

Meaningful Use Stages
Medication allergy list

Medication list

Drug formulary checks

ERx required for Inpatient

Ambulatory and Inpatient – Unchanged

Drug-drug and drug-allergy interaction checks

ERx now required for Ambulatory

Ambulatory and Inpatient – Revised

Access to Imaging: ERx (for discharge)

Electronic Notes: Electronic medication administration record

Inpatient only – New

New

Goal: ERx systems fully integrated with EHRs

Certification Criteria 2014

NPRM: EHR Standards 8
SHIE Program Priorities

Agreement (escalating match requirement)

Nevada DHSS-DO received 4-YR $6,133,426 Cooperative

Interstate and nationwide HIE by January 1, 2014

GOAL: statewide infrastructure that enables intra-state, providers and payers

Agreement of infrastructure for HIE across health care systems

- 4-Year awards to states and territories for the development and
Supported by Senate Bill 43 (2011)

• Components
  • DHHS will contract with HIE governing entity to meet specific plan
  • or not-for-profit
  • Participating community/regional HIEs must be certified (can be for-profit)

• DHHS Director is State HIT Authority

• Will implement and oversee the statewide HIE system (a network of not-for-profit businesses, offering core/common services)

• HITExCH-Required HIE governing entity and board will be established as
  • Long-term strategy (sustainability)

• A business plan, with short-term goals (HITExCH Act requirements) and
  • Key elements

Posted in its entirety at: https://dhhs.nv.gov/HITPlan

For Health IT (ONC) on May 19, 2011

Approved by Federal HHS/Office of the National Coordinator

Nevada State HIT Plan
Develop standards and requirements for trusted services

Resolve policy issues, especially those related to privacy,

Interstate HIE

Washington

Satellite States: Colorado, Florida, Idaho and Mexico, and Utah

Core States: Alaska, Arizona, Hawaii, Nevada, New

Pilot States: California and Oregon

Western States Consortium for

Interstate HIE
anticipated late summer

NV Medicaid EHR Incentive Program go-live date •

for not using RX in all applicable situations

Beginning in 2015, decreased Medicare Reimbursements •

1 of 15 Meaningful Use Core Objectives •

e-Prescribing (eRX) – Status
SURESCRIPTS Data
-e-Prescribing (ERX) –

by ZIP Code
Total number of prescriptions electronically transmitted
Number of active e-Prescribers
ERX-enabled and ERX-active pharmacists
ERX data that includes:
State grants are provided retrospective monthly state
SURESCRIPTS tracks and reports ERX activity nationwide
379,690 prescriptions were routed electronically.

ERX-enabled entities totaled 2,215.

April 2012 Data

Note: Eligible pharmacies exclude:
- Health providers/facilities closed dispensers
- Mail Order and Medical Device Fulfillment

95% are e-Rx active
(439 of 449)

98% of NV's eligible pharmacies are ERX-enabled.
NY Board of Pharmacy

June 6, 2012

promulgate regulations and certify participating HIEs
Designates DHHS Director as State HIT Authority, authorized to

of information, via HIE

Stipulates opt-in informed consent for electronic exchange

system

establishment of the HIE governing entity and statewide HIE

Aligns with ONC-approved State HIT Plan, authorizing the

NRS 439.581-595

Agreement

and conditions of Nevada’s State HIE Cooperative

Establishes the framework for DHHS to meet the terms

and HIPAA

Supports the requirements of the ARRA HITCO Act

Harmonizes applicable state and federal laws

Signed into law June 13, 2011, effective immediately

HIT/E Enabling Legislation

Senate Bill 43 (2011)
The electronic transmission of a prescription for a dangerous drug, which must be consistent with Federal law and the provisions of

NRS 439.587(1)(e): The DHHS Director shall "Prescribe by regulation, in

NRS 439.581 to 439.595, inclusive, and the regulations adopted pursuant

to NRS 454.223(4), "The Board shall adopt regulations

Completed - NRS 454.223(4)

Regulations expected to be promulgated Summer 2013

Coordination with Phase I HIE Implementation

DHHS to work with group to develop pilot form for testing. Fall 2012

Standards for electronic prior authorization form, including recommended fields

Prescription medications

Standards for the electronic transmission of prior authorization requests for applicable

Industry-led workgroup has presented DHHS with recommendations

Health Information Exchange

transmission of prior authorizations for prescription medication using a

consultation with the State Board of Pharmacy, standards for the electronic

SB 43 Provisions
NRS 639.2353(5)(c): Drug Substitutions submitted electronically
NRS 639.2353(6)(c): No signature required for prescriptions
Substance prescriptions
NRS 639.2353(5): Electronic transmission of controlled
a prescription to a pharmacy
NRS 639.0745(2): Electronic transmission of a prescription from
Pharmacy
NRS 453.383(3): Controlled substance prescriptions
Provisions
Opportunities for Coordination/Cooperation of
Regulations between DHHS and the Board of

SB 43 Provisions
Notification of Breach

- New notification requirements for unauthorized uses and disclosures of "unsecured PHI", similar to state laws related to personally identifiable financial information.

Notices

- Associated

HHS now required to conduct periodic audits of covered entities and business associates.

Penalties

- Civil and criminal penalties extended to include business associates.
- Repeated/uncorrected violations extended up to $1,500.
- Mandatory civil penalties for "willful neglect" increased up to $250,000.

Attorney General may bring an action on behalf of a state against a provider.

Enhanced Enforcement

Key New Provisions

HITECH and HIPAA:
Business Associates and providers will share more joint responsibilities.

Under certain conditions, business associates are now subject to civil and
criminal penalties. Under certain conditions, business associates are also required to report breaches to covered entities, consistent with the notification requirements.

Business associates are now directly responsible for compliance, and must report
breaches to covered entities, instead of via contractual agreements applied directly to business associates, in most cases of a contractual agreements.

Certain HIPAA provisions, particularly related to privacy and security, are now
applicable directly to business associates, instead of via contractual agreements.

**Business Associates and Business Associate Agreements**

**Meaningful Use Stage 1 Requirement**

A fee that is equal to only the labor cost can be charged for an electronic request.

An individual can designate that a third party be the recipient of the PHI.

Obtain their PHI in electronic format (ePHI).

Where a provider has implemented an EHR system, individuals have the right to

**Electronic Health Record Access**

**Key New Provisions**

**HITCCH and HIPAA**

- Personal Health Record (PHR) — An electronic application through which individuals can maintain and manage their health information (and that of others whom they are authorized) in a private, secure, and confidential environment.

  - Meaningful use (MU) — Providers need to show they are using EHR technology in ways that can be measured specifically in quality, and in quantifiable, meaningful ways.

- Health Information Technology (HIT) — Information systems specific to the health care domain, compliant.

- Health Information Exchange (HIE) — Electronic movement of health-related information.

- Surveillance. Must be HIPAA-compliant. The collection of data for billing, quality management, outcome reporting, and public health disease surveillance. 1) Automate and streamline clinical workflows, ensuring that all clinical data are used to aid clinicians in real-time patient health.

**Health IT Glossary**
Update on Industry Progress in Implementing
Electronic Prescribing for Controlled Substances

To:    State Boards of Pharmacy
        State Controlled Substance Agencies
        State and National Pharmacy Organizations

From: Ken Whittemore, Jr., RPh, MBA
       Senior VP, Professional & Regulatory Affairs

Date: May 17, 2012 (Revised)

It has now been two years since the Drug Enforcement Administration (DEA) published
its interim final rule (IFR) on electronic prescribing for controlled substances (EPCS).
Surescripts, as the primary e-prescribing network in the U.S., has worked with the
physician and pharmacy application vendors that connect to its network to ensure that
EPCS is implemented in the ambulatory healthcare setting in a way that is fully
compliant with the DEA's EPCS rules. The time is now approaching when EPCS will
begin to be utilized by prescribers and pharmacies connected to the Surescripts
network, so it seems like an appropriate occasion to provide an update on the network's
EPCS progress to interested stakeholders. Given that Surescripts has started to
receive questions from the field with respect to its EPCS plans and progress, a question
and answer format has been chosen as a vehicle to share this information.

Question: What must be done in order for a physician electronic health record
application vendor or pharmacy practice management application vendor to be
able to connect its users to the Surescripts network for EPCS communications?

Answer: The first step is that the vendor must study the extensive technical
requirements made by the DEA in its EPCS interim final rule and then work through the
software development process necessary to meet said requirements. It is Surescripts' experience that this effort typically takes vendors several months to finish.

Once the development process is concluded, the vendor must:

1. Successfully complete the Surescripts EPCS certification process, which is in
   addition to the basic Surescripts certification process that is required in order for
   a vendor to connect to the network for general e-prescribing purposes,

2. Submit to Surescripts documentation satisfactory to Surescripts in form and
   substance confirming the successful completion of the vendor's third-party audit
or certification as required by the DEA in § CFR 1311.300 Application Provider Requirements—Third-party Audits or Certifications, and

(3) Fill out, sign, and submit to Surescripts a form attesting to the vendor's compliance with all EPCS aspects of 21 CFR § 1300, 1304, 1306, and 1311 in addition to a copy of the vendor's third-party audit or certification.

Upon complying with all of these requirements, a physician or pharmacy application vendor is permitted to connect its end users to the Surescripts network for EPCS purposes.

**Question:** What companies are available in the industry to conduct the Part 1311 third-party audits required by the DEA’s EPCS IFR?

**Answer:** Surescripts does not recommend any companies to its network participants as being able to conduct Part 1311 EPCS audits. This said, Surescripts has been informed by some if its network participants that they are using the following companies for their EPCS audits:

- Assurance Concepts
- BDO
- Brightline
- Chief Security
- Deloitte
- KPMG
- NetSPI
- Price Waterhouse Coopers

These companies are understood to belong in one or more of the categories of entities recognized by the DEA in its EPCS IFR as being able to perform Part 1311 EPCS audits: SysTrust, WebTrust, SAS 70 and/or Certified Information System Auditors. In addition, it should be noted that in October 2011, the DEA specifically approved InfoGard Laboratories as another company capable of conducting Part 1311 EPCS audits.

Again, Surescripts has chosen to not recommend or endorse any of these specific companies over another, and this list should not be considered to be comprehensive. It is simply meant to share examples of the types of firms that are offering Part 1311 EPCS audit services in the industry.
**Question:** Have any physician or pharmacy application vendors completed the process of becoming certified and audited to connect to the Surescripts network for EPCS purposes?

**Answer:** Yes, as of the date of this memo, the following application vendors have completed the necessary development, certification, and audit processes and have been allowed to connect to the Surescripts network for EPCS purposes:

- Physician application vendors
  - DrFirst
  - NewCrop
  - NextGen
  - RxNT

- Pharmacy application vendors (or chains that have developed their own applications)
  - Corner Etreby
  - Rite Aid
  - SUPERVALU
  - Walgreens

There are a number of additional vendors in the offing to be added to these lists in the near future.

**Question:** Does Surescripts plan to publish the names of vendors that have completed the necessary processes and have been allowed to connect to the Surescripts network for EPCS purposes?

**Answer:** Yes, it is Surescripts’ intent to post the names of application vendors that have been approved for EPCS purposes on its web site in the future. In addition, if individual prescribers or pharmacists want to know if their own applications have been audited and found to be in compliance with the DEA’s EPCS IFR, all they need do is ask their vendor for documentation of its audit. The DEA’s EPCS IFR requires application vendors to give documentation of their Part 1311 EPCS audits to their current and potential customers upon request.

**Question:** Have any DEA-compliant electronic prescriptions for controlled substances been transmitted across the Surescripts network?

**Answer:** Yes, a modest number of EPCSs have been transmitted across the Surescripts network in states in which it is permitted.
**Question:** In which states is Surescripts allowing EPCS transactions to flow at this time?

**Answer:** As states align their rules with those of the DEA, Surescripts will allow prescriber vendors, prescribers, pharmacy vendors, and pharmacies to transmit and receive EPCSs in those locales. As of this date, prescribers registered in eight states have issued DEA-compliant EPCSs: California, District of Columbia, Massachusetts, Maryland, Michigan, Texas, Virginia, and Washington. Surescripts prescriber and pharmacy network participants provide services in all fifty states and DC, so Surescripts eventually will be deploying EPCS nationwide once permitted in all locales.

**Question:** Is Surescripts doing anything to facilitate the EPCS process that is not required of it by the DEA in its EPCS IFR?

**Answer:** Yes, Surescripts is offering the following value-added services and/or making the following additional requirements that are not required of intermediaries by the DEA’s EPCS IFR:

- Surescripts requires all application vendors to prove that they have completed their Part 1311 EPCS audits as required by the DEA prior to being activated for EPCS transactions on the Surescripts network.

- Pharmacy directories in prescriber applications are required to indicate which pharmacies are enabled to receive EPCSs, and prescribers are only able to send EPCSs to those pharmacies.

- Physician directories in pharmacy applications are required to indicate which prescribers are using applications that have been certified and audited for EPCS purposes.

- Surescripts is digitally signing all EPCSs that have the “Signature Indicator” flag so as to augment transaction traceability, and it has encouraged all other intermediaries to do the same.

- Surescripts is monitoring compliance with EPCS rules, e.g., reminding network participants that EPCS procedures must be followed for state controlled drugs such as tramadol and that schedule II drugs should not be electronically prescribed in states in which it is not yet permitted.

- In instances in which an EPCS crosses a state line, Surescripts requires that both the transmitting prescriber and the receiving pharmacy be in compliance.
with both the DEA’s EPCS IFR and the controlled substance rules of the state in which the prescriber or pharmacy is located. For example, Surescripts does not allow a prescriber in a state in which EPCS is legal to transmit an EPCS to a pharmacy in a state in which EPCS is not yet permitted.

**Question:** If one has additional questions about the implementation of EPCS processes on the Surescripts network, to whom should they pose their questions?

