

September 27, 2012

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

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

Wednesday, October 17, 2012 – 9:00 am

Thursday, October 18, 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 September 5, 2012, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. American Specialty Pharmacy – Plano, TX
 - B. Central Avenue Pharmacy – Pacific Grove, CA
 - C. Custom Rx Pharmacy – Wichita, KS
 - D. CVS Caremark – Mt Prospect, IL
 - E. Kabafusion – Norwalk, CA
 - F. MRP – Los Angeles, CA
 - G. Pacific Coast Pharmacy – San Luis Obispo, CA
 - H. Pharmalogic Wyoming, Inc. – Casper, WY
 - I. PromiseCare Pharmacy – Antioch, NY
 - J. Summerton Drugs Compounding and Dispensary – Summerton, SC
 - K. TNH Pharmacy 2 – Van Nuys, CA
 - L. USC Medical Plaza Pharmacy – Los Angeles, CA

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

- M. Airgas USA, LLC – St George, UT
- N. Bonro Medical Inc. – Evans, GA
- O. CBS Medical Inc. – Lincoln, NE
- P. DiabeticSupplies.com – Battle Ground, WA
- Q. Joint Active Systems, Inc. – Effingham, IL
- R. Nipro Medical Corporation – Memphis, TN
- S. Philips Healthcare – Bothell, WA
- T. Physio-Control, Inc. – Redmond, WA
- U. Strive Medical LLC – Irving, TX
- V. Theratech, Inc. – Madison, TN

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

- W. Eon Labs, Inc. – Wilson, NC
- X. Freedom Pharmaceuticals, Inc. – Tulsa, OK
- Y. Healthcare Distribution Specialists – Silver Spring, MD
- Z. Methapharm, Inc. – Coral Springs, FL
- AA. Midwest Veterinary Supply, Inc. – Sun Prairie, WI
- BB. Noramco, Inc. – Athens, GA
- CC. Perrigo Pharmaceuticals Company – Duncan, SC
- DD. Perrigo Pharmaceuticals Company – Holland, MI
- EE. Perrigo Pharmaceuticals Company – Martin, MI
- FF. Rebel Distributors, Corp. – Thousand Oaks, CA
- GG. Smith & Nephew, Inc. – Englewood, CO

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- HH. Catamarean Home Delivery – Las Vegas
- II. Sierra Pharmacy Services, Inc. – Reno

Application for Nevada Wholesaler – Non Appearance for Possible Action:

- JJ. TheraCom, L.L.C. – Reno

Application for Nevada MDEG – Non Appearance for Possible Action:

- KK. ProMed – 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. | Joel Raiman, R.Ph | (11-118-RPH-S) |
| B. | Ronald DiMatteo, R.Ph | (12-020-RPH-S) |
| C. | Kit Nguyen, R.Ph | (12-039-RPH-S) |
| D. | Fernesser Tracey, R.Ph | (12-036-RPH-S) |
| E. | Monte Lai, R.Ph | (12-037-RPH-S) |
| F. | Inna Alterman, R.Ph | (12-038-RPH-S) |
| G. | Cindy Orwick, PT | (12-047-PT-S) |
| H. | John Zindash, PT | (12-043-PT-S) |
| I. | Albert Vandivort, PT | (12-044-PT-S) |
| J. | John J. Dudek Jr, MD | (12-008-CS-S) |
| K. | Scot M. Silber, R.Ph | (11-090-RPH-S) |
| L. | Green Valley Drugs | (11-090-PH-S) |

5. Request for Reinstatement of Pharmacist License – Appearance for Possible Action:

Matthew Osayaren

(09-080-RPH-S)

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

Advanced Home Infusion – Las Vegas

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

- A. Advanced Pharma Incorporated – Houston, TX
- B. American Medical Direct – San Antonio, TX

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

- A. Linde RSS, LLC – Henderson
- B. Trilogy Medical – Las Vegas

9. NABP 2012 Triathlon Interactive Forum Report for Possible Action:

Russ Smith

10. Discussion and Determination for Possible Action:

Delivery of Prescriptions

11. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
 - 1. CE – Elko, Reno and Las Vegas
- D. Reports to Board
 - 1. Your Success Finals
 - a. SaveMart #551 (Carson City)
 - b. Michelle Badten (Pathway, Las Vegas)
 - c. Ken Heaton (Lam's, Las Vegas)
- E. Board Related News
 - 1. Ther-Rx
- F. Activities Report

12. General Counsel Report for Possible Action:

Nevada Athletic Trainers

W O R K S H O P for Possible Action

Thursday, October 18, 2012 – 9:00 am

13. **Proposed Regulation Amendment Workshop** – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.
 - A. **Amendment of Nevada Administrative Code 639.725** Use of mechanical counting device for dispensing medication to be taken orally.
 - B. **Amendment of Nevada Administrative Code 453.510** Schedule I. Because of abuse of un-regulated products containing synthetic cannabinoids, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule 1.
14. Next Board Meeting:

December 5-6, 2012 – Las Vegas
15. 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
Washoe County Courthouse – Reno

Nevada Board of Pharmacy – Reno & Las Vegas
Mineral County Courthouse – Hawthorne

BOARD MEETING

at the

Hyatt Place
1790 E Plumb Lane
Reno

September 5, 2012

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

Board Members Present:

Beth Foster
Russell Smith
Cheryl Blomstrom

Kirk Wentworth
Jody Lewis

Jack Dalton
Kam Gandhi

Board Members Absent:

Board Staff Present:

Larry Pinson Jeri Walter Shirley Hunting Carolyn Cramer Keith Marcher

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)

There was no public comment.

2. Approval of July 18-19, 2012, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Cardinal Health 414, LLC – Tempe, AZ
 - B. Compound Care Plus LLC – Loxley, AL
 - C. Elite Rx – Birmingham, AL
 - D. Healthstat Rx, LLC – Largo, FL
 - E. Healthstat Rx, LLC – Smyrna, GA
 - F. Homecare Medical Groups – Wake Forest, NC

- G. Komoto Custom Care Pharmacy – Bakersfield, CA
- H. NuVision Pharmacy Inc. – Dallas, TX
- I. One Point Patient Care, LLC – Morton Grove, IL
- J. Park Irmat Drug Corp – New York, NY
- K. The Wellness Compounding – Chattanooga, TN
- L. Truax Patient Services – Bemidji, MN
- M. Westchase Compounding Pharmacy – Tampa, FL

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

- N. APL Logistics WMS, Inc. – Suwanee, GA
- O. CareFusion – Minneapolis, MN
- P. CareFusion – Oak Forest, IL
- Q. CareFusion – Palm Springs, FL
- R. Cytomedix, Inc. – Gaithersburg, MD
- S. Exel, Inc. – Mechanicsburg, PA
- T. Matheson Tri-Gas, Inc. – West Sacramento, CA
- U. MPC Newco, Inc. – Philadelphia, PA
- V. MPC Newco 2, Inc. – Philadelphia, PA
- W. OnSite Health Inc. – Spring Branch, TX
- X. Teleflex Medical Incorporated – Olive Branch, MS
- Y. Willow Birch Pharma, Inc. – Taylor, MS

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

- Z. Apria Healthcare, Inc. – Lenexa, KS
- AA. CareFusion – Minneapolis, MN
- BB. CareFusion – Palm Springs, CA
- CC. Diabetic Care Network – Pompano Beach, FL
- DD. Heritage Diabetic Supply Inc. – Marion, NC
- EE. Laerdal Medical Corporation – Wappingers Falls, NY
- FF. Midwest Respiratory Care Inc. – La Vista, NE
- GG. Neb Group of Arizona – Scottsdale, AZ
- HH. National Rehab Equipment, Inc. – Moon Township, PA
- II. Thomas Durable Medical Equipment – Rochester, MI
- JJ. Ventus Medical Inc. – San Jose, CA
- KK. Wilmington Island DME, Inc. – Savannah, GA
- LL. Wright Therapy Products Inc. – Oakdale, PA

Discussion:

Cheryl Blomstrom noted that during the Workshop discussion regarding CII electronic prescribing where Mr. Whittemore indicated the diagnostic codes would be available in two years, Ms. Blomstrom suggested that the minutes should reflect that this timeframe would be subject to the conclusion of negotiations.

Motion: Cheryl Blomstrom moved to approve the minutes with the suggested amendment.

Second: Jack Dalton

Action: Passed Unanimously.

Discussion:

The consent agenda applications and supporting documents were reviewed.

Board Action:

Motion: Kam Gandhi found the consent agenda application information to be accurate and complete and moved for approval.

Second: Russ Smith

Action: Passed Unanimously.

REGULAR AGENDA

4. Discipline for Possible Actions:

A. Brian T. Vu, R.Ph (12-040-RPH-N)

Carolyn Cramer advised the Board that Mr. Vu was not present even though she expected him to appear. She noted that Mr. Vu had signed the certified return receipt indicating that he had received the Accusation. The notice to appear was sent to the same address of record. Ms. Cramer read a letter from Mr. Vu acknowledging that he had not completed his continuing education into the record.

Mr. Marcher stated that the letter is an admission of guilt and that the Board could move forward.

Board Action:

Motion: Kam Gandhi moved to find Mr. Vu guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Carolyn Cramer recommended that Mr. Vu pay a \$500 fine, make up 30 CE's, complete 75 CE's for the next renewal period, complete and pass the law examination within 60 days and be audited again in 2013.

Motion: Kam Gandhi moved to accept Ms. Cramer's recommendation and to include one CE unit on ethics.

Second: Russ Smith

Action: Passed Unanimously

B. Anteneh Woldetsadik, R.Ph (11-042-RPH-S)

Carolyn Cramer advised the Board that this matter will be heard at the December Board meeting as Mr. Woldetsadik is currently out of the country.

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

A. My Weight Doctor Pharmacy, LLC – Rockville, MD

This application has been rescheduled to the December Board meeting.

B. United Pharmacy LLC – West Palm Beach, FL

Mikhail Vesselov and Anderson Triggs appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Vesselov and Mr. Triggs described their practice as a compounding pharmacy. They have a hard wall sterile compounding facility that is 797 compliant. They will not be shipping any pain medication. They are inspected by the Florida Board of Pharmacy every 12 – 18 months and clean room certified every 6 months. They indicated that they are currently licensed in 37 states. They ship overnight in temperature controlled packaging which is patient specific.

Board Action:

Motion: Kirk Wentworth moved to approve the application for United Pharmacy.

Second: Jody Lewis

Action: Passed Unanimously

C. Wells Pharmacy Network, LLC – Ocala, FL

Darian Chandler, Vice President of Operations, appeared and was sworn by President Foster prior to answering questions or offering testimony.

After discussion with Mr. Chandler reflecting the many past issues with this pharmacy, it was determined that his pharmacy was not ready to open at this time. The Board suggested to table the application until everything is in place including testing the products and training of their staff. They will have one year to complete the process and if that cannot be attained, they can reapply.

Board Action:

Motion: Cheryl Blomstrom moved to table this application until Mr. Chandler and Wells Pharmacy Network are ready to open.

Second: Kam Gandhi

Action: Passed Unanimously

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

A. On-Time Medical Supply LLC – Las Vegas

Candis Hendrix and Geraldine Aguirre appeared and were sworn in by President Foster prior to answering questions or offering testimony.

Ms. Hendrix described her work history. She wants to target Sunrise Hospital and cater to children's needs since there does not seem to be any MDEG providers in the vicinity that provide that type of care. Ms Aguirre is the financial backing for Ms. Hendrix. Ms. Hendrix gave an overview of the business standards that she plans to follow.

Board Action:

Motion: Russ Smith moved to approve the application for On-Time Medical Supply providing they have a respiratory therapist available for emergency contact.

Second: Jody Lewis

Action: Passed Unanimously

B. State Medical Equipment – Las Vegas

Elnisa Cuenca, May Cuenca and Robert Scholl appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer reminded the Board that they had seen the Cuenca's and Mr. Scholl individually at a previous Board meeting. She indicated that they got together and decided to form a partnership. Since Mr. Scholl is a respiratory therapist, he was unable to fully own an MDEG facility. He now is a 10% owner in State Medical Equipment. They advised the Board that they plan to market their business through healthcare fairs, referrals and walk-ins. It was noted that the Board inspector gave positive feedback on their inspection.

Board Action:

Motion: Kam Gandhi moved to approve the application for State Medical Equipment.

Second: Russ Smith

Action: Passed Unanimously

7. Discussion and Determination for Possible Action:

A. Mechanical Counting Devices

After the last meeting regarding the disciplinary matter involving Walgreen's Baker Cell issue, Board staff learned that three items need to be added to 639.725 in order to identify the date of the last filling of the Baker Cell device and require that a log be maintained as are all other pharmacy records.

The Board directed staff to bring back to Workshop at the next Board meeting.

B. Pharmacy Technician Diversion in Pharmacies

Larry Pinson advised the Board that there is an NABP taskforce recommending revisions to the Model Act by adding language regarding additional oversight and specifics related to inventory function by the pharmacist-in-charge as well as accountability of the pharmacy owner and pharmacy permit holder. Mr. Pinson indicated that he is concerned about the volume of doses being diverted from pharmacies. He produced statistics that show admission of diversion of controlled substances by PT's then postulated that much more is actually being diverted. The managing pharmacist is responsible for the security of drugs in the pharmacy and his responsibility also includes protection from diversion by pharmacy staff. Mr. Pinson suggested charging the store and the managing pharmacist in technician diversion cases.

Board staff asked Dennis McAllister of Express Scripts and a member of the Arizona Board of Pharmacy, to indicate how the Arizona Board handles these situations. Mr. McAllister stated in Arizona the Board takes an action against the managing pharmacist and fines the store as much as \$10,000, and in some cases, they have even closed pharmacies for these violations.

Liz Macmenamin did not think that the store or the managing pharmacist should be fined. Ms. Macmenamin commended Mr. Pinson for educating the public, but she felt more education is necessary.

President Foster indicated that the last two newsletters addressed this issue. The stores are required to report theft of drugs and termination of employment to the Board. By reporting as required, it will also alert Board staff to obtain the reason for termination

and any related documentation in order to take an Action against their license. This will stop technicians from going from one chain to the next and continue diverting drugs.

Eric Tolley, pharmacist at Walgreen's, suggested that pharmaceutical technicians post bonds as an option.

Karen Powell, director of the pharmaceutical technician program at Milan, would like to be able to drug test her students, however, since it is not mandated in the law, Milan will not allow her to do that. In some cases, a background check will reveal that a student has been charged with an offense that is not drug-related, however, she feels that this is a character flaw that may possibly escalate to other offenses and a PTT registration should not be issued. President Foster indicated that if Ms. Powell signs the PTT application, she is approving their registration and Board staff will not know the difference between someone she truly approves of and someone that she has reservations about.

The Board discussed requiring the managing pharmacist to appear before the Board with a potential pharmaceutical technician that needs to appear because they have answered "yes" to one of the questions on the PTT application. By requiring their appearance, they will hear firsthand the circumstances involved with the technician they are requesting registration for.

Larry Pinson understands the frustration of the pharmacy chains. When they call law enforcement for pharmaceutical technician theft, the charge usually brought against the technician is embezzlement. Even if they are selling, they are only charged with embezzlement because law enforcement has not caught them selling. The technician's word that they were selling is not enough for law enforcement to take more drastic measures.

Cheryl Blomstrom stated that legislation would have to be in place to require fingerprinting. A legislator would have to introduce language in bill draft in support of mandating fingerprinting.

8. General Counsel Report for Possible Action:

Intern Hours

Carolyn Cramer reported that the national standard for intern hours has been raised to 1,740 to qualify for licensure. The current statutes (NRS 639.120(1)(d)) only requires 1,500 hours. Staff has initiated the process of updating the law.

9. 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 Board meeting.

C. Staff Activities

1. CE Presentations: 7/20 (Metro); 8/19 (Las Vegas); 10/4 (Pharmacist's Letter)

Mr. Pinson advised that he did two presentations in Las Vegas to law enforcement and they were both well attended. He noted that he will be doing a Nevada law CE for Pharmacists' Letter that will be filmed on October 4th, 2012.

2. Hospital Regulation Committee: 8/17

Keith Macdonald, chair of the Hospital Regulation Committee, held a meeting at the Board office in August. President Foster gave an overview of the Committee's progress and is working on how to approach rural and correctional facilities.

C. Reports to Board

1. NABP Interactive Member Forum

Russ Smith will represent the Board at the NABP Interactive member Forum at the NABP headquarters September 19th and 20th.

E. Board Related News

1. DEA Announcement

Mr. Pinson presented the Board with a DEA announcement regarding the new certification process for e-prescribing controlled substances.

2. USP

Mr. Pinson announced the discontinuation of USP Pharmacists' Pharmacopeia after 200 years in existence.

Larry Pinson acknowledged that he received a letter from the Nevada Action Coalition thanking the Board for their support of their campaign for the future of nursing.

He also shared with the Board the new Smart Sink which is a pharmaceutical waste disposal system.

Mr. Pinson advised the Board that the Board office now has Intermedex Alert System in place that alerts practitioners in case of a disaster.

Mr. Pinson thanked Kam Gandhi for representing the Board at the White Coat Ceremony at the College of Pharmacy in Las Vegas.

F. Activities Report

10. Next Board Meeting:

October 17-18, 2012 – Las Vegas

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Adam Porath appeared and questioned the Board regarding the disposal of drugs. Law enforcement occasionally has drug roundups for patients to destroy outdated or unused

medications. Liz Macmenamin works with law enforcement to coordinate these efforts. It was noted that some law enforcement substations have drop boxes for the public's use. The public can call to find out which locations maintain drop boxes. It was suggested that an article be written for the Newsletter so pharmacists are aware and can advise the public.

Liz Macmenamin asked for pharmacist volunteers to help with the Take Back Program on September 23rd between 9:00 a.m. and 3:00 p.m.

Kam Gandhi asked the Board to consider changing the statute to allow electronic signatures on refill logs. The statute currently states a written signature is required. Board staff reminded Mr. Gandhi that this is not something the Board can fix without a legislative change through a bill draft request. Ms. Blomstrom and Ms. Macmenamin offered to see if there is an existing bill draft in the works that this issue could be added to.

2012-11-15

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: American Specialty Pharmacy

Physical Address: 2743 W 15th Street

Mailing Address: 2743 W 15th Street

City: Plano State: TX Zip Code: 75075

Telephone: 214 919 2090 Fax: 214 919 2091

Toll Free Number: 888 960 5376 (Required per NAC 639.708)

E-mail: JaneFTeamericanSpecialty Website: NA

Managing Pharmacist: Asita Parikh License Number: 51088

Hours of Operation:

Monday thru Friday 9 am 7 pm

Saturday 9 am 3 pm

Sunday 9 am 3 pm

24 Hours No

TYPE OF PHARMACY

SERVICES PROVIDED

Retail

☐ Hospital (# beds _____)

☐ Internet

☐ Nuclear

☒ Out of State

☐ Ambulatory Surgery Center

☐ Off-site Cognitive Services

☐ Parenteral

☐ Parenteral (outpatient)

☐ Outpatient/Discharge

☒ Mail Service

☐ Long Term Care

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<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
<input checked="" type="checkbox"/> 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: Central Avenue Pharmacy
Physical Address: 133 15th street, Pacific Grove CA 93950
Mailing Address: Same
City: _____ State: _____ Zip Code: _____
Telephone: (831) 373-1225 Fax: (831) 373-3705
Toll Free Number: 800-561-9715 (Required per NAC 639.708)
E-mail: dana@caprx.com Website: caprx.com
Managing Pharmacist: Dana Gordon License Number: PH437391

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 10 am 2 pm
Sunday — am — pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <u>(not mail order)</u> <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change <input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 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: Custom Rx Pharmacy
Physical Address: 3510 N. Ridge Rd, Ste 900
Mailing Address: same
City: Wichita State: KS Zip Code: 67205
Telephone: 316-721-2426 Fax: 316-721-4823
Toll Free Number: 1-800-786-3431 (Required per NAC 639.708)
E-mail: jgerber@customrx.net Website: customrx.net
Managing Pharmacist: Andi Rhodes License Number: I-13688

Hours of Operation:

Monday thru Friday <u>9</u> am <u>6</u> pm	Saturday <u>—</u> am <u>—</u> pm
Sunday <u>—</u> am <u>—</u> pm	24 Hours <u>NO</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

<input checked="" type="checkbox"/> New Pharmacy ** Owner is an L.L.C. <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete correct part of the application.	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____) <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CVS Caremark Advanced Technology Pharmacy, L.L.C. d/b/a CVS Caremark

Physical Address: 1780 Wall Street, Mt. Prospect, IL 60056

Mailing Address: LEGAL-LICENSING: 9501 E. Shea Blvd. MC024

City: Scottsdale State: AZ Zip Code: 85260

Telephone: 847-264-7100 Fax: 847-290-1069

Toll Free Number: 866-284-9226 (Required per NAC 639.708)

E-mail: mailorderlicensing@caremark.com Website: www.caremark.com

Managing Pharmacist: Jason Richard Perry License Number: (IL) 051.289996

Hours of Operation: Toll free service available 24 hours a day, 7 days a week

Monday thru Friday 6:00 am 4:30 pm
closed

Sunday _____ am _____ pm

Saturday 6:00 am 4:30 pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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: Kabafusion

Physical Address: 11818 Rosecrans Avenue, No. A

Mailing Address: 11818 Rosecrans Avenue, No. A

City: Norwalk State: CA Zip Code: 90650

Telephone: (877) 577-4844 Fax: (877) 445-8821

Toll Free Number: (877) 577-4844 (Required per NAC 639.708)

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

Managing Pharmacist: Michael Rigas License Number: (A) 36708

Hours of Operation:

Monday thru Friday 9:00 am 1:00 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

☒ 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

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

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<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: Mission Road Pharmacy, Inc.; DBA: MRP

Physical Address: 1141 N. Mission Road

Mailing Address: 1155 N. Mission Road

City: Los Angeles State: California Zip Code: 90033

Telephone: 323-227-8883 Fax: 323-227-8882

Toll Free Number: 866-P (Required per NAC 639.708)

E-mail: Kelly@missionroadpharmacy.com Website: _____

Managing Pharmacist: Dao (kelly) X. Nguyen License Number: Nevada license: 13124

Hours of Operation:

Monday thru Friday <u>8</u> am <u>5</u> pm	Saturday _____ am _____ pm
Sunday _____ am _____ pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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61281

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

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<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH_____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: Integrated Health Concepts, Inc. dba Pacific Coast Pharmacy

Physical Address: 720 Aerovista Place, Suite D

Mailing Address: 720 Aerovista Place, Suite A

City: San Luis Obispo State: CA Zip Code: 93401-8707

Telephone: 866-239-3784 Fax: 800-977-9255

Toll Free Number: 866-239-3784 (Required per NAC 639.708)

E-mail: kfurphy@ihcmeds.com Website: www.pacificcoastpharmacy.com

Managing Pharmacist: Kathryn Andrusko-Furphy License Number: 40143 RPH

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday - am - pm

Sunday - am - pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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61241

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: PHARMALOGIC WYOMING, INC

Physical Address: 3480 TRIGOOD DRIVE

Mailing Address: 3480 TRIGOOD DRIVE

City: CASPER State: WY Zip Code: 82609

Telephone: 307-261-7000 Fax: 307-261-9813

Toll Free Number: 855-408-2257 (Required per NAC 639.708)

E-mail: PHARMALOGIC WY @ PHARMALOGIC.INFO Website: PHARMALOGIC.INFO

Managing Pharmacist: TANUKO USHIO License Number: 2558

Hours of Operation:

Monday thru Friday 12:00 am 5:00 pm

Saturday 4:00 am 1:00 pm

Sunday 4:00 am 1:00 pm

24 Hours ON CALL

TYPE OF PHARMACY

SERVICES PROVIDED

☐ 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

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

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<input type="checkbox"/> New Pharmacy <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete correct part of the application.	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>02629</u>) <input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PromiseCare Pharmacy
Physical Address: 605 Bakerstown Rd
Mailing Address: 605 Bakerstown Rd
City: Antioch State: TN Zip Code: 37013
Telephone: (615) 299-8920 Fax: (877) 323-9047
Toll Free Number: (877) 323-9067 (Required per NAC 639.708)
E-mail: S.webb@mypromisecare.com Website: www.PromiseCarePharmacy.com
Managing Pharmacist: Stephen Webb License Number: 12101

Hours of Operation:

Monday thru Friday 8 am 4:30 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$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.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input checked="" type="checkbox"/> 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: SUMMER TON DRUGS COMPOUNDING AND DISPENSARY
Physical Address: 115 B MAIN ST SUMMER TON SC 29148
Mailing Address: PO Box 37 SUMMER TON S.C. 29148
City: SUMMER TON State: S.C. Zip Code: 29148
Telephone: 803.485.8586 Fax: 803.488.0049
Toll Free Number: 1.800.372.5722 (Required per NAC 639.708)
E-mail: tp21-2000@48hoo.com Website: NONE
Managing Pharmacist: ERNEST E. Phillips III License Number: 11479

Hours of Operation:

Monday thru Friday 9:00am 6:00pm Saturday 9:00am 6:00pm
Sunday close close pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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61282

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.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: TNH Pharmacy 2

Physical Address: 15211 Vanowen St #301

Mailing Address: _____

City: Van Nuys State: CA Zip Code: 91405

Telephone: 818-988-1288 Fax: 818-988-6588

Toll Free Number: 877-849-1591 (Required per NAC 639.708)

E-mail: avo@tnhpharmacy.com Website: tnhpharmacy.com

Managing Pharmacist: Nabil Daoud License Number: RPH 46516

Hours of Operation:

Monday thru Friday 9 am 5:30 pm

Saturday _____ am _____ pm

Sunday closed am _____ pm

24 Hours Yes (on call)

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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☒ 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: USC Medical Plaza Pharmacy

Physical Address: 1510 San Pablo Street, Suite 144

Mailing Address: 1510 San Pablo Street, Suite 144

City: Los Angeles State: CA Zip Code: 90033

Telephone: (323) 442-5770 Fax: (323) 442-5970

Toll Free Number: (888) 970-5770 (Required per NAC 639.708)

E-mail: Plaza@pharmacy.usc.edu Website: www.pharmacies.usc.edu

Managing Pharmacist: Sharon Cochran License Number: (CA) 30753

Hours of Operation:

Monday thru Friday 8:30 am 6:00 pm

Saturday 9:00 am 1:00 pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

☒ 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

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: Airgas USA, LLC

Physical Address: 389 N. Industrial Rd. #1, St. George, UT 84770

(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: (435) 628-9353 Fax: (435) 628-0474

E-mail: Jared.Lott@airgas.com Website: www.airgas.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:00 am to 5:00 pm Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jared Lott

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

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

**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: Jared Lott

Telephone: (435) 628-9353

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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<input type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: BONRO MEDICAL INC.

Physical Address: 4490 WASHINGTON ROAD BLDG. 100 STE. 16
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. BOX 1880

City: EVANS State: GA Zip Code: 30809-3800

Telephone: 706.210.4730 Fax: 706.210.4740

E-mail: groese@bonro.com Website: www.bonro.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9am to 5pm Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: GEORGE P. ROOSE III - PRESIDENT/CFO

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: MALE SEXUAL Dysfunction - VACUUM 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: 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

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: CBS Medical Inc

Physical Address: 206 S. 13th Ste 600 Lincoln, NE 68508
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 206 S. 13th Ste 600

City: Lincoln State: NE Zip Code: 68508

Telephone: 402-904-4602 Fax: 402-904-4603

E-mail: ccarlson@cbmedicalequipment.com Website: www.cbmedicalequipment.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:00 to 9:00 am Tue: 7:00 to 9:00 am Wed: 7:00 to 9:00 am Thu: 7:00 to 9:00 am

Fri: 8:00 to 5:00 pm Sat: 10:00 to 5:00 pm Sun: to Holidays: to Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Curtis Carlson

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

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

**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

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: DiabeticSupplies.com

Physical Address: 107 SW 13th Ave, Battle Ground, WA 98604
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2210 W Main St, Suite 107-388

City: Battle Ground State: WA Zip Code: 98604

Telephone: 877-787-7543 Fax: 360-723-9030

E-mail: customerservice@diabeticsupplies.com Website: diabeticsupplies.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30 to 4:30 Tue: 7:30 to 4:30 Wed: 7:30 to 4:30 Thu: 7:30 to 4:30
Fri: 7:30 to 4:30 Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Bryan Luna, MPH, RD, CPed

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: syringes/pen needles, footwear & therapeutic inserts

**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

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(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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: Joint Active Systems, Inc.

Physical Address: 2600 S. Raney Street Effingham, IL 6240
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 1367

City: Effingham State: IL Zip Code: 62401

Telephone: 217-342-3412 Fax: 217-347-3384

E-mail: lworkman@jointactivesystems.com Website: www.jointactivesystems.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 to 5 Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Boris Bonutti

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

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

**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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation -- Pages 1,2,3,4	<input type="checkbox"/> Partnership -- Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation -- Pages 1,2,3,5	<input type="checkbox"/> 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: NIPRO MEDICAL CORPORATION

Physical Address: 3731 DISTRILEX DR N MEMPHIS TN 38118
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3150 NW 107th Ave.

City: Miami State: FL Zip Code: 33172

Telephone: 305.599.7174 Fax: 305.592.4421

E-mail: jessica.o@nipromed.com Website: WWW.NIPRO.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: JOSE MARTINEZ.

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

- | | |
|------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthetics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Legend devices (wholesale)</u> |

**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: Jessica Oswald Telephone: 305.599.7174 x249

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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 Healthcare, a division of Philips Electronics North America Corporation

Physical Address: 22100 Bothell Everett Hwy, Bothell, WA 98021
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Peggy Erb, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: 425-487-7000 Fax: 425-487-7758

E-mail: stein.oettle@philips.com Website: www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 am to 5 pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Stein E. Oettle

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

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

**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: _____

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

\$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 SEE ADDENDUM)
(Please provide current license number if making changes: MP or MW 00739)

☐ 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 Name: PHYSIO-CONTROL, INC.

Physical Address: 11811 WILLOWS RD NE

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

Mailing Address: (SAME)

City: REDMOND State: WA Zip Code: 98001

Telephone: (425) 867-4000 Fax: (425) 861-4227

E-mail: lynn.retallick@physio-control.com Website: www.physio-control.com

Mon: 7am to 5pm Tue: 7am to 5pm Wed: 7am to 5pm Thu: 7am to 5pm

Fri: 7am to 5pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

Name: BRIAN D. WEBSTER, PRESIDENT

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

☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
 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: JERRY BENTLEY Telephone: (800) 442-1142 x 72676

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: Strive Medical LLC
Physical Address: 8428 Sterling St. Suite B Irving, TX 75061
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 8428 Sterling St. Suite B
City: Irving State: TX Zip Code: 75063
Telephone: 972-354-7300 Fax: 972-354-7311
E-mail: JROSENTHAL@STRIVEMEDICAL.COM Website: www.strive-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Josh Rosenthal

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

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

**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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: Theratech, Inc.

Physical Address: 1109 Myatt Blvd. Madison, TN 37115
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1109 Myatt Blvd.

City: Madison State: TN Zip Code: 37115

Telephone: 615-865-4000 Fax: 615-860-5900

E-mail: mprice@pssd.com Website: www.stimsupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mike Price

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

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

**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 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.

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

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

N/A - Eon Labs, Inc. (Eon) is wholly owned by Novartis Pharmaceutical Corp., a publicly traded company. As confirmed with your office, because Eon is wholly owned by a publicly traded company, the publicly traded corporation section should be completed.

GENERAL INFORMATION

Facility Name: Eon Labs, Inc.

Physical Address: 4700 Sandoz Drive, Wilson, NC 27893

Mailing Address: 4700 Sandoz Drive

City: Wilson State: NC Zip Code: 27893

Telephone: 252-234-2222 Fax: 252-234-2600

Toll Free Number: 800-525-8747

E-mail: jonathan.rushford@sandoz.com Website: www.us.sandoz.com

Facility Manager: Jonathan Rushford

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: _____

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) See Attachment B
☐ Other: _____

manu

10070

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.

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
<input checked="" type="checkbox"/> Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Freedom Pharmaceuticals, Inc.
Physical Address: 5867 S. Garnett Rd.
Mailing Address: 5867 S. Garnett Rd.
City: Tulsa State: OK Zip Code: 74146
Telephone: 918-615-6228 Fax: 918-615-6248
Toll Free Number: 1-877-839-8547
E-mail: info@freedomrxinc.com Website: www.freedomrxinc.com
Facility Manager: Take Jackson, President - CEO
Professional qualifications and experience of facility manager: See enclosed resume.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

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: Healthcare Distribution Specialists

Physical Address: 9337 Fraser Ave.

Mailing Address: 9337 Fraser Ave

City: Silver Spring State: MD Zip Code: 20916

Telephone: 888-912-4437 Fax: 240-235-4370

Toll Free Number: 888-912-4437

E-mail: jamie@hdspharm.com Website: www.hdspharm.com

Facility Manager: Matthew Swift

Professional qualifications and experience of facility manager: Over 10 years in the industry in a management role.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☐ Practitioners

☒ Hospitals

☐ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

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.

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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: Methapharm, Inc
Physical Address: 11712 W Sample Road
Mailing Address: same as above
City: Coral Springs State: FL Zip Code: 33005
Telephone: 954-341-5502 Fax: 954-341-8358
Toll Free Number: OTAS
E-mail: ngomez@methapharm.com Website: www.methapharm.com
Facility Manager: Nancy Gomez
Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> 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.

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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: Midwest Veterinary Supply, Inc.
Physical Address: 5374 Maly Road, Sun Prairie, WI 53590
Mailing Address: 11965 Larc Industrial Blvd., Burnsville, MN 55337
City: Burnsville State: MN Zip Code: 55337
Telephone: 952-894-4350 Fax: 952-894-5407
Toll Free Number: 800-328-2975
E-mail: marcia.meling@midwestvet.net Website: www.midwestvet.net
Facility Manager: Paul Crary
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: We sell only to licensed veterinarians

Type of Products to be handled or wholesaled by firm:

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Noramco, Inc.

Physical Address: 1440 Olympic Drive, Athens, GA 30601

Mailing Address: 1440 Olympic Drive

City: Athens State: GA Zip Code: 30601

Telephone Number: 706.353.4514 Fax Number: 706.425.3607

Toll Free Number: N/A

E-mail: ahaynes@its.jnj.com Website: www.noramco.com

Facility Manager: Amanda Haynes

Professional qualifications and experience of facility manager: 20 years experience with Noramco

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ ~~Wholesalers~~ ^{Manufacturers}

Type of Products to be handled or wholesaled:

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

Licensed as a Manufacturer by the FDA? ☒ Yes ☐ No, If yes include a copy of the FDA registration.

Board Use Only

Received: AUG 23 2012 Check Number: _____ Amount: 500.00

60864

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.

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

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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: PERRIGO PHARMACEUTICALS COMPANY

Physical Address: 110 Hidden Lake Circle, Duncan, SC 29334

Mailing Address: c/o State License Servicing, 321 Route 94 South, Warwick, NY 10990

City: _____ State: _____ Zip Code: _____

Telephone: Facility: 269-673-8451 Facility: 269-686-1655
Licensing: 845-544-2482 Fax: Licensing: 845-544-2481

Toll Free Number: _____

E-mail: PPC@slny.com Website: www.perrigo.com

Facility Manager: Dennis W. Miller

Professional qualifications and experience of facility manager: PLEASE SEE ATTACHED
RESUME OF DENNIS MILLER

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: OTC drugs (including List I), dietary supplements, OTC medical devices, cosmetics

61039

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

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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: PERRIGO PHARMACEUTICALS COMPANY

Physical Address: 3896 58th Street, Holland, MI 49423

Mailing Address: c/o State License Servicing, 321 Route 94 South, Warwick, NY 10990

City: _____ State: _____ Zip Code: _____

Telephone: Facility: 269-673-8451 Facility: 269-686-1655
Licensing: 845-544-2482 Fax: Licensing: 845-544-2481

Toll Free Number: 1-800-827-2296

E-mail: PPC@slny.com Website: www.perrigo.com

Facility Manager: David Smalla

Professional qualifications and experience of facility manager: Please see attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: OTC drugs (including List I), dietary supplements, OTC medical devices, cosmetics

manufacturer

60983

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.

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

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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: PERRIGO PHARMACEUTICALS COMPANY

Physical Address: 1692 12TH STREET, SUITE C, MARTIN, MI 49070

Mailing Address: STATE LICENSE SERVICING, 321 ROUTES 94 SOUTH, WARWICK, NY 10990

City: Martin State: MI Zip Code: 49070

Telephone: FACILITY: 269-686-1655 LICENSING: 845-544-2482 Fax: FACILITY: 269-686-1828 LICENSING: 845-544-2481

Toll Free Number: 866-634-9120

E-mail: PPC@SLSNY.COM Website: WWW.PERRIGO.COM

Facility Manager: DAVID SMALLA

Professional qualifications and experience of facility manager: PLEASE REFER TO ATTACHED RESUME

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

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: OTC DRUGS (INCLUDING LIST 1 PSEUDOEPHEDRINE), OTC MEDICAL DEVICES & COSMETICS

manufacturer

60982

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.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: <u>WH01119</u>)	

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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: REBEL DISTRIBUTORS, CORP.

Physical Address: 3607 OLD CONEJO ROAD THOUSAND OAKS, CA 91320

Mailing Address: 4345 Southpoint Blvd

City: Jacksonville State: FL Zip Code: 32216

Telephone: (904) 332-3000 Fax: (904) 332-3349

Toll Free Number: n/a

E-mail: estutman@psd.com Website: www.rebelrx.com

Facility Manager: DASTRY SETSER

Professional qualifications and experience of facility manager: LICENSED DESIGNATED REPRESENTATIVE FOR CA, CMT

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices

☐ Poisons or Chemicals ☐ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☐ Other: _____

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.

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

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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: 4231 S. Natches Ct., Units B & C, Englewood, CO 80110

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

City: Monsey State: NY Zip Code: 10952

Telephone: 303-232-4231 Fax: 800-305-3933

Toll Free Number: 800-821-5700

E-mail: Joseph.Haynie@smith-nephew.com Website: www.smith-nephew.com

Facility Manager: Joseph Haynie

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:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

PT

60978

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.