**Answer:** Individuals who have additional questions about EPCS processes not answered in this memo can send an email to ken.whittemore@surescripts.com and said questions will be triaged and replied to in a timely fashion.

###
THE NATIONAL PROGRESS REPORT
ON E-PRESCRIBING AND INTEROPERABLE HEALTH CARE
YEAR 2011
neutrality
transparency
physician and patient choice
open standards
collaboration
privacy
THE EVOLUTION OF E-PRESCRIBING

2012
- 58 percent (317,000) of all office-based physicians actively e-prescribe.
- EPICS state-by-state approval advancing.

2011
- American Recovery and Reinvestment Act provided $19 billion towards adoption of health information technology.
- CMS releases proposed regulations defining meaningful use of EMRs. E-prescribing is a key component.
- Medicare launches MIPS e-prescribing incentive program.
- Rhode Island announces 100 percent of its pharmacies are enabled for e-prescribing.
- SureScripts-RxHub is relaunched as SureScripts.

2010
- Center for Improving Medication Management launched.
- E-prescribing becomes legal in all 50 states and D.C.
- National E-Prescribing Safety Initiative launched.
- SureScripts, RxHub, Informed Decisions and the AAMA launch ICERT.org to assist victims of natural disasters.

2009
- First proposed "Foundation Standards" released for Medicare Part D e-prescribing.
- HHS issues Stark exceptions and Fraud & Abuse safe harbors.
- SureScripts, RxHub help launch www.katrinahelp.org to support victims of Hurricane Katrina.
- Institute of Medicine endorses National Health Information Infrastructure.
- Medicare Modernization Act provides incentives for e-prescribing adoption.
- SureScripts begins network operations.

2008
- RxHub begins network operations.

2007
- CMS issues Medicare Part D e-prescribing incentive regulations.
- DEA proposes rule to allow e-prescribing for controlled substances.
- Medicare Improvements for Patients and Providers Act (MIPPA) passes—includes e-prescribing incentives.
- RxHub and SureScripts merge to form SureScripts-RxHub.

2006
- CMS pilot-tests proposed Medicare Part D e-prescribing standards.
- First annual Safe-Rx Awards recognize top e-prescribing states.
- Institute of Medicine releases pivotal "Preventing Medication Errors" report.

2005
- Approximately 2,500, or 4% of office based physicians e-prescribe.
- Office of the National Coordinator for Health Information Technology (ONC) established.
- SureScripts launches e-prescribing community adoption programs.

2004

2003

2002

2001

2000

1999

1998

1997

1996

1995

1994

1993

1992

1991

1990

*RXhub founded.
*SureScripts founded.
A Letter from the President and CEO

By the end of 2011, 58 percent of office-based physicians in the United States had adopted electronic prescribing on the Surescripts network. A little more than three years ago, this figure was less than 10 percent. This increase is a critical milestone in the nationwide effort to adopt e-prescribing and achieve meaningful use of health information technology.

This remarkable growth in adoption and use has transformed one of the most common transactions in health care into a mainstream electronic health care tool. Electronic routing of prescriptions on the Surescripts network accounted for more than one in three prescriptions that were picked up by patients at community pharmacies. As states implement e-prescribing for controlled substances (EPCS), these new types of transactions will drive additional use of e-prescribing.

This surge in adoption and use underscores the value of e-prescribing. In 2011, Surescripts collaborated with pharmacies and pharmacy benefit managers on a study to quantify the benefits of e-prescribing. We examined de-identified data sets representing over 40 million prescription records and compared electronic prescriptions with paper, phoned and faxed prescriptions to measure the impact on first fill medication adherence.

This first-of-its-kind data analysis consistently showed that when a physician adopts e-prescribing there is a 10 percent increase in her/his patients’ first fill medication adherence. The study also demonstrated that the improvement in patient first fill medication adherence can produce an estimated savings, over 10 years, between $140 billion to $240 billion in health care cost savings and improved health outcomes.

Another Surescripts study shows that the majority of e-prescribing adopters from 2008 are already meeting the stage 1 meaningful use e-prescribing measure. Many are also positioned to meet the proposed stage 2 measure.

Surescripts is committed to facilitating the broader shift toward collaborative care and expanding our network to establish more efficient, meaningful and powerful ways to communicate and share clinical data electronically. We are leveraging our core capabilities, and our leadership and experience to promote electronic health information sharing among providers across the care continuum. We believe that doing so will promote additional meaningful use, while helping to lower costs and improve quality for physicians, pharmacies, patients and all health care constituencies.

Regards,

Harry Tatonis
President and CEO, Surescripts
CONTENTS

Introduction

The Evolution of E-Prescribing ........................................... 1
A Letter from the President and CEO .................................... 2
Executive Summary .......................................................... 4

Part 1: Electronic Prescribing Use

The Three Components of E-Prescribing ................................ 8
Impact of E-Prescribing: Medication Adherence ...................... 9
Prescription Benefit Information .......................................... 10
The Value of Prescription Benefit Information ....................... 11
Medication History ........................................................... 12
Prescription Routing .......................................................... 13
How to Improve Use of Prescription Renewals ....................... 14
EHR vs. Standalone E-Prescribing Software .......................... 15
Collaboration Drives Quality Improvements ......................... 16
Future of E-Prescribing ....................................................... 17

Part 2: Electronic Prescribing Adoption

The Class of 2008: Tracking the Growth of Meaningful Use ........ 18
Prescribers ................................................................. 20
E-Prescribing Physicians by Specialty .................................. 21
E-Prescribing Physicians by Practice Size ............................ 22
Pharmacies—Community and Mail Order ............................. 23
Payers ........................................................................... 24

Part 3: About Surescripts

About Surescripts ............................................................. 98
Acknowledgments ............................................................ 98
Executive Summary

National Progress Report Year 2011 At-A-Glance
This report provides health care industry stakeholders with a unique view of e-prescribing in the United States. The report goes beyond the remarkable sustained growth seen in 2011 to tell a compelling story, through graphics and analytical data about the still great potential of e-prescribing and collaborative care for pharmacies, prescribers, pharmacy benefit managers (PBMs) and other health care stakeholders.

More Than One in Two Office-based Physicians E-Prescribed in 2011, Up from One in Ten in 2008
E-Prescribing entered the mainstream of health care technology in the United States with 317,000 office-based physicians, or 58 percent, now actively e-prescribing (Figure 1). By the end of 2011, more than one in two office-based physicians used e-prescribing, versus one in ten three years ago.

570 Million Prescriptions Were Routed Electronically
By the end of 2011, an estimated 36 percent of prescriptions dispensed were routed electronically, up from 22 percent at the end of 2010. More than 570 million were routed electronically in 2011, versus 326 million in 2010. This represents a 75 percent increase in just one year's time (Figure 2).

E-Prescribing Is Helping to Improve First Fill Medication Adherence. Savings Are Estimated Up to $240 Billion over 10 Years
Surescripts collaborated with pharmacies and pharmacy benefit managers on a study comparing electronic prescriptions with paper, phoned and faxed prescriptions. The data showed a consistent 10 percent increase in patient first-fill medication adherence among physicians who adopted e-prescribing technology (Figure 3). One finding was that the improved medication adherence from e-prescriptions can lead to 10-year estimated savings of between $140 billion to $240 billion, measured in health care cost savings and improved health outcomes.
ESTIMATED MEANINGFUL USE ACHIEVEMENT AS OF 04 2011

<table>
<thead>
<tr>
<th>Number of Prescribers in 2008</th>
<th>Percent of Prescribers Meeting Meaningful Use for E-Prescribing Measure (Stage II)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>37,893</td>
</tr>
<tr>
<td>High and Lowest Meaningful Use Estimates by Specialty</td>
<td></td>
</tr>
<tr>
<td>(Highest) Family Practitioner</td>
<td>12,416</td>
</tr>
<tr>
<td>(Lowest) Ophthalmologist</td>
<td>1,082</td>
</tr>
</tbody>
</table>

EHR vs. Standalone E-Prescribing

<table>
<thead>
<tr>
<th></th>
<th>EHR</th>
<th>51,905</th>
<th>68% to 67%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standalone E-Prescribing</td>
<td>6,976</td>
<td>44% to 50%</td>
<td></td>
</tr>
</tbody>
</table>

*[References to meeting the stage 1 meaningful use e-prescribing measure or the stage 2 meaningful use e-prescribing measure, as proposed but not currently in effect. Also assume that the user met the requirement for participating as an eligible provider.]

Close to 60 Percent of Physicians Who Started E-Prescribing in 2008 Meet the Stage 1 Meaningful Use E-Prescribing Measure. 38 Percent Would Meet the Proposed Stage 2 E-Prescribing Measure

Surescripts' analysis of 39,893 prescribers who began e-prescribing in 2008 shows an estimated 54 to 60 percent of active early e-prescribers would have satisfied the stage 1 meaningful use measure for e-prescribing by the end of 2011. The second finding from this data set indicates that 38 percent of these early users would meet the proposed stage 2 meaningful use e-prescribing measure.* This analysis also showed that physicians' use of e-prescribing increases over time.

Eighty percent of physicians who adopted e-prescribing in 2008 used an integrated electronic health record (EHR). The data showed that prescribers using EHRs had significantly higher utilization levels (+53 percent) than prescribers using standalone e-prescribing systems.

E-Prescribing Adoption Rates Register Significant Growth by Physician Specialty and Practice Size

In 2011, Approximately Two-Thirds of Internists, Family Practice Physicians and Cardiovascular Disease Physicians Were E-Prescribers

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2010</th>
<th>Year to Year</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERNIST</td>
<td>45%</td>
<td>+80%</td>
<td>91%</td>
</tr>
<tr>
<td>FAMILY PRACTICE</td>
<td>47%</td>
<td>+59%</td>
<td>75%</td>
</tr>
<tr>
<td>CARDIOVASCULAR DISEASE</td>
<td>49%</td>
<td>+55%</td>
<td>76%</td>
</tr>
</tbody>
</table>

The Three Smallest Practice Sizes Led E-Prescribing Adoption in 2011

<table>
<thead>
<tr>
<th>Practice Size</th>
<th>2010</th>
<th>Year to Year</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 TO PRACTITIONER</td>
<td>31%</td>
<td>+48%</td>
<td>46%</td>
</tr>
<tr>
<td>2 TO 5</td>
<td>42%</td>
<td>+26%</td>
<td>53%</td>
</tr>
<tr>
<td>6 TO 10</td>
<td>44%</td>
<td>+25%</td>
<td>55%</td>
</tr>
</tbody>
</table>

*Sample size is 314,646, which represents 99% of all active office-based physicians.

**Estimated based on sample analysis of 299,605 or 97% of all active office-based physicians over the Surescripts network as of December 2011.
INTRODUCTION

E-Prescriber Growth in the U.S. 2008–2011

1 in 10
Physicians E-Prescribe

2008

- The Centers for Medicare and Medicaid Services (CMS) issues Medicare Part D e-prescribing incentive regulations.
- The Drug Enforcement Administration (DEA) proposes rule allowing e-prescribing for controlled substances.
- Medicare Improvements for Patients and Providers Act (MIPPA) passes; includes e-prescribing incentives.
- RxHub and Surescripts merge to form Surescripts-RxHub.

1 in 4
Physicians E-Prescribe

2009

- American Recovery and Reinvestment Act provides $19 billion to promote adoption of health information technology.
- CMS releases proposed regulations defining meaningful use of electronic health records (EHRs). E-prescribing is a key component.
- Medicare launches MIPPA e-prescribing incentive program.
- Rhode Island announces 100 percent of its pharmacies are enabled for e-prescribing.
- Surescripts-RxHub is re-launched as Surescripts.

1 in 3
Physicians E-Prescribe

2010

- 190,000—or 36%—of office-based physicians e-prescribe.
- Surescripts announces network expansion to allow clinicians to exchange all types of clinical messages with their peers.
- The DEA allows the option of issuing prescriptions for controlled medications electronically.
- Patient Protection and Affordable Care Act passes.
In 2011, 58 Percent of Office-Based Physicians Used E-Prescribing

More than 1 in 2
Physicians E-Prescribe

2011

- Surescripts announces 58% of all office-based physicians e-prescribe.
- 56,900+ pharmacies now connected to the Surescripts network.
- Office of the National Coordinator (ONC) announces proposed criteria for Meaningful Use Stage 2.
- ONC announces 173,971 Eligible Professionals have registered for EHR incentives.
PART 1: ELECTRONIC PRESCRIBING USE

The Three Components of E-Prescribing

Prescription benefit information, medication history and electronic routing reduce costs, add efficiency, and provide continuity of care.

E-prescribing is built around three key components that allow pharmacists, prescribers and pharmacy benefit managers (PBM) to obtain maximum efficiency, significant cost savings and value:

1. Prescription benefit and formulary information increases compliance and provides lower-cost choices.
2. Medication history utilization leads to a more clinically appropriate prescription.
3. Electronic routing means all prescriptions are sent to and received by a pharmacy, encouraging more first fill adherence.

Part One of the 2011 National Progress report examines the growing evidence supporting the advantages of e-prescribing, beginning with Surescripts' Medication Adherence Study and followed by key insights pertaining to benefit information, medication history, and electronic routing. It ends with a review of current trends and future developments.

MEDICATION HISTORY
Ambulatory & Acute

BENEFIT INFORMATION
Prescription Benefit for Ambulatory;
Eligibility Services for Pharmacy
and Medicaid

ELECTRONIC ROUTING
Process New Prescriptions
and Renewals

Healthcare providers and prescribers can access all three components of e-prescribing through vendor certified software on the SureScripts network.
The Impact of E-Prescribing on Medication Adherence

In 2011, Surescripts partnered with PBMs and retail pharmacies to compare the effectiveness of e-prescriptions and paper prescriptions on first fill medication adherence. As part of the study, we analyzed de-identified data sets representing over 40 million prescription records.

**E-Prescribing Improves First Fill Adherence 10 Percent When Compared to Paper Prescriptions**
The data showed a consistent 10 percent increase in patient first fill medication adherence (i.e., new prescriptions that were picked up by the patient) among physicians who adopted e-prescribing technology.

**E-Prescribing Can Produce Significant Health Care Savings**
The analysis suggests that the increase in first fill medication adherence combined with other e-prescribing benefits could, over the next 10 years, lead to between $140 billion and $240 billion in health care cost savings and improved health outcomes.*

"E-Prescribing should be considered a powerful tool in the health care system's efforts to address medication adherence and improve patient outcomes."

Ken Majkowski, PharmD,
Vice President of Strategy and Innovation
Surescripts

$140–$240B
In health care savings over the next 10 years due to e-prescribing

"The Surescripts research is an important contribution...In a huge study, they have shown a clear link between e-prescribing and first fill medication adherence."

William H. Shrank, MD, MSHS
Specialist in Medication Adherence
Harvard Medical School

* A 2011 study found that every dollar spent on e-prescribing patient adherence to medication can result in three to ten dollars in savings from reduced dispensing and medical costs for pharmacy error.
PART 1: ELECTRONIC PRESCRIBING USE

PRESCRIPTION BENEFIT INFORMATION

E-prescribing is realizing its potential to empower prescribers and pharmacists to deliver higher quality care, better medication therapy management and improved workflow efficiencies.

At the same time, it is enabling them to significantly reduce prescription costs. Eligibility can be quickly checked electronically at the time of prescribing to help prescribers choose medications that are on formulary and covered by a patient’s drug benefit.

KEY STATISTICS

- Electronic responses for prescription benefit information grew 87 percent in 2011.
- Approximately 62 percent* of patient visits involved one or more of these responses in 2011.
- On average, the response rate to requests for prescription benefit (the rate at which information for the patient can be returned to the prescriber) was approximately 80 percent in 2011, up from 69 percent in 2010.

Prescription Benefit Responses

According to the August 2010 National Ambulatory Medical Care Survey, an estimated 1,057 billion visits were made to office-based physicians in 2010 (see Table 1).
The Value of Prescription Benefit Information

Prescription benefit information is an important component of e-prescribing. SureScripts works with the nation’s pharmacy benefit managers (PBMs) and payers to offer prescribers access to their patient’s prescription benefit information in real time during an office visit. The Prescription Benefit service puts eligibility, benefits and formulary information at a prescriber’s fingertips at the time of prescribing. This enables prescribers to select medications that are on formulary and are covered by the patient’s drug benefit. It also informs them of lower-cost alternatives such as generic drugs.

Pharmacies save time and resources when they receive an appropriate electronic prescription that eliminates unnecessary phone calls from pharmacy staff to physician practices related to drug coverage.

Benefit information is broken into two components: eligibility and formulary. Eligibility determines what insurance coverage for prescriptions is available for a specific patient. A formulary list is a pre-approved list of preferred generic or brand name prescriptions that is covered under a health care plan. The list is determined by the insurance company and changes frequently.

Benefit Information Enables:
- Accurate prescriptions for eligible drug therapies
- Improved patient safety
- Potentially lower co-pays for patients resulting in improved adherence
- Increased efficiencies for PBMs, pharmacies and prescribers
- Improved drug spend management for payers

Nearly 253 million covered-lives are connected through PBMs, payers and state Medicaid agencies on the SureScripts network which is open to all pharmacies, payers and health care participants. Patients can have multiple prescription coverage.

There were 789 million eligibility responses in 2011 on the SureScripts network. These behind the scenes electronic connections to prescription benefit information add up to a more comprehensive level of care from prescriber to pharmacy. PBMs and payers gain from the strong compliance generated when benefit information is used. Benefit information also helps create positive outcomes and decrease health care costs. That’s how e-prescribing can drive down the cost curve.
PART 1: ELECTRONIC PRESCRIBING USE

MEDICATION HISTORY
When a patient consents to share their medication history, prescribers can securely request and receive this information, which allows them to better treat the patient. Medication histories are generated securely using certified vendor software under all applicable laws pertaining to security and privacy. *

MEDICATION HISTORY WAS AVAILABLE FOR ONE IN THREE OFFICE VISITS IN 2011

KEY STATISTICS
- Electronic medication history deliveries increased 72 percent in 2011.
- Approximately 31 percent of patient visits generated an electronically delivered medication history in 2011.
- In 2011, more than 15 million medication histories were delivered to clinicians working in acute care environments to support transitions in care.

Medication Histories Delivered

<table>
<thead>
<tr>
<th>Year</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>16 million</td>
<td>81 million</td>
<td>230 million</td>
<td>395 million</td>
</tr>
</tbody>
</table>

Contributing Factors:
- Active Prescribers (pg. 201):
  - 74,000
  - 156,000
  - 234,000
  - 390,000
- Number of E-Prescribing Applications Certified for this Service (pg. 15):
  - 42
  - 76
  - 133
  - 154

*For information on how we handle personal health information, please see our Privacy Policy at the bottom of this page.
PRESCRIPTION ROUTING

Prescribers are e-prescribing in record numbers. In 2011, e-prescription routing on the Surescripts network increased 75 percent to 570 million. More physicians are exchanging prescription information electronically and bi-directionally with pharmacies using vendor software certified by Surescripts.

MORE THAN 570 MILLION PRESCRIPTIONS WERE ELECTRONICALLY ROUTED IN 20\textsuperscript{1}, A 75 PERCENT INCREASE OVER 2010

**KEY STATISTICS**

- By the end of 2011, an estimated 36 percent* of prescriptions dispensed were routed electronically, up from 22 percent at the end of 2010.

- More than 570 million prescriptions were routed electronically in 2011 versus 326 million in 2010, a 75 percent increase.**

- Of these, approximately 24 million electronic prescriptions were routed to mail order pharmacies in 2011, a three-fold increase over 2010.

Prescription Routing Transactions

![Chart showing prescription routing transactions]

Contributing Factors:

<table>
<thead>
<tr>
<th>Active Prescribers (pg. 20)</th>
<th>74,000</th>
<th>154,600</th>
<th>234,800</th>
<th>390,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of E-Prescribing Applications Certified for this Service (pg. 15)</td>
<td>30</td>
<td>134</td>
<td>1%</td>
<td>304</td>
</tr>
<tr>
<td>Connected Community Pharmacies (pg. 23)</td>
<td>75%</td>
<td>85%</td>
<td>91%</td>
<td>91%</td>
</tr>
</tbody>
</table>

*Calculation based on 52 million prescriptions dispensed as a percentage of 126 million total prescriptions dispensed. Total prescriptions is based on new and renewal prescriptions dispensed in December 2011. These figures include prescriptions for controlled substances.

**Request for prescription fills not automatically represented in the charts, as prescription renewal requests do not total directly to the issuing of prescription orders.
PART 1: ELECTRONIC PRESCRIBING USE

How to Improve the Use of Prescription Renewals

As e-prescribing routing statistics demonstrate, electronic routing of prescriptions is currently the most used component of e-prescribing compared to medication history and prescription benefit information. Electronic renewals alone accounted for 95 million responses on the Surescripts network in 2011.

Prescribers and pharmacies can help increase efficiency and reduce interruptions to prescriber and pharmacy workflows.

PRESCRIBERS

Take advantage of the efficiency of electronic prescription renewal requests.

Efficiency is a key benefit of e-prescribing connectivity, which significantly reduces the number of faxes and phone calls pharmacies need to make.

Respond to electronic renewal authorization requests promptly.

Prescribers should respond to renewal requests within 24 hours. In an emergency, a follow-up call in the event of a delayed response is appropriate.

PHARMACIES

Report issues with electronic renewals or e-prescriptions to your pharmacy software vendor.

Provide the following details when reporting errors: transaction date, name of prescriber, message ID, prescriber SPI, pharmacy NCPDP ID.

Ensure that information in your pharmacy system about local prescribers is up-to-date.

Pharmacy software vendor should keep prescriber files up-to-date as new prescribers become activated for e-prescribing. Store-by-store data updates in each store should be consistent.
EHR VS. STANDALONE E-PRESCRIBING SOFTWARE

Prescribers e-prescribe using either electronic health record (EHR) software or standalone e-prescribing software. Standalone e-prescribing software performs only the e-prescribing function. By comparison, e-prescribing is one of many functions such as documentation and charge capture that are integrated in EHR software.

KEY STATISTICS

- Eighty-two percent of active prescribers used EHRs for e-prescribing in 2011, compared to 79 percent in 2010.
- Forty-seven percent of certified and deployed EHR software was used for all three ambulatory e-prescribing services—prescription benefit information, medication history and electronic routing—at the end of 2011.*

EIGHTY-TWO PERCENT OF ACTIVE PRESCRIBERS USE EHR TO E-PRESCRIBE

Vendor Software Certified and Deployed for E-Prescribing

<table>
<thead>
<tr>
<th></th>
<th>EHR</th>
<th>STANDALONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication History</td>
<td>28</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>105</td>
<td>132</td>
</tr>
<tr>
<td>2010</td>
<td>2011</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>EHR</th>
<th>STANDALONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Benefit</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>118</td>
<td>135</td>
</tr>
<tr>
<td>2010</td>
<td>2011</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>EHR</th>
<th>STANDALONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Routing</td>
<td>35</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>264</td>
<td>264</td>
</tr>
<tr>
<td>2010</td>
<td>2011</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>EHR</th>
<th>STANDALONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Three Services</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>93</td>
<td>127</td>
</tr>
<tr>
<td>2010</td>
<td>2011</td>
<td></td>
</tr>
</tbody>
</table>

Percentage of Active Prescribers Using EHR vs. Standalone E-Prescribing Software

<table>
<thead>
<tr>
<th>Year</th>
<th>EHR Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>63%</td>
</tr>
<tr>
<td>2009</td>
<td>70%</td>
</tr>
<tr>
<td>2010</td>
<td>77%</td>
</tr>
<tr>
<td>2011</td>
<td>82%</td>
</tr>
</tbody>
</table>

*Certification for all three e-prescribing services is comprehensive certification for prescription benefit information, medication history and electronic routing services. Routing refers to connectivity to retail and mail order pharmacies and the ability to manage prescription renewals electronically.
PART 1: ELECTRONIC PRESCRIBING USE

Industry Collaboration Drives Continuous Improvement in Electronic Prescription Quality

Surescripts is focused on continuous improvements in the quality of the millions of e-prescriptions and health information transactions that are transmitted daily over its network and on utilizing industry standards that emphasize the need for all health care technology providers and users to be part of the quality effort. As the industry leader in e-prescribing, our goal has been ambitious from the start: to achieve 100 percent reliability of e-prescribing transactions from the time a prescription is prepared by a prescriber to the time the medication is dispensed by the pharmacy.

By actively managing quality through collaboration and communication with prescriber technology vendors, pharmacies, pharmacy benefit managers [PBM], and regulators; and by creating, implementing and enforcing quality improvements, the end-to-end quality of e-prescribing is realizing continuous improvements.

Constant monitoring of transactions helps to define and measure the safety, accuracy and completeness of the e-prescriptions that flow through the SureScripts network. Continuous improvement is achieved by working with participants, identifying the root causes, and putting permanent and meaningful changes in place that reduce any incidents of non-conformance with our guidelines. Clinical improvements resulting from this systemic approach to quality have produced up to a 25 percent reduction in the number of issues identified via the network.

Progress is being made through education, training and recommended improvements to prescriber software. Below are three examples of how SureScripts is collaborating with the industry to continuously improve quality and the e-prescribing experience for prescribers, pharmacists and patients.

QUALITY TIP 1: To avoid confusion and reduce pharmacy call backs for clarification, prescribers should not split directions between Sig and Notes Fields.

Issue: Splitting directions between the Sig and Notes fields can cause uncertainty or lead to errors at the pharmacy. Supplementary or conflicting Sig information often results in workflow disruption at the pharmacy and by extension at the prescriber’s. A pharmacy call back for clarification purposes could, in a worse-case scenario, result in a potential patient safety incident.

Examples of improper use:

<table>
<thead>
<tr>
<th>Sig field</th>
<th>Notes field</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 PC DAILY</td>
<td>Take one tablet twice a day</td>
</tr>
</tbody>
</table>

QUALITY TIP 2: Most drug descriptions should typically include the complete drug name, strength, strength units and dosage form (if applicable).

In the United States, Lovastatin is commercially available in three strengths. Prescribers should identify the proper strength.

e.g.: “Lovastatin 40mg tablet”

QUALITY TIP 3: Quantity qualifiers must be correctly associated with drug descriptions. Where possible, quantity along with the quantity qualifier should reflect the actual metric quantity.

Example of Improper Use: “Amoxicillin 250mg/5ml, 1 EA”. In this case, the pharmacist does not know whether prescriber meant 1 fluid ounce or 1 bottle. Even if the prescriber meant a bottle, sending a nonmetric qualifier might still result in confusion because Amoxicillin 250mg/5ml oral suspension comes in three bottle sizes: 80, 100 and 150 ml. Use instead “Amoxicillin 250mg/5ml, 150 ml”.

The correct Quantity Qualifier makes it clear that the prescriber wants the pharmacy to dispense 150 ml bottle:

Use “Amoxicillin 250mg/5ml, 150 ml”

SureScripts’ clinical quality program team of pharmacists, pharmacy technicians, prescribers, technologists, and Six Sigma Black Belts [Trained Quality Leaders] are fully engaged in quality improvements that include increasing efficiency, value and the user experience.

For more information about SureScripts efforts to raise industry quality, contact the SureScripts Quality Office [quality@surescripts.com] and visit our blog at www.surescripts.com/eprescribingquality.
Future of E-Prescribing

E-Prescribing Growth Drives Industry Collaboration on New Standards and Capabilities

Surescripts has been collaborating with the nation's pharmacies, PBMs, prescriber and pharmacy technology vendors, and groups involved in creating industry standards on improvements and innovations that will drive the future of e-prescribing. We are committed to expanding support for and enabling electronic exchange of all types of clinical information.