<input type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change	<input checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH 02659 - Catalyst Mail)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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: Catamaran Home Delivery (New Name)

Physical Address: 6225 Annie Oakley Drive, Suite 400

Mailing Address: Same as above

City: Las Vegas State: NV Zip Code: 89120

Telephone: 702-436-8654 Fax: 702-436-8452

Toll Free Number: 800-225-9178

E-mail: corporatelicensing@accrediohealth.com Website: _____

Managing Pharmacist: James Stupnik License Number: 09792

Hours of Operation:

Monday thru Friday <u>8:00</u> am <u>5:30</u> pm	Saturday _____ am _____ pm
Sunday _____ am _____ pm	24 Hours <u>No</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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.

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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: Sierra Pharmacy Services, Inc.

Physical Address: 601 Mill Street

Mailing Address: 601 Mill Street

City: Reno State: Nevada Zip Code: 89502

Telephone: 775-786-9585 Fax: 775-786-9339

Toll Free Number: _____

E-mail: dlat1957@yahoo.com Website: _____

Managing Pharmacist: Dennis Latino, R.Ph. License Number: 11319

Hours of Operation:

Monday thru Friday <u>6</u> am <u>4:30</u> pm	Saturday <u>4</u> am <u>9 am</u> pm
Sunday <u>4</u> am <u>9 am</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA WHOLESALE 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 ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WH _____)

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

GENERAL INFORMATION

Facility Name: TheraCom, L.L.C.

Physical Address: 5360 Capital Court, Suite 102, Reno, Nevada 89502

Mailing Address: 5360 Capital Court, Suite 102

City: Reno State: Nevada Zip Code: 89502

Telephone: 775-857-2170 Fax: 775-857-2757

Toll Free Number: N/A

E-mail: robert.salvador@absbg.com Website: www.thera.com

Facility Manager: Robert A. Salvador, Jr.

Professional qualifications and experience of facility manager: See Exhibit A (Resume)

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

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 ☐ Sole 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: Accellence Home Medical DBA: ProMed

Physical Address: 4815 W. RUSSELL LAS VEGAS, NV 89118
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 35 N. EDISON WAY SUITE 37 RENO, NV 89502

City: RENO State: NV Zip Code: 89502

Telephone: (702) 740-4138 Fax: (702) 740-4153

E-mail: ACCELLENCE@NVBELL.NET Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 2 Tue: 10 to 2 Wed: 10 to 2 Thu: 10 to 2
Fri: 10 to 2 Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: ACCELLENCE HOME MEDICAL / Bret Tracy

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 Prosthesis
☐ 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: JOHN HOWITT Telephone: 775 843-8690

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**SCOT M. SILBER, R.Ph.,
Certificate of Registration #08362**

Case No. 11-090-RPH-S

**GREEN VALLEY DRUGS
Certificate of Registration PH01729**

Case No. 11-090-PH-S

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 Scot M. Silber is a pharmacist licensed by the Board and Respondent Green Valley Drugs a pharmacy licensed by the Board, located at 1850 Whitney Mesa #180, Henderson, Nevada.

II.

On or about March 30, 2011, Dr. Mike Fishell wrote a prescription for his patient, Patient W for 20 mg/cc of morphine sulfate and 250.0 mcg/cc of baclofen. Patient W had more than 20 back surgeries over the last 20 year period She has an implant that houses a cocktail of morphine sulfate and baclofen. Patient W sees Dr. Fishell every one to two months for treatment. The prescription is sent to Green Valley Drugs where

the medication is compounded, then it is sent back to Dr. Fishell's office where he administers the medication to Patient W via an intrathecal medication delivery system.

III.

When the prescription was sent to Green Valley Drugs, Mr. Silber was the responsible pharmacist for filling the prescription. Even though he had filled the same prescription for Patient W previously, he filled this particular prescription with 20 mg/cc of morphine sulfate and 2,500 mcg/cc of baclofen. A label set was prepared before the prescription was filled and it was correct, however Mr. Silber worked directly from the written prescription. Mr. Silber misread the prescription as he thought he saw a comma after the number 2; Dr. Fishell used a trailing zero at the end and Mr. Silber failed to see a decimal point between the two zeros.

IV.

Patient W became extremely ill after she received her treatment in Dr. Fishell's office and was hospitalized for several weeks while she recovered from the near fatal dose of baclofen.

V.

During the investigation of this matter, it was learned that Mr. Silber was the pharmacist who completed the last three steps in compounding Patient W's prescription. Mr. Silber has since established policies and procedures at Green Valley Drugs requiring that the pharmacist who compounds an intrathecal solution is not the final verification pharmacist.

FIRST CAUSE OF ACTION

VI.

In filling Patient W's prescription with 2,500 mcg/cc of baclofen rather than for 250

mcg/cc as prescribed by her physician, Scot Silber violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Patient W's prescription was filled with 2,500 mcg/cc of baclofen instead of 250 mcg/cc as prescribed, Green Valley Drugs violated NRS 639.210(4) and/or NAC 639.945(1)(d), and/or (i) and/or (2).

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

Signed this 13th day of July, 2012.



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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

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

**GREEN VALLEY DRUG
Certificate of Registration PH01729
Respondent.**

Case No. 11-090-PH-S

_____/

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

I.

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

II

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

III.

The Board has reserved Wednesday, October 17, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 South Las Vegas Boulevard, Las Vegas, 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 13th day of July, 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
NOTICE OF DEFENSE

GREEN VALLEY DRUGS

Certificate of Registration PH01729

Respondent.

Case No. 11-090-PH-S

_____/

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.

Please type or print name for

Green Valley Drug

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**ALBERT VANDIVORT, PT
Certificate of Registration No. PT12521,**

Case No. 12-044-PT-S

Respondent.

_____ /

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

I.

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

II.

On or about June 4, 2012, Board staff was notified that Mr. Vandivort had been terminated from employment as a pharmaceutical technician at CVS/pharmacy #8794. An internal investigation into the loss of controlled substances was conducted at CVS/pharmacy #8794. Mr. Vandivort was interviewed by CVS/pharmacy's loss prevention personnel and he confessed to having diverted controlled substances from the pharmacy. In a written statement Mr. Vandivort indicated that he had been taking hydrocodone for back pain. Mr. Vandivort admitted that he took approximately 20 to 30 100 count stock bottles of 7.5/200 mg. hydrocodone/ibuprofen tablets.

FIRST CAUSE OF ACTION

III.

In removing controlled substances, namely 20 to 30 stock bottles of 7.5/200 mg. hydrocodone/ibuprofen tablets without a prescription therefore, Mr. Vandivort violated (NRS) 639.210(1) and/or (4) and/or Nevada Administrative Code (NAC) 639.945(1)(h).

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

Signed this 15th day of August, 2012.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

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

**ALBERT VANDIVORT, PT
Certificate of Registration No. PT12521,**

Case No. 12-044-PT-S

Respondent.

_____/

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

I.

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

II.

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

III.

The Board has reserved Wednesday, October 17, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 15th day of August, 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 NOTICE
OF DEFENSE**

**ALBERT VANDIVORT, PT
Certificate of Registration No. PT12521,**

Case No. 12-044-PT-S

Respondent.

_____ /

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

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

///

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

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

DATED this _____ day of _____, 2012.

Albert Vandivort, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

JOHN J. DUDEK JR, M.D.,
Certificate of Registration No: CS01611

Case No. 12-008-CS-S

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make the following that will serve as both a Notice of Intended Action under Nevada Revised Statutes (NRS) 233B.127(3) and as an Accusation under NRS 639.241, and NRS 453.236.

I.

The Nevada State Board of Pharmacy (hereinafter the Board) has jurisdiction over this matter because Respondent John J. Dudek, Jr. (hereinafter Respondent) has a controlled substance registration issued by the Board for the location of 2020 Goldring Avenue #506, Las Vegas, Nevada

II.

On March 8, 2012, representatives of the Board went to Respondent's office on Goldring Avenue to inquire whether he had been dispensing Latisse, a dangerous drug, without a dispensing practitioner registration. When Board Staff first arrived at Respondent's office, he was not present but Board Staff spoke with Reva Frey, a registered nurse who rents space in Respondent's office and has worked with Respondent Dudek for at least 15 years. Ms. Frey told Board Staff that Fran Rever, the office manager for Respondent, orders Latisse and other dangerous drugs using Dr. Dudek's DEA number. These drugs are paid for by Ms. Frey for her to dispense or

administer to her patients. Ms. Frey told Board Staff that she purchased Latisse for \$80.00 a unit and dispensed the drug to her patients for approximately \$110.00. Board Staff was provided with invoices for 54 units of Latisse that were sold by Ms. Frey to her patients. Ms. Frey told Board Staff that she pays approximately 10% of her gross sales to Respondent and 5% of her gross sales to the office staff for their services. Ms. Frey also advised Board Staff that Respondent does not see her patients but that Respondent acts as her medical director. Board records indicate that Ms. Frey is not licensed to be a dispensing practitioner.

III.

On March 8, 2012, Respondent spoke to Board representatives and confirmed that he is a urologist who owns his own practice and does not have any ownership interest in any other practice. Respondent confirmed to Board staff that Ms. Frey owns her practice and works 40 hours a week independent from his urology practice. Respondent Dudek confirmed that he is the medical director for Ms. Frey but does not see, examine, or prescribe drugs for her patients. Respondent did confirm that Ms. Rever orders medications for Ms. Frey using his name, but uses Ms. Frey's credit card to pay for the ordered drugs. Respondent estimated Ms. Frey's gross sales to be approximately \$23,000.00 annually. Respondent hoped that what Ms. Frey was doing was legal and stated that he was not aware of any Latisse sales made by Ms. Frey and did not review any invoices for drugs being ordered by Ms. Frey under his name. Board records indicate that Respondent Dudek is not licensed as a dispensing practitioner.

FIRST CAUSE OF ACTION

IV.

In allowing a person not authorized to possess and/or administer and/or dispense dangerous drugs, namely Latisse, without lawful authority, Respondent violated Nevada

Revised Statutes (NRS) 453.236(1)(d); 453.231(1)(h), 454.213 and/or 454.215 and/or 639.210(4), and/or (12) and/or 639.23505 and Nevada Administrative Code (NAC) 639.945(1) (g) and/or (h).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action and/or refuse to renew with respect to the controlled substance registration of the Respondent.

Signed this 11th day of April, 2012.


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 (10) 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

JOHN J. DUDEK JR, M.D.,
Certificate of Registration No: CS01611

Case No. 12-008-CS-S

Respondent.

_____ /

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

I.

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

II.

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

III.

The Board has reserved Wednesday, July 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 11th 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.

ANSWER AND NOTICE
OF DEFENSE

JOHN J. DUDEK JR, M.D.,
Certificate of Registration No: CS01611

Case No. 12-008-CS-S

Respondent.

_____ /

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

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

///

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

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

DATED this ____ day of _____, 2012.

John J. Dudek, Jr., M.D.,

John J. Dudek, MD
2020 Goldring Avenue, Suite 506
Las Vegas, Nevada 89106
Phone: 702-382-7055 Fax: 702-382-9935

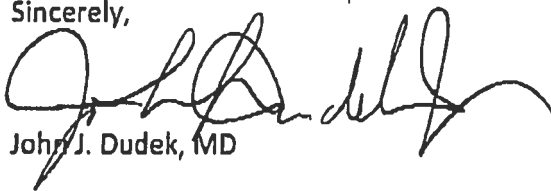
May 10, 2012

Nevada State Board of Pharmacy

Re: BME Legal Case No. 12-008-CS-5

I want to contest the allegations and meet with the board.

Sincerely,

A handwritten signature in black ink, appearing to read 'John J. Dudek', with a stylized flourish at the end.

John J. Dudek, MD

NEVADA STATE BOARD OF PHARMACY,

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 11-090-RPH-S

Case No. 11-090-PH-S

1.

11.

-1-

the medication is compounded, then it is sent back to Dr. Fishell's office where he administers the medication to Patient W via an intrathecal medication delivery system.

III.

When the prescription was sent to Green Valley Drugs, Mr. Silber was the responsible pharmacist for filling the prescription. Even though he had filled the same prescription for Patient W previously, he filled this particular prescription with 20 mg/cc of morphine sulfate and 2,500 mcg/cc of baclofen. A label set was prepared before the prescription was filled and it was correct, however Mr. Silber worked directly from the written prescription. Mr. Silber misread the prescription as he thought he saw a comma after the number 2; Dr. Fishell used a trailing zero at the end and Mr. Silber failed to see a decimal point between the two zeros.

IV.

Patient W became extremely ill after she received her treatment in Dr. Fishell's office and was hospitalized for several weeks while she recovered from the near fatal dose of baclofen.

V.

During the investigation of this matter, it was learned that Mr. Silber was the pharmacist who completed the last three steps in compounding Patient W's prescription. Mr. Silber has since established policies and procedures at Green Valley Drugs requiring that the pharmacist who compounds an intrathecal solution is not the final verification pharmacist.

FIRST CAUSE OF ACTION

VI.

In filling Patient W's prescription with 2,500 mcg/cc of baclofen rather than for 250

mcg/cc as prescribed by her physician, Scot Silber violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Patient W's prescription was filled with 2,500 mcg/cc of baclofen instead of 250 mcg/cc as prescribed, Green Valley Drugs violated NRS 639.210(4) and/or NAC 639.945(1)(d), and/or (i) and/or (2).

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

Signed this 13th day of July, 2012.



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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

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

**SCOT M. SILBER, R.Ph.,
Certificate of Registration #08362,**

Case No. 11-090-RPH-S

Respondent.

_____/

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

I.

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

II

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


III.

The Board has reserved Wednesday, October 17, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 South Las Vegas Boulevard, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

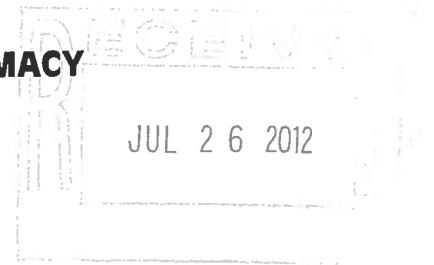
IV.

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 13th day of July, 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
NOTICE OF DEFENSE

SCOT M. SILBER, R.Ph.,
Certificate of Registration #08362,

Case No. 11-090-RPH-S

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 objection or insert "none").

None.

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

On April 13, 2012, as requested by the Board, I sent a letter to Mr. Kenneth Scheuber setting out my recollection of the events, remedial measures that I have taken, and my sincere regret over this admittedly serious and very unfortunate event involving Ms. Wood. That letter, with

enclosures, is attached hereto marked Exhibit 1.

I do not deny the accuracy or completeness of the charges against me set out in the Notice of Intended Action and Accusation, and have so indicated in my response to Section 1 of this Answer. I do believe it is appropriate, however, to reemphasize that this was simply inadvertence on my part, and I certainly had no intention -- express or implied -- to cause any harm to Ms. Wood. As the Board can see in looking at Dr. Fishell's prescription dated March 28, 2011 (attached to my April 13 letter to the Board), the Baclofen dosage was written in such a way as to appear at first glance to be 2,500 micrograms/cc, whereas obviously on closer examination it reads 250.0 micrograms (with the perceived comma after the 2 actually being part of the number 5). And of course, in previously having filled Ms. Wood's prescription for this medication, I should have picked up on this error immediately, but did not. And further, because I am the one that performed the calculations, compounding, and the final check (which my new review policy prohibits), neither was the error detected before the prescription left the office.

As also noted in my April 13 letter to the Board, my subsequent research into this area, and the formulation of my new review policy are intended to ensure that this sort of error (or any error) never happens again, and I am confident that these measures will be successful.

Although I have not had any contact with Ms. Wood since July 2011

for obvious reasons, I did invite both Ms. Wood and her husband to the pharmacy to discuss this matter shortly after the incident. They graciously accepted my invitation, and I believe that they understand what happened, and why, and were glad to see the changes that I had made in my SOP policies. I also followed up with Ms. Wood's personal physician numerous times regarding Ms. Wood's well-being, as I was and remain very concerned about this.

With the foregoing in mind, I am prepared to to receive your decision regarding appropriate disciplinary action.

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 20 day of July, 2012.

A handwritten signature in blue ink, appearing to read "S. Silber R.Ph.", written over a horizontal line.

Scot M. Silber, R.Ph.

April 13, 2012

Mr. Kenneth Scheuber
Nevada State Board of Pharmacy
4220 S. Maryland Parkway # 104A
Las Vegas, Nevada 89119

Dear Mr. Scheuber,

Per your request and as part of your official investigation, I am writing to explain the unfortunate error that occurred on patient Bonnie Wood (case #11-090-S). Let me start by saying that not a day has gone by in the last year that I don't think about the error and from the start that I omitted the error was my entire fault. I have looked at the prescription multiple times after the error was brought to my attention and I now can clearly see the discrepancy however on the morning that I compounded this Rx I clearly did not see the trailing zero. In fact when looking at the Rx I clearly saw the "2" with a coma. In retrospect I now see that I plain and simple just missed it.

We take ever error seriously and as soon as this error was reported the management team got together and initiated a new policy and procedure (see attached). Unfortunately I was the one that did the calculations, compounding and final check. The new policy prohibits the same person for doing all three as I did.

I have also attached an FDA Safety Newsletter which emphasizes the danger of the trailing zero among other medication errors. I am spending a lot of my time reviewing this type of information. I am also sharing it with my staff members. I also plan of doing a lot of my next CE requirements in preventing medication errors.

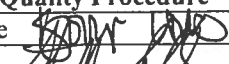


It sickens me that this error happened and I am elated that Mrs. Wood is recovered. I did have both Mr. and Mrs. Wood come to the pharmacy and discuss our policies and the changes we instituted to our SOP. I have spoken to her doctor multiple times checking on her wellbeing but have not had any contact with her since July 2011.

Sincerely,



Scot M. Silber R.Ph.

Green Valley Med
PHARMACY POLICY AND PROCEDURE

Subject: Intrathecal Pain Pump Quality Procedure	SOP No. 9.036.1
Approved By (MP): Kjersten Lane 	Date Approved: 05/01/11
Approved By (CEO): Scot Silber 	Date Approved: 05/01/11
Implemented By: Kjersten Lane 	Date Effective: 05/01/11

Responsibility:

The managing pharmacist, pharmacy technicians involved in intrathecal pain pump compounding and the Quality Control Officer are responsible for this procedure.

Purpose:

The purpose of this procedure is to establish a uniform, integrated multi-check system into the existing “Intrathecal Pain Pumps” procedure, which incorporates all of the pharmacy professionals involved in the pump refill prescription process into a collaborative quality control effort which ensures the highest possible quality result in the end product, where all those elements required for a successful high quality refill are independently checked and verified.

Equipment/Supplies Required:

-“5-check” and component weight label

Procedure:

A. Input Check.

1. The pharmacy technician responsible for entry of the prescription intrathecal pain pump order will, upon completion of transcription from the written order to the pharmacy management system, verify *each* element has been correctly transcribed.
2. The responsible pharmacy technician, upon the foregoing verification, shall initial the “5-check” and component weight label next to the letter “I”.

B. Label Check.

1. Following the printing of a label for the subject prescription order, a supervising pharmacist will verify:
 - a. The information printed on the label matches the original prescription order;
 - b. The “Pump Volume” as indicated on the original prescription order is entered on the “5-check” and component weight label.
 - c. The appropriate raw chemical designations on the “5-check” and component weight label have been highlighted – indicating which chemicals will be compounded;
 - d. The proper chemical weights have been assigned to each of the highlighted raw chemical designations, based on the original prescription order.

2. The supervising pharmacist, upon the foregoing verifications, shall initial the “5-check” and component weight label next to the letter “L”.