EPCS: Electronic Prescriptions for Controlled Substances

In September 2011, Surescripts began the initial deployment of EPCS in states where EPCS is legal. Progress will be driven by an industry-wide collaboration between pharmacies, technology vendors, pharmacy benefit managers, Surescripts and other networks to plan and implement support for U.S. Drug Enforcement Administration and state pharmacy board rules.

To support the deployment of EPCS, network participants must adhere to major DEA requirements:

Prescribers must:
• Use an e-prescribing application that is audited and certified for this purpose.
• Complete a compliant identity-proofing process.
• Use a secure, two-factor authentication process to sign e-prescriptions for controlled substances.

Software vendors and pharmacies that have developed their own software systems must:
• Complete Surescripts certification and DEA-required third-party audits before connecting to the Surescripts network for EPCS.

Pharmacies must:
• Apply updates to their software systems to ensure DEA and Surescripts NCPDP SCRIPT adherence for EPCS.

Electronic Prior Authorization for Prescription Drugs

Electronic prior authorization (ePA) is viewed as a way to address the need for prescribers to obtain approval for prescriptions that are subject to closed formulary, step-therapy regimen, off-label use or other plan benefit parameters and eliminate the inefficiencies of paper-based prior authorization processes (PA) that create significant administrative burdens for prescribers and pharmacies.

In October 2011 the National Council for Prescription Drug Programs (NCPDP) reactivated its Prior Authorization Workflow-to-Transactions Task Group. In addition, industry pilots were initiated and collaboration through NCPDP continues to date. Humana, Agadia, CVS/Caremark, Surescripts, CoverMyMeds, McKesson and Ibeza are reviewing draft standards, collaborating on enhancements, and should soon produce an ePA standard that will be useful to all.

Alignment on Standards Will Help Move Clinical Interoperability Forward

The ability to communicate electronically to other health care providers between [for without] EHRs, and across regional networks and health systems means that health care providers can exchange clinical information more quickly and efficiently while improving patient care. Clinical interoperability solutions help by allowing physicians and other health care providers to securely send and receive clinical information electronically with peers locally, regionally and nationally. Surescripts and many other organizations have collaborated with the federal government to create the standard protocols needed to make this type of electronic clinical communication possible. The Surescripts network supports all federal and state policies and standards for health information exchange, including privacy and security standards (such as HIPAA and state law), technology interoperability standards (such as Direct) and message types (such as HL7).
PART 2: E-PRESCRIBING ADOPTION

The Class of 2008: Tracking the Growth of Meaningful Use

As much as 60 Percent of Physicians Who Started E-Prescribing in 2008 Meet Stage 1 Meaningful Use E-Prescribing Measure; 38 Percent of This Group Would Meet the Proposed Stage 2 E-Prescribing Measure*

<table>
<thead>
<tr>
<th>2008 E-PRESCRIBING ADOPTION BY QUARTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2008</td>
</tr>
<tr>
<td>Q2 2008</td>
</tr>
<tr>
<td>Q3 2008</td>
</tr>
<tr>
<td>Q4 2008</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Figure 1: Adoption and Use of E-Prescribing by Quarter Q1 thru Q4 2008

<table>
<thead>
<tr>
<th>E-PRESCRIPTIONS PER ACTIVE E-PRESCRIBER (AVERAGE PER MONTH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2008</td>
</tr>
<tr>
<td>Q2 2008</td>
</tr>
<tr>
<td>Q3 2008</td>
</tr>
<tr>
<td>Q4 2008</td>
</tr>
<tr>
<td>Q1 2009</td>
</tr>
<tr>
<td>Q2 2009</td>
</tr>
<tr>
<td>Q3 2009</td>
</tr>
<tr>
<td>Q4 2009</td>
</tr>
<tr>
<td>Q1 2010</td>
</tr>
<tr>
<td>Q2 2010</td>
</tr>
<tr>
<td>Q3 2010</td>
</tr>
<tr>
<td>Q4 2010</td>
</tr>
<tr>
<td>Q1 2011</td>
</tr>
<tr>
<td>Q2 2011</td>
</tr>
<tr>
<td>Q3 2011</td>
</tr>
<tr>
<td>Q4 2011</td>
</tr>
</tbody>
</table>

Figure 2: Use of E-Prescribing per Active E-Prescriber per Quarter 2008-2011

SUMMARY

A recent analysis of a cohort of physicians who adopted and began using e-prescribing in 2008 produced four findings. Summary of findings: 1) Estimates show that the majority, as much as 60%, of those prescribers have successfully met the stage 1 meaningful use e-prescribing measure*; 2) 38 percent of these early users would meet the proposed stage 2 meaningful use e-prescribing measure* if it were now in effect; 3) physicians’ use of e-prescribing increases over time (see Figure 2) 4) that e-prescribing was utilized at a higher rate by prescribers who used EHR software compared to standalone software users.

BACKGROUND

In order to spur widespread adoption of certified electronic health record (EHR) technology, the federal government—through the Health Information Technology for Economic and Clinical Health Act (HITECH)—is providing up to $30 billion in incentives for prescriber adoption and meaningful use of certified EHR technology. The Centers for Medicare and Medicaid Services (CMS) is responsible for administering the EHR incentive program and developing objectives and measurement criteria that eligible providers must meet in order to qualify for an EHR incentive payment(s).

E-Prescribing is one of the core objectives for stage 1 of meaningful use, which requires more than 40 percent of an eligible provider’s prescriptions to be routed electronically.

To date, CMS has made close to $4 billion in payments to eligible providers and hospitals that have met the meaningful use measure of certified EHR technology. CMS is providing reporting in a transparent manner on payments made, to whom, and which EHR vendors they use.

METHODS

Surescripts analyzed prescriber adoption and utilization data from the Surescripts network. Prescriber demographic data was matched to SK&A prescriber data in order to segment by specialty and practice size. We used aggregate IMS Health data about prescriber volume to create models of estimated average total prescription volume per prescriber by specialty and matched that to our list of prescribers. The data showed a count of 48,993 prescribers who adopted and began using e-prescribing between January 1, 2008 and December 31, 2008. The data was further segmented by e-prescribing system (EHR versus standalone) and specialty type for 39,798 active e-prescribers (Figure 1). Prescribers practiced in 50 states and nine districts and U.S. territories. Models were developed to analyze active e-prescribers’ use and the number of early e-prescribers who would have met the stage 1 meaningful use e-prescribing measure and proposed stage 2 measure (not in effect) by fourth quarter 2011.

RESULTS

By December 2008, Surescripts estimates that between 6,927 and 8,129 prescribers (17.4 percent to 20.4 percent of active e-prescribers) met the more than 40
## ESTIMATED PERCENT OF EARLY USERS OF E-PRESCRIBING BY PHYSICIAN SPECIALTY WHO HAVE SUCCESSFULLY MET THE STAGE 1 MEANINGFUL USE E-PRESCRIBING MEASURE

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number of Prescribers</th>
<th>Average Utilization (Monthly)</th>
<th>Percent of Prescribers Meeting Meaningful Use (Stage 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practitioner</td>
<td>12,416</td>
<td>316</td>
<td>69% to 74%</td>
</tr>
<tr>
<td>Internist</td>
<td>6,674</td>
<td>303</td>
<td>67% to 72%</td>
</tr>
<tr>
<td>Pediatricist</td>
<td>2,627</td>
<td>157</td>
<td>55% to 67%</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>2,293</td>
<td>139</td>
<td>33% to 43%</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>1,994</td>
<td>135</td>
<td>58% to 70%</td>
</tr>
<tr>
<td>Obstetrician/Gynecologist</td>
<td>1,453</td>
<td>91</td>
<td>59% to 70%</td>
</tr>
<tr>
<td>Ophthalmologist</td>
<td>1,082</td>
<td>62</td>
<td>27% to 27%</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>822</td>
<td>114</td>
<td>36% to 45%</td>
</tr>
<tr>
<td>Gastroenterologist</td>
<td>771</td>
<td>88</td>
<td>38% to 54%</td>
</tr>
<tr>
<td>Obstetrician/Gynecologist</td>
<td>762</td>
<td>83</td>
<td>51% to 59%</td>
</tr>
<tr>
<td>Other</td>
<td>9,104</td>
<td>95</td>
<td>33% to 36%</td>
</tr>
</tbody>
</table>

### EHR vs. Standalone E-Prescribing

<table>
<thead>
<tr>
<th></th>
<th>Number of Prescribers</th>
<th>Average Utilization (Monthly)</th>
<th>Percent of Prescribers Meeting Meaningful Use (Stage 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHR</td>
<td>31,902</td>
<td>222</td>
<td>60% to 67%</td>
</tr>
<tr>
<td>Standalone E-Prescribing</td>
<td>6,976</td>
<td>144</td>
<td>44% to 50%</td>
</tr>
</tbody>
</table>

Figure 3: Estimated Stage 1 Meaningful Use E-Prescribing Measure Met by Early Users from 2008

Percent stage 1 meaningful use program measure. By December 2011, these numbers increased to 21,392 to 23,877 prescribers (53.8 percent to 60.0 percent of active e-prescribers), Figure 3. The models also suggest that 15,146 prescribers (38.1 percent) would have already met the proposed 65 percent threshold in the proposed stage 2 meaningful use measure (not currently in effect).

The results also found that e-prescriptions per active e-prescriber increased over time. In first quarter 2008, they were an average of 49 per month. By fourth quarter 2011, they had reached an average of 213 per month.

Family practitioners demonstrated the highest individual utilization levels with 316 e-prescriptions per month. They also appeared to have the highest level of successfully meeting the stage 1 meaningful use e-prescribing measure of any specialty with an estimated specialty utilization rate of 69 percent to 74 percent. They were followed by internists at 303 e-prescriptions per month and a specialty utilization rate of 67 percent to 72 percent (Figure 3).

The majority of prescribers (80.2 percent) who adopted and began using e-prescribing in 2008 did so using an integrated EHR software system. The data indicates that physicians using EHR software had significantly higher e-prescription utilization levels (+53 percent) than prescribers using standalone e-prescribing systems. Up to 67 percent of the e-prescribing physicians using an EHR were more likely to meet the stage 1 meaningful use e-prescribing measure versus an estimated 44 percent to 50 percent of e-prescribers using standalone e-prescribing systems.

### DISCUSSION

The requirements for stage 1 meaningful use e-prescribing measure have been widely commented on and debated by healthcare stakeholders, as they have significant implications in terms of provider adoption, use, and reimbursement. The EHR incentive program is a primary mechanism the government is using to influence the use of health information technology to improve health care outcomes and lower costs.

This analysis of adoption and use data suggests that a majority of providers *who began e-prescribing in 2008* (54 percent to 60 percent) are in a position to meet the stage 1 meaningful use e-prescribing measure while 38 percent of this group would meet proposed stage 2 meaningful use e-prescribing measure.

---

1 Refers to achieving stage 1 meaningful use e-prescribing measure or stage 2 meaningful use e-prescribing measure, as proposed but not currently in effect, with the assumption that the user met the requirement for participating as an eligible provider.
PART 2: E-PRESCRIBING ADOPTION

PRESCRIBERS
In 2011, 390,000 physicians, nurse practitioners and physician assistants—the majority of prescribers—made e-prescribing a mainstream health care information technology in the United States. Prescribers use either standalone e-prescribing software or an electronic health record (EHR) to e-prescribe. All prescribers described in this section of the Report used prescription routing services. A portion of these prescribers also used prescription benefit information and medication history services.

FIFTY-EIGHT PERCENT OF OFFICE-BASED PHYSICIANS E-PRESCRIBE

KEY STATISTICS
• By the end of 2011, 390,000 prescribers routed prescriptions electronically, up from 234,000 at the end of 2010. This represents about 54 percent of all office-based prescribers.*
• Of these 390,000 prescribers, 317,000 were physicians.
• SureScripts estimates that approximately 58 percent of active office-based doctors nationwide are e-prescribing.

Prescribers Routing Prescriptions

![Graph showing the increase in e-prescriptions routed over the years]

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>74,000</td>
</tr>
<tr>
<td>2009</td>
<td>156,000</td>
</tr>
<tr>
<td>2010</td>
<td>234,000</td>
</tr>
<tr>
<td>2011</td>
<td>390,000</td>
</tr>
</tbody>
</table>

Contributing Factors:
| % of Active Prescribers Using EHR [pg. 15] | 63% | 70% | 79% | 82% |

*Based on initial survey of 238,000 office-based prescribers, per SureScripts. SureScripts estimates that 317,000 of these prescribers used e-prescribing services within the last 30 days in 2011. A small proportion of these prescribers have been registered by hospitals or other organizations that do both ambulatory and acute care.
E-PRESCRIBING PHYSICIANS BY SPECIALTY*
Top three specialty groups have e-prescribing adoption and use rates at or above 75 percent.
Internists, family practitioners and cardiovascular disease specialists have adopted e-prescribing at the highest rates in 2011. Eleven different specialties have achieved adoption rates of 60 percent or more.