C. Pre-Compounding/Weight Check.

1. Following the completion of preparations by the assigned pharmacy technician to compound the subject intrathecal pain pump prescription order, a supervising pharmacist will verify:
 - a. All “weigh papers” have been annotated in accordance with the “**Intrathecal Pain Pumps**” procedure (i.e. number in bottom left corner corresponding to pump number, name of drug and amount needed in bottom right corner);
 - b. Scale printout corresponds to amount on “weigh paper” and amount on the “5-check” and component weight label;
 - c. All required raw materials for the subject intrathecal pain pump prescription order have been correctly weighed and ready for compounding.
2. The supervising pharmacist, upon the foregoing verifications, shall initial the “5-check” and component weight label next to the letter “C”.

D. Technician Final Check.

1. The pharmacy technician responsible for the sterile compounding of the prescription intrathecal pain pump order will, upon completion of the compounding procedure outlined in the “**Intrathecal Pain Pumps**” procedure (steps 11-19), will verify all steps of the procedure were correctly followed, and that the resulting compounded medication is accurate and correctly prepared to the best of their clinical knowledge.
2. The responsible pharmacy technician, upon the foregoing verification, shall initial the “5-check” and component weight label next to the letter “T”.

E. Pharmacist Final Verification.

1. Following the completion of *all foregoing steps*, a supervising pharmacist will verify:
 - a. The completion of all preceding verifications on the “5-check” and component weight label;
 - b. The volume of the resulting compounded medication, matches the volume indicated on the “5-check” and component weight label, and on the original prescription ordered - initialing the “5-check” and component weight label next to the letter “V”;
 - c. A successful visual inspection of the resulting compounded medication; and
 - d. That the resulting compounded medication is accurate and correctly prepared to the best of their clinical knowledge.
 - e. The final check will not be performed by the same person who compounded the intrathecal solution.
2. The supervising pharmacist, upon the foregoing verifications, shall initial the “5-check” and component weight label next to the letters “**R.Ph.**”.

References

Green Valley Med PHARMACY POLICY AND PROCEDURE – Intrathecal Pain Pumps;
Approved 5/31/2005



U.S. Food & Drug Administration



[Home](#) [Drugs](#) [Drug Safety and Availability](#) [FDA Drug Safety Newsletter](#)

Feature Article: Medication Errors - Volume 1, Number 4, Summer 2008

Medication errors are "any preventable event that may cause or lead to inappropriate medication use or patient harm, while the medication is in the control of the healthcare professional, patient, or consumer" (see <http://www.nccmerp.org/aboutMedErrors.html>¹). These errors may be related to professional practice, the product itself, and/or the procedures and systems related to distribution, dispensing and administration of drugs. For instance, drugs may be given names, shapes, or colors similar to other medications. As illustrated below, similarities in product packaging may result in confusion among healthcare professionals charged with dispensing drugs or among patients taking drugs at home (see Illustration 1).

Illustration 1

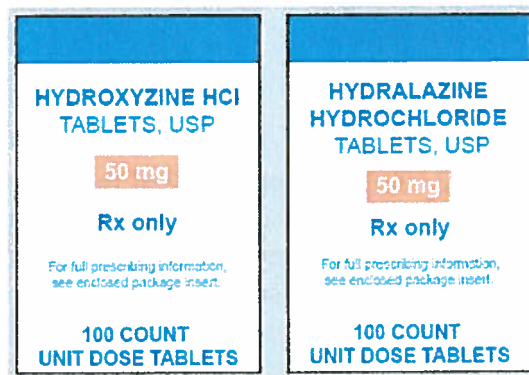


Illustration 1. This illustration is an example of similar looking packaging from the same manufacturer for two unrelated drugs. On the left are 50 mg tablets of hydroxyzine HCL, a sedating antihistamine. On the right are 50 mg tablets of hydralazine HCL, an antihypertensive drug. The packaging of these products may lead to a serious medication error.

Although medication errors can and do occur — FDA has received over 95,000 reports of medication errors since the year 2000 — it is difficult to assess how frequently such errors occur in medical and pharmacy practice. Medication errors such as those involving the wrong drug, an extra or wrong dose, omission of a drug, administering a drug by the wrong route or at an incorrect time are commonly reported to the FDA. Many of these errors can be prevented simply by communicating more effectively. However, some types of errors may require additional interventions such as a change in the product name, labeling and/or packaging to help minimize the likelihood of further confusion. Continued training and vigilance is essential in helping healthcare professionals and FDA reduce the likelihood of an error being made. Reporting medication errors to FDA via MedWatch, or to FDA's partners in this effort, the Institute for Safe Medical Practices (ISMP) and the U.S. Pharmacopeia via their MedMarx program, helps FDA identify factors leading to errors that can be corrected, lessening the likelihood of their recurrence (see <http://www.fda.gov/cder/drug/MedErrors/default.htm>²).³

Challenges to Preventing Medication Errors

There are numerous challenges to preventing medication errors. It is common practice, depending on the healthcare setting, to have many individuals involved in the prescribing, dispensing and administration of a medication (e.g., physicians, nurses, pharmacists, and the patient) with the potential for an error to occur at any step in the process. Healthcare professionals should be aware of the sources and types of medication errors so that they may better identify and avoid potential problems before they occur.

There are many steps that healthcare professionals can take to reduce the occurrence of medication errors at the point of prescribing a medication. Two major sources of errors in prescribing are **poor penmanship** and the use of **error-prone abbreviations**. For instance, healthcare professionals should be cognizant of their penmanship and use computerized prescriber order entry (CPOE, see below), if available, to lessen any confusion that may result from poorly written prescriptions (see Illustration 2).

There are certain error-prone abbreviations, symbols and dose designations that healthcare professionals should avoid. For example, the abbreviation for microgram, "µg", is often misread for milligram, "mg", when written. FDA and ISMP recommend that the abbreviation "mcg" be used in lieu of "µg". Another common source of misinterpretation and error is the use of the decimal point and a trailing zero. Writing "1.0 mg" can be read as "10 mg" if the decimal point is not clearly visible.

Similarly, ".1" mg can be misinterpreted as "1 mg". FDA and ISMP recommend that no trailing zeros be used when denoting doses expressed as whole numbers and that preceding zeros be used whenever a decimal point is needed for a dose that must be administered as a fraction of a whole number. Certain abbreviations can also be misread, for example "HCL", hydrochloride, and "KCL", potassium chloride. FDA and ISMP recommend that the complete drug name be used unless expressed as a salt of the drug. By avoiding the use of abbreviations, symbols and dose designations that are easily confused with each other, the risk of error can be greatly reduced. For a list of error-prone abbreviations, symbols and dose designations, healthcare professionals are referred to <http://www.ismp.org/Tools/errorproneabbreviations.pdf>⁴.

Illustration 2

Illustration 2. This illustration is an example of a hand-written prescription for Metadate ER 10 mg tablets. Metadate is a drug used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD). Due to the similarity in name, poor penmanship and the omission of the modifier "ER", the pharmacy filling the prescription incorrectly dispensed **methadone 10 mg tablets**. Methadone is a morphine-based product used as a heroin substitution therapy and analgesic. Methadone is not used for the treatment of ADHD.

As noted above, another way healthcare professionals can minimize the confusion over handwritten prescriptions (and their misinterpretation; see Illustration 2), and/or potential errors that may result in a drug's misuse, is through the use of technology. For example, CPOE technology is an electronic data entry system that allows healthcare professionals to communicate instructions about a patient at either the point-of-care or remotely. Although not every institution uses CPOE, data have shown that CPOE simplifies and streamlines a patient's care, and significantly reduces medication errors.¹ Estimates of the proportion of hospital that have fully implemented CPOE systems range from 37% to 50%.¹ CPOE is capable of storing medical histories and can alert healthcare professionals to, among other things, drug allergies, and dangerous drug-drug or drug-device interactions.

A 2008 review of the effects of CPOE on medication errors [MEDLINE (1966 to April 2006) and EMBASE (1976 to April 2006)] indicated that most studies report significant reductions in the relative risk of medication errors when CPOE is used.² Specifically, 25 of the 27 studies evaluated show a relative risk reduction for medication errors of 13% to 99%. These data strongly support the use of CPOE for the reduction of medication errors.

Another important way to avoid prescribing errors is for healthcare professionals to be up-to-date on the latest information for a product, especially for a drug that may not be commonly used. The professional product label is the best source for information on indications, proper use, and adverse events associated with a drug. The product label is updated as new information becomes available. The label provides important information that healthcare professionals should know prior to prescribing a drug. For instance, a boxed warning, when used, often contains information about serious adverse reactions (e.g., life-threatening) that should be considered when weighing the benefits of prescribing a drug. Special restrictions and distribution programs are also highlighted in boxed warnings.

Starting in 2006, the professional product label has a new look. Included at the top of the label is a highlights section. This feature makes key prescribing information about the drug readily accessible and provides an index to the rest of the information in the label.³ Healthcare professionals should always consult the drug label prior to prescribing a drug they are unfamiliar with or when there has been an update to the prescribing information. The most recent drug labels can be readily accessed on the National Library of Medicine's **DailyMed**⁵ website.

FDA's Role in Reducing Medication Errors

In addition to ensuring that drug labels contain accurate, up-to-date information, FDA also takes an active role identifying factors that may contribute to the incorrect distribution, dispensing, or taking of a medication (see <http://www.fda.gov/cder/drug/MedErrors/default.htm>⁶). FDA has promulgated regulations (e.g., bar codes) and developed programs aimed at mitigating medication errors. FDA has taken steps to ensure that drug packaging be compatible with emerging technologies (e.g., CPOE). Here are three examples of how FDA is working to reduce medication errors.

Drug names: FDA reviews drug names from both a promotional and safety perspective. The safety review focuses on the avoidance of error. FDA considers whether the proposed name looks and sounds like the names of drug products that are already marketed in the US and evaluates this risk using Failure Mode and Effects Analysis, a process by which potential failures in a system (e.g., drug design)

and the effects of such failures (e.g., medication errors) can be assessed. When evaluating the promotional aspects of the name, FDA considers if the proposed name/label is misleading because it overstates the efficacy, minimizes the risk, broadens the indication, makes unsubstantiated superiority claims for the product, or is overly fanciful. The safety goal of this review is to reduce name and label confusion prior to the drug entering the market. Of approximately 400 drug name and labels submitted for approval by pharmaceutical companies each year, FDA rejects one-third for reasons of, but not limited to, appropriateness, similar spelling and pronunciation of the drug name to another currently marketed product, ambiguity in a drug name and/or identifier, or being misleading.

Over-the-counter (OTC) Drug Labeling: For OTC drugs, consumers must rely on the information on the package in order to safely and properly use these medications, or to give them to children or others they are caring for. The OTC label is the primary mechanism by which all necessary safety and effectiveness information associated with the use of the OTC drug is conveyed to the consumer. In 1999, FDA redesigned and standardized the components of the OTC label so that information about the drug is readily available and can be easily read by the consumer. The label describes the purpose of the compound and any safety information and warnings associated with the drug. The label also clearly outlines how to use the drug appropriately. In addition, standardization of the OTC label reduces confusion among OTC drugs as a class.

Bar Codes: In 2004, FDA published a final rule requiring a bar code be placed on all drugs distributed and used in hospital settings. According to the rule, manufacturers, repackers, relabelers and private label distributors of drug products commonly used in hospitals must place a bar code on their product. The function of the bar code is to reduce error by increasing standardization among products so that, in conjunction with bar code scanning technology, the right patient can get the right drug at the right time. Supporting the use of bar codes are reports indicating that bar codes reduce dispensing errors and adverse drug events by 96% and 97%, respectively.⁴ In 2006, the [American Society of Health-System Pharmacists](#)⁷ (ASHP) reported that 13.2% of hospitals have adopted technology that utilizes bar code technology. This rate constitutes a 3.8% increase in bar code utilization from the previous year.⁵ The bar code rule highlights FDA's commitment to patient safety by integrating new labeling components that works with new technology.

By increasing awareness about medication errors, and instituting rules that standardize the use and promotion of medications, FDA seeks to reduce the incidence of medication errors and the impact these errors have on patients, families and the healthcare system. FDA closely monitors medication error reports as they are received, and issues warnings and/or intercedes when necessary. Healthcare providers are encouraged to continue to report medication errors to [MedWatch](#)⁸ or through FDA's partner organizations such as the [ISMP](#)⁹.

Relevant Websites

[FDA's medication error website](#)¹⁰

[FDA 101: Medication Errors](#)¹¹

[Institute for Safe Medical Practices](#)¹²

[U.S. Pharmacopeia MedMarx Program](#)¹³

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[Requirements on Content and Format of Labeling for Human Prescription drug and biological Products and Draft Guidances and Two Guidances for Industry on the Content and Format of Labeling for Human Prescription Drug and Biological Products: Final Rule and Notices](#)¹⁴. *Federal Register*. January 24, 2006; 71(15):3922-3997.

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3. [/Drugs/DrugSafety/MedicationErrors/default.htm](#)
4. <http://www.ismp.org/Tools/errorproneabbreviations.pdf>
5. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>
6. [/Drugs/DrugSafety/MedicationErrors/default.htm](#)
7. http://www.ashp.org/s_ashp/index.asp
8. <http://www.fda.gov/medwatch/>
9. <https://www.ismp.org/orderforms/reporterrortoISMP.asp>

10. </Drugs/DrugSafety/MedicationErrors/default.htm>
11. </ForConsumers/ConsumerUpdates/ucm048644.htm>
12. <http://www.ismp.org/>
13. <http://www.usp.org/products/medMarx/>
14. <http://www.fda.gov/OHRMS/DOCKETS/98fr/06-545.pdf>

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U.S. Department of Health & Human Services

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4. <http://www.ismp.org/Tools/errorproneabbreviations.pdf>
5. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>
6. </Drugs/DrugSafety/MedicationErrors/default.htm>
7. http://www.ashp.org/s_ashp/index.asp

8. <http://www.fda.gov/medwatch/>
9. <https://www.ismp.org/orderforms/reporterrortoISMP.asp>
10. [/Drugs/DrugSafety/MedicationErrors/default.htm](#)
11. [/ForConsumers/ConsumerUpdates/ucm048644.htm](#)
12. <http://www.ismp.org/>
13. <http://www.usp.org/products/medMarx/>
14. <http://www.fda.gov/OHRMS/DOCKETS/98fr/06-545.pdf>

3-30-11
10:30AM

*Advanced
PainCare*

MICHAEL FISHELL, M.D.
DEA #BF3428631

Tel: (702) 932-0606
Fax: (702) 932-0605

866 Seven Hills Drive, Suite 203
Henderson, NV 89052

Name Wood, Bonnie Date 3/21/11
Address 4941 Mesa Vista LV 4V Age _____

R Preservative-free Medication For Spinal Delivery:

- ☒ Morphine Sulfate 20.0 mg/cc
☐ Hydromorphone _____ mg/cc
☐ Bupivacaine _____ mg/cc (_____ %)
☒ Baclofen 250.0 micrograms/cc
☐ Clonidine _____ micrograms/cc
☐ _____ mg/cc

☒ Dispense 20(twenty) cc

Dr. _____

Rx#: 480752 N (0) RPh: KL/MS Disp: 03/22/2011 Orig: 03/22/2011
WOOD, BONNIE FISHELL, MIKE MD
 4941 MESA VISTA 866 SEVEN HILLS DR STE 203
 LAS VEGAS NV 89120 HENDERSON NV 89015
 DOB: 07/19/1952 () 456-4941 BF3428631 () 932-0606
 Prev. Fill: 02/02/2011 Warn: 0 0 0 0 NDC#: 99999-0000-48
 20 MORPHINE INTRATHECAL SOLN DAW: 0
 FOR PUMP USE (MORPHINE 20MG/ML) Class: 2
 (BACLOFEN 250MCG/ML) 20ML
 Ref/s: 0.00 Cost: \$106.84 PtPay: \$ 126.84 3Pty: CASH CUSTOMER

Hydro: _____ g Clonidine: _____ g

Morphine: 0.4 g Fentanyl: _____ g

Bupivacaine: _____ g Baclofen: 0.05 g

Prialt: _____ ml

Pump Volume: _____ y: _____

Other: _____

I: MS C: y T: y RPh: y

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**KIT NGUYEN, R.PH
Certificate of Registration No.: 16410
Respondent.**

**NOTICE OF INTENDED ACTION
AND ACCUSATION
Case No. 12-039-RPH-S**

_____/

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 Nguyen is a registered pharmacist with the Board.

II.

Ms. Nguyen checked her pharmacist license renewal application indicating she had completed 30 CEU's. During a random continuing education audit for the biennium ending October 31, 2009 it was revealed she could only provide 12.5 CE units between November 1, 2007 and October 31, 2009. In lieu of a formal disciplinary action, Ms. Nguyen was sent a letter on March 12, 2010 directing her to complete 60 hours of CE (2 times the minimum) as a penalty for not having completed 30 hours of CE as she attested to on her renewal and to make up the 17.5 deficient CE's from that renewal period. Ms. Nguyen was also advised that she would be audited again in 2011. At a later date Ms. Nguyen provided additional CE totaling 30.5 hours. On May 13, 2010 Board staff sent another letter indicating that rather than 60 extra CE for non-compliance of the 2007-2009 audit, 45 CE's would be the penalty and Ms. Nguyen would owe 75.0 CE's for the audit at the end of the 2011 renewal period.

III.

Ms. Nguyen was audited again for the 2011 renewal period, however rather than providing Board staff with 75.0 CE's that were due from the 2009 audit, Ms. Nguyen only provided 19.0 CE's. Ms. Nguyen was short 56 CE's.

FIRST CAUSE OF ACTION

IV.

In failing to provide Board staff with adequate continuing education certificates to fulfill the audit requirements when requested for the follow-up 2009 audit, Ms. Nguyen violated NRS 639.210(4) and/or 639.2174 and/or Nevada Administrative Code (NAC) 639.330 and/or 639.390

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

Signed this 27th day of June, 2012.


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

v.

**KIT NGUYEN, R.PH
Certificate of Registration No.: 16410
Respondent.**

Case No. 12-039-RPH-S

_____/

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, October 17, 2012 as the date for a hearing on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 27th day of June, 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 NOTICE
OF DEFENSE**

**KIT NGUYEN, R.PH
Certificate of Registration No.: 16410
Respondent.**

Case No. 12-039-RPH-S

_____ /

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.

Kit Nguyen, R.Ph

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**FERNESSEY TRACEY, R.PH
Certificate of Registration No.: 09913
Respondent.**

Case No. 12-036-RPH-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 Tracey is a registered pharmacist with the Board.

II.

Ms. Tracey checked her pharmacist license renewal application indicating she had completed 30 CEU's. During a random continuing education audit it was revealed she had completed only 4 CE units between November 1, 2009 and October 31, 2011.

FIRST CAUSE OF ACTION

III.

By indicating on her renewal application that she had completed 30 CEU's during the biennial period November 1, 2009 to October 31, 2011 when she actually had only completed 4 CEU's, Ms. Tracey violated NRS 639.210(4) and (9) and 639.2174(2) and Nevada Administrative Code (NAC) 639.330 and 639.390.

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

Signed this 27th day of June, 2012.


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

v.

**FERNESSEY TRACEY, R.PH
Certificate of Registration No.: 09913
Respondent.**

Case No. 12-036-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, October 17, 2012 as the date for a hearing on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 22nd day of June, 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 NOTICE
OF DEFENSE

FERNESSEY TRACEY, R.PH
Certificate of Registration No.: 09913
Respondent.