Specialties with Highest Rates of E-Prescribing Adoption

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2010</th>
<th>Year-to-Year</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internist</td>
<td>45%</td>
<td>+80%</td>
<td>81%</td>
</tr>
<tr>
<td>Family Practice</td>
<td>47%</td>
<td>+59%</td>
<td>75%</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>49%</td>
<td>+55%</td>
<td>76%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty Group</th>
<th>% E-Prescribing in 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist/Oral Surgeon</td>
<td>44%</td>
</tr>
<tr>
<td>Dermatologist</td>
<td>62%</td>
</tr>
<tr>
<td>Endocrinology &amp; Metabolism</td>
<td>78%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>67%</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>43%</td>
</tr>
<tr>
<td>General Surgeon</td>
<td>34%</td>
</tr>
<tr>
<td>Nephrologist</td>
<td>67%</td>
</tr>
<tr>
<td>Neurologist</td>
<td>57%</td>
</tr>
<tr>
<td>Non-Alleo/Osteopaths</td>
<td>39%</td>
</tr>
<tr>
<td>Obstetrician/Gynecologist</td>
<td>52%</td>
</tr>
<tr>
<td>Oncologist/Hematologist</td>
<td>56%</td>
</tr>
<tr>
<td>Ophthalmologist/Opthalmologist</td>
<td>67%</td>
</tr>
<tr>
<td>Orthopedic Surgeon</td>
<td>62%</td>
</tr>
<tr>
<td>Other Pediatrics</td>
<td>63%</td>
</tr>
<tr>
<td>Other Specialty</td>
<td>34%</td>
</tr>
<tr>
<td>Other Surgery</td>
<td>31%</td>
</tr>
<tr>
<td>Otolaryngologist</td>
<td>61%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>59%</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>55%</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>35%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>58%</td>
</tr>
<tr>
<td>Urologist</td>
<td>58%</td>
</tr>
</tbody>
</table>
PART 2: E-PRESCRIBING ADOPTION

E-PRESCRIBING PHYSICIANS BY PRACTICE SIZE*

Three smallest practice sizes lead e-prescribing adoption in 2011.

Physician practice groups that range from solo practitioners up to offices with 11 to 25 physicians are the leaders in the adoption and use of e-prescribing. Solo practitioners increased their adoption by 48 percent in 2011. Practices with 26 to 100 physicians increased adoption by 13 percent in 2011.

<table>
<thead>
<tr>
<th>Practice Size</th>
<th>2010</th>
<th>Year-to-Year</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOLO PRACTITIONER</td>
<td>31% e-prescribing</td>
<td>+48%</td>
<td>46% e-prescribing</td>
</tr>
<tr>
<td>2 TO 5</td>
<td>42% e-prescribing</td>
<td>+26%</td>
<td>53% e-prescribing</td>
</tr>
<tr>
<td>6 TO 10</td>
<td>44% e-prescribing</td>
<td>+25%</td>
<td>55% e-prescribing</td>
</tr>
<tr>
<td>11 TO 25</td>
<td>34% e-prescribing</td>
<td>+35%</td>
<td>46% e-prescribing</td>
</tr>
<tr>
<td>26 TO 100</td>
<td>31% e-prescribing</td>
<td>+13%</td>
<td>35% e-prescribing</td>
</tr>
<tr>
<td>100+</td>
<td>22% e-prescribing</td>
<td>+23%</td>
<td>27% e-prescribing</td>
</tr>
</tbody>
</table>

*Estimated national sample analysis of 71% of all prescribers for 12/31/2010, e-prescribers over the eScrip network as of December 31, 2011.
PHARMACIES—COMMUNITY AND MAIL ORDER

Surescripts works with community pharmacies in the United States. Community pharmacies include chain pharmacies and independently owned pharmacies. In addition, PBMs and some chain pharmacies operate mail order pharmacies.

Prescription routing connectivity gives prescribers the ability to send new prescriptions electronically to the computer system at the pharmacy of the patient's choice. Pharmacies gain the ability to send prescription renewal requests to the practices' e-prescribing software for review and an electronic renewal response, which provides efficiency to the prescriber and pharmacy, and convenience to the patient.

NINETY-ONE PERCENT OF THE NATION'S COMMUNITY PHARMACIES ACCEPT E-PRESCRIPTIONS

KEY STATISTICS

- Ninety-one percent of community pharmacies in the United States were connected for prescription routing in 2011.*
- More than 98 percent of chain pharmacies and 79 percent of independent pharmacies were connected to the Surescripts network for prescription routing in 2011.
- There are 62,461 community pharmacies in the United States represented by both chain and independently owned pharmacies.** Of these, about 64 percent are chain pharmacies and 36 percent are independently owned (including those that are part of buying groups). Six of the largest mail order pharmacies were able to receive prescriptions electronically.***

Community Pharmacies Connected for Prescription Routing

<table>
<thead>
<tr>
<th>CHAINS</th>
<th>INDEPENDENTS</th>
</tr>
</thead>
</table>
| ![Graph showing data for 2008, 2009, 2010, and 2011.](image)

Contributing Factors:

| Community Pharmacies Connected | 76% | 85% | 91% | 91% |
| Independent Pharmacies Connected | 44% | 42% | 72% | 79% |

*In 2011, 190 community and mail order pharmacies, Surescripts also connects some pharmacies associated with federal and state governments and with medical device manufacturers. For a list of prescribing pharmacies, go to www.surescripts.com/community-pharmacies.

**Based on NCPDR data analysis.

***NDC: National Drug Code (NDC)enda; Express Scripts/WellPoint, Merida's, Medical Health Services, Prescription Solutions, Prime Therapeutics/Prime Health and Walgreens Mail Service.
PART 2: E-PRESCRIBING ADOPTION

PAYERS

Private payers and their associated pharmacy benefit managers (PBMs) provide important prescription benefit and medication history information to prescribers through vendor software connected to the Surescripts network.

The availability of prescription benefit information and medical history allow prescribers to treat patients more effectively.

As more prescribers enable medication history and prescription benefit information, drug formulary compliance and patient safety will improve on a state-by-state as well as a national basis.

For a list of payers and PBMs that are connected to Surescripts, please visit http://www.Surescripts.com/about-us/connected-payers.aspx.

**KEY STATISTICS**

- More than 66 percent of patients in the United States at the end of 2011 were provided access to prescription benefit and medication history information (on behalf of payers and pharmacies).*
- By the end of 2011, participation by payers in e-prescribing allowed prescribers to locate and access nearly 253 million member records (patient-lives) from participating health plans.**
- In 2011, Surescripts provided access to more than 30,000 formulary files, including formulary status, coverage, co-pay and alternative medication lists maintained by participating health plans.

**PERCENTAGE OF PATIENTS FOR WHOM PAYERS CAN PROVIDE PRESCRIPTION BENEFIT AND MEDICATION HISTORY INFORMATION**

* Calculated by totaling the number of members of each payer and their one-year-old prescription benefit file coverage, and dividing by the total U.S. population of 315 million. For more information on the U.S. population figures, see Office of Management and Budget, Population Estimates, July 1, 2012. Surescripts suggests that payers can provide a much higher percentage for an estimated 25 percent of their patients for whom they can provide prescription benefit information. That is because some pharmacy benefit managers, when offered as a carve-out, are not associated with a claims-based prescription benefit file.

**This figure is inclusive of records from all 50 U.S. states and the District of Columbia.**
PART 3: ABOUT SURESCRIPTS

About Surescripts

The Surescripts network supports the most comprehensive network of health care organizations in the United States. Pharmacies, payers, pharmacy benefit managers (PBMs), physicians, hospitals, health information exchanges and health technology firms rely on Surescripts to securely share health information across the health care continuum.

Guided by the principles of privacy, security, neutrality, choice, transparency, collaboration and quality, Surescripts operates the nation’s largest health information network. By providing patient medication information for routine, recurring and emergency care, Surescripts is committed to saving lives, improving efficiency and reducing the cost of health care.

For more information, go to www.Surescripts.com and follow us at twitter.com/Surescripts.

The Surescripts Electronic Prescribing Network

Surescripts connects prescribers in all 50 states—through their choice of certified e-prescribing software—to the nation’s leading payers, chain pharmacies and independent pharmacies.

Any e-prescribing software provider—including those offering standalone e-prescribing solutions and those that integrate e-prescribing capabilities into electronic health record systems—may connect their customers to Surescripts’ secure nationwide e-prescription network, as long as they have successfully completed Surescripts’ implementation and certification process. This process validates that the certified software is able to send and receive electronic messages in accordance with industry standards.

Surescripts certifies software used by prescribers, pharmacies, and payers/PBMs for three main service capabilities: prescription benefit information, medication history and prescription routing.

Acknowledgements

Surescripts would like to thank Circle Square Inc., the National Association of Chain Drug Stores’ Economics Department and SK&A for their expertise and significant contributions to the 2011 Progress Report on E-Prescribing.

For more information about Surescripts, visit www.Surescripts.com and follow us at twitter.com/Surescripts.
To whom it may concern:

My name is Rutasha Godetta Moore, I am writing to you on my behalf in regards to my Pharmacy Technician License. I have been a licensed Pharmacy Technician since September of 1993. I have worked in a Pharmacy setting since October of 1989, when a co-worker became ill in the Pharmacy and they needed someone who was bilingual to work in the department. I did so well and was so helpful that they kept me in the department and showed me the ropes of the trade. I worked for Thrifty’s Pharmacy from October of 1989 to July 1995. I then went to Sav-On Pharmacy in October of 1995 until it was bought out and converted over to CVS Pharmacy. I was included in the work crew that helped convert the Pharmacy over into a 24hr store as well as help with the reconstruction. I stayed with CVS in California up until July 22, 2008. I made my move to Las Vegas Nevada in July 2008. I started my first week at the CVS on Tropicana on August 3rd 2008.

The reason for me writing to you this day, is to request that my Tech license be renewed. I have been without a job since I was terminated back on April 21, 2009. After being terminated from my work, I discovered that I was pregnant. I started receiving assistance in the middle of May because I was not eligible for un-employment. I felt that I was wrongfully terminated. I was arrested at my place of work on April 21, 2009. I went into the manager’s office on that day to discuss why my health plan, that I was waiting for, only covered my eldest child that lived in La Verne California. I was questioned about handing out someone’s medication to a person that the meds did not belong to. I had admitted to accidently handing out the medication, due to the person picking up, telling me that she worked for a hospice facility. Our laws and regulations in Upland California are different from those in Las Vegas Nevada. I made the mistake of not requesting the Nevada ID of the person picking up the medication. It was a very busy and hectic day. Not to mention I was not myself because I was feeling drained and experiencing some anxiety.

I mistakenly gave out the medication to another patient. How it came to as being a discovery was, that the patient, came to pick up their medication two days later, I had realized what had happened and told my Pharmacy manager. I made the call to the insurance and got the override to satisfy the customer. I apologized to the customer and felt very bad about the situation which had occurred on March 18, 2009. I did not get confronted about what had occurred from management until April 21, 2009. I was stunned because they thought that I was in on some type of illegal ring. I unknowingly knew what was going on. I have worked in one Pharmacy for over 14 years and never had a problem with my work or any type of by-laws that we have or even violate HIPPA. I never had to take anyone’s ID or driver’s license in order to dispense medication, unless it was a Class II scheduled drug, this was something that I had to be reminded of from time to time. I tried to explain myself to management. After being arrested and being placed in jail for 3 days, I was let go and never tried in court, due to lack of evidence.

Since I have terminated I have turned in over 350 applications everywhere and anywhere for work. Due to pregnancy issues, no one wanted to hire me, after giving birth to my child on December 28, 2009, I still pursued jobs and turned in job applications. There was none available. I moved back to California with my mother on September 26, 2009. Because of the allowable income on the county in Clark County, it was not enough to raise three children and one adult with an infant on the way. Once I delivered my child, I started back to filling out job applications everywhere even going to Temp agencies. I had no luck, not even with the minimum wage jobs. They told me that I was over qualified or have too much experience, for the job, requirements. So, now I would like to go back to doing what I know best
To whom it may concern:

and to what I was amazing at doing, which is working in a Pharmacy. I am most happy at doing my job and satisfying customers. Whenever there was a problem in the Pharmacy, I, Rutasha was the go to girl. I knew how to bill insurances, co-pay bill insurance, or enter special coupon offers. If that did not work I would take the necessary steps to hand bill the info or pick up the telephone and make the call to get the patient their medication. I would take that extra step to show how sincere I was about my job. When people come to your pharmacy they are sick or in pain, I made sure that every trip was a success, so that they would always come back. I have exceptional customer service skills, I never had a complaint at either work place. Matter of fact, I had customers requesting my service whenever they came in to the pharmacy or they would leave a note for me to look after their prescription personally. Those type of things made my day, it made me feel as if I were on cloud nine.

I miss my job very much, and if I were giving the chance to work in a pharmacy setting once again, I will do anything and everything possible to prove to the board of pharmacy and my peers, that I am a person of my word. I will make sure to be strict on policy of the state of Nevada as well as pay any type of restitution required of me. I will attend any pharmacy training course, or class in order to be retrained in this field of work. I am seeking a once in a life-time reprieve of graciousness in order to get back something that I love so dearly. I am full of determination and willing to go with any course of action to become a Pharmacy Technician. At this time, I would like to thank you very much for this opportunity to be heard.

Sincerely,

Rutasha Godetta More

[Signature]
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

RUTASHA G. MOORE, P.T.,
Certificate of Registration #PT10024,

Respondent.

__________________________________________

Case No. 09-050-PT-S

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 14, 2009, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Though Respondent Rutasha G. Moore was notified of the hearing, she did not appear at the hearing or provide the Board with an Answer and Notice of Defense. The Board presented no testimony or evidence, but did make a presentation based upon the public records in the Board's possession. 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 June 3, 2009, Board staff was notified that Respondent had been terminated from employment as a pharmaceutical technician at CVS #08798. An investigation by CVS #08798 found that Respondent had created fraudulent prescriptions to be picked up by an unknown person. Respondent was contacted by someone from a doctor's office to add refills for a female patient of CVS #08798. Respondent admitted in her written statement that she would call the doctor's office to verify the prescription and the refill would be verified. Respondent would then get a text to see if the prescription was ready and then an unknown person would go through the drive-through and pick up the prescription. When Respondent went home she found an envelope on the floor with $300.00 in it. Respondent indicated that later she got a text
to see if she had received the money and she confirmed that she had and was texted that there was more money where that came from.

2. Respondent filled fraudulent prescriptions for hydrocodone 10/500 for a total quantity for 380 tablets and Alprazolam 2 mg. for a total quantity of 220 tablets. Resulting in a total loss of $311.00 to CVS #08798. Loss prevention personnel terminated Respondent’s employment and filed a complaint with the police.

**CONCLUSIONS OF LAW**

1. The Board has jurisdiction over this matter because Ms. Moore is registered as a pharmaceutical technician with the Board.

2. In creating false refills for controlled substances, namely hydrocodone/APAP 10/500 tablets and Alprazolam 2 mg. tablets, for unknowing patients and dispensing them to persons other than they were originally prescribed for, Ms. Moore violated NRS 453.331(1)(d) and/or 639.210(1),(4) and/or (12) and NAC 639.945(1)(h) and (i).

**ORDER**

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

1. Ms. Moore’s registration (PT10024) is revoked. Ms. Moore may not be employed in any business registered by the Board in any capacity.

   Signed and effective this 27th day of October, 2009.

Donald W. Fey, President
Nevada State Board of Pharmacy
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b    □ Partnership - Pages 1,2,5,7,8a,8b
□ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b    □ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Seven Hills Behavioral Institute
Physical Address: 3021 W. Horizon Ridge Parkway, Henderson, NV 89052
Mailing Address: 3021 W. Horizon Ridge Parkway,
City: Henderson State: Nevada Zip Code: 89052
Telephone: 702-646-5000 Fax: 702-646-5553
Toll Free Number: 877-774-4557
E-mail: sleibold@sevenhillsbi.com Website: www.sevenhillsbi.com
Managing Pharmacist: Roeser Cross License Number: 10142

Hours of Operation:
Monday thru Friday 9 am  2 pm   Saturday on-call
Sunday  on-call am  pm   24 Hours

TYPE OF PHARMACY
□ Retail
□ Hospital (# beds 58 )
□ Internet
□ Nuclear
□ Out of State
□ Ambulatory Surgery Center

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

Note: Inpatient services
APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?  Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?  Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?  Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?  Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?  Yes ☐ No ☒

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

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

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

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

Sally Leibold
Print Name of Authorized Person

5/10/2012
Date

Board Use Only

Received: MAY 14, 2012 Amount: $500.00
APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: _______________________________________________________________________

Corporation Name: Acadia Healthcare

Mailing Address: 830 Crescent Centre Dr. #410

City: Franklin State: TN Zip: 37067

Telephone: 615-841-1600 Fax: 615-241-9685

Contact Person: Scott Schwieger

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: 10/31/2011

Registration number issued: 001-35331

Stock Exchange: Nasdaq

Include with the application for a publicly traded corporation

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

List of officers and directors.

Joey A. Jacobs - Chief Executive Officer & Chairman of the Board

Ronald M. Fincher - Chief Operating Officer

Brent Turner - Co-President

Christopher L. Howard - Executive Vice President, General Counsel, Secretary

Jack E. Polson - Executive Vice President, Chief Financial Officer & Treasurer
I, Jennifer Gonzales, responsible person of Seven Hills Behavioral Institute, hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

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

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the owners must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Original Signature, no stamps or copies

Date 5/10/12
Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Robert Cross  License #: 10142
Pharmacy Name: Seven Hills Behavioral Institute

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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Been diagnosed or treated for any mental illness, including alcohol or</td>
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<td>substance abuse, or physical condition that would impair your ability</td>
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<td>to perform the essential functions of your license?</td>
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<td>1. been charged, arrested or convicted of a felony or misdemeanor in</td>
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<td>any state?</td>
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<td>2. been the subject of an administrative action whether completed or</td>
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<td>pending in any state?</td>
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<tr>
<td>3. had your license subjected to any discipline for violation of</td>
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<tr>
<td>pharmacy or drug laws in any state?</td>
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<td></td>
</tr>
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</table>

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action:  State: ____  Date: ____________  Case #: _______
And/or Criminal Action: State: ____  Date: ____________  Case #: _______
County: ______________________  Court: ____________________

Page 8a
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy  ☑ Ownership Change  ☐ Name Change  ☐ Location Change
(Please provide current license number if making changes: PH 400717)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b  ☐ Partnership - Pages 1,2,5,7,8a,8b
☒ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b  ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: St. Mary's Regional Medical Center
Physical Address: 235 West 6th Street, Reno, NV 89503
Mailing Address: 235 West 6th Street, Reno, NV 89503
City: Reno  State: NV  Zip Code: 89503
Telephone: (775) 770-3220  Fax: (775) 770-3640
Toll Free Number: (866) 855-2884
E-mail: Paul.Vitkus@DignityHealth.org  Website: www.saintmarysreno.org
Managing Pharmacist: Paul E. Vitkus  License Number: 8563

Hours of Operation:
Monday thru Friday _____am _____pm  Saturday _____am _____pm
Sunday _____am _____pm  24 Hours ☑

TYPE OF PHARMACY  SERVICES PROVIDED

☐ Retail  ☐ Off-site Cognitive Services
☒ Hospital (# beds 380)  ☐ Parenteral
☐ Internet  ☐ Parenteral (outpatient)
☐ Nuclear  ☐ Outpatient/Discharge
☐ Out of State  ☐ Mail Service
☐ Ambulatory Surgery Center  ☐ Long Term Care
APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 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.

__________________________  5/19/12
Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael J. Carrasco, Vice-President  
Print Name of Authorized Person  
Date

Board Use Only  
Received: MAY 15, 2012 Amount: 500.00
APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Prime Healthcare Services, Inc.
Corporation Name: Prime Healthcare Services - Reno, LLC
Mailing Address: 3300 East Guasti Road, 3rd Floor
City: Ontario State: CA Zip: 91761
Telephone: (909) 235-4400 Fax: (909) 235-4419
Contact Person: Michael J. Sorrao

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   The sole owner of the LLC is Prime Healthcare Service, Inc., and its address is
   3300 East Guasti Road, 3rd Floor, Ontario CA 91761.
   a) 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. Download the form from the website under the “New Applications” tab. The forms
are available under the documents for all types of businesses.

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

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

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

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

List any physician shareholders and percentage of ownership.

Name: None %: __________
Name: None %: __________
I, Michael J. Sarrao
Responsible Person of Prime Healthcare Services, Reno, LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

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

I further acknowledge and understand that upon the change of managing pharmacist in the
pharmacy, the owners must assure that an accountability audit of all controlled substances shall
be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Original Signature, no stamps or copies

Date 5/9/12
Statement of Responsibility

Managing Pharmacist

Pharmacist Name: P A U L  E  V I T K U S  License #: 8563
Pharmacy Name:  St. Mary’s Regional Medical Center

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.

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<tr>
<td>1. been charged, arrested or convicted of a felony or misdemeanor in any state?</td>
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<td>2. been the subject of an administrative action whether completed or pending in any state?</td>
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<td>3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?</td>
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<td>☑</td>
</tr>
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If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: ____________ Case #: _______
And/or Criminal Action: State: _____ Date: ____________ Case #: _______
County: ___________________ Court: ___________________
Blank
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☑ New Pharmacy ☐ Ownership Change ☐ Name Change ☐ Location Change

(Please provide current license number if making changes: PH______)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b
☑ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: VIP PHARMACY

Physical Address: 6875 RUSSELL RD STE A, LAS VEGAS NV 89118

Mailing Address: 7469 MEZZANINE VIEW AVE

City: LAS VEGAS State: NV Zip Code: 89118

Telephone: 702-944-7446 Fax:

Toll Free Number: 

E-mail: Website:

Managing Pharmacist: ROGER CV License Number: 15333

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday Closed am _____pm

Sunday Closed am _____pm 24 Hours _____

TYPE OF PHARMACY

☑ Retail ☐ Off-site Cognitive Services

☐ Hospital (# beds ____)

☐ Parenteral

☐ Internet

☐ Parenteral (outpatient)

☐ Nuclear

☐ Outpatient/Discharge

☐ Out of State

☐ Mail Service

☐ Ambulatory Surgery Center

☐ Long Term Care

Page 1

60024
APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☐

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐

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

Print Name of Authorized Person

ROGER [Signature]

Date 5/9/2012

Board Use Only

Received: MAY 14, 2012
Amount: 500.00

Page 2
APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: ________________________________
Corporation Name: DOCTOR'S CHOICE LLC
Mailing Address: 7469 MEZZANINE VIEW AVE
City: LAS VEGAS State: NV Zip: 89178
Telephone: 702-944-3446 Fax: ________________________________
Contact Person: ROGER LY

For any corporation non publicly traded, disclose the following:

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

   a) HAHN LY 7469 MEZZANINE VIEW AVE LV NV 89178
      Name Address

   b) ROGER LY 7469 MEZZANINE VIEW AVE LV NV 89178
      Name Address

   c) ________________________________
      Name Address

   d) ________________________________
      Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the “New Applications” tab. The forms are available under the documents for all types of businesses.

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 corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: ________________________________ %: __________

Name: ________________________________ %: __________
I, ________________, ROGER LY
Responsible Person of ____________________________
hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

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

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the owners must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Original Signature, no stamps or copies

Date 5/9/2012
Statement of Responsibility

Managing Pharmacist

Pharmacist Name: ROGER LY
License #: 15333
Pharmacy Name: VIP PHARMACY

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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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? ☑  ☐

1. been charged, arrested or convicted of a felony or misdemeanor in any state? ☑  ☐

2. been the subject of an administrative action whether completed or pending in any state? ☑  ☐

3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ☑  ☐

If you marked YES to any of the numbered questions above, please include the following information:

Board Administrative Action: State: NV  Date: 2005  Case #: ______

And/or Criminal Action: State: NV  County:  Date: 2007  Case #: 2:07-CR-0029-3CM-R  Court: FEDERAL
PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date: 5/9/2012

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 herein 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: New Pharmacy
Nature of License: VIP PHARMACY
6835 W. RUSSELL RD., LAS VEGAS, NV 89118
Name and Address of Establishment for Which License is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

First Name: HAUNG
Middle Name: NGO

Last Name: Ly

Aliases, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise:

7469 MEZZA LINE VIEW AVE LAS VEGAS NV 89178
Present Residence Address - Street or RFD City State/Zip

Dates

Present Business Address
City State/Zip

Dates

Occupation: COCKTAIL WAITRESS

Phone: Residence

Place of Birth (City, County, State):

Date of Birth: 39

Age

Social Security Number

Sex: FEMALE

Color of Eyes: BROWN

Color of Hair: BLK

Complexion: FAIR

Weight: 100

Build: SLIM

Height: 5’0"

Scars, tattoos or distinguishing marks and/or characteristics:

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 initials: HL
MARRITAL INFORMATION—Continued

A. Current Marriage

City, County and State

LAS VEGAS, CLARK, NV

Date

ROGER

LY

S.S. No.

Place of Birth

HUE, VIETNAM

Resident address

3460 MEZZANINE VIEW AVE, LAS VEGAS, NV 89178

Street

City

State

Zip

Telephone: Residence

Business

Spouse’s employer

EVERGREENS DRUGS

Occupation

PHARMACIST

Address of employer

10001 S. EAST RD AVE, HENDERSON, NV 89052

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

N/A

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

Name

Street

City

State

Zip

Telephone

N/A

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: PL

Page 2
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,
in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
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<tr>
<td>Vuong Ngo</td>
<td></td>
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<tr>
<td>Mother</td>
<td></td>
<td></td>
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<tr>
<td>Huynh</td>
<td></td>
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<td></td>
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<tr>
<td>Father-In-Law</td>
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<tr>
<td>Ly</td>
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<tr>
<td>Mother-In-Law</td>
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<tr>
<td>Ly</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ha Ngo</td>
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<tr>
<td>Spouse</td>
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<tr>
<td>Lam Tran</td>
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<td>Hung Ngo</td>
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<td>Spouse</td>
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<td>Tray Vo</td>
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<td>Hang Ngo</td>
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<td>Spouse</td>
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<td>Huong Nguyen</td>
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<tr>
<td>Spouse</td>
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<td>Hiep Ngo</td>
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<tr>
<td>Spouse</td>
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<tr>
<td>Thao Nguyen</td>
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</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>Saigon, Vietnam</td>
<td>Yes ☐ No ☐</td>
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<tr>
<td>High School</td>
<td>Saigon, Vietnam</td>
<td>Yes ☐ No ☐</td>
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</tr>
<tr>
<td>College</td>
<td>CSN, Las Vegas, NV 2007 - 2006</td>
<td>Yes ☐ No ☐</td>
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<tr>
<td>University</td>
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</table>

Other: Type of degree obtained, if any: N/A

College or university where obtained: N/A

Applicant's initial: ML

Page 3
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........................................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.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
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Applicant's Initial. ☑
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:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
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</table>

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:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 - Present</td>
<td>746 A MEZZANINE VILL AVE</td>
<td>LAS VEGAS</td>
<td>NV 89178</td>
</tr>
<tr>
<td>2007 - 2010</td>
<td>8883 KINGSWAY DR.</td>
<td>LAS VEGAS</td>
<td>NV 89147</td>
</tr>
<tr>
<td>2005 - 2007</td>
<td>7655 GOLDEN LANTER W CRT</td>
<td>LAS VEGAS</td>
<td>NV 89147</td>
</tr>
<tr>
<td>2003 - 2005</td>
<td>9589 VERNED A CRT</td>
<td>LAS VEGAS</td>
<td>NV 89147</td>
</tr>
<tr>
<td>1994 - 2003</td>
<td>8908 KENTSHIRE DR.</td>
<td>LAS VEGAS</td>
<td>NV 89148</td>
</tr>
<tr>
<td>1991 - 1994</td>
<td>3004 HAZY MEADOW LANE</td>
<td>LAS VEGAS</td>
<td>NV 89108</td>
</tr>
</tbody>
</table>