Case No. 12-036-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").

NONE



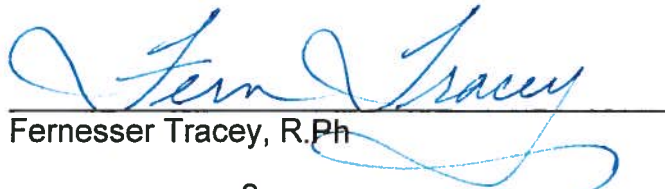
2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies and alleges as follows:

When I renewed my license, I believed that I had completed the required number of CE hours. It was when I attempted to collect my certificates that I was informed that all programs sponsored by pharmaceutical companies aren't eligible for CE credits. I did not knowingly claim unapproved credits.

I am willing to complete the required hours online. if that would be acceptable

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 2ND day of July, 2012.


Ferner Tracey, R.Ph

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

MONTE LAI, R.PH

Certificate of Registration No.: 12002

Respondent.

Case No. 12-037-RPH-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 Lai is a registered pharmacist with the Board.

II.

Mr. Lai checked his pharmacist license renewal application indicating he had completed 30 CEU's. During a random continuing education audit it was revealed he had completed only 9 CE units between November 1, 2009 and October 31, 2011. Mr. Lai also provided 12 additional CE's dated after October 31, 2011.


FIRST CAUSE OF ACTION

III.

By indicating on his renewal application that he had completed 30 CEU's during the biennial period November 1, 2009 to October 31, 2011 when he actually had only completed 9 CEU's, Mr. Lai violated NRS 639.210(4) and (9) and 639.2174(2) and Nevada Administrative Code (NAC) 639.330 and 639.390.

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

Signed this 27th day of June, 2012.


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

v.

**MONTE LAI, R.PH
Certificate of Registration No.: 12002
Respondent.**

Case No. 12-037-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, October 17, 2012 as the date for a hearing on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 27th day of June, 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 NOTICE
OF DEFENSE

MONTE LAI, R.PH
Certificate of Registration No.: 12002
Respondent.

Case No. 12-037-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").

None.



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

Last year was not a delightful year for me. Around the time of renewing pharmacist License, I lost my mother, it was one of saddest time of my life,

When I renew my pharmacist License last Oct., I intended to complete all the 30 CEU before Oct. 31 2011, however, I let it slip and only finished 9 CEU. I did finish the other 21 CEU after the Oct. 31 deadline.

I am so sorry that I did not complete all 30 CEU before Oct 31 as required. In the future, I will be very careful about the CEU requirement and complete all the CEU as required and within the time period. It had never happened before and I guarantee it will not happen again.

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 8th day of July, 2012.



Monte Lai, R.Ph

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**INNA ALTERMAN, R.PH
Certificate of Registration No.: 15822
Respondent.**

Case No. 12-038-RPH-S

_____/

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 Alterman is a registered pharmacist with the Board.

II.

Ms. Alterman checked her pharmacist license renewal application indicating she had completed 30 CEU's. During a random continuing education audit it was revealed she had not completed any CE units between November 1, 2009 and October 31, 2011. Ms. Alterman submitted 30.75 CE's all dated in January, 2012.

FIRST CAUSE OF ACTION

III.

By indicating on her renewal application that she had completed 30 CEU's during the biennial period November 1, 2009 to October 31, 2011 when she actually had not completed any CEU's, Ms. Alterman violated NRS 639.210(4) and (9) and 639.2174(2) and Nevada Administrative Code (NAC) 639.330 and 639.390.

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

Signed this 27th day of June, 2012.


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

v.

**INNA ALTERMAN, R.PH
Certificate of Registration No.: 15822
Respondent.**

Case No. 12-038-RPH-S

_____ /

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, October 17, 2012 as the date for a hearing on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 27th day of June, 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 NOTICE
OF DEFENSE**

**INNA ALTERMAN, R.PH
Certificate of Registration No.: 15822
Respondent.**

Case No. 12-038-RPH-S

_____/

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.

Inna Alterman, R.Ph

BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD OF PHARMACY****Petitioner,****v.****INNA ALTERMAN, R.PH
Certificate of Registration No.: 15822****Respondent.****ANSWER TO RESPONDENT'S
NOTICE OF INTENDED ACTION
AND ACCUSSATION****Case No. 12-038-RPH-S**

Respondent, Inna Alterman, R. PH ("Respondent"), with certificate #PT15822, by and through her attorney of record, Tracy A. DiFillippo, Esq., of the law firm of Armstrong Teasdale LLP, in answer to the Notice of Intended Action and Accusation filed in the above-captioned matter before the Nevada Pharmacy Board, declares as follows:

1. That a hearing on the Notice of Intended Action and Accusation is requested to discuss the factual and mitigation circumstances, and to accept direction as to possible corrective actions to avoid such circumstances from occurring in the future. Alternatively, and subject to final approval of the Board, Respondent will attempt to come to a Stipulated Agreement of Action with Board staff prior to the hearing and make a presentation to the Board regarding an agreed course of disciplinary action.

2. As to Paragraph I, Respondent admits the allegations.

3. As to Paragraph II, Respondent admits that she did not complete the required CE's and that she submitted 30.75 CE's dated January, 2012. The allegations regarding the continuing education audit, Respondent is without sufficient information, and therefore, denies the same.

4. As to Paragraph III, it does not aver factual allegations, but instead contains legal conclusions that are not subject to admission or denial of facts. In the event factual allegations are averred and they are inconsistent with the admissions made above, they are denied.

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5. Respondent retains the right to raise all available affirmative defenses in the event this matter proceeds to a full evidentiary hearing.

Dated this 15 day of July, 2012.

ARMSTRONG TEASDALE LLP

By: 

Tracy A. DiFillippo, Esq.
3770 Howard Hughes Parkway, Suite
200
Las Vegas, Nevada 89169
Telephone: 702.678.5070
Facsimile: 702.878.9995

**DECLARATION OF INNA ALTERMAN, R.PH IN SUPPORT OF ANSWER TO
RESPONDENT'S NOTICE OF INTENDED ACTION AND ACCUSATION**

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 13 day of July, 2012.


INNA ALTERMAN, R.PH

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**CINDY ORWICK, PT,
Certificate of Registration No. PT05926,
Respondent.**

Case No. 12-047-PT-S

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 Orwick is a registered pharmaceutical technician with the Board.

II.

On or about June 12, 2012 Board staff received a letter from Tammy Myxter, District Pharmacy Manager for Smith's Food and Drug notifying the Board that they had terminated the employment of Ms. Orwick.

III.

During a random drug screen on May 9, 2012, Ms. Orwick tested positive for methamphetamine.

FIRST CAUSE OF ACTION

IV.

By testing positive for methamphetamine during a random drug screen, Ms. Orwick violated Nevada Revised Statute (NRS) 639.210(3) and/or (4) and/or 639.283 and Nevada Administrative Code (NAC) 639.945(1)(i).

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

Signed this 12th day of July 2012.


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

**CINDY ORWICK, PT
Certificate of Registration No. PT05926,**

Case No. 12-047-PT-S

Respondent.

_____/

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

I.

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

II

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

The Board has reserved Wednesday, October 17, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 12th day of July, 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 NOTICE
OF DEFENSE**

**CINDY ORWICK, PT
Certificate of Registration No. PT05926,**

Case No. 12-047-PT-S

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").

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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.

Cindy Orwick, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**JOHN ZINDASH, PT
Certificate of Registration No. PT12630,**

Case No. 12-043-PT-S

Respondent.

_____ /

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

I.

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

II.

On or about June 4, 2012, Board staff was notified that Mr. Zindash had been terminated from employment as a pharmaceutical technician at CVS/pharmacy #8794. An internal investigation into the loss of controlled substances was conducted at CVS/pharmacy #8794. Mr. Zindash was interviewed by CVS/pharmacy's loss prevention personnel and he confessed to having diverted controlled substances from the pharmacy. In a written statement Mr. Zindash indicated that he had been taking hydrocodone for back pain. Mr. Zindash admitted that he took approximately 50 to 60 tablets of hydrocodone/APAP 5/325, 50 to 60 tablets of hydrocodone/APAP 10/325 and 50 to 60 tablets of hydrocodone/APAP 5/500 to self medicate.

FIRST CAUSE OF ACTION

III.

In removing controlled substances, namely hydrocodone/APAP in the strengths outlined in averment II without a prescription therefore, Mr. Zindash violated (NRS) 639.210(1) and/or (4) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or 639.951(c).

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

Signed this 15th day of August, 2012.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

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

**JOHN ZINDASH, PT
Certificate of Registration No. PT12630,**

Case No. 12-043-PT-S

Respondent.

_____ /

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

I.

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

II.

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

III.

The Board has reserved Wednesday, October 17, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 15th day of August, 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 NOTICE
OF DEFENSE

JOHN ZINDASH, PT
Certificate of Registration No. PT12630,

Case No. 12-043-PT-S

Respondent.

_____/

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

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

NONE

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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 29th day of August, 2012.


John Zindash, PT

Nevada State Board Of Pharmacy

My name is John Zindash. I am accused of taking medication from CVS for self medicated purposes and I want to state that I do not deny these accusations. I was questioned by the loss prevention personal and during which they asked me if I was taking medication and if I knew of anyone else. I told loss prevention that I had been taking medication for my back pain and that I knew another co worker was taking medication as well. She however was terminated the day earlier for performance issues and during her conversation with loss prevention she told them that I had been taking medication. When I was questioned by Loss Prevention every part of me wanted to lie and say I never took any medication but I told the truth and for that I now must pay a price. I don't expect to have my license anymore but I do have a chance to tell you the truth and hopefully have a small chance I could keep my license.

As an employee at CVS I did not realize how painful it would be to have to bend over and pick up medications from 3 inches off the ground every 10 minutes, I am six foot three inches tall, I'm not saying this is an excuse I am just telling you the cause. I was taking Motrin like candy for a few days until they stopped working. Then one day I was in the aisle with a bottle of Hydrocodone and I thought to myself if I just take one Hydrocodone my back won't hurt anymore. I knew it was the dumbest mistake I could make but 30 minutes later I had no pain and my work performance improved, I was only there a week and customers and employees were treating me as if I had been working there for years. I told myself I would not take them for very long and only what I needed. A week before the loss prevention personal spoke to me I made the conscious decision to stop taking the Hydrocodone. I knew that taking them was wrong and I couldn't keep jeopardizing my future, I also talked to my manager and my pharmacist and they wanted me to move up to lead technician. I started to take the Motrin again and fight the pain, then the women I was working with got terminated and a day later I was terminated as well. However, after the talk with loss prevention I told my pharmacist exactly what I told loss prevention and instead of terminating me right then he asked loss prevention to put me on suspension till we resolve this. The next day I was called by my manager to come in and he said that corporate decided to terminate you.

No one feels worse about what has happened here than me. I'm 23 years old and right now I'm on house arrest with three felony charges awaiting sentencing, and my mother has had to empty out her savings for a lawyer. I know it is kind of pointless to be writing this because you have all the evidence you need to not let me keep my license, I went to school for a year and threw away my parents money on a mistake I made and that angers me more than house arrest and my felonies. But I'm proud of myself for telling the truth and for stopping myself from taking the medication before I turned myself in. If you would grant me the honor of keeping my license I will not make this mistake again, I will submit drug test that I will pay for and send into you, I will pay back all the money I made CVS lose, or whatever you would seem fit if you are gracious enough to let me keep my license. I thank you for your time and I'm very sorry for wasting it as well.



John Zindash PT.12630

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**JOEL RAIMAN, RPH
Certificate of Registration No: 10502**

Case Number 11-118-RPH-S

Respondent.

_____ /

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Joel Raiman is a pharmacist licensed by the Board that owned and operated Mountain View Pharmacy, located at 7450 Cheyenne Avenue #112 and #113 in Las Vegas, Nevada.

II.

In December of 2011, the Board received an arrest report regarding Dr. E who was being charged with 36 counts of burglary, 41 counts of unlawfully prescribing and dispensing controlled substances and 41 counts of acquiring/containing controlled substances by fraud. The Nevada State Board of Medical Examiners

(Medical Board) had received a written complaint alleging that Dr. E had unlawfully written and obtained several prescriptions in the name of Patient H (his brother-in-law). The Medical Board, Las Vegas Metropolitan Police Department and the Board of Pharmacy entered into a combined investigation.

III.

During the investigation it was learned that Dr. E was having prescriptions for his brother-in-law filled at Mountain View Pharmacy. Board Staff was contacted by Mr. Raiman's landlord, and they learned that Mr. Raiman and Mountain View Pharmacy had been evicted from the Cheyenne Avenue location as he was not paying his rent. This circumstance needed to be addressed before the investigation into the original complaint. Board Staff provided assistance to Mr. Raiman in securing the drugs that were maintained at Mountain View Pharmacy since the drugs could not stay on the premises with an unlicensed landlord in possession of the only key.

IV.

Board Staff requested a report from the Controlled Substance Task Force (Task Force) for Mountain View Pharmacy to see if there was evidence of early fills for any of Mountain View Pharmacy patients. It was found that the activity was limited since Mountain View Pharmacy had not been reporting to the Task Force since moving to the Cheyenne Avenue location in February, 2011. There were no Task Force records from February, 2011 through October, 2011. Board Staff requested a statement from Mr. Raiman regarding not reporting to the Task Force, which he provided. He indicated that he had lost the directions from the company he was using to send the data to the Task

Force when he moved and did not know that the data was not being received. Once he became aware, he began using another vendor to report.

V.

In January, 2012, Board Staff compiled a list of 14 patients that they felt may have received early fills. Mr. Raiman was asked to provide patient profiles for those patients so Board Staff could evaluate each circumstance and if there were concerns, they would request original prescriptions. Five individuals were eliminated from the list and Board Staff asked Mr. Raiman to provide original prescriptions for the nine remaining persons on the list. Mr. Raiman was unable to comply with that request because he had removed those records from Mountain View Pharmacy earlier in the day and put them in storage. Board Staff provided Mr. Raiman with a list of the nine patients and asked him to pull the original prescriptions from storage.

VI.

In late February, 2012, there had been no communication from Mr. Raiman as to the disposition of the pharmacy files. Board Staff contacted Mr. Raiman on February 24th, 2012, and verbally requested 39 original prescriptions that would clarify quantity and directions of the prescriptions for the nine remaining patients in question. After numerous attempts to obtain the requested records, Board Staff was finally provided with some of the records but six records were never produced. Mr. Raiman indicated that two of the prescriptions in question, #2227927 and #2227980 for Patient H, may be included in a packet of 100 that he could not locate, however he also failed to produce prescription numbers 6709370, 6709632, 2228061 and 2228099.

VII.

Mr. Raiman met with Board Staff on March 13, 2012 and they reviewed early fills for eight patients of Mountain View Pharmacy. Mr. Raiman indicated that he early filled prescriptions written by Dr. E for himself (Dr. E) and for Patient H, because he felt intimidated by Dr. E. Mr. Raiman acknowledged that those prescriptions should not have been filled early. The records indicated that Mr. Raiman would bypass the "Stop Date Has Been Exceeded" warning in the computer system and complete the early fills. Five other patients' profiles that Board Staff reviewed, where the prescriptions were not written by Dr. E, indicated that Mr. Raiman also filled their prescriptions early.

FIRST CAUSE OF ACTION

VIII.

By failing to report to the Task Force from February to October, 2011, Joel Raiman violated NRS 639.210(4) and/or NAC 639.926(4) and/or 639.945(1)(i).

SECOND CAUSE OF ACTION

IX.

By filling controlled substance prescriptions early for Patient H and five other patients identified during the investigation of this matter, Joel Raiman violated NRS 639.210(4) and/or 639.2393 and/or 639.2396 and/or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

X.

By filling dangerous drug prescriptions early that Dr. E had written for himself, Joel Raiman violated NRS 639.210(4) and/or 639.2393 and/or 639.2396 and/or

NAC 639.945(1)(i).

FOURTH CAUSE OF ACTION

XI.

By not maintaining records in a secure manner and being unable to provide Board Staff with prescription records requested for their investigation, Joel Raiman violated NRS 639.210(4) and/or (15) and/or (17) and/or 639.236 and/or NAC 639.706 and/or 639.945(1)(i) and/or (m).

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

Signed this 21st day of August, 2012.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

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

JOEL RAIMAN

**Certificate of Registration No: 10502
Respondent.**

Case Number 11-118-RPH-S

_____ /
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. 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, October 17, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 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 24th day of August, 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
NOTICE OF DEFENSE

JOEL RAIMAN

Certificate of Registration No: 10502

Case Number 11-118-RPH-S

Respondent.

_____ /

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

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

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

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

DATED this _____ day of _____, 2012.

Joel Raiman, RPH



Nevada State Board of Pharmacy

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

August 23, 2012

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ronald DiMatteo
2110 Springwater Drive
Las Vegas, NV 89134

RE: Nevada Certificate of Registration Number: 16221
Nevada Board of Pharmacy Case Number: 12-020-RPH-S

Dear Mr. DiMatteo:

Enclosed you will find original copies of the following documents:

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

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

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

We have enclosed the Stipulation that would be presented to the Board in lieu of an actual hearing if you choose to accept the Stipulation. The stipulated agreement will be presented to the Board at the October, 2012 public meeting, and will be discussed, accepted as presented, rejected as presented, or modified. You will not need to be present when the stipulated agreement is presented to the Board, and you will be notified of the decision of the Board.

Ronald DiMatteo, R.Ph
August 23, 2012
Page 2

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

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

Sincerely,

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

Larry L. Pinson, Pharm.D.
Executive Secretary

Enclosures

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**RONALD DIMATTEO, R.Ph.
Certificate of Registration No. 16221**

Case Number 12-020-RPH-S

Respondent.

_____ /

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

I.

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

II.

On or about January 16, 2012, patient, Scott Menter, picked up his refill prescription for omeprazole CR 40mg capsules from Sam's Club Pharmacy #10-6257. He began taking the medication and continued to until March 12, 2012. During the period of time that he was taking the medication, he allegedly suffered symptoms of weight loss, increased appetite, nausea, abdominal cramping, shortness of breath, trouble sleeping, exhaustion, shakes, nervousness, anxiety, fatigue, moodiness, agitation and increased heart rate. Mr. Menter contacted the pharmacy on March 13, 2012, and was informed that the pharmacy manager, Ronald DiMatteo, was off.

On March 15, 2012, Mr. DiMatteo contacted Mr. Menter to discuss the situation. Mr. Menter's refill for omeprazole had been filled with levothyroxine sodium 0.075 mg. tablets.

III.

During the investigation of this matter, it was learned that a pharmaceutical technician had filled Mr. Menter's prescription. The technician scanned and created a prescription label for a stock bottle of omeprazole CR 40mg capsules. The scanned bottle did not contain the full amount of capsules required to fill the prescription so the technician returned the bottle to stock. The technician obtained another stock bottle which was located next to the returned bottle and did not realize it contained levothyroxine sodium 0.075 mg tablets. The label for omeprazole CR 40mg capsules was placed on the stock bottle of levothyroxine by the technician. Mr. DiMatteo was the verifying pharmacist and he failed to catch the error. In Mr. DiMatteo's written statement to Board Staff, he explained that the labels on the manufacturer's bottles of the omeprazole and levothyroxine are identical in color and format. He recognized the blue bottle and assumed it was the correct medication.