Applicant's initial: HL

Page 5
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.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1997 - PRESENT</strong> MAXIM CASINO 3500 LAS VEGAS BLVD. LAS VEGAS, NV 89109</td>
<td>CASINO</td>
<td>STILL EMPLOYED</td>
</tr>
<tr>
<td><strong>Cocktail Waitress</strong></td>
<td><strong>Serve Drinks</strong></td>
<td><strong>Name of Supervisor</strong></td>
</tr>
<tr>
<td><strong>GREG</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1994 - 1997</strong> MAXIM CASINO/HOTEL 1600 E. FLAMINGO RD. LAS VEGAS, NV 89119</td>
<td>BETTER OPPORTUNITY</td>
<td></td>
</tr>
<tr>
<td><strong>Cocktail Waitress</strong></td>
<td><strong>Serve Drinks</strong></td>
<td><strong>Name of Supervisor</strong></td>
</tr>
<tr>
<td><strong>JIM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1992 - 1994</strong> ALADIN CASINO/HOTEL 3607 LAS VEGAS BLVD. LAS VEGAS, NV 89119</td>
<td>BETTER OPPORTUNITY</td>
<td></td>
</tr>
<tr>
<td><strong>BUFFET WAITRESS</strong></td>
<td><strong>Serve Drinks &amp; Food</strong></td>
<td><strong>Name of Supervisor</strong></td>
</tr>
<tr>
<td><strong>Name/Mailing Address of Employer/Business</strong></td>
<td><strong>Reason for Leaving</strong></td>
<td><strong>Name of Supervisor</strong></td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td><strong>Description of Duties</strong></td>
<td><strong>Name of Supervisor</strong></td>
</tr>
</tbody>
</table>

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

Applicant's initial: LC
9. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Home</td>
<td>Employer</td>
<td>Business</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRED CRAW</td>
<td>3445 N. CROWN VALLEY PKWY</td>
<td>HENDERSON, NV 89014</td>
<td><strong>5 YEARS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GODFREY BALA</td>
<td>490 DEL MAR WAY</td>
<td>HENDERSON, NV 89012</td>
<td><strong>5 YEARS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KERI BALA</td>
<td>490 DEL MAR WAY</td>
<td>HENDERSON, NV 89012</td>
<td><strong>5 YEARS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JULIE PHAM</td>
<td>5341 SHABAH MARIE CT</td>
<td>LAS VEGAS, NV 89118</td>
<td><strong>10 YEARS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JAY VO</td>
<td>664 RENAISSANCE AVE</td>
<td>LAS VEGAS, NV 89178</td>
<td><strong>10 YEARS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>BUSINESS</td>
<td></td>
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</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>License Type</th>
<th>License Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquor</td>
<td>Lawyer</td>
</tr>
<tr>
<td>Doctor</td>
<td>Contractor</td>
</tr>
<tr>
<td>Accountant</td>
<td>Pilot</td>
</tr>
<tr>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
</tbody>
</table>

If yes, state type, where and years held

12. Have you ever applied for a city, county of 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: HL
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: 4/20/2012

Applicant’s initial: HL
STATE OF Nevada ss.
COUNTY OF Clark

I, ________________, 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 of 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.

__________________________
Original Signature of Applicant

Subscribed and Sworn to before me this ________________ day of ________________

__________________________
Notary Public

Applicant's initial: __________

Page 9
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 preface each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein 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: NEW RETAIL PHARMACY
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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Roger</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Thii</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Address</th>
<th>7469 Mezzanine View Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Las Vegas</td>
</tr>
<tr>
<td>State/Zip</td>
<td>NV 89128</td>
</tr>
</tbody>
</table>

Present Residence Address-Street or RFD

Present Business Address

Occupation

<table>
<thead>
<tr>
<th>Dates</th>
<th>Dates 2000 - Present</th>
</tr>
</thead>
</table>

Phone:  
Residence:  
Business:

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>HUE, VIET NAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Birth (City, County, State)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>40</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Eye Color</th>
<th>Brown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hair Color</th>
<th>Bk</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Complexion</th>
<th>Fair</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Weight</th>
<th>140</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Build</th>
<th>Slim</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Height</th>
<th>5' 6&quot;</th>
</tr>
</thead>
</table>

Scars, tattoos or distinguishing marks and/or characteristics

Chinese writing on right tricept.

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: l
A. Current Marriage

Current Marriage

<table>
<thead>
<tr>
<th>Spouse's full name (Maiden)</th>
<th>City, County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>HANH NGUYEN</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>07-03-1973</td>
<td>SAIGON, VIETNAM</td>
</tr>
</tbody>
</table>

Resident address

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>746A MEZZANINE VILLA AVE</td>
<td>LV</td>
<td>NV</td>
<td>89178</td>
</tr>
</tbody>
</table>

Telephone: Residence

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Spouse's employer

<table>
<thead>
<tr>
<th>Address of employer</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>MGM GRAND CASINO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Occupation

| Cocktail Waitress |

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
</table>

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: P
FAMILY INFORMATION-Continued
District attorney or public agency responsible for enforcing the child support order:
Name: H.A.
Address: 
Contact person: 

C. Parents:
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, guardians.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAVID LY</td>
<td></td>
<td>2943 MILLENCENT WAY PASADENA, CA 91107</td>
<td>CIVIL ENGINEER / RETIREMENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2943 MILLENCENT WAY PASADENA, CA 91107</td>
<td>TEACHER'S AID / RETIREMENT</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td>8883 KINGSWOOD DR. LAS VEGAS, NV 89147</td>
<td>ELECTRICIAN / DECEASED</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8883 KINGSWOOD DR. LAS VEGAS, NV 89147</td>
<td>COOK AIDE</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAN LY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KHA HUYNH</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micki Ly</td>
<td></td>
<td>461 KUCAIWI DR. WAILUKU, HI 96793</td>
<td>PHYSICIAN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>461 KUCAIWI DR. WAILUKU, HI 96793</td>
<td>CPA</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>501 SPENCER CREST CT. CARY, NC 27513</td>
<td>ELECTRICAL ENGINEER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>501 SPENCER CREST CT. CARY, NC 27513</td>
<td>CHEMICAL ENGINEER</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>119 223RD ST SE BO Therm, WA 98024</td>
<td>PHYSICIAN</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>6090 LA COSTA PL FOUNTA LA 92336</td>
<td>PHARMACIST</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>6090 LA COSTA PL FOUNTA LA 92336</td>
<td>NETWORKER</td>
</tr>
<tr>
<td>Keith Ly</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>WILSON</td>
<td>PASADENA, CA</td>
<td>1982-1985</td>
</tr>
<tr>
<td>High School</td>
<td>JOHN MARSHALL FUND</td>
<td>PASADENA, CA</td>
<td>1985-1990</td>
</tr>
<tr>
<td>College University</td>
<td>UCL</td>
<td>JURIEVA, CA</td>
<td>1990-1995</td>
</tr>
<tr>
<td>Other</td>
<td>UNM</td>
<td>ABA, NM</td>
<td>1996-2000</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: B.S., Ph.D. 
College or university where obtained: UCL, UNM

Applicant's initials: KU
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 ................................................ 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.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>37</td>
<td>HEALTH CARE FRAUD</td>
<td>LAS VEGAS, NV</td>
<td></td>
<td>FBI</td>
</tr>
<tr>
<td>1994</td>
<td>23</td>
<td>DROPPED</td>
<td>ORANGE, CA</td>
<td>PD</td>
<td></td>
</tr>
<tr>
<td>1992</td>
<td>21</td>
<td>DOMESTIC VIOLENCE</td>
<td>DOWNEY, CA</td>
<td>PD</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant’s initial ..................................................
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:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLAINTIFF</td>
<td>2008</td>
<td>District Court A53435A</td>
<td>LAS VEGAS, CLARK, NV</td>
<td>2011</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
</table>

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 - Present</td>
<td>7469 MECLANINE VIEW AVE, LAS VEGAS, NV</td>
<td>89177</td>
<td></td>
</tr>
<tr>
<td>2007 - 2010</td>
<td>8883 KINGSWOOD DR., LAS VEGAS, NV</td>
<td>89147</td>
<td></td>
</tr>
<tr>
<td>2005 - 2007</td>
<td>7665 GOLDEN LANTERN CRT, LAS VEGAS, NV</td>
<td>89159</td>
<td></td>
</tr>
<tr>
<td>2008 - 2005</td>
<td>9582 VERNEDA CRT, LAS VEGAS, NV</td>
<td>89147</td>
<td></td>
</tr>
<tr>
<td>2000 - 2003</td>
<td>VIA SAN RAFAEL, LAS VEGAS, NV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/2000 - 09/2000</td>
<td>2993 MILICENT WAY, PASADENA, CA</td>
<td>91107</td>
<td></td>
</tr>
<tr>
<td>1996 - 2000</td>
<td>ALBUQUERQUE, NEW MEXICO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1985 - 1996</td>
<td>2493 MILICENT WAY, PASADENA, CA</td>
<td>91107</td>
<td></td>
</tr>
</tbody>
</table>


## 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.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/04 - Present</td>
<td>EVERGREENS DRUGS / PHARMACY 10001 S. EASTERN AVE, HENDERSON, NV 89052</td>
<td>Still employed</td>
</tr>
<tr>
<td>Title</td>
<td>Pharmacist</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Description of Duties</td>
<td>Filled Rx, DUR, Couseled Pt.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/10 - 5/11</td>
<td>KNU SOLUTION 5705 CASTLE CREEK PKWY, INDIANAPOLIS IN 46250</td>
<td>NO ASSIGNMENTS</td>
</tr>
<tr>
<td>Title</td>
<td>Temp Pharmacist</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Description of Duties</td>
<td>Filled Rx, DUR, Couseled Pt.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/09 - 12/09</td>
<td>PHARMACY SOLUTION 800 S. 28TH ST, LV, NV 89137</td>
<td>NO ASSIGNMENTS</td>
</tr>
<tr>
<td>Title</td>
<td>Temp Pharmacist</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Description of Duties</td>
<td>DUR, Filled Rx, Couseled Pt.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/04 - 05</td>
<td>NATIONAL ELITE ADVERTISING 1063 GOLDFINCH CTR, LV, NV 89139</td>
<td>SOLD BUSINESS</td>
</tr>
<tr>
<td>Title</td>
<td>MANAGER</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Description of Duties</td>
<td>DESIGN AND PROMOTE DIGITAL ADVERTISING</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 - 05</td>
<td>VARIOUS LOCATIONS, LV, NV</td>
<td>RE LICENSING ISSUES</td>
</tr>
<tr>
<td>Title</td>
<td>Floating Rph</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Description of Duties</td>
<td>DUR, Filled &amp; Chucked Rx, Couseled Pt</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 - 04</td>
<td>VONS PHARMACY HENDERSON, NV</td>
<td>QUIT</td>
</tr>
<tr>
<td>Title</td>
<td>Pharmacist</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Description of Duties</td>
<td>DUR, Filled &amp; Chucked Rx, Couseled Pt</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>98-00</td>
<td>UNIVERSITY HOSPITAL PHARMACY ABB, NM</td>
<td>GRADUATED</td>
</tr>
<tr>
<td>Title</td>
<td>Pharmacy Intern</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Description of Duties</td>
<td>Filled Rx, Couseled Pt</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>97 - 99</td>
<td>VICTOR PHARMACY ABB, NM</td>
<td>GRADUATED</td>
</tr>
<tr>
<td>Title</td>
<td>Pharmacy Intern</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Description of Duties</td>
<td>Filled Rx, Couseled Pt</td>
<td></td>
</tr>
</tbody>
</table>

If additional space is needed, continue on page 10 or provide attachment.
9. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Fred Conn</td>
<td>2745 N. Green Valley Prwy  #555</td>
<td>Henderson</td>
<td>NV</td>
<td>89014</td>
<td></td>
<td>8 years</td>
</tr>
<tr>
<td>Employer: Retired</td>
<td>Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name: Godfrey Baca     | 470 Delamere Way            | Henderson | NV   | 89123  |           | 10 years    |
| Employer: Business     | Home                       |              |       |         |           |             |

| Name: Keri Baca        | 470 Delamere Way            | Henderson | NV   | 89123  |           | 10 years    |
| Employer: Vons         | Pharmacy                    | 18552 Montigue St | Artesia | 91331 |           | 22 years    |

| Name: Warner Bros.     | 5900 W. Rochelle Ave        | LV, NV 89113 |     |         |           | 6 years     |
| Employer: Monte Vista  | Home                       |              |       |         |           |             |

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:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

If yes, state type, where and years held

NEW MEXICO 2005 - 2006

12. Have you ever applied for a city, county of 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: You
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:

NEW MEXICO ALBUQUERQUE 2005 DID NOT PASS MPJE

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: 4/21/2012
Applicant’s initial: M

Page 8
STATE OF Nevada ss.
COUNTY OF Clark

I, ____________________________________________________________, 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 of 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.

Original Signature of Applicant

Subscribed and Sworn to before me this 9th day of May, 2012, by ____________________________

Notary Public

Applicant's initial P.
2006: I diverted Oxycontin + Lorazepam for my personal addiction. Since then, I have been disciplined by the board, recovered through PAA with Larry Espadero, taken responsibility for my actions, have grown and matured spiritually and mentally from my actions. I now have my pharmacist license back and will not do anything to jeopardize a second chance the board has given me.

1994: City of Orange PD dropped the charge against me in regard to police battery. The officer was found at fault for attacking me due to racial targeting. All charge was dropped.