FIRST CAUSE OF ACTION

IV.

By verifying and dispensing Mr. Menter's refill prescription for omeprazole CR 40 mg. capsules with levothyroxine sodium 0.075 mg tablets, Mr. DiMatteo violated NRS 639.210(4) and/or Nevada Administrative Code (NAC) 639.945 (1)(d) and (i).

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

Signed this 23rd day of August, 2012.


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 10 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**

**RONALD DIMATTEO, R.Ph
Certificate of Registration No. 16221**

Case Number 12-020-RPH-S

Respondent.

_____ /

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

I.

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

II

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

The Board has reserved Wednesday, October 17, 2012 as the date for a hearing on this matter, if requested, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow if you choose to have a hearing.

III.

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 23rd day of August, 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
NOTICE OF DEFENSE

RONALD DIMATTEO, R.Ph.
Certificate of Registration No. 16221

Case Number 12-020-RPH-S

Respondent.

_____ /

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

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

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

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

DATED this _____ day of _____, 2012.

Ronald DiMatteo, R.Ph.

Blank



Activity in Case 2:07-cr-00227-KJD-PAL USA v. Osayaren et al Order on Motion for Early Termination of Probation
 cmecf
 to:
 cmecfhelpdesk
 06/11/2012 11:47 AM
 Bcc:
 Karen Brokaw
 Show Details



This is an automatic e-mail message generated by the CM/ECF system. Please DO NOT RESPOND to this e-mail because the mail box is unattended.

*****NOTE TO PUBLIC ACCESS USERS***** Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing. However, if the referenced document is a transcript, the free copy and 30 page limit do not apply.

United States District Court

District of Nevada

Notice of Electronic Filing

The following transaction was entered on 6/11/2012 at 11:46 AM PDT and filed on 6/11/2012

Case Name: USA v. Osayaren et al
Case Number: 2:07-cr-00227-KJD -PAL
Filer:
Document Number: 83

Docket Text:

ORDER Granting in part and Denying in part [80] Motion for Early Termination of Probation as to Matthew E. Osayaren (1). IT IS FURTHER ORDERED that Special Condition 6 of the Judgment against Matthew Osayaren restricting him from engaging in employment, consulting, or any association with any medical supply business for a period of five (5) years is REMOVED. Signed by Judge Kent J. Dawson on 6/8/12. (Copies have been distributed pursuant to the NEF - EDS)

2:07-cr-00227-KJD -PAL-1 Notice has been electronically mailed to:

Crane M Pomerantz crane.pomerantz@usdoj.gov, melissa.taylor3@usdoj.gov,
 pamela.j.mrenak@usdoj.gov

Thomas A. Ericsson tom@oronozlawyers.com, alicia@oronozlawyers.com

Rebecca A Rosenstein Rebecca_Rosenstein@fd.org, , Karen_Brokaw@FD.ORG

1
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7
8 **UNITED STATES DISTRICT COURT**
9 **DISTRICT OF NEVADA**
10

11 UNITED STATES OF AMERICA,

12 Plaintiff,

13 v.

14 MATTHEW E. OSAYAREN, *et al.*,

15 Defendants.
16

Case No. CR-S-2:07-CR-00227-KJD-PAL

ORDER

17 Before the Court is Defendant Matthew Osayaren's Motion for Early Termination of
18 Supervised Release/Motion to Modify Conditions of Supervised Release (#80).

19 **I. Background**

20 On July 15, 2009, Mr. Osayaren was sentenced to five months in custody with three years of
21 supervised release to follow. Mr. Osayaren's supervision is set to expire in March 2013. In addition
22 to all the standard conditions of supervision, the Court imposed several special conditions including
23 Special Condition 6 which states: "You shall be restricted from engaging in employment, consulting,
24 or any association with any medical supply business for a period of five (5) years." (Dkt. #71.)

25 Mr. Osayaren went to pharmacy school and worked as a pharmacist from 1986 to 2007. Prior
26 to his conviction in this case, Mr. Osayaren was a practicing pharmacist. Mr. Osayaren's license is

1 currently revoked for five years because of the conviction. That revocation is based on the special
2 condition of supervision restricting his employment with medical supply businesses.

3 II. Discussion

4 Mr. Osayaren is asking the Court terminate the period of supervised release pursuant to 18
5 U.S.C 3583(e)(1) so that he can seek reinstatement of his pharmacy license. He hopes to support his
6 family by again working as a pharmacist. Alternatively, Mr. Osayaren seeks modification of Special
7 Provision 6 which restricts his employment. The Government has responded by arguing that total
8 termination of supervised release is not warranted. However, the Government does not oppose
9 modification of Special Condition 6 as requested by Mr. Osayaren.

10 The Court agrees that modification of the conditions of Special Condition 6 is appropriate.
11 However, Mr. Osayaren will remain on supervised release subject to all other conditions of
12 supervision until March 2013 as contemplated in the Judgment (#71).

13 Accordingly, **IT IS HEREBY ORDERED** that Defendant Matthew Osayaren's Motion for
14 Early Termination of Supervised Release/Motion to Modify Conditions of Supervised Release
15 (#80) is **GRANTED** in part and **DENIED** in part.

16 **IT IS FURTHER ORDERED** that Special Condition 6 of the Judgment against Matthew
17 Osayaren restricting him from engaging in employment, consulting, or any association with any
18 medical supply business for a period of five (5) years is **REMOVED**.

19 DATED this 8th day of June 2012.

20
21 

22 _____
23 Kent J. Dawson
24 United States District Judge
25
26

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.

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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: ADVANCED HOME INFUSION

Physical Address: 5025 S. EASTERN AVE., STE 25, LV, NV 89119

Mailing Address: 5025 S. Eastern Ave., Ste 25, Las Vegas, NV 89119

City: LAS VEGAS State: NV Zip Code: 89119

Telephone: (702) 712-4698 Fax: (702) 597-2934

Toll Free Number: _____

E-mail: jerry@acrpharmacy.com Website: _____

Managing Pharmacist: Eghe U. Igbinovia License Number: 16316

Hours of Operation:

Monday thru Friday _____am _____pm Saturday 10am 4pm

Sunday _____am _____pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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.

X

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

Eghe J. Igbinovia

Print Name of Authorized Person

9/20/12

Date

Board Use Only

Received: 10/1/12 Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: EGHE U. IGBINOVIA
Business Name: ADVANCED HOME INFUSION
Current Business Address: 5025 S. EASTERN AVE, UTE 25
City: LAS VEGAS State: NV Zip Code: 89119
Telephone: (702) 712-4698 Fax: (702) 597-2934

List any physician shareholders and percentage of ownership.

Name: None %: _____
Name: _____ %: _____

Are you a registered pharmacist in Nevada? Yes ☐ No ☐ License #: _____

SOLE OWNER

Include with the application for a sole owner

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

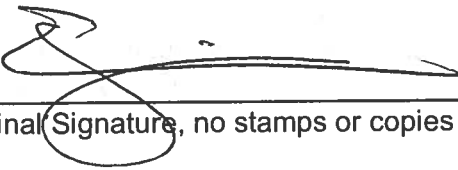
STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, EGHE U. IGBINOVIA
Responsible Person of ADVANCED HOME INFUSION
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

9/20/12
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Eghe J. Igbinovia License #: 16316

Pharmacy Name: ADVANCED HOME INFUSION

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

VR Home	Entity	Application	License	Cash	Exam	Inspection	Enforcement	Report
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Entity Search Identify Merging Entities

Domain 150 - Board of Pharmacy

Logged in as: cnally

VR Home > Entity Search > Entity Details

Entity # 40736	Org Type Corporation	Maintain														
Name ACCESS HEALTHCARE STAFFING & RECRUITMENT INC.		Find App														
Main Address Street 5025 S EASTERN AVE #25 Line 2 Line 3 City LAS VEGAS County CLARK Zip 89119 State NEVADA Country Routing Phone # 702-597-1758 Ext E-Mail apsnv@aol.com FAX # 702-597-2934		Exam History Payment History Contact History Relation Back														
License List <table border="1"> <thead> <tr> <th>License Type</th> <th>File #</th> <th>License #</th> <th>Rank</th> <th>Status</th> <th>Expires On</th> <th>View</th> </tr> </thead> <tbody> <tr> <td>1008</td> <td>207</td> <td>PH02176</td> <td>PH</td> <td>Active</td> <td>10/31/2014</td> <td></td> </tr> </tbody> </table>			License Type	File #	License #	Rank	Status	Expires On	View	1008	207	PH02176	PH	Active	10/31/2014	
License Type	File #	License #	Rank	Status	Expires On	View										
1008	207	PH02176	PH	Active	10/31/2014											

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

\$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.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH_____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7
Please check box for type of ownership and complete correct part of the application. | <input type="checkbox"/> Ownership Change
<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Advanced Pharma Incorporated
Physical Address: 9265 Kirby Drive
Mailing Address: 9265 Kirby Drive
City: Houston State: Texas Zip Code: 77054
Telephone: (713) 794-0404 Fax: (713) 794-0707
Toll Free Number: (877) 794-0404 (Required per NAC 639.708)
E-mail: babboud@advancedpharma.net Website: www.advancedpharma.com
Managing Pharmacist: Bourjois S. Abboud License Number: 36724

Hours of Operation:

Monday thru Friday 08:00 am 05:00 pm Saturday am pm
Sunday am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

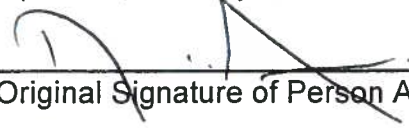
Within the last five (5) years:

- 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

Bourjois S. Abboud

August 1, 2012

Print Name of Authorized Person

Date

Board Use Only

Received:

SEP 11 2012

Amount:

500-

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Texas
Parent Company if any: None
Corporation Name: Advanced Pharma Incorporated
Mailing Address: 9265 Kirby Drive
City: Houston State: Texas Zip: 77054
Telephone: (713) 794-0404 Fax: (713) 794-0707
Contact Person: Bourjois S. Abboud

For any corporation non publicly traded, disclose the following:

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

- a) Micheline Abboud (100%) 23 Sanctuary Trl, Missouri City, TX 77459
Name Address
- b) _____
Name Address
- c) _____
Name Address
- d) _____
Name Address

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

3) What was the price paid per share? \$500/Share

4) What date did the corporation actually receive the cash assets? April 5, 2005

✓ 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: _____ %: _____

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.

List of officers and directors

Bourjois S. Abboud (President)

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

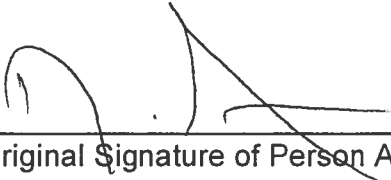
I, Bourjois S. Abboud, RPh, MBA

Responsible Person of Advanced Pharma Incorporated

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

Bourjois S. Abboud

Print Name of Authorized Person

August 1, 2012

Date



TEXAS STATE BOARD OF PHARMACY

Re: Advanced Pharma Inc.

Address: 9265 Kirby Dr.
Houston, TX 77054

License No.: 24119

Date Issued: May 13, 2005

Licensure Status: Active

Expiration Date: April 30, 2013

Type of Pharmacy: Community – Class A

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. As of the date of the receipt of the request for license verification (August 20, 2012), Advanced Pharma Inc., (Texas Pharmacy License #24119) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Allison Benz, R.Ph., M.S.
Director of Professional Services
Texas State Board of Pharmacy

August 24, 2012
Date



*The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$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 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: American Medical Direct

Physical Address: 1802 W. Bitters, Ste 301

Mailing Address: 1802 W. Bitters, Ste 301

City: San Antonio State: Texas Zip Code: 78248

Telephone: 210-832-8300 Fax: 210-520-1440

Toll Free Number: 877-505-8383 (Required per NAC 639.708)

E-mail: brock@amdhc.com

Website: www.americanmedicaldirect.com

Managing Pharmacist: Heather Mulvihill License Number: 34835

Hours of Operation:

Monday thru Friday 830 am 500 pm

Saturday on call am _____ pm

Sunday on call am _____ pm

24 Hours on call

TYPE OF PHARMACY

SERVICES PROVIDED

☐ 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

61292

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

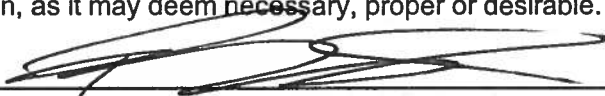
Within the last five (5) years:

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- 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

Brock Rush
Print Name of Authorized Person

9/24/12
Date

Board Use Only

Received: 10-1-12

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Texas
Parent Company if any: N/A
Corporation Name: American Medical Direct
Mailing Address: 1802 W. Bitters, Ste. 301
City: San Antonio State: TX Zip: 78248
Telephone: 210 832 8300 Fax: 210 520 1440
Contact Person: Dominique

For any corporation non publicly traded, disclose the following:

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

a)	<u>BROOK RUSH</u>	<u>1802 W. Bitters, Ste. 301, SA, TX</u>	<u>78248</u>
	Name	Address	
b)	<u>JEREMY CARP</u>	<u>1802 W. Bitters, Ste. 301, SA, TX</u>	<u>78248</u>
	Name	Address	
c)	_____	_____	_____
	Name	Address	
d)	_____	_____	_____
	Name	Address	

2) Provide the number of shares issued by the corporation. 30,000

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: _____ %: _____

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.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

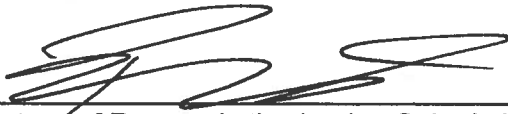
I, Brock Rush

Responsible Person of AMERICAN MEDICAL DIRECT

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

Brock Rush
Print Name of Authorized Person

9/25/12
Date

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 ☐ Sole 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: Linde RSS LLC
Physical Address: 1500 W. Warm Springs Rd., Henderson, NV 89014
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 104 B West Court Square
City: Livingston State: TN Zip Code: 38570
Telephone: 702-547-6700 Fax: 702-547-9191
E-mail: debbre.capuano@linde.com Website: www.linde.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 24 to hrs Tue: 24 to hrs Wed: 24 to hrs Thu: 24 to hrs
Fri: 24 to hrs Sat: 24 to hrs Sun: 24 to hrs Holidays: 24 to hrs

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Robert Hartley

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 Prosthesis
☐ 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: Robert Hartley Telephone: 702-547-6700

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

<u>Medicare</u> <u>619732001</u>	<u>Medicaid</u> <u>KY-7100108090</u>	_____
<u>619732002</u>	<u>TN-1513454</u>	_____
<u>619732003</u>	<u>OH-0065490</u>	_____

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐
- 3) Are any of the owners health professionals? If yes, please check the box and list name.
- | | |
|-----------------------------------------------------------|-------------|
| <input type="checkbox"/> Practitioner | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist | Name: _____ |
- N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, 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? *See Attachment* 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 MDEG provider or wholesaler 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.

Debbie Capuano

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

Debbie Capuano

Print Name of Authorized Person

9-18-12

Date

Board Use Only

Received: *SEP 24 2012*

Amount: *500-*

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Linde Gas North America LLC
Corporation Name: Linde RGS LLC
Mailing Address: 104 B West Court Square
City: Livingston State: TN Zip: 38570
Telephone: 931-823-3702 Fax: 931-823-3712
Contact Person: Gene Hantt

For any corporation non publicly traded, disclose the following:

See attached explanation of ownership

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

- 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. _____
- 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

Nevada State Board of Pharmacy
Medical Device, Equipment and Gas Application
Linde RSS LLC – Henderson, NV

Attachment to Ownership is a Non-Publicly Traded Corporation, page 5a

Linde RSS LLC is a wholly owned subsidiary of Linde Gas North America LLC. The ultimate parent company of both companies (as well as all other companies in the US) is Linde North America Inc. Linde North America Inc. is indirectly owned by a German company, Linde AG, which is traded on the European stock exchange

July 31, 2012

RE: Explanation of disciplinary action against State licenses held by Linde Gas North America LLC ("LGNA").

TO WHOM IT MAY CONCERN:

In early 2008, a division of LGNA signed a Consent Order with the Alabama State Board of Pharmacy arising out of an administrative oversight in connection with a permit renewal.

In early 2008, a division of LGNA entered into a settlement agreement with the State of Florida relating to investigations, permit applications and renewals following a restructuring of LGNA. The settlement calls for LGNA to pay a fine and for the state to issue the appropriate permits and to forego any further disciplinary action.

In June of 2010, a division of LGNA entered into a settlement agreement with the State of Florida relating to investigations and permit applications regarding non-permitted out-of-state LGNA facility providing medical gases into the State of Florida. The settlement calls for LGNA to pay a fine and for the state to issue the appropriate permits and to forego any further disciplinary action.

In July of 2011, a division of LGNA entered into a settlement agreement with the State of Florida relating to unlicensed activity, permit applications and renewals for home medical equipment. The settlement calls for LGNA to pay a fine and for the state to issue the appropriate permits and to forego any further disciplinary action.

Any questions concerning these actions may be directed to me at 908-508-2729 or via email to michael.piacenza@linde.com

Sincerely,



Michael Piacenza
FDA Compliance Manager
Linde North America, Inc.

MAYNARD COOPER
& GALE PC
ATTORNEYS AT LAW

Peck Fax

pfox@mcc-mont.com

May 22, 2008

Mr. Paul Stolzer
LINDE NORTH AMERICA, INC.
575 Mountain Avenue
Murray Hill, New Jersey 07974

RE: LINDE GAS/ALABAMA

Dear Paul:

Enclosed please find the original fully executed order from the Alabama Board of
Pharmacy.

Should you have any questions, let me know.

Sincerely,



Peck Fox

PF/brr
Enclosure

IN THE MATTER OF:

LINDE GAS NORTH AMERICA, LLC

MANUFACTURER/WHOLESALE
DISTRIBUTOR

Permit #500463

BEFORE THE ALABAMA STATE

BOARD OF PHARMACY

CONSENT ORDER

THIS CAUSE came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against LINDE GAS NORTH AMERICA, LLC (hereinafter referred to as "LINDE") relating to engaging in activities as a manufacturer/wholesaler/distributor during 2007 without first renewing your permit from the Board required by Code of Alabama (1975) Section 34-23-32 and in violation of Code of Alabama (1975) Section 34-23-33(7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) Sections 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That the attorney for the Board and the attorney for LINDE stipulate that LINDE denies the facts alleged constituting a violation of Code of Alabama (1975) Section 34-23-33(7), but LINDE stipulates that the Board would meet its required burden of proof to establish a prima facie case, and therefore the Board finds LINDE is guilty of violating Code of Alabama (1975) Section 34-23-33(7) by engaging in activities as a manufacturer/wholesaler/distributor during the year 2007 without LINDE having renewed your permit with the Board in violation of Code of Alabama (1975) Section 34-23-32.

2. That LINDE shall pay to the Board simultaneously with the execution of this Consent Order a fine in the amount of Five Hundred dollars (\$500.00). This obligation of

REC'D MAR 24 2008

payment to the Board shall not be dischargeable in bankruptcy and it shall not attempt to discharge the same in any bankruptcy proceeding.

3. By execution of this Consent Order, LINDE hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order.

4. That LINDE expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) Section 34-23-1 et seq. and the Alabama Administrative Procedure Act, Code of Alabama (1975) Section 41-22-1 et seq., including but not limited to Code of Alabama (1975) Sections 34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against them. LINDE further waives any obligation to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975) Section 41-22-18.