1992: City of Dearborn, CA. I was charged with domestic violence for getting into a physical confrontation with the security officer. I was young and childish, I went to domestic violent counseling for 1 year as a result of my foolish action.
Blank
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440  
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE  
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)  
Application must be printed legibly or typed  
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.  

| ☑️ New Pharmacy | ☐ Ownership Change |
| ☐ Publicly Traded Corporation – Pages 1,2,3,7 | ☐ Partnership - Pages 1,2,5,7 |
| ☐ Non Publicly Traded Corporation – Pages 1,2,4,7 | ☐ Sole Owner – Pages 1,2,6,7 |

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership  
Pharmacy Name: **Anzo Pharmacies, Inc. DBA Central Drugs**  
Physical Address: **520 W. La Habra Blvd.**  
Mailing Address: **Same as above**  
City: **La Habra** State: **CA** Zip Code: **90631**  
Telephone: **562.691.4754** Fax: **562.694.3869**  
Toll Free Number: **877-449-7077** (Required per NAC 639.708)  
E-mail: **nayan@centraldrugsrx.com** Website: **www.centraldrugsrx.com**  
Managing Pharmacist: **Nayan Patel** License Number: **48867**

**Hours of Operation:**  
Monday thru Friday **9 am** **6 pm**  
Saturday **9 am** **2 pm**  
Sunday **Closed** **am** **pm**

**24 Hours** **N/A**

**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
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?  Yes □ No □

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes □ No □

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No □

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes □ No □

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes □ No □

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

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

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

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

Nyan Paterl

______________________________
Print Name of Authorized Person

4601n

Date

Board Use Only

Received: MAY 10 2012

Amount: $500.00

Page 2
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: CA

Parent Company if any: K7A

Corporation Name: Huro Pharmacies Inc. DOR Central Drugs

Mailing Address: 520 W. LA HABRA Blvd.

City: LA HABRA State: CA Zip: 90631

Telephone: 562-694-2754 Fax: 562-694-2869

Contact Person: Nayan Patel

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) Nayan Patel 18934 Bernard Place, Cerritos, CA 90703
   b) Yogesh Patel 11607 Dimini Ave., Cerritos, CA 90703
   c) Ashvin Patel 11017 Brigantine St., Cerritos, CA 90703
   d) ____________________________ ____________________________

2) Provide the number of shares issued by the corporation. 10,000

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? 8/7/99

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

List any physician shareholders and percentage of ownership.

Name: ____________________________ %: ____________________________

Name: ____________________________ %: ____________________________

Include with the application for a non publicly traded corporation

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

List of officers and directors (SEE ATTACHED)
CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, ___________________________,

Responsible Person of ___________________________,

hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

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

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

______________________________
Print Name of Authorized Person

04/30/12
Date
April 9, 2012

CENTRAL DRUGS
520 W. LA HABRA BLVD
LA HABRA, CA 90631

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: CENTRAL DRUGS
License Type: PHARMACY
License Number: PHY 49146
Status: ACTIVE
Issue Date: 08/21/08
Expiration Date: 08/01/12
Address of Record: 520 W. LA HABRA BLVD LA HABRA, CA 90631
Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

By

Virginia Herold
Executive Officer

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922
Barbera.Schleicher@dca.ca.gov
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

New Pharmacy / Ownership Change ___ Name Change ___ Location Change ___
(Please provide current license number if making changes: PH______)

GENERAL INFORMATION
Pharmacy Name: Pallimed solutions, Inc.
Physical Address: 400 west Cummings Park Suite 1050
Mailing Address: same as above
City: Woburn State: MA Zip Code: 01801
Telephone Number: 781-937-3344 Fax Number: 781-937-3388
Toll Free Number: 877-592-5051 (Required per NAC 639.708)
E-mail: info@pallimed.com Website: www.pallimed.com
Managing Pharmacist: James F. Nahill License Number: PH21581

Hours of Operation:
Monday thru Friday 8 am 7 pm Saturday by appt. only
Sunday 7 am 7 am 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: FEB 28 2012 Amount: 500.00 Entity: 59353
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?  Yes □ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?  Yes □ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?  Yes □ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?  Yes □ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?  Yes □ No ☒

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

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

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

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

JAMES NATHAN  2/22/2012
Print Name of Authorized Person  Date

Board Use Only  Received:  Amount:
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]
Original Signature of owner or executive officer, no stamps or copies

[Date]

James E. Nohill, President
Print or Type name and title
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Massachusetts
Parent Company if any: 
Corporation Name: Pallimed Solutions, Inc.
Mailing Address: 400 West Cummings Park, Suite 1050
City: Woburn State: MA Zip: 01801
Telephone: 781-937-3344 Fax: 781-937-3388
Contact Person: James F. Nahill

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: 11/28/2006
Registration number issued: 0009386282
Stock Exchange: 

Include with the application for a publicly traded corporation

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

List of officers and directors.

James Nahill - President
James Nahill - Treasurer
James Nahill - Secretary
I, James F. Nobill, Corporate Officer of Pallimed Solutions, Inc. hereby acknowledge and understand that in addition to the corporation’s responsibilities, my fellow officers and I, as corporate officers of said corporation, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

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

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

Original Signature

Date 2/22/2012
I, James E. Nath, hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation’s, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

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

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

James E. Nath
Print Name of Authorized Person

Date 2/22/2012
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR AUTHORITY TO DISPENSE DRUGS
Registration Fee: $300.00 (non-refundable money order or cashier’s check only)

New Dispensing Location ☐ Address Change ☐ (Requires Fee and New Application)
Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice? ☐ Yes ☐ No

I will be dispensing ☐ controlled substances ☐ dangerous drugs or ☐ both. Must check a box.
If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.

First: Jason Middle: Russell Last: Burke Degree: M.D.
Practice Name (if any): Hangover Heaven, LLC
Nevada Address: 3281 S. Highland Dr. Suite 806 Suite #: 806
(Your must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: SS#: ________ Date of Birth ________ Sex: ☐ M or ☐ F
E-mail address:
City: Las Vegas State: NV Zip Code: 89109
Nevada Work Telephone: 702-808-5983 Nevada Fax: 702-541-9944
Practitioner License Number: 9999 Specialty: Anesthesiology

You must be licensed with your respective BOARD before we will process this application.

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? ☐ Yes ☐ No
1. Been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ ☐
2. Been the subject of an administrative action whether completed or pending in any state? ☐ ☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ☐ ☐

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:

<table>
<thead>
<tr>
<th>Board Administrative Action:</th>
<th>State</th>
<th>Date:</th>
<th>Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Criminal Action: State Date: Case #: County Court

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permittance of authorization.

Original Signature, no copies or stamps accepted. Date 3/11/2012

Board Use Only
Received: MAR 26 2012 Amount: 300.00 Entity# 59605
TEMPORARY LICENSES
(Issued since last board meeting)

Walgreens

Sandra Le
Bang Le
Blank
"Administer" or "Dispense" a Medication—What's the Difference?

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

The Nevada State Board of Pharmacy is often queried by practitioners about the "dispensing" of medication to their patients. The ensuing discussions frequently often reveal confusion as to just what "dispensing" actually means, as practitioners may interchange "administering" and "dispensing." In actuality, the two acts are completely different, one (dispensing) requiring a license from the Board of Pharmacy. To clarify:

1. The act of "administering" a medication to a patient in your office is perfectly legal; within your scope of practice; and requires no special licensure.

2. The act of "dispensing" a medication from your office to a patient for his or her self-administration away from your office requires registration with the Board of Pharmacy because you are now acting as a pharmacy by dispensing, not prescribing for a pharmacy to dispense, and must abide by rules that mimic requirements for a Nevada pharmacy:
   a. You must hold a "dispensing practitioner" license.
   b. Your dispensing site needs a pre-opening inspection by a Pharmacy Board Inspector and will be inspected annually thereafter.
   c. You must properly store and secure your stock.
   d. You must properly label anything dispensed as does a pharmacy.
   e. You must dispense in a "child proof container" as does a pharmacy (the "little brown envelope" of the past is unacceptable!)
   f. You must personally counsel the patient as to the use of the medication, side effects, warnings, etc. as does a pharmacist.
   g. You must keep records as does a pharmacy.
   h. You must report your dispensing of any controlled substances to the Controlled Substance Prescription Abuse Prevention Task Force by computer.

The bottom line is that anything that walks out of your office that requires a prescription, which is indicated by an "Rx Only" on the label, is considered "dispensing" and would include such things as prescription toothpaste, chlorhexidine, and many fluoride preparations. OTC products, such as ibuprofen, are no problem. Whether you charge or not for a dispensed medication has no bearing.

Any questions regarding the dispensing of prescription medications can be directed to Larry Pinson, Executive Secretary of the Board of Pharmacy, or to Carolyn Cramer, General Counsel, at 775-850-1440.

Editor's Note: The NDAJ thanks Drs. Dwyte Brooks and John DiGrazia for bringing this issue to our attention.
NRS 639.23507

Patient utilization report required before writing prescription for controlled substance.

A practitioner shall, before writing a prescription for a controlled substance listed in schedule II, III or IV for a patient, obtain a patient utilization report regarding the patient for the preceding 12 months from the computerized program established by the Board and the Investigation Division of the Department of Public Safety pursuant to NRS 453.1545 if the practitioner has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition and:

1. The patient is a new patient of the practitioner; or
2. The patient has not received any prescription for a controlled substance from the practitioner in the preceding 12 months.

The practitioner shall review the patient utilization report to assess whether the prescription for the controlled substance is medically necessary.

(Added to NRS by 2007, 735)

Editor’s Note: The NDAQ took advantage of Pharmacy Issue I in this issue to query Dr. Pinson about NRS 639.23507, thus generating the following e-mail correspondence. Also, the NDAQ is on record supporting Dr. Pinson’s feeling that dentists would be well-served by accessing the PMP databank.

In addition, as noted in the Editor’s e-mail below, and in “A Good Rx,” there are frequently errors in government databases and doctors are likely not indemnified when relying on such faulty data.

February 3, 2012
Dear Dr. Pinson,

How would you interpret NRS 639.23507? For instance, if a dentist performs surgery that will predictably result in post-operative pain, is he/she mandated to access the databank, or does the treatment legitimize the Rx? No matter what the databank says (which may or may not be accurate), is it appropriate to deny a patient an Rx for a painful procedure because the patient may coincidentally be listed in the databank?

Thank you,
Dan Orr

February 3, 2012
Dear Dr. Orr,

In response to your question, I am no attorney, however my take is one of common sense (whatever that is) which would absolutely allow a dentist to treat the pain post painful procedure, regardless of what the PMP reports. Note the verbiage states “a reasonable belief that the patient may be seeking the controlled substance... for any reason other than the treatment of an existing medical condition.” It then goes on to talk about “medical necessity.” The procedure just completed would be the “existing medical condition” and the treatment of pain certainly a “medical necessity,” so I am not feeling that accessing the database would be mandated. Having said that, I do feel that having the PMP data would be helpful to the practitioner regardless; knowing the “narcotic naivety” of your patient often dictates how you will deal with that patient’s pain.

Larry L. Pinson, Pharm. D.

Endnotes
FW: Thank you!
Pharmacy Board

Sent: Wednesday, April 25, 2012 4:25 PM
To: LARRY L. PINSON

Nice to hear.

Candy Nolly
Licensing Specialist
Nevada State Board of Pharmacy

From: Adam J. Frerichs [adam.frerichs@gomedsupply.net]
Sent: Wednesday, April 25, 2012 3:43 PM
To: Pharmacy Board
Subject: Thank you!

Dear Nevada State Board of Pharmacy,

After dealing with the California bureaucratic system for the last 10 years, it is very refreshing to work with a system that is fast, easy to access and uses common sense in handling customer requests. It almost makes me want to move to Las Vegas!

Thank you to the people in the Nevada State Board of Pharmacy for all your help and getting MedSupply through your system as an out-of-state medical device company!

Sincerely,

Adam

Adam J. Frerichs
Chief Executive Officer
MedSupply
5850 E. Shields Avenue, Suite 105
Fresno, CA 93727-8072

tel: 559.292.1540
fax: 559.292.1539
toll-free: 1.800.889.9081
cell: 559.696.9356
adam.frerichs@gomedsupply.net
NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

APRIL 18 & 19, 2012 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 April, 2012 Board meeting.

Licensing Activity:

- 70 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 21 licenses were granted for Out-of-State pharmacies.
- 16 licenses were granted for Out-of-State wholesalers.
- 2 licenses were granted for Nevada wholesalers.
- 6 licenses were granted for a Nevada pharmacy (pending inspection).
- 2 licenses were granted for a Nevada MDEG company (pending inspection).
- 1 pharmacist registration by examination was denied due to issues leading to revocation in California.
- 2 pharmaceutical technician registration reinstatements were denied due to the failure of the applicants to appear.
- 1 registration for a controlled substance license for a PA was granted after appearance and assurance of knowledge of the law.

Disciplinary Action:

- Three pharmaceutical technicians were revoked for diversion of controlled substances.
- Pharmacist MB and pharmacy PC & managing pharmacist TB were ordered into “Your Success Rx”; put on probation; ordered into sterile technique training & fined due to the dispensing of non-sterile calcium gluconate injectable injuring 9 patients. Pharmacist KC was revoked for his part in the case.
- Pharmacist JWV was ordered a letter of reprimand for dispensing a medication from an incorrectly filled Baker Cell.
Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- A discussion was held on the counseling on OTC medications by pharmacy technicians and clerks.
- A discussion was held on the seemingly endless diversion of controlled substances by pharmacy technicians resulting in the formation of a working group comprised of representatives from industry, the Board, loss prevention personnel, law enforcement, and wholesalers to address this problem.

Workshop:

A. Amendment of Nevada Administrative Code 639.753
   Declination of pharmacist to fill prescription.

B. Amendment of Nevada Administrative Code 639.7105
   Electronic transmission of prescriptions listed in schedule II.

Public Hearing:

Amendment of Nevada Administrative Code 453.510 Schedule I. Because of abuse of un-regulated products containing synthetic cannabinoids being sold in head shops, law enforcement has requested that the Board of Pharmacy to schedule AM-2201, JWH-081, JWH-122, JWH-250, JWH-210 and AM-694 to Schedule 1.