5. That LINDE agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That LINDE acknowledges, stipulates and agrees that they have read this Consent Order and that it fully understands the terms, conditions and contents of the same. LINDE acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

REC'D MAR 24 2008

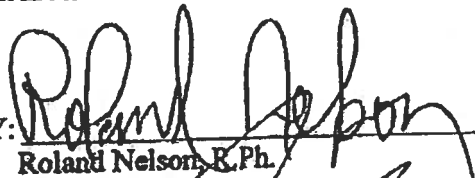
DONE this the 18th day of March, 2008.



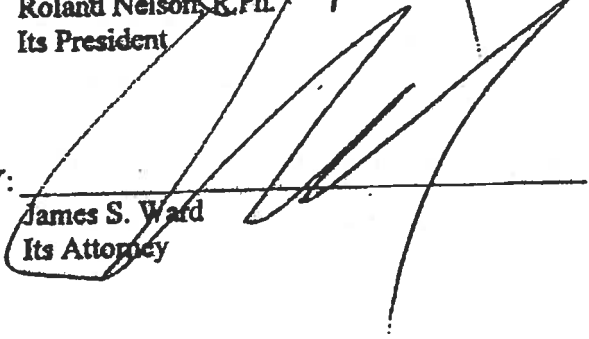
LINDE GAS NORTH AMERICA, LLC

DONE this the 25th day of March, 2008.

ALABAMA STATE BOARD OF PHARMACY

BY: 

Roland Nelson, R.Ph.
Its President

BY: 

James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
205/871-5404

REC'D MAR 25 2008

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY

Herb Bobo

Herb O. Bobo, R.Ph.
Secretary

I hereby agree to plead guilty to a violation of Code of Alabama (1975) Section 34-23-33(6), (7) and (12) and accept the sanctions set forth in this letter. I understand that I will be required to sign a Consent Order which will incorporate my plea of guilt, punishment and other standard provisions; such as a provision acknowledging my waiver of rights and procedures pursuant to the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act and my release of the Board or its agents from any liability in connection with this matter.

Michael A. White

OWNER/REPRESENTATIVE
LINDE GAS NORTH AMERICA, LLC

3/18/08

(Date signed)

RECD MAR 24 2008

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☞ Date 9-14-2012

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator 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 Linde RSS LLC
Nature of MDEG
1500 W. Warm Springs Rd., Henderson, NV 89014
Name and Address of Business for Which MDEG Administrator Is Requested

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Hartley
Last Name

Robbie
First Name

Duane
Middle Name

None
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

65 Castle Mountain Dr. Garden Valley Id. 83622
Present Residence Address-Street or RFD City State/Zip

2105 12th Ave Rd Dates 07/10-Present Nampa Id. 83686
Present Business Address City State/Zip

Respiratory Therapist Dates 07/29/2010 - Present
Present Position with the MDEG

Phone: _____ Fax: N/A

Email address: _____

_____ Boise, Ada, Id.
Date of Birth Place of Birth (City, County State)

45 _____ Male
Age Social Security Number Sex

Hazel Brown 205lbs 5'10"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics None

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.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Linde-RSS, REMEO unit
July, 2010 - Present 2105 12th Ave Rd, Nampa, Id. 83686 3,935
Month and Year Name/ Address of Employer/Business No of Employed Hours
Respiratory Therapist In facility Patient care Kendra Miliron
Title Description of Duties Name of Supervisor

Apr 2008 - Jun 2010 Norco Inc, 1125 W. Amity, Boise, Id. 83705 3,994
Month and Year Name/ Address of Employer/Business No of Employed Hours
Respiratory Therapist At home Patient care Jeanie Fisher
Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☒ I have not ☐ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) Date: _____

Case Number: _____

c) Criminal Action:

State: Idaho

Date: Oct 1996 / Nov 2005 / MAR 2006

Case Number: Unknown / T0612604 / T0550617

County: Boise / Ada / Ada

Court: Boise County / Ada County / Ada County

4 . Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a w

.....
.....
.....
.....
.....



Date of photograph 9-14-2012

I, Robbie Duane Hartley, 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 MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its 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 its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

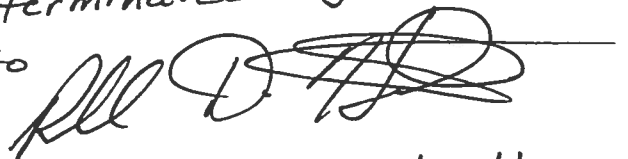

Original Signature of Applicant




Question 2

- 1) In Oct of 1996 I was arrested and charged with a misdemeanor charge of domestic violence. The charge was dismissed at pretrial in the Boise county court in Idaho city, Id.
- 2) In Nov of 2005 I was charged with a traffic misdemeanor while driving a taxi cab for the fare light being improperly wired to the meter and the cab rate sign was not visible to passengers. In pretrial I agreed that I would pay a bond for forfeiture and the state agreed to dismiss the charges.
- 3) In Mar of 2006 I was charged with a traffic misdemeanor while driving a taxi cab for non-compliance of vehicle inspection. In pretrial I agreed to pay a bond for forfeiture and the state agreed to dismiss the charges.

Note: On the charges relating to driving a taxi-cab, I was caught between the city of Boise and a cab company who was not running his business according to the laws and regulations set forth, ~~and~~ I was unaware at the time and after receiving the second ticket, I promptly terminated my lease option with them, and went to work for another taxi company until I completed college.



Robbie D. Hartley

1188632

BOISE POLICE DEPT.

IDAHO UNIFORM CITATION

IN THE DISTRICT COURT OF THE 4TH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA
STATE OF IDAHO

COMPLAINT AND SUMMONS

- ☐ Infraction Citation
☒ Misdemeanor Citation
☐ Accident Involved

DR#

DR#

DR#

vs.

HARTLEY

Last Name

ROBBIE

First Name

Middle Initial

1188632

VIN #

USDOT TK Census #

☐ Operator ☐ Class A ☐ Class B ☐ Class C ☒ Class D ☐ Other

☐ GVWR 26001 + ☐ 16 + Persons ☐ Placard Hazardous Materials IPUC#

Home Address 65 CASTLE MTN GARDEN VLY IN. 83622

Business Address _____ Ph # _____

THE UNDERSIGNED OFFICER (PARTY) HEREBY CERTIFIES AND SAYS:

☒ DL ☐ ID ☐ V I certify I have reasonable grounds, and believe the above-named Defendant,

☒ or SS# _____ State IDA Sex ☒ M ☐ F

Height 5-10 Wt. 185 Hair BROWN Eyes BLUE DOB _____Veh. Lic.# CAB205 State IDA Yr. of Vehicle 99Make Ford Model 4D Color VELLDid commit the following act(s) on 3-24, 20 06 at 2:27 o'clock P M.Vio. #1 VEHICLE INSPECTION 5-24-06NON COMPLIANCE

Code Section

Vio. #2 _____ Code Section _____

Location CURTIS / OPAL / HANCOCK (SB)Hwy. _____ Mp. _____ ADA County, Idaho.Date 3-24-06 Officer/Party WHITE Serial #/Address 592 Audio ☐ Video ☐ BOISE POLICE DEPT.

Date _____ Witnessing Officer _____ Serial #/Address _____ Dept. _____

THE STATE OF IDAHO TO THE ABOVE NAMED DEFENDANT:

You are hereby summoned to appear before the Clerk of the Magistrate's Court of the

District Court of ADA County, BOISE, Idaho,located at 200 W. FRONT ST. on or after 4-7, 20 06,but on or before 4-16, 20 06, at 8 A.M.-4 o'clock P M.

I acknowledge receipt of this summons and I promise to appear at the time indicated.

Defendant's Signature

I hereby certify service upon the defendant personally on 3-24, 20 06

Officer

NOTICE: See reverse side of your copy for PENALTY and COMPLIANCE instructions.

DEFENDANT'S COPY

CJ86MIN
TCQUAIHJ

ADA COUNTY MAGISTRATE MINUTES

05/11/2006
17:13:20

SCHEDULED EVENT:
Jury Trial

JUDGE:
Thomas Watkins

CLERK:
Holly D

DATE: 05/11/2006 TIME: 8:30

COURT REPORTER:

TAPE NO:

PR/AGY: BC

PROS:

P.D. ATTORNEY

HARTLEY ROBBIE D

T0550617.01 SSN

DOB 03/12/1967

1 FOR HIRE S B 5 24 14 M

2 TAXI FARE: B 5 24 12 M

☒ Case Called Def: ☒ Present ☐ Not Pres. ☐ In Custody
☐ Advised of Rights ☐ Waived Rts ☐ PD Appointed ☐ Waived Atty
☐ Guilty Plea/PV Admit ☐ N/G Plea ☐ Advise Subsqt Penalty
☐ Bond \$ ☐ ROR ☐ Pay/Stay ☐ Payment Agr

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* Finish () Release Defendant

War# T0550635 Def# 01 Seq# 01 Type F Docket#

Rev: 3/97

BF as Final Dispo

8/18/06 @ 4 PM

CASHIERS CHECK/MONEY ORDER .22250

PAYABLE TO 4TH DISTRICT COURT

1188632

BOISE POLICE DEPT.

IDAHO UNIFORM CITATION

IN THE DISTRICT COURT OF THE 4TH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA
STATE OF IDAHO

COMPLAINT AND SUMMONS

- ☐ Infraction Citation
☒ Misdemeanor Citation
☐ Accident Involved

vs.

HARTLEY

Last Name

ROBBIE

First Name

Middle Initial

DR#

DR#

DR#

1188632

VIN #

USDOT TK Census #

☐ Operator ☐ Class A ☐ Class B ☐ Class C ☒ Class D ☐ Other

☐ GVWR 26001 + ☐ 16 + Persons ☐ Placard Hazardous Materials IPUC#

Home Address 65 CASTLE MTN GARDEN VLY IN. 83622

Business Address

Ph #

THE UNDERSIGNED OFFICER (PARTY) HEREBY CERTIFIES AND SAYS:

☒ DL ☐ ID ☐ V I certify I have reasonable grounds, and believe the above-named Defendant,

DL or SS#

State IDSex: ☒ M ☐ FHeight 5-10 Wt. 165 Hair BRN Eyes BLU DOBVeh. Lic.# CAB2RUS State ID Yr. of Vehicle 99Make Ford Model 4D Color VELLDid commit the following act(s) on 3-24-06 at 1227 o'clock P M.

Vio. #1

VEHICLE INSPECTION
NON COMPLIANCE

Code Section

Vio. #2

Code Section

Location CURUS / OPAL / HONDA (SBI)

Hwy.

Mp.

ADA

County, Idaho.

Date

3-24-06

Officer/Party

WHITE

Serial #/Address

592Audio ☐ Video ☐ BOISE
POLICE DEPT.

Date

Witnessing Officer

Serial #/Address

Dept.

THE STATE OF IDAHO TO THE ABOVE NAMED DEFENDANT:

You are hereby summoned to appear before the Clerk of the Magistrate's Court of the

District Court of ADA County, BOISE, Idaho,located at 200 W. FRONT ST. on or after 4-7, 20 06,but on or before 4-16, 20 06, at 8 A.M.-4 o'clock P.M.

I acknowledge receipt of this summons and I promise to appear at the time indicated.

Defendant's Signature

I hereby certify service upon the defendant personally on

3-24-06

Officer

NOTICE: See reverse side of your copy for PENALTY and COMPLIANCE instructions.

DEFENDANT'S COPY

SCHEDULED EVENT:
Jury TrialJUDGE:
Thomas WatkinsCLERK:
Holly O

DATE: 05/11/2006 TIME: 8:30

COURT REPORTER:

TAPE NO: _____

PF/AGY: BC PROS: _____

P.D. ATTORNEY

HARTLEY ROBBIE D

T0550617.01 SSN _____

DOB 03/12/1967

1 FOR HIRE S B 5 24 14 M

2 TAXI FARE: B 5 24 12 M

X Case Called Def: ☒ Present ☐ Not Pres. ☐ In Custody
☐ Advised of Rights ☐ Waived Rts ☐ PD Appointed ☐ Waived Atty
☐ Guilty Plea/PV Admit ☐ N/G Plea ☐ Advise Subsq't Penalty
☐ Bond \$ _____ ☐ ROR ☐ Pay/Stay ☐ Payment Agr

BE as Final Dispo

8/18/06 @ 4 PM

CASHIERS CHECK/Money Order 222.50

PAYABLE TO 4TH DISTRICT COURT

* Finish () Release Defendant

War# T0550635 Def# 01 Seq# 01 Type F Docket#

Rev: 3/97

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 ☒ Sole 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: Trilogy Medical
Physical Address: 7365 Prairie Falcon Rd. Suite 140 Las Vegas, NV 89138
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2095 Alcora Ridge Dr.
City: Las Vegas State: NV Zip Code: 89135
Telephone: 702 469 9652 Fax: 866-313-0861
E-mail: TFALLON2010@GMAIL.COM Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Thomas Fallon

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 Prosthesis
☐ Diabetic Supplies Other: Bone Growth Stimulators

**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: ~~Thomas Fallon~~ Telephone: ~~702 469 9652~~

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒
- 3) Are any of the owners health professionals? If yes, please check the box and list name.
- | | |
|-----------------------------------------------------------|-------------|
| <input type="checkbox"/> Practitioner | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist | Name: _____ |

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, 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 MDEG provider or wholesaler 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

THOMAS FALLON

Print Name of Authorized Person

5/22/12
Date

Board Use Only

Received: SEP 11 2012

Amount: 500-

APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: THOMAS FALLON
Business Name: Trilogy Medical
Current Business Address: 2095 Alcott Ridge Dr.
City: Las Vegas State: NV Zip: 89135
Telephone: 702 469 9652 Fax: 866-313-0561

SOLE OWNER

Include with the application for a sole owner

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 8/22/12

GENERAL INSTRUCTIONS

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

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

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

Application for MDEG License - ^{Orthopedic} Bracing and Bone Growth Stimulators
Nature of License
Trilogy Medical - 7365 Prairie Falcon Rd. Ste 140 Las Vegas, NV 89128
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name FALLON First Name THOMAS Middle Name LAURO
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD 2095 Alcorn Ridge Dr. City Las Vegas State/Zip NV 89135
Dates 12/1/11

Present Business Address 7365 Prairie Falcon Rd. City Las Vegas State/Zip NV 89128
Dates 10/1/11

Occupation Sales Phone: Residence _____ Business _____

Date of Birth 31 Washington D.C. Place of Birth (City, County, State)

Age 31 Social Security Number _____ Sex M

Color of Eyes Brown Color of Hair Brown Complexion Fair Weight 235 Build Athletic Height 6'4"

Scars, tattoos or distinguishing marks and/or characteristics (1) Right upper Arm, (2) Right Chest

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 TF
Page 1

MARITAL INFORMATION-Continued

CYANOGETA County

A. **Current Marriage**.....
 Spouse's full name (Maiden) Brynn Leah Wise.....
 Date of Birth..... Place of Birth CHICAGO, IL.....
 Resident address 2095 Akona Ridge Dr. Las Vegas NV 89135.....
 Telephone: Residence..... Business.....
 Spouse's employer N/A..... Occupation N/A.....
 Address of employer N/A.....
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

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

Name	Street	City	State	Zip	Telephone

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 TE

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father William Fallon		1455 Inlet Dr. Mattituck, NY	Surgeon
Mother Donna Lauro		1455 Inlet Dr. Mattituck, NY	N/A
Father-in-Law Rick Randall		936 Los Palomas LV, NV 89138	Unemployed
Mother-in-Law Jill Altman		936 Los Palomas LV, NV 89138	N/A

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
William Fallon		4018 Hillbrook Rd. University Hts. OH	Sales
Spouse Christina Magro		4018 Hillbrook Rd University Hts, OH	Marketing
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School John Stockton	Jacksonville, FL	85-89	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Shaker High	Shaker Hts., OH	96-99	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University University of Massachusetts	Ambert, MA	8/99-12/03	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Marketing

College or university where obtained UMASS

Applicant's initial TF

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.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
6/1/99	18	Underage consumption	Beaverton, OR		Beaverton Police

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.

Name	Relationship	Charge	Location	Date
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Applicant's initial TF

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☒ No ☐ (Other than divorces)

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Defendant	4/1/11	Civ. A. No 11-1851	Newark, NJ	Ongoing

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
6/85 - 6/88	4819 Beechcroft Rd.	Jacksonville	FL
6/91 - 8/06	2886 Kingsley Rd.	Shaker Hts.	OH
8/06 - 12/11	11921 Amadoro Ln	Las Vegas	NV
12/11 - Present	2095 Alcora Ridge Dr.	Las Vegas	NV

Applicant's initial

T4

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/11 - Present	Zimmer Spine 7375 Bush Lake Rd Minneapolis, MN 55439	N/A
Regional Manager	Direct sales Activities	Kevin Brothen
8/06 - 4/11	Stryker Spine 2 Park Cr. Allendale, NJ	New Opportunity
Branch Manager	Direct sales Activities	Greg Palmer
4/05 - 8/06	Brine Inc. 47 Summer St. Milford, MA	New Opportunity
Sales Rep	Sell sports goods	Mike Martin
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial **TK**

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Dan Lee</u>	Home	<u>10521 Shoshonean dr</u>	<u>LV, NV</u>	<u>89134</u>		<u>6</u>
Employer <u>Self-employed</u>	Business	<u>(Above)</u>				
Name <u>Ren Rinaldi</u>	Home	<u>9013 Greenboro Ln</u>	<u>LV, NV</u>	<u>89134</u>		<u>6</u>
Employer <u>Self-employed</u>	Business	<u>(Above)</u>				
Name <u>Alex Puleman</u>	Home	<u>1631 Fern Circle</u>	<u>Atlanta, GA</u>	<u>30319</u>		<u>8</u>
Employer <u>Zimmer Spine</u>	Business	<u>9365 Burr Lake Rd</u>	<u>Minneapolis, MN</u>			
Name <u>Derek Kunkel</u>	Home	<u>155 Washington Ave</u>	<u>Madison, NJ</u>	<u>07141</u>		<u>10</u>
Employer <u>Self-employed</u>	Business	<u>(Above)</u>				
Name <u>Greg Cannella</u>	Home	<u>(Don't have his home Address)</u>				<u>14</u>
Employer <u>Univ. of Massachusetts</u>	Business	<u>Boyd Building Amherst, MA 01003</u>				

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

.....

.....

.....

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

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

.....

.....

.....

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:

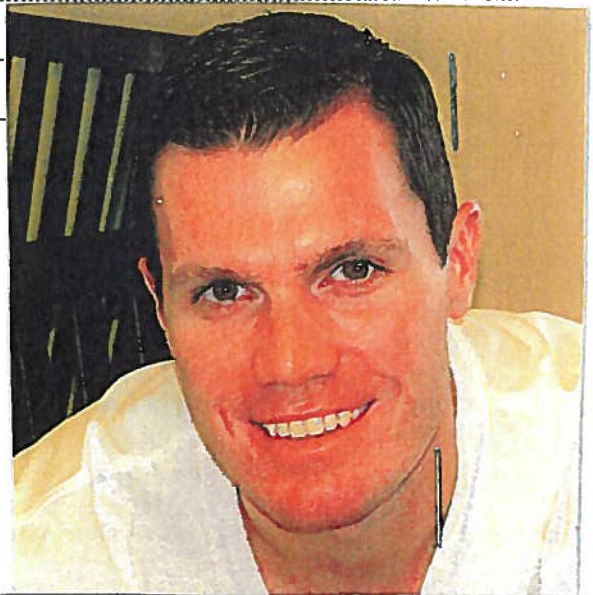
15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

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 6/12/12

Applicant's initial TF

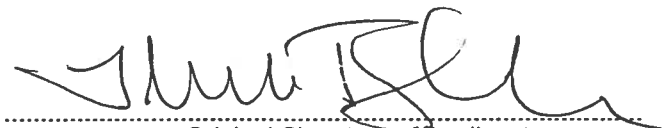
STATE OF NEVADA

ss.

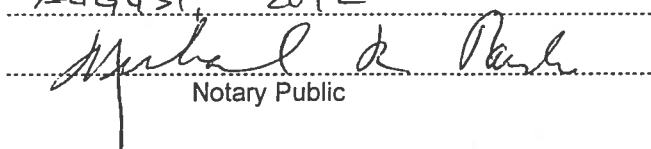
COUNTY OF CLARK

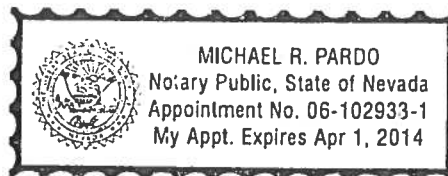
I, THOMAS FALLON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation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

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


Original Signature of Applicant

Subscribed and Sworn to before me this 28th day of

AUGUST, 2012

Notary Public



(seal)

Applicant's initial TF
Page 9

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☑ Date 5/22/12

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator 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 Orthopedic Banding and Bone Growth Stimulators
Nature of MDEG
Trilogy Medical 7805 E Prairie Falcon Rd. Suite 140
Name and Address of Business for Which MDEG Administrator Is Requested

LTS Vegas, NV
89128

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

FALON
Last Name

THOMAS
First Name

LAURO
Middle Name

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

2095 Alcorn Ridge Dr. LAS Vegas NV/89135
Present Residence Address-Street or RFD City State/Zip

7365 Prairie Falcon RD 10/1/11 LAS Vegas NV/89128
Present Business Address Dates City State/Zip

President
Present Position with the MDEG Dates

Phone: Fax:

Email address:

Washington D.C.
Date of Birth Place of Birth (City, County, State)

31 M
Age Social Security Number Sex

Brown Brown 235 6'4"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics

(1) Right upper arm (2) right chest

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.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

4/1/11 - Present	Zimmer Spine 7365 Burn Lake Rd Minneapolis, MN 55439	(1 year, 1 month) 15,000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Regional Manager	Direct sales of spinal hardware	Kevin Botten
Title	Description of Duties	Name of Supervisor
8/1/00 - 4/1/11	Stryker Spine 2 Pearl Cr. Allendale, NJ 07401	4 years, 8 months
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Branch Manager	Direct sales of spinal hardware	Gary Palmer
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐

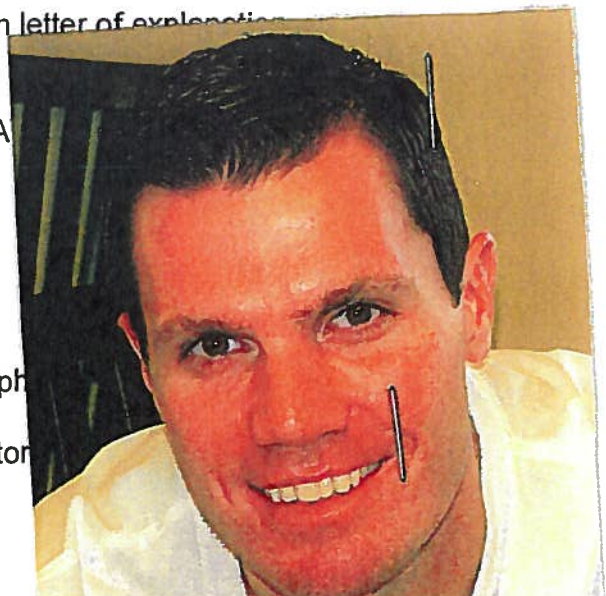
6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation

.....
.....
.....
.....
.....


DATE -
6/12/12

Date of ph



I, Thomas Fallon, 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 MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its 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 its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.


.....
Original Signature of Applicant

DISCUSSION AND DETERMINATION – OCTOBER 2012

DELIVERY OF PRESCRIPTIONS

NAC 639.710 (see attached)

The Board office often gets calls regarding the delivery of prescriptions (see attached "Newsletter" article). Common practice often involves the utilization of a taxi or delivery service to get prescriptions to those who may not have the ability to get to a pharmacy, even though this practice is not in compliance with our regulation. Staff feels that this regulation may be too restrictive with respect to taxis and delivery services and may actually hinder the ability of some patients to get their medications. We invite a discussion.

NEWSLETTER – JANUARY 2013

DELIVERY OF PRESCRIPTIONS

Judging from recent inquiries regarding the delivery of prescriptions, a review of our regulations on that subject is probably in order. We refer you to NAC 639.710 which clearly addresses the delivery of prescription drugs. Please note:

- The person delivering the drug must be a **bona fide employee** of the licensee; must be at least 16 years old & not been convicted of any drug related crime.
- The prescribed drug must be delivered directly to the patient; to a person at the patient's residence or to staff of a medical facility where the patient resides.
- The person accepting the medication must sign for it; security within the delivery process must be maintained, and records of this activity must be maintained by the licensee.
- Authorized, noncompensated agents of the patient (i.e. neighbor; friend; relative) may pick up a prescription for a patient.

So the obvious questions emerge:

- Is it ok for a taxi driver to pick up a patient's medication?
 - No; the taxi driver is compensated.
- Is it ok to hire a "delivery service" to deliver for a pharmacy?
 - No; a delivery service is not a bona fide employee of the licensee.
- Who constitutes an "authorized agent" of the patient?
 - Verbal or written authorization to the pharmacist from the patient.
- Can a "common carrier" such as UPS or the US Mail deliver a prescription?
 - Yes.
- How long should delivery records be kept?
 - Two years, as are all pharmacy records.
- Can a compounding pharmacy deliver a prescription for a patient to that patient's doctor's office?
 - Yes, under two conditions:
 - That the patient is the person billed for the medication, not the doctor.
 - That the prescription is for **administration** to the patient in the doctor's office.
- How is counseling on new prescriptions accomplished if they are being delivered to the patient?
 - The pharmacist must counsel the patient either by calling him/her or providing a 24/7 800 number for the patient to use to contact a pharmacist.

3. As used in this section, "ultimate user" means a person who lawfully possesses a drug, controlled substance, poison, chemical, device or appliance restricted by federal law to sale by or on the order of a physician for his or her own use, the use of a member of the person's household or the use of any person for whom he or she is caring, or for administering to any animal owned by the person or by a member of his or her household.

(Added to NAC by Bd. of Pharmacy, eff. 10-1-93; A 5-22-96; R118-98, 9-10-98; R049-04, 2-28-2005)

NAC 639.710 Delivery of prescription drugs. (NRS 639.070)

1. A prescribed medication may be delivered or dropped off by a licensee if the person making the delivery:

- (a) Is a bona fide employee of the licensee;
- (b) Is at least 16 years of age; and
- (c) Has not been convicted of any offense in any jurisdiction, whether a felony or misdemeanor, involving any dangerous drug, controlled substance, embezzlement or theft.

2. A prescribed medication must be delivered directly to the patient, or must be dropped off with a person at the patient's residence or the appropriate person on the staff of the medical facility at which the patient is being treated. The person accepting the prescribed medication must sign for it.

3. All prescribed medications must be adequately secured in the vehicle used for delivery.

4. The licensee shall maintain records of all prescribed medications which are delivered pursuant to this section.

5. Any prescribed medication may be picked up from the pharmacy by any authorized, noncompensated agent of the person for whom the drug is prescribed, including but not limited to, a neighbor, friend or relative.

[Bd. of Pharmacy, § 639.170, eff. 6-26-80]—(NAC A 10-17-86)

NAC 639.7102 Use of computer system for issuance and transmission of prescription. (NRS 639.070, 639.0745)

1. Except as otherwise provided in subsection 8, a practitioner may:

- (a) Issue a prescription using a computer system approved by the Board; and
- (b) Transmit the prescription using that computer system to a pharmacy specified by the patient for whom the practitioner issues the prescription.

2. The Board will approve the computer system of a practitioner if the computer system:

- (a) Requires a fingerprint scan, retinal scan, personal identification number or other unique identification of the practitioner to activate the computer system by which a prescription will be entered and to reactivate the computer system if the computer system has not been in use for 15 minutes or longer;

(b) Maintains a record of:

- (1) Each prescription that the practitioner issues using the computer system; and
- (2) Each pharmacy to which the practitioner submits the prescription;

(c) Is able to print a written prescription that complies with NRS 639.2353 and NAC 453.440;

(d) Places on the face of the prescription, if it is printed from the computer system of the practitioner or the pharmacy to which the practitioner transmits the prescription, or if it is displayed on the monitor of the computer of the pharmacy, a mark that uniquely identifies the practitioner, including, without limitation, the practitioner's signature or a security code which is known to or verifiable by the pharmacy;

(e) Requires the practitioner, before the computer system places the words "Dispense As Written" on the face of the prescription, to make a specific entry into the computer system for the prescription; and

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TEMPORARY LICENSES
(Issued since last board meeting)

Sunrise Hospital

Kib Mickelson

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August 22, 2012

Beth Foster, PharmD, President
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno Nevada 89509

Dear Dr. Foster,

We are writing to ensure that the Nevada State Board of Pharmacy is aware of recent statements by the Food and Drug Administration (FDA) regarding compounding of hydroxyprogesterone caproate injection (commonly referred to as "17P"), which we have included for ease of your review.

We respectfully request that the Nevada State Board of Pharmacy notify pharmacists registered in your state of this update.

We note that the State of Nevada has general guidance for pharmacists regarding appropriate pharmacy compounding, of which the following is relevant:

Nevada State Board of Pharmacy Practitioner Dispensing Inspection Form¹

A pharmacy cannot compound a pharmaceutical product that is available commercially unless there is a significant medical reason for the alteration in the commercial prescription product. Altering includes, but is not limited to, changing one or more inactive ingredients or strength of the active ingredient. The documentation of the reason for altering the commercial product should be noted in the patient's chart and on the written prescription dispensed by the pharmacy.

We understand that the March 2011 FDA statement resulted in many pharmacies continuing to compound copies of Makena. **However, in their June 2012 statements, FDA publicly stated that they have changed their position on compounding copies of Makena.** In their August 2012 newsletter, the Missouri State Board of Pharmacy highlighted the updated FDA statement to pharmacists registered in the state. We applaud the Missouri State Board of Pharmacy for proactively bringing this update to pharmacists' attention and are encouraging other states to consider a similar approach.

Ther-Rx Commitment to Makena Access

Compounding pharmacies filled an important void by providing 17P prior to the availability of an FDA-approved formulation. We recognize that Ther-Rx made mistakes in the original pricing for Makena, but we have responded to the criticisms raised by concerned stakeholders:

- Pricing to State Medicaid programs is less than \$300 per injection
- A pharmacoeconomic model demonstrates that programs can save approximately \$1.50 in preterm birth costs for every \$1 spent on Makena acquisition costs
- Average co-pay assigned by insurers is \$8 per Makena injection
- Comprehensive patient assistance programs are also available for both insured and uninsured patients
- More than 20% of shipped Makena vials across the U.S. have been provided by Ther-Rx at no cost

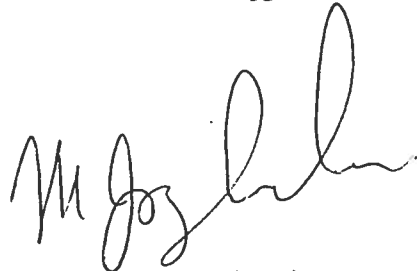
Despite the availability of FDA-approved Makena and our efforts to ensure access, a substantial proportion of pregnant women at risk for preterm delivery continue to receive unapproved compounded products that do not meet federal standards required for Makena. The return to normal enforcement policy by FDA is an important step forward for high-risk pregnant patients.

If you think it is helpful, we would welcome the opportunity to speak with you about this issue. Please contact us at 314.645.6600, extension 3482 or via e-mail at jgudeman@ther-rx.com if you would like to discuss this information further.

Respectfully,



Jennifer Gudeman, PharmD
Director, Medical Affairs



Mike Jozwiakowski, PhD
Vice President, Scientific Affairs

Attachments: FDA June 15 and June 29 statements
 CMS June 15 statement
 FDA Untitled Letter to Wedgewood Pharmacy (June 29, 2012)
 Missouri Board of Pharmacy newsletter, August 2012

Appendix

Key Events in Regulation of Compounded 17P

- **February 2011:** FDA approves Makena® (hydroxyprogesterone caproate injection) to reduce the risk of preterm birth in women with a singleton pregnancy who have a history of singleton spontaneous preterm birth.
- **March 2011:** FDA issues a statement on Makena, which notes *"In order to support access to this important drug, at this time and under this unique situation, FDA does not intend to take enforcement action against pharmacies that compound hydroxyprogesterone caproate based on a valid prescription for an individually identified patient unless the compounded products are unsafe, of substandard quality, or are not being compounded in accordance with appropriate standards for compounding sterile products."*
- **October 2011:** Company provides to FDA results of an investigation testing the quality of the active pharmaceutical ingredient (API) and compounded 17P injection; variable potency and purity revealed, including one of the unregistered Chinese API suppliers providing API that was found to be glucose.
- **November 2011:** FDA issues a second statement on Makena in which they acknowledge receiving the aforementioned testing results and will begin to conduct their own investigation.
- **June 2012:** FDA and CMS issue revised statements (enclosed) in which FDA states they are returning to their normal enforcement policy regarding compounding and provides direction that copies (or essentially copies) of Makena should not be made by compounding pharmacies, unless there is a specific medical need; CMS reminds state Medicaid agencies that they should cover FDA approved products, such as Makena.
- **June 2012:** FDA issues an untitled letter to Wedgewood Pharmacy regarding their continued and large-scale compounding of 17P, despite availability of FDA-approved Makena.
- **August 2012:** Missouri State Board of Pharmacy notes in their newsletter that FDA is returning to their normal enforcement policy regarding compounding hydroxyprogesterone caproate and reminds licensees that compounding copies of commercially available products is prohibited; there must be sufficient documentation of the specific medical need if a variation of a commercially available product is requested by a prescriber.

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Forms/Inspection/DispensingPractitionerInspForm.pdf>

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Nevada State Board of Pharmacy

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

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

SEPTEMBER 5, 2012 BOARD MEETING HELD IN RENO, 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 September, 2012 Board meeting.

Licensing Activity:

- 13 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 2 licenses were granted for Nevada MDEG companies.
- 14 licenses were granted for Out-of-State pharmacies.
- 12 licenses were granted for Out-of-State wholesalers.
- 2 registrations were granted for pharmacy technician in training licenses and 1 denied.

Disciplinary Action:

- Pharmacist BV, who failed to complete any continuing education and indicated that he had on his renewal application, was fined \$500; ordered to make up the 30 CEU's required as well as complete an additional 75 CEU's including a class on Ethics; was ordered to take and pass a written law exam within 60 days and will be audited next renewal period.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- Discussions were held on mechanical counting devices as well as a lengthy discussion on pharmacy technician diversion of controlled substances.

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PROPOSED WORKSHOP LANGUAGE AMENDING NAC 639.725
October 18, 2012

NAC 639.725 Use of mechanical counting device for dispensing medication to be taken orally. (NRS 639.070, 639.2655, 639.2801)

1. A mechanical counting device that is used by a pharmacy for dispensing medication to be taken orally must use one of the following methods to identify the contents of the device:

(a) The following information must be affixed to the front of each cell of the device:

- (1) The generic name or trade name of the medication;
- (2) The manufacturer of the medication;
- (3) The strength of the medication;
- (4) The expiration date of the medication;
- (5) The lot number of the medication; ~~[and]~~
- (6) *The date the last filling was added to cell; and*
- (7) The initials of the pharmacist who:

(I) Placed the medication into the device; or
(II) Verified the correctness of the drug placed into the device when the drug was placed by a pharmaceutical technician, a pharmaceutical technician in training or an intern pharmacist; or

(b) A label that shows the generic name or trade name and the strength of the medication must be affixed to each cell of the device and a log must be kept *for two years* for each cell which contains:

- (1) An identification of the cell by the name of the medication or the number of the cell;
- (2) The name of the manufacturer of the medication;
- (3) The expiration date of the medication;
- (4) The lot number of the medication;
- (5) The amount of the medication placed in the device; ~~[and]~~
- (6) *The date the last filling was added to the cell; and;*
- (7) The initials of the pharmacist who:

(I) Placed the medication into the device; or
(II) Verified the correctness of the drug placed into the device when the drug was placed by a pharmaceutical technician, a pharmaceutical technician in training or an intern pharmacist.

2. The Board may prohibit a pharmacy from using a mechanical counting device for dispensing medication to be taken orally if the pharmacy does not identify the contents of the device in accordance with the provisions of subsection 1.

(Added to NAC by Bd. of Pharmacy, eff. 3-17-92; A by R039-06, 5-4-2006)

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PROPOSED REGULATION OF THE STATE BOARD OF PHARMACY
OCTOBER 18, 2012

LCB File No.

Chapter 453 of NAC
SCHEDULE I CONTROLLED SUBSTANCES

Section 1. NAC 453.510 is hereby amended to read as follows:

1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidiny]-N-phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alphaacetylmethadol, levomethadyl acetate or "LAAM");

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide;
1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidiny]-

N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidiny]-

N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-

piperidiny]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxidine;

Furethidine;

Hydroxypethidine;

Ketobemidone;

Levomoramide;

Levophenacymorphan;

3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);

3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidyl]-N-phenylpropanamide);

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

Norpipanone;

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Tilidine; or

Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphenol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

2,5-dimethoxyamphet-amine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or Other names: cannabicyclohexanol; CP-47,497 C8 homologue);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or

other names: 2C-T-2);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-

methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names:

JWH-200);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-

pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-

methoxyphenylacetyl)indole; JWH-250);

1-pentyl-3-(4-chloro-1-naphthoyl)indole (some trade or other

Names: JWH-398);

1-pentyl-3-(2-chlorophenylacetyl)indole (some trade or other

names: JWH-203);

1-pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other

names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole;

3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N,

Ndimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-

butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH

Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or

In the resinous extractives of *Cannabis*, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,
Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;
since nomenclature of these substances is not internationally standardized,
compounds of these structures, regardless of numerical designation of atomic
positions covered);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without

Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);
N,N-dimethylamphetamine (commonly referred to as N,N-alpha-
trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine); or
N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Aminorex;

Butylone (some trade or other names: β -keto-N-methylbenzodioxolylpropylamine, bk-MBDB;

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alphaaminopropiophenone; 2-aminopropiophenone; norephedrone);

Fenethylamine;

Fluoromethcathinone (some trade or other names: 4-Fluoromethcathinone (Flephedrone) and 3-Fluoromethcathinone (3-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

(\pm)cis-4-methylaminorex ((+)-cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazoline);

Methylenedioxypyrovalerone (some trade or other names: 3,4-Methylenedioxypyrovalerone, MDPV);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone,