



# Nevada State Board of Pharmacy

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

January 8, 2014

## AGENDA

### ◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, January 22, 2014 at 9:00 am. The meeting will continue, if necessary, on Thursday, January 23, 2014 at 9:00 am or until the Board concludes its business at the following location:

Hilton Garden Inn  
7830 S Las Vegas Boulevard  
Las Vegas

#### 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 December 4-5, 2013, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
  - A. AcariaHealth Pharmacy, Inc. – Falls Church, VA
  - B. Amex Pharmacy – Melbourne, FL
  - C. AMOP Pharmacy – Warren, MI
  - D. BriovaRx – Jeffersonville, IN
  - E. Complete Care Pharmacy – Champaign, IL
  - F. Cura Pharmacy – Tustin, CA
  - G. Halsted Pharmacy – Chicago, IL
  - H. Harper’s Pharmacy – Corona, CA
  - I. Henry Ford Pharmacy Advantage Southfield – Troy, MI
  - J. Imperial Point Pharmacy Center, Inc. – Ft Lauderdale, FL
  - K. Meds in Motion – Salt Lake City, UT
  - L. Pharmacy Innovations – Erie, PA
  - M. Rx e-fill Solutions – Santa Clarita, CA
  - N. Rx of Boca, LLC – Boca Raton, FL
  - O. SimfaRose Pharmaceutical Specialty, Inc. – Pembroke Pines, FL
  - P. Super Drugs – Horn Lake, MS
  - Q. Titan RX Limited Liability Company – Cherry Hills, NJ
  - R. Woods Pharmacy LLC – Old Bridge, NJ

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

- S. Acton Pharmacy – Acton, MA
- T. Cornerstone Compounding Pharmacy – Glendale, CA
- U. Custom Care Pharmacy, LLC – Clinton, MS
- V. Diabetes Total Care – Elk Grove Village, IL
- W. Innovo Specialty Compounding Solutions – East Brunswick, NJ
- X. MedArbor Pharmacy – Bala Cynwyd, PA
- Y. Middletown Pharmacy – Middletown, PH
- Z. Noble Health Services, Inc. – Syracuse, NY
- AA. Sunrise Medications Pharmacy – Lexington, SC
- BB. U-Sav Pharmacy Inc. – Sunrise, FL
- CC. Vidascript – Miami, FL

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

- DD. G & W Laboratories, Inc. – South Plainfield, NJ
- EE. Kuehne + Nagel Inc. – Woodland, CA
- FF. Preferred Pharmaceuticals, Inc. – Anaheim, CA
- GG. St. Mary's Medical Park Pharmacy, Inc. – Oro Valley, AZ
- HH. Upstate Pharma, LLC – Smyrna, GA

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

- II. Complete Medical Homecare – Lenexa, KS
- JJ. Dependable Diabetic Supply, LLC – Venice, FL
- KK. Electromed, Inc. – Simi Valley, CA
- LL. Homeline Inc. – San Diego, CA
- MM. Medquarters – Nashville, TN
- NN. Modern Medical, Inc. – Lewis Center, OH]
- OO. Vidacare Corporation – Shavano Park, IL

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- PP. City Centre Pharmacy – North Las Vegas
- QQ. Well Care Pharmacy I LLC Series C – 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. | Maree Kiledjian, R.Ph     | (11-070-RPH-A-S) |
| B. | Jennifer Kay, R.Ph        | (11-070-RPH-B-S) |
| C. | Walgreens #04854          | (11-070-PH-S)    |
| D. | Scott A. Ricci, R.Ph      | (12-063-RPH-S)   |
| E. | Green Valley Drugs        | (12-063-PH-S)    |
| F. | Yin Tat William Kho, R.Ph | (13-055-RPH-O)   |
| G. | Stephanie S. Ng, R.Ph     | (13-053-RPH-O)   |
| H. | Valerie P. Cunningham, PT | (13-064-PT-S)    |
| I. | Walter Monge, PTT         | (13-063-PTT-S)   |
| J. | Jamie E. Munford, PT      | (13-062-PT-S)    |
| K. | Maryanne Phillips, MD     | (13-061-CS-S)    |

5. Applications for Nevada Pharmacy – Appearance for Possible Action:

- A. Aeva Specialty Pharmacy – Las Vegas
- B. National Specialty Pharmacy – Henderson
- C. Pahrangat Valley Pharmacy – Alamo
- D. Pinnacle Compounding Pharmacy – Las Vegas
- E. Professional Center Pharmacy – Las Vegas

6. Application for Nevada MDEG – Appearance for Possible Action:
  - Proto-Script Pharmaceutical Corp. – Las Vegas
7. Requests for Reinstatement of Pharmaceutical Technician License – Appearance for Possible Action:
  - A. Jennifer Booker
  - B. John Zindash
8. Application for Pharmaceutical Technician in Training License – Appearance for Possible Action:
  - Alyssum Lowdon
9. Applications for Out-of-State Pharmacy – Appearance for Possible Action:
  - A. American Specialty Pharmacy – San Antonio, TX
  - B. Carie Boyd’s Prescription Shop – Hurst, TX
  - C. Edge Pharmacy Services, LLC – Colchester, VT
  - D. HM Compounding – Bayonne, NJ
  - E. Roxsan Pharmacy – Beverly Hills, CA
10. Discussion and Determination for Possible Action:
  - A. Federal Drug and Security Act (FD&C Act)
  - B. Flu Vaccine Protocol
11. General Counsel Report for Possible Action
12. Executive Secretary Report for Possible Action:
  - A. Financial Report
  - B. Temporary Licenses
  - C. Staff Activities
    1. Presentations:
      - a. “Project Echo” through UNR School of Medicine
      - b. CDR
      - c. APRN Association
      - d. NABP
  - D. Reports to Board
    1. Adopted Regulations
    2. Verified Pharmacy Program
    3. Collaborative efforts:
      - a. Indicted Physician (BME, DEA)
      - b. Ownership of Drugs in a Veterinary Clinic (Veterinary Board)
      - c. Pharmacist/Pharmacy Case (DEA)

- 4. PMP AWARxE
- 5. Response to Daily Reporting Request to PMP
- 6. Meeting with CVS on Prescription Drug Abuse
  - a. NEJM Article
- 7. Financial Disclosures
- 8. Red Flags (ASPL)
- 9. Collaborative Practice Approval (TB Clinic/UMC)
- E. Board Related News
- F. Activities Report

PUBLIC HEARING for Possible Action

Thursday, January 23, 2014 – 9:00 am

13. Notice of Intent to Act Upon a Regulation for Possible Action:
1. **Amendment of Nevada Administrative Code 639.7425 Dispensing Technician: Requirements; application and fee for registration; provisional registration; issuance of certificate of registration.** This proposed amendment will add a mandatory law CE requirement for dispensing technicians, which is already a requirement for pharmaceutical technicians.
  2. **Amendment of Nevada Administrative Code Chapter Code 639.926 Transmission of information regarding dispensing of controlled substances to certain persons.** This amendment is a technical change to an existing regulation that establishes certain data fields for controlled substance information that pharmacies must transmit to the Board's Prescription Monitoring Program pursuant to NRS 453.1545. This amendment will update and improve the scope and quality of the data available to practitioners and pharmacies through the PMP Program
  3. **Amendment of Nevada Administrative Code Chapter 639 NEW LANGUAGE** To realize the purpose and intent of the 2013 Legislative Amendments to NRS Chapter 639 (SB 327) regarding telemedicine, electronic refill log and 90-day refills of dangerous drugs.
  4. **Amendment of Nevada Administrative Code Chapter 453 NEW LANGUAGE** To realize the purpose and intent of 2013 Legislative Amendments to NRS Chapter 453 (per AB 39) regarding the sale and transfer of products that are precursors to methamphetamine
  5. **Amendment of Nevada Administrative Code Chapter 639.850, 639.854, 639.870, 639.879, 639.892** The proposed amendment will bring certain sections of NAC Chapter 639 relating to the advanced practice of nursing in line with the statutory amendments enacted by the Nevada Legislature through AB 170. The proposed amendments will replace the term "advanced practitioner of nursing" with "advanced practice registered nurse" and make

various other changes to the provisions relating to the advanced practice of nursing.

6. **Amendment of Nevada Administrative Code Chapter 639.7105 Electronic transmission of prescription.** The proposed amendment will allow a pharmacist who receives an electronic prescription to keep a paper *or* electronic copy of the prescription at the pharmacy in a manner that is readily accessible for inspection by the Board, rather than requiring the pharmacist to print and keep on hand a paper copy of the electronic prescription.
7. **Amendment of Nevada Administrative Code Chapter 639.262 Application for registration; issuance of certificate of registration; maintenance of records relating to internship.** Regarding increasing the state requirement of 1500 hours for intern pharmacists to 1740 to match the national standard.

14. Next Board Meeting:

March 5-6, 2014 – Reno

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 Shirley Hunting at (775) 850-1440, as soon as possible.

Anyone desiring supporting materials or additional information regarding the meeting is invited to call Shirley Hunting at (775) 850-1440 or email at [shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov).

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



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## MINUTES

### BOARD MEETING

Hyatt Place  
1790 E Plumb Lane  
Reno, Nevada

December 4 – 5, 2013

Kam Gandhi, Board President, called the meeting to order at 9:00 a.m.

#### Board Members Present:

Kam Gandhi	Leo Basch	Cheryl Blomstrom	Jack Dalton
Jody Lewis	Russell Smith	Kirk Wentworth	

#### Board Members Absent:

#### Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Joe Depczynski	Keith Marcher		

#### 1. Public Comment

No comment.

#### 2. Approval of October 16-17, 2013, Minutes

#### Board Action:

Motion: Cheryl Blomstrom moved to approve the Minutes as presented.

Second: Jack Dalton

Action: Passed Unanimously

3. Applications for Out-of-State Pharmacy – Non Appearance

- A. A to Z Pharmacy – New Port Ritchey, FL
- B. Accredo Health Group, Inc. – Indianapolis, IN
- C. Accredo Health Group, Inc. – Orlando, FL
- D. AllCare Plus Pharmacy Inc. – Worcester, MA
- E. Canyon Creek Pharmacy, Inc. – San Antonio, TX
- F. Care Direct Rx, LLC – Madison, AL
- G. Ideal Care Pharmacy Inc. – Brooklyn, NY
- H. Irmat Pharmacy – New York, NY
- I. LMC Pharmacy – Boca Raton, FL
- J. Med Care Choice Pharmacy, Inc. – West Palm Beach, FL
- K. Meds Direct Rx of NY, LLC – Brooklyn, NY
- L. Paramount Pharmacy – Tukwila, WA
- M. Quick Care Pharmacy Inc. – Rancho Cucamonga, CA
- N. Safeway Pharmacy – Bullhead City, AZ
- O. Shoreline Pharmaceuticals, Inc. – Los Angeles, CA
- P. Specialty Medical Drugstore – Miami, OH
- Q. Soneux Health Pharmacy Services, LLC – Lewisville, TX
- R. Warner West Pharmacy – Canoga Park, CA

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

- S. California Drug Compounding LLC – North Hollywood, CA
- T. Central Rexall Drugs, Inc. – Hammond, LA
- U. Emerald Hills Pharmacy, LLC – Hollywood, FL
- V. Hawthorne Professional Pharmacy – Hawthorne, CA
- W. HealthScripts Specialty Pharmacy, LLC – Sugarland, TX
- X. Inland Medical Consultants – Santa Ana, CA
- Y. Manchester Professional Pharmacy – Los Angeles, CA
- Z. Memorial Compounding Pharmacy – Houston, TX
- AA. Oldsmar Pharmacy – Palm Harbor, FL
- BB. Professional Compounding Pharmacy – La Habra, CA
- CC. PRN Rx – New Berlin, WI
- DD. San Dimas Pharmacy – Bakersfield, CA
- EE. Sobe Compounding Apothecary – Miami, FL
- FF. True Custom Pharmacy – Austin, TX
- GG. Vitality Compounding Pharmacy – Bonita Springs, FL

Applications for Out-of-State Wholesaler – Non Appearance

- HH. Alcon Laboratories, Inc. – Fort Worth, TX
- II. Archway Marketing Services – South Bend, IN
- JJ. Enovochem Manufacturing – Torrance, CA
- KK. Kuehne + Nagel Inc. – Redlands, CA
- LL. Kuehne + Nagel Inc. – Riverside, CA

- MM. Medline Industries, Inc. – Libertyville, IL
- NN. Nielsen Biosciences, Inc. – San Diego, CA
- OO. Par Pharmaceutical, Inc. – Montebello, NY
- PP. Wright Medical Technology, Inc. – Tempe, AZ

Applications for Out-of-State MDEG – Non Appearance

- QQ. All American Medical Supplies, LLC – Miramar, FL
- RR. American HomePatient – Tampa, FL
- SS. Donohoe Associates – Shawnee, KS
- TT. Florida Home Health Equipment and Supplies Inc. – Orlando, FL
- UU. Neovia Logistics Distributing, LLC – Ontario, CA
- VV. Remote Cardiac Services – Bloomfield, CT
- WW. SaraCare, LLC – Plantation, FL
- XX. Stymco Technologies LLC – Tampa, FL
- YY. Yummy Mummy LLC – New York, NY

Applications for Nevada Pharmacy – Non Appearance

- ZZ. Campus Pharmacy – West – Las Vegas
- AAA. Express Scripts – Las Vegas
- BBB. Providence Pharmacy – Las Vegas
- CCC. Spring Valley Surgery Center, LLC – Las Vegas
- DDD. Wellness Pharmacy LLC – Henderson
- EEE. West Sunset Surgery Center LLC – Las Vegas

Applications for Nevada MDEG – Non Appearance

- FFF. Key Medical, Inc. – Fallon
- GGG. Medi Home Care – Las Vegas

Board Action:

Motion: Cheryl Blomstrom found the Consent Agenda application information to be accurate and complete and moved for approval excluding Item 3.AAA Express Scripts.

Second: Leo Basch

Action: Passed Unanimously

Board Action:

Motion: Leo Basch moved to approve the application for Item 3.AAA (Express Scripts) pending completion of the application indicating pharmacy type and services provided.

Second: Cheryl Blomstrom

Action: Pass Unanimously

4. Discipline Cases

- A. Michael M. Hautekeet, R.Ph (12-058-RPH-A-N)
- B. Howard M. Fond, R.Ph (12-058-RPH-B-N)
- C. Mike's Pharmacy (12-058-PH-N)

Michael Hautekeet and Howard Fond appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Paul Taggart was present representing Mr. Hautekeet, Mr. Fond and Mike's Pharmacy.

Kirk Wentworth disclosed that Mr. Fond was an employee of his several years ago, but his judgment will not be affected in this case.

Cheryl Blomstrom disclosed that her family does business with Mike's Pharmacy, but she will be able to make an objective decision.

Russell Smith disclosed that he knows Mr. Hautekeet and Mr. Fond through the continuing education (CE) programs conducted in Carson City.

Paul Edwards presented a Stipulated Agreement regarding Mr. Hautekeet, Mr. Fond and Mike's Pharmacy for the Board's consideration. Respondents admit to the allegations in the Notice of Intended Action and Accusation regarding the verification and dispensing of two clonidine prescriptions for a pediatric patient on two different dates of service. Both prescriptions were compounded at a concentration level higher than prescribed by the physicians. In both cases, the patient ingested the medication and was hospitalized with adverse effects.

Mr. Hautekeet shall pay a fine of \$1,000.00 and \$865.00 in administrative fees. His pharmacist certificate of registration will be placed on probation for a period of twelve months. Mr. Fond shall receive a public letter of admonition. Mike's Pharmacy's certificate of registration will be placed on probation for a period of twelve months. During the probationary period, Mike's Pharmacy shall submit to monitoring and quarterly inspections by a third party monitoring service, Board Staff and its inspectors.

Dave Wuest appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Wuest stated that the annual inspection of Mike's Pharmacy conducted last week indicated that a majority of the issues identified during the investigation of this case have been addressed and corrected.

Board Action:

Motion: Kirk Wentworth moved to accept the Stipulated Agreement as presented.

Second: Leo Basch

Action: Passed Unanimously

D.	Charles Boisselle, R.Ph	(13-037-RPH-N)
E.	Hale's Pharmacy	(13-037-PH-N)
F.	Charles Boisselle, R.Ph	(13-054-RPH-N)
G.	Hale's Pharmacy	(13-054-PH-N)

Charles Boisselle, Brant Skanson and David Vasenden (co-owners of Hale's Pharmacy) appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

William Stilling was present representing Hale's pharmacy. Mr. Boisselle did not have counsel present.

Mr. Edwards presented separate Stipulated Agreements for Mr. Boisselle and Hale's Pharmacy for the Board's consideration.

Mr. Boisselle admits to the facts and allegations in the Notice of Intended Action and Accusation alleged in the First, Third and Fifth Causes of Action regarding two sets of misfills in which Mr. Boisselle was the verifying and dispensing pharmacist. On two occasions (an initial fill and a refill), a prescription written for lansoprazole 30 mg. capsules was filled and dispensed with omeprazole 20 mg. capsules. On an initial fill and refill of another patient's prescription, topiramate 100 mg. tablets was dispensed instead of the prescribed topiramate 50 mg. tablets.

Hale's Pharmacy admits that it is strictly liable for the acts of its employee and stipulates to discipline under the Second and Fourth Causes of Action.

Mr. Boisselle shall complete six hours of CE related to error prevention, pay a fine of \$1,000.00, and an administrative fee of \$295.00. Mr. Boisselle's certificate of registration shall be placed on probation for a period of twelve months.

Hale's Pharmacy shall pay an administrative fee of \$295.00.

Board Action:

Motion: Leo Basch moved to accept the Stipulated Agreement for Charles Boisselle as presented.

Second: Jack Dalton

Action: Passed Unanimously

Board Action:

Motion: Leo Basch moved to accept the Stipulated Agreement for Hale's Pharmacy as presented.

Second: Jody Lewis

Action: Passed Unanimously

H. Amanda L. Evans, PT (13-041-PT-N)

Mr. Edwards advised the Board that Ms. Evans was not present. Mr. Edwards presented the Accusation that was sent to Ms. Evans' last known address as Exhibit 1. The certified envelope containing the Accusation was returned to the Board Office and labeled by the post office as "Unclaimed". Mr. Edwards attempted to contact Ms. Evans by telephone. He left a voice message, but Ms. Evans did not respond.

Exhibit 1 was accepted into the record.

Mr. Edwards explained that Board Staff received written notification from Ruth Kemper, Safeway Regional Manager, that Amanda Evans had taken leave of her position as a pharmaceutical technician at Safeway, and voluntarily enrolled in a Safeway company-supported drug and alcohol treatment program. Ms. Kemper also advised the Board that a subsequent inventory of controlled substances revealed several discrepancies. Safeway provided the Board with a timeline of its internal investigation including a surveillance video through which it came to suspect that Ms. Evans was responsible for the losses.

During an interview conducted by Joseph Depczynski, Board Investigator, Ms. Evans admitted to diverting controlled substances from Safeway for the past six months. She also admitted to using cocaine and marijuana.

Board Action:

Motion: Kirk Wentworth moved to find Amanda Evans guilty of the alleged violations in the First Cause of Action.

Second: Russell Smith

Action: Passed Unanimously

Mr. Edwards recommended that Ms. Evans' pharmaceutical technician registration be revoked.

Board Action:

Motion: Russell Smith moved to revoke Amanda Evans' pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

5. Application for Out-of-State Pharmacy

Roxsan Pharmacy – Beverly Hills

Roxsan Pharmacy requested postponement until the January 2014 meeting.

6. Application for Pharmacist – Reciprocation

David A. Clapp

David Clapp appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Clapp said that in September 1998, his Arizona pharmacist registration was revoked. Mr. Clapp explained that he was addicted to methamphetamine. He diverted drugs from his employing pharmacy to use as trade for methamphetamines. Since that time, Mr. Clapp entered into an extensive outpatient rehabilitation program for one month and then enrolled in a five year contract with the Pharmacists Assisting Pharmacists Association (PAPA). He continues to participate in the 12-Step Program. Mr. Clapp's Arizona pharmacist license was reinstated in 2005 with conditions. Mr. Clapp has not been granted a DEA waiver allowing him access to controlled substances. He is currently employed as the pharmacy manager at Medi Star which provides remote order entry services. Mr. Clapp is licensed in several other states and is requesting reciprocation in order to provide order entry services in Nevada.

Mr. Clapp answered questions to the Board's satisfaction.

The Board requested that Mr. Clapp provide Board Staff with a copy of the DEA waiver, if granted, and to notify Board Staff if he intends to practice in Nevada.

Board Action:

Motion: Kirk Wentworth moved to approve David Clapp's Application for Pharmacist Reciprocity pending receipt by Board Staff of certification of completion of the PAPA program; letters of support from two each of Mr. Clapp's employers and pharmacist associates.

Second: Cheryl Blomstrom

Action: Passed Unanimously

7. Appearance Request

Loreto Grimaldi – MedAvail

Bob Dufour, Consultant, and Sunny Lalli, Director of Pharmacy Services, presented an overview of the services offered by MedAvail.

MedAvail Technologies has developed automated pharmacist-centered remote dispensing/telepharmacy technology utilizing a self-service kiosk for the dispensing of prescription and over-the-counter medications. Kiosks can be deployed in remote sites such as clinics, hospitals and retail locations. Key features include live two-way audio-visual link to a pharmacist or pharmaceutical technician; 24/7 availability; and complete dispensing control by the remote pharmacist.

8. Discussion and Determination

Pharmaceutical Technicians and Drug Abuse NAC 639.240 (2)(d)

Mr. Pinson explained that the current regulation indicates that "An applicant for registration as a pharmaceutical technician must have no history of drug abuse." Historically, the Board has opted, in most cases, to provide the applicant an opportunity to successfully complete a rehabilitation program and reapply. Mr. Pinson questioned if the regulation should be revisited and modified to reflect the Board's actions.

After discussion, the Board directed Board Staff to review the Americans with Disabilities Act (ADA), which addresses protected groups of individuals that may fall within this category.

Board Staff will review the ADA and incorporate applicable language into the regulation.

9. General Counsel Report

Discussion of possible new regulations for adoption into the Nevada Administrative Code (NAC) pursuant to AB 362, which provides for the establishment of a HIV/AIDS Drug Donation Program in Nevada.

Mr. Edwards informed the Board that Assembly Bill 362 allows for the establishment of an HIV/AIDS drug donation program. Mr. Edwards stated that the terms of the program are very specific in the Bill, and further regulation by this Board may not be necessary.

Following discussion, the Board requested that Board Staff review the language to ensure that the drug categories are clearly defined.

#### 10. Executive Secretary Report

##### A. Financial Report

Mr. Pinson presented the financials and annual audit report to the Board's satisfaction.

##### B. Temporary Licenses

One temporary license was issued since the last meeting.

##### C. Staff Activities

###### 1. Presentations: UNR Students

Luis Curras will be speaking at the NABP Compliance Officer Forum this week.

Mr. Pinson was invited to speak at the Attorney General's Substance Abuse Task Force meeting in January 2014.

##### D. Reports to Board

###### 1. NASCA Annual Meeting

Lisa Adams and Mr. Pinson attended the NASCA Annual Meeting.

###### 2. Roseman University Visit

Mr. Pinson met with the Dean of Roseman University. They discussed the failure of pharmacy schools to provide training in sterile compounding. Roseman will consider sterile compounding in future curriculum. Roseman graduates have difficulty passing the Nevada law exam. Mr. Pinson and Board Staff offered to meet with the pharmacy law instructor in January to review the current course.

###### 3. Collaborative Efforts:

- a. Compounding Pharmacy (DEA & Florida)
- b. Vacated Surgery Center (Health Dept & Nevada Medical Board)
- c. Dispensing Practitioner Who Relocated (Nevada Medical Board)
- d. Crime Labs & Street Drugs (Law Enforcement)
- e. Pet Store (Nevada Veterinary Board)

###### 4. Roll Out of PMP Software

Mr. Pinson and Mr. Edwards attended the American Society for Pharmacy Law (ASPL) conference in November. Mr. Pinson informed the Board that the new PMP will go live on December 4, 2013.

##### E. Board Related News

###### 1. NABP Meeting on Controlled Substance Prescription Issues

Mr. Pinson presented the letter from NABP regarding the meeting conducted with sixteen different constituents, including the DEA and AMA, involving prescription drug abuse and diversion.

##### F. Activities Report

11. Workshop for Proposed Regulation Amendment

**Amendment of Nevada Administrative Code (NAC) 639.748 Identification of person to whom controlled substance is dispensed.** Regarding identification required to obtain controlled substance medication.

Mr. Edwards presented the proposed language which incorporates the recommendations requested by the Board at the October meeting.

Liz Macmenamin, Retail Association of Nevada (RAN), spoke in support of the proposed language and applauded the Board for their efforts in clarifying this amendment.

Board Action:

Motion: Russell Smith moved to adopt the proposed amendment to NAC 639.748, to include the minor changes as discussed, and move forward to Public Hearing.

Second: Jack Dalton

Action: Passed Unanimously

12. Next Board Meeting:

January 22-23, 2014 – Las Vegas

13. Public Comment

No comment.

**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 type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH_02978 )
<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: AcariaHealth Pharmacy, Inc.

Physical Address: 2924 Telestar Court, Falls Church, VA 22042

Mailing Address: 6923 Lee Vista Blvd., Suite 300

City: Orlando State: FL Zip Code: 32822

Telephone: (703) 208-1880 Fax: (866) 927-9870

Toll Free Number: (866) 920-1880 (Required per NAC 639.708)

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

Managing Pharmacist: James R. Whitford License Number: 0202-010133 (VA)

**Hours of Operation:**

Monday thru Friday 8:00 am 6:00 pm Saturday 9:00 am 12:00 pm

Sunday - am - pm 24 Hours            \*A pharmacist is on call 24/7 via toll free number

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**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: Pacific National dba Amex Pharmacy  
 Physical Address: 1515 Elizabeth St Suite J Melbourne FL 32901  
 Mailing Address: 1515 Elizabeth St Suite J  
 City: Melbourne State: FL Zip Code: 32901  
 Telephone: 321 872 0723 Fax: 1 800 592 3303  
 Toll Free Number: 1 800 944 6431 (Required per NAC 639.708)  
 E-mail: pharmacist@amexpharmacy.on Website: amexpharmacy.com  
 Managing Pharmacist: Christina Butzman License Number: FL PS 29562

**Hours of Operation:**

Monday thru Friday 9 am 6 pm                      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
 Sunday \_\_\_\_\_ am \_\_\_\_\_ pm                      24 Hours 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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**65331**

**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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: AMOP Pharmacy  
 Physical Address: 23290 Schoenherr Rd.  
 Mailing Address: 23290 Schoenherr Rd.  
 City: Warren State: MI. Zip Code: 48089  
 Telephone: 586-772-6872 Fax: 586-772-6873  
 Toll Free Number: 1-888-772-3811 (Required per NAC 639.708)  
 E-mail: amophx@comcast.net Website: amophx.com  
 Managing Pharmacist: Samuel Awada License Number: 5302029175

**Hours of Operation:**

Monday thru Friday 8 am 4 pm      Saturday 8 am 12 pm  
 Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

65393

**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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: BriovaRx

Physical Address: 1050 Patrol Road

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

City: Jeffersonville State: Indiana Zip Code: 47130

Telephone: 855-242-2241 Fax: 877-342-4596

Toll Free Number: 855-242-2241 (Required per NAC 639.708)

E-mail: michael.zeglinski@catamaranrx.com Website: www.briovarx.com

Managing Pharmacist: Michael Zeglinski License Number: 26025322A (IN)

**Hours of Operation:**

Monday thru Friday 8:00 am 5:30 pm Saturday \_\_\_\_\_ am \_\_\_\_\_ pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

65391

**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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_____)	
<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: INDEPENDENCE HOLDING COMPANY LLC d/b/a COMPLETE CARE PHARMACY

Physical Address: 14 E WASHINGTON ST., STE C

Mailing Address: c/o STATE LICENSE SERVICING, 321 ROUTE 94 SOUTH, WARWICK, NY 10990

City: CHAMPAIGN State: IL Zip Code: 61820

Telephone: (217) 355-6607 Fax: (217) 355-6639

Toll Free Number: 877/821/6408 (Required per NAC 639.708)

E-mail: CCP@SLSNY.COM Website: WWW.COMPLETECAREPHARMACY.COM ~~NET~~

Managing Pharmacist: BRUCE STRIKE License Number: 051035270

**Hours of Operation:**

Monday thru Friday 8 am 6 pm

Saturday 9 am 1 pm

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

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**65389**

**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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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:           CURA PHARMACY          

Physical Address:           17400 IRVINE BLVD, SUITE P, TUSTIN, CA 92780          

Mailing Address:           SAME          

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

Telephone:           714 505 2872           Fax:           714 505 2812          

Toll Free Number:           1877 916 1796           (Required per NAC 639.708)

E-mail:           HUONGDL@HOTMAIL.COM           Website:           CURARX.COM          

Managing Pharmacist:           LUU, NGUYEN-HUONG           License Number:           53204 (CALIF)          

**Hours of Operation:**

Monday thru Friday           10           am           7           pm           PST           Saturday           CLOSED           am \_\_\_\_\_ pm

Sunday           CLOSED           am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

65332

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

Physical Address: 1460 N Halsted St. Suite 101

Mailing Address: 1460 N Halsted St. Suite 101

City: Chicago State: IL Zip Code: 60642

Telephone: 312-624-9397 Fax: 312-624-8826

Toll Free Number: 855-417-8471 (Required per NAC 639.708)

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

Managing Pharmacist: Renny Kurup License Number: 051.289959

**Hours of Operation:**

Monday thru Friday 9 am 6<sup>30</sup> pm      Saturday 9 am 3 pm

Sunday - am - pm      24 Hours -

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

65418

**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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<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_____)	
<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: HARPER'S PHARMACY INC

Physical Address: 770 MAGNOLIA AVE., SUITE 1G

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

City: CORONA State: CA Zip Code: 92879

Telephone: (951) 520-0099 Fax: (951) 520-0003

Toll Free Number: 877-778-3773 (Required per NAC 639.708)

E-mail: LEGAL@HARPERSPHARMACY.COM Website: HARPERSPHARMACY.COM

Managing Pharmacist: HARPER, ANDREW A. License Number: RPH 56860

**Hours of Operation:**

Monday thru Friday \_\_\_\_\_am \_\_\_\_\_pm      Saturday \_\_\_\_\_am \_\_\_\_\_pm  
 Sunday \_\_\_\_\_am \_\_\_\_\_pm      24 Hours

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**65333**

**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 <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. NON profit Corporation	<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: Henry Ford Pharmacy Advantage Southfield

Physical Address: 735 John R Road, Suite 150

Mailing Address: 735 John R Road, Suite 150

City: Troy State: MI Zip Code: 48083

Telephone: 1 800 456-2112 Fax: 1 888 400-0109

Toll Free Number: 1 800 456-2112 (Required per NAC 639.708)

E-mail: rxadvcmp@hfhs.org Website: pharmacyadvantagerx.com

Managing Pharmacist: Douglas Samojedny License Number: 5032025303

**Hours of Operation:**

Monday thru Friday 7 am 7 pm Saturday 7 am 4 pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours Phones are 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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65365

**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: Imperial Point Pharmacy Center, Inc.

Physical Address: 6310 North Federal Highway, Fort Lauderdale, FL 33308

Mailing Address: 6278 North Federal Highway, Box 139

City: Fort Lauderdale State: FL Zip Code: 33308

Telephone: 954-899-0612 Fax: 877-444-1954

Toll Free Number: 866-283-9115 (Required per NAC 639.708)

E-mail: info@ippharmacy.com Website: N/A

Managing Pharmacist: Lawrence Mann License Number: PS20061

**Hours of Operation:**

Monday thru Friday 9:30 am 6:30 pm                      Saturday 10:00 am 2:00 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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65392

**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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation • Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7
<input 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: Meds In Motion

Physical Address: 3798 S. 700 E. Suite 7

Mailing Address: 3798 S. 700 E. Suite 7

City: Salt Lake City State: UT Zip Code: 84106

Telephone: 801-506-6999 Fax: 801-590-7003

Toll Free Number: 855-506-6999 (Required per NAC 639.708)

E-mail: dan@medsinmotion.com Website: www.medsinmotion.com

Managing Pharmacist: Daniel Richards License Number: 6213279-1701

**Hours of Operation:**

Monday thru Friday 9 am 7 pm      Saturday N/A am N/A pm

Sunday N/A am N/A pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**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	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH_____)
<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: Pharmacy Innovations

Physical Address: 2936 W. 17th Street, Erie, PA 16505

Mailing Address: 2535 Johns Place, Jamestown, NY 14701

City: Jamestown State: NY Zip Code: 14701

Telephone: 814-838-2102 Fax: 814-838-2103

Toll Free Number: 888-838-2103 (Required per NAC 639.708)

E-mail: emily.s@pharmacyinnovations.net Website: www.pharmacyinnovations.net

Managing Pharmacist: Robert E. Buzzas License Number: RP032894W

**Hours of Operation:**

Monday thru Friday 9 am 5:30 pm      Saturday 9 am 1:00 pm  
 Sunday N/A am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

65366

**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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: Rx e-fill Solutions

Physical Address: 28341 Constellation Road

Mailing Address: 28341 Constellation Road

City: Santa Clarita State: California Zip Code: 91355

Telephone: 661-295-7124 Fax: 661-295-6635

Toll Free Number: 888-204-7664 (Required per NAC 639.708)

E-mail: rx.efill@cardinalhealth.com Website: N/A

Managing Pharmacist: Christopher Clare Gong License Number: 28167

**Hours of Operation:**

Monday thru Friday 8:00 am 6:00 pm

Saturday 8:00 am 12:00 pm

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

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

65136

**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 type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Ownership Change <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7 <span style="float: right;">LLC</span>
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: Rx of Boca, LLC

Physical Address: 5801 N Federal Hwy

Mailing Address: " "

City: Boca Raton State: FL Zip Code: 33487

Telephone: 561-999-2100 Fax: 561-999-4332

Toll Free Number: 888-350-6619 (Required per NAC 639.708)

E-mail: legal@rxofboca.com Website: www.rxofboca.com

Managing Pharmacist: Momina Karapetyan License Number: PS 31663/FL

**Hours of Operation:**

Monday thru Friday 10 am 6 pm Saturday 12pm ~~am~~ 2 pm

Sunday N/A am N/A pm 24 Hours N/A

**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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**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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<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: Simlarose Pharmaceutical Specialty, Inc.

Physical Address: (SAME)

Mailing Address: 170116 Pine Blud

City: Pembroke Pine State: FL Zip Code: 33024

Telephone: (954) 435-1200 Fax: (954) 438-1090

Toll Free Number: (888) 797-4632 (Required per NAC 639.708)

E-mail: 1 Hughes.simlarose@bellsouth.net Website: www.simlarose.com

Managing Pharmacist: Charles Bonanno License Number: PS 200670

**Hours of Operation:**

Monday thru Friday 4:00 am 10:00 pm Saturday Closed am \_\_\_\_\_ pm

Sunday Closed am \_\_\_\_\_ pm 24 Hours varies

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_____)	
<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: MidSouth Medical Specialties, LLC DBA Super Drugs

Physical Address: 1433 Goodman Road

Mailing Address: P.O. Box 563 Hernando, MS 38632

City: Horn Lake State: MS Zip Code: 38637

Telephone: 662-280-7455 Fax: 662-280-7457

Toll Free Number: 877-657-4094 (Required per NAC 639.708)

E-mail: superdrugs@comcast.net Website: www.super-drugs-pharmacy.com

Managing Pharmacist: Eddie O'Bannon License Number: T - 08835

**Hours of Operation:**

Monday thru Friday 8:30 am 7:00 pm                      Saturday 9:00 am 3:00 pm  
 Sunday N/A am N/A pm                                      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

6536A

**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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<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH_____)
<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: Titan RX Limited Liability Company

Physical Address: 1930 East Route 70, Unit B-10, Executive Mews, Cherry Hill, NJ 08803

Mailing Address: 1930 East Route 70, Unit B-10, Executive Mews

City: Cherry Hill State: NJ Zip Code: 08803

Telephone: 856-751-8356 Fax: 856-751-8091

Toll Free Number: 855-751-8356 (Required per NAC 639.708)

E-mail: zacfes@gmail.com Website: \_\_\_\_\_

Managing Pharmacist: Zachary Fesnak License Number: 28RI03540500

**Hours of Operation:**

Monday thru Friday 9 am 6 pm                      Saturday 9 am 12 pm  
 Sunday \_\_\_\_\_ am \_\_\_\_\_ pm                      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

65899

**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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<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: Woods Pharmacy LLC

Physical Address: 151 Texas Road

Mailing Address: 151 Texas Road

City: Old Bridge, NJ 08857-3904 State: New Jersey Zip Code: 08857

Telephone: 732-656-9550 Fax: 732-656-9554

Toll Free Number: 855-287-1225 (Required per NAC 639.708)

E-mail: mpadigala@ushsnj.com Website: \_\_\_\_\_

Managing Pharmacist: Madhavi Padigala License Number: 28RI03122800

**Hours of Operation:**

Monday thru Friday 10 am 7 pm Saturday 10 am 3 pm

Sunday Closed 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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**65390**

**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 <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 (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: ACTON Pharmacy INC. ACTON PHARMACY **INI**  
 Physical Address: 563 MASSACHUSETTS AVE 563 MASSACHUSETTS AVE  
 ACTON, MASS. 01720-2903

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

City: ACTON State: MASS Zip Code: 01720

Telephone: 978-263-3901 Fax: 978 263-2305

Toll Free Number: \_\_\_\_\_ (Required per NAC 639.708)

E-mail: ACTON Pharmacy @ Yahoo.com Website: www. ACTON Pharmacy. com

Managing Pharmacist: SAAD DINO License Number: PH 21963

**Hours of Operation:**

Monday thru Friday 8:30 am 8:30 pm      Saturday 8:30 am 6 pm  
 Sunday 8:30 am 4 pm      24 Hours N/A

**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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non  
sterile  
Comp.  
  
65120

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

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<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: CORNERSTONE Compounding Pharmacy  
 Physical Address: 1131 N. Pacific Ave. Glendale, CA 91202  
 Mailing Address: P.O. Box 251179  
 City: Glendale State: CA Zip Code: 91225  
 Telephone: 818-550-1522 Fax: (877) 245-3137  
 Toll Free Number: 855-997-4276 (Required per NAC 639.708)  
 E-mail: george-achabian@compoundingpharmacy.com Website: N/A  
 Managing Pharmacist: Shirley Castillo License Number: 034600

**Hours of Operation:**

Monday thru Friday 8 am 5 pm      Saturday 8 am 4 pm  
 Sunday / am / pm      24 Hours X

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services	<b>non sterile</b>
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral	
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)	
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge	
<input type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service	
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care	<b>105322</b>

**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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: Custom Care Pharmacy, LLC  
 Physical Address: 132 E. Northside Dr., Suite C, Clinton, MS 39056  
 Mailing Address: - Same as physical address -  
 City: Clinton State: MS Zip Code: 39056  
 Telephone: 318-791-3765 mobile Fax: 601-488-4360  
 Toll Free Number: 877-747-5326 (Required per NAC 639.708)  
 E-mail: Info@MyCustomCareRx.com Website: www.MyCustomCareRx.com  
 Managing Pharmacist: Marco Moran License Number: 09427 MS

**Hours of Operation:**

Monday thru Friday 9 am 5 pm                      Saturday — am — pm  
 Sunday — am — pm                                      24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

65398

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

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

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

**GENERAL INFORMATION**

Pharmacy Name: Total Care Rx, Inc DBA: Diabetes Total Care  
 Physical Address: 2480 Delta Lane, Elk Grove Village, IL 60007  
 Mailing Address: 1107 Nicholas Blvd  
 City: Elk Grove Village State: Illinois Zip Code: 60007  
 Telephone Number: (630) 509-2963 Fax Number: 847-734-1822  
 Toll Free Number: (855) 244-6123  
 E-mail: Contracts@dtcrx.com Website: N/A  
 Managing Pharmacist: Leena Jose License Number: 18610

**Hours of Operation:**

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services	<b>non sterile</b>
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral	
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)	
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge	
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service	
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care	<b>65202</b>

**Board Use Only**

Received: 12/2/13 Check Number: \_\_\_\_\_ Amount: \$500.00

**NEVADA STATE BOARD OF PHARMACY**

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

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

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(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7
<input 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: Innov Specialty Compounding Solutions

Physical Address: 162 Summerhill Road, Suite D

Mailing Address: SAME AS ABOVE

City: East Brunswick State: NJ Zip Code: 08816

Telephone: 800-307-1778 Fax: 800-307-1779

Toll Free Number: 800-307-1778 (Required per NAC 639.708)

E-mail: Apatel@innov.com Website: www.innovfx.com

Managing Pharmacist: Piushpai Patel License Number: 28R102985306

**Hours of Operation:**

Monday thru Friday 9 am 8 pm

Saturday 9 am 2 pm

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

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

*Non sterile  
or Compounded*

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

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<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: MedArbor Pharmacy  
 Physical Address: 150 Monument Rd Ste 408 Bala Cynwyd PA 19004  
 Mailing Address: 150 Monument Rd Ste 408  
 City: Bala Cynwyd State: PA Zip Code: 19004  
 Telephone: 610-660-8100 Fax: 866-740-4689  
 Toll Free Number: 888-590-0808 (Required per NAC 639.708)  
 E-mail: hebady@medarbor.com Website: N/A  
 Managing Pharmacist: Hajira Ebady License Number: RP440499

**Hours of Operation:**

Monday thru Friday 9 am 5 pm                      Saturday 9 am 1 pm  
 Sunday Closed am Closed pm                      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

64848

**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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<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: Middle town Pharmacy  
 Physical Address: 4421 Roosevelt Blvd suite H Middletown, Oh 45044  
 Mailing Address: 4421 Roosevelt Blvd suite H  
 City: Middle town State: Ohio Zip Code: 45044  
 Telephone: 513-705-6252 Fax: 513-705-6253  
 Toll Free Number: 888-711-9119 (Required per NAC 639.708)  
 E-mail: Middletownpharm@gmail.com Website: N/A  
 Managing Pharmacist: Phillip W Broerman License Number: 18165

**Hours of Operation:**

Monday thru Friday 9 am 6 pm      Saturday 9:30 am 1 pm  
 Sunday N/A am N/A pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services	<u>non sterile comp.</u>
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral	
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)	
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge	
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service	<u>65263</u>
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> 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)**

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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: Noble Health Services, Inc.

Physical Address: 6040 Tarbell Road

Mailing Address: 6040 Tarbell Road

City: Syracuse State: NY Zip Code: 13206

Telephone: (888) 843-2040 Fax: (888) 842-3977

Toll Free Number: (888) 843-2040 (Required per NAC 639.708)

E-mail: contactus@noblehealthservices.com Website: www.noblehealthservices.com

Managing Pharmacist: Timothy J Walsh License Number: 038931

**Hours of Operation:**

Monday thru Friday 8:30 am 5:00 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours 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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*non sterile*

*65247*

**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 <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 (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: Sunrise Medications Pharmacy  
 Physical Address: 171B Monroe Lane Suite B, Lexington, SC 29072  
 Mailing Address: 171B Monroe Lane Suite B  
 City: Lexington State: SC Zip Code: 29072  
 Telephone: 877-936-1045 Fax: 877-936-9735  
 Toll Free Number: 877-936-1045 (Required per NAC 639.708)  
 E-mail: jsane@msa-corp.com Website: \_\_\_\_\_  
 Managing Pharmacist: Joni K. Sane License Number: SC 9422

**Hours of Operation:**

Monday thru Friday 8 am 5 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
--	---

**non sterile**

**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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: U-Sav Pharmacy Inc.  
 Physical Address: 3533 N. Pine Island Rd.  
 Mailing Address: Same  
 City: Sunrise State: FL Zip Code: 33351  
 Telephone: 954-530-4865 Fax: 954-533-5449  
 Toll Free Number: 855-205-8370 (Required per NAC 639.708)  
 E-mail: ivan@usavpharmacy.com Website: n/a  
 Managing Pharmacist: Xue Mei License Number: PS34740

**Hours of Operation:**

Monday thru Friday 9 am 7 pm      Saturday 9 am 2 pm  
 Sunday    am    pm      24 Hours   

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____)
<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: Tech-Pharmaceuticals, Inc. - d/b/a: Vidascript

Physical Address: 7432 SW 48 Street, Miami, FL 33155

Mailing Address: (7432 SW 48 Street, Miami, FL 33155) same as physical

City: Miami State: FL Zip Code: 33155

Telephone: (305) 661-3561 Fax: (305) 661-3946

Toll Free Number: 1-(855)-550-8432 (Required per NAC 639.708)

E-mail: mcuervo@vidascript.com Website: vidascript.com

Managing Pharmacist: Frank P. Ammirata, RPh License Number: PS 3623

(Pharmacy Office)  
**Hours of Operation:**

Monday thru Friday 09:00 am 05:00 pm

Saturday closed am closed pm

Sunday closed am closed pm

24 Hours (on call)

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**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: G+W LABORATORIES, INC.

Physical Address: 111 COOLIDGE STREET

Mailing Address: N/A

City: SOUTH PLAINFIELD State: NJ Zip Code: 07080

Telephone: 908-753-2000 Fax: 908-753-1587

Toll Free Number: 800-922-1038

E-mail: ga@regulatory@GWLABS.COM Website: WWW.GWLABS.COM

Facility Manager: VIN COLICCHIO, SVP OPERATIONS

Professional qualifications and experience of facility manager: SEE ATTACHED

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

**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: Kuehne + Nagel Inc.

Physical Address: 1680 Tide Ct. , Woodland , CA 95776

Mailing Address: 10 Exchange Place, 19th floor      Attn: Compliance

City: Jersey City      State: NJ      Zip Code: 07302

Telephone: 530-669-6420      Fax: \_\_\_\_\_

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

E-mail: terri.hopper@kuehne-nagel.com      Website: www.kuehne-nagel.com

Margaret. gineau@kuehne-nagel.com (compliance)  
Facility Manager: Tern Hopper

Professional qualifications and experience of facility manager: Please see attached Resume and CA Designated Representative license.

Types of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input checked="" type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input type="checkbox"/> Other: _____			

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or <u>Devices</u>	<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 licensè 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: Preferred Pharmaceuticals, Inc.

Physical Address: 1250 N. Lakeview Ave, Unit "0"

Mailing Address: Same

City: Anaheim State: CA Zip Code: 92807

Telephone: (714) 777-3729 Fax: (714) 701-1741

Toll Free Number: —

E-mail: rkentppi@att.net Website: www.preferredpharmaceuticals.com

Facility Manager: Michael L. Kent, Designated Representative

Professional qualifications and experience of facility manager: BA, CSUF - 1993  
Calif Board of Pharmacy Designated Representative Lic# 18334 - 8 yrs

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: \_\_\_\_\_

Type of Products to be handled or wholesaled be firm:

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

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

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

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: <u>WH00547</u> )	

<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: St. Mary's Medical Park Pharmacy, Inc.

Physical Address: 10860 N. Mavinee Dr., Oro Valley, Arizona 85737

Mailing Address: 10860 N. Mavinee Dr.

City: Oro Valley State: Arizona Zip Code: 85737

Telephone: (520) 297-3800 Fax: (520) 297-5004

Toll Free Number: (800) 995-8157

E-mail: jmilkovich@stmarysmpp.com Website: \_\_\_\_\_

Facility Manager: Joanna Milkovich

Professional qualifications and experience of facility manager: See Attached Resume.

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

- Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: \_\_\_\_\_

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

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

VAWD

65199

**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: Upstate Pharma, LLC

Physical Address: 1950 Lake Park Drive

Mailing Address: 1950 Lake Park Drive

City: Smyrna      State: GA      Zip Code: 30080

Telephone: 770-970-7500      Fax: n/a

Toll Free Number: n/a

E-mail: martha.kliss@ucb.com      Website: www.ucb.com

Facility Manager: Scott Yi

Professional qualifications and experience of facility manager: more than 9 years experience in facility management and quality assurance

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: \_\_\_\_\_

65320

**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 type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>MP</u> or <u>MW</u> <u>01180</u> )
<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: complete MEDICAL HOME CARE

Physical Address: 14309 WEST 95th STREET  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME AS ABOVE

City: LENEXA State: KS Zip Code: 66215

Telephone: 913-422-1666 Fax: 913-422-8366

E-mail: fcarecoll@globalmeddirect.com Website: www.completemedicalhomecare.com

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

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

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Leith Tessa

**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 <u>OFF SHELF</u> |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>ADLS</u> <u>BIASES</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 type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>MP</u> or MW <u>00932</u> )
<input 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 checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7 (LLC)

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

**FACILITY INFORMATION**

Facility Name: Dependable Diabetic Supply, LLC

Physical Address: 240 Blue Juniper Blvd, Ste B  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 240 Blue Juniper Blvd, Ste B

City: Venice State: FL Zip Code: 34292

Telephone: (877) 520-2002 Fax: (941) 485-3355

E-mail: mkleinhans@usdnj.com Website: \_\_\_\_\_

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

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

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Matt Kleinhaus

**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 checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Seaf assist, Erectile Dysfunction pumps, catheters</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: N/A

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

<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: Electromed, Inc.

Physical Address: 4590 Ish Drive, Ste 150, Simi Valley, CA 93063  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4590 Ish Drive, Ste 150

City: Simi Valley State: CA Zip Code: 93063

Telephone: 805-584-2445 Fax: 952-758-5077

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**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 to Sun: closed to Holidays: closed to

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Kathleen Skarvan, CEO

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

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Airway Clearance System - HFCW2</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 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: Homeline Inc.

Physical Address: 9625 Black Mountain Rd Ste 302 San Diego, CA 92126  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9625 Black Mountain Rd Ste 302

City: San Diego State: CA Zip Code: 92126

Telephone: 800-644-2558 Fax: 877 365 1937

E-mail: nsohl1ch@homeline4u.com Website: N/A

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

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

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Shirish Mody

**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 Prosethics           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Wound Care, Ostomy, Urological</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: N/A

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

<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: Medquarters

Physical Address: 5209 Linbar Dr. Suite 630 Nashville, TN 37211  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5209 Linbar Dr. Suite 630

City: Nashville State: TN Zip Code: 37211

Telephone: 615-781-5363 Fax: 888-458-3551

E-mail: Licensing@medquarters.info Website: www.medquartersdirect.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: Jerry Smith

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

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

65162

# 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: Modern Medical, Inc.

Physical Address: 7840 Graphics Way  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 549

City: Lewis Center State: 011 Zip Code: 43035

Telephone: 800-547-3330 Fax: 877-247-3330

E-mail: kathryn.hutton@cypresscare.com Website: www.modernmedical.com

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

Mon: 7:30 am to 9 pm Tue: 7:30 am to 9 pm Wed: 7:30 am to 9 pm Thu: 7:30 am to 9 pm

Fri: 7:30 am to 9 pm Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jamie Marie Mank

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

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

65172

**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 type="checkbox"/> New MDEG	<input checked="" 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: Vidacare Corporation

Physical Address: 4350 Lockhill Selma Rd., Suite 150  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as physical

City: Shavano Park State: Tx Zip Code: 78249

Telephone: 210-375-8500 Fax: 210-375-8500

E-mail: — Website: www.vidacare.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: Justin McMurray

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

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

**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 checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>02854</u> )			

<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 type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" 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: City Centre Pharmacy  
 Physical Address: 2290 McDaniel st suite 1A  
 Mailing Address: 2290 McDaniel st suite 1A  
 City: North Las Vegas State: NV Zip Code: 89030  
 Telephone: (702) 477-0311 Fax: (702) 477 0316  
 Toll Free Number: \_\_\_\_\_  
 E-mail: ccrxvegas12@centurylink.net Website: City Centre Pharmacy  
 Managing Pharmacist: Opy Wibawa License Number: 13049

**Hours of Operation:**

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input 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

**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: Well Care Pharmacy I. LLC Series C  
 Physical Address: 5757 Wayne Newton Blvd. LV, NV 89119  
 Mailing Address: 4101 Wagon Trail  
 City: Las Vegas State: NV Zip Code: 89118  
 Telephone: 702-576-9545 Fax: 702-946-0353  
 Toll Free Number: n/a  
 E-mail: n/a Website: n/a  
 Managing Pharmacist: Kevin Alvarado License Number: 17685

**Hours of Operation:**

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

65395

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**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

v.

**MAREE KILEDJIAN, RPH**  
**Certificate of Registration No. 17585,**

**JENNIFER KAY, RPH**  
**Certificate of Registration No. 16539,**

**WALGREENS #04854**  
**Certificate of Registration No. PH01293,**

**Respondents.**

)  
) **CASE NO. 11-070-RPH-A-S**  
) **CASE NO. 11-070-RPH-B-S**  
) **CASE NO. 11-070-PH-S**

) **NOTICE OF INTENDED**  
) **ACTION AND ACCUSATION**



---

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondent Maree Kiledjian was a registered pharmacist with the Board, respondent Jennifer Kay was a registered pharmacist with the Board, and respondent Walgreens Pharmacy #04854 (Walgreens) was a pharmacy registered with the Board.

II.

On or about July 12, 2011, patient AA tendered a prescription to Walgreens for clomiphene 50 mg. tablets, with instructions to take one tablet twice a day. AA purchased and picked up her medication on July 13, 2013, at Walgreens' drive-thru window. Walgreens did not provide AA counseling regarding the medication.

III.

On July 14, 2013, AA ingested the medication Walgreens dispensed, as instructed by her physician. After taking a second dose, AA began to experience nausea, dizziness, blurred vision and difficulty breathing.

#### IV.

AA contacted her physician's office. The physician's representative verified the medication the physician prescribed as clomiphene 50 mg. tablets. AA then spelled the name of the medication that Walgreens dispensed (clomipramine 50 mg.), as it read on the Walgreens' label on the prescription bottle. The physician's representative informed AA that Walgreens had dispensed the wrong medication.

#### V.

Due to the physical symptoms AA was experiencing, she presented to Centennial Hills Hospital's Emergency Department, where she received treatment for an allergic reaction to clomipramine 50 mg.

#### VI.

On the evening of July 14, 2013, AA contacted Walgreens and spoke with the pharmacist on duty, Alexandra Guru. Ms. Guru confirmed that Walgreens had misfilled the prescription for clomiphene 50 mg. tablets (female fertility medication) with clomipramine 50 mg. capsules (an antidepressant).

#### VII.

Respondent Maree Kiledjian was the verifying pharmacist at Walgreens for AA's misfilled prescription. In a written statement, Ms. Kiledjian indicated that she input the initial prescription data in the Walgreens' computer system.

#### VIII.

Walgreens filled AA's prescription through its central fill facility in Arizona, as Walgreens #4854 did not have clomipramine 50 mg. tablets in stock when AA tendered her prescription. Walgreens' central fill facility delivered the medication to Walgreens #4854 the next day.

IX.

Walgreens' pharmacist, respondent Ms. Kiledjian, conducted the data review and verification of AA's medication. Ms. Kiledjian was not on duty at the pharmacy when AA picked up her medication.

X.

Walgreens' records contain no documentation of counseling related to AA's prescription.

XI.

Walgreens pharmacist, respondent Jennifer Kay, was the pharmacist on duty when Walgreens sold the prescription to AA. Ms. Kay indicates in a written statement that in Walgreens' computer system, "certain updates to a prescription may result in the hard-block not activating at the point of sale." Two changes to the prescription are documented in the pharmacy computer system. Per her written statement, Ms. Kay assumes that those changes in Walgreens' system are why "this prescription was never brought" to her for patient counseling.

XII.

The Board Investigator interviewed Matt Forster, Walgreens' District Pharmacy Supervisor regarding this case. Mr. Forster explained that in some Walgreens' pharmacies, the pharmacy software will not allow the "CAPS" system to capture certain information if updates are made to a prescription. In this case, Walgreens' software did not capture the information allowing the system to show that AA's prescription was new and required counseling.

XIII.

Walgreens' error delayed, by approximately one month, AA's treatment of the condition for which her physician originally prescribed clomiphene.

**FIRST CAUSE OF ACTION**

XIV.

In failing to strictly follow the instructions of AA's physician by verifying and dispensing clomipramine 50 mg. capsules, rather than the clomiphene 50 mg. tablets AA's physician

prescribed, respondent Walgreens and its employee, respondent Maree Kiledjian, violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4) and/or (12), or alternatively under NRS 639.255.

**SECOND CAUSE OF ACTION**

XV.

In failing to provide counseling for AA's new prescription, respondent Walgreens and its employee, respondent Jennifer Kay, violated NAC 639.707(1) (a), NAC 639.945(1)(i) and/or NRS 639.266(1), which violations are grounds for action pursuant to NRS 639.210(4) and/or (12), or alternatively, under NRS 639.255.

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

Signed this 11<sup>th</sup> day of December, 2013.

  
\_\_\_\_\_  
Larry L. Pinson, Pharm.D., 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**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO . 11-070-RPH-A-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>STATEMENT TO THE</b>
<b>MAREE KILEDJIAN, RPH</b>	)	<b>RESPONDENT NOTICE</b>
<b>Certificate of Registration No. 17585,</b>	)	<b>OF INTENDED ACTION</b>
	)	<b>AND ACCUSATION</b>
<b>Respondent.</b>	)	<b>RIGHT TO HEARING</b>
	/	

---

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.

III.

The Board has reserved Wednesday, January 22, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 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 11<sup>th</sup> day of December, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 11-070-RPH-A-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>ANSWER AND NOTICE</b>
<b>MAREE KILEDJIAN, RPH</b>	)	<b>OF DEFENSE</b>
<b>Certificate of Registration No. 17585,</b>	)	
	)	
	)	
<b>Respondent.</b>	/	

---

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 \_\_\_\_\_, 2013.

---

MAREE KILEDJIAN, RPH



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 11<sup>th</sup> day of December, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 11-070-RPH-B-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>ANSWER AND NOTICE</b>
<b>JENNIFER KAY, RPH</b>	)	<b>OF DEFENSE</b>
<b>Certificate of Registration No. 16539,</b>	)	
	)	
<b>Respondent.</b>	/	

---

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 \_\_\_\_\_, 2013.

---

JENNIFER KAY, RPH

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 11-070-PH-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>STATEMENT TO THE</b>
<b>WALGREENS #04854</b>	)	<b>RESPONDENT</b>
<b>Certificate of Registration No. PH01293,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
	)	<b>AND ACCUSATION</b>
<b>Respondent.</b>	)	<b>RIGHT TO HEARING</b>
	/	

---

TO THE RESPONDENT ABOVE-SAMED: 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.

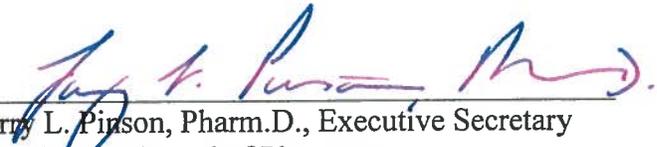
III.

The Board has reserved Wednesday, January 22, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 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 11<sup>th</sup> day of December, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 11-070-PH-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>ANSWER AND NOTICE</b>
<b>WALGREENS #04854</b>	)	<b>OF DEFENSE</b>
<b>Certificate of Registration No. PH01293</b>	)	
	)	
<b>Respondent.</b>	/	

---

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 \_\_\_\_\_, 2013.

\_\_\_\_\_  
Print or Type name

\_\_\_\_\_  
For WALGREENS PHARMACY #04854



#### IV.

On September 7, 2012, JP began experiencing abdominal pain and severe bleeding. She reviewed her prescription records and discovered that the label on the prescription for her current hormone replacement medication was different from the medication she had been taking. The label on her current medication read: BIEST50/50 10 PROG 10 TEST 0.25 DHEA 50 MG/0.5 ML LIPO(M) GEL, rather than the formulation prescribed by JP's physician.

#### V.

NDC Pharmacy filled JP's prescription using the incorrect formulation from July 2011, through August 2012. During that period, JP's medication contained over six times the amount of prescribed estrogen and one-half of the prescribed amount of progesterone.

#### VI.

NDC Pharmacy subsequently closed operations in August 2012. NDC Pharmacy transferred its prescription files and inventory to its owner, Green Valley Drugs.

#### VII.

When JP learned that NDC Pharmacy had closed, and that NDC Pharmacy/Green Valley Drugs no longer employed Mr. Ricci, she called Green Valley Drugs concerning the error. Scot Silber, President/CEO of Green Valley Drugs contacted Mr. Ricci. Mr. Ricci telephoned JP and confirmed the error. He indicated that the error occurred due to a computer glitch in NDC Pharmacy's computer system.

#### VIII.

During the Board's investigation, Mr. Silber informed the Board Investigator that he conducted an internal investigation when he became aware of JP's complaint. Mr. Silber determined that the person who entered the refill into the pharmacy computer system inadvertently changed the formula.

IX.

When interviewed by the Board Investigator, Mr. Ricci admitted that the error had occurred. The Board Investigator learned that pharmaceutical technician MR processed JP's refill in the pharmacy computer system. Mr. Ricci failed to identify the error during verification.

**FIRST CAUSE OF ACTION**

X.

In failing to strictly follow the instructions of patient JP's physician by verifying and dispensing BIEST50/50 10 PROG 10 TEST 0.25 DHEA 50 MG/0.5 ML LIPO(M) GEL, rather than the prescribed Biest/50/50 1.5 PROG 20 TEST 0.5 DHEA 10M, respondent Scott Ricci violated NAC 639.945(1) (b), (d) and/or (i), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

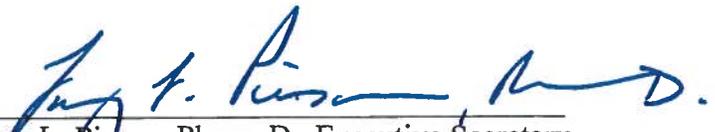
**SECOND CAUSE OF ACTION**

XI.

In owning and operating the pharmacy in which the alleged violations occurred, Green Valley Drugs violated NAC 639.945(1)(b), (d) and/or (i), and is statutorily responsible for Respondent Ricci's actions pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

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 11<sup>th</sup> day of December, 2013.

  
Larry L. Pinson, Pharm.D., 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.



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 11 day of December, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>ANSWER AND</b>
	)	<b>NOTICE OF DEFENSE</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>SCOTT ALLEN RICCI, RPH</b>	)	<b>CASE NO. 12-063-RPH-S</b>
<b>Certificate of Registration No. 11997</b>	)	
	)	
<b>Respondent.</b>	/	

---

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 \_\_\_\_\_, 2013.

\_\_\_\_\_  
Scott Allen Ricci, R.Ph.



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 21 day of Dec, 2013.

Scot Silber

Type or print name

 CEO

Authorized Representative For  
Green Valley Drugs & FVS Holding, Inc

# FVS Holdings Inc.

December 24, 2013

To: Paul Edwards

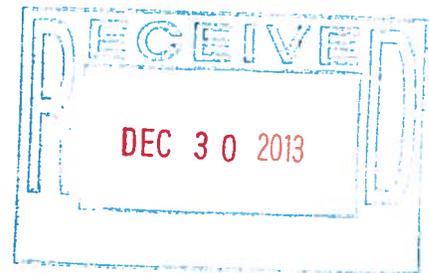
From: Scot Silber R.Ph.



Noted below is a recap of what we discussed today:

- Green Valley Drugs will be closing and surrendering its pharmacy license and DEA certificate by Jan 31, 2014.
- FVS Holdings Inc purchased the assets of NDC Pharmacy in Jan 2010, Not Green Valley Drugs. Scott Ricci was the previous owner and stayed the managing pharmacist until it closed in July 2012.
- Scott continued his employment with Green Valley Drugs until his resignation on Aug 24, 2012.

Please let me know if you require additional information.



University Specialty Pharmacy  
3328 Garfield Ave.  
Commerce, CA 90040

P: 323.201.4488 F: 866.728.4810

Green Valley Med  
1850 Whitney Mesa, #180  
Henderson, NV 89014

P: 702.564.2079 F: 702.564.8273

NDC Pharmacy  
3041 W. Horizon Ridge  
Henderson, NV 89052

P: 702.293.6900 F: 702.293.0095

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**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**YIN TAT WILLIAM KHO, RPH  
Certificate of Registration No. 13699**

**Respondent**

) **CASE NO. 13-055-RPH-O**  
)

) **NOTICE OF INTENDED ACTION**  
) **AND ACCUSATION**  
)



---

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter and this respondent because Yin Tat William Kho, Certificate of Registration No. 13699, is a pharmacist licensed by the Board.

**II.**

On or about October 10, 2013, the Board Office received a renewal application for Respondent Kho's pharmacist license. (Attached as Exhibit 1.) Mr. Kho disclosed on the application that he has been the subject of a board citation or an administrative action in California, and the subject of discipline and criminal action for violation of pharmacy or drug laws since the last renewal period.

**III.**

On February 13, 2012, the California State Board of Pharmacy (California Board) entered a Stipulated Settlement and Disciplinary Order (Case No. 3860) regarding Mr. Kho, which is attached hereto as Exhibit 2, and is incorporated herein by this reference as though it was fully set out herein.

**IV.**

In the February 13, 2012 Stipulated Settlement and Disciplinary Order signed by Mr. Kho, Mr. Kho admitted to the charge that he diverted three hundred fifty-two (352) One Touch

Ultra diabetic kits and six (6) bottles of Florastor from his employer, CVS Pharmacy, Fullerton, California. The total value of the products diverted equaled \$43,064. Mr. Kho admitted to diverting said products between March 2009 and April 2010. Mr. Kho was employed by CVS Pharmacy, Fullerton, from 1997 until 2010.

V.

Mr. Kho was arrested and convicted by the Superior Court of the State of California (Case No. 10NF3139). (See Exhibit 3.) On his plea of guilty, Mr. Kho was sentenced to three years informal probation, serve 30 days in the Orange County Jail, payment of fees and fines, and payment of restitution in the sum of \$43,000.

VI.

The California Board revoked Mr. Kho's pharmacist license, however, the revocation was stayed. Mr. Kho's license was placed on probation for a period of four years with terms and conditions. (See Exhibit 2.)

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

VII.

In receiving discipline against his license in California for actions that would be grounds for discipline, suspension or revocation of his license in Nevada, respondent Mr. Kho is subject to discipline to parallel the California action pursuant to NRS 639.210(14) and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of respondent Mr. Kho.

Signed this 6<sup>th</sup> day of November, 2013.

  
Larry L. Pinson, Pharm.D., 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.



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 6<sup>th</sup> day of November, 2013.

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



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

I admit to the charge, but allege that I have been serving my disciplinary penalty to the same charge pursuant to the terms imposed by the California Pharmacy Board.

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 22 day of November, 2013.

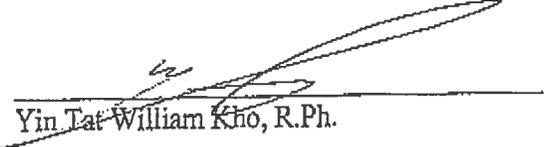
  
Yin Tat William Kho, R.Ph.

EXHIBIT 1

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Nevada State Board of Pharmacy – Renewal Application – Pharmacist



DO NOT FOLD OR STAPLE ABOVE THIS LINE

### Nevada State Board of Pharmacy - Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

For the period of November 1, 2013 to October 31, 2015

Cashier's Check or Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)  
\$180.00 (postmarked on or before 10/31/2013) OR \$320.00 (postmarked after 10/31/2013)

LICENSE #: 13699  
Yin Tat William Kho  
2033 CHRISTIE ST  
Fullerton, CA 92833

Please make any changes to name or address next to the old information

#### RENEW BY MAIL

1. Complete this form
2. Sign and date this form
3. Send payment with this form (do **NOT** staple)
4. Mail **original** form and payment to address above
5. **NO COPIES ACCEPTED**
6. **NO SIGNATURE STAMPS ACCEPTED**

<OR>

#### RENEW ONLINE

1. Go to <http://bop.nv.gov>
2. Click "Applications" then, "License Renewal"
3. Use **USER ID: fg34gc82**  
**PASSWORD: lgckl728**  
**New Users: once logged in, when asked for OLD password, use the above password, then change**

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely) 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?..... Yes  No
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... Yes  No
  2. Been the subject of a board citation or an administrative action whether completed or pending in any state?..... Yes  No
  3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... Yes  No

To  
Suley  
10/1/13

If you marked YES to any of the numbered questions (1-3) above, please include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:		
	CA	5/4/2012	AC 3860		
Criminal Action:	State	Date:	Case #:	County	Court
	CA	7/13/2011	10NF3139	Orange	North Justice Center

Section 2: Are you the subject of a court order for the support of a child?..... Yes  No  
 If you marked YES to the question above, are you in compliance with that court order?..... Yes  No

Section 3: Please check **ONE** box ONLY (Fees apply to either status) (see colored insert for details)

Active -  By checking this box you certify that you have completed ALL required CE Hours due for the 13/15 Renewal period. (Dated from Nov. 1, 11 - Oct. 31, 13; 1.25hrs per mo.). The exemption period is 2yrs after graduation only. If none owed, please check Active box.

Inactive -  By checking this box you certify that you are **NOT** practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to **inactive** status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See reverse of insert for more information.

Section 4: A licensee is not required to have a Nevada State Business license, however, if you do, please provide the #: \_\_\_\_\_

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

EXHIBIT 2

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California State Board of Pharmacy

Stipulated Settlement and Disciplinary Order – Case No. 3860

**BEFORE THE  
BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**YIN TAT WILLIAM KHO  
2033 Christie Street  
Fullerton, CA 92833**

**Pharmacist License No. RPH 49713**

Respondent.

Case No. 3860

OAH No. 2011070193

**DECISION AND ORDER**

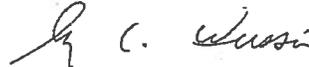
The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on May 4, 2012.

It is so ORDERED on April 4, 2012.

BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

By



\_\_\_\_\_  
STANLEY C. WEISSER  
Board President

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KAMALA D. HARRIS  
Attorney General of California  
JAMES M. LEDAKIS  
Supervising Deputy Attorney General  
DAVID E. HAUSFELD  
Deputy Attorney General  
State Bar No. 110639  
110 West "A" Street, Suite 1100  
San Diego, CA 92101  
P.O. Box 85266  
San Diego, CA 92186-5266  
Telephone: (619) 645-2025  
Facsimile: (619) 645-2061  
*Attorneys for Complainant*

RECEIVED BY CALIF.  
BOARD OF PHARMACY  
2012 FEB 21 PM 2:35

**BEFORE THE  
BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:  
**YIN TAT WILLIAM KHO**  
2033 Christie Street  
Fullerton, CA 92833  
**Pharmacist License No. RPH 49713**  
  
Respondent.

Case No. 3860  
OAH No. 2011070193

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Board of Pharmacy of the Department of Consumer Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the Accusation.

**PARTIES**

1. Virginia Herold (Complainant) is the Executive Officer of the Board of Pharmacy. She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by David E. Hausfeld, Deputy Attorney General.

///  
///



1 CULPABILITY

2 8. Respondent admits the truth of each and every charge and allegation in First  
3 Amended Accusation No. 3860.

4 9. Respondent agrees that his Pharmacist License is subject to discipline and he agrees  
5 to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

6 CONTINGENCY

7 10. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent  
8 understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may  
9 communicate directly with the Board regarding this stipulation and settlement, without notice to  
10 or participation by Respondent or his counsel. By signing the stipulation, Respondent  
11 understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation  
12 prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation  
13 as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or  
14 effect, except for this paragraph, it shall be inadmissible in any legal action between the parties,  
15 and the Board shall not be disqualified from further action by having considered this matter.

16 11. The parties understand and agree that facsimile copies of this Stipulated Settlement  
17 and Disciplinary Order, including facsimile signatures thereto, shall have the same force and  
18 effect as the originals.

19 12. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an  
20 integrated writing representing the complete, final, and exclusive embodiment of their agreement.  
21 It supersedes any and all prior or contemporaneous agreements, understandings, discussions,  
22 negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary  
23 Order may not be altered, amended, modified, supplemented, or otherwise changed except by a  
24 writing executed by an authorized representative of each of the parties.

25 13. In consideration of the foregoing admissions and stipulations, the parties agree that  
26 the Board may, without further notice or formal proceeding, issue and enter the following  
27 Disciplinary Order:

28 ///

1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Pharmacist License No. RPH 49713 issued to Yin Tat  
3 William Kho (Respondent) is revoked. However, the revocation is stayed and Respondent is  
4 placed on probation for four (4) years on the following terms and conditions.

5 **1. Obey All Laws**

6 Respondent shall obey all state and federal laws and regulations.

7 Respondent shall report any of the following occurrences to the Board, in writing, within  
8 seventy-two (72) hours of such occurrence:

- 9 • an arrest or issuance of a criminal complaint for violation of any provision of the  
10 Pharmacy Law, state and federal food and drug laws, or state and federal controlled  
11 substances laws
- 12 • a plea of guilty or nolo contendere in any state or federal criminal proceeding to any  
13 criminal complaint, information or indictment
- 14 • a conviction of any crime
- 15 • discipline, citation, or other administrative action filed by any state or federal agency  
16 which involves Respondent's pharmacist license or which is related to the practice of  
17 pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging  
18 for any drug, device or controlled substance.

19 Failure to timely report such occurrence shall be considered a violation of probation.

20 **2. Report to the Board**

21 Respondent shall report to the Board quarterly, on a schedule as directed by the Board or its  
22 designee. The report shall be made either in person or in writing, as directed. Among other  
23 requirements, Respondent shall state in each report under penalty of perjury whether there has  
24 been compliance with all the terms and conditions of probation. Failure to submit timely reports  
25 in a form as directed shall be considered a violation of probation. Any period(s) of delinquency  
26 in submission of reports as directed may be added to the total period of probation. Moreover, if  
27 the final probation report is not made as directed, probation shall be automatically extended until  
28 such time as the final report is made and accepted by the Board.

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**3. Interview with the Board**

Upon receipt of reasonable prior notice, Respondent shall appear in person for interviews with the Board or its designee, at such intervals and locations as are determined by the Board or its designee. Failure to appear for any scheduled interview without prior notification to Board staff, or failure to appear for two (2) or more scheduled interviews with the Board or its designee during the period of probation, shall be considered a violation of probation.

**4. Cooperate with Board Staff**

Respondent shall cooperate with the Board's inspection program and with the Board's monitoring and investigation of Respondent's compliance with the terms and conditions of his probation. Failure to cooperate shall be considered a violation of probation.

**5. Continuing Education**

Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the Board or its designee.

**6. Notice to Employers**

During the period of probation, Respondent shall notify all present and prospective employers of the decision in First Amended Accusation No. 3860 and the terms, conditions and restrictions imposed on Respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of Respondent undertaking any new employment, Respondent shall cause his direct supervisor, pharmacist-in-charge (including each new pharmacist-in-charge employed during Respondent's tenure of employment) and owner to report to the Board in writing acknowledging that the listed individual(s) has/have read the decision in First Amended Accusation No. 3860, and terms and conditions imposed thereby. It shall be Respondent's responsibility to ensure that his employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the Board.

If Respondent works for or is employed by or through a pharmacy employment service, Respondent must notify his direct supervisor, pharmacist-in-charge, and owner at every entity licensed by the Board of the terms and conditions of the decision in First Amended Accusation

1 No. 3860 in advance of the Respondent commencing work at each licensed entity. A record of  
2 this notification must be provided to the Board upon request.

3 Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen  
4 (15) days of Respondent undertaking any new employment by or through a pharmacy  
5 employment service, Respondent shall cause his direct supervisor with the pharmacy employment  
6 service to report to the Board in writing acknowledging that he has read the decision in First  
7 Amended Accusation No. 3860 and the terms and conditions imposed thereby. It shall be  
8 Respondent's responsibility to ensure that his employer(s) and/or supervisor(s) submit timely  
9 acknowledgment(s) to the Board.

10 Failure to timely notify present or prospective employer(s) or to cause that/those  
11 employer(s) to submit timely acknowledgments to the Board shall be considered a violation of  
12 probation.

13 "Employment" within the meaning of this provision shall include any full-time,  
14 part-time, temporary, relief or pharmacy management service as a pharmacist or any  
15 position for which a pharmacist license is a requirement or criterion for employment,  
16 whether the Respondent is an employee, independent contractor or volunteer.

17 **7. No Supervision of Interns, Serving as Pharmacist-in-Charge (PIC), Serving as**  
18 **Designated Representative-in-Charge, or Serving as a Consultant**

19 During the period of probation, Respondent shall not supervise any intern pharmacist, be  
20 the pharmacist-in-charge or designated representative-in-charge of any entity licensed by the  
21 Board nor serve as a consultant unless otherwise specified in this order. Assumption of any such  
22 unauthorized supervision responsibilities shall be considered a violation of probation.

23 **8. Reimbursement of Board Costs**

24 As a condition precedent to successful completion of probation, Respondent shall pay to the  
25 Board its costs of investigation and prosecution in the amount of \$3,800.00. Respondent shall  
26 submit, for the Board's approval, within thirty (30) days of the effective date of the adoption by  
27 the Board of this Order, a proposed payment schedule. There shall be no deviation from the  
28

1 approved schedule absent prior written approval by the Board or its designee. Failure to pay costs  
2 by the deadline(s) as directed shall be considered a violation of probation.

3 There shall be no deviation from this schedule absent prior written approval by the Board or  
4 its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of  
5 probation.

6 The filing of bankruptcy by Respondent shall not relieve Respondent of his responsibility to  
7 reimburse the Board its costs of investigation and prosecution.

8 **9. Probation Monitoring Costs**

9 Respondent shall pay any costs associated with probation monitoring as determined by the  
10 Board each and every year of probation. Such costs shall be payable to the Board on a schedule  
11 as directed by the Board or its designee. Failure to pay such costs by the deadline(s) as directed  
12 shall be considered a violation of probation.

13 **10. Status of License**

14 Respondent shall, at all times while on probation, maintain an active, current license with  
15 the Board, including any period during which suspension or probation is tolled. Failure to  
16 maintain an active, current license shall be considered a violation of probation.

17 If Respondent's license expires or is cancelled by operation of law or otherwise at any time  
18 during the period of probation, including any extensions thereof due to tolling or otherwise, upon  
19 renewal or reapplication Respondent's license shall be subject to all terms and conditions of this  
20 probation not previously satisfied.

21 **11. License Surrender While on Probation/Suspension**

22 Following the effective date of this decision, should Respondent cease practice due to  
23 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,  
24 Respondent may tender his license to the Board for surrender. The Board or its designee shall  
25 have the discretion whether to grant the request for surrender or take any other action it deems  
26 appropriate and reasonable. Upon formal acceptance of the surrender of the license, Respondent  
27 will no longer be subject to the terms and conditions of probation. This surrender constitutes a  
28 record of discipline and shall become a part of the Respondent's license history with the Board.

1           Upon acceptance of the surrender, Respondent shall relinquish his pocket and wall license  
2 to the Board within ten (10) days of notification by the Board that the surrender is accepted.  
3 Respondent may not reapply for any license from the Board for three (3) years from the effective  
4 date of the surrender. Respondent shall meet all requirements applicable to the license sought as  
5 of the date the application for that license is submitted to the Board, including any outstanding  
6 costs.

7           **12. Notification of a Change in Name, Residence Address, Mailing Address or**  
8 **Employment**

9           Respondent shall notify the Board in writing within ten (10) days of any change of  
10 employment. Said notification shall include the reasons for leaving, the address of the new  
11 employer, the name of the supervisor and owner, and the work schedule if known. Respondent  
12 shall further notify the Board in writing within ten (10) days of a change in name, residence  
13 address, mailing address, or phone number.

14           Failure to timely notify the Board of any change in employer(s), name(s), address(es), or  
15 phone number(s) shall be considered a violation of probation.

16           **13. Tolling of Probation**

17           Except during periods of suspension, Respondent shall, at all times while on probation, be  
18 employed as a pharmacist in California for a minimum of forty (40) hours per calendar month.  
19 Any month during which this minimum is not met shall toll the period of probation, i.e., the  
20 period of probation shall be extended by one month for each month during which this minimum is  
21 not met. During any such period of tolling of probation, Respondent must nonetheless comply  
22 with all terms and conditions of probation.

23           Should Respondent, regardless of residency, for any reason (including vacation) cease  
24 practicing as a pharmacist for a minimum of forty (40) hours per calendar month in California,  
25 Respondent must notify the Board in writing within ten (10) days of the cessation of practice, and  
26 must further notify the Board in writing within ten (10) days of the resumption of practice. Any  
27 failure to provide such notification(s) shall be considered a violation of probation.

28       ///

1 It is a violation of probation for Respondent's probation to remain tolled pursuant to the  
2 provisions of this condition for a total period, counting consecutive and non-consecutive months,  
3 exceeding thirty-six (36) months.

4 "Cessation of practice" means any calendar month during which Respondent is  
5 not practicing as a pharmacist for at least forty (40) hours, as defined by Business and  
6 Professions Code section 4000 et seq . "Resumption of practice" means any calendar  
7 month during which Respondent is practicing as a pharmacist for at least forty (40)  
8 hours as a pharmacist as defined by Business and Professions Code section 4000 et  
9 seq.

10 **14. Violation of Probation**

11 If a Respondent has not complied with any term or condition of probation, the Board shall  
12 have continuing jurisdiction over Respondent, and probation shall automatically be extended,  
13 until all terms and conditions have been satisfied or the Board has taken other action as deemed  
14 appropriate to treat the failure to comply as a violation of probation, to terminate probation, and  
15 to impose the penalty that was stayed.

16 If Respondent violates probation in any respect, the Board, after giving Respondent notice  
17 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that  
18 was stayed. Notice and opportunity to be heard are not required for those provisions stating that a  
19 violation thereof may lead to automatic termination of the stay and/or revocation of the license. If  
20 a petition to revoke probation or an accusation is filed against Respondent during probation, the  
21 Board shall have continuing jurisdiction and the period of probation shall be automatically  
22 extended until the petition to revoke probation or accusation is heard and decided.

23 **15. Completion of Probation**

24 Upon written notice by the Board or its designee indicating successful completion of  
25 probation, Respondent's license will be fully restored.

26 **16. Community Services Program**

27 Within sixty (60) days of the effective date of this decision, Respondent shall submit to the  
28 Board or its designee, for prior approval, a community service program in which Respondent

1 shall provide free health-care related services on a regular basis to a community or charitable  
2 facility or agency for one hundred (100) hours for each year of probation. Within thirty (30) days  
3 of Board approval thereof, Respondent shall submit documentation to the Board demonstrating  
4 commencement of the community service program. A record of this notification must be  
5 provided to the Board upon request. Respondent shall report on progress with the community  
6 service program in the quarterly reports. Failure to timely submit, commence, or comply with the  
7 program shall be considered a violation of probation.

8 **17. Supervised Practice**

9 During the period of probation, Respondent shall practice only under the supervision of a  
10 licensed pharmacist not on probation with the Board. Upon and after the effective date of this  
11 decision, Respondent shall not practice pharmacy and his license shall be automatically  
12 suspended until a supervisor is approved by the Board or its designee. The supervision shall be,  
13 as required by the Board or its designee, either:

14 Continuous – At least 75% of a work week

15 Substantial - At least 50% of a work week

16 Partial - At least 25% of a work week

17 Daily Review - Supervisor's review of probationer's daily activities within 24 hours

18 Within thirty (30) days of the effective date of this decision, Respondent shall have his  
19 supervisor submit notification to the Board in writing stating that the supervisor has read the  
20 decision in First Amended Accusation No. 3860 and is familiar with the required level of  
21 supervision as determined by the Board or its designee. It shall be the Respondent's  
22 responsibility to ensure that his employer(s), pharmacist-in-charge and/or supervisor(s) submit  
23 timely acknowledgement(s) to the Board. Failure to cause the direct supervisor and the  
24 pharmacist-in-charge to submit timely acknowledgements to the Board shall be considered a  
25 violation of probation.

26 If Respondent changes employment, it shall be the Respondent's responsibility to ensure  
27 that his employer(s), pharmacist-in-charge and/or supervisor(s) submit timely  
28 acknowledgement(s) to the Board. Respondent shall have his new supervisor, within fifteen (15)

1 days after employment commences, submit notification to the Board in writing stating the direct  
2 supervisor and pharmacist-in-charge have read the decision in First Amended Accusation No.  
3 3860 and is familiar with the level of supervision as determined by the Board. Respondent shall  
4 not practice pharmacy and his license shall be automatically suspended until the Board or its  
5 designee approves a new supervisor. Failure to cause the direct supervisor and the pharmacist-in-  
6 charge to submit timely acknowledgements to the Board shall be considered a violation of  
7 probation.

8       Within ten (10) days of leaving employment, Respondent shall notify the Board in writing.

9       During suspension, Respondent shall not enter any pharmacy area or any portion of the  
10 licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of  
11 drugs which is licensed by the Board, or any manufacturer, or where dangerous drugs and devices  
12 or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act  
13 involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient  
14 consultation; nor shall Respondent manage, administer, or be a consultant to any licensee of the  
15 Board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs  
16 and controlled substances. Respondent shall not resume practice until notified by the Board.

17       During suspension, Respondent shall not engage in any activity that requires the  
18 professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the  
19 practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a  
20 designated representative for any entity licensed by the Board.

21       Subject to the above restrictions, Respondent may continue to own or hold an interest in  
22 any licensed premises in which he holds an interest at the time this decision becomes effective  
23 unless otherwise specified in this order.

24       Failure to comply with this suspension shall be considered a violation of probation.

25       **18. No Ownership of Licensed Premises**

26       Respondent shall not own, have any legal or beneficial interest in, or serve as a manager,  
27 administrator, member, officer, director, trustee, associate, or partner of any business, firm,  
28 partnership, or corporation currently or hereinafter licensed by the Board. Respondent shall sell

1 or transfer any legal or beneficial interest in any entity licensed by the Board within ninety (90)  
 2 days following the effective date of this decision and shall immediately thereafter provide written  
 3 proof thereof to the Board. Failure to timely divest any legal or beneficial interest(s) or provide  
 4 documentation thereof shall be considered a violation of probation.

5 **19. Ethics Course**

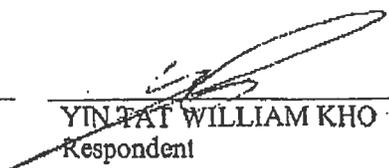
6 Within sixty (60) calendar days of the effective date of this decision, Respondent shall  
 7 enroll in a course in ethics, at Respondent's expense, approved in advance by the Board or its  
 8 designee. Failure to initiate the course during the first year of probation, and complete it within  
 9 the second year of probation, is a violation of probation.

10 Respondent shall submit a certificate of completion to the Board or its designee within five  
 11 days after completing the course.

12 **ACCEPTANCE**

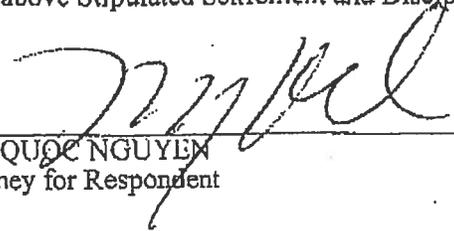
13 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
 14 discussed it with my attorney, Lan Quoc Nguyen. I understand the stipulation and the effect it  
 15 will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary  
 16 Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order  
 17 of the Board of Pharmacy.

18 DATED: 2-13-2012

19   
 YIN TAT WILLIAM KHO  
 Respondent

20 I have read and fully discussed with Respondent Yin Tat William Kho the terms and  
 21 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
 22 I approve its form and content.

23 DATED: Feb. 13, 2012

24   
 LAN QUOC NGUYEN  
 Attorney for Respondent

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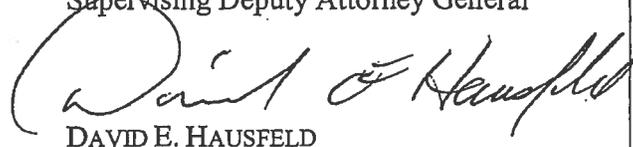
**ENDORSEMENT**

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: 2/14/12

Respectfully submitted,

KAMALA D. HARRIS  
Attorney General of California  
JAMES M. LEDAKIS  
Supervising Deputy Attorney General



DAVID E. HAUSFELD  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**First Amended Accusation No. 3860**

1 EDMUND G. BROWN JR.  
Attorney General of California  
2 LINDA K. SCHNEIDER  
Supervising Deputy Attorney General  
3 DAVID E. HAUSFELD  
Deputy Attorney General  
4 State Bar No. 110639  
110 West "A" Street, Suite 1100  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 645-2025  
7 Facsimile: (619) 645-2061  
*Attorneys for Complainant*

8  
9 **BEFORE THE**  
**BOARD OF PHARMACY**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 3860

12 **YIN TAT WILLIAM KHO**  
13 **2033 Christie Street**  
14 **Fullerton, CA 92833**

**FIRST AMENDED ACCUSATION**

15 **Pharmacist License No. RPH 49713**

16 Respondent.

17  
18 Complainant alleges:

19 **PARTIES**

20 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity  
21 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

22 2. On or about August 27, 1997, the Board of Pharmacy issued Original Pharmacist  
23 License Number RPH 49713 to Yin Tat William Kho (Respondent). The Original Pharmacist  
24 License was in full force and effect at all times relevant to the charges brought herein and will  
25 expire on May 31, 2013, unless renewed.

26 ///

27 ///

28 ///

1 JURISDICTION

2 3. This Accusation is brought before the Board of Pharmacy (Board), Department of  
3 Consumer Affairs, under the authority of the following laws. All section references are to the  
4 Business and Professions Code unless otherwise indicated.

5 4. Section 4300 of the Code states:

- 6 (a) Every license issued may be suspended or revoked.  
7 (b) The board shall discipline the holder of any license issued by the board,  
8 whose default has been entered or whose case has been heard by the board and  
9 found guilty, by any of the following methods:  
10 (1) Suspending judgment.  
11 (2) Placing him or her upon probation.  
12 (3) Suspending his or her right to practice for a period not exceeding one  
13 year.  
14 (4) Revoking his or her license.  
15 (5) Taking any other action in relation to disciplining him or her as the board  
16 in its discretion may deem proper.

17 . . . .

18 5. Section 118, subdivision (b), of the Code provides that the suspension, expiration,  
19 surrender or cancellation of a license shall not deprive the Board of jurisdiction to proceed with a  
20 disciplinary action during the period within which the license may be renewed, restored, reissued  
21 or reinstated.

22 STATUTORY PROVISIONS

23 6. Section 490 of the Code provides, in pertinent part, that a Board may suspend or  
24 revoke a license on the ground that the licensee has been convicted of a crime substantially  
25 related to the qualifications, functions, or duties of the business or profession for which the  
26 license was issued.

27 7. Section 493 of the Code states:

28 Notwithstanding any other provision of law, in a proceeding conducted by a  
board within the department pursuant to law to deny an application for a license or  
to suspend or revoke a license or otherwise take disciplinary action against a person  
who holds a license, upon the ground that the applicant or the licensee has been  
convicted of a crime substantially related to the qualifications, functions, and duties  
of the licensee in question, the record of conviction of the crime shall be conclusive  
evidence of the fact that the conviction occurred, but only of that fact, and the board  
may inquire into the circumstances surrounding the commission of the crime in  
order to fix the degree of discipline or to determine if the conviction is substantially  
related to the qualifications, functions, and duties of the licensee in question.

1 As used in this section, 'license' includes 'certificate,' 'permit,' 'authority,' and  
2 'registration.'

3 8. Section 4301 of the Code states, in pertinent part:

4 The board shall take action against any holder of a license who is guilty of  
5 unprofessional conduct or whose license has been procured by fraud or  
6 misrepresentation or issued by mistake. Unprofessional conduct shall include, but  
7 is not limited to, any of the following:

8 . . . .

9 (f) The commission of any act involving moral turpitude, dishonesty, fraud,  
10 deceit, or corruption, whether the act is committed in the course of relations as a  
11 licensee or otherwise, and whether the act is a felony or misdemeanor or not.

12 . . . .

13 (l) The conviction of a crime substantially related to the qualifications,  
14 functions, and duties of a licensee under this chapter. . . . [T]he record of  
15 conviction shall be conclusive evidence only of the fact that the conviction  
16 occurred. The board may inquire into the circumstances surrounding the  
17 commission of the crime, in order to fix the degree of discipline or, in the case of a  
18 conviction not involving controlled substances or dangerous drugs, to determine if  
19 the conviction is of an offense substantially related to the qualifications, functions,  
20 and duties of a licensee under this chapter. A plea or verdict of guilty or a  
21 conviction following a plea of nolo contendere is deemed to be a conviction within  
22 the meaning of this provision. The board may take action when the time for  
23 appeal has elapsed, or the judgment of conviction has been affirmed on appeal or  
24 when an order granting probation is made suspending the imposition of sentence,  
25 irrespective of a subsequent order under Section 1203.4 of the Penal Code  
26 allowing the person to withdraw his or her plea of guilty and to enter a plea of not  
27 guilty, or setting aside the verdict of guilty, or dismissing the accusation,  
28 information, or indictment.

. . . .

**REGULATORY PROVISIONS**

9. California Code of Regulations, title 16, section 1770, states:

“For the purpose of denial, suspension, or revocation of a personal or facility license  
pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a  
crime or act shall be considered substantially related to the qualifications, functions or duties of a  
licensee or registrant if to a substantial degree it evidences present or potential unfitness of a  
licensee or registrant to perform the functions authorized by his license or registration in a manner  
consistent with the public health, safety, or welfare.”

///  
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1 product, from the store. The total value of the items taken by Respondent was in the amount of  
2 \$43,064.

3 14. On April 3, 2010, Respondent was arrested by the Fullerton Police Department for his  
4 unlawful acts while employed at the CVS Pharmacy.

5 15. On or about October 7, 2010, a felony criminal complaint was filed in a criminal  
6 proceeding entitled *People of the State of California v. Yintat William Kho*, in the County of  
7 Orange, North Justice Center, Superior Court, case number 10NF3139. Respondent was charged  
8 with one count of violations of Penal Code sections 459-460 (b), second degree commercial  
9 burglary and one count of a violation of Penal Code section 487 (a), grand theft.

10 16. On or about July 13, 2011, Respondent was convicted on his plea of guilty of one  
11 count of misdemeanor violations of Penal Code sections 459-460 (b), second degree commercial  
12 burglary and one count of a misdemeanor violation of Penal Code section 487 (a), grand theft.

13 17. As a result of the conviction, on or about July 13, 2011, Respondent was sentenced to  
14 three years informal probation, serve 30 days in the Orange County jail, payment of fees and fines  
15 and payment of restitution in the sum of \$43,000.00.

16 **FIRST CAUSE FOR DISCIPLINE**

17 **(Unprofessional Conduct - Dishonesty)**

18 18. Respondent is subject to disciplinary action under Code section 4301, subdivision (f),  
19 for the unlawful taking of 352 One Touch Ultra diabetic test kits and 6 bottles of Florastor, as  
20 more particularly described in paragraphs 12 through 17, above.

21 **SECOND CAUSE FOR DISCIPLINE**

22 **(July 13, 2011 Criminal Convictions for Burglary and Theft)**

23 19. Respondent has subjected his license to disciplinary action under sections 490 and  
24 4301, subdivision (l) of the Code, in that Respondent was convicted of crimes that are  
25 substantially related to the qualifications, functions, and duties of a pharmacist, as more  
26 particularly described in paragraphs 12 through 17, above.

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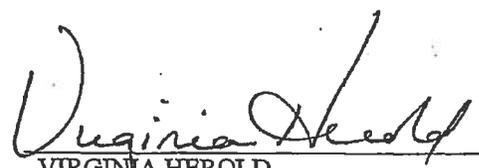
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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Original Pharmacist License Number RPH 49713, issued to Yin Tat William Kho;
2. Ordering Yin Tat William Kho to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;
3. Taking such other and further action as deemed necessary and proper.

DATED: 1/24/12



VIRGINIA HEROLD  
Executive Officer  
Board of Pharmacy  
Department of Consumer Affairs  
State of California  
*Complainant*

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EXHIBIT 3

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Superior Court of the State of California – Case No. 10NF3139

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF ORANGE  
NORTH JUSTICE CENTER  
1275 N Berkeley Avenue, Fullerton, CA 92832.

**NOTICE TO DEFENDANT**

Defendant Name: **Kho, Yintat William**

Case No: **10NF3139**

Address: 2033 Christie,  
Fullerton, CA 92833.

Date Sentenced: 07/13/11

AKAs: Kho, Yintat W

Date of Order: 07/13/11 Judicial Officer: Robbins, Roger B. Dept: N3

**OC Pay #: 6349717**

Balance Due \$240.

Charging Doc: Original Complaint

CNT OL CHARGE

CNT OL CHARGE

1 M 459-460(b) PC

2 M 487(a) PC

Hearing held on 07/13/2011 at 08:00:00 AM in Department N3 for Pre Trial Disposition and Reset .

Court Reporter: Stacie Skotarczyk

People represented by Dennis Bauer , Deputy District Attorney, present.

Defendant present in Court with counsel Lan Nguyen , Retained Attorney .

To the Original Complaint count 1 amended by interlineation to read 459-460(b) PC , MISDEMEANOR . Date of violation: 10/24/2010 .

Count 2 , 487(a) PC ,reduced to misdemeanor pursuant to Penal Code 17(b) at request of People .

Defendant advised of legal and constitutional rights.

Defendant's motion to WITHDRAW NOT GUILTY PLEA to count(s) 1,2 granted.

Court finds defendant intelligently and voluntarily waives legal and constitutional rights to jury trial, confront and examine witnesses, and to remain silent.

To the Original Complaint defendant pleads GUILTY as to count(s) 1,2 .

Defendant's written waiver of legal and constitutional rights for guilty plea received and ordered filed.

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF ORANGE  
NORTH JUSTICE CENTER  
1275 N Berkeley Avenue, Fullerton, CA 92832.

**NOTICE TO DEFENDANT**

The defendant has been advised of constitutional rights, waivers and consequences in writing pursuant to the guilty plea form. The defendant makes the plea with a full understanding of all the matters set forth in the charging document and in the guilty plea form, that defendant has read, understood and personally initialed each item herein. Defendant understands that the signing and filing of the guilty plea form is conclusive evidence that defendant has pleaded GUILTY to the charges set forth.

Court finds factual basis and accepts plea.

Counsel joins in waivers and plea .

Defendant waives statutory time for Sentencing .

No legal cause why judgment should not be pronounced and defendant having Pled Guilty to count(s) 1,2 , Imposition of sentence is suspended and defendant is placed on 3 Year(s) INFORMAL PROBATION on the following terms and conditions:

Violate no law.

Obey all laws, orders, rules, and regulations of the Court, Jail, and Probation .

Submit your person and property including any residence, premises, container, or vehicle under your control to search and seizure at any time of the day or night by any law enforcement or probation officer with or without a warrant, and with or without reasonable cause or reasonable suspicion.

Use true name and date of birth only at all times.

Disclose terms and conditions of probation when asked by any law enforcement or probation officer.

Serve 30 Day(s) Orange County Jail as to count(s) 1 .

Complete 30 Day(s) Cal Trans in lieu of 30 days jail as directed by OneOC as to count(s) 1. \$145.00 CASH/ATM

Defendant ordered to report to OneOC forthwith .

Cal Trans stayed to 01/13/2012 for proof of completion .

Proof of Cal Trans to be mailed to North Justice Center, 1275 N. Berkeley Ave, Fullerton, CA 92838 or placed in the 'Drop Box' at any Superior Court of California, County of Orange, Justice Center. Proof must be received no later than 01/13/2012 .

Provide a state DNA sample and prints for the State DNA Database pursuant to PC 296 and PC 296.1 and a local sample, prints and photograph to the Orange County District Attorney for permanent retention, analysis and search within any law enforcement database(s) for only law enforcement purposes immediately or, if in custody, within 72 hours of release.

Pay \$100.00 Restitution Fine pursuant to Penal Code 1202.4 or Penal Code 1202.4(b).

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF ORANGE  
NORTH JUSTICE CENTER  
1275 N Berkeley Avenue, Fullerton, CA 92832.

**NOTICE TO DEFENDANT**

Pay \$100.00 Probation Revocation Restitution Fine pursuant to Penal Code 1202.44. Restitution fine stayed, to become effective only upon final revocation of probation.

Pay \$40 Security Fee per convicted count pursuant to Penal Code 1465.8.

Pay Criminal Conviction Assessment Fee per convicted count of \$30.00 per misdemeanor/felony and \$35.00 per infraction pursuant to Government Code 70373(a)(1).

Pay \$8,000.00 to the Victim Witness Emergency Fund as to count(s) 1,2 .

Pay restitution in the amount as determined and directed by Victim Witness as to count(s) 1,2 . . .

restitution in the amount of 43,000.00 . . . of offenses

Defendant is required to complete a new financial disclosure form if money is still owing on a restitution order or fine 120 days before the scheduled release from probation. Defendant is required to file the form with the court at least 90 days before the scheduled release from probation.

Defendant ordered to report to Victim Witness room 485 forthwith .

~~Defendant ordered to report to the~~ North Collections Department forthwith.

~~Defendant ordered to cooperate with and pay as directed by the Collections Department~~

Pay \$150 00 booking fees to City of Fullerton .

Defendant accepts terms and conditions of probation.

Financial Evaluation set on 07/27/2011 at 08:30 AM in Collections - North .

Notice to defendant issued.

You can obtain additional case information through the court's Public Access Website at [www.occourts.org](http://www.occourts.org) .

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**STEPHANIE SUN-PO NG, RPH  
Certificate of Registration No. 11023**

**Respondent**

) **CASE NO. 13-053-RPH-O**  
)

) **NOTICE OF INTENDED ACTION**  
) **AND ACCUSATION**  
)



---

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter and this respondent because Respondent Stephanie Sun-Po Ng, Certificate of Registration No. 11023, is a pharmacist licensed by the Board.

**II.**

On or about October 7, 2013, the Board Office received a renewal application for Respondent Ng's pharmacist license. Ms. Ng disclosed on the application that she has been the subject of a board citation or an administrative action in California, and the subject of discipline for violation of pharmacy or drug laws since the last renewal period. (See Exhibit 1.)

**III.**

On July 22, 2013, the California State Board of Pharmacy (California Board) adopted a Stipulated Settlement and Disciplinary Order (Case No. 4235), which was signed on May 5, 2013 by Ms. Ng., which is attached hereto as Exhibit 2, and is incorporated herein by this reference as though it was fully set out herein.

**IV.**

In the Stipulated Settlement and Disciplinary Order, Ms. Ng. agreed that the California Board had evidence to establish a factual basis for the charges in the Accusation against her, in which the California Board charged that during the tenure of her employment with Kaiser

Outpatient Hospital Pharmacy, Ms. Ng diverted approximately three hundred sixteen (316) tablets of tadalafil (Cialis) 20 mg. and one-thousand two hundred twenty-five (1,225) sildenafil (Viagra) 100 mg. tablets. The exact number of instances of diversion and the full quantity of drugs diverted are not known.

V.

The California Board revoked Ms. Ng's pharmacist license, however, the revocation was stayed. Ms. Ng's license was placed on probation for a period of four years with terms and conditions.

**FIRST CAUSE OF ACTION**

VI.

In receiving discipline against her license in California for actions that would be grounds for discipline, suspension or revocation of her license in Nevada, respondent Ms. Ng is subject to discipline to parallel the California action pursuant to NRS 639.210(14) and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of respondent Ms. Ng.

Signed this 7<sup>th</sup> day of November, 2013.

  
Larry L. Pinson, Pharm.D., 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.



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 7<sup>th</sup> day of November, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 13-053-RPH-O</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>ANSWER AND</b>
<b>STEPHANIE SUN-PO NG, RPH</b>	)	<b>NOTICE OF DEFENSE</b>
<b>Certificate of Registration No. 11023</b>	)	
	)	
<b>Respondent</b>	/	

---

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 November, 2013.

---

Stephanie Sun-Po Ng, R.Ph.

EXHIBIT 1

---

Nevada State Board of Pharmacy – Renewal Application – Pharmacist



.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

### Nevada State Board of Pharmacy - Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

For the period of November 1, 2013 to October 31, 2015

Cashier's Check or Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)  
\$180.00 (postmarked on or before 10/31/2013) OR \$320.00 (postmarked after 10/31/2013)

LICENSE #: 11023  
STEPHANIE SUN-PO NG  
250 ANITA DR  
Pasadena, CA 91105

Please make any changes to name or address next to the old information

**RENEW BY MAIL**

1. Complete this form
2. Sign and date this form
3. Send payment with this form (do **NOT** staple)
4. Mail **original** form and payment to address above
5. **NO COPIES ACCEPTED**
6. **NO SIGNATURE STAMPS ACCEPTED**

<OR>

**RENEW ONLINE**

1. Go to <http://bop.nv.gov>
2. Click "Applications" then, "License Renewal"
3. Use **USER ID:**  
**LAMOMMUSIC@YAHOO.COM**  
**PASSWORD: \*\*\*\*\***

**New Users: once logged in, when asked for OLD password, use the above password, then change**

**Section 1:** Since your last renewal or recent licensure have you: (Please fill in completely) 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?.....

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....

**If you marked YES to any of the numbered questions (1-3) above, please include the following information & provide documentation:**

Board Administrative Action:		State	Date:	Case #:
		CA	8/21/2013	AC # 4235
Criminal Action:	State	Date:	Case #:	County
		/ /		

**Section 2:** Yes No

Are you the subject of a court order for the support of a child?.....

If you marked YES to the question above, are you in compliance with that court order?.....N/A.....

**Section 3: Please check ONE box ONLY (Fees apply to either status) (see colored insert for details)**

Active -  By checking this box you certify that you have completed ALL required CE Hours due for the 13/15 Renewal period. (Dated from Nov. 1, 11 - Oct. 31, 13; 1.25hrs per mo.). The exemption period is 2yrs after graduation only. If none owed, please check Active box.

Inactive -  By checking this box you certify that you are NOT practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to inactive status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See reverse of insert for more information.

**Section 4:**  
A licensee is not required to have a Nevada State Business license, however, if you do, please provide the #: N/A

**Section 5:** It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: Stephanie Sun-Po Ng Date: 10/1/2013

EXHIBIT 2

---

California State Board of Pharmacy

Stipulated Settlement and Disciplinary Order – Case No. 4235



**California State Board of Pharmacy**

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

July 22, 2013

**CERTIFIED MAIL**

Sun Po Ng  
1710 Main Street  
Susanville, CA 96130

RE: Administrative Case No. 4235

Dear Ms. Ng:

Attached is the Board of Pharmacy's Decision and Order regarding the above-referenced matter. Your attention is directed to pages 4-11 of the decision.

Effective August 21, 2013, Pharmacist License No. RPH 44737, issued to Sun Po Ng is revoked; however, said revocation is stayed, and your license is placed on probation for four years, from August 21, 2013 through August 20, 2017, inclusive.

You will be scheduled to appear before representatives of the Board of Pharmacy. The purpose of your appearance is to explain to you the terms and conditions of your probation and your responsibilities as a probationer. The Board will contact you regarding the date of your appearance.

Upon successful completion of the 4-year probation period, or extension thereof, your license to work as a pharmacist will be fully restored. However, upon violation or failure to comply with any of the terms and conditions of this stay, the Board of Pharmacy may, after notice and opportunity to be heard is given to you, vacate the stay and re-impose the revocation, or take other action as it deems appropriate.

If you have any questions concerning this matter, you may contact Tina Thomas, Enforcement Analyst, at (916) 574-7941.

Sincerely,

VIRGINIA K. HEROLD  
Executive Officer

By

Susan Cappello  
Enforcement Manager

Enclosure

cc: Joshua A. Room, DAG  
Deborah L. Phillips, Esq.

**BEFORE THE  
BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. 4235

**SUN PO NG  
1710 Main Street  
Susanville, CA 96130**

**Pharmacist License No. RPH 44737**

Respondent.

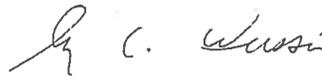
**DECISION AND ORDER**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on August 21, 2013.

It is so ORDERED on July 22, 2013.

BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA



By

\_\_\_\_\_  
STANLEY C. WEISSER  
Board President

1 KAMALA D. HARRIS  
Attorney General of California  
2 FRANK H. PACOE  
Supervising Deputy Attorney General  
3 JOSHUA A. ROOM  
Supervising Deputy Attorney General  
4 State Bar No. 214663  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 703-1299  
6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*

7  
8 **BEFORE THE**  
**BOARD OF PHARMACY**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 4235

11 **SUN PO NG**  
12 **1710 Main Street**  
13 **Susanville, CA 96130**

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

14 **Pharmacist License No. RPH 44737**

15 Respondent.

16 In the interest of a prompt and speedy settlement of this matter, consistent with the public  
17 interest and the responsibility of the Board of Pharmacy of the Department of Consumer Affairs,  
18 the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will  
19 be submitted to the Board for approval and adoption as the final disposition of the Accusation.

20 PARTIES

21 1. Virginia Herold (Complainant) is the Executive Officer of the Board of Pharmacy.  
22 She brought this action solely in her official capacity and is represented in this matter by Kamala  
23 D. Harris, Attorney General of the State of California, by Joshua A. Room, Supervising Deputy  
24 Attorney General.

25 2. Sun Po Ng (Respondent) is represented in this proceeding by attorney Deborah L.  
26 Phillips, Esq., whose address is: Nurse Attorney, 5424-10 Sunol Boulevard, Suite 254,  
27 Pleasanton, CA 94566 (telephone (925) 426-6020).

28 ///





1 DISCIPLINARY ORDER

2 IT IS HEREBY ORDERED that Pharmacist License No. RPH 44737, issued to Sun Po Ng  
3 (Respondent), is revoked. However, the revocation is stayed and Respondent is placed on  
4 probation for four (4) years on the following terms and conditions.

5 1. **Obey All Laws**

6 Respondent shall obey all state and federal laws and regulations.

7 Respondent shall report any of the following occurrences to the board, in writing, within  
8 seventy-two (72) hours of such occurrence:

- 9 • an arrest or issuance of a criminal complaint for violation of any provision of the  
10 Pharmacy Law, state and federal food and drug laws, or state and federal controlled  
11 substances laws
- 12 • a plea of guilty or nolo contendere in any state or federal criminal proceeding to any  
13 criminal complaint, information or indictment
- 14 • a conviction of any crime
- 15 • discipline, citation, or other administrative action filed by any state or federal agency  
16 which involves respondent's pharmacist license or which is related to the practice of  
17 pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging  
18 for any drug, device or controlled substance.

19 Failure to timely report such occurrence shall be considered a violation of probation.

20 2. **Report to the Board**

21 Respondent shall report to the board quarterly, on a schedule as directed by the board or its  
22 designee. The report shall be made either in person or in writing, as directed. Among other  
23 requirements, respondent shall state in each report under penalty of perjury whether there has  
24 been compliance with all the terms and conditions of probation. Failure to submit timely reports  
25 in a form as directed shall be considered a violation of probation. Any period(s) of delinquency  
26 in submission of reports as directed may be added to the total period of probation. Moreover, if  
27 the final probation report is not made as directed, probation shall be automatically extended until  
28 such time as the final report is made and accepted by the board.

1           3.     **Interview with the Board**

2           Upon receipt of reasonable prior notice, respondent shall appear in person for interviews  
3 with the board or its designee, at such intervals and locations as are determined by the board or its  
4 designee. Failure to appear for any scheduled interview without prior notification to board staff,  
5 or failure to appear for two (2) or more scheduled interviews with the board or its designee during  
6 the period of probation, shall be considered a violation of probation.

7           4.     **Cooperate with Board Staff**

8           Respondent shall cooperate with the board's inspection program and with the board's  
9 monitoring and investigation of respondent's compliance with the terms and conditions of her  
10 probation. Failure to cooperate shall be considered a violation of probation.

11          5.     **Continuing Education**

12          Respondent shall provide evidence of efforts to maintain skill and knowledge as a  
13 pharmacist as directed by the board or its designee.

14          6.     **Notice to Employers**

15          During the period of probation, respondent shall notify all present and prospective  
16 employers of the decision in case number 4235 and the terms, conditions and restrictions imposed  
17 on respondent by the decision, as follows:

18          Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of  
19 undertaking any new employment, respondent shall cause her direct supervisor, pharmacist-in-  
20 charge (including each new pharmacist-in-charge during respondent's tenure of employment) and  
21 owner to report to the board in writing acknowledging that the individual(s) has/have read the  
22 decision in case number 4235, and terms and conditions imposed thereby. It shall be  
23 respondent's responsibility to ensure that her employer(s) and/or supervisor(s) submit timely  
24 acknowledgment(s) to the board. If respondent works for or is employed by or through a  
25 pharmacy employment service, respondent must notify her direct supervisor, pharmacist-in-  
26 charge, and owner at every entity licensed by the board of the terms and conditions of the  
27 decision in case number 4235 in advance of commencing work at each licensed entity. A record  
28 of this notification must be provided to the board upon request.

1 Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen  
2 (15) days of respondent undertaking any new employment by or through a pharmacy employment  
3 service, respondent shall cause her direct supervisor with the pharmacy employment service to  
4 report to the board in writing acknowledging that she has read the decision in case number 4235  
5 and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure  
6 that her employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

7 Failure to timely notify present or prospective employer(s) or to cause employer(s) to  
8 submit timely acknowledgments to the board shall be considered a violation of probation.

9 "Employment" within the meaning of this provision shall include any full-time,  
10 part-time, temporary, relief or pharmacy management service as a pharmacist or any  
11 position for which a pharmacist license is a requirement or criterion for employment,  
12 whether the respondent is an employee, independent contractor or volunteer.

13 **7. No Supervision of Interns, Serving as Pharmacist-in-Charge (PIC), Serving as**  
14 **Designated Representative-in-Charge, or Serving as a Consultant**

15 During the period of probation, respondent shall not supervise any intern pharmacist, be the  
16 pharmacist-in-charge or designated representative-in-charge of any entity licensed by the board,  
17 nor serve as a consultant. Assumption of any such unauthorized supervision responsibilities shall  
18 be considered a violation of probation.

19 **8. Reimbursement of Board Costs**

20 As a condition precedent to successful completion of probation, respondent shall pay to the  
21 board its costs of investigation and prosecution in the amount of \$5,000,00. Respondent shall be  
22 permitted to pay these costs in a payment plan approved by the board or its designee, so long as  
23 full payment is made within forty-two (42) months of the effective date of this decision. There is  
24 to be no deviation from this schedule absent prior written approval by the board or its designee.  
25 Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

26 The filing of bankruptcy by respondent shall not relieve respondent of her responsibility to  
27 reimburse the board its costs of investigation and prosecution.

28 ///

1           **9. Probation Monitoring Costs**

2           Respondent shall pay any costs associated with probation monitoring as determined by the  
3 board each and every year of probation. Such costs shall be payable to the board on a schedule as  
4 directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall  
5 be considered a violation of probation.

6           **10. Status of License**

7           Respondent shall, at all times while on probation, maintain an active, current license with  
8 the board, including any period during which suspension or probation is tolled. Failure to  
9 maintain an active, current license shall be considered a violation of probation.

10          If respondent's license expires or is cancelled by operation of law or otherwise at any time  
11 during the period of probation, including any extensions thereof due to tolling or otherwise, upon  
12 renewal or reapplication respondent's license shall be subject to all terms and conditions of this  
13 probation not previously satisfied.

14          **11. Employment Requirement: Tolling of Probation**

15          Except during periods of suspension, Respondent shall, at all times while on probation, be  
16 employed as a pharmacist in California for a minimum of forty (40) hours per calendar month.  
17 Any month during which this minimum is not met tolls the period of probation, ~~and~~ the period of  
18 probation is extended by one month for each month in which the minimum is not met. During  
19 any such period of tolling, Respondent must comply with all terms and conditions of probation.

20          Should Respondent, regardless of residency, for any reason (including vacation) cease  
21 practicing as a pharmacist for a minimum of forty (40) hours per calendar month in California,  
22 Respondent must notify the board in writing within ten (10) days of the cessation of practice, and  
23 must further notify the board in writing within ten (10) days of the resumption of practice. Any  
24 failure to provide such notification(s) shall be considered a violation of probation.

25          It is a violation of probation for Respondent's probation to remain tolled pursuant to the  
26 provisions of this condition for a total period, counting consecutive and non-consecutive months  
27 or smaller time periods, exceeding thirty-six (36) months.

28          ///

1 "Cessation of practice" means any calendar month during which Respondent is  
2 not practicing as a pharmacist as defined by Business and Professions Code section  
3 4000 et seq. for at least forty (40) hours. "Resumption of practice" means any  
4 calendar month during which Respondent is practicing as a pharmacist as defined by  
5 Business and Professions Code section 4000 et seq. for at least forty (40) hours.

6 **12. Notification of Change in Employment, Name, Address(es), or Phone(s)**

7 Respondent shall notify the board in writing within ten (10) days of any change of  
8 employment. Said notification shall include the reasons for leaving, the address of the new  
9 employer, the name of the supervisor and owner, and the work schedule if known. Respondent  
10 shall further notify the board in writing within ten (10) days of a change in name, residence  
11 address, mailing address, or phone number.

12 Failure to timely notify the board of any change in employer(s), name(s), address(es), or  
13 phone number(s) shall be considered a violation of probation

14 **13. No Ownership of Licensed Premises**

15 Respondent shall not own, have any legal or beneficial interest in, or serve as a manager,  
16 administrator, member, officer, director, trustee, associate, or partner of any business, firm,  
17 partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell  
18 or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90)  
19 days following the effective date of this decision and shall immediately thereafter provide written  
20 proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide  
21 documentation thereof shall be considered a violation of probation.

22 **14. Supervised Practice**

23 During the period of probation, respondent shall practice only under the supervision of a  
24 licensed pharmacist not on probation with the board. Upon and after the effective date of this  
25 decision, respondent shall not practice pharmacy and her license shall be automatically suspended  
26 until a supervisor is approved by the board or its designee. The supervision shall be, as required  
27 by the board or its designee, either:

28 ///

1 Continuous – At least 75% of a work week

2 Substantial - At least 50% of a work week

3 Partial - At least 25% of a work week

4 Daily Review - Supervisor's review of probationer's daily activities within 24 hours

5 Within thirty (30) days of the effective date of this decision, respondent shall have her  
6 supervisor submit notification to the board in writing stating that the supervisor has read the  
7 decision in case number 4235 and is familiar with the required level of supervision as determined  
8 by the board or its designee. It shall be the respondent's responsibility to ensure that her  
9 employer(s), pharmacist-in-charge and/or supervisor(s) submit timely acknowledgement(s) to the  
10 board. Failure to cause the direct supervisor and the pharmacist-in-charge to submit timely  
11 acknowledgements to the board shall be considered a violation of probation.

12 If respondent changes employment, it shall be the respondent's responsibility to ensure that  
13 her employer(s), pharmacist-in-charge and/or supervisor(s) submit timely acknowledgement(s) to  
14 the board. Respondent shall have her new supervisor, within fifteen (15) days after employment  
15 commences, submit notification to the board in writing stating the direct supervisor and  
16 pharmacist-in-charge have read the decision in case number 4235 and is familiar with the level of  
17 supervision as determined by the board. Respondent shall not practice pharmacy and her license  
18 shall be automatically suspended until the board or its designee approves a new supervisor.  
19 Failure to cause the direct supervisor and the pharmacist-in-charge to submit timely  
20 acknowledgements to the board shall be considered a violation of probation.

21 During any such suspension, respondent shall not enter any pharmacy area or any portion of  
22 the licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor  
23 of drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and  
24 devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do  
25 any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or  
26 patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee  
27 of the board, or have access to or control the ordering, manufacturing or dispensing of dangerous  
28 drugs or controlled substances. Respondent shall not resume practice until notified by the board.

1 During any such suspension, respondent shall not engage in any activity that requires the  
2 professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the  
3 practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a  
4 designated representative for any entity licensed by the board.

5 Failure to comply with this suspension shall be considered a violation of probation.

#### 6 15. Ethics Course

7 Within sixty (60) calendar days of the effective date of this decision, respondent shall enroll  
8 in a course in ethics, at respondent's expense, approved in advance by the board or its designee.  
9 Failure to initiate the course during the first year of probation, and complete it within the second  
10 year of probation, is a violation of probation.

11 Respondent shall submit a certificate of completion to the board or its designee within five  
12 days after completing the course.

#### 13 16. License Surrender While on Probation/Suspension

14 Following the effective date of this decision, should respondent cease practicing due to  
15 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,  
16 respondent may tender her license to the board for surrender. The board or its designee shall have  
17 the discretion whether to grant the request for surrender or take any other action it deems  
18 appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent  
19 will no longer be subject to the terms and conditions of probation. Such surrender constitutes a  
20 record of discipline and shall become a part of respondent's license history with the board.

21 Upon acceptance of the surrender, respondent shall relinquish her pocket and wall license to  
22 the board within ten (10) days of notification by the board the surrender is accepted. Respondent  
23 may not reapply for any license from the board for three (3) years from the effective date of the  
24 surrender. Respondent shall meet all requirements applicable to the license sought as of the date  
25 the application for that license is submitted to the board, including any outstanding costs.

#### 26 17. Completion of Probation

27 Upon written notice by the board or its designee indicating successful completion of  
28 probation, respondent's license will be fully restored.

1 18. Violation of Probation

2 If respondent has not complied with any term or condition of probation, the board shall  
3 have continuing jurisdiction over respondent, and probation shall automatically be extended, until  
4 all terms and conditions have been satisfied or the board has taken other action as deemed  
5 appropriate to treat the failure to comply as a violation of probation, to terminate probation, and  
6 to impose the penalty that was stayed.

7 If respondent violates probation in any respect, the board, after giving respondent notice  
8 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that  
9 was stayed. If a petition to revoke probation or an accusation is filed against respondent during  
10 probation, the board shall have continuing jurisdiction and the period of probation shall be  
11 automatically extended until the petition to revoke probation or accusation is heard and decided.

12

13

ACCEPTANCE

14

15

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28

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
discussed it with my attorney, Deborah L. Phillips, Esq.. I understand the stipulation and the  
effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and  
Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by its  
Decision and Order of the Board of Pharmacy.

DATED:

5/24/2013

*Stephanie Sun Po Ng*

SUN PO NG  
Respondent

I have read and fully discussed with Respondent Sun Po Ng the terms and conditions and  
other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its  
form and content.

DATED:

May 25 2013

*Deborah L. Phillips*  
DEBORAH L. PHILLIPS, ESQ.  
Attorney for Respondent

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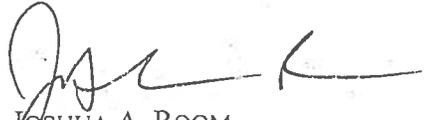
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: 6/3/2013

Respectfully submitted,

KAMALA D. HARRIS  
Attorney General of California  
FRANK H. PACOE  
Supervising Deputy Attorney General



JOSHUA A. ROOM  
Supervising Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 4235**

1 KAMALA D. HARRIS  
Attorney General of California  
2 FRANK H. PACOE  
Supervising Deputy Attorney General  
3 JOSHUA A. ROOM  
Deputy Attorney General  
4 State Bar No. 214663  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 703-1299  
6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*

7  
8 **BEFORE THE**  
**BOARD OF PHARMACY**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 4235

11 **SUN PO NG**  
12 **508 Connecticut Street**  
**San Francisco, CA 94107**

**ACCUSATION**

13 **Pharmacist License No. RPH 44737**

14 Respondent.

15  
16 Complainant alleges:

17 PARTIES

- 18 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity  
19 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.  
20 2. On or about August 20, 1991, the Board of Pharmacy issued Pharmacist License No.  
21 RPH 44737 to Sun Po Ng (Respondent). The License was in full force and effect at all times  
22 relevant to the charges brought herein and will expire on January 31, 2013, unless renewed.

23  
24 JURISDICTION

- 25 3. This Accusation is brought before the Board of Pharmacy (Board), Department of  
26 Consumer Affairs, under the authority of the following laws. All section references are to the  
27 Business and Professions Code (Code) unless otherwise indicated.

28 ///





1 a. In or about June 2010, the pharmacy where Respondent worked was notified by  
2 a fraud detection unit within Kaiser that unusual purchasing and dispensing variances had been  
3 detected with **Cialis/tadalafil 20mg** tablets. At the direction of this unit, supervisory staff in the  
4 pharmacy began conducting daily counts of **Cialis/tadalafil 20 mg** tablets.

5 b. In or about September 2010, additional auditing revealed that in addition to the  
6 **Cialis/tadalafil** variances, the pharmacy was also exhibiting unusual purchasing and dispensing  
7 variances in its stock of **Viagra/sildenafil 100mg** tablets. In or about November 2010, pharmacy  
8 supervisory staff began counting **Cialis/tadalafil 20 mg** tablets, **Viagra/sildenafil 50mg** tablets,  
9 and **Viagra/sildenafil 100mg** tablets two to three times a day. This continued into in or about  
10 February 2011, during which time period the variances of these drugs persisted.

11 c. Thereafter, upgraded video surveillance cameras were covertly installed in two  
12 additional locations. On or about April 23, 2011 and/or April 30, 2011, surveillance footage from  
13 these cameras showed Respondent diverting **Cialis/tadalafil** and/or **Viagra/sildenafil** products.

14 d. On or about May 14, 2011, Respondent was called to an investigatory interview  
15 with a Kaiser investigator. Prior to the start of the interview, Respondent was permitted to view  
16 the surveillance footage from April 23, 2011 and/or April 30, 2011 with a union representative.  
17 Prior to the start of the interview, Respondent resigned her position of employment with Kaiser.  
18 During the interview, the surveillance footage was again reviewed with Respondent.

19 e. On or about June 2, 2011, in accordance with Business and Professions Code  
20 section 4104, subdivision (c), the pharmacist in charge for the pharmacy sent a letter to the Board  
21 reporting theft by Respondent of **Cialis/tadalafil 20mg** tablets and **Viagra/sildenafil 100mg**  
22 tablets. That letter reported a total variance/loss between on or about April 25, 2010 and on or  
23 about May 14, 2011 of three hundred sixteen (316) tablets of **Cialis/tadalafil 20mg**, and one  
24 thousand two hundred twenty five (1,225) tablets of **Viagra/sildenafil 100mg**.

25 e. On or about September 14, 2011, Respondent participated in an interview with  
26 Board Inspector(s). When the Board Inspector(s) showed the Kaiser surveillance footage to  
27 Respondent, she gave no explanation for the footage showing her pocketing a drug container.  
28 She instead commented that character and job performance should be considered.

1 FIRST CAUSE FOR DISCIPLINE

2 (Acts Involving Moral Turpitude, Dishonesty, Fraud, Deceit or Corruption)

3 15. Respondent is subject to discipline under section 4301(f) of the Code, in that  
4 Respondent, as described in paragraphs 13 and 14 above, committed acts involving moral  
5 turpitude, dishonesty, fraud, deceit, or corruption.

6 SECOND CAUSE FOR DISCIPLINE

7 (Furnishing of Dangerous Drug(s))

8  
9 16. Respondent is subject to discipline under section 4301(j) and/or (o) and/or section  
10 4059 of the Code, in that Respondent, as described in paragraphs 13 and 14 above, furnished to  
11 herself or another without a valid prescription, and/or conspired to furnish, and/or assisted or  
12 abetted furnishing of, one or more dangerous drug(s).

13 THIRD CAUSE FOR DISCIPLINE

14 (Unprofessional Conduct)

15  
16 17. Respondent is subject to discipline under section 4301 of the Code in that  
17 Respondent, as described in paragraphs 13 to 16 above, engaged in unprofessional conduct.

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22 PRAYER

23 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
24 and that following the hearing, the Board of Pharmacy issue a decision:

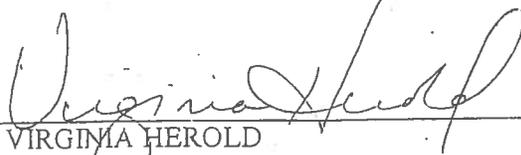
- 25 1. Revoking or suspending Pharmacist License No. RPH 44737, issued to Sun Po Ng  
26 (Respondent);  
27 2. Ordering Respondent to pay the Board the reasonable costs of the investigation and  
28 enforcement of this case, pursuant to Business and Professions Code section 125.3;

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3. Taking such other and further action as is deemed necessary and proper.

DATED:

11/8/12



VIRGINIA HEROLD  
Executive Officer  
Board of Pharmacy  
Department of Consumer Affairs  
State of California  
*Complainant*

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2012 FEB -2 11:58

STATE OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Sun Po Ng, RPH 44737

CASE NO. 4235

I am over 18 years of age, and not a party to the within cause; my business address is 1625 N. Market Blvd, Suite N 219, Sacramento, California 95834. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed as follows:

<u>NAME</u>	<u>CERTIFIED NO.</u>
Sun Po Ng 1710 Main Street Susanville, CA 96130	7012 1010 0001 2548 0365
Deborah L. Phillips, Esq., Nurse Attorney 5424-10 Sunol Blvd, Suite 254 Pleasanton, CA 94566	7012 1010 0001 2548 0372

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on July 22, 2013, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on July 22, 2013, at Sacramento, California.

  
\_\_\_\_\_  
Susan Cappello

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

VALARIE P. CUNNINGHAM, PT  
Certificate of Registration No. PT09944,

Respondent.

) CASE NO. 13-064-PT-S  
)  
) NOTICE OF INTENDED ACTION  
) AND ACCUSATION  
)



Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter because respondent Valarie Cunningham, PT, Certificate of Registration No. PT09944, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about September 24, 2013, Board Staff received written notification from Debbie Mack, Walmart Pharmacy’s Senior Corporate Compliance Director, that Ms. Cunningham was terminated from her employment as a pharmaceutical technician at Walmart Pharmacy #10-1584 (Walmart), located at 3615 South Rainbow Boulevard, Las Vegas, Nevada. Walmart terminated Ms. Cunningham for embezzlement.

III.

During an interview conducted by Walmart’s Asset Protection Manager, and in a written statement, Ms. Cunningham admitted to processing fraudulent refunds through the cash register since 2011 and collecting the money for herself. Ms. Cunningham admitted to embezzling approximately \$15,000 over the course of two years. Walmart notified local law enforcement. Ms. Cunningham was taken into custody and cited with embezzlement.

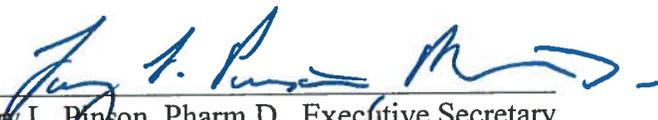
**FIRST CAUSE OF ACTION**

IV.

In embezzling money from Walmart Pharmacy #10-1584, respondent Valarie P. Cunningham violated NAC 639.945(1)(h), which is grounds for discipline pursuant to NRS 639.210(1) and/or (4), as well as NRS 639.255.

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

Signed this 2<sup>nd</sup> day of December, 2013.

  
Larry L. Pinson, Pharm.D., 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**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 13-064-PT-S</b>
	)	
<b>Petitioner,</b>	)	
v.	)	
	)	<b>STATEMENT TO THE RESPONDENT</b>
<b>VALARIE P. CUNNINGHAM, PT</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. PT09944</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	)	
	/	

---

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) 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 Board 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 Board 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, January 22, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 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 2<sup>nd</sup> day of December, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 13-064-PT-S</b>
	)	
<b>Petitioner,</b>	)	
	)	
<b>v.</b>	)	
	)	
<b>VALARIE P. CUNNINGHAM, PT</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. PT09944</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent.</b>	)	
	/	

---

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 \_\_\_\_\_, 2013.

---

VALARIE P. CUNNINGHAM, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALTER MONGE, PTT  
Certificate of Registration No. PT15174

Respondent.

) CASE NO. 13-063-PTT-S  
)  
) NOTICE OF INTENDED ACTION  
) AND ACCUSATION  
)  
)



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Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter because respondent Walter Monge, PTT, Certificate of Registration No. PT15174, was a registered pharmaceutical technician in training with the Board at the time of the events alleged herein.

II.

On or about October 29, 2013, Board Staff received notification from Mark Brunton, Kaplan College Pharmacy Technician Program Director, notifying the Board that during a random drug screen on October 21, 2013, Respondent Monge tested positive for marijuana. Mr. Brunton provided Board Staff a copy of Respondent Monge's positive test result.

**FIRST CAUSE OF ACTION**

III.

By using marijuana and testing positive for marijuana use during a random drug screen, respondent Walter Monge violated Federal and state law regarding a controlled substance and is subject to discipline by the Board pursuant to NRS 639.210(1), (4) and/or (11), as well as NRS 639.255.

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

Signed this 2<sup>nd</sup> day of December, 2013.

  
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**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 13-063-PTT-S</b>
	)	
<b>Petitioner,</b>	)	<b>STATEMENT TO THE RESPONDENT</b>
<b>v.</b>	)	<b>NOTICE OF INTENDED ACTION</b>
	)	<b>AND ACCUSATION</b>
<b>WALTER MONGE, PTT</b>	)	<b>RIGHT TO HEARING</b>
<b>Certificate of Registration No. PT15174</b>	)	
	)	
	)	
<b>Respondent.</b>	)	
	/	

---

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, January 22, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 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 2<sup>nd</sup> day of December, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 13-063-PTT-S</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>WALTER MONGE, PTT</b>	)	
<b>Certificate of Registration No. PT15174</b>	)	
	)	
	)	
<b>Respondent.</b>	)	
	/	

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

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

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 \_\_\_\_\_, 2013.

\_\_\_\_\_  
WALTER MONGE, PTT

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**JAMIE E. MUNFORD, PT**  
**Certificate of Registration No. PT14115**

**Respondent.**

) **CASE NO. 13-062-PT-S**

) **NOTICE OF INTENDED ACTION**  
) **AND ACCUSATION**



---

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter because Respondent Jamie E. Munford, PT, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

**II.**

On or about November 11, 2013, Board Staff received written notification from Jody Lewis, CVS Caremark (CVS) District Pharmacy Supervisor, indicating that CVS had terminated Ms. Munford from her employment as a pharmaceutical technician at CVS Pharmacy #2928, located at 1825 East Warm Springs Road, Las Vegas, Nevada. CVS terminated Ms. Munford for diversion of controlled substances.

**III.**

On October 27, 2013, Ms. Munford exhibited impaired behavior while at work at CVS Pharmacy #2928. The CVS Minute Clinic practitioner evaluated Ms. Munford and referred her to the emergency room. Controlled substances (Xanax and Soma) were discovered in Ms. Munford's socks at the emergency room. Ms. Munford did not have a valid prescription for the controlled substances.

IV.

During an interview conducted by Jason Beck, CVS Regional Loss Prevention Manager, on October 30, 2013, and in her written statement, Ms. Munford admitted that she diverted two Xanax 2 mg. tablets on October 27, 2013. She consumed the Xanax in the CVS break room the same day. Ms. Munford claimed that the Soma and Xanax found in her socks at the emergency room belonged to her sister. She indicated that she did not want the drugs to be discovered during a "bag check" when she got off of work. Ms. Munford did not want anyone to assume that she stole the drugs, so she placed them in her socks.

V.

On November 25, 2013, Mr. Beck notified the Board Office that during an interview by Las Vegas Metro Officer Groberski, Ms. Munford admitted to the theft of approximately five hundred (500) alprazolam 2 mg. tablets. Ms. Munford was subsequently arrested and cited for embezzlement.

**FIRST CAUSE OF ACTION**

VI.

In diverting controlled substances, Jamie Munford violated Nevada Revised Statute (NRS) 453.331(1)(d), NRS 453.336(1), NRS 639.283, and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action against Ms. Munford's registration pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

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 18<sup>th</sup> day of December, 2013.

  
Larry L. Pinson, Pharm.D., 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**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 13-062-PT-S</b>
	)	
<b>Petitioner,</b>	)	
	)	
<b>v.</b>	)	
	)	<b>STATEMENT TO THE RESPONDENT</b>
<b>JAMIE MUNFORD, PT</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. PT14115</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	)	
	/	

---

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) 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 Board 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 Board 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, January 22, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 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 18<sup>th</sup> day of December, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 13-062-PT-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>JAMIE MUNFORD, PT</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. PT14115</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent.</b>	)	
	/	

---

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 \_\_\_\_\_, 2013.

---

Jamie Munford, PT

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MARYANNE PHILLIPS, MD  
Certificate of Registration No. CS19260

Respondent.

CASE NO. 13-061-CS-S

NOTICE OF INTENDED ACTION  
AND ACCUSATION



Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter and this respondent because respondent Maryanne Phillips has a Controlled Substance Registration, No. CS19260, issued by the Board.

II.

**Procedural Background in California Case Revoking Dr. Phillips' Medical License**

Effective August 26, 2013, the Medical Board of California, Department of Consumer Affairs, (CA Board) revoked respondent Maryanne Phillips' California Physician's and Surgeon's Certificate No. A-63753 (CA Certificate), in California Case No. 19-2010-211768 (OAH No. 2012060101), thereby revoking Dr. Phillips' privilege to practice medicine in the state of California.

III.

The CA Board revoked Dr. Phillips' CA Certificate after adopting the Proposed Decision of Administrative Law Judge Roy W. Hewitt (the ALJ), of the California Office of Administrative Hearings. See **Proposed Decision**, dated June 26, 2013, attached as **Exhibit A**

and incorporated herein by reference. The ALJ entered his Proposed Decision on June 26, 2013, after conducting an evidentiary hearing on the matter earlier that month. *Id.*

IV.

The CA Board “accepted and adopted” the ALJ’s Proposed Decision as its Decision and Order on July 17, 2013. *See Decision*, attached as **Exhibit B** and incorporated herein by reference. The CA Board made its Decision effective “at 5:00 p.m. on August 16, 2013.”<sup>1</sup>

V.

On August 15, 2013, the CA Board entered an Order Granting Stay, which stayed the revocation of Dr. Phillips’ license until August 26, 2013. *See Order Granting Stay*, attached as **Exhibit D**. The CA Board stayed its Decision to allow time for it to review and consider a petition for reconsideration filed by Dr. Phillips. **Exhibit E**. The CA Board denied Dr. Phillips’ Petition for Reconsideration on August 23, 2013. *Id.* Dr. Phillips’ CA license to practice medicine in California was therefore revoked no later than August 26, 2013.

VI.

**Summary of Findings and Conclusions in 2013 California Case**

Following the June 2013 hearing in Case No. 19-2010-211768, The ALJ found, in relevant part, that:

1. Prior to having her CA Certificate revoked in August 2013, Dr. Phillips had been disciplined, including substantial periods of probation, by the CA Board, the Nevada State Board of Medical Examiners, the Nevada State Board of Pharmacy and the New Mexico Medical Board. *See Ex. A*, pp. 2-8. Those disciplinary actions occurred between August 2006, and entry of the ALJ’s June 2013 Proposed Decision. *Id.*

---

<sup>1</sup> On July 30, 2013, the CA Board entered an *Order Correcting Decision* in this matter correcting the ALJ’s *Proposed Decision* (Ex. A) to reflect Dr. Phillips’ correct Physician’s and Surgeon’s Certificate Number: A-63753, rather than A-89141. *See Order Correcting Decision*, attached as **Exhibit C**, and incorporated herein by reference.

### ***Initial 2009 California Discipline***

2. In a 2009 case, the CA Board revoked Dr. Phillips' Certificate in April 2009, then stayed the revocation and placed Dr. Phillips on probation for three years with certain terms and conditions. Ex. A, p.2, ¶5.

### ***2009 Nevada Board of Medical Examiners Discipline***

3. In May 2009, Dr. Phillips renewed her license to practice medicine with the Nevada State Board of Medical Examiners (BME). *Id.*, p.3, ¶6. In response to Question 9 on the BME's renewal application, which asked "[h]ave you had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?", [Dr. Phillips] falsely answered . . . in the negative." *Id.*

4. Based on that false representation, the BME brought an accusation against Dr. Phillips. *Id.*, p.3, ¶7. Dr. Phillips and the BME settled that matter by agreeing that Dr. Phillips would receive a public reprimand, her Nevada medical license would be revoked. *Id.*, p.3, ¶¶6-8. The BME stayed the revocation and placed Dr. Phillips on probation until April 6, 2012. *Id.*

### ***2010 Nevada Board of Pharmacy Discipline***

5. In December 2010, the Nevada State Board of Pharmacy filed an accusation against Dr. Phillips alleging, in part, that Dr. Phillips had provided false information on her November 17, 2010 renewal application. Ex. A, p.3, ¶9. Dr. Phillips admitted in a February 2011 Stipulation and Order with this Board to "provid[ing] false information on her renewal application by failing to disclose the administrative actions taken against her and the administrative action that was still pending against her." *Id.*, p.3, ¶10.

6. As a result of Dr. Phillips' admissions, the Nevada Board of Pharmacy cancelled Dr. Phillips' Nevada Controlled Substance Registration and DEA Registration, effective March 1, 2011. *Id.* The Board allowed Dr. Phillips to apply for a new controlled substance registration reflecting her disciplinary actions. *Id.* The Board revoked that new registration, then stayed the revocation and placed Dr. Phillips on probation until February 2013. *Id.*

### ***2011 New Mexico Medical Board Discipline***

7. Based on the April 2009 California discipline, the New Mexico Medical Board (New Mexico Board) entered into an “agreed order” with Dr. Phillips, in which Dr. Phillips agreed to have her New Mexico medical license placed on probation until she completed the terms and conditions ordered by the CA Board and her California license had been fully restored. Ex. A, p.4, ¶11. One of the terms of that “Agreed Order” with the New Mexico Board was that Dr. Phillips would “provide quarterly affidavits to the [New Mexico] Board attesting to her compliance with the terms set forth in [the] Agreed Order.” *Id.*

8. In August 2011, the New Mexico Board filed an accusation against Dr. Phillips, and ultimately disciplined her for failing to provide the agreed upon quarterly affidavits, and for failing to inform the New Mexico Board that she was publicly reprimanded and placed on probation by the Nevada BME. *Id.*, p.4, ¶12. After Dr. Phillips failed to respond to that accusation, the New Mexico Board issued a Default Decision and Order revoking Dr. Phillips’ license to practice medicine in New Mexico. *Id.*, p.5, ¶13.

### ***2011 Nevada Board of Medical Examiner’s Discipline***

9. In January 2011, the BME filed another complaint against Dr. Phillips charging her with:

“One count of engaging in conduct intended to deceive . . . One count of violating a regulation adopted by the [Nevada] State Board of Pharmacy . . . One count of prescribing a controlled substance except as authorized by law . . . and one count of failure to maintain timely, legible, accurate and complete medical records related to the diagnosis, treatment and care of [a patient]. . . . (Exh.29).”

*See Id.*, p.5, ¶13 (*quoting* January 28, 2011 BME Complaint).

10. Dr. Phillips settled that matter with the BME in April 2012. Pursuant to the parties’ “Settlement, Waiver and Consent Agreement”, Dr. Phillips agreed to accept a public letter of reprimand, her Nevada medical license was revoked, the revocation was stayed, and Dr.

Phillips was placed on probation for thirty-six (36) months. Ex. A, p.5, ¶¶15-16.

***2013 California Medical Board Discipline and Revocation of Dr. Phillips' License***

11. In the ALJ's June 2013 Proposed Decision, the ALJ found that Dr. Phillips had failed to comply with the terms of her California probation. *Id.*, pp.6-7, ¶¶17-21.

12. One of the terms of Dr. Phillips' California probation was that she would file quarterly declarations with the California Board declaring, under penalty of perjury, that she had answered the questions in the Quarterly Declaration Form truthfully. *Id.* The ALJ found that Dr. Phillips had not answered the questions in the Quarterly Declaration Form truthfully. *Id.*, p.7, ¶¶20-21. The ALJ found that Dr. Phillips failed to disclose (a) her February 2011 discipline and placement on probation by the Nevada Board of Pharmacy, and (b) her April 2012 discipline by the Nevada BME, including her public letter of reprimand and probation. *Id.*, p.6, ¶¶17-21.

13. The ALJ found that Dr. Phillips falsely represented those disciplines to the CA Board as "reciprocal" discipline, when they were truthfully each supported by independent grounds for discipline. *Id.*, p.7, ¶20-21.

14. The ALJ found that Dr. Phillips filed false Quarterly Declarations with the CA Board again in July 2011, by again failing to disclose and misrepresenting her discipline in Nevada. *Id.*

15. The ALJ described Dr. Phillips' testimony at the June 3, 2013 hearing regarding those false Quarterly Declarations as "merely serv[ing] to highlight the fact that [Dr. Phillips] plays fast and loose with the truth." Ex. A, p.7, ¶23.

16. The ALJ found that Dr. Phillips "engages in half-truths and slight of tongue to obfuscate the truth. In other words, [Dr. Phillips], by her own statements during the hearing . . . proved to be a consummate liar. *Id.*

17. The ALJ further stated

Based on [Dr. Phillips'] equivocations and misrepresentations to the court in the present action, and her seeming inability to distinguish truth from fiction, [her] testimony was completely discounted.

*Id.* at ¶25.

VII.

Based on the findings of fact in the Proposed Decision, The ALJ concluded that legal and factual grounds existed under California law for further discipline of Dr. Phillips. *Id.*, pp.8-9. Based on his conclusion that numerous violations of California law had occurred, The ALJ recommended to the CA Board the "outright revocation of [Dr. Phillips'] certificate to practice medicine in the state of California." *Id.*, p.9.

VIII.

The CA Board adopted the ALJ's recommendation and revoked Dr. Phillips' license on or about August 26, 2013. *See* Ex. B.

**CAUSE OF ACTION**

IX.

In receiving discipline against her license in California for actions that would be grounds for discipline, suspension or revocation of her license in Nevada, respondent Maryanne Phillips is subject, pursuant to NRS 639.210(14) and/or NRS 639.255, to discipline in Nevada to parallel the California action.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of respondent Maryanne Phillips.

Signed this 18<sup>th</sup> day of December, 2013.

  
Larry L. Pinson, Pharm.D., 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  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation and Petition to  
Revoke Probation Against:

MARYANNE PHILLIPS, M.D.

Physician's and Surgeon's  
Certificate No. A 63753,

Respondent.

Case No. 19-2010-211768

OAH No. 2012060101

**PROPOSED DECISION**

This matter came on regularly for hearing before Roy W. Hewitt, Administrative Law Judge (ALJ), Office of Administrative Hearings, in San Diego, California on June 3, 2013.

Deputy Attorney General Samuel K. Hammond represented complainant.

Maryanne Phillips, M.D. (respondent) represented herself.

**MOTION TO CONTINUE TO OBTAIN COUNSEL**

In her Notice of Defense respondent indicated she was represented in this action by Jess R. Marchese, Esq., a Nevada attorney. On the first day of hearing respondent notified the ALJ that she was being represented by Eric Chase, Esq., a California attorney, and that Mr. Chase had been hospitalized on Thursday, May 30, 2013, with the flu and was still ill and could not, therefore, represent her unless the matter was continued to a time when her attorney regained his health. The ALJ directed respondent to contact Mr. Chase's office to determine his current status and to further obtain an estimate as to when he would be available to represent respondent. The ALJ recessed the hearing so that respondent could make telephonic contact with Mr. Chase's office. After reconvening, respondent informed the ALJ that she could not get in contact with Mr. Chase; however, one of the witnesses, respondent's probation monitor, who was present to testify during the hearing, informed the ALJ that she was successful in contacting Mr. Chase during the recess and that Mr. Chase indicated to her that he was not sick and that he was not retained to represent respondent in the instant proceedings. Respondent's

probation monitor provided the ALJ with Mr. Chase's telephone number and the ALJ, in the presence of the parties, called Mr. Chase. Mr. Chase stated that he had never been retained to represent respondent during the instant hearing. Mr. Chase further stated that although he had been sick the week before the hearing, he was not currently ill. After the telephone conversation with Mr. Chase respondent attempted to clarify her position by telling the ALJ that she believed her Nevada attorney had hired Mr. Chase to represent her in these proceedings. Respondent's attempt to explain herself was unpersuasive. The ALJ concluded that respondent attempted to mislead the court by telling half-truths and the continuance motion was denied.

Oral and documentary evidence was received and the matter was submitted on June 3, 2013.

### FACTUAL FINDINGS

1. The Accusation and Petition to Revoke Probation against respondent was filed by Linda K. Whitney (complainant), while acting in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs, State of California (the Board).

2. On October 24, 1997, the Board issued respondent Physician's and Surgeon's Certificate No. A 63753.

#### *Prior California Discipline*

3. On August 21, 2006, David T. Thornton, then Executive Director of the Board, filed an accusation against respondent in Case number 09-2004-161866. The accusation alleged that respondent committed acts of gross negligence, repeated negligent acts, incompetence, violations of drug statutes, excessive prescribing, prescribing to an addict, prescribing without a good faith examination and in the absence of medical indication, and failed to maintain accurate records during her care and treatment of two patients.

4. On December 2, 2008, respondent signed a Stipulated Settlement and Disciplinary Order in Case number 09-2004-161866. In the Stipulated Settlement respondent admitted that complainant "could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 09-2004-1618666, and that she has thereby subjected her Physician's and Surgeon's Certificate No. A 63753 to disciplinary action." (Exh. 8)

5. Effective April 6, 2009, respondent's certificate was revoked, the revocation was stayed and respondent was placed on probation for three years on certain terms and conditions, including: obey all laws and rules; submission of quarterly reports; and, comply with the Board's probation unit.

*2009 Nevada State Board of Medical Examiners' Complaint Against Respondent and the Resulting Discipline*

6. After the April 6, 2009, discipline in California respondent moved to Nevada where she had been licensed since December 21, 1995. On May 8, 2009, respondent renewed her license with the Nevada State Board of Medical Examiners (Nevada Board). Question number 9 on the renewal application asked “[h]ave you had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?” Respondent falsely answered Question 9 in the negative.

7. On December 23, 2009, the Nevada Board filed a complaint against respondent alleging that respondent was subject to discipline because she obtained her renewed license to practice medicine by “misrepresentation or by [a] false, misleading, inaccurate or incomplete statement. . . .” (Exh. 14)

8. In January 2011, respondent entered into a settlement agreement with the Nevada Board. Pursuant to that agreement respondent received a public reprimand, her license was revoked, the revocation was stayed and respondent was placed on probation until April 6, 2012.

*2010 Nevada State Board of Pharmacy Accusation Against Respondent and the Resulting Discipline*

9. On December 8, 2010, the Nevada State Board of Pharmacy filed an accusation against respondent based, in part, on an allegation that respondent’s November 17, 2010, application for renewal of her controlled substance registration contained false information. In pertinent part, the accusation alleged the following:

On the renewal notice there are three questions that Respondent had to answer:

Since your last renewal or recent licensure have you:

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?
2. Been the subject of an administrative action whether completed or pending in any state?
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?

To the first question Respondent Phillips answered, ‘no.’  
To the second question Respondent Phillips answered ‘yes’ and

'no' and then wrote, 'Not since last renewal.' To the third question Respondent Phillips answered 'no.' In the administrative action section of the renewal application Respondent Phillips wrote, 'CA' and in the criminal action section she wrote 'none.'"

¶ . . . ¶

On April 6, 2009, Respondent Phillips entered into a Stipulated Settlement and Disciplinary Order, File No. 09-2004-161866, with the Medical Board of California. On December 21, 2009, Respondent Phillips entered into an Agreed Order with the New Mexico Medical Board. On December 23, 2009, the Nevada Board of Medical Examiners filed a formal complaint against Respondent Phillips that is still pending. None of these administrative actions were disclosed by Respondent Phillips as is required by the renewal application. (Exh. 18)

10. In a February 2, 2011, Stipulation and Order by the Nevada State Board of Pharmacy respondent admitted that she provided false information on her renewal application by failing to disclose the administrative actions taken against her and the administrative action that was still pending against her. As a result of the stipulated settlement respondent's Controlled Substance Registration and DEA Registration were cancelled, effective March 1, 2011; however, respondent was allowed to apply for a new controlled substance registration reflecting her disciplinary actions. That registration was revoked, the revocation was stayed and respondent was placed on probation until February 2, 2013 (Exh. 18)

#### *New Mexico Medical Board Actions Against Respondent*

11. Based on the April 6, 2009, California discipline, the New Mexico Board issued an "Agreed Order." The Order, which respondent signed on November 18, 2009, placed respondent on probation in New Mexico "until she has successfully completed the terms and conditions set forth in the California Medical Board Order and her license has been fully restored in that state." (Exh. 21) One of the conditions of the New Mexico probation order was that respondent "will provide quarterly affidavits to the Board attesting to her compliance with the terms set forth in this Agreed Order."

12. On August 26, 2011, the New Mexico Board filed a Notice of Contemplated Action (an Accusation) against respondent. On September 2, 2011, the New Mexico Board amended the Accusation. The Amended Accusation alleged the following:

A. In December 2009 the Board approved an Agreed Order with Respondent which provided, in part, that Respondent

would provide quarterly affidavits to the Board attesting to her compliance with the terms set forth in the Agreed Order. To date, Respondent has submitted none of the affidavits required by the Agreed Order. . .

B. In January 2011, Respondent entered into a Settlement Agreement with the Nevada Board of Medical Examiners pursuant to which she was, among other things, to receive a public reprimand and be placed on probation. . . . Respondent failed to inform the Board of the action by the Nevada Board. (Exh. 22)

13. Respondent failed to provide a defense to the allegations of the Accusation so, on November 10, 2011, the New Mexico Board issued a Default Decision and Order revoking respondent's New Mexico license to practice medicine. (Exh. 22)

*2011 Nevada Board, Investigative Committee's, Complaint Against Respondent and the Resulting Discipline*

14. On January 28, 2011, the Investigative Committee filed a Complaint against respondent charging her with engaging in conduct that is grounds for discipline pursuant to the Nevada Medical Practice Act. The Complaint charged respondent as follows:

One count of engaging in conduct intended to deceive . . . . One count of violating a regulation adopted by the State Board of Pharmacy . . . . One count of prescribing a controlled substance except as authorized by law. . . and one count of failure to maintain timely, legible, accurate and completed medical records related to the diagnosis, treatment and care of [a patient]. . . . (Exh. 29)

15. On April 17, 2012, respondent signed a "Settlement, Waiver and Consent Agreement" in the Nevada matter.

16. As a result of the Settlement/Consent Agreement respondent's license was revoked, the revocation was stayed, respondent was issued a public letter of reprimand and was placed on thirty-six (36) months of probation. The Public Letter of Reprimand summarized the disciplinary action as follows:

In Accordance with its acceptance of the Agreement, the Board has entered an Order finding that you engaged in conduct intended to deceive . . . and that you failed to maintain timely, legible, accurate and complete medical records related to the diagnosis, treatment and care of a patient. . . . The Order calls

for your license to be revoked and that the revocation be stayed and that you be placed on thirty-six (36) months probation . . . (Exh. 29)

*Respondent's Lack of Compliance With the Terms and Conditions of Her California Probation*

17. Probation condition number 8 of the Board's Decision and Order in Case No. 09-2004-161866 required that "Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation. . . ." (Exh. 8).

18. The Quarterly Declarations signed and submitted by respondent contained the following oath:

I hereby submit this Quarterly Declaration as required by the Medical Board of California and its Order of probation thereof and declare under penalty of perjury under the laws of the State of California that I have read the foregoing declaration and any attachments in their entirety and know their contents and that all statements made are true in every respect and I understand and acknowledge that any misstatements, misrepresentations, or omissions of material fact may be cause for further disciplinary actions. (Exh. 5)

19. Question number 10 the Quarterly Reports submitted by respondent asks: "Have you been denied, had a license or certificate to practice a business or profession suspended, revoked, or surrendered or otherwise disciplined by any other federal , state, government agency or other country?" Question number 10 is followed by two boxes; one box labeled "yes\*" with an asterisk, and one box labeled "no." In bold print beneath the questions section of the application is the following explanation of the asterisk attached to the number 10 question's "yes" answer: "**\*IF YOU ANSWERED YES, to the above question numbers 1 through 10 . . . , you must explain in detail, on an attached sheet of paper.**" (Exh. 5, emphasis in original) Therefore, if respondent checked the "yes" box she was required to provide a detailed explanation.

20. On March 30, 2011, respondent failed to check either the "yes" or "no" boxes in response to Question 10. Following Question 10, respondent wrote "reciprocal probation- New Mexico and Nevada." The information provided by respondent was false, misleading, and was not "true in every respect." Respondent failed to check the "yes" box and disclose the following disciplines: on February 2, 2011, the Nevada State Board of Pharmacy disciplined her DEA Registration and Nevada Controlled Substance Registration by placing her Nevada Controlled Substances Registration on probation for two years; and the Nevada Board imposed disciplinary action on her Nevada medical license by publicly reprimanding

her and placing her Nevada Medical License on probation. Furthermore, respondent failed to “explain in detail” that the Nevada Pharmacy and Medical Boards imposed the discipline(s) based on the fact that respondent provided false information in her renewal applications. (Exh.5, AGO 0082) They were not “reciprocal” disciplines, she was disciplined in those states for her acts of dishonesty when completing those states’ renewal applications. This conduct violated condition 8 of respondent’s California probation.

21. On July 10, 2011, respondent again failed to check either the “yes” or “no” boxes in response to question 10. Near the “yes” and “no” boxes respondent wrote: “recently renewed Nevada Lic” (Exh. 5, AGO 0085) Again, respondent failed to disclose her Nevada disciplines and failed to provide a “detailed explanation” of the Nevada disciplines. Again, respondent violated condition 8 of her California probation.

*Respondent’s Testimony Concerning Her Failure to Comply With Condition Number 8 of Her California Probation*

22. In essence, respondent testified that although she did not check the “yes” or “no” box on her March 30, 2011 and July 10, 2011, California quarterly reports she did write information on the quarterly reports that should have alerted her probation monitor to the Nevada and New Mexico disciplinary actions. As previously noted, on the March 30, 2011, quarterly report respondent noted “reciprocal probation-New Mexico and Nevada,” however, this statement was not accurate. Respondent’s disciplinary actions in Nevada and New Mexico were not “reciprocal probations” based on respondent’s California discipline. Rather, the Nevada and New Mexico actions were based on false information respondent provided on her applications and her failure to disclose the Nevada actions to the New Mexico Board. On respondent’s July 10, 2011, quarterly report, respondent wrote “recently renewed Nevada Lic.” However, respondent conveniently left out the fact that as a result of a Settlement/Consent Agreement respondent’s license was revoked, the revocation was stayed, respondent was issued a public letter of reprimand and was placed on thirty-six (36) months of probation.

23. Respondent’s testimony merely served to highlight the fact that she plays fast and loose with the truth. Respondent engages in half-truths and slight of tongue to obfuscate the truth. In other words, respondent, by her own statements during the hearing, both during the motion phase of the hearing and during the substantive phase of the hearing, proved to be a consummate liar.

*Respondent’s Testimony Concerning the Nevada and New Mexico Disciplinary Actions*

24. During her testimony respondent attempted to explain how she was railroaded in the Nevada and New Mexico disciplinary proceedings. According to respondent she was represented by several attorneys during the course of the Nevada and New Mexico proceedings and the attorneys were inept. For example, one of the attorneys did not hire a hand-writing expert to examine the prescriptions/scripts that formed the basis of some of the

improper prescribing allegations respondent faced. It was explained to respondent during the hearing that she was bound by the findings and the discipline imposed by Nevada and New Mexico and could not collaterally attack those determinations in this action. (See *Arneson v. Fox* (1980) 28 Cal.3d 440, 449.)

25. Based on respondent's equivocations and misrepresentations to the court in the present action, and her seeming inability to distinguish truth from fiction, respondent's testimony was completely discounted.

## LEGAL CONCLUSIONS

1. California Business and Professions Code section 2303 provides:

The revocation, suspension, or other discipline, restriction, or limitation imposed by another state upon a license or certificate to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California of a licensee under this chapter, shall constitute grounds for disciplinary action for unprofessional conduct against the licensee of this state.

2. California Business and Professions Code section 2261 provides that the following constitutes unprofessional conduct in California: "Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts."

3. Causes for discipline exist pursuant to California Business and Professions Code sections 2305 and 2261 for each individual instance which formed the bases for respondent's Nevada Medical Board, Nevada Pharmacy Board and New Mexico Medical Board disciplines.

4. Causes for discipline exist pursuant to California Business and Professions Code section 2305 for each of respondent's false answers on her March 30, 2011, and July 10, 2011, California quarterly probation reports.

5. Causes for revocation of respondent's probation exist based on respondent's failure to comport with condition 8 of her probation.

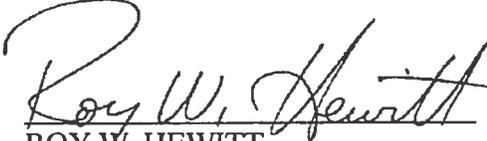
6. The grant of probation by a regulatory agency is an act of grace. One who is placed on probation should strictly adhere to the terms and conditions of the probation and not play fast and loose with the conditions. Respondent's conduct in California, Nevada and New Mexico, when viewed individually and cumulatively reveal that respondent did not appreciate the act of grace that was bestowed upon her by any of the jurisdictions. Instead of being

thankful for the chance to prove herself, respondent abused the privilege of being placed on probation and her abuses of probation provided evidence that she cannot be trusted to adhere to terms and conditions designed to ensure public protection. Consequently, the only action appropriate to protect the public is to revoke respondent's probation and, based on the revocation and the other independent bases for discipline, order the outright revocation of respondent's certificate to practice medicine in the state of California.

ORDER

Respondent Maryanne Phillips's California Physician's and Surgeon's Certificate No. A 89141 and all rights appurtenant thereto is/are revoked.

Dated: June 26, 2013.

  
ROY W. HEWITT  
Administrative Law Judge  
Office of Administrative Hearings

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation and)	)	
Petition to Revoke Probation	)	
Against:	)	
	)	
MARYANNE PHILLIPS, M.D.	)	Case No. D1-2004-161866
	)	
Physician's and Surgeon's	)	OAH No. 2012060101
Certificate No. A-63753	)	
	)	
Respondent.	)	
_____	)	

DECISION

The Proposed Decision of Roy W. Hewitt, Administrative Law Judge, dated June 26, 2013 is attached hereto. Said decision is hereby amended, pursuant to Government Code section 11517(c)(2)(C), to correct technical or minor changes that do not affect the factual or legal basis of the proposed decision. The proposed decision is amended as follows:

1. Page 1, Case No. 19-2010-211768 is stricken and replaced with Case No. D1-2004-161866.

The Proposed Decision as amended is hereby accepted and adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 16, 2013.

IT IS SO ORDERED July 17, 2013.

MEDICAL BOARD OF CALIFORNIA

By: Reginald Low MD  
 Reginald Low, M.D., Chair  
 Panel B

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation and)	)	
Petition to Revoke Probation	)	
Against:	)	
	)	
MARYANNE PHILLIPS, M.D.	)	Case No. D1-2004-161866
	)	
Physician's and Surgeon's	)	OAH No. 2012060101
Certificate No. A-63753	)	
	)	
Respondent.	)	
_____	)	

ORDER CORRECTING DECISION

The Proposed Decision of Roy W. Hewitt, Administrative Law Judge, dated June 26, 2013 is attached hereto. Said decision is hereby amended, pursuant to Government Code section 11518.5(d), to correct technical or minor changes that do not affect the factual or legal basis of the proposed decision. The proposed decision is amended as follows:

1. Page 9, Physician's and Surgeon's Certificate No. A-89141 is stricken and replaced with Physician's and Surgeon's Certificate No. A-63753.

IT IS HEREBY ORDERED that the Physician's and Surgeon's Certificate No. on page 9, under the Order in the above-entitled matter be and hereby amended and corrected nunc pro tunc as of the date of entry.

IT IS SO ORDERED July 30, 2013.

MEDICAL BOARD OF CALIFORNIA

By: Reginald Low  
 Reginald Low, M.D., Chair  
 Panel B

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA      Exhibit D  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

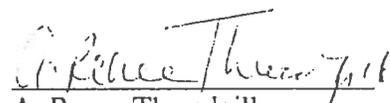
In the Matter of the Accusation and Petition to	)	
Revoke Probation Against:	)	
	)	MBC No. D1-2004-161866
<b>MARYANNE PHILLIPS, M.D.</b>	)	
	)	OAH No. 2012060101
	)	
Physician's & Surgeon's	)	<b>ORDER GRANTING STAY</b>
Certificate No. A-63753	)	
	)	(Gov't Code Section 11521)
	)	
_____ Respondent	)	

Maryanne Phillips, M.D., has filed a Request for Stay of execution of the Decision in this matter with an effective date of August 16, 2013.

Execution is stayed until **August 26, 2013**.

This stay is granted solely for the purpose of allowing the Board time to review and consider the Petition for Reconsideration.

DATED: August 15, 2013

  
A. Renee Threadgill  
Chief of Enforcement  
Medical Board of California

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation and )  
Petition to Revoke Probation Against: )  
)  
Maryanne Phillips, M.D. )  
Physician's and Surgeon's )  
Certificate No. A-63753 )  
)  
Petitioner )  
)  
\_\_\_\_\_ )

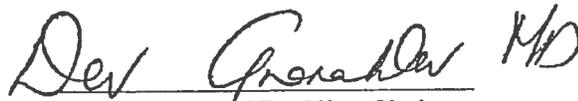
Case No. D1-2004-161866

ORDER DENYING PETITION FOR RECONSIDERATION

The Petition filed by Maryanne Phillips, M.D. for the reconsideration of the decision in the above-entitled matter having been read and considered by the Medical Board of California, is hereby denied.

This Decision remains effective at 5:00 p.m. on August 26, 2013.

IT IS SO ORDERED: August 23, 2013

  
Dev Gnandev, M.D., Vice Chair  
Panel B

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO . 13-061-CS-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE RESPONDENT</b>
	)	<b>NOTICE OF INTENDED ACTION</b>
<b>MARYANNE PHILLIPS, MD</b>	)	<b>AND ACCUSATION</b>
<b>Certificate of Registration No. CS19260</b>	)	<b>RIGHT TO HEARING</b>
	)	
<b>Respondent</b>	/	

---

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) 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 Board 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 Board 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, January 22, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Blvd., 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 18<sup>th</sup> day of December, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 13-061-CS-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>ANSWER AND</b>
	)	<b>NOTICE OF DEFENSE</b>
<b>MARYANNE PHILLIPS, MD</b>	)	
<b>Certificate of Registration No. CS19260</b>	)	
	)	
<b>Respondent</b>	/	

---

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 December, 2013.

---

Maryanne Phillips, MD

**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: Aeva Specialty Pharmacy  
 Physical Address: 2870 S. Maryland Pkwy #110  
 Mailing Address: 2870 S. Maryland Pkwy #110  
 City: Las Vegas State: NV Zip Code: 89109  
 Telephone: 213.271.6737 Fax: N/A  
 Toll Free Number: N/A  
 E-mail: Aeva rx gmail.com Website: N/A  
Aevarx@gmail.com  
 Managing Pharmacist: Nellie Graw License Number: 15487

**Hours of Operation:**

Monday thru Friday 9 am 5 pm      Saturday N/A am N/A pm  
 Sunday N/A am N/A pm      24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**65400**

# APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



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

Lucas Cajiao

Print Name of Authorized Person

1/2/14

Date

Board Use Only

Received:

1/7/14

Amount:

\$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada  
 Parent Company if any: N/A  
 Corporation Name: Aeva LLC  
 Mailing Address: 2700 S. Las Vegas Blvd #504  
 City: Las Vegas State: NV Zip: 89109  
 Telephone: 213.271.6737 Fax: N/A  
 Contact Person: Lucas Cajiao

For any corporation non publicly traded, disclose the following:

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

- a) Lucas Cajiao 2700 S. Las Vegas Blvd #504  
 Name Address LV, NV, 89109
- b) Jennifer Martin 11011 Villa Rica Henderson, NV, 89052  
 Name Address
- c) N/A N/A  
 Name Address
- d) N/A N/A  
 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. 1,000,000
- 3) What was the price paid per share? ~~\$0.10~~ \$0.10
- 4) What date did the corporation actually receive the cash assets? 12/30/2013
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A  
 Name: N/A %: N/A

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

I, LUCAS CAJIAO  
Responsible Person of Aeva LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the owners must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.

  
Original Signature, no stamps or copies

1/2/2014  
Date

# Statement of Responsibility

## Managing Pharmacist

Pharmacist Name: Nellie Graw

License #: 15487

Pharmacy Name: Aeva Specialty Pharmacy

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

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

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

	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 checked="" type="checkbox"/>	<input 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: <u>N/A</u>	Date: <u>N/A</u> Case #: <u>N/A</u>
And/or Criminal Action:	State: <u>N/A</u>	Date: <u>N/A</u> Case #: <u>N/A</u>
	County: <u>N/A</u>	Court: <u>N/A</u>

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**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 checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input 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: NATIONAL SPECIALTY PHARMACY  
 Physical Address: 2970 ST. ROSE PARKWAY, SUITE 120, HENDERSON, NV  
 Mailing Address: 555 BRYANT ST. NO. 705 8918.  
 City: PALO ALTO State: CA Zip Code: 94301  
 Telephone: 702-372-7041 Fax: 866-475-5258  
 Toll Free Number: 866-475-5258  
 E-mail: sdhawan@triviumks.com Website: N/A  
 Managing Pharmacist: HENRY A. MILLER License Number: 13722

**Hours of Operation:**

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input 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

65397

# APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

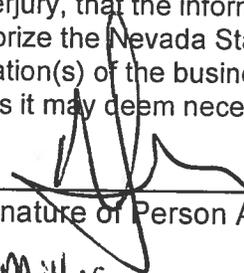
- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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. **PLEASE SEE ATTACHED**

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

  
Henry Miller

Print Name of Authorized Person

Date

12/30/13

Board Use Only

Received:

1/7/14

Amount:

\$500.00

# APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP.** All persons listed as a partner must accurately complete a personal history record form.

List names of 4 largest partners and percentage of ownership:

Name: SUNIL S. DHAWAN %: 32.5  
Name: SANJIV S. DHAWAN %: 32.5  
Name: HENRY A. MILLER %: 17.5  
Name: WENDA S. PUZZO %: 17.5

Partnership Name: NATIONAL SPECIALTY PHARMACY LLC

Mailing Address: 555 BRYANT ST. NO. 705

City: PALO ALTO State: CA Zip Code: 94301

Telephone: 650-200-0809 Fax: 866-475-5258

Contact Person: SANJIV S. DHAWAN

List any physician shareholders and percentage of ownership.

Name: SUNIL S. DHAWAN %: 32.5

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

## PARTNERSHIP

### Include with the application for a partnership

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 for each partner. 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

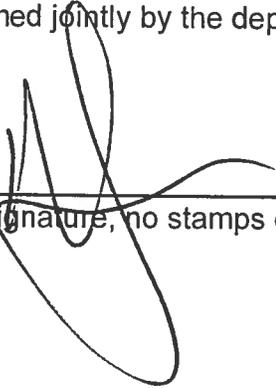
I, Henry Miller  
Responsible Person of NATIONAL SPECIALTY PHARMACY  
hereby acknowledge and understand that in addition to the corporation's, any owner(s),  
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy  
law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)  
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a  
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)  
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision  
of any local, state or federal laws or regulations pertaining to the practice of pharmacy or  
operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the  
pharmacy, the owners must assure that an accountability audit of all controlled substances shall  
be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Original Signature, no stamps or copies



Date

12/30/13

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Henry Miller

License #: 13722

Pharmacy Name: NATIONAL SPECIALTY PHARMACY

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

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

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

	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 checked="" type="checkbox"/>	<input type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: <u>NV</u> Date: <u>6/8/2008</u> Case #: <u>08-006-RPH-S</u>		
<del>And/or Criminal Action:</del> State: <u>PA</u> Date: <u>11/26/2012</u> Case #: <u>12-54-11038</u>	County: _____	Court: _____



# Nevada State Board of Pharmacy

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

April 13, 2012

Henry A. Miller, RPh  
263 Windsong Echo Drive  
Henderson, NV 89012

RE: Nevada State Board of Pharmacy Case Number: 08-064-RPH-S  
Certificate of Registration Number: 13722

Dear Mr. Miller:

This correspondence is to inform you that the Nevada State Board of Pharmacy officially terminated your probation as of this date. Enclosed is your new certificate and wallet card reflecting your Active status.

If you have any questions, please do not hesitate to contact this office.

Sincerely,

A handwritten signature in cursive script, appearing to read "Larry L. Pinson, Pharm.D.", written in black ink.

Larry L. Pinson, Pharm.D.  
Executive Secretary

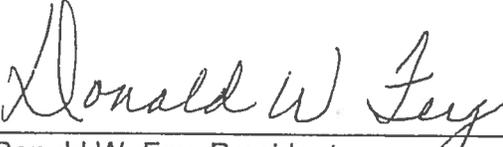
jlw

Enclosure



Mr. Miller not work more than 90 hours in a two week period with all remaining terms and conditions to remain in effect.

Signed and effective this 5<sup>th</sup> day of November, 2010.



Donald W. Fey, President  
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v. Petitioner,

HENRY A. MILLER, R.Ph.,  
Certificate of Registration #13722,

ORDER GRANTING REQUEST  
FOR REINSTATEMENT BY  
HENRY A. MILLER, R.Ph.

Case No. 08-006-RPH-S

Respondent.

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This matter was originally heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 4, 2008 Reno, Nevada, at which time the board took testimony and admissions from Mr. Miller. At the hearing on June 4, 2008, Mr. Miller was represented by Erick M. Ferran of Patti, Sgro & Lewis from Las Vegas, Nevada. Because of the stipulation of the parties, Board Staff presented no testimony or evidence. As a result of the hearing, on June 4, 2008, the Board issued Findings of Fact, Conclusions of Law, and Order. The Board's Order placed Mr. Miller's license on probation for five years with many conditions, including PRN-PRN and restitution to the victims, and required that his license be suspended for a period of one year before he could apply for reinstatement after June 5, 2009.

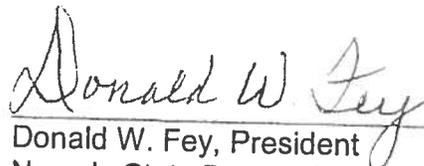
Mr. Miller requested that he be reinstated and provided accompanying documents seeking reinstatement of his license. Pursuant to NRS 639.257, a hearing was held on Mr. Miller's request for reinstatement on June 3, 2009.

At the hearing on June 3, 2009, Mr. Miller appeared and represented himself; also appearing with Mr. Miller was Larry Espadero of PRN-PRN. Mr. Miller presented evidence and testimony that demonstrated that he has fully complied with the terms of his probation by making restitution to Smiths and OnePoint and was in compliance with

PRN-PRN. Mr. Miller plead for his license to be reinstated and answered questions from the Board regarding what he had learned from the consequent suspension of his Nevada pharmacist's license with sincerity and confidence. Finally, Mr.Espadero testified in support of Mr. Miller's request for reinstatement stating the Mr. Miller has grown and learned through his participation in the PRN-PRN program.

Based upon Mr. Miller's presentation and demeanor at the hearing on June 3, 2009, we find that reinstatement of Mr. Miller's license on June 5, 2009 is in the public interest. Consequently, we hereby reinstate Mr. Miller's pharmacist's license (#13722) subject to the condition that he continue with the PRN-PRN program as previously ordered in the Board's Order dated July 3, 2008.

Signed and effective this 30<sup>th</sup> day of June, 2009.



Donald W. Fey, President  
Nevada State Board of Pharmacy



substances and ultimately found that for the period of May 2007 through August 15, 2007, Mr. Miller had created 72 fraudulent prescriptions for hydrocodone products accounting for a total of 16,020 dosage units of hydrocodone, the value of which Smiths #349 estimated to be \$3,714.29. Smiths #349 subsequently informed the Board of the results of its audit and its conclusions regarding Mr. Miller's fraudulent actions.

3. After Mr. Miller was terminated by Smiths #349, he began working as a pharmacist at Professional Pharmacy, Inc. which does business in Las Vegas as OnePoint Patient Care (OnePoint). OnePoint is a closed-door pharmacy that serves hospice patients and assisted-living residents. While at OnePoint, Mr. Miller began a practice of creating false prescriptions for patients of OnePoint which he then filled and removed for his own use. The false prescriptions were for hydrocodone products and alprazolam 2 mg. tablets. Through this scheme of creating false prescriptions, for the period of October 22, 2007 through March 5, 2008, Mr. Miller removed a total of 19,153 dosage units of hydrocodone products and 2,240 units of alprazolam 2 mg. for his personal use and without lawful authorization therefore.

4. On March 31, 2008, Board Staff received a letter from OnePoint by which OnePoint informed the Board of the results of its investigation regarding Mr. Miller. As a result of receiving the letter from OnePoint, on April 3, 2008, the Board's Executive Secretary Larry L. Pinson, Pharm.D. issued a Notice of Immediate and Temporary Suspension of Pharmacist's License, thereby suspending Mr. Miller's pharmacist's license. The suspension notice was served upon Mr. Miller through service upon his attorney on April 7, 2008.

5. At hearing, Mr. Miller explained that before he studied pharmacy, he had been a football player at the college level. While playing football, Mr. Miller severely

injured a knee, resulting in subsequent surgeries and chronic and lingering pain. Mr. Miller explained that he began removing hydrocodone products from Smiths #349 and continued the removing of hydrocodone products from OnePoint (and also alprazolam 2 mg.) to self-treat the pain he suffered daily. Mr. Miller explained that he realized that what he was doing was wrong, but once he became accustomed to the hydrocodone and its effects, he could not stop. Mr. Miller testified that he tried to quit several times, but could not. He admitted that he was taking 40 or more dosage units of hydrocodone per day. Mr. Miller began taking the alprazolam 2 mg. to assist him with sleeping and the guilt and anxiety caused by his fraudulent conduct. Mr. Miller also explained that he did not consume all of the thousands of tablets of hydrocodone he had removed from Smiths #349 and OnePoint and was hoarding some of the controlled substances in case he was ever caught.

6. Mr. Miller explained that his pain issues persisted and effected his ability to continue to train with weights, although Mr. Miller appeared at the hearing to be extraordinarily muscular. Board members questioned Mr. Miller as to whether he used anabolic steroids or HGH, and Mr. Miller denied doing so. Mr. Miller also denied selling or trading any of the hydrocodone or alprazolam he had unlawfully procured to other people to obtain other drugs, including anabolic steroids or HGH.

7. Mr. Espadero testified that Mr. Miller entered the PRN-PRN program in May 2008 and that Mr. Miller appeared to be working well within his substance abuse treatment program. Mr. Espadero stated that it was too early in Mr. Miller's treatment to render an opinion regarding Mr. Miller's future prognosis. Mr. Espadero stated that Mr. Miller's urine samples had all tested negative since Mr. Miller joined the PRN-PRN program, and Mr. Miller testified that he had been clean and sober since entering the

PRN-PRN program. Mr. Miller also testified that he had destroyed all of the hoarded controlled substances.

### **CONCLUSIONS OF LAW**

1. The Board has jurisdiction over this matter because Mr. Miller is a pharmacist licensed by the Board.

2. In removing controlled substance, namely hydrocodone and alprazolam, from two employing pharmacies without lawful order or authorization therefore, Mr. Miller violated NRS 453.331(1)(d) and (f), 453.336(1), and 639.210(1) and (4) and NAC 639.945(1)(h) and (i).

3. In creating false, fraudulent, or deceitful records regarding controlled substances at Smiths #349, including but not limited to false prescriptions and false entries into the Smiths #349 computer system, Mr. Miller violated NRS 4563.331(10)(e) and 639.210(1), (4), and (12) and NAC 639.945(1)(h) and (i).

4. In charging himself the discounted price of \$55.99 for the false hydrocodone prescriptions he removed from Smiths #349, thus realizing a financial benefit estimated to exceed \$3,700.00, Mr. Miller violated NRS 639.210(1) and (4) and NAC 639.945(h).

5. In removing controlled substances, namely hydrocodone products and alprazolam, from OnePoint without lawful order or authorization therefore, Mr. Miller violated NRS 453.331(1)(d) and (f), 453.336(1), and 639.210(1) and (4) and NAC 639.945(1)(h) and (i).

6. In creating false, fraudulent, or deceitful records regarding controlled substances at OnePoint, including but not limited to false prescriptions and false entries into the OnePoint computer system, Mr. Miller violated NRS 453.331(1)(e) and 639.210(1), (4), and (12) and NAC 639.945(1)(h) and (i).

## ORDER

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

1. Mr. Miller's pharmacist's license (#13722) shall be placed on probation for a period of at least five years from the effective date of this Order, subject to the following terms and conditions:

a. Mr. Miller's pharmacist's license shall be suspended for a period of at least one year from April 1, 2008, during which time Mr. Miller may not be employed in any business or facility licensed or registered by this Board. Mr. Miller may apply for reinstatement of his pharmacist's license at any time after June 5, 2009 only if:

(1) He provides written evidence that he has paid restitution to Smiths #349 and OnePoint in such amounts and under such circumstances as were reasonably acceptable to each pharmacy.

(2) He schedules an appearance before the Board at which he would appear with a representative of PRN-PRN. The purpose of the appearance before the Board is to allow the Board the opportunity to ascertain whether Mr. Miller can safely and lawfully return to the practice of pharmacy. At any such appearance, the Board may add additional terms and conditions.

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

---

c. If and after Mr. Miller's pharmacist's license is reinstated, Mr. Miller may not be employed or serve as a managing pharmacist.

d. Mr. Miller shall notify his present employer and any potential employers licensed or registered by this Board of the existence and terms of this Order and shall provide a copy of this Order to his employer or potential employer.

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

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

g. PRN-PRN shall notify the Board's office of Mr. Miller's successful completion of his treatment agreement. If Mr. Miller has otherwise complied with the terms of this Order, his probation shall terminate upon the Board office's receipt of the notification from PRN-PRN if such notification is received after the passage of five years from the effective date of this Order. If Mr. Miller completes his treatment agreement with PRN-PRN prior to the passage of five years from the effective date of this Order, then he shall remain on probation until the passage of five years from the effective date of this Order.

h. Mr. Miller shall comply with all laws relating to the practice of pharmacy, whether state or federal, statute or regulation.

i. If Mr. Miller intends to reside outside of Nevada, he must:

(1) Notify PRN-PRN and the Board in writing at least two weeks before he departs the state;

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

j. If Mr. Miller is not able to reasonably enroll in an out-of-state programs pursuant to paragraph (2) above, then he shall notify the Board office and PRN-PRN that of his inability to enroll, and this Order will thereafter be stayed until Mr. Miller either enrolls in an out-of-state program or until Mr. Miller again resides in Nevada and re-enrolls in the PRN-PRN program.

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

2. Upon receipt of credible information that Mr. Miller has failed to comply with any term of this Order, the Board's Executive Secretary shall be authorized to

immediately suspend Mr. Miller's license. The Board's Executive Secretary shall also prepare and file such documents as are necessary to allow the Board to impose further discipline, up to and including revocation of Mr. Miller's license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to be necessary to collect the unpaid fine, fee, or cost.

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

A handwritten signature in cursive script, appearing to read "Barry Boudreaux".

---

Barry Boudreaux, President  
Nevada State Board of Pharmacy

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania,  
Bureau of Professional and  
Occupational Affairs  
v.  
Henry A. Miller, R.Ph.,  
Respondent

Docket No. 1951-54-12  
File No. 12-54-11038

Department of State

2013 SEP -4 AM 7:33

PROTHONDIARY

FINAL ORDER  
ADOPTING HEARING EXAMINER'S PROPOSED ADJUDICATION  
AND SUBSTITUTING BOARD ORDER

AND NOW, September 4, 2013, the State Board of Pharmacy (Board), having reviewed the evidentiary record of this proceeding, together with the hearing examiner's proposed adjudication and order, and noting that neither party filed exceptions to the hearing examiner's proposal, hereby **ORDERS** that the proposed adjudication of the hearing examiner, including the proposed findings of fact, proposed conclusions of law, and discussion, filed June 18, 2013, be adopted as the **FINAL** Adjudication of the State Board of Pharmacy in this disciplinary proceeding. A copy of the hearing examiner's proposed adjudication and order is appended to this order as **Appendix A**. The Board will substitute its own **FINAL ORDER** for that of the hearing examiner, as follows:

It is hereby **ORDERED** that the license issued to Respondent **Henry A. Miller, R.Ph.**, license no. **RP445486**, is **SUSPENDED** for no less than **FIVE (5) YEARS**, with the first **TWELVE MONTHS** of the suspension, retroactive to November 28, 2012, to be **ACTIVE** and the remainder to be **STAYED** in favor of no less than **FIVE YEARS OF PROBATION**.

After at least the minimum period of suspension, Respondent may petition for a stay of the suspension of his license to practice pharmacy. Any petition for a stay must include the following:

1. A signed verification that Respondent has not practiced pharmacy in the Commonwealth since the suspension. The form may be obtained from the Board Counsel.

In addition, Respondent is also subject to the following terms and conditions:

GENERAL

(1) Within 10 days of the issuance of this Order, Respondent shall contact the Bureau of Professional and Occupational Affairs, Professional Health Monitoring Programs ("PHMP"), Disciplinary Monitoring Unit ("DMU") to begin monitoring. PHMP's DMU contact information is:

Professional Health Monitoring Programs Disciplinary Monitoring Unit P.O. Box 10569 Harrisburg, PA 17105-0569 Tele (717)783-4857 or in PA (800)554-3428
---

(2) Respondent shall fully and completely comply and cooperate with the PHMP and its agents and employees in their monitoring of Respondent's impairment under this Order.

(3) Respondent shall abide by and obey all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions and all rules and regulations and laws pertaining to the practice of the profession in this Commonwealth or any other state or jurisdiction in which Respondent holds an authorization to practice the profession. Summary traffic violations shall not constitute a violation of this Order; however, a violation of any conditions of a criminal probation and/or parole is a violation of this Order.

(4) Respondent shall at all times cooperate and comply with the PHMP and its agents and employees in the monitoring, supervision and investigation of Respondent's compliance with the terms and conditions of this Order. Respondent shall cooperate and comply with any requests for written reports, records or verifications

of actions that may be required by the PHMP; the requested shall be obtained and submitted at Respondent's expense.

(5) Respondent's failure to fully cooperate and comply with the PHMP shall be deemed a violation of this Order.

(6) Upon request of the PHMP case manager, Respondent shall enroll in a peer assistance program, when available, including, but not limited to, Physician's Health Program ("PHP"), Secundum Artem Reaching Pharmacists with Help ("SARPH"), and Pennsylvania Nurse Peer Assistance Program ("PNAP"), and shall fully and completely comply with all of the terms and conditions of Respondent's Order with the peer assistance program. Respondent's failure to fully and completely comply with Respondent's Order with the peer assistance program shall constitute a violation of this Order.

(7) Respondent shall not falsify, misrepresent or make material omission of any information submitted pursuant to this Order.

(8) Should Respondent relocate to Pennsylvania from Nevada, Respondent may not be absent from the Commonwealth of Pennsylvania for any period exceeding twenty (20) days unless Respondent seeks and receives prior written permission from the PHMP subject to any additional terms and conditions required by the PHMP.

(9) Respondent may not engage in the practice of the profession in any other state or jurisdiction without first obtaining written permission from the PHMP. Once written permission is

granted by the PHMP, Respondent shall notify the licensing board of the other state or jurisdiction that Respondent suffers from an impairment and is enrolled in the DMU prior to engaging in the practice of the profession in the other state or jurisdiction.

(10) In the event Respondent relocates from Nevada to another jurisdiction, including Pennsylvania, within five (5) days of relocating, Respondent shall either enroll in the other jurisdiction's impaired professional program and have the reports required under this Order sent to the Pennsylvania PHMP, or if the other jurisdiction has no impaired professional program, notify the licensing board of the other jurisdiction that Respondent is impaired and enrolled in this Program. In the event Respondent fails to do so, in addition to being in violation of this Order, the periods of suspension and probation herein shall be tolled. It is a violation of this Order if Respondent violates and/or fails to fully and completely comply with the impaired professional program in another jurisdiction.

(11) Respondent shall notify the PHMP by telephone within forty-eight (48) hours and in writing within five (5) days of the filing of any criminal charges against Respondent; the final disposition of any criminal charges against Respondent; the violation of any terms and conditions of a criminal probation or parole; the initiation of any legal action pertaining to Respondent's practice of the profession; the initiation of charges, action, restriction or limitation related to Respondent's practice of the profession by a professional licensing authority of any state or jurisdiction or the

Drug Enforcement Agency of the United States Department of Justice; or any investigation, action, restriction or limitation related to Respondent's privileges to practice the profession at any health care facility.

(12) Respondent shall notify the PHMP by telephone within forty-eight (48) hours and in writing within five (5) days of any change of Respondent's home address, phone number, employment status, employer and/or change in practice at a health care facility. Failure to timely advise the PHMP under this subsection due to the PHMP office being closed is not an excuse for not leaving a voice mail message with this information.

(13) Respondent shall cease or limit Respondent's practice of the profession if the PHMP case manager directs that Respondent do so.

#### EVALUATION – TREATMENT

(14) As requested by the PHMP, Respondent shall have forwarded to the PHMP, a written mental and/or physical evaluation by a provider approved by the PHMP (hereinafter "treatment provider") assessing Respondent's fitness to actively practice the profession. Unless otherwise directed by PHMP, the evaluation shall be forwarded to:

PHMP –DMU P.O. Box 10569 Harrisburg, PA 17105-0569 Tele: 717-783-4857 In PA: 800-554-3428
---

If the treatment provider determines that Respondent is not fit to practice, Respondent shall immediately cease practicing the profession and not practice until the treatment provider and the PHMP case manager determine that Respondent is fit to resume practice with reasonable skill and safety to patients.

(15) The evaluation described in the previous paragraph is in addition to any other evaluation already provided.

(16) Respondent shall provide copies of any prior evaluations and counseling records and a copy of this Order to the treatment provider.

(17) Respondent shall authorize, in writing, the PHMP to receive and maintain copies of the written evaluation reports of the treatment provider(s).

(18) If a treatment provider recommends that Respondent obtain treatment, Respondent must fully comply with those recommendations as part of these probationary requirements.

(19) Respondent shall arrange and ensure that written treatment reports from all treatment providers approved by the PHMP are submitted to the PHMP upon request or at least every ninety (90) days after the effective date of this Order. The reports shall contain at least the following information:

(i) Verification that the treatment provider has received a copy of this Order and understands the conditions of this probation;

(ii) A treatment plan, if developed;

- (iii) Progress reports, including information regarding compliance with the treatment plan;
- (iv) Physical evaluations, if applicable;
- (v) The results of any testing including any testing for therapeutic levels of prescribed medications when deemed appropriate by the treatment provider;
- (vi) Modifications in treatment plan, if applicable;
- (vii) Administration or prescription of any drugs to Respondent; and
- (viii) Discharge summary and continuing care plan at discharge.
- (ix) Any change in the treatment provider's assessment of the Respondent's fitness to actively practice the profession.

(20) Respondent shall identify a primary care physician who shall send written notification to the Respondent's PHMP case manager certifying Respondent's health status as requested.

#### SUPPORT GROUP ATTENDANCE

(21) Respondent shall attend and actively participate in any support group programs recommended by the treatment provider or the PHMP case manager at the frequency recommended by the treatment provider; however, Respondents with a chemical dependency or abuse diagnosis shall attend no less than twice a week.

(22) Respondent shall provide written verification of any and all support group attendance to the PHMP on at least a monthly basis or as otherwise directed by the PHMP.

ABSTENTION

(23) Respondent shall completely abstain from the use of controlled substances, caution legend (prescription) drugs, mood altering drugs or drugs of abuse **including alcohol in any form**, except under the following conditions:

(i) Respondent is a bona fide patient of a licensed health care practitioner who is aware of Respondent's impairment and participation in the PHMP;

(ii) Such medications are lawfully prescribed by Respondent's treating practitioner and approved by the PHMP case manager;

(iii) **Upon receiving the medication**, Respondent must provide to the PHMP, **within forty-eight (48) hours by telephone and within five (5) days in writing**, the name of the practitioner prescribing the drug, the illness or medical condition diagnosed, the type, strength, amount and dosage of the medication and a signed statement consenting to the release of medical information from the prescribing practitioner to the PHMP or its designated representative for the purpose of verification; and

(iv) Upon refilling a medication, Respondent must provide to the PHMP, within forty-eight (48) hours by telephone and within five (5) days in writing, the name of the practitioner prescribing the drug, the illness or medical condition diagnosed, the type, strength, amount and dosage of the medication and a signed statement consenting to the release of medical information from the prescribing practitioner to the PHMP or its designated representative for the purpose of verification.

#### DRUG TESTING

(24) Respondent shall submit to random unannounced and observed drug and alcohol tests (drug testing), inclusive of bodily fluid, breath analysis, hair analysis or another procedure as may be directed by the PHMP for the detection of substances prohibited under this Order as directed by the PHMP. A positive, adulterated or substituted result on a drug test shall constitute an irrefutable violation of this Order unless Respondent has complied with the provisions of this Order pertaining to the use of drugs. Failure to provide a specimen or a specimen of sufficient quantity for testing when requested will be considered a violation of this Order.

(25) Respondent shall avoid all foods that contain poppy seeds. Ingestion of poppy seeds will not be accepted as a valid explanation for a positive screen.

(26) Respondent shall avoid all substances containing alcohol, including alcohol in food or beverages, medications,

chemical solutions, cleaning solutions, gasoline, hand sanitizers, or other skin preparations. Incidental use of alcohol will not be accepted as a valid explanation for a positive drug test unless Respondent has complied with the provisions of this Order pertaining to the use of drugs as set forth in the Abstinence Section above.

### MONITORED PRACTICE

(27) Respondent shall not function as a preceptor or a pharmacist manager.

(28) For purposes of this Order, the terms "*practice*", "*practice of the profession*," and "*practice the profession*" shall include any and all activities requiring a license, registration, certificate, approval, authorization, or permit from the Board to perform. It also includes attendance at any educational program/course that includes a clinical practice component with patients and/or requires a current license to practice the profession.

(29) Respondent shall not practice the profession unless a provider approved by the PHMP approves the practice in writing and the PHMP Case Manager gives written permission to practice.

(30) Respondent shall not work in any practice setting without workplace monitoring as required by the PHMP.

(31) If Respondent is practicing or attending any educational program/course that includes a clinical practice component with patients and/or requires a current license to practice the profession, Respondent shall give any employer, supervisor, preceptor, or instructor (hereinafter referred to collectively as

“supervisor”) a copy of this Order within five (5) days of the effective date of this Order.

(32) Respondent shall give any prospective employer and supervisor a copy of this Order when applying for employment in the practice of the profession and to any prospective school/program when applying for any educational program/course that includes a clinical practice component with patients and/or requires a current license to practice the profession.

(33) Within five (5) days of the effective date of this Order, and by telephone within forty-eight (48) hours and in writing within five (5) days upon obtaining employment, or entering an educational program/course that includes a clinical practice component with patients and/or requires a current license to practice, Respondent shall provide the following to PHMP:

(i) Name and address of the supervisor responsible for Respondent's practice;

(ii) The name(s) and address(es) of the place(s) at which Respondent will practice the profession and a description of Respondent's duties and responsibilities at such places of practice; and

(iii) Any restrictions on Respondent's practice.

(34) Respondent shall ensure that Respondent's supervisor submits to the PHMP the following information in writing:

(i) Verification that the supervisor has received a copy of this Order and understand the conditions of this probation;

(ii) An evaluation of Respondent's work performance on a ninety(90) day or more frequent basis as requested by the PHMP; and

(iii) Immediate notification of any suspected violation of this probation by Respondent.

#### REPORTING/RELEASES

(35) Respondent, Respondent's treatment providers, supervisors, employers or other persons required to submit reports under this Order shall cause such reports, data or other information to be filed with the PHMP, unless otherwise directed, at:

PHMP-DMU Box 10569 Harrisburg, PA 17105-0569
--

(36) Respondent consents to the release by the PHMP of any information or data produced as a result of this probation, including written treatment provider evaluations, to any treatment provider, supervisor, Commonwealth's attorney, hearing examiner and Board members in the administration and enforcement of this Order.

(37) Respondent shall sign any required waivers or release forms requested by the PHMP for any and all records, including medical or other health related and psychological records, pertaining to treatment and monitoring rendered to Respondent during this

probation and any corresponding criminal probation, and any employment, personnel, peer review or review records pertaining to Respondent's practice of the profession during this probation to be released to the PHMP, the Commonwealth's attorney, hearing examiner and Board members in the administration and enforcement of this Order.

### COSTS

(38) Respondent shall be responsible for all costs incurred in complying with the terms of this Order, including but not limited to psychiatric or psychotherapy treatments, and reproduction of treatment or other records. Respondent shall pay the costs for any drug testing and any subsequent reanalysis of specimens required by the PHMP. Failure of Respondent to pay any of these costs in a timely manner shall constitute a violation of this Order.

### BUREAU/PHMP EVALUATIONS

(39) Upon request of the PHMP, Respondent shall submit to mental or physical evaluations, examinations or interviews by a treatment provider approved by the PHMP or the PHMP. Respondent's failure to submit to such an examination, evaluation or interview when directed shall constitute a violation of this Order.

### VIOLATION OF THIS ORDER

(40) Notification of a violation of the terms or conditions of this Order shall result in the **IMMEDIATE VACATING** of the stay order, **TERMINATION** of the period of probation, and

**ACTIVATION** of the suspension of Respondent's authorizations to practice the profession in the Commonwealth of Pennsylvania as follows:

(1) The prosecuting attorney for the Commonwealth shall present to the Board's Probable Cause Screening Committee ("Committee") a Petition that indicates Respondent has violated any terms or conditions of this Order.

(2) Upon a probable cause determination by the Committee that Respondent has violated any of the terms or conditions of this Order, the Committee shall, without holding a formal hearing, issue a preliminary order vacating the stay of the within suspension, terminating this probation and activating the suspension of Respondent's authorization(s) to practice the profession.

(3) Respondent shall be notified of the Committee's preliminary order within three (3) business days of its issuance by certified mail and first class mail, postage prepaid, sent to the Respondent's last registered address on file with the Board, or by personal service if necessary.

(4) Within twenty (20) days of mailing of the preliminary order, Respondent may submit a written answer to the Commonwealth's Petition and request that a formal hearing be held concerning Respondent's violation of probation, in which Respondent may seek relief from the preliminary order activating the suspension.

The answer shall be set forth in numbered paragraphs corresponding to the numbered paragraphs of the Petition.

Respondent shall admit or deny each of the allegations set forth in the paragraphs in the Petition. Respondent shall mail the original answer and request for hearing, as well as all subsequent filings in the matter, to:

Prothonotary 2601 North Third Street P.O. Box 2649 Harrisburg, PA 17105-2649
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Respondent shall also mail a copy of all filings to the prosecuting attorney for the Commonwealth.

(5) If the Respondent submits a timely answer and request for a formal hearing, the Board or a designated hearing examiner shall convene a formal hearing within forty-five (45) days from the date of the Prothonotary's receipt of Respondent's request for a formal hearing.

(6) Respondent's submission of a timely answer and request for a hearing shall not stay the suspension of Respondent's license under the preliminary order. The suspension shall remain in effect unless the Board or the hearing examiner issues an order after the formal hearing staying the suspension again and reactivating the probation.

(7) The facts and averments in this Order shall be deemed admitted and uncontested at this hearing.

(8) If the Board or hearing examiner after the formal hearing makes a determination against Respondent, a final order will be

issued sustaining the suspension of Respondent's license and imposing any additional disciplinary measures deemed appropriate.

(9) If Respondent fails to timely file an answer and request for a hearing, the Board, upon motion of the prosecuting attorney, shall issue a final order affirming the suspension of Respondent's license.

(10) If Respondent does not make a timely answer and request for a formal hearing and a final order affirming the suspension is issued, or the Board or the hearing examiner makes a determination against Respondent sustaining the suspension of Respondent's license, after at least **three (3)** years of active suspension and any additional imposed discipline, Respondent may petition the Board for reinstatement based upon an affirmative showing that Respondent has at least **thirty-six (36)** months of sustained documented recovery, an evaluation by a treatment provider approved by the PHMP that Respondent is fit to safely practice the profession, and verification that Respondent has abided by and obeyed all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions, and all rules and regulations pertaining to the practice of the profession in this Commonwealth.

(41) If the Board issues a Preliminary Order terminating the stay of the suspension and actively suspending Respondent's license to practice the profession in accordance with the procedure set forth above, Respondent shall immediately cease the practice of the profession. Respondent shall continue to comply with all of the terms and conditions of probation in this Order during the active suspension

until the Board issues a Final Order. Continued failure by Respondent to comply with the unaffected terms and conditions of probation while awaiting the issuance of a Final Order by the Board may result in further disciplinary action against Respondent.

(42) Respondent's failure to fully comply with any terms of this Order may also constitute grounds for additional disciplinary action.

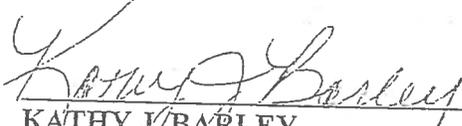
(43) Nothing in this Order shall preclude the prosecuting attorney for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Order.

#### COMPLETION OF PROBATION

(44) After successful completion of the minimum period of probation, Respondent may petition the Board, upon a form provided by the PHMP, to reinstate Respondent's authorizations to practice the profession to unrestricted, non-probationary status upon an affirmative showing that Respondent has complied with all terms and conditions of this Order and that Respondent's resumption of unsupervised practice does not present a threat to the public health and safety. Respondent is required to remain in compliance with all terms and conditions of this Order until the Board issues the order terminating Respondent's probationary status.

This Order was deposited in the mail on *Sept. 4*, 2013 and shall take effect in 30 days on *Oct. 4*, 2013.

BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS

  
KATHY J. BARLEY  
ACTING COMMISSIONER

BY ORDER:  
STATE BOARD OF PHARMACY

  
EDWARD J. BECHTEL, R.PH.  
CHAIRMAN

Respondent's Attorney:

Brian E. Quinn, Esquire  
Law Office of Brian E. Quinn  
1429 Walnut Street, Suite 1300  
Philadelphia, PA 19102

Prosecuting Attorney:

Keith E. Bashore, Esquire

Board Counsel:

Jason E. McMurry, Esquire

Date of Mailing:

*Sept. 4, 2013*

APPENDIX "A"

RECEIVED  
JUN 18 2013  
Department of State  
Prothonotary

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania,  
Bureau of Professional and  
Occupational Affairs

v.

Henry A. Miller, R.Ph.,  
Respondent

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Docket no. 1951-54-12  
File no. 12-54-11038

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PROPOSED ADJUDICATION AND ORDER

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Ruth D. Dunnewold  
Hearing Examiner

2601 North Third Street  
Harrisburg, PA 17110

DATE DISTRIBUTED 6/18/13  
PROSECUTION \_\_\_\_\_  
COUNSEL \_\_\_\_\_  
HEARING EXAMINER \_\_\_\_\_  
OTHER \_\_\_\_\_

## HISTORY

This matter comes before the hearing examiner of the Department of State on a Petition for Appropriate Relief ("PAR") filed November 28, 2012. The PAR alleged that Henry A. Miller, R.Ph. ("Respondent"), violated a Final Adjudication and Order issued by the State Board of Pharmacy ("Board") on January 21, 2011 ("2011 A & O") which granted Respondent's application for reciprocal licensure but placed Respondent's license to practice pharmacy in Pennsylvania on probation for not less than five years, subject to specifically enumerated terms and conditions.

More specifically, the PAR alleged that Respondent violated the 2011 A & O by failing to provide a specimen for testing for a scheduled random observed body fluid screen ("ROBS") on one occasion and failing to abstain from the use of alcohol on two occasions. As a result of the filing of the PAR, the Board's Probable Cause Screening Committee ("PCSC") filed a Notice and Preliminary Order on November 28, 2012 ("Preliminary Order"), which terminated the period of probation to which Respondent's license was subject and actively, indefinitely suspended Respondent's license for no less than five years.

On January 9, 2013, Respondent filed an answer to the PAR and requested a hearing. A hearing in the matter occurred on April 12, 2013. Prosecuting Attorney Keith E. Bashore represented the Commonwealth, while Respondent was represented by Brian E. Quinn, Esquire. The parties waived the filing of post-hearing briefs, and the record was closed with the filing of the transcript on April 26, 2013.

## FINDINGS OF FACT

1. At all relevant and material times, Respondent held a license to practice as a pharmacist in the Commonwealth of Pennsylvania, license no. RP445486. Commonwealth Exhibit C-1 (PAR, paragraph 1); Commonwealth Exhibit C-2, paragraph 1.
2. Respondent's license was suspended on November 27, 2012,<sup>1</sup> by the Preliminary Order of the Board's PCSC, after consideration of the Commonwealth's PAR. Commonwealth Exhibit C-1 (Preliminary Order).
3. Respondent's last known address on file with the Board is 213 Walnut Avenue, Hollidaysburg, PA 16648. Commonwealth Exhibit C-1 (PAR, paragraph 3); Commonwealth Exhibit C-2, paragraph 3.
4. Respondent played football in high school and college, during which he sustained injuries to his left knee which required surgeries and physical therapy. Notes of Testimony ("NT") at 49 – 50, 51.
5. Respondent attended Duquesne University, graduating in 1997 with a Bachelor of Science degree in pharmacy. Board records<sup>2</sup>; NT at 49, 50.
6. After graduating, Respondent moved to Las Vegas to practice pharmacy, where he practiced mainly in retail pharmacy. NT at 50 – 51.
7. While in Nevada, in 2006, Respondent had additional surgery to his left knee for the removal of damaged cartilage and to reattach and repair a ligament in his knee, his ACL. NT at 51.

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<sup>1</sup>The Preliminary Order is dated November 27, 2012, and the suspension was imposed on that date, although the Preliminary Order was filed with the Department of State Prothonotary on November 28, 2012. See Commonwealth Exhibit C-1.

<sup>2</sup>Official notice is taken of the Board's records, which indicate 1997 to be the year of Respondent's graduation from pharmacy school at Duquesne. Pursuant to *Gleeson v. State Bd. of Medicine*, 900 A.2d 430, 440 (Pa. Cmwlth. 2006), appeal denied, 917 A.2d 316 (Pa. 2007), a licensing board may take official notice of its own records.

8. Respondent also completed eight weeks of intense and extremely painful physical therapy after the surgery. NT at 51 – 52.
9. Respondent was prescribed Lortab (hydrocodone) for the pain. NT at 52.
10. Respondent was on Lortab for several months, began abusing it within six months, and continued to abuse it for about a year. NT at 52 – 53.
11. Respondent was caught diverting medication at work and was sanctioned by the Nevada Board of Pharmacy (“Nevada Board”). NT at 53.
12. As a result of the sanction by the Nevada Board, Respondent was required to join Nevada’s PRN Program, which is the professional assistance program which a number of Nevada health licensing boards utilize for referral and monitoring of health professionals with substance abuse or addiction problems, and his license in Nevada was placed on probation for five years. NT at 33 – 34, 53.
13. Respondent initially entered the PRN Program in April 2008 and as part of participating in it, he attended PRN aftercare meetings, NA or AA meetings, and had drug screenings. NT at 34, 53 – 54.
14. At that point, Respondent had been abusing opiates but only drank alcohol on social occasions and had never had a problem with alcohol. NT at 54.
15. Secundum Artem Reaching Pharmacists with Help (“SARPH”) is the designated pharmacy peer assistance program for the State of Pennsylvania. NT at 9.
16. Kathie Simpson is the Executive Director of SARPH. *Id.*
17. In October 2008, Respondent contacted Ms. Simpson through a self-referral because he was under the five-year agreement with Nevada’s PRN Program and he was considering relocating to Pennsylvania to practice pharmacy. NT at 11.

18. SARPH started the enrollment process, sending Respondent a contract, but Respondent did not return the contract to SARPH at that time. *Id.*

19. Respondent did the same thing in 2010, contacting SARPH to start the enrollment process but then failing to return the enrollment agreement. *Id.*

20. As part of Respondent's application for a license to practice pharmacy in Pennsylvania, on January 21, 2011, the Board issued its 2011 A & O at File No. 10-54-05495, Docket No. 1389-54-10, which granted Respondent's application for reciprocal licensure but placed Respondent's license to practice pharmacy in Pennsylvania on probation for not less than five years, subject to specifically enumerated terms and conditions, based on information revealed on his license application indicating that Respondent's Nevada pharmacist license has been disciplined and that Respondent has participated in a chemical substance rehabilitation program in the last five years. Commonwealth Exhibit C-1 (PAR, paragraphs 4 and 5 and attached Exhibit A at page 9).

21. The 2011 A & O placed Respondent in the Disciplinary Monitoring Unit ("DMU") of the Bureau of Professional and Occupational Affairs' Professional Health Monitoring Program ("PHMP"). Commonwealth Exhibit C-1 (PAR at attached Exhibit A (Final Order at paragraph 1)).

22. The terms and conditions of probation set forth in the 2011 A & O included, but were not limited to, the following requirements:

- a. Respondent shall completely abstain from the use of controlled substances, caution legend (prescription) drugs, mood altering drugs or drugs of abuse including alcohol in any form, except under specifically stated conditions;  
and

b. Respondent shall submit to ROBS for the detection of substances prohibited under the 2011 A & O as directed by the PHMP, and failure to provide a specimen when requested will be considered a violation of the 2011 A & O.

Commonwealth Exhibit C-1 (PAR at attached Exhibit A, paragraphs 21 and 30).

23. Respondent finally enrolled with SARPH on June 1, 2012, upon referral to SARPH by the PHMP after the issuance of the Board's 2011 A & O placing Respondent in the DMU. NT at 11 – 12.

24. Nevada's PRN Program discharged Respondent in April 2012, after he had successfully participated for four years by adhering to the PRN Program's guidelines, and the PRN Program ceased monitoring Respondent at that time. NT at 34 – 35, 39.

25. On or about September 1, 2012, Respondent notified Kathie Simpson, Director of SARPH, that he would be moving his residence during the first week of September 2012 from Las Vegas, NV to a rental unit located at 1124 20<sup>th</sup> Avenue, Altoona, PA 16601. Commonwealth Exhibit C-1 (PAR, paragraph 6a); Commonwealth Exhibit C-2, paragraph 6a.

26. Respondent also notified SARPH that he was offered and accepted employment as a staff pharmacist for a pharmacy located in Blair County, PA. Commonwealth Exhibit C-1 (PAR, paragraph 6b); Commonwealth Exhibit C-2, paragraph 6b.

27. Respondent moved back to Altoona, Pennsylvania, in September 2012. Commonwealth Exhibit C-1 at attached Exhibit B; NT at 55.

28. Although Respondent had thought moving back to Pennsylvania would be a good idea because his parents and other family live there, he did not find the support group among his friends there that he had thought he would find, and things were extremely different than when he had left 15 years previously. NT at 54 – 55, 57.

29. Additionally, the house Respondent had rented was rat-infested, so he had to find another place to live, he had trouble with his truck, and the job he had taken was not what had been represented to him. NT at 55.

30. On September 28, 2012, Respondent failed to appear for a scheduled ROBS in Altoona, PA. Commonwealth Exhibit C-1 (PAR, paragraph 6c); Commonwealth Exhibit C-2, paragraph 6c.

31. In his Answer to Petition for Appropriate Relief, Respondent admitted that his failure to provide a specimen for testing for a scheduled ROBS on September 28, 2012, violated the provisions of paragraph 30 on page 9 of the 2011 A & O. Commonwealth Exhibit C-1 (PAR, paragraph 6m); Commonwealth Exhibit C-2, paragraph 6m.

32. On or about October 11, 2012, Respondent sent a letter of explanation to SARPH and PHMP regarding his missed ROBS on September 28, 2012. Commonwealth Exhibit C-1 (PAR, paragraph 6d and attached Exhibit B); Commonwealth Exhibit C-2, paragraph 6d.

33. On or about October 18, 2012, correspondence was sent by the Prosecution Division of the Department of State Office of Chief Counsel to Respondent regarding his missed ROBS on September 28, 2012. Commonwealth Exhibit C-1 (PAR, paragraph 6e and attached Exhibit C); Commonwealth Exhibit C-2, paragraph 6e.

34. Respondent has a 13-year old son in Nevada, and Respondent shares custody of his son with his son's mother. NT at 55 – 56.

35. Respondent went back to Nevada for a visit in October 2012. Commonwealth Exhibit C-1 at attached Exhibit E; NT at 55, 58.

36. While visiting his son, Respondent learned that his son was having academic and behavioral problems attributable to Respondent's relocating to Pennsylvania. NT at 58.

37. While in Las Vegas, on or about October 28, 2012, Respondent consumed alcohol in the form of a margarita. Commonwealth Exhibit C-1 at attached Exhibit E; NT at 56.

38. When Respondent returned to Pennsylvania from his visit to Nevada, his coworkers invited him for the first time to hang out with them by going for wings and beer on November 1, 2012. *Id.*

39. Respondent, who wanted to go out and be a part of the group, went along, and he ate wings and drank about half a pint of beer on that date. *Id.*

40. In his Answer to Petition for Appropriate Relief, Respondent admitted that his failure to abstain from the use of alcohol on October 28, 2012 and November 1, 2012, violated the provisions of paragraph 21 on page 6 of the 2011 A & O. Commonwealth Exhibit C-1 (PAR, paragraphs 6n and 6o); Commonwealth Exhibit C-2, paragraphs 6n and 6o.

41. On or about November 9, 2012, correspondence was sent by PHMP to Respondent regarding a positive ROBS provided by Respondent on November 2, 2012. Commonwealth Exhibit C-1 (PAR, paragraph 6f and attached Exhibit D); Commonwealth Exhibit C-2, paragraph 6f.

42. On November 9, 2012, Respondent spoke with Ms. Simpson and stated that he had been in Las Vegas, NV during the last week of October 2012. Commonwealth Exhibit C-1 (PAR, paragraph 6g); Commonwealth Exhibit C-2, paragraph 6g.

43. Respondent also told Ms. Simpson that during the last week of October 2012, he drank a huge "Cadillac" margarita that contained alcohol. Commonwealth Exhibit C-1 (PAR, paragraph 6h); Commonwealth Exhibit C-2, paragraph 6h; NT at 16 – 17.

44. On November 13, 2012, Respondent sent an email message to Ms. Simpson regarding Respondent's positive ROBS on November 2, 2012. Commonwealth Exhibit C-1 (PAR, paragraph 6i and attached Exhibit E); Commonwealth Exhibit C-2, paragraph 6i.

45. Respondent's email message also stated "I did consume a margarita on 10/28/12 while in Las Vegas." Commonwealth Exhibit C-1 (PAR, paragraph 6j); Commonwealth Exhibit C-2, paragraph 6j.

46. Respondent's email message also stated "Secondly, after I came back, I was invited out for wings and beer on 11/01/2012 by some coworkers. It was the first time I was invited to hang out with my new coworkers so I went and ate wings and drank about half the pint of beer that came with the deal." Commonwealth Exhibit C-1 (PAR, paragraph 6k); Commonwealth Exhibit C-2, paragraph 6k.

47. Additionally, Respondent admitted to Ms. Simpson that he had consumed alcohol previously that year over different holidays and that he had been drinking while under monitoring in Nevada. NT at 17.

48. Ms. Simpson/SARPH subsequently referred Respondent to Greenbriar Treatment Center in Washington, Pennsylvania, for an alcohol and drug evaluation. Commonwealth Exhibit C-1 (PAR, paragraph 6l); Commonwealth Exhibit C-2, paragraph 6l; NT at 17 - 18, 20.

49. Respondent did not have insurance funding for treatment at Greenbriar, but he ultimately obtained funding and referral for treatment at Sharon Regional Behavioral Health Services. NT at 20 - 21.

50. Richard Trannick of Sharon Regional Behavioral Health Services evaluated Respondent, diagnosed him with alcohol dependence, and recommended that he enter an

intensive outpatient (“IOP”) treatment program, which would require attendance a minimum of three days a week, three hours a day, either in the morning or in the evening. NT at 21.

51. Respondent did not complete the IOP program at Sharon Regional Behavioral Health Services, which he was supposed to start in December 2012. NT at 21 – 22.

52. Because of the issues with his son and because Respondent missed the sobriety and recovery support relationships he had in Las Vegas, he moved back to Las Vegas. NT at 58 – 59.

53. Although Respondent had notified SARPH when he went to Las Vegas to visit his son, he did not notify SARPH that he was moving back to Las Vegas. NT at 22, 60.

54. The second week of December, Respondent contacted Larry Espadero, the Nevada PRN Program Director, and on December 12, 2012, Respondent voluntarily re-signed with that program, with no obligation to the Nevada Board. Respondent’s Exhibit 1-A; NT at 35, 40 – 41.

55. After rejoining the Nevada PRN Program, Respondent attended and completed IOP in Nevada, in accordance with Pennsylvania recommendation. NT at 36.

56. Since rejoining the Nevada PRN Program, Respondent had been attending all required AA meetings and aftercare groups, and he had been subject to ROBS, all of which have been negative. *Id.*

57. Additionally, Respondent has continued to undergo ROBS pursuant to his agreement with SARPH, and while he has not provided proper chain of custody documents for three of the screens which he has undergone pursuant to that agreement, all of the ROBS he has undergone have been negative, although the record does not indicate what substances were tested for in those ROBS. NT at 24, 28 – 29.

58. As of the date of the hearing, Respondent was not in compliance with his SARPH agreement because he did not complete treatment as SARPH required him to do in Pennsylvania, he failed to notify SARPH when he planned to be out of state for more than 20 days, and he failed to provide at least 14 days' prior notice that he was going on vacation so that SARPH could arrange for appropriate ROBS collections in the event he had been selected for screening. NT at 25.

59. Since re-signing with the Nevada PRN Program, Respondent has been compliant with that program's requirements. NT at 37.

60. Mr. Espadero, Director of Nevada's PRN Program, believes that Respondent's prognosis for continued sobriety is good. NT at 33.

61. Christopher Peters is Respondent's coworker as well as Respondent's sponsor at peer assistance meetings. NT at 44.

62. Mr. Peters believes that Respondent works a good recovery program and takes his recovery quite seriously. NT at 45, 47.

63. Because drinking alcohol had not been a problem for him in the past and alcohol was not Respondent's drug of choice, he used to think he could drink, despite his addiction, and it would not be a problem, but Respondent now knows that he cannot consume any mood-altering substances ever, no exceptions, because he has a disease. NT at 60 – 61.

64. Respondent appeared at the hearing in this matter, was represented by counsel, and presented evidence and testimony on his own behalf. Docket No. 1951-54-12; NT at 6 and *passim*.

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CONCLUSIONS OF LAW

1. The Board has jurisdiction in this matter. Findings of Fact 1 – 2.
2. Respondent received notice of this proceeding and was afforded an opportunity to be heard in accordance with section 4 of the Administrative Agency Law, 2 Pa. C.S. § 504. Finding of Fact 64.
3. The record supports the finding that Respondent violated the 2011 A & O at paragraphs 21 and 30 in that he failed to completely abstain from the use of controlled substances, caution legend (prescription) drugs, mood altering drugs or drugs of abuse including alcohol in any form, as required in paragraph 21, and also in that he failed to appear for a ROBS and failed to provide a specimen when requested, as required in paragraph 30. Findings of Fact 30 – 33, 37 – 47.

## DISCUSSION

### *VIOLATIONS*

The Commonwealth's PAR alleged that Respondent violated the provisions of the 2011 A & O to which he was subject. More specifically, the PAR alleged that Respondent violated paragraphs 21 and 30 of the 2011 A & O because he failed to completely abstain from the use of alcohol on two occasions and he failed to appear for a ROBS to provide a specimen when requested. The relevant provisions of the 2011 A & O read as follows:

\* \* \*

### ABSTENTION

21. Applicant shall completely abstain from the use of controlled substances, caution legend (prescription) drugs, mood altering drugs or drugs of abuse including alcohol in any form, including alcohol in food or beverages, medications, chemical solutions, cleaning solutions, gasoline, hand sanitizers, or other skin preparations, except under the following conditions:

\* \* \*

### DRUG TESTING

30. Applicant shall submit to random unannounced and observed body fluid toxicology screens or other chemical testing for the detection of substances prohibited under this order as directed by the PHMP. A positive result on a body fluid toxicology screen or other chemical test shall constitute an irrefutable violation of this order unless Respondent has complied with the provisions of this order pertaining to the use of drugs. Failure to provide a specimen when requested will be considered a violation of this order.

\* \* \*

In his answer to the PAR, Respondent admitted all of the facts and violations alleged against him. Likewise, at the hearing, he testified to the fact that he drank alcohol on two occasions at the end of October and beginning of November, 2012. And Kathie Simpson of

SARPH confirmed that Respondent admitted missing the screen and drinking alcohol on the two occasions in question, as well as that Respondent admitted that he had consumed alcohol previously that year over different holidays, and that he had been drinking while under monitoring in Nevada. The Commonwealth, therefore, has met its burden of proving that Respondent violated paragraphs 21 and 30 of the 2011 A & O, as alleged in the PAR, by a preponderance of the evidence.<sup>3</sup>

### *SANCTION*

The remaining issue is what sanction should be applied. Under its enabling legislation, the Board is charged with the responsibility and authority to oversee the profession and to regulate and license professionals to protect the public health and safety. *C.f. Barran v. State Board of Medicine*, 670 A.2d 765, 767 (Pa. Cmwlth. 1996), *appeal denied* 679 A.2d 230 (Pa. 1996). If there are mitigating factors present, a lesser sanction could be appropriate.

In this case, there are some mitigating factors. First, Respondent's relapse occurred after he had made the mistake of relocating back to Pennsylvania, away from his son and his established sobriety and recovery support groups. In so doing, he discovered in short order that things back home were not the way he had thought they would be, in that 15 years had passed. However, once he figured that out, Respondent corrected the problem, moved back to Nevada, re-established his support connections there, and voluntarily, without any involvement of the Nevada Board, re-signed with the Nevada PRN Program. Moreover, even though he is in

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<sup>3</sup>The degree of proof required to establish a case before an administrative tribunal in an action of this nature is a preponderance of the evidence. *Lansberry v. Pennsylvania Public Utility Commission*, 578 A.2d 600, 602 (Pa. Cmwlth. 1990). A preponderance of the evidence is generally understood to mean that the evidence demonstrates a fact is more likely to be true than not to be true, or if the burden were viewed as a balance scale, the evidence in support of the Commonwealth's case must weigh slightly more than the opposing evidence. *Se-Ling Hosiery, Inc. v. Margulies*, 70 A.2d 854, 856 (Pa. 1949). The Commonwealth therefore has the burden of proving the charges against Respondent with evidence that is substantial and legally credible, not by mere "suspicion" or by only a "scintilla" of evidence. *Lansberry*, 578 A.2d at 602.

technical violation of provisions of his SARPH agreement, he has been in compliance with the Nevada PRN Program's requirements ever since re-signing, which is essentially the same period of time in which he has committed those technical violations of his SARPH agreement.

Additionally, Respondent engaged in IOP in Nevada, as recommended by the evaluator in Pennsylvania, and the Director of the Nevada PRN Program, Larry Espadero, opines that Respondent's prognosis for continued recovery is good. And finally, Respondent can articulate clearly what he learned from his relapse to alcohol – that he has a disease which does not discriminate among types of mood-altering drugs – and the reason he has been more successful at recovery in the PRN Program – that he has a stronger support group there.

None of these mitigating factors constitutes an excuse for Respondent's failure to maintain his sobriety in the face of his stressful but brief return to Pennsylvania in the fall of 2012. However, they do provide a better understanding of Respondent's actions. Also, there are no facts in the record indicating that Respondent consumed prohibited substances at work or diverted them from his employer.

The manner in which Respondent has handled himself since his October/November 2012 relapse, when coupled with Mr. Espadero's good prognosis, provides indications that Respondent is on the path to continued recovery and sobriety. For that reason, there is sufficient mitigation evident to warrant the imposition of a lesser penalty on Respondent than the five-year suspension of Respondent's license, which is the penalty called for in the 2011 A and O and the Preliminary Order of the PCSC.

Respondent argued in favor of lifting the suspension entirely and placing Respondent back on probation, but the Commonwealth recommended a one-year active suspension, retroactive to November 28, 2012, the date of the PAR, and then followed by five years of

probation in the DMU. Given the facts, and in particular, Respondent's admissions to Ms. Simpson that he had consumed alcohol previously that year over different holidays and that he had been drinking while under monitoring in Nevada, the Commonwealth's recommendation fits the circumstances more aptly than does Respondent's request, because Respondent's sobriety with regard to alcohol is much newer than his sobriety with regard to opiates. Despite the good prognosis from Mr. Espadero, Respondent nonetheless needs to demonstrate a lengthier period of sobriety in order to earn the Board's trust. Accordingly, the following proposed order will issue:

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania,  
Bureau of Professional and  
Occupational Affairs

v.

Henry A. Miller, R.Ph.,  
Respondent

:  
:  
:  
:  
: Docket no. 1951-54-12  
: File no. 12-54-11038  
:  
:

PROPOSED ORDER

AND NOW, this 17<sup>th</sup> day of June, 2013, upon consideration of the foregoing findings of fact, conclusions of law and discussion, it is **ORDERED** that the license issued to Respondent Henry A. Miller, R.Ph., license number RP445486, is **SUSPENDED** for no less than five years, with the first **TWELVE MONTHS** of the suspension, retroactive to November 28, 2012, to be **ACTIVE** and the remainder to be **STAYED** in favor of no less than **FIVE YEARS OF PROBATION**, subject to the following terms and conditions:

GENERAL

(1) Respondent shall fully and completely comply and cooperate with the Bureau of Professional and Occupational Affairs, Professional Health Monitoring Program ("PHMP"), Disciplinary Monitoring Unit ("DMU") and its agents and employees in their monitoring of Respondent under this order.

(2) Respondent shall abide by and obey all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions and all rules and regulations and laws pertaining to the practice of the profession in this Commonwealth or any other state or jurisdiction in which Respondent holds a

license to practice a health care profession. Summary traffic violations shall not constitute a violation of this order. **However, violations of any criminal probation and/or parole are a violation of this order.**

(3) Respondent shall at all times comply and cooperate with the PHMP and its agents and employees in the monitoring, supervision and investigation of Respondent's compliance with the terms and conditions of this order. Respondent shall cooperate with any requests for written reports, records and verifications of actions that may be required by the PHMP; the requested information and documents shall be obtained and submitted at Respondent's expense.

(4) Respondent's failure to fully cooperate with the PHMP shall be deemed a violation of this order.

(5) Upon request of the PHMP case manager, Respondent shall enroll in a peer assistance program, when available, including, but not limited to, Physician's Health Program (PHP), Secundum Artem Reaching Pharmacists with Help (SARPH), and Pennsylvania Nurse Peer Assistance Program (PNAP), and shall fully and completely comply with all of the terms and conditions of Respondent's agreement with the peer assistance program. Respondent's failure to fully and completely comply with Respondent's agreement with the peer assistance program shall constitute a violation of this order.

(6) Respondent shall not falsify, misrepresent or make material omission of any information submitted pursuant to this order.

(7) Should Respondent relocate to Pennsylvania from Nevada, Respondent may not be absent from the Commonwealth of Pennsylvania for any period exceeding twenty (20) days unless Respondent seeks and receives prior written permission from the PHMP subject to any additional terms and conditions required by the PHMP.

(8) In the event Respondent relocates from Nevada to another jurisdiction, including Pennsylvania, Respondent shall within five (5) days of relocating either enroll in the other jurisdiction's impaired professional program and have the reports required under this order sent to the Pennsylvania PHMP, or if the other jurisdiction does not have an impaired professional program, Respondent shall notify the licensing board of the other jurisdiction that Respondent is impaired and enrolled in this Program. In the event Respondent fails to do so, in addition to being in violation of this order, the periods of suspension and probation shall be tolled. It is a violation of this order if the Respondent violates and/or fails to fully and completely comply with the impaired professional program in another jurisdiction.

(9) Respondent shall notify the PHMP by telephone within 48 hours and in writing within five (5) days of the filing of any criminal charges against Respondent; the final disposition of any criminal charges against Respondent; the initiation of any legal action pertaining to Respondent's practice of the profession; the initiation of charges, action, restriction or limitation related to Respondent's practice of the profession by a professional licensing authority of any state or jurisdiction or the Drug Enforcement Agency of the United States Department of

Justice; or any investigation, action, restriction or limitation related to Respondent's privileges to practice the profession at any health care facility.

(10) Respondent shall notify the PHMP by telephone within 48 hours and in writing within five (5) days of any change of Respondent's home address, phone number, employment status, employer and/or change in practice at a health care facility. Failure to timely advise the PHMP under this subsection due to the PHMP office being closed is not an excuse for not leaving a voice mail message with this information.

(11) Respondent shall cease or limit his/her practice if the PHMP case manager directs that Respondent do so.

#### EVALUATION - TREATMENT

(12) If Respondent returns to the Commonwealth to practice the profession, and if an assessment/treatment evaluation has not been done by a provider approved by the PHMP ("approved provider") within thirty (30) days prior to the date of Respondent's return to the Commonwealth, or within thirty (30) days subsequent to the date of Respondent's return to the Commonwealth, Respondent shall have forwarded to the PHMP-DMU, P.O. Box 10569, Harrisburg, PA 17105-0569, (717) 783-4857, a written evaluation by an approved provider assessing Respondent's fitness to actively practice the profession. If the approved provider determines that Respondent is not fit to practice, Respondent shall immediately cease practicing the profession in the Commonwealth and shall not practice until an approved provider and the PHMP case manager determine

that Respondent is fit to resume practice with reasonable skill and safety to patients.

(13) The evaluation described in the previous paragraph is in addition to any other evaluation already provided.

(14) Respondent shall provide copies of any prior evaluations and counseling records and a copy of this order to the approved provider.

(15) Respondent shall authorize, in writing, the PHMP to have a copy of any written evaluation reports of the approved provider.

(16) If an approved provider recommends that Respondent obtain treatment, Respondent must fully comply with those recommendations as part of these probationary requirements.

(17) Respondent shall arrange and ensure that written treatment reports from all approved providers are submitted to the PHMP upon request or at least every ninety (90) days after the effective date of this order. The reports shall contain at least the following information:

- (a) Verification that the provider has received a copy of this order and understands the conditions of this probation;
- (b) A treatment plan, if developed;
- (c) Progress reports, including information regarding compliance with the treatment plan;
- (d) Physical evaluations, if applicable;

(e) The results of any testing including any testing for therapeutic levels of prescribed medications when deemed appropriate by the provider;

(f) Modifications in treatment plan, if applicable;

(g) Administration or prescription of any drugs to Respondent;

(h) Discharge summary and continuing care plan at discharge; and

(i) Any change in the provider's assessment of Respondent's fitness to actively practice the profession.

(18) Respondent shall identify a primary care physician who shall send written notification to the Respondent's PHMP case manager certifying Respondent's health status as requested.

#### **SUPPORT GROUP ATTENDANCE**

(19) Respondent shall attend and actively participate in any support group programs recommended by the approved provider or the PHMP case manager at the frequency recommended by the provider, but no less than twice a week.

(20) Respondent shall provide written verification of all support group attendance to the PHMP on at least a monthly basis or as otherwise directed by the PHMP.

### ABSTENTION

(21) Respondent shall completely abstain from the use of controlled substances, caution legend (prescription) drugs, mood altering drugs or drugs of abuse including alcohol in any form, including alcohol in food or beverages, medications, chemical solutions, cleaning solutions, gasoline, hand sanitizers, or other skin preparations, except under the following conditions:

(a) Respondent is a bona fide patient of a licensed health care practitioner who is aware of Respondent's impairment and participation in the PHMP;

(b) Such medications are lawfully prescribed by Respondent's treating practitioner and approved by the PHMP case manager; and

(c) Upon receiving the medication, Respondent must provide to the PHMP: the name of the medication; the name of the practitioner prescribing the drug; the illness or medical condition diagnosed; the type, strength, amount and dosage of the medication; and a signed statement consenting to the release of medical information from the prescribing practitioner to the PHMP or its designated representative for the purpose of verification within 48 hours by telephone and within 5 days in writing.

### MONITORED PRACTICE

(22) "Practice" includes employment in any position in the Commonwealth requiring the maintenance of a current professional license or pharmacy intern certificate.

(23) Respondent shall not be a pharmacist manager of any pharmacy licensed in this Commonwealth.

(24) Respondent shall not work in any practice setting in the Commonwealth without workplace monitoring as required by PHMP.

(25) Workplace monitoring shall require control and personal direction exercised by the monitor over the services provided by the licensee being monitored. Constant physical presence of the monitor is not required so long as the monitor and the licensee being monitored are, or can easily be, in contact with one another by radio, telephone, or telecommunications. Monitoring requires the availability of the monitor to the licensee being monitored. An appropriate degree of monitoring includes:

(a) Active and continuing overview of the monitored licensee's activities to determine that the monitor's directions are being implemented.

(b) Immediate availability of the monitor to the licensee being monitored for necessary consultations.

(c) Personal and regular, on an at least weekly basis, review by the monitor of the patient records upon which entries are made by the licensee being monitored.

(26) If Respondent is practicing, Respondent shall give any employer and supervisor a copy of this order within five (5) days of the effective date of this order.

(27) Respondent shall give any prospective employer and supervisor a copy of this order when applying for employment in the practice of the profession.

(28) Respondent shall provide the PHMP by telephone within 48 hours, and in writing within five (5) days of the effective date of this order of obtaining employment, notification of the following:

(a) Name and address of workplace monitor if a workplace monitor is required by PHMP;

(b) The name(s) and address(es) of the place(s) at which Respondent will practice the profession and a description of Respondent's duties and responsibilities at such places of practice;  
and

(c) Any restrictions on Respondent's practice.

(29) Respondent shall ensure that Respondent's supervisor submits to the PHMP the following information in writing:

(a) Verification that the employer and supervisor have received a copy of this order and understand the conditions of this probation;

(b) An evaluation of Respondent's work performance on a 90-day or more frequent basis as requested by the PHMP; and

(c) Immediate notification of any suspected violation of  
this probation by Respondent.

### DRUG TESTING

(30) Respondent shall submit to random unannounced and observed body fluid toxicology screens or other chemical testing for the detection of substances prohibited under this order as directed by the PHMP. A positive result on a body fluid toxicology screen or other chemical test shall constitute an irrefutable violation of this order unless Respondent has complied with the provisions of this order pertaining to the use of drugs. Failure to provide a specimen or a specimen of sufficient quantity for testing when requested will be considered a violation of this order.

(31) Respondent shall avoid all foods that contain poppy seeds. Ingestion of poppy seeds will not be accepted as a valid explanation for a positive screen.

(32) In addition to abstaining from the use of alcohol in beverages, medication and food, Respondent shall avoid all substances containing alcohol including alcohol in chemical solutions, cleaning solutions, gasoline, hand sanitizers, or other skin preparations. Incidental use of alcohol will not be accepted as a valid explanation for a positive drug test unless Respondent has complied with the provisions of this order pertaining to the use of drugs as set forth in the Abstention section above.

### REPORTING/RELEASES

(33) Respondent, Respondent's providers, supervisor(s), employers or other persons required to submit reports under this order shall cause such reports, data or other information to be filed with the PHMP, unless otherwise directed, at:

PHMP-DMU  
Box 10569  
Harrisburg, PA 17105-0569

(34) Respondent consents to the release by the PHMP of any information or data produced as a result of this probation, including written provider evaluations, to any treatment provider, supervisor, Commonwealth's attorney, hearing examiner or Board members in the administration and enforcement of this order.

(35) Respondent shall sign any required waivers or release forms requested by the PHMP for any and all records, including medical or other health-related and psychological records, pertaining to treatment and monitoring rendered to Respondent during this probation and any corresponding criminal probation, as well as any employment, personnel, peer review or review records pertaining to Respondent's practice of the profession during this probation, to be released to the PHMP, the Commonwealth's attorney, hearing examiner and Board members in the administration and enforcement of this order.

### COSTS

(36) Respondent shall be responsible for all costs incurred in complying with the terms of this order, including but not limited to psychiatric or psychotherapy treatments, and reproduction of treatment of other records.

Respondent shall pay the costs for any drug testing and any subsequent reanalysis of specimens required by PHMP. Failure of Respondent to pay any of these costs in a timely manner shall constitute a violation of this order.

**BUREAU/PHMP EVALUATIONS**

(37) Upon request of the PHMP, Respondent shall submit to mental or physical evaluations, examinations or interviews by a treatment provider approved by the PHMP or the PHMP. Respondent's failure to submit to such an examination, evaluation or interview shall constitute a violation of this order.

**VIOLATION OF THIS ORDER**

(38) Notification of a violation of the terms or conditions of this order shall result in the **IMMEDIATE VACATING** of the stay order, **IMMEDIATE TERMINATION** of the period of probation, and **ACTIVATION** of the **INDEFINITE SUSPENSION**, for no less than five years, of Respondent's license to practice the profession in the Commonwealth of Pennsylvania as follows:

(a) The prosecuting attorney for the Commonwealth shall present to the Board's Probable Cause Screening Committee ("Committee") a Petition that indicates that Respondent has violated any terms or conditions of this order.

(b) Upon a probable cause determination by the Committee that Respondent has violated any of the terms or conditions of this order, the Committee shall, without holding a formal hearing, issue a preliminary order vacating the stay of the

within suspension, terminating this probation and activating the suspension of Respondent's license.

(c) Respondent shall be notified of the Committee's preliminary order within three (3) business days of its issuance by certified mail and first class mail, postage prepaid, sent to Respondent's last registered address on file with the Board, or by personal service if necessary.

(d) Within twenty (20) days of mailing of the preliminary order, Respondent may submit a written answer to the Commonwealth's Petition and request that a formal hearing be held concerning Respondent's violation of probation, in which Respondent may seek relief from the preliminary order activating the suspension. Respondent shall mail the original answer and request for hearing to the Department of State Prothonotary, 2601 North Third Street, P.O. Box 2649, Harrisburg, PA 17105-2649, and a copy to the prosecuting attorney for the Commonwealth, as well as all subsequent filings in the matter.

(e) If Respondent submits a timely answer and request for a formal hearing, the Board or a designated hearing examiner shall convene a formal hearing within forty-five (45) days from the date of the Prothonotary's receipt of Respondent's request for a formal hearing.

(f) Respondent's submission of a timely answer and request for a hearing shall not stay the suspension of Respondent's license under the preliminary order. The suspension shall remain in effect unless the Board or the hearing examiner issues an order after the formal hearing staying the suspension again and reactivating the probation.

(g) The facts and averments in this adjudication and order shall be deemed admitted and uncontested at this hearing.

(h) If the Board or hearing examiner after the formal hearing makes a determination against Respondent, a final order will be issued sustaining the suspension of Respondent's license and imposing any additional disciplinary measures deemed appropriate.

(i) If Respondent fails to timely file an answer and request for a hearing, the Board, upon motion of the prosecuting attorney, shall issue a final order affirming the suspension of Respondent's license.

(j) If Respondent does not make a timely answer and request for a formal hearing and a final order affirming the suspension is issued, or the Board or the hearing examiner makes a determination against Respondent sustaining the suspension of Respondent's license, after at least **FIVE (5) YEARS** of active suspension and any additional imposed discipline, Respondent may

petition the Board for reinstatement based upon an affirmative showing that Respondent has at least sixty (60) months of sustained documented recovery, Respondent has undergone an evaluation by a provider approved by PHMP and is fit to safely practice the profession, and Respondent has abided by and obeyed all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions, and all rules and regulations pertaining to the practice of the profession in this Commonwealth.

(39) If the Board issues a Preliminary Order terminating the stay of the suspension and actively suspending Respondent's license to practice the profession in accordance with the procedure set forth above, Respondent shall immediately cease the practice of the profession. Respondent shall continue to comply with all of the terms and conditions of probation in this order during the active suspension until the Board issues a final order. Continued failure by Respondent to comply with the unaffected terms and conditions of probation while awaiting the issuance of the final order by the Board may result in further disciplinary action against Respondent.

(40) Respondent's failure to fully comply with any terms of this order may also constitute grounds for additional disciplinary action.

#### **COMPLETION OF PROBATION**

(41) After successful completion of probation, Respondent may petition the Board, upon a form provided by PHMP, to reinstate Respondent's license to unrestricted, non-probationary status upon an affirmative showing that

Respondent has complied with all terms and conditions of this order and that Respondent's resumption of unsupervised practice does not present a threat to the public health and safety. Respondent shall be required to remain in compliance with all terms and conditions of this order until the Board issues the order terminating Respondent's probationary status.

This Proposed Order shall be effective as a Final Order in accordance with 1 Pa. Code § 35.226(a)(3) in 40 days unless a Brief on Exceptions is filed within 30 days in accordance with 1 Pa. Code § 35.211 or the State Board of Pharmacy initiates a review within 40 days in accordance with 1 Pa. Code § 35.226(a)(2).

BY ORDER



Ruth D. Dunnewold  
Hearing Examiner

*For the Commonwealth:* Keith E. Bashore, Esquire  
GOVERNOR'S OFFICE OF GENERAL COUNSEL  
DEPARTMENT OF STATE OFFICE OF CHIEF COUNSEL  
PROSECUTION DIVISION  
P.O. Box 2649  
Harrisburg, PA 17105-2649

*For Respondent:* Brian E. Quinn, Esquire  
LAW OFFICE OF BRIAN E. QUINN  
1429 Walnut Street, Suite 1300  
Philadelphia, PA 19102

*Date of mailing:* 6/18/13



## NOTICE

### **SERVICE OF PROPOSED REPORT:**

The foregoing is the proposed report issued in this matter by a Hearing Examiner for the Department of State, in accordance with the General Rules of Administrative Practice and Procedure at 1 Pa. Code §35.207.

### **EXCEPTIONS TO PROPOSED REPORT:**

Any participant who wishes to appeal all or part of the Hearing Examiner's proposed report to the Board must file exceptions in the form of a *Brief on Exceptions* with the Prothonotary of the Department of State within 30 days after the date of mailing shown on this proposed report in accordance with the General Rules of Administrative Practice and Procedure at 1 Pa. Code §§35.211-214.

The *Brief on Exceptions* shall contain a short statement of the case, a summary of the appealing party's position, the grounds for filing exceptions to the proposed report, and the argument in support of the appealing party's position with citations to the record and legal authority. The appealing party may also include proposed findings of fact and conclusions of law.

In the event any participant files exceptions, the Board may substitute its findings for those of the Hearing Examiner, and /or may impose a greater or lesser sanction than that imposed by the Hearing Examiner without regard to the relief requested or the position argued by any party, and without hearing additional argument or facing additional evidence.

Failure to file a *Brief on Exceptions* within the time allowed under the General Rules of Administrative Practice and Procedure at 1 Pa. Code §§35.211-214 shall constitute a waiver of all objections to the proposed report.

### **FILING AND SERVICES:**

An original and three (3) copies of the *Brief on Exceptions* shall be filed with:

Prothonotary  
2601 North Third Street  
P. O. Box 2649  
Harrisburg, PA 17105-2649

Copies of the *Brief on Exceptions* must also be served on all participants to the proceeding.

Briefs on Exceptions must be received for filing by the Prothonotary within the time limits specified herein. Date of receipt by the Office of Prothonotary and not date of deposit in the mail is determinative.

## NOTICE

The attached Final Order represents the final agency decision in this matter. It may be appealed to the Commonwealth Court of Pennsylvania by the filing of a Petition for Review with that Court within 30 days after the entry of the order in accordance with the Pennsylvania Rules of Appellate Procedure. See Chapter 15 of the Pennsylvania Rules of Appellate Procedure entitled "Judicial Review of Governmental Determinations," Pa. R.A.P 1501 – 1561. Please note: An order is entered on the date it is mailed. If you take an appeal to the Commonwealth Court, you must serve the Board with a copy of your Petition for Review. The agency contact for receiving service of such an appeal is:

Board Counsel  
P.O. Box 2649  
Harrisburg, PA 17105-2649

The name of the individual Board Counsel is identified on the Final Order.

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 <i>Telepharmacy</i>	<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: Pahrangat Valley Pharmacy  
 Physical Address: 414 Broadway  
 Mailing Address: Po Box 244  
 City: Alamo State: NV Zip Code: 89001  
 Telephone: N/A Pending Fax: N/A pending  
 Toll Free Number: N/A  
 E-mail: pharmacynv@gmail.com Website: \_\_\_\_\_  
 Managing Pharmacist: Adam Katschke License Number: 15601

**Hours of Operation:**

Monday thru Friday 9 am 5 pm      Saturday closed am \_\_\_\_\_ pm  
 Sunday closed am \_\_\_\_\_ pm      24 Hours closed

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

# APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

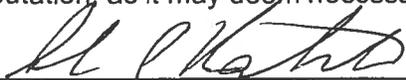
Within the last five (5) years:

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

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

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

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



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

Adam P Katschke

Print Name of Authorized Person

10/15/2013

Date

Board Use Only

Received: 10/30/13 Amount: 500-



**Statement of Responsibility**

**Managing Pharmacist**

Pharmacist Name: Adam P Karschke

License #: 15601

Pharmacy Name: Pshtanagon Valley Pharmacy

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

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

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

	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 type="checkbox"/>	<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: _____

# MEADOW VALLEY PHARMACY

800 N Spring Street

PO Box 315

Caliente, NV 89008

Phone 775-726-3771 Fax 775-726-3685

October 15, 2013

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

To whom it may concern:

I am submitting an application for a new pharmacy. I have spoken to the office several times and just wanted to clarify that this application is for a satellite or telepharmacy that we would like to open. Our technician, Laticia Prince, would be the responsible technician at this location. We were also told that we would need to appear before the board at its next meeting. We are respectfully requesting that we be allowed to appear at the next meeting in Las Vegas, which I believe will be in January 2014.

Thank you for your time and consideration of this application.

Sincerely,



Adam P Katschke, PharmD

called 10/21/13 for fee. will send

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**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 checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input 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: PCPLV LLC DBA Pinnacle Compounding Pharmacy

Physical Address: 4445 S. Eastern Ave. Ste B Las Vegas NV 8

Mailing Address: 4431 S. Eastern Ste 2 Las Vegas NV 89119

City: Las Vegas State: NV Zip Code: 89119

Telephone: 702 203 8526 Fax: TBD

Toll Free Number: TBD

E-mail: cecilia.venturaLV@gmail.com Website: TBP

Managing Pharmacist: Nathen Connolly License Number: 18540

**Hours of Operation:**

Monday thru Friday 9 am 6 pm

Saturday — am — pm

Sunday — am — pm

24 Hours n/a

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail non sterile <input type="checkbox"/> Hospital (# beds <u>—</u> ) <i>Compounding</i> <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 - <i>deliveries</i> <input type="checkbox"/> Long Term Care
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**65388**

# 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.

*Cecilia Ventura*

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

Cecilia Ventura

12/20/13

Print Name of Authorized Person

Date

Board Use Only

Received: \_\_\_\_\_ Amount: \$500.00

# APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP.** All persons listed as a partner must accurately complete a personal history record form.

List names of 4 largest partners and percentage of ownership:

Name: Cecilia Ventura %: 66.66  
Name: Brandon Jimenez %: 33.34  
Name: \_\_\_\_\_ %: \_\_\_\_\_  
Name: \_\_\_\_\_ %: \_\_\_\_\_

Partnership Name: PCPLV LLC

Mailing Address: 4431 S. Eastern Ste 2

City: Las Vegas State: NV Zip Code: 89119

Telephone: 702 203 8526 Fax: TBD

Contact Person: Cecilia Ventura

List any physician shareholders and percentage of ownership.

Name: n/a %: \_\_\_\_\_  
Name: \_\_\_\_\_ %: \_\_\_\_\_

## PARTNERSHIP

### Include with the application for a partnership

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 for each partner. 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, Cecilia Ventura

Responsible Person of PCPLV LLC DBA Pinnacle Compounding  
hereby acknowledge and understand that in addition to the corporation's, any owner(s), Pharma.  
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.

Cecilia Ventura

Original Signature, no stamps or copies

12/31/12

Date

**Statement of Responsibility**

**Managing Pharmacist**

Pharmacist Name: Nathen Dale Connolly License #: 18540

Pharmacy Name: PCPL V LLC DBA Pinnacle Compounding Pharmacy

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

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

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

	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 checked="" type="checkbox"/>	<input 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: _____

Blank

Item 5.E – Professional Center Pharmacy has requested postponement to a future meeting.

Blank

**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: PROTO-SCRIPT PHARMACEUTICAL CORP

Physical Address: 3863 S. VALLEY VIEW BLVD #11  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: LAS VEGAS, NEVADA 89103  
SAME -

City: - SAME - State: SAME Zip Code: SAME

Telephone: 702-366-0728 Fax: 702-723-4969

E-mail: TMG@PROTO-SCRIPT.COM Website: WWW.PROTO-SCRIPT.COM

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

Mon: 9 to 3 Tue: 9 to 3 Wed: 9 to 3 Thu: 9 to 3  
Fri: 9 to 3 Sat: CLOSED Sun: CLOSED Holidays: CLOSED

**MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)**

Name: MARK REED

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

- Medical Gases\*\*
- Respiratory Equipment\*\*
- Life-sustaining equipment\*\*
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment\*\*
- Orthotics and Prosthesis
- Other: MOBILITY EQUIPMENT + ROLLERS

\*\*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: \_\_\_\_\_

65335



**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

TERRY MOFFITT  
Print Name of Authorized Person

12-24-13  
Date

<b>Board Use Only</b>	Received: _____	Amount: _____
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**APPLICATION FOR NEVADA MDEG LICENSE**

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

State of Incorporation: CALIFORNIA  
Parent Company if any: N/A  
Corporation Name: PROTO-SCRIPT PHARMACEUTICAL CORP  
Mailing Address: 2221 E. WINSTON RD #0 ANAHEIM, CA 92806  
City: ANAHEIM State: CA Zip: 92806  
Telephone: 800-507-8758 Fax: 951-572-3745  
Contact Person: TERRY MORRIS

For any corporation non publicly traded, disclose the following:

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

a) MICHELLE RICO 6288 GOLDEN TRAIL  
RANCHO CUCUMON, CA 92806  
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. 500,000
- 3) What was the price paid per share? .05
- 4) What date did the corporation actually receive the cash assets? \$ 25,000
- 5) Provide a copy of the corporation's stock register evidencing the above information

**APPLICATION FOR NEVADA MDEG LICENSE**

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

Owner's Name: MICHELE RICO  
Business Name: PROTO SCRIPT PHARMACEUTICALS COA  
Current Business Address: 2221 E. WINSTON RD #0  
City: JANATHIEM State: CA Zip: 92806  
Telephone: 800-507-8758 Fax: 951-572-3745

**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*.

## APPLICATION TO BE THE MDEG ADMINISTRATOR

### Person who runs the facility on a daily basis

Date 12/18/2013

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 DURABLE MEDICAL EQUIPMENT

Nature of MDEG

PSP HOMCARE, 3863 S. VALLEY VIEW BLVD, SUITE 11, LAS VEGAS, NV 89103

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated



**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.

Jan 2001	SUMMERLIN HOSPITAL 657 N. TOWN CENTER DR, LAS VEGAS, NV 89144	3,170 HRS
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

RN	PATIENT CARE	DEB POLANZA
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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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: NEVADA STATE BOARD OF NURSING  
b) Date: 11/17/2003

Case Number: RN30354

c) Criminal Action: State: NEVADA

Date: 12/04/2003

Case Number: 03C197082

County: CLARK

Court: CLARK COUNTY DISTRICT 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 of photograph 12/18/2013

BOARD ADMINISTRATIVE ACTION:

AGENCY: NEVADA STATE BOARD OF NURSING

LICENSE #: RN30354

In the year 1999 or 2000, I applied for nursing licensure in the state of Arizona. This application was refused because the nursing board of Arizona stated that I had complaints against my license in Nevada. A little bit after this, I began speaking with an investigator for the Nevada State Board of Nursing who advised me to sign a "stipulation of facts" concerning complaints that I had against me, such as not flushing an I.V. and withholding pain medication from patients. I subsequently had a hearing with the Nevada State Board of Nursing where I really had no opportunity to defend myself against the complaints/allegations before me. I was then placed on probation for two years.

While on probation, I was finding it difficult, at best, to maintain gainful employment as a Registered Nurse. I, subsequently, stepped away from nursing to assess myself and why things had gone so wrong. I decided that I needed to assess whether being a Registered Nurse was a good path for me.

The bottom line is that, although I may not have agreed with every complaint against me, I needed to make sure that I corrected what needed to be corrected, and I felt that my best option for making change was by being away from nursing for at least a while. Because of my decision to stop nursing, my license was revoked on or about 11/17/2003. I am currently looking at taking refresher courses to reacquire my license.

  
MARK E. REED

CRIMINAL ACTION:

STATE: NEVADA

COURT: CLARK COUNTY DISTRICT COURT

CASE: 03C197082

DATE: 12/04/2003

CHARGE: BATTERY

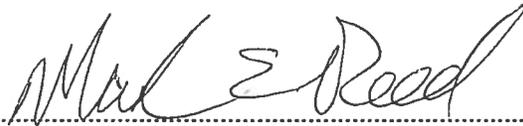
This stems from an incident where my son was standing in a shopping card. After my son was asked numerous times, by his mother, grandmother, and myself, to sit down, my son continued to refuse to sit down. I tried to pull my son down to a sitting position, but I caused him to lose his balance. His mouth hit the side of the shopping cart causing him to cut his lip and gum. This was reported to Child Protective Services, and I was subsequently convicted of battery. I spent one day in jail in Henderson, NV, completed 12 months supervised probation, and completed community service.

A handwritten signature in black ink, appearing to read "Mark E. Reed". The signature is written in a cursive, flowing style.

Mark E. Reed

I, MARK EVAN REED, 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.

A handwritten signature in cursive script, appearing to read "Mark E. Reed", is written over a horizontal dotted line.

Original Signature of Applicant

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12/2/13

## GENERAL INSTRUCTIONS

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

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

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

Application for GENERAL DME POWERWHEEL CHAIR/SCOOTER REPAIRS  
 PSP HOME CARE LEGAL NAME PROTO-SCRIPT PHARMACEUTICAL COR  
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name RICO First Name MICHELLE Middle Name MARIFA

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

GRIGGS

Present Residence Address-Street or RFD 6288 GOLDEN TRAILS City RANCHO CUCAMONGA State/Zip CA 91739

Present Business Address 3863 S. VALLEY VIEW City LAS VEGAS State/Zip NEVADA 8910  
BLVD # 11

Occupation \_\_\_\_\_ Phone: Residence \_\_\_\_\_ Business \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City, County, State) Indianapolis, In

Age 40 Sex F

Color of Eyes Blue Color of Hair Blonde Complexion White Weight 129 Build 38/28/38 Height 51

Scars, tattoos or distinguishing marks and/or characteristics NO

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 MR

MARITAL INFORMATION-Continued

N/A

A. **Current Marriage**.....

Spouse's full name (Maiden)..... Date..... City, County and State.....  
 S.S. No.....

Date of Birth..... Place of Birth.....

Resident address.....  
 Street..... City..... State..... Zip.....

Telephone: Residence..... Business.....

Spouse's employer..... Occupation.....

Address of employer.....  
 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
Robert Rico	7/99	9/87	mutual	San Bernardino

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

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:** N/A

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..... MR.....

FAMILY INFORMATION-Continued *2/A*

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 RJ SANDLIN		Spencer, In	Retired
Mother Rhonda Lynn Griggs		deceased	
Father-in-Law Robert Rico		deceased.	
Mother-in-Law Donya C. Rico		deceased.	

**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
Kathy Colvin Moss	11/10	222 Box Linton, In	puter Develop US Government
Spouse Chad Moss		Linton, In	cole Minor
David Colvin		Montclair, CA	(Disabled) Mental
Spouse never married			
Timothy B Colvin		deceased	
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School Bloomfield	Bloomfield, In	1980-1982	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Bloomfield High	Bloomfield, In	1982-1985	Yes <input type="checkbox"/> No <input type="checkbox"/>
College University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Bryman College	Los Angeles, CA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any... *Medical Office Management*  
 College or university where obtained... *Bryman School 1988-1989*

Applicant's initial *YMR*

**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

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? ML 2005 Rosemead, CA ML city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  If yes when? 2007, 2008, 2009 ML 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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D. As a mutual witness - I was expert witness to testify for FBI Inv on DME Companies. I explained to jury how m/care program work and where fraud happens or can happen.

Applicant's initial ML

**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
MA				

- 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
Mobility Plus	DME	2009-2010
Michelle Rico	Persona	BK-2010

**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
Present-2001	6288 Golden Trails	Rancho Cucamonga	San Bernardino
2001-1998	Via De Anza	Fontana, CA	San Bernardino
1998-1988	12208 Parkview Dr	Fontana, CA	San Bernardino

**8. EMPLOYMENT:**

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
10/11	PSP HOME CARE	STILL THERE
PRESIDENT	- ALL	OWNER
1/10	MOBILITY PLUS	COMPANY BOUGHT OUT
PRESIDENT	ALL	OWNER
1/99 - 1/10	MD + ASSOCIATES INC	COMPANY BOUGHT OUT
PRESIDENT	ALL	OWNER
8/08		

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

Applicant's initial MR Page 6

**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>Liz Taylor</u>	Home	<u>Rcho Cucamonga</u>	<u>CA</u>	<u>91730</u>		<u>1-8 years</u>
Employer <u>MDbility Plus</u>	Business	<u>14189 Foothill Blvd #107</u>	<u>Fontana</u>	<u>CA</u>		
Name <u>Dennis Karnes</u>	Home	<u>Riverside</u>	<u>CA</u>			<u>13 yrs</u>
Employer <u>Lincoln</u>	Business	<u>Corona</u>	<u>CA</u>			
Name <u>Brian Horowitz</u>	Home	<u>Santa Barbara</u>	<u>CA</u>			<u>13 yrs</u>
Employer <u>VQA Orthocare</u>	Business					
Name <u>Scott Hirsh</u>	Home	<u>Newport Beach</u>	<u>CA</u>			<u>2-13 yrs</u>
Employer <u>Wsr Solutions</u>	Business	<u>Scott@wsrsolutions.com</u>				
Name <u>Paul Fitzman</u>	Home	<u>San Diego</u>	<u>CA</u>			<u>5 yrs</u>
Employer <u>Bee Mobile</u>	Business	<u>San Diego</u>	<u>CA</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
<u>N/A</u>			

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

N/A

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.

Proto-Script Pharmaceutical Anaheim CA  
CA-HMDR

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



**MICHELLE RICO**

Date of photograph 12/12/12

Applicant's initial MR

November 2, 2013

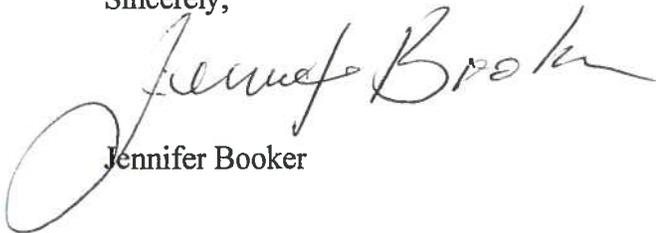
PT05880

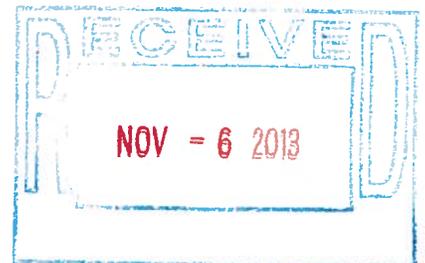
Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509

To Whom It May Concern:

My name is Jennifer Booker and my license number is PT05880. I am requesting an appearance before the State Board of Pharmacy in Las Vegas, NV on January 22<sup>nd</sup> and/or January 23<sup>rd</sup>. Thank you for your consideration.

Sincerely,

  
Jennifer Booker



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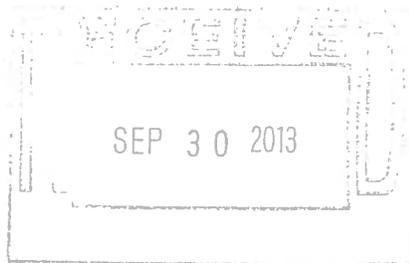
Dear Pharmacy Board,

Hello, my name is John Zindash PT12630. A year ago my license was revoked at a hearing in Las Vegas. However I was told I could reapply for it in October 2013. I was wondering who I had to speak to about the reapplying. I thank you for your time and hope to hear from you soon.

Thank you,



John Zindash



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v. Petitioner,

JOHN ZINDASH, P.T.,  
Certificate of Registration #PT12630,

FINDINGS OF FACT,  
CONCLUSIONS OF LAW,  
AND ORDER

Case No. 12-043-PT-S

Respondent.

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THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 17, 2012, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Mr. John Zindash represented himself. Mr. Zindash admits guilt to the facts as presented in the Notice of Intended Action and Accusation, but wanted to make a statement to the Board. The Board staff presented no testimony or evidence, but did make a presentation based upon the public records in the Board's possession. Mr. Zindash admitted that he had diverted 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 from his employing pharmacy to self-medicate. Mr. Zindash stated that the job was physically and emotionally draining, and that he had back pain from all the bending down to retrieve medications from the shelves. Mr. Zindash was asked to work overtime and due to his back pain, he began self-medicating. Based on the presentation of Board staff, the testimony of Mr. Zindash, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. On or about June 4, 2012, Mr. Zindash was terminated from employment as a pharmaceutical technician at CVS/pharmacy #8794. CVS conducted an internal

investigation into the performance issues of a co-worker of Mr. Zindash. In the course of that investigation, Mr. Zindash's co-worker told CVS loss prevention personnel that Mr. Zindash had taken controlled substances from his employing pharmacy. CVS loss prevention personnel interviewed Mr. Zindash and he admitted that he had diverted 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 from his employing pharmacy to self-medicate.

### CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Zindash is registered as a pharmaceutical technician with the Board.

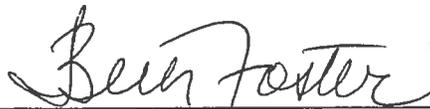
2. In removing controlled substances, namely approximately 50 to 60 tablets of hydrocodone /APAP 5/325, 50 to 60 tablets of hydrocodone/APAP 10/325, and 50 to 60 tablets of hydrocodone/APAP 5/500 without a valid prescription, Mr. Zindash violated Nevada Revised Statutes (NRS) 639.210(1), (4) and/or and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or 639.951(c).

### ORDER

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

1. Mr.'s Zindash registration (PT12630) is revoked.
2. Mr. Zindash may not be employed in any business registered by the Board in any capacity.

Signed and effective this 8<sup>th</sup> day of November, 2012.



Beth Foster, President  
Nevada State Board of Pharmacy

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PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order or cashier's check only, no cash)

Complete Name (no abbreviations):

First: Alyssum Middle: Cassandra Last: Lowdon

Home Address: 4746 Madrigal Way Apt #: \_\_\_\_\_

City: Las Vegas State: NV Zip Code: 89177

Social Security Number: \_\_\_\_\_

Place of Birth: Las Vegas NV Sex:  M or  F

E-mail Address: \_\_\_\_\_

I am requesting registration at the following pharmacy:

Pharmacy: PIMA MEDICAL INSTITUTE Store #: N/A

Address: 3333 E. FLAMINGO RD

City: LAS VEGAS State: NV Zip Code: 89121 10/3/13

Signature of Managing Pharmacist: Stuart Deem Lic #: PT00139 Date: 10/3/13

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes  No   
 2. Are you a high school graduate or the equivalent? Yes  No

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	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"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*If you marked YES to any of the numbered questions (3-5) above, include the following information & provide documentation:

Board Administrative Action:	State	Case #:
Criminal Action:	State	Court

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Alyssum Lowdon  
Original Signature, no copies or stamps accepted

10/3/13  
Date

Board Use Only Received: <u>10/16/13</u> Amount: <u>\$40.00</u> Entity # _____
--

Dear Nevada State Board of Pharmacy,

In June of 2010 I was called in for a routine random drug test. I failed that test. The only test I had ever failed. All tests are made to judge a person's competence, whether it be intellectual, physical, emotional or otherwise. In the case of drug testing, a person's competence is measured by how well they can control themselves when faced with a decision to be made as to whether they will use drugs or not. When I was told it was my turn to take this test, I had a feeling I would not pass. In the weeks prior to this test I had become increasingly bothered by my life at home with my mother. During that time, my mom was very unstable, causing me to become that way as well. A friend suggested that I try marijuana to make me feel better. As I suspected, it worked, but only for a very short time. It was over and done and my life was still my life only now I had THC in my system.

After 19 years of trying my hardest to be a good person and 11 years in school doing my best to be a good student – without recognition, good or bad – all I got was a failing grade on what should have been the simplest test I would ever take. And a request to leave the school – into which I had put all of my very little remaining strength – as well as the rest of my self-confidence behind. So I did just that, for a while anyway.

I began seeing counselors after I lost my father in 2006. These men and women seemed to do very little for me other than tell me how to grieve, and even that didn't go well. Without being able to say goodbye, or even see my dad until a few days before his passing, daily activities and high school became much more difficult than they already were, given my deteriorating GI health. After deciding to receive my GED in 2009, in place of going to school every day, I thought I might be able to get a head start on my career path. Although at the time, I hadn't the slightest clue what I wanted to do with the rest of my life, I was always deeply fascinated by medicine and the world of healthcare. So I sought out Pima Medical Institute. From there I could feed my curiosity of all things pharmaceutical as well as getting myself a lasting education.

Since leaving PMI, I have seen several therapists, counselors and psychiatrists until I finally found the right people – ones who could understand me and see me as a valued patient *and* a human being. Finding Dr. Pinto and Russ Pilgrim has been tremendously helpful for my well-being. I haven't doubted that I can do whatever I put my mind to. In early 2011, I went to the office of Dr. Pinto. I could tell immediately that he would be the person to help me get better permanently. I cried as I told him a brief life story ending with my departure from PMI and he knew exactly what needed to be done. After ordering blood tests and a physical, he was sure that taking care of my virtually nonexistent vitamin D3 levels and beginning a new antidepressant, along with a lifestyle healthy for my brain and my body, I would become the person that had been hiding inside for 20 years.

Shortly after these physical changes began to set in, I was ready to find the right therapist. I searched for therapists and counselors that accept patient without health insurance that I could afford to pay for. I found Oasis Counseling on the internet. I called their number and spoke to Jeff, a counselor there, and within five minutes he had made me laugh and thanked me for being so honest in telling him that my day was not going well at all when asked how I was doing. I made an appointment to see his

colleague, Russ Pilgrim, the next day. It was all over. I knew the search was over. I had found a wonderful therapist. Russ encourages me to never stop thinking about how to improve my life by volunteering and seeking employment any chance I get. He helps me to reduce the amount of time I spend worrying about my future not becoming what I think it should be and just letting it be what it will be. I have learned to accept myself for who I am and even take my hardships to my advantage. I am so much stronger and more confident than ever. I will be forever grateful for what Russ and Dr. Pinto have done for my life.

I am still very much interested in pharmacy and medicine. I would like nothing more at this time than to pursue my Pharmacy Technician's license. I strive to be a confident, sensible person no matter what. I will continue to fill my brain with the marvels of medicine in all its many forms. I don't plan to use this knowledge to become a doctor, just to know everything they know – and more.

Sincere Thanks,

Alyssum Cassandra Lowdon

A handwritten signature in cursive script that reads "Alyssum Cassandra Lowdon". The signature is written in black ink and is positioned below the typed name.

Blank

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_____)	
<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: American Specialty Pharmacy

Physical Address: 2414 Babcock Rd, Suite 111

Mailing Address: 2414 Babcock Rd, Suite 111

City: San Antonio State: TX Zip Code: 78229

Telephone: 210 615 7400 Fax: 210 615 7401

Toll Free Number: 855 615 7400 (Required per NAC 639.708)

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

Managing Pharmacist: Manohar Miryala License Number: 48435

**Hours of Operation:**

Monday thru Friday 9 am 7 pm      Saturday closed am \_\_\_\_\_ pm  
 Sunday closed am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

*sterile compounding*

**APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE**

This page must be submitted for all types of ownership.

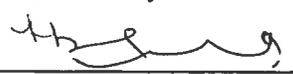
Within the last five (5) years:

- 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

Abdul Hameed

9/24/13

Print Name of Authorized Person

Date

Board Use Only

Received: 11/25/13

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: \_\_\_\_\_  
Corporation Name: American Specialty Pharmacy Inc.  
Mailing Address: 2743 W. 15th Street  
City: Piano State: TX Zip: 75075  
Telephone: 214 919 2520 Fax: 214 919 2524  
Contact Person: Janet Thorsen (Ext 303)

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
  - a) Abdul Hameed 3240 Rankin St, Dallas TX 75205  
Name Address
  - b) \_\_\_\_\_  
Name Address
  - c) \_\_\_\_\_  
Name Address
  - d) \_\_\_\_\_  
Name Address
- 2) Provide the number of shares issued by the corporation. 1,000,000
- 3) What was the price paid per share? \$ 0.001
- 4) What date did the corporation actually receive the cash assets? NA
- 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

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Abdul Hameed

Responsible Person of American Specialty Pharmacy

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

Abdul Hameed

Print Name of Authorized Person

9/26/13

Date



## TEXAS STATE BOARD OF PHARMACY

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President  
Waco

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Dallas

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Austin

Phyllis A. Stine  
Abilene

Joyce A. Tipton, R.Ph.  
Houston

Charles F. Wetherbee  
Boerne

Gay Dodson, R.Ph.  
Executive Director/Secretary  
Austin

**Re:** American Specialty Pharmacy  
**Address:** 2414 Babcock Rd, Suite 111  
San Antonio, TX 78229  
**License No.:** 28002  
**Date Issued:** April 18, 2012  
**Licensure Status:** Active  
**Expiration Date:** April 30, 2014  
**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 (September 26, 2013), American Specialty Pharmacy, (Texas Pharmacy License #28002) 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

October 18, 2013

Date



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

Blank

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_____)	
<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: CARIE Boyd's Prescription Shop  
 Physical Address: 122 Grapevine Highway  
 Mailing Address: SAME  
 City: Hurst State: TX Zip Code: 76054  
 Telephone: 817 282 9376 Fax: 817 282 1709  
 Toll Free Number: 800-930-4361 (Required per NAC 639.708)  
 E-mail: david@carieboyd.com Website: www.carieboyd.com  
 Managing Pharmacist: DAVID Smith License Number: TX 51244

**Hours of Operation:**

Monday thru Friday 9 am 6 pm      Saturday 0900am 0900pm  
 Sunday 0900am 0900pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services	<u>Sterile comp.</u>
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral	
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)	
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge	
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service	
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care	<u>65161</u>

**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.

*[Handwritten Signature]*

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

*DAVID SMITH*

Print Name of Authorized Person

*11-15-13*  
Date

<b>Board Use Only</b>	Received: <u><i>12/2/13</i></u>	Amount: <u><i>\$ 500.00</i></u>
-----------------------	---------------------------------	---------------------------------

Statement Regarding Disciplinary Action Against  
Richard E. Appling II, Texas License #37892

Upon routine inspection by the Texas State Board of Pharmacy, it was found that shipping clerk employed by Denton Prescription Shop, Diane Bottoni, had occasionally entered refill request(s) into pharmacy operating system. Mrs. Bottoni was granted access to pharmacy operating system to gather information for shipping only. This access has since been restricted to prevent the possibility of entering prescription refill request(s).

Texas State Board of Pharmacy interpreted the violation of occasionally entering refill request(s) as unlawfully engaging in the duties of a pharmacy technician. Mrs. Bottoni had not registered with the Texas State Board of Pharmacy as a pharmacy technician. As previously stated, Mrs. Bottoni was not and, is not, a pharmacy technician, nor has she registered as such. Her access to pharmacy operating software has been restricted and the violation of Texas State Board of Pharmacy resulted in the following disciplinary action(s).

Further, Mrs. Bottoni will no longer be an employee of Denton Prescription Shop as of February 12, 2013.

ABO #K-12-031-A (action against Richard E. Appling II, PIC)

Please see attached ABO for both violations.

*AGREED BOARD ORDER #K-12-031-A*

RE: IN THE MATTER OF  
RICHARD EARL APPLING II  
(PHARMACIST LICENSE #37892)

BEFORE THE TEXAS STATE  
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of pharmacist license number 37892 issued to Richard Earl Appling II ("Respondent").

By letter dated October 31, 2012, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Section 565.001(a)(1), (12) and (13); Section 568.002(a); and Section 568.003(a)(1) and (7) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011); and

Section 291.32(a)(2)(H); Section 291.32(c)(1)(C) and (E); Section 295.3; Section 297.3(a)(1); and Section 297.3(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2012) in that allegedly:

COUNT

On or about January 3, 2012, through on or about June 13, 2012, Diane D. Bottoni, while acting as an employee of Denton Prescription Shop, 2501 West Oak St., Suite 100, Denton, Texas 76201, was unlawfully engaged in the duties of a pharmacy technician. Ms. Bottoni failed to register with the Texas State Board of Pharmacy (TSBP) before starting her employment as a pharmacy technician. As evidenced by pharmacy records, Ms. Bottoni engaged in the duties of a pharmacy technician without a registration until her failure to register was discovered during a TSBP inspection on June 13, 2012.

On or about January 3, 2012, through on or about June 13, 2012, Richard Earl Appling II, while acting as an employee (pharmacist-in-charge) and corporate officer of Denton Prescription Shop, failed to properly supervise pharmacy personnel as previously described.

By letter dated October 31, 2012, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in

this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

**ORDER OF THE BOARD**

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

- (1) Respondent shall pay an administrative penalty of one thousand dollars (\$1,000) due ninety (90) days after the entry of this Order.
- (2) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.
- (3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2011), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2012).

Agreed Board Order #K-12-031-A  
Richard Earl Appling II  
Page 3

And it is so Ordered.

THIS ORDER IS A PUBLIC RECORD.

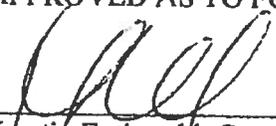
Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on  
this 4th day of December, 2012.

  
\_\_\_\_\_  
Gay Dodson, R.Ph., Executive Director/Secretary  
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

 RPh  
\_\_\_\_\_  
Richard Earl Appling, R.Ph.

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Kerstin E. Arnold, General Counsel  
Texas State Board of Pharmacy

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: Right VALUE Drug Stores, INC  
Mailing Address: 122 Grapevine Highway  
City: HURST State: TX Zip: 76054  
Telephone: 817-282-9376 Fax: 817-282-1709  
Contact Person: DAVID Smith

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- a) Richard E Applying 3616 Bentley Court Denton TX 76210  
Name Address
- b) N/A  
Name Address
- c) N/A  
Name Address
- d) N/A  
Name Address
- 2) Provide the number of shares issued by the corporation. 36,000
- 3) What was the price paid per share? \$5.00
- 4) What date did the corporation actually receive the cash assets? 12/31/2011
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

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

**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

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.  
Do not return with application unless it has been completed by the licensing agency.

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

**LICENSE VERIFICATION**

Name: CARIE BOYD'S PRESCRIPTION SHOP #165

Address: 122 GRAPERINE HIGHWAY

City: HURST State: TX Zip: 76054

I hereby authorize the TEXAS BOARD OF PHARMACY to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant [Signature]

**THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE**

License Number	License Status	Date License Issued	Date License Expires
165	Active	See Attached	3/31/2015

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No See Attached	Type of Encumbrance: (if any) See Attached	
	<input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted Please attach copies of any pertinent legal documents	<input type="checkbox"/> Limited <input type="checkbox"/> Probation

**USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY**

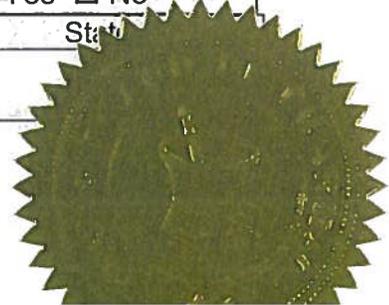
Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) See Attached  
 Yes  No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) See Attached  
 Yes  No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) See Attached  
 Yes  No

Has applicant met all licensing requirements of your state? (If no, please explain) See Attached  
 Yes  No

Signature of State Official	Title	State	Date	State
<u>[Signature]</u>	Director of Professional Services	TX	12/17/2013	





## TEXAS STATE BOARD OF PHARMACY

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*Vice President*  
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*Abilene*

Joyce A. Tipton, R.Ph.  
*Houston*

Charles F. Wetherbee  
*Boerne*

Gay Dodson, R.Ph.  
*Executive Director/Secretary*  
Austin

**Re:** Carie Boyd's Prescription Shop

**Address:** 122 Grapevine Hwy  
Hurst, TX 76054

**License No.:** 165

**Date Issued:** Prior to 1978, when licensing records were computerized.

**Licensure Status:** Active

**Expiration Date:** March 31, 2015

**Type of Pharmacy:** Community – Class A

**Prior Disciplinary Orders:** Yes

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 (November 20, 2012), Carie Boyd's Prescription Shop, (Texas Pharmacy License #165) has been subject to disciplinary action by the Texas State Board of Pharmacy (see attached).

Form Completed by:

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

December 17, 2013

Date



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

Phcy. Lic. # 165 Expires 3/13

**NOTICE OF INSPECTION**  
 Texas State Board of Pharmacy  
 333 Guadalupe Street, Suite 3-600  
 Austin, Texas 78701-3942  
 (512) 305-8000

Name of Individual <u>Care Boyd</u>		Title <u>PIC</u>	R.Ph. Lic. # <u>19729</u>	Expires <u>9/13</u>
Name of Facility <u>Care Boyd's Prescription Shop</u>				
Address <u>122 Grapevine Hwy</u>				
City/State <u>Hurst</u> , TX		Zip <u>76054</u>	Phone # <u>(817) 282-9376</u>	
DEA Registration # <u>AR7700835</u>	Expires <u>8/12</u>	DPS Registration # <u>N0030525</u>	Expires <u>2/13</u>	
Date <u>3/12/2012</u>		Time of Entry <u>11:45am</u>		

**PURPOSE OF INSPECTION**

- (1) Complaint  
  (2) Routine  
  (3) Preceptor  (4) Follow-up to Warning Notice  
 (7) New Pharmacy  
  (8) Change/Owner  
  (15) Pre-Inspection  
  (17) Follow-up to Complaint  
 (18) Follow-up to Theft/Loss Report  
  (12) Other \_\_\_\_\_

**ACKNOWLEDGEMENT**

This is to acknowledge that Texas State Board of Pharmacy Agent Adrienne Bauer has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

- I am the PIC for the above-described facility;
- I have read this Notice of Inspection and understand its contents and purpose;
- I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
- I have had the purpose of the entry into the above-described facility by the Board's agent stated to me; and
- I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Signature [Signature]

Witnesses:

[Signature]  
Signature

\_\_\_\_\_  
Signature

**ENTERED**

TEXAS PHARMACY ACT  
(Occupations Code, Subtitle J)

CHAPTER 554. BOARD POWERS AND DUTIES; RULEMAKING AUTHORITY  
SUBCHAPTER A. POWERS AND DUTIES

Sec. 554.001. General Powers and Duties of Board.

- XXX
- (c) The board may:
- XXX
- (2) inspect a facility licensed under this subtitle for compliance with this subtitle.
- XXX

CHAPTER 556. ADMINISTRATIVE INSPECTIONS AND WARRANTS  
SUBCHAPTER A. GENERAL PROVISIONS

Sec. 556.001. Definition. In this chapter, "facility" means a place:

- (1) for which an application has been made for a pharmacy license under this subtitle;
- (2) at which a pharmacy licensed under this subtitle is located;
- (3) at which a pharmacy is being operated in violation of this subtitle; or
- (4) where the practice of pharmacy occurs.

SUBCHAPTER B. INSPECTIONS

Sec. 556.051. Authorization To Enter and Inspect. The board or a representative of the board may enter and inspect a facility relative to the following:

- (1) drug storage and security;
- (2) equipment;
- (3) components used in compounding, finished and unfinished products, containers, and labeling of any item;
- (4) sanitary conditions; or
- (5) records, reports, or other documents required to be kept or made under this subtitle, Chapter 481 or 483, Health and Safety Code, or the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Section 801 et seq.) or rules adopted under one of those laws.

Sec. 556.052. Requirements Before Entry and Inspection.

- (a) Before an entry and inspection of the facility, the person authorized to represent the board must:
- (1) state the purpose for the inspection; and
  - (2) present to the owner, pharmacist, or agent in charge of the facility:
    - (A) appropriate credentials; and
    - (B) written notice of the authority for the inspection.
- (b) If an inspection is required by or is supported by an administrative inspection warrant, the warrant is the notice for purposes of Subsection (a)(2)(B).

Sec. 556.053. Extent of Inspection. Except as otherwise provided in an inspection warrant, the person authorized to represent the board may:

- (1) inspect and copy documents, including records or reports, required to be kept or made under this subtitle, Chapter 481 or 483, Health and Safety Code, or the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Section 801 et seq.) or rules adopted under one of those laws;
- (2) inspect, within reasonable limits and in a reasonable manner, a facility's storage, equipment, security, prescription drugs or devices, components used in compounding, finished and unfinished products, or records; or
- (3) perform an inventory of any stock of prescription drugs or devices, components used in compounding, or finished and unfinished products in a facility and obtain samples of those substances.

Sec. 556.054. Limitation on Inspection. Unless the owner, pharmacist, or agent in charge of a facility consents in writing, an inspection of the facility authorized by this chapter may not extend to:

- (1) financial data;
- (2) sales data, other than shipment data; or
- (3) pricing data.

XXX

SUBCHAPTER C. WARRANTS

Sec. 556.101. Warrant Not Required. A warrant is not required under this chapter to:

- (1) inspect books or records under an administrative subpoena issued under this subtitle; or
- (2) enter a facility or conduct an administrative inspection of a facility if:
  - (A) the owner, pharmacist, or agent in charge of the facility consents to the inspection;
  - (B) the situation presents imminent danger to the public health and safety;
  - (C) the situation involves inspection of a conveyance, if there is reasonable cause to believe that the mobility of the conveyance makes it impracticable to obtain a warrant; or
  - (D) any other exceptional situation or emergency exists involving an act of God or natural disaster in which time or opportunity to apply for a warrant is lacking.

XXX

**TEXAS STATE BOARD OF PHARMACY INSPECTION REPORT**

CLASS: (A) B C (BEDS \_\_\_) D Other \_\_\_

Name of Pharmacy  
Pharmacist in Charge  
Personnel

*Care Boyd's Prescription Shop*  
*Care Boyd*

TSBP License # 165  
Lic 19774 Exp 9/13  
Lic \_\_\_\_\_ Exp \_\_\_\_\_  
Lic \_\_\_\_\_ Exp \_\_\_\_\_  
Lic \_\_\_\_\_ Exp \_\_\_\_\_  
Lic \_\_\_\_\_ Exp \_\_\_\_\_

**KEY:** Circled items need improvement, √ items in Column One Refer to Legal Division (R/L) for review and possible discipline.  
√ items in Column Two receive a Warning Notice (W/N).

For an explanation of specific violations noted, refer to remarks section of inspection report.

R/L	W/N	
	1	Licenses not posted
	2	Insufficient Equipment
	3	Orderly/Clean
	4	Balance Failed
	5	Equipment Inspection
	6	Inadequate Library
	7	Improper security
	8	Environment
	9	Delinquent licenses/certifications
36		No notification of substitution
90		No complaint notification
38		Area for non sterile compounding
43		Records for non sterile compounding
47		Out of date/mislabeled drug stock
48		Improper drug storage
53		Illegal possession of C/S
57		Corresponding Responsibility
59		Improper drug destruction
61		Improper supervision of supportive personnel
62		Aiding and abetting
65		Improper registration procedures
66		Grey Market diversion/Samples
76		No PIC
34		Notification Violation
79		Nametags
60		Improper documentation of training
92		Improper automated dispensing procedures

R/L	W/N	
		Date of last inventory
15		No PIC inventory
69		No annual inventory
68		No change of ownership inventory
31		Closed Phcy/Change of owner improper
17		Incomplete inventory
18		Records not available
46		Improper distribution
54		Improper prepackaging procedures
24		Theft/Loss not reported
30		Invoices not dated/initialed
86		Absence of RPh pick up records
19		Rx lacks proper information
25		No documentation of refill authorization
32		Rx label is incorrect
40		Non emergency C-II Rx
26		C II Rx noncompliance
37		Illegal dispensing
45		Improper dispensing/labeling
44		Refill CIII-V over 5x/6mo
55		Refill prn past one year
78		Counseling area
80		No counseling by RPh
56		Improper transfer of Rx
50		Out of state verbal Rx for C/S
49		Substitution noncompliance
33		Rx records not in numerical order

R/L	W/N	
	10	Rxs not separated
35		Invoices not separated
67		No written information
21		Computer records incomplete
22		Computer system noncompliance
82		PMR Incomplete
83		PMR Absent
84		No drug regimen review
16		No perpetual inventory
27		Improper inpatient records
51		Improper ER dispensing
75		Improper absence of RPh procedures
70		No P&P manual
71		Incomplete P&P manual
72		Improper procedures for IV preparation
81		Area for preparation of sterile products
85		Patient Care Guidelines incomplete
87		Quality Control/Assurance
88		Cytotoxic/Biohazardous Procedures
89		Refrigerator Temperature Log
28		No provision log
29		Incomplete provision log
52		Improper provision/dispensing in Class D
63		Prohibited drugs in Class D pharmacy
64		Violation of limited formulary
91		RPh visits/contact documentation
73		Formulary not complete

Remarks

Lined area for handwritten remarks.

Action Taken

- (1) \_\_\_ Inspection
- (2)  Partial Inspection
- (3) \_\_\_ Visit
- (5) \_\_\_ Audit
- (10) \_\_\_ Pre-Inspection
- (9) \_\_\_ Other \_\_\_\_\_

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted. Items marked in Column One will be referred to the Legal Division for review and possible disciplinary action. Items marked in Column Two are conditions that have resulted in the issuance of a Warning Notice and must be corrected to ensure compliance with the laws and rules governing the practice of pharmacy. Circled items need improvement.

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Arnette M. Bauer  
Agent of the Texas State Board of Pharmacy

[Signature]  
Authorized Individual for the Pharmacy

3/18/2012  
Date

12:30pm  
Time of Exit

Carie Boyd P/IC  
Printed Name and Title of Authorized Individual

Phcy. Lic. # 165 Expires 3/13

**NOTICE OF INSPECTION**  
 Texas State Board of Pharmacy  
 333 Guadalupe Street, Suite 3-600  
 Austin, Texas 78701-3942  
 (512) 305-8000

Name of Individual <u>Carie Boyd</u>		Title <u>PIC</u>	R.Ph. Lic. # Expires <u>19729 9/11</u>
Name of Facility <u>Carie Boyd's Prescription Shop</u>			
Address <u>122 Grapevine Hwy</u>			
City/State <u>Hurst, TX</u>		Zip <u>76054</u>	Phone # <u>817-282-9376</u>
DEA Registration # <u>AR7700835</u>		Expires <u>8/12</u>	DPS Registration # Expires <u>N0030525 2/12</u>
Date <u>7/19/2011</u>		Time of Entry <u>9:00am</u>	

**PURPOSE OF INSPECTION**

- (1) Complaint  (2) Routine  (3) Preceptor  (4) Follow-up to Warning Notice  
 (7) New Pharmacy  (8) Change/Owner  (15) Pre-Inspection  (17) Follow-up to Complaint  
 (18) Follow-up to Theft/Loss Report  (12) Other \_\_\_\_\_

**ACKNOWLEDGEMENT**

This is to acknowledge that Texas State Board of Pharmacy Agent Adrienne Bauer has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

- I am the PIC for the above-described facility;
- I have read this Notice of Inspection and understand its contents and purpose;
- I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
- I have had the purpose of the entry into the above-described facility by the Board's agent stated to me; and
- I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

[Signature]  
Signature

Witnesses:  
[Signature]  
Signature

\_\_\_\_\_  
Signature

ENTERED

**TEXAS PHARMACY ACT**  
**(Occupations Code, Subtitle J)**

**CHAPTER 554. BOARD POWERS AND DUTIES; RULEMAKING AUTHORITY**  
**SUBCHAPTER A. POWERS AND DUTIES**

**Sec. 554.001. General Powers and Duties of Board.**

- XXX
- (c) The board may:
- XXX
- (2) inspect a facility licensed under this subtitle for compliance with this subtitle.
- XXX

**CHAPTER 556. ADMINISTRATIVE INSPECTIONS AND WARRANTS**  
**SUBCHAPTER A. GENERAL PROVISIONS**

**Sec. 556.001. Definition.** In this chapter, "facility" means a place:

- (1) for which an application has been made for a pharmacy license under this subtitle;
- (2) at which a pharmacy licensed under this subtitle is located;
- (3) at which a pharmacy is being operated in violation of this subtitle; or
- (4) where the practice of pharmacy occurs.

**SUBCHAPTER B. INSPECTIONS**

**Sec. 556.051. Authorization To Enter and Inspect.** The board or a representative of the board may enter and inspect a facility relative to the following:

- (1) drug storage and security;
- (2) equipment;
- (3) components used in compounding, finished and unfinished products, containers, and labeling of any item;
- (4) sanitary conditions; or
- (5) records, reports, or other documents required to be kept or made under this subtitle, Chapter 481 or 483, Health and Safety Code, or the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Section 801 et seq.) or rules adopted under one of those laws.

**Sec. 556.052. Requirements Before Entry and Inspection.**

- (a) Before an entry and inspection of the facility, the person authorized to represent the board must:
- (1) state the purpose for the inspection; and
  - (2) present to the owner, pharmacist, or agent in charge of the facility:
    - (A) appropriate credentials; and
    - (B) written notice of the authority for the inspection.
- (b) If an inspection is required by or is supported by an administrative inspection warrant, the warrant is the notice for purposes of Subsection (a)(2)(B).

**Sec. 556.053. Extent of Inspection.** Except as otherwise provided in an inspection warrant, the person authorized to represent the board may:

- (1) inspect and copy documents, including records or reports, required to be kept or made under this subtitle, Chapter 481 or 483, Health and Safety Code, or the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Section 801 et seq.) or rules adopted under one of those laws;
- (2) inspect, within reasonable limits and in a reasonable manner, a facility's storage, equipment, security, prescription drugs or devices, components used in compounding, finished and unfinished products, or records; or
- (3) perform an inventory of any stock of prescription drugs or devices, components used in compounding, or finished and unfinished products in a facility and obtain samples of those substances.

**Sec. 556.054. Limitation on Inspection.** Unless the owner, pharmacist, or agent in charge of a facility consents in writing, an inspection of the facility authorized by this chapter may not extend to:

- (1) financial data;
- (2) sales data, other than shipment data; or
- (3) pricing data.

XXX

**SUBCHAPTER C. WARRANTS**

**Sec. 556.101. Warrant Not Required.** A warrant is not required under this chapter to:

- (1) inspect books or records under an administrative subpoena issued under this subtitle; or
- (2) enter a facility or conduct an administrative inspection of a facility if:
  - (A) the owner, pharmacist, or agent in charge of the facility consents to the inspection;
  - (B) the situation presents imminent danger to the public health and safety;
  - (C) the situation involves inspection of a conveyance, if there is reasonable cause to believe that the mobility of the conveyance makes it impracticable to obtain a warrant; or
  - (D) any other exceptional situation or emergency exists involving an act of God or natural disaster in which time or opportunity to apply for a warrant is lacking.

XXX

TEXAS STATE BOARD OF PHARMACY INSPECTION REPORT

CLASS: (A) B C (BEDS) D  
 Name of Pharmacy Carie Boyd's Prescription Shop  
 Pharmacist in Charge Carie Boyd  
 Personnel \_\_\_\_\_

TSBR License # 165  
 Lic 11/29 Exp 9/11  
 Lic \_\_\_\_\_ Exp \_\_\_\_\_  
 Lic \_\_\_\_\_ Exp \_\_\_\_\_  
 Lic \_\_\_\_\_ Exp \_\_\_\_\_  
 Lic \_\_\_\_\_ Exp \_\_\_\_\_

*see attached*

KEY: Circled items need improvement, √ items in Column One Refer to Legal Division (R/L) for review and possible discipline.  
 √ items in Column Two receive a Warning Notice (W/N).

For an explanation of specific violations noted, refer to remarks section of inspection report.

R/L	W/N	
1		Licenses not posted
2		Insufficient Equipment
3		Orderly/Clean
4		Balance Failed
5		Equipment Inspection
6		Inadequate Library
7		Improper security
8		Environment
9		Delinquent licenses/certifications
36		No notification of substitution
90		No complaint notification
38		Area for non sterile compounding
43		Records for non sterile compounding
47		Out of date/mis labeled drug stock
48		Improper drug storage
53		Illegal possession of C/S
57		Corresponding Responsibility
59		Improper drug destruction
61		Improper supervision of supportive personnel
62		Aiding and abetting
65		Improper registration procedures
66		Grey Market diversion/Samples
76		No PIC
34		Notification Violation
79		Nametags
60	✓	Improper documentation of training
92		Improper automated dispensing procedures

R/L	W/N	
		Date of last inventory <u>4-30-11</u> C
15		No PIC inventory
69		No annual inventory
68		No change of ownership inventory
31		Closed Phcy/Change of owner improper
17		Incomplete inventory
18		Records not available
46		Improper distribution
54		Improper prepackaging procedures
24		Theft/Loss not reported <u>None</u>
30		Invoices not dated/initiated
86		Absence of RPh pick up records
19		Rx lacks proper information
25		No documentation of refill authorization
32		Rx label is incorrect
40		Non emergency C-II Rx
26		C II Rx noncompliance
37		Illegal dispensing
45		Improper dispensing/labeling
44		Refill CIII-V over 5x/6mo
55		Refill prn past one year
78		Counseling area
80		No counseling by RPh
56		Improper transfer of Rx
50		Out of state verbal Rx for C/S
49		Substitution noncompliance
33		Rx records not in numerical order

R/L	W/N	
10		Rxs not separated
35		Invoices not separated
67		No written information
21		Computer records incomplete
22		Computer system noncompliance
82		PMR Incomplete
83		PMR Absent
84		No drug regimen review
16		No perpetual inventory
27		Improper Inpatient records
51		Improper ER dispensing
75		Improper absence of RPh procedures
70		No P&P manual
71		Incomplete P&P manual
72		Improper procedures for IV preparation
81	✓	Area for preparation of sterile products
85		Patient Care Guidelines incomplete
87		Quality Control/Assurance
88		Cytotoxic/Biohazardous Procedures
89		Refrigerator Temperature Log
28		No provision log
29		Incomplete provision log
52		Improper provision/dispensing in Class D
63		Prohibited drugs in Class D pharmacy
64		Violation of limited formulary
91		RPh visits/contact documentation
73		Formulary not complete

Advised to.

Remarks

- Code: 0:NI: Update the general information reference.
- Code: 60:NI: Ensure the documentation of ~~the~~ training for sterile preparations clearly indicates 40 hours for Techs & 20 hours for RPh.
- Code: 30:NI: Ensure all controlled substance invoices are signed & dated by a pharmacist.
- Code: 60:W/N: Failure to mention documentation of medical testing.
- Code: 81:W/N: Classroom not compliant w/ TSBP rules.

Note: Review immunization protocol annually and update if necessary.

Action Taken

- (1)  Inspection
- (2)  Partial Inspection
- (3)  Visit
- (5)  Audit
- (10)  Pre-Inspection
- (9)  Other \_\_\_\_\_

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted. Items marked in Column One will be referred to the Legal Division for review and possible disciplinary action. Items marked in Column Two are conditions that have resulted in the issuance of a Warning Notice and must be corrected to ensure compliance with the laws and rules governing the practice of pharmacy. Circled items need improvement.

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Adrienne D. Barr  
Agent of the Texas State Board of Pharmacy

[Signature]  
Authorized Individual for the Pharmacy

7/19/2011  
Date

12:30pm  
Time of Exit

Cherie Boyd PCI  
Printed Name and Title of Authorized Individual

**Texas State Board of Pharmacy**

333 Guadalupe Street, Suite 3-600, Box 21

Austin, Texas 78701-3942

Phone: 512/305-8000

**WARNING NOTICE**

Pharmacy License # 1165  
 Name of Facility Carrie Boyd's Prescription Shop  
 Address 122 Grapevine Hwy City Hurst Zip 76054  
 Pharmacist License # 19729  
 NAME OF PERSON RESPONSIBLE Carrie Boyd

Notice is hereby given that you are not complying with the following laws and or rules governing the practice of pharmacy:

1. Law/Rule 291.133 (c) (4) (A) (v) & 291.133 (c) (4) (D)

Explanation of violation Failure to maintain documentation of media fill testing for personnel preparing sterile products. Conduct media fill testing & maintain documentation.

2. Law/Rule 291.133 (d) (5) (A)

Explanation of violation Cleanroom is not compliant with TSBP rules. All surfaces in cleanroom shall be smooth, impervious, free from cracks & crevices, nonshedding &

3. Law/Rule resistant to damage from disinfectant  
 Explanation of violation agents.

Notice is also hereby given that unless the conditions noted above are corrected and a written report detailing the corrections is submitted to the Executive Director/Secretary of the Texas State Board of Pharmacy on or before 8/19/2011, disciplinary action may be instituted against your license.

I hereby acknowledge that the laws and or rules cited above have been explained to me and that I have received a copy of this notice.

By [Signature]  
 Agent, Texas State Board of Pharmacy  
 Date 8/19/2011

Signed [Signature]





August 5, 2011

**RESPONSE TO WARNING NOTICE**

1. Media fill testing kits ordered from Hardy Diagnostics have been received and sterile personnel completed testing on August 5, 2011. Media fill testing has been sent to Analytical Research Labs for results. Media Fill Testing file has been established.
2. The cleanroom is now compliant with TSBP rules. On July 30, 2011 Ramsey's Paint & Drywall removed all trim from the sterile room. Texture and epoxy paint were applied forming a smooth, no shedding, free from cracks and crevices surface.

A handwritten signature in black ink, appearing to read "Carie G. Boyd", is written over a horizontal line.

Carie G. Boyd, Pharmacist In Charge



## TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.  
*President*  
Waco

September 13, 2011

Alice G. Mendoza, R.Ph.  
*Vice President*  
Kingsville

Carie G. Boyd, R.Ph.  
Carie Boyd's Prescription Shop  
122 Grapevine Hwy.  
Hurst, TX 76054

Dennis F. Wiesner, R.Ph.  
*Treasurer*  
Austin

Buford T. Abeldt, Sr., R.Ph.  
*Laufkin*

Re: License #165

W. Benjamin Fry, R.Ph.  
*San Benito*

Dear Carie Boyd:

L. Suzan Kedron  
*Dallas*

This letter is to acknowledge the receipt of your written response assuring the Texas State Board of Pharmacy that you have corrected those procedural violations specified on the "Warning Notice" issued during the pharmacy compliance inspection of July 19, 2011.

Joyce A. Tipton, R.Ph.  
*Houston*

Charles F. Wetherbee  
*Boerne*

We appreciate your voluntary compliance with the law. In addition, we must make you aware that this pharmacy may be visited by a Compliance Officer in the near future for the purpose of checking compliance with the violations noted in the "Warning Notice." If the Compliance Officer finds that the violations noted in the "Warning Notice" have not been corrected, disciplinary action will be instituted against your license and the license of the pharmacy.

Phyllis A. Stine  
*Arlene*

Gay Dodson, R.Ph.  
*Executive Director Secretary*  
Austin

In addition, please note that any additional alleged deficiencies referred to the Legal Division are not addressed in this letter.

Again, your timely show of concern and cooperation is appreciated. If you encounter any problems or have any questions concerning the changes you have made, please contact me at 512-305-8041.

Sincerely,

Ben Santana, R.Ph.  
Chief of Compliance

BJS:ld

cc: Adrienne Bauer  
Compliance Inspector

**NOTICE OF INSPECTION**  
 Texas State Board of Pharmacy  
 333 Guadalupe Street, Suite 3-600  
 Austin, Texas 78701-3942  
 (512) 305-8000

Phcy. Lic. #	Expires
165	03/09

Name of Individual	Title	R.Ph. Lic. #	Expires
KEVIN SEDLACEK	RPh	46090	10/10
Name of Facility			
CARIE BOYD'S PRESCRIPTION SHOP			
Address			
122 GRAPEVINE HWY			
City/State	Zip	Phone #	
HURST, TX	75054	817)282-9376	
DEA Registration #	Expires	DPS Registration #	Expires
A27700835	03/09	N0030525	02/09
Date	Time of Entry		
01/13/09	10:45 a		

**PURPOSE OF INSPECTION**

(1) Complaint \_\_\_ (2) Routine \_\_\_ (3) Preceptor \_\_\_ (4) Follow-up to Warning Notice \_\_\_ (7) New Pharmacy  
 \_\_\_ (8) Change/Owner \_\_\_ (14) Follow-up to Disciplinary Order \_\_\_ (15) Pre-Inspection \_\_\_ Other \_\_\_\_\_

**ACKNOWLEDGEMENT**

This is to acknowledge that Texas State Board of Pharmacy Agent KAREN GUNTHER has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

- I am the RPh for the above-described facility;
- I have read this Notice of Inspection and understand its contents and purpose;
- I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
- I have had the purpose of the entry into the above-described facility by the Board's agent stated to me; and
- I have consented to an inspection of the above-described facility voluntarily and without any manner of threat

TX STATE BOARD OF PHARMACY

[Signature]  
 Signature

Witnesses:  
[Signature]  
 Signature

RECEIVED  
 2009 JAN 21 PM 12:14

ENTERED

\_\_\_\_\_  
 Signature

**TEXAS PHARMACY ACT**  
**(Occupations Code, Subtitle J)**

**CHAPTER 554. BOARD POWERS AND DUTIES; RULEMAKING AUTHORITY**  
**SUBCHAPTER A. POWERS AND DUTIES**

**Sec. 554.001. GENERAL POWERS AND DUTIES OF BOARD.**

x x x

(c) The board may:

x x x

(2) inspect a facility licensed under this subtitle for compliance with this subtitle.

x x x

**CHAPTER 556. ADMINISTRATIVE INSPECTIONS AND WARRANTS**  
**SUBCHAPTER A. GENERAL PROVISIONS**

**Sec. 556.001. DEFINITION.** In this chapter, "facility" means a place:

- (1) for which an application has been made for a pharmacy license under this subtitle;
- (2) at which a pharmacy licensed under this subtitle is located;
- (3) at which a pharmacy is being operated in violation of this subtitle; or
- (4) where the practice of pharmacy occurs.

**SUBCHAPTER B. INSPECTIONS**

**Sec. 556.051. AUTHORIZATION TO ENTER AND INSPECT.** The board or a representative of the board may enter and inspect a facility relative to the following:

- (1) drug storage and security;
- (2) equipment;
- (3) sanitary conditions; or
- (4) records, reports, or other documents required to be kept or made under this subtitle, Chapter 481 or 483, Health and Safety Code, or the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Section 801 et seq.) or rules adopted under one of those laws.

**Sec. 556.052. REQUIREMENTS BEFORE ENTRY AND INSPECTION.**

- (a) Before an entry and inspection of the facility, the person authorized to represent the board must:
- (1) state the purpose for the inspection; and
  - (2) present to the owner, pharmacist, or agent in charge of the facility:
    - (A) appropriate credentials; and
    - (B) written notice of the authority for the inspection.
- (b) If an inspection is required by or is supported by an administrative inspection warrant, the warrant is the notice for purposes of Subsection (a)(2)(B).

**Sec. 556.053. EXTENT OF INSPECTION.** Except as otherwise provided in an inspection warrant, the person authorized to represent the board may

- (1) inspect and copy documents, including records or reports, required to be kept or made under this subtitle, Chapter 481 or 483, Health and Safety Code, or the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Section 801 et seq.) or rules adopted under one of those laws;
- (2) inspect, within reasonable limits and in a reasonable manner, a facility's storage, equipment, security, prescription drugs or devices, or records; or
- (3) perform an inventory of any stock of prescription drugs or devices in a facility and obtain samples of those substances.

**Sec. 556.054. LIMITATION ON INSPECTION.** Unless the owner, pharmacist, or agent in charge of a facility consents in writing, an inspection of the facility authorized by this chapter may not extend to:

- (1) financial data;
- (2) sales data, other than shipment data; or
- (3) pricing data.

x x x

**SUBCHAPTER C. WARRANTS**

**Sec. 556.101. WARRANT NOT REQUIRED.** A warrant is not required under this chapter to:

- (1) inspect books or records under an administrative subpoena issued under this subtitle; or
- (2) enter a facility or conduct an administrative inspection of a facility if:
  - (A) the owner, pharmacist, or agent in charge of the facility consents to the inspection;
  - (B) the situation presents imminent danger to the public health and safety;
  - (C) the situation involves inspection of a conveyance, if there is reasonable cause to believe that the mobility of the conveyance makes it impracticable to obtain a warrant; or
  - (D) any other exceptional situation or emergency exists involving an act of God or natural disaster in which time or opportunity to apply for a warrant is lacking.

x x x

## TEXAS STATE BOARD OF PHARMACY INSPECTION REPORT

**CLASS:** A B C (BEDS     ) D  
**Name of Pharmacy** Carie Boyd's Prescription  
**Pharmacist in Charge** Carie Boyd  
**Personnel** Kevin Sidlack

**TSBP License #** 1105  
**Lid** 9729 **Exp** 09-09  
**Lic** 46090 **Exp** 10-10  
**Lic**      **Exp**       
**Lic**      **Exp**       
**Lic**      **Exp**     

**KEY:** Circled items need improvement, ✓ items in Column One Refer to Legal Division (R/L) for review and possible discipline.  
 ✓ items in Column Two receive a Warning Notice (W/N).

For an explanation of specific violations noted, refer to remarks section of inspection report.

R/L	W/N		R/L	W/N		R/L	W/N	
		1 Licenses not posted			Date of last inventory			10 Rxs not separated
		2 Insufficient Equipment		15	No PIC inventory			35 Invoices not separated
		3 Orderly/Clean		69	No annual inventory			67 No written information
		4 Balance Failed		68	No change of ownership inventory			21 Computer records incomplete
		5 Equipment Inspection		31	Closed Phcy/Change of owner improper			22 Computer system noncompliance
		6 Inadequate Library		17	Incomplete inventory			82 PMR Incomplete
		7 Improper security		18	Records not available			83 PMR Absent
		8 Environment		46	Improper distribution			84 No drug regimen review
		9 Delinquent licenses/certifications		54	Improper prepackaging procedures			16 No perpetual inventory
		36 No notification of substitution		24	Theft/Loss not reported			27 Improper inpatient records
		90 No complaint notification		30	Invoices not dated/initialed			51 Improper ER dispensing
		38 Area for non sterile compounding		86	Absence of RPh pick up records			75 Improper absence of RPh procedures
		43 Records for non sterile compounding		19	Rx lacks proper information			70 No P&P manual
	✓	47 Out of date/mislabeled drug stock		25	No documentation of refill authorization			71 Incomplete P&P manual
		48 Improper drug storage		32	Rx label is incorrect			72 Improper procedures for IV preparation
		53 Illegal possession of C/S		40	Non emergency C-II Rx			81 Area for preparation of sterile products
		57 Corresponding Responsibility		26	C II Rx noncompliance			85 Patient Care Guidelines incomplete
		59 Improper drug destruction		37	Illegal dispensing			87 Quality Control/Assurance
		61 Improper supervision of supportive personnel		45	Improper dispensing/labeling			88 Cytotoxic/Biohazardous Procedures
✓		62 Aiding and abetting		44	Refill CIII-V over 5x/6mo			89 Refrigerator Temperature Log
		65 Improper registration procedures		55	Refill prn past one year			28 No provision log
		66 Grey Market diversion/Samples		78	Counseling area			29 Incomplete provision log
		76 No PIC		80	No counseling by RPh			52 Improper provision/dispensing in Class D
		34 Notification Violation		56	Improper transfer of Rx			63 Prohibited drugs in Class D pharmacy
		79 Nametags		50	Out of state verbal Rx for C/S			64 Violation of limited formulary
		60 Improper documentation of training		49	Substitution noncompliance			91 RPh visits/contact documentation
		92 Improper automated dispensing procedures		33	Rx records not in numerical order			73 Formulary not complete

Remarks

- (62) *r*: Personnel performing tech duties w/o current active registration (Deborah Sanchez #136059 & Devin Thompson #170003)
- (71) *w*: Immediately remove exp meds from disp stock
- (79) *u*: Ensure all personnel have & wear name tags.

Action Taken

- |  |  |
|--|--|
| (1) <input type="checkbox"/> Inspection                    | (6) <input type="checkbox"/> Inspection and Drug Destruction         |
| (2) <input checked="" type="checkbox"/> Partial Inspection | (7) <input type="checkbox"/> Visit and Drug Destruction              |
| (3) <input type="checkbox"/> Visit                         | (8) <input type="checkbox"/> Partial Inspection and Drug Destruction |
| (4) <input type="checkbox"/> Drug Destruction              | (9) <input type="checkbox"/> Other _____                             |
| (5) <input type="checkbox"/> Audit                         |  |

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted. Items marked in Column One will be referred to the Legal Division for review and possible disciplinary action. Items marked in Column Two are conditions that have resulted in the issuance of a Warning Notice and must be corrected to ensure compliance with the laws and rules governing the practice of pharmacy. Circled items need improvement.

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

*Kayla*

Agent of the Texas State Board of Pharmacy

*[Signature]*

Authorized Individual for the Pharmacy

01/13/09  
Date

1:30p  
Time of Exit

PHARMACIST  
Title of Authorized Individual

**Texas State Board of Pharmacy**

333 Guadalupe Street, Suite 3-600, Box 21

Austin, Texas 78701-3942

Phone: 512/305-8000

**WARNING NOTICE**

Pharmacy License # 1165  
Name of Facility Carie Boyd's Prescription Shop  
Address 122 Grapevine City Hurst Zip 7  
Pharmacist License # 19729  
NAME OF PERSON RESPONSIBLE Carie Boyd

Notice is hereby given that you are not complying with the following laws and or rules governing the practice of pharmacy.

1. Law/Rule 291.33  
Explanation of violation Failure to remove expired drugs from dispensing stock. Immediately remove any and all drugs that have expired from dispensing stock.

2. Law/Rule \_\_\_\_\_  
Explanation of violation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Law/Rule \_\_\_\_\_  
Explanation of violation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notice is also hereby given that unless the conditions noted above are corrected and a written report detailing the corrections is submitted to the Executive Director/Secretary of the Texas State Board of Pharmacy on or before 01/27/09, disciplinary action may be instituted against your license.

By Kash  
Agent, Texas State Board of Pharmacy  
Date 01/13/09

I hereby acknowledge that the laws and or rules cited above have been explained to me and that I have received a copy of this notice.

Signed [Signature]

**Texas State Board of Pharmacy**  
 333 Guadalupe Street, Suite 3-600, Box 21  
 Austin, Texas 78701-3942  
 Phone: 512/305-8000

**WARNING NOTICE**

Pharmacy License # 165  
 Name of Facility COVIL PHARMACY  
 Address 2211 W. BRIDGES City WISCONSIN Zip 7  
 Pharmacist License # 19729  
 NAME OF PERSON RESPONSIBLE COVIL PHARMACY

Notice is hereby given that you are not complying with the following laws and or rules governing the practice of pharmacy:

1. Law/Rule 241.20  
 Explanation of violation DRUGS HAVE BEEN REMOVED FROM DISPENSING STOCK

2. Law/Rule \_\_\_\_\_  
 Explanation of violation \_\_\_\_\_

**TEXAS STATE BOARD OF PHARMACY**



Karen Guenther  
 Compliance Inspector  
 333 Guadalupe Street, Suite 3-600  
 Austin, TX 78701  
 Phone: 512-305-8070  
 Fax: 512-305-8082  
 karen.guenther@sbp.state.tx.us

State Board of Pharmacy on or before 1/11/09 above are corrected and a written re Director/Secretary of the Texas disciplinary action may be

I hereby acknowledge that the laws and or rules cited above have been explained to me and that I have received a copy of this notice.

By [Signature] Signed  
 Agent, Texas State Board of Pharmacy  
 Date 1/11/09

**RESPONSE TO WARNING NOTICE**

Pharmacy License # 165  
 Name of Facility COVIL PHARMACY Prescription Shop

Explain, in the space provided below, how the Unsatisfactory/Warning Notice conditions were corrected. DO NOT RESPOND UNTIL THE CORRECTIONS HAVE BEEN COMPLETED. CORRECTIONS MUST BE COMPLETED BY THE DATE INDICATED ON THE LEFT SIDE OF THIS FORM.

Explanation of Correction:  
 1. Tech Assistant To check inventory on a regular basis and remove out of date inventory.

2. In accordance with notice all expired drugs have been removed from dispensing stock.

Additional comments:  
1. 11-20-09

Date \_\_\_\_\_  
 Signature (The person listed in the blank titled "NAME OF PERSON RESPONSIBLE" must sign here.) [Signature]  
 License # 19729

Mail entire white copy to Texas State Board of Pharmacy and retain entire yellow copy for your files.

**Texas State Board of Pharmacy**  
 333 Guadalupe Street, Suite 3-600, Box 21  
 Austin, Texas 78701-3942  
 Phone: 512/305-8000

**WARNING NOTICE**

Pharmacy License # 165  
 Name of Facility Cavie Boyd's Prescription Shop  
 Address 22 Grapevine City WVST Zip TX STATE BD  
 Pharmacist License # 19729 OF PHARMACY  
**NAME OF PERSON RESPONSIBLE** Cavie Boyd

Notice is hereby given that you are not complying with the following laws and or rules governing the practice of pharmacy:

1. Law/Rule 241.33  
 Explanation of violation Failure to remove expired drugs from dispensing stock, immediately remove them and all drugs that have expired from dispensing stock

2. Law/Rule \_\_\_\_\_  
 Explanation of violation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 3. Law/Rule \_\_\_\_\_  
 Explanation of violation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Notice is also hereby given that unless the conditions noted above are corrected and a written report detailing the corrections is submitted to the Executive Director/Secretary of the Texas State Board of Pharmacy on or before 1-14-09, disciplinary action may be instituted against your license.

By [Signature]  
 Agent, Texas State Board of Pharmacy  
 Date 1/13/09  
 I hereby acknowledge that the laws and or rules cited above have been explained to me and that I have received a copy of this notice.  
 Signed [Signature]

**RESPONSE TO WARNING NOTICE**

Pharmacy License # 165  
 Name of Facility Cavie Boyd's Prescription Shop  
 Explain, in the space provided below, how the Unsatisfactory/Warning Notice conditions were corrected. **DO NOT RESPOND UNTIL THE CORRECTIONS HAVE BEEN COMPLETED. CORRECTIONS MUST BE COMPLETED BY THE DATE INDICATED ON THE LEFT SIDE OF THIS FORM.**

Explanation of Correction:  
 1. Tech Assigned To Check Inventory on a Regular Basis and remove out of date inventory.

2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date 1-14-2009  
 Signature (The person listed in the blank titled "NAME OF PERSON RESPONSIBLE" must sign here.) [Signature]  
 License # 19729

Mail entire white copy to Texas State Board of Pharmacy and retain entire yellow copy for your files.

RECEIVED  
 2009 JAN 20 PM 4:16



## TEXAS STATE BOARD OF PHARMACY

---

W. Benjamin Fry, R.Ph.  
*President*  
*San Benito*

Kim A. Caldwell, R.Ph.  
*Vice President*  
*McKinney*

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Dennis F. Wiesner, R.Ph.  
*Austin*

Gay Dodson, R.Ph.  
*Executive Director/Secretary*  
*Austin*

March 27, 2009

Carie Boyd, R.Ph.  
Carie Boyd's Prescription Shop  
122 Grapevine Hwy.  
Hurst, TX 76054

Re: License #165

Dear Carie Boyd:

This letter is to acknowledge the receipt of your written response assuring the Texas State Board of Pharmacy that you have corrected those procedural violations specified on the "Warning Notice" issued during the pharmacy compliance inspection of January 13, 2009.

We appreciate your voluntary compliance with the law. In addition, we must make you aware that this pharmacy may be visited by a Compliance Officer in the near future for the purpose of checking compliance with the violations noted in the "Warning Notice." If the Compliance Officer finds that the violations noted in the "Warning Notice" have not been corrected, disciplinary action will be instituted against your license and the license of the pharmacy.

Again, your timely show of concern and cooperation is appreciated. If you encounter any problems or have any questions concerning the changes you have made, please contact me at 512-305-8041.

Sincerely,

Ben Santana, R.Ph.  
Chief of Compliance

BJS:kc

cc: Karen Guenther  
Compliance Inspector



AGREED BOARD ORDER #K-09-016-B

RE: IN THE MATTER OF BEFORE THE TEXAS STATE  
CARIE BOYD'S PRESCRIPTION SHOP BOARD OF PHARMACY  
(PHARMACY LICENSE #165)

On this day came on to be considered by the Texas State Board of Pharmacy the matter of pharmacy license number 165 issued to Carie Boyd's Prescription Shop, 122 Grapevine Hwy., Hurst, Texas 76054.

By letter dated September 03, 2009, the Texas State Board of Pharmacy gave preliminary notice to Carie Boyd's Prescription Shop of its intent to take disciplinary action with respect to pharmacy license number 165 held by Carie Boyd's Prescription Shop as a result of an investigation which produced evidence indicating that Carie Boyd's Prescription Shop may have violated:

Section 565.001(a)(1), (12), and (13); Section 565.002(a)(3); Section 568.002(a); Section 568.003(a)(1) and (7); and Section 568.007(a) and (d) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (2007); and

Section 291.32(a)(2)(H); Section 291.32(c)(1)(C) and (E); Section 295.3; Section 297.3(a)(1), (b), and (d); and Section 297.5(a) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2008), in that, allegedly:

**COUNTS**

- (1) On or about September 1, 2008, through on or about January 13, 2009, Deborah Annette Sanchez, while acting as an employee at Carie Boyd's Prescription Shop, 122 Grapevine Hwy., Hurst, Texas 76054, was unlawfully engaged in the duties of a pharmacy technician with a delinquent registration. Ms. Sanchez' registration became delinquent on September 1, 2008, due to her failure to submit her registration renewal application. As evidenced by pharmacy records, Ms. Sanchez continued to engage in the duties of a pharmacy technician until her registration status was discovered during a Texas State Board of Pharmacy inspection on January 13, 2009.

On or about January 15, 2009, Ms. Sanchez renewed her pharmacy technician registration with the Texas State Board of Pharmacy.

- (2) On or about September 1, 2008, through on or about January 13, 2009, Carie Gipson Boyd, while acting as an employee (pharmacist-in-charge) and corporate president of Carie Boyd's Prescription Shop, 122 Grapevine Hwy., Hurst, Texas

76054, failed to properly supervise Deborah Annette Sanchez and the legally operate the pharmacy as described above in Count (1).

- (3) On or about January 5, 2009, through on or about January 13, 2009, Devin Michael Thompson, while acting as an employee at Carie Boyd's Prescription Shop, 122 Grapevine Hwy., Hurst, Texas 76054, was unlawfully engaged in the duties of a pharmacy technician trainee. Mr. Thompson failed to register with the Texas State Board of Pharmacy before starting his employment as a pharmacy technician trainee. As evidenced by pharmacy records, Mr. Thompson engaged in the duties of a pharmacy technician without a registration until his registration status was discovered during a Texas State Board of Pharmacy inspection on January 13, 2009.

On or about January 9, 2009, Mr. Thompson filed an application with the Texas State Board of Pharmacy to register as a pharmacy technician trainee.

- (4) On or about January 5, 2009, through on or about January 13, 2009, Carie Gipson Boyd, while acting as an employee (pharmacist-in-charge) and corporate president of Carie Boyd's Prescription Shop, 122 Grapevine Hwy., Hurst, Texas 76054, failed to properly supervise Devin Michael Thompson and the legally operate the pharmacy as described above in Count (3).

By letter dated September 03, 2009, Carie Boyd's Prescription Shop was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or administrative hearing. By his signature on this Order, Carie Gipson Boyd, R.Ph., Pharmacist-in-Charge of Carie Boyd's Prescription Shop and Corporate President of Right Value Drug Stores, Inc., neither admits nor denies the truth of the matters previously set out in this Order, agrees that the Texas State Board of Pharmacy has jurisdiction in this matter, and waives the pharmacy's right to informal conference, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

Carie Gipson Boyd understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the Board, it is agreed that neither the presentation of the Order to the Board nor the Board's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the Board or its individual members and,

therefore, will not be grounds for precluding the Board or any individual member of the Board from further participation in proceedings related to the matters set forth in the Order.

Carie Gipson Boyd, on behalf of Carie Boyd's Prescription Shop, agrees to the entry of an Order disposing of the need for further disciplinary action in this matter and agrees to comply with the terms and conditions set forth in the ORDER OF THE BOARD below.

#### **ORDER OF THE BOARD**

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy does hereby ORDER that pharmacy license number 165 held by Carie Boyd's Prescription Shop (hereinafter referred to as "Respondent") shall pay an administrative penalty of five thousand dollars (\$5,000) due ninety (90) days after the entry of this Order.

It is further ORDERED that Respondent shall develop and implement policies and procedures regarding the verification of the registration status of pharmacy technicians during the hiring process and on an on-going basis. A written report of such policies and procedures shall be submitted to the Texas State Board of Pharmacy, Enforcement Division, within ninety (90) days after the entry of this Order.

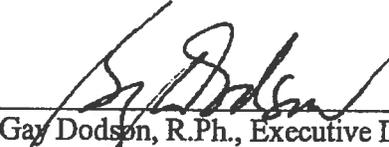
It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas pharmacy license held by Respondent.

Agreed Board Order #K-09-016-B  
Carie Boyd's Prescription Shop  
Page 4

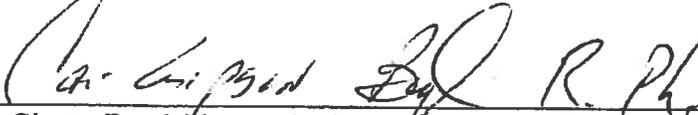
And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

Signed and entered by the Executive Director on behalf of the Texas State Board of  
Pharmacy on this 23rd day of September, 2009.

  
\_\_\_\_\_  
Gay Dodson, R.Ph., Executive Director/Secretary  
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

  
\_\_\_\_\_  
Carie Gipson Boyd, Pharmacist-in-Charge of Carie Boyd's Prescription Shop  
and Corporate President of Right Value Drug Stores, Inc., for and on behalf  
of Carie Boyd's Prescription Shop

  
\_\_\_\_\_  
Kerstin E. Arnold, General Counsel  
Texas State Board of Pharmacy

Blank

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

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

Application must be printed legibly or typed

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

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

Physical Address: 856 Hercules Drive Suite 30

Mailing Address: Same as above

City: Colchester State: VT Zip Code: 05446

Telephone: 902-497-0161 Fax: 802-497-1082

Toll Free Number: 1-855-457-1712 (Required per NAC 639.708)

E-mail: wchatoff@edgepharmacy.com Website: edgepharmacy.com

Managing Pharmacist: William Chatoff License Number: 033.0003237

**Hours of Operation:**

Monday thru Friday 7 am 7 pm Saturday 7 am 7 pm

Sunday 7 am 7 pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

William Chatoff

Print Name of Authorized Person

12-06-13

Date

Board Use Only

Received: 12/12/13

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: William Chatoff

Business Name: Edge Pharmacy Services, LLC

Current Business Address: 856 Hercules Drive Suite 30

City: Colchester State: Vt Zip Code: 05446

Telephone: 802-497-0161 Fax: 802-497-1082

List any physician shareholders and percentage of ownership. N/A

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

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

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

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

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, William Chatoff

Responsible Person of Edge Pharmacy Services, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

William Chatoff

Print Name of Authorized Person

12-06-13

Date



State of Vermont  
Office of the Secretary of State

[phone] 802-828-1505  
[fax] 802-828-2465  
www.sec.state.vt.us

James C. Condos, Secretary of State  
Brian H. Leven, Deputy Secretary  
Christopher D. Winters, Director

Office of Professional Regulation  
89 Main Street, 3rd Floor  
Montpelier, VT 05620-3402

## Verification of Credential

I hereby certify that the information stated below is true and accurate according to the records of this Office.

EDGE Pharmacy Services LLC  
856 Hercules Dr Ste 30  
Colchester, VT 05446-5839

**Profession Type:** Retail Pharmacy  
**License Number:** 038.0097691  
**License Status:** ACTIVE  
**Originally Issued:** 11/27/2013  
**Expiration Date:** 07/31/2015  
**Basis of License:** Registration  
**Disciplinary Information:** None

Dated in Montpelier, Vermont this 13th Day of December 2013.

Aprille Morrison, Licensing Administrator  
(802) 828-2373



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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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_____)	
<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: HM Compounding

Physical Address: 558 Kennedy Boulevard, Bayonne, NJ 07002

Mailing Address: 558 Kennedy Boulevard

City: Bayonne State: NJ Zip Code: 07002

Telephone: 201-471-7191 Fax: 888-670-3148

Toll Free Number: 800-419-2804 (Required per NAC 639.708)

E-mail: spencerm@hmcompound.com Website: \_\_\_\_\_

Managing Pharmacist: Matthew Bernstein License Number: 28RI03496100

**Hours of Operation:**

Monday thru Friday 9 am 5 pm Saturday 9 am 5 pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

65363

**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.

*Alona Chervinsky*

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

Alona Chervinsky  
Print Name of Authorized Person

11/6/2013  
Date

Board Use Only	Received: 12/24/13	Amount: 500-
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**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE  
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: New Jersey

Parent Company if any: \_\_\_\_\_

Corporation Name: HMX Services L.L.C.

Mailing Address: 558 Kennedy Boulevard

City: Bayonne State: NJ Zip: 07002

Telephone: 201-471-7191 Fax: 888-670-3148

Contact Person: Spencer Malkin

**For any corporation non publicly traded, disclose the following:**

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

a) Alona Chervinsky, 106 Willow Drive, Woodmere, NY 11598  
Name Address

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

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

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

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

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

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

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, Alona Chervinsky

Responsible Person of HMX Services L.L.C. (dba HM Compounding)

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

Alona Chervinsky  
Print Name of Authorized Person

11/6/2013  
Date

**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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: ROXSAN PHARMACY, INC.  
 Physical Address: 465 N. ROXBURY DR. BEVERLY HILLS, CA. 90210  
 Mailing Address: 465 N. ROXBURY DR.  
 City: BEVERLY HILLS State: CA Zip Code: 90210  
 Telephone: 310-273-1644 Fax: 310-276-4152  
 Toll Free Number: 888-371-9919 (Required per NAC 639.708)  
 E-mail: CUSTOMERSERVICE@ROXSAN.COM Website: WWW.ROXSAN.COM  
 Managing Pharmacist: SHAHLA MELAMEQ License Number: PHY38297

**Hours of Operation:**

Monday thru Friday 8:30 am 6:00 pm      Saturday 8:30 am 11:00 am  
 Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

63572

# APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

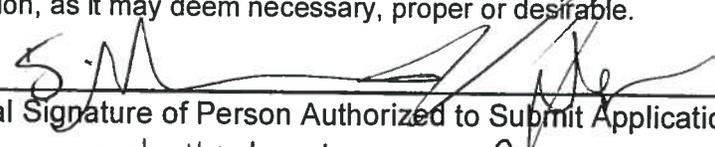
Within the last five (5) years:

- 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

SHAHLA MELAMED

Print Name of Authorized Person

MARCH 22, 2013  
Date

Board Use Only

Received: 5-6-13

Amount: \$500.00

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

State of Incorporation: CALIFORNIA

Parent Company if any: \_\_\_\_\_

Corporation Name: ROXSAN PHARMACY, INC.

Mailing Address: 465 N. ROXBURY DRIVE

City: BEVERLY HILLS State: CA Zip: 90210

Telephone: 310-273-1644 Fax: 310-276-4152

Contact Person: SHAHLA McLAMED

For any corporation non publicly traded, disclose the following:

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

a) SHAHLA McLAMED 3209 HUTTON DRIVE, BEVERLY HILLS, CA. 90210  
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? \$1.00 PER SHARE

4) What date did the corporation actually receive the cash assets? FEBRUARY 16, 1996

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

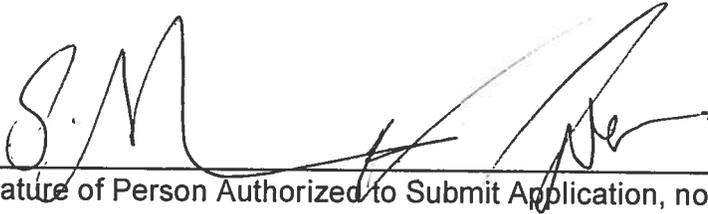
I, SHAHLA MELAMED

Responsible Person of ROXSAN PHARMACY, INC.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

SHAHLA MELAMED

Print Name of Authorized Person

3/22/13

Date



**California State Board of Pharmacy**

1625 N. Market Blvd, N219, Sacramento, CA 95834  
Phone: (916) 574-7900  
Fax: (916) 574-8618  
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

April 5, 2013

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

**California State Board of Pharmacy License Verification**

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

**Licensee Name:** ROXSAN PHARMACY, INC

**License Type:** PHARMACY

**License Number:** PHY 38297

**Status:** ACTIVE

**Issue Date:** 11/03/92

**Expiration Date:** 11/01/13

**Address of Record:** 465 N ROXBURY DRIVE BEVERLY HILLS CA 90210

**Disciplinary Action:** NO RECORD OF DISCIPLINARY ACTION

Virginia Herold  
Executive Officer

By

Barbera Schleicher  
Public Inquiry Analyst  
(916) 574-7922  
Barbera.Schleicher@dca.ca.gov



TOMAS V. MAZEIKA \*  
TIMOTHY J. GRANT  
PETER S. GREGOROVIC  
JACQUELINE F. STEIN  
ELLIOT H. HELLER

JOHN A. CRONIN †  
STEPHEN B. HEATH †  
WILLIAM K. KOSKA †‡

\* Licensed in Nevada

‡ Licensed in Arizona

‡ Licensed in Tennessee

† Of Counsel

**FREDRICKSON, MAZEIKA & GRANT, LLP**

5720 OBERLIN DRIVE  
SAN DIEGO, CALIFORNIA 92121-1723  
(858) 642-2002; (800) 231-8440  
FAX (858) 642-2001

WWW.FMGLEGAL.COM

DARLENE M. McIVER  
BRANDY P. TYLER  
BERNADETTE S. TIONGSON \*  
SCOTT C. SYMMONS \*  
AARON H. REISNER  
AMY R. VON KELSCH  
RONALD J. LAUTER ‡  
JILLIAN M. FAIRCHILD  
MATTHEW D. PETERDY \*  
JUSTIN C. EVENSON  
KERRY LAIW  
LAUREN A. RUSSO  
MICHAEL W. HEALY

September 4, 2013

**VIA E-MAIL AND OVERNIGHT MAIL**

S. Paul Edwards, General Counsel  
Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509  
[pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)

Re: Petition for Reconsideration of Denial of Out-of-State Pharmacy Application  
Roxsan Pharmacy

Dear Mr. Edwards:

In response to the Board's action denying the application of Roxsan Pharmacy as an Out-of-State Pharmacy, this letter shall serve as a Petition for Reconsideration of that decision as provided in NRS 639.139.

As required under NRS 639.139, this petition must include: “. . . a denial, in whole or in part, of the violations alleged and a statement that the applicant is prepared to submit evidence in support of the denial of the allegations.” Your letter communicating the Board's denial of the application states the following:

*Your application was denied after the Board heard evidence of a substantial number of citations and fines you received from the California Board of Pharmacy, as well as evidence that some of the violations cited still had not been resolved as of your June 2013 inspection.*

In a separate communication, you have provided us with the documents provided by the California Board of Pharmacy and Roxsan Pharmacy which apparently form the basis for the Nevada Board of Pharmacy's concerns and decision. We believe the information in this letter and attachments will address those concerns as required by NRS 639.139 and, hopefully, will result in the reconsideration of the Board's decision.

S. Paul Edwards, General Counsel  
Nevada State Board of Pharmacy  
Re: Petition for Reconsideration – Roxsan Pharmacy  
September 4, 2013  
Page 2

Between 2004 and 2010, Roxsan Pharmacy received a number of citations and fines from the California Board of Pharmacy. Before we address these citations and fines, I believe it is important to provide some background about the Cite and Fine process of the California Board of Pharmacy. The California Board's Cite and Fine process is not considered to be "discipline" and the California Board does not report it as such. It is a system for the Board to identify enforcement issues in pharmacies and compel compliance with the Board's interpretations of the California Pharmacy Law. The system has evolved over the years to now become not only an enforcement tool for the California Board, but also an educational tool as well – one which has largely replaced the more cordial exchange between the Board and those it regulates that existed in the past. Pharmacies and pharmacists in California widely believe the use of Cite and Fine is driven by California's recent state budget problems. This belief is based, at least in part, on the fact that the Board regularly issues duplicate citations and fines against the pharmacy and the Pharmacist-in-Charge for the same alleged violations. While the Board denies any tie to budget issues, the Cite and Fine program now accounts for 15% of revenues in the California Board's \$10+ million budget (Source: CA BOP Organizational Development report, April 2013 Board meeting, see **Attachment 1**).

Without expressing a more strident conclusion regarding the reasons for the Board's use of Cite and Fine, it is clear that the system is not popular with the pharmacies, pharmacists, wholesalers and others that the California Board regulates. This was particularly true in the early days of the system, which includes the time period involved in the Citations and Fines issued against Roxsan Pharmacy. The typical reaction to receiving a citation and fine was to fix the problem identified, but to appeal the citation and fine in hopes of settling the appeal for a lower amount. This is the strategy that Roxsan Pharmacy and its owner, Shana Melamed, chose to pursue.

For example, the citation from 2004 (CI 2004 27776) was appealed. The California Board of Pharmacy did not move the appeal forward until 2006. At that time, Roxsan chose to pay the fine and withdraw the appeal (**See Attachment 2**). If the California Board has not closed the matter, we are at a loss to explain why.

Likewise, the citations and fines from 2008, 2009 and 2010 were all appealed. The California Board did not move the first of those appeals forward until sometime in 2010. As of March 2011, the later matters had not yet been entered into the appeals system and were consolidated for hearing and settlement purposes at our request (**See Attachment 3**). The ultimate outcome was resolution of all four citations and fines, with several of the fines reduced in amount.

The point of recounting this background is to illustrate that the history of citations and fines between the California Board of Pharmacy and Roxsan Pharmacy is not what it would appear at first glance. Citations and fines are not discipline. The system allows those receiving the citations to appeal and, by so doing, improve their chances of reducing the fiscal impact of the fines. Filing those appeals was something that was routinely done.

With regard to each of the citations and fines, Roxsan immediately made changes to correct the issues raised by the California Board. The history of inspections at Roxsan during that time period reflects the continual progress was made with regard to these issues, with all of them ultimately being resolved. Since 2009, Roxsan has undergone annual inspections for their sterile compounding operation, with the California Board finding their operation sufficient to meet California's requirements for renewal. Had the California Board found any problems that would result in potential danger to the public, they would not have renewed the sterile compounding permit.

Nonetheless, the Cite and Fine experience led Ms. Melamed and Roxsan Pharmacy to take a different approach to pharmacy operations. Following the settlement of the citations and fines in 2011, they retained the consultant services of Jesse Martinez, Pharm.D. to review their operations and propose and implement changes to their operations. Dr. Martinez is a Vice-Dean at Western University College of Pharmacy in Pomona, California. He has provided this service for multiple pharmacies as part of Pharmacy Helping Hands, a consulting company set up to assist pharmacies in meeting regulatory requirements. Together with Dr. Martinez, Melamed and Roxsan Pharmacy developed a strategy for improving both the retail and compounding pharmacy operation. By the end of 2011, that strategy had been successfully implemented (**See attachment #4**).

As with all pharmacy operations, compliance with regulatory requirements can be difficult and sometimes elusive. With this said, the steps taken by Roxsan Pharmacy and its owner, Shana Melamed, reflect a sincere and effective method of reducing compliance problems within the pharmacy. Because they hold a sterile compounding permit, Roxsan Pharmacy is inspected every year by the California Board of Pharmacy. The effectiveness of the efforts to meet compliance requirements is reflected in the inspection reports from October 2012, which include a routine inspection of the pharmacy and a renewal inspection for the sterile compounding permit (See **Attachments 5 and 6**). While not perfect, the improvements are clearly reflected and the inspection reports confirm that the prior problems had been corrected.

Your "Notice of Denial" references the June 2013 inspection and states that some of the violations cited still had not been resolved as of that inspection. The June 2013 inspection relates to an investigation based on a matter in Louisiana that has been disclosed to the Nevada Board. The report references two areas: training records that could not be found at the time of the inspection, which have since been provided to the California Board, and a labeling issue with regard to compounded drugs, which has since been corrected. The California inspector also requested additional documents, which Roxsan Pharmacy has provided. Roxsan Pharmacy has heard nothing further from the California Board regarding this inspection. If there are other issues related to the June 2013 inspection report, please bring the specifics to our attention, as we believe the inspection report documents continued compliance with the issues that were previously a problem.

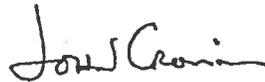
S. Paul Edwards, General Counsel  
Nevada State Board of Pharmacy  
Re: Petition for Reconsideration – Roxsan Pharmacy  
September 4, 2013  
Page 4

Most of the problems identified in the citations and fines were related to the compounding operations of Roxsan Pharmacy. We are well aware of the current regulatory environment for compounding, particularly sterile compounding that has developed in the wake of the deaths and injuries from the problems at New England Compounding Centers. With this in mind, Roxsan Pharmacy has indicated to the Nevada Board of Pharmacy that they will not ship compounded products into Nevada. Roxsan Pharmacy reiterates that pledge here and is willing to attest to it in a more formal way should the Nevada Board request it.

We appreciate the opportunity to provide this additional information to the Nevada Board of Pharmacy. We hope it will be sufficient to warrant reconsideration of the denial of the Out-of-State Pharmacy permit application. We stand ready to respond to any additional questions from the Nevada Board.

Sincerely,

FREDRICKSON, MAZEIKA & GRANT, LLP



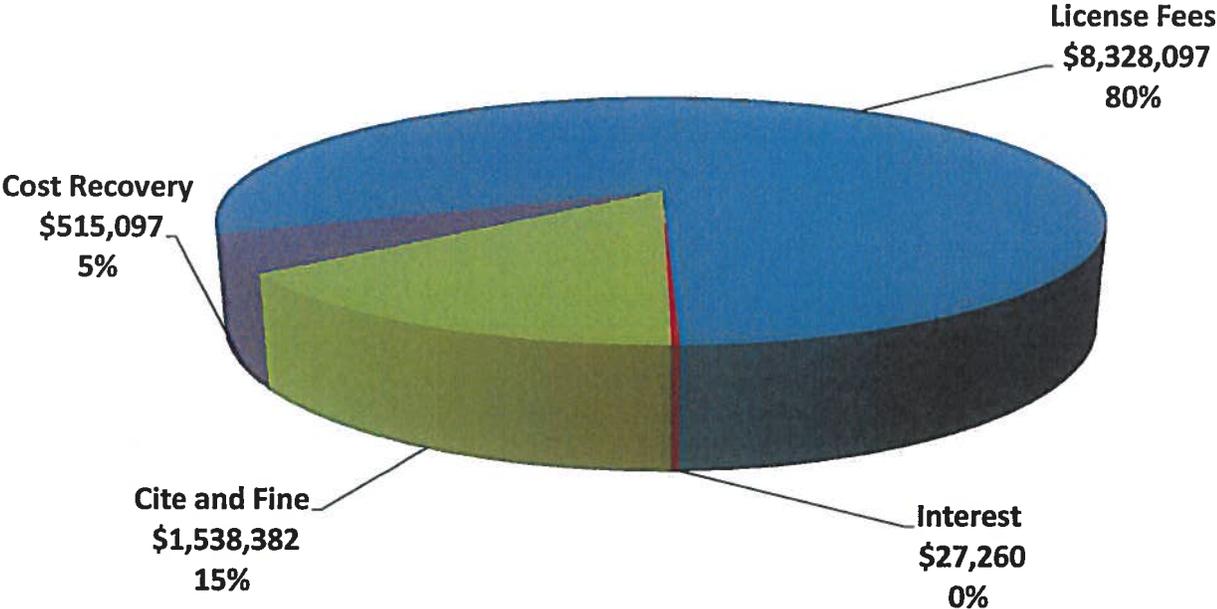
John A. Cronin, Pharm.D., J.D.  
For Roxsan Pharmacy

JAC:alr  
Encl.

---

# **ATTACHMENT 1**

**Origin of Revenue  
FY 2012/2013  
FM 8  
\$10,408,835**



# **ATTACHMENT 2**

DENNIS W. FREDRICKSON  
TOMAS V. MAZEIKA \*  
TIMOTHY J. GRANT  
PETER S. GREGOROVIC \*  
MARC D. CLEAVINGER  
JACQUELINE F. STEIN  
MICHELLE M. CLARK  
ELLIOT H. HELLER  
JOHN A. CRONIN

## Fredrickson, Mazeika & Grant, LLP

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SHARI I. WEINTRAUB  
MICHELLE I. MORELLI  
DARLENE M. FIORICA  
DANIELLE G. NELSON  
KENYA T. TANGONAN  
ALLISON S. POPEN  
BRANDY P. TYLER  
SHIRLEY J. FOSTER \*  
JON S. TANGONAN  
JOANNE E. SAUNDERS  
BERNADETTE S. TIONGSON \*  
ANDREW D. TAYLOR \*  
DARREN J. LACH \*  
DARLENE R. KOWALCZYK  
SCOTT C. SYMMONS \*

\* Licensed to Practice in Nevada

June 22, 2006

Attn: Susan Cappello  
California State Board of Pharmacy  
1625 N. Market Blvd.  
Suite N219  
Sacramento CA 95834

Re: In the Matter of the Citations Against:  
Roxsan Pharmacy, PHY38297; CI 2004 27776  
Shahla Melamed Keyvanfar, RPH 42096; CI 200428394

Dear Ms. Cappello:

Enclosed please find check number 2838 for \$2750.00 in payment of the fine associated with the above citations. Enclosed as well is a Statement of Abatement for the same citations.

Please confirm to our office that this citation and fine case has been completed.

If there are any questions, please contact me directly.

Sincerely,

John A. Cronin, Pharm.D., J.D.  
Attorney for Roxsan Pharmacy and  
Shahla Melamed Keyvanfar

**NEVADA**  
333 South 6th Street  
Suite 230  
Las Vegas, Nevada 89101  
(702) 384-4048  
FAX (702) 384-4484

**LOS ANGELES COUNTY**  
500 Brand Boulevard  
20<sup>th</sup> Floor  
Glendale, California 91203  
(818) 246-2318  
FAX (866) 413-6263

**ORANGE COUNTY**  
7545 Irvine Center Drive  
Suite 200  
Irvine, California 92618  
(949) 727-9400  
FAX (866) 413-6263

**RIVERSIDE COUNTY**  
5055 Canyon Crest Drive  
Riverside, California 92507  
(951) 682-5300  
FAX (866) 413-6263

**BAY AREA**  
160 Pine Street  
Suite 710  
San Francisco, California 94111  
(415) 957-1900  
FAX (866) 413-6263

**SACRAMENTO**  
300 Harding Boulevard  
Suite 112  
Roseville, California 95678  
(916) 783-1490  
FAX (916) 783-1421



# **ATTACHMENT 3**

BEFORE THE  
BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Citation Against:

ROXSAN PHARMACY, INC.,  
MELAMED SHAHLA KEYVANFAR,  
PHARMACIST-IN-CHARGE,

Respondent(s).

Case No. CI 2007 35352, CI 2009 44011,  
CI 2009 41104, CI 2007 36251

OAH No. 2010041037, 2011020557,  
2011020555, 2011020558

TELEPHONIC TRIAL SETTING  
CONFERENCE ORDER

A telephonic trial setting conference in the matter entitled above was held on March 7, 2011 before Michael Scarlett, Presiding Administrative Law Judge of the Office of Administrative Hearings, at Los Angeles, California.

The following appearances were made: Michel Valentine, Deputy Attorney General, for Complainant; John Cronin, Attorney at Law, for Respondents.

The following order is issued:

1. CONTINUANCE. On February 3, 2011, Respondent filed a motion to continue the hearing dates in the above-captioned case. The motion is based on the following grounds: Complainant intends to issue two additional citations against Respondent and will move to consolidate all matters. Complainant has not filed the two additional citations as of the date of this order. The other party does not oppose the motion. Good cause exists to grant the motion. The March 16, 2011 hearing dates are continued.

2. HEARING. The hearing in this case will commence on **September 28, 2011**, at **9:00 a.m.**, at the Office of Administrative Hearings, 320 West Fourth Street, 6<sup>th</sup> Floor, Suite 630 Los Angeles, California. If they have not already done so, the parties shall immediately notify all potential witnesses of the hearing dates in this case in order to assure that the witnesses will be available to appear on the current hearing dates. A witness will not be regarded as unavailable for purposes of showing "good cause" to continue the hearing pursuant to Government Code section 11524, if a party has failed to notify the witness of the hearing dates promptly.

3. On February 3, 2011, Complainant moved to consolidate the four citations, referenced in the above caption. Respondent does not oppose the consolidation. Accordingly the above captioned matters are consolidated for both hearing and decision.

4. Counsel for Complainant must send notice of the time, date and place of the hearing to all other parties within 10 days of the date of this Order and file a copy of the notice with the calendar clerk at the Office of Administrative Hearings, 320 West Fourth Street, 6<sup>th</sup> Floor, Suite 630, Los Angeles, California 90012.

5. Proceedings before the Office of Administrative Hearings may be governed by the Administrative Procedure Act (Gov. Code, §§ 11370-11529) and regulations relating to general APA hearing procedures (Cal. Code Regs., tit. 1, §§ 1000-1050). Parties to proceedings before the Office of Administrative Hearings should refer to these statutes and regulations for applicable procedures and requirements.

6. An administrative law judge may impose sanctions and/or certify the record for contempt, if a party fails to comply with the requirements of this Order or any other law applicable to this proceeding. (See Gov. Code §§ 11455.10-11455.30.)

DATED: March 8, 2011

  
MICHAEL SCARLETT  
Presiding Administrative Law Judge  
Office of Administrative Hearings

MS:sp

## DECLARATION OF SERVICE

Case Name: Roxsan Pharmacy, Inc.,  
Melamed Shahla Keyvanfar

OAH No.: 2010041037,  
2011020557, 2011020555,  
2011020558

I, Sylvia Padilla, declare as follows: I am over 18 years of age and am not a party to this action. I am employed by the Office of Administrative Hearings. My business address is 320 West Fourth Street, Suite 630, Los Angeles, CA 90013. On March 12, 2011, I served a copy of the following document(s) in the action entitled above:

### TELEPHONIC TRIAL SETTING CONFERENCE ORDER

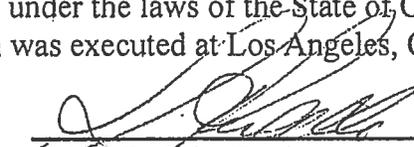
to each of the person(s) named below at the addresses listed after each name by the following method(s):

John A. Cronin, Attorney at Law  
Fredrickson, Mazeika & Grant, LLP  
5720 Oberlin Drive  
San Diego, CA 92121-1723

Michel W. Valentine, Deputy Attorney General  
Office of the Attorney General  
300 South Spring St., Ste. 1702  
Los Angeles, CA 90013

**United States Mail.** I enclosed the document(s) in a sealed envelope or package addressed to the person(s) at the address(es) listed above, and placed the envelope or package for collection and mailing, in accordance with the Office of Administrative Hearings' ordinary business practices, in Los Angeles, California. I am readily familiar with the Office of Administrative Hearings' practice for collecting and processing documents for mailing. Correspondences are deposited in the ordinary course of business with the United States Postal Service in a sealed envelope or package with postage fully prepaid. [  by certified mail].

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This declaration was executed at Los Angeles, California on March 12, 2011.

  
\_\_\_\_\_  
Sylvia Padilla, Declarant

# **ATTACHMENT 4**

## ***Confidential Report***

**Roxsan Pharmacy, Inc.  
Shahla "Shana" Keyvanfar Melamed, PIC  
465 N. Roxbury Drive  
Beverly Hills, CA 90210**

July 29, 2011

RE: Pharmacy Permits 42096 (Retail) and 99553 (Sterile Compounding)

### Exploration

On Monday, July 25, 2011 a meeting was held with Shana the PIC at the pharmacy site to identify what practices may be creating non-compliance pharmacy regulatory issues, if any. After listening to Shana describe the board of pharmacy (BOP) inspector reports and general remarks about the operation, we took a tour of the pharmacy and its operations.

### Conceptualization

After the tour of the pharmacy and its operations inclusive of meeting the pharmacy staff with short discussions about their functions the process began of identifying, sorting and prioritizing the information received from the exploration. Inclusive of the tour was a review of all the documentation received thus far from inspection reports, submitted plan of action in response to the deficiencies in the reports by the BOP inspector and review of all pharmacy policy and procedures within the operation. A discussion about the deficiencies in regulatory compliance found during my tour, policy and procedures and remedies to the deficiencies noted in the BOP inspection reports followed. Shana agreed that the pharmacy operations and documentation needs improvement. Shana allowed me to copy her written "Compliance Plan for Roxsan Pharmacy" dated July 16, 2011 which spelled out a plan of correction to twelve items.

### Plan

A possible plan to address the issues in regulatory compliance and operational procedures was discussed with Shana. Shana agreed to review a plan that I would draft. She also agreed that time was of the essence. She was agreeable and said that she would put energy into implementing a plan that would improve her pharmacy operation.

The following are my recommendations to not only address the items in the BOP reports but to bring Roxsan Pharmacy a foundation into operational consistency. The items listed are in general language and must not be misinterpreted that specific detailed ongoing effort such as staff in-services and coaching is absent in implementation action.

The following pharmacy policy and procedures (P&P's) will be revised to reflect all new pharmacy regulations. After development of these documents, the implementation will be done by the PIC with pharmacy staff by in-services and coaching.

Pharmacy Operation P&P's for a retail pharmacy  
Pharmacy Operation P&P's for sterile compounding  
Pharmacy Operation P&P's for non-sterile compounding  
Compounding Protocols and Documentation Procedures  
Sterile Compounding Training and Assessment P&P's  
Sterile Compounding Clean Room Certifications of Equipment and Environment  
Pharmacist-in-Charge documentation Binder  
DEA Compliance in Ordering Scheduled Medication Procedures  
Inventory Management and Documentation  
Pharmacy Quality Assurance P&P's

#### Action

There would be a two prong plan of action to implement, the first one to correct the issues stated in the BOP reports --- this plan is to be implemented immediately and has been written by the PIC. The second plan would begin implementation as a follow-up to finishing the first plan. The second plan would be to complete all items necessary to document regulatory compliance for a retail permit that includes non-sterile compounding and a sterile compounding pharmacy permit. All policy and procedures will be revised and ready for the PIC to begin implementation no later than three to four weeks from the writing of this report.

Respectfully submitted,



Jesse F. Martinez, PharmD, FASCP  
Pharmacist Helping Hands, LLC

*All information in this report is confidential and is provided only for the sole use of the addressee and their representatives. Any other use of this information is prohibited and is not intended to be used for any purpose except as a confidential communiqué to the addressee and their representatives. Any disclosure, copying, distributing or taking any action in reliance on the contents of this report is strictly prohibited.*

---

## *Pharmacist Helping Hands, LLC*

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December 12, 2011

Shana Melamed  
Roxan Pharmacy, Inc.  
465 N. Roxbury Drive  
Beverly Hills, CA 90210

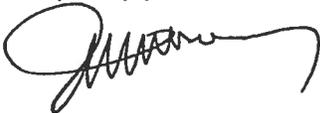
Dear Ms. Melamed,

You have retained my services to review the operation of your pharmacy, with particular attention paid to policies, procedures, and documentation found by the Board of Pharmacy to be non-compliant, as indicated in previous inspection reports, and to assist in remedying them.

I have now made several visits to the pharmacy, and have offered recommendations regarding improvement of its operation and policies & procedures. On my most recent visit, I found your facility to be operating in complete compliance with all rules and regulations pertaining to a sterile compounding pharmacy and a retail pharmacy.

I am pleased that we were able to work together to accomplish our goals.

Very truly yours,



Jesse Martinez, PharmD, FASCP

Cc: John Cronin, PharmD, Attorney, Fredrickson, Mazeika & Grant LLP, 5720 Oberlin Drive, San Diego, CA 92121

# **ATTACHMENT 5**



**California State Board of Pharmacy**  
 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834  
 Phone (916) 574-7900  
 Fax (916) 574-8518  
 www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 GOVERNOR EDMUND G. BROWN JR.

LSC

### INSPECTION REPORT

Pharmacy  Hospital Pharmacy \_\_\_\_\_ Clinic \_\_\_\_\_ Exempt Hospital \_\_\_\_\_ Wholesaler \_\_\_\_\_ Hypodermic \_\_\_\_\_

Date: 10/2/2012 Inspector: DeBora White

Firm: ROXSAN PHARMACY INC Phone: (310)273-1644

Address: 465 N ROXBURY DR City: BEVERLY HILLS Zip: 902104206

Ownership: CORPORATION

Permit #: LSC99553 Permit Exp: 11/1/2012 DEA#: BR3438050 DEA Exp: 4/30/2013

Date of Self Assessment Form: 6/16/2011 Other Permit #: phy38297 Date of DEA Inventory: 7/28/2011

Hours M-F: 8:30-6pm Hours Saturday \_\_\_\_\_ Hours Sunday \_\_\_\_\_

PIC SHAHLA K MELAMED RPH42096 Administrator

RPH Consultant \_\_\_\_\_

Staff	RPH Name:	License #:	Staff Name:	License #:
	<u>TIMOTHY A LOPEZ</u>	<u>RPH48887</u>	<u>MAGALY CECENA</u>	<u>TCH95227</u>
	<u>KATHRINE K BAMSHAD</u>	<u>RPH58950</u>	<u>KEVIN CARTER</u>	<u>TCH62462</u>
			<u>TIMOTHY C PALMER</u>	<u>TCH122830</u>
			<u>ACENSION LOPEZ</u>	<u>TCH33594</u>
			<u>FRANCISCO J TORRES</u>	<u>TCH87515</u>

Reference

1	CCR 1735.6	COMPOUNDING FACILITIES & EQUIPMENT. Must document calibration, cleaning and maintenance of ALL equipment use in association with compounding  Must document cleaning &/or calibration of mill, mixer, scale or other equipment used in compounding topicals or oral medication. Suggest periodic deep cleaning of compounding area (outside IV area) floor and documenting other room cleaning
2	CCR 1735.8	COMPOUNDING (NON INJECTABLE) QUALITY ASSURANCE- Must have written standards for qualitative & quantitative integrity, potency, quality & strength of compounded drugs. QA reports must be retained by pharmacy  Must periodically analyze non injectable compounded drugs (topicals or orals) to assure drug meets strength, quality & integrity as labeled. No testing of compounded topical or orals at time of inspection.



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 GOVERNOR EDMUND G. BROWN JR.

## INSPECTION REPORT

**Inspector Remarks:**

WATCH TECH RATIO WHEN COMPOUNDING CREAMS

**LSC RENEWAL INSPECTION**

Comp SA 5-15-12

AREA-5-29-12 HOOD & clean room

Type-non sterile to sterile injectables & creams, capsules, etc. NO CHEMO

P&P- available

Labels- must add "COMPOUNDED BY Roxsan" to Rx label, container or receipt for compounded topical and injectable medications

Record keeping- refrig temps available, formula/worksheet available, but must document cleaning & calibration of equip (mills, mixer, scale) used in compounding topicals, capsules. Pharmacy is documenting IV Hood cleaning. Floor in outer compounding area appears dirty but some spots could not be removed with cleaning solution.

Training- Nov 2011 aseptic assessment

Attire- available mask, gown, cap, booties.

Stock- no expired chemicals found during inspection. Using 6 month expirations or shorter.

Reference-PCCA

PV/QA- injectable tested 6/2012 for sterility & potency. But not testing creams/capsules.

**Licensee Remarks:**

I have reviewed, discussed, understand and received a copy of this form .

Inspector (sign) *White, RD*  
 Inspector (print) DWHITE

Pharmacist (sign) *S.M.*  
 Pharmacist (print) Stephen Madamed  
 Owner (sign) \_\_\_\_\_  
 Owner (print) \_\_\_\_\_

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

# **ATTACHMENT 6**



**California State Board of Pharmacy**  
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STATE AND CONSUMER SERVICES AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 GOVERNOR EDMUND G. BROWN JR.

### INSPECTION REPORT

Pharmacy  Hospital Pharmacy \_\_\_\_\_ Clinic \_\_\_\_\_ Exempt Hospital \_\_\_\_\_ Wholesaler \_\_\_\_\_ Hypodermic \_\_\_\_\_

Date: 10/2/2012 Inspector: DeBora White

Firm: ROXSAN PHARMACY, INC Phone: (310) 273-1644

Address: 465 N ROXBURY DRIVE City: BEVERLY HILLS Zip: 90210

Ownership: CORPORATION

Permit #: PHY38297 Permit Exp: 11/1/2012 DEA#: BR3438050 DEA Exp: 4/30/2013

Date of Self Assessment Form: 6/16/2011 Other Permit #: isc99553 Date of DEA Inventory: 7/28/2011

Hours M-F: 830-6pm Hours Saturday: closed Hours Sunday: closed

PIC SHAHLA K MELAMED RPH42096 Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
<u>KATHRINE K BAMSHAD</u>	<u>RPH58950</u>	<u>LINA R BRISKER</u>	<u>TCH29395</u>
<u>JULIE M ALEXANDER</u>	<u>RPH55365</u>	<u>SEAN M HENRY</u>	<u>TCH104082</u>
<u>TIMOTHY A LOPEZ</u>	<u>RPH48887</u>	<u>JESSE RAMOS</u>	<u>CLERK</u>
<u>MAHSHID P KHALIFIAN</u>	<u>RPH44675</u>	<u>EVA BANDIKIAN</u>	<u>CLERK</u>
		<u>RAQUEL PHILLIPS</u>	<u>CLERK</u>
		<u>LESLIE JUTA</u>	<u>CLERK</u>
		<u>CES LIMDO</u>	<u>CLERK</u>
		<u>ROCHELLE VARGUS</u>	<u>CLERK</u>
		<u>ADRIENNE STEPHEN</u>	<u>TCH10984</u>
		<u>MAGALY CECENA</u>	<u>TCH95227</u>
		<u>ACENSION LOPEZ</u>	<u>TCH33594</u>
		<u>TIFEANY E MARSHALL</u>	<u>TCH108423</u>
		<u>ALINA TEYANYAN</u>	<u>TCH85879</u>
		<u>KEVIN CARTER</u>	<u>TCH62462</u>
		<u>TIMOTHY C PALMER</u>	<u>TCH122830</u>

Reference

1. CCR 1707.5 (D) LANGUAGE INTERPRETIVE SERVICES. Must have WRITTEN policies & procedures, means to identify patient's language, hours service available, who provides language services, must have 12 languages available addition to English.  
 Must have WRITTEN POLICIES addressing language interpretive services available at pharmacy and include 12 required languages. Currently using Staff and Language Scientific but no written policy.  
 Fax to inspector w/in 30 days.



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### INSPECTION REPORT

**Inspector Remarks:**

NTC/permit-posted  
 CURES- data available  
 QA- available  
 Theft/Impairment P&P- amend Board reporting to 14 days instead of 30  
 Tch P&P/ID- available at inspection  
 Comp SA- 5-15-12  
 Label- patient center w/ description  
 Lang serv-no written policy but using  
 2 sinks both functional/ refrig- meds only w/ thermo at 38D  
 222/POA-electronic/separate/signed  
 WLS- bergen, hdsmith

**Licensee Remarks:**

I have reviewed, discussed, understand and received a copy of this form .

Inspector (sign) *D. White*  
 Inspector (print) DWHITE

Pharmacist (sign) *[Signature]*  
 Pharmacist (print) Shawn Melamed  
 Owner(sign) \_\_\_\_\_  
 Owner(print) \_\_\_\_\_

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

Shahla Melamed, owner, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards noted that this application came before the Board at the June, 2013 meeting. The representative from Roxsan Pharmacy was not able to answer questions to the Board's satisfaction. Ms. Melamed is appearing to address the Board's questions.

The Board questioned Ms. Melamed regarding Roxsan Pharmacy's website which indicates that they are compounding pharmacy. Ms. Melamed said that the pharmacy does compounding, but will not be shipping compounded products into Nevada. Roxsan specializes primarily in fertility medications, which is the focus of their Nevada business.

The Board questioned Ms. Melamed on question 3 of the application regarding administrative action which was answered "No". Board Staff contacted the California Board of Pharmacy and learned that Roxsan Pharmacy had been issued seven citations totaling forty-six violations between 2004 and 2010, in which the pharmacy was cited and fined. In 2011, Roxsan Pharmacy entered into a \$16,000 settlement agreement for violating compounding requirements. Roxsan Pharmacy's June, 2013 California Board inspection included additional citations. Ms. Melamed explained that she answered question 3 on the application as "No" because she did not understand that a citation is considered a disciplinary action. Roxsan Pharmacy is disputing the 2013 citations, and the case is currently pending.

The Board discussed concerns regarding the multiple citations and the citations that have not been resolved to date.

Board Action:

Motion: Cheryl Blomstrom moved to deny approval of Roxsan Pharmacy's Application for Out-of-State Pharmacy License.

Second: Jody Lewis

Action: Passed Unanimously

7. Application for Nevada Pharmacy – Appearance

Meditech Laboratories, Inc. – Las Vegas

A representative from Meditech Laboratories was not present.

8. Application for Controlled Substance Registration – Appearance

Duff Kaster, DDS

Duff Kaster appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Action: Passed Unanimously

Mr. Stranz agreed to provide a copy of their next Virginia Board of Pharmacy inspection to the Nevada Board of Pharmacy office when available.

B. Innovation Compounding, Inc. – Kennesaw, GA

Innovation Compounding, Inc. requested postponement of their appearance until the July, 2013 meeting.

C. Roxsan Pharmacy, Inc. – Beverly Hills, CA

*June 2013 meeting*

Shahla Melamed, owner, submitted a letter authorizing Kathrine Bamshad to appear on behalf of Roxsan Pharmacy Corporation.

Kathrine Bamshad appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Bamshad explained that Roxsan Pharmacy is a retail pharmacy specializing primarily in fertility medications. Products are shipped directly to the patient.

The Board questioned Ms. Bamshad regarding Roxsan Pharmacy's application and website. On the application the "Type of Pharmacy" box was checked as "Retail." Roxsan's website indicates that they are a compounding pharmacy. Ms. Bamshad testified that Roxsan is a retail pharmacy.

Ms. Bamshad stated that the pharmacy does a minimal amount of compounding including sterile compounding, topical, oral, and injectables specifically, Lupron and HCG.

Mr. Pinson noted that the name of the managing pharmacist of Concierge Compounding Pharmacy in Henderson, Nevada, is Melamed, and asked Ms. Bamshad if there is a relationship to Shahla Melamed. Ms. Bamshad responded that they are related (mother/son), but there is no association between the two pharmacies.

Ms. Bamshad was not able to answer questions regarding the pharmacy's compounding services to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to defer the application until clarification of the compounding services and a copy of Roxsan Pharmacy's most recent inspection of their compounding facility is received. An appearance by the compounding pharmacist and/or owner will be required for reconsideration of this application.

## **DISCUSSION AND DETERMINATION – JANUARY, 2014**

### **1) Federal Drug and Security Act (FD&C Act)**

**See attached.**

### **2) Flu vaccine protocol**

**Can a prescription be written for a pharmacist to administer a vaccine?**

**See NAC 639.2871**

Blank

## LARRY L. PINSON

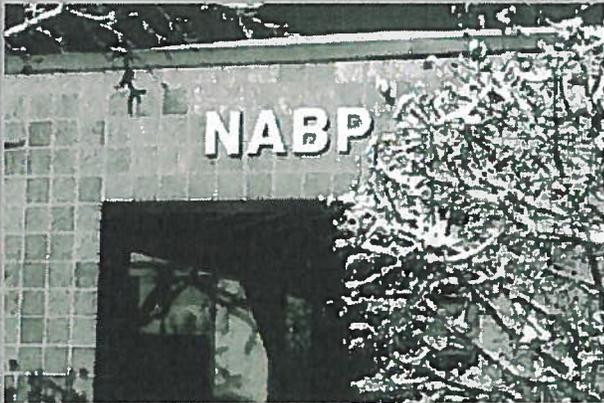
**From:** Cheryl Blomstrom <mcblomstrom@charter.net>  
**Sent:** Thursday, December 05, 2013 12:21 PM  
**To:** Paul Edwards; LARRY L. PINSON  
**Subject:** FW: NABP e-News: Implementation Information for New Compounding Law Available

We may want to put a discussion item on our January agenda on these new compounding rules. cb

**From:** NABP [mailto:NABPnews@nabp.net.bmsend.com] **On Behalf Of** NABP  
**Sent:** Wednesday, December 04, 2013 4:00 PM  
**To:** Cheryl blomstrom  
**Subject:** NABP e-News: Implementation Information for New Compounding Law Available

Having trouble viewing this email? [click here](#)

National Association of Boards of Pharmacy



**NABP e-News**  
Educational,  
Regulatory, and  
Association  
News for the State  
Boards of  
Pharmacy



**In This Issue**

- [Implementation Information for New Compounding Law Available](#)
- [FDA Draft Guidance Documents for Compounding Quality Act Available for Comment](#)
- [Baxter International Inc. Recalls One Lot of Nitroglycerin in 5% Dextrose Injection](#)
- [Hospital Pharmacies Frequently Contacted by Opportunistic Vendors](#)
- [United States Pharmacopeial Convention Joins Anti-Counterfeiting Campaign](#)
- [Twitter Offers Insight into Callers](#)

**Implementation Information for New Compounding Law Available**

Following the signing of the Drug Quality and Security Act on November 27, 2013, Food and Drug Administration (FDA) has provided [implementation information](#) on Title I of the law – known as the Compounding Quality Act – through its Web site.

Of note, the document specifies that compounding entities may register as an outsourcing facility, which, under certain conditions, may be exempt from the Federal Food, Drug, and Cosmetic Act's (FD&C Act) approval and labeling requirements. Drugs produced by compounders that are not registered as outsourcing facilities must meet the conditions of Section 503A of the FD&C Act (which was amended by the new law) to qualify for certain exemptions. The document adds, "If a compounded drug does not qualify for exemptions under either section 503A or 503B of the [FD&C Act], the compounded drug would be subject to all of the requirements of the [FD&C Act] that are applicable to drugs made by conventional manufacturers, including the new drug approval and adequate directions for use requirements." FDA also notes it will provide additional information about how the agency will interpret certain provisions of Section 503A at a later date.

The new law also requires the Secretary of Health and Human Services to establish a mechanism of communication with state boards of

pharmacy concerning certain actions taken against compounding pharmacies or expressing concerns that a compounding pharmacy may be acting contrary to the requirements in Section 503A. The implementation document states that this requirement will be implemented in consultation with NABP.

Additional information on the Web page outlines the creation of a Pharmacy Compounding Advisory Committee, the development of lists of drugs that may or may not be compounded, and notice that FDA intends to continue proactive and for-cause inspections of compounding pharmacies.

## FDA Draft Guidance Documents for Compounding Quality Act Available for Comment

Three draft guidance documents related to the Drug Quality and Security Act have been made available on the FDA Web site for comment.

- [Interim Product Reporting for Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act](#) (PDF) is intended for outsourcing facilities that compound human drugs and focuses on electronic submission of drug reporting information.
- [Registration for Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act](#) (PDF) provides information for outsourcing facilities relating to electronic submission of established registration information.
- [Pharmacy Compounding of Human Drug Products Under Section 503A of the Federal Food, Drug, and Cosmetic Act](#) (PDF) announces FDA's intentions in enforcing section 503A of the FD&C Act, which was amended by the passage of the new law, and explains how new provisions will be applied pending consultations and rulemaking.

## Baxter International Inc, Recalls One Lot of Nitroglycerin in 5% Dextrose Injection

FDA and Baxter International Inc, have issued a voluntary recall of one lot of nitroglycerin in 5% dextrose injection due to the presence of particulate matter found in one vial. According to a [press release](#) released by the company, particulate matter, if infused, could lead to potential venous and/or arterial thromboembolism, inflammation (particularly in the lungs), and irritation of blood vessels. To date, there have been no adverse events associated with the use of the recalled products.

The affected medications were distributed in the United States between January 17, 2013 and October 10, 2013, and are packaged in 250 mL glass containers, with 12 containers per carton. The affected product code is 1A0694, and the affected lot number is G105197. Consumers and health care providers should immediately stop using any products affected by the recall. Those affected may contact Baxter Healthcare Center for Service at 888/229-0001 between 7 AM and 6 PM, Central Time to arrange for return and replacement.

## Hospital Pharmacies Frequently Contacted by Opportunistic Vendors

Of 125 hospital pharmacy directors in Texas, more than 85% reported that they have been contacted by gray market vendors offering to sell drugs in short supply, as indicated by preliminary results of an ongoing study presented at the 2013 Interchange, a conference held by the Partnership for Safe Medicines (PSM). The study also found that almost 25% of pharmacy directors surveyed reported being asked to sell drugs they had in their inventories. The study, "[Grey Market Vendor Activities and Drug Shortages in Texas Acute Care Hospitals](#)," along with [additional information](#), is available on the PSM Web site.

[Students' Medication Misuse](#)

### Quick Links

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TEMPORARY LICENSES  
(Issued since last board meeting)

CVS/pharmacy

Michelle Oldenberg

Blank

**REGULATIONS TO BE REVIEWED AT THE NEXT  
MEETING OF THE LEGISLATIVE COMMISSION**

**December 20, 2013**

(These regulations will not become effective unless  
approved by the Legislative Commission)

(This list may be amended to add additional regulations; the links will be activated  
and further details added when a regulation is available for viewing)

(A=Adopted; RA=Revised Adopted; RP=Revised Proposed;  
D=Digest; S=Informational Statement)

All of the information is provided in Adobe PDF format; you will need  
Acrobat Reader to view these files.

REGULATIONS SUBMITTED PURSUANT TO NRS 233B.067:		
LCB NO.	NAC	AGENCY/ SUBJECT
<u>R172-12D</u> <u>R172-12A</u> <u>R172-12S</u>	360	<b>NEVADA TAX COMMISSION</b> A REGULATION repealing the provisions regarding the accelerated depreciation of certain capitalized costs to determine the net proceeds of minerals <b>CONTACT: Terry Rubald 775.684.2095</b>
<u>R188-12D</u> <u>R188-12A</u> <u>R188-12S</u>	289	<b>PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION</b> A REGULATION revising provisions governing the training of peace officers <b>CONTACT: Scott Johnston 775.687.3335</b>
<u>R189-12D</u> <u>R189-12A</u> <u>R189-12S</u>	590	<b>STATE BOARD OF AGRICULTURE</b> A REGULATION requiring a person who sells at retail gasoline which contains manganese or any compound containing manganese to post on the pump or other device for dispensing the gasoline a label indicating that the gasoline contains or may contain manganese <b>CONTACT: David Jones 775.353.3782</b>
<u>R010-13D</u> <u>R010-13A</u> <u>R010-13S</u>	354	<b>Committee on Local Government Finance</b> A REGULATION requiring local governments to provide a total discounted estimated actuarial liabilities report concerning certain benefits and providing standards and requirements for actuarial studies <b>CONTACT: Terry Rubald 775.684.2095</b>
<u>R014-13D</u> <u>R014-13A</u> <u>R014-13S</u>	639	<b>STATE BOARD OF PHARMACY</b> A REGULATION repealing provisions governing the delivery of prescription drugs <b>CONTACT: Shirley Hunting 775.850.1440</b>

*inserted 2/20 Dave*

<u>R016-13D</u> <u>R016-13A</u> <u>R016-13S</u>	639	<b>STATE BOARD OF PHARMACY</b> A REGULATION revising provisions concerning the storage and destruction of certain controlled substances <b>CONTACT: Shirley Hunting 775.850.1440</b>
<u>R041-13D</u> <u>R041-13A</u> <u>R041-13S</u>	445B	<b>STATE ENVIRONMENTAL COMMISSION</b> A REGULATION adopting by reference certain provisions of federal regulations relating to air quality <b>CONTACT: Adele Malone 775.687.9356</b>
<u>R042-13D</u> <u>R042-13A</u> <u>R042-13S</u>	445B	<b>STATE ENVIRONMENTAL COMMISSION</b> A REGULATION revising provisions governing ambient air quality standards <b>CONTACT: Adele Malone 775.687.9356</b>
<u>R055-13D</u> <u>R055-13A</u> <u>R055-13S</u>	488	<b>BOARD OF WILDLIFE COMMISSIONERS</b> A REGULATION revising provisions related to waters on which a reduced speed is required <b>CONTACT: Joanne Trendler 775.688.1549</b>
<u>R057-13D</u> <u>R057-13A</u> <u>R057-13S</u>	504	<b>BOARD OF WILDLIFE COMMISSIONERS</b> A REGULATION revising the boundaries of certain wildlife management areas and units <b>CONTACT: Joanne Trendler 775.688.1549</b>
<u>R060-13D</u> <u>R060-13A</u> <u>R060-13S</u>	706	<b>NEVADA TRANSPORTATION AUTHORITY</b> A REGULATION revising provisions relating certain drivers' permits issued by the Nevada Transportation Authority <b>CONTACT: Andy MacKay 775.688.2800</b>
<u>R064-13D</u> <u>R064-13A</u> <u>R064-13S</u>	701A	<b>DIRECTOR OF THE OFFICE OF ENERGY</b> A REGULATION providing for the assessment and collection of certain fees relating to energy-related tax incentives <b>CONTACT: Suzanne Linfante 775.687.1850 Ext 7309</b>
<u>R068-13D</u> <u>R068-13A</u> <u>R068-13S</u>	82 & 598	<b>SECRETARY OF STATE</b> A REGULATION relating to solicitations for charitable contributions <b>CONTACT: Scott Anderson 775.684.5711</b>
<u>R071-13D</u> <u>R071-13A</u> <u>R071-13S</u>	707	<b>PUBLIC UTILITIES COMMISSION OF NEVADA</b> A REGULATION revising provisions relating to the submission of certain reports and money collected as surcharges for the program to provide devices for telecommunication to persons with impaired speech or hearing <b>CONTACT: Hayley Williamson 775.684.6173</b>
<u>R072-13D</u> <u>R072-13A</u> <u>R072-13S</u>	703	<b>PUBLIC UTILITIES COMMISSION OF NEVADA</b> A REGULATION revising provisions relating to deferred energy and establishing provisions for participation in the Economic Development Electric Rate Rider Program <b>CONTACT: Donald Lomoljo 775.684.6121</b>
<u>R075-13D</u> <u>R075-13A</u> <u>R075-13S</u>	361	<b>NEVADA TAX COMMISSION</b> A REGULATION revising provisions relating to the assignment by a county treasurer of a tax lien against a parcel of real property located in the county <b>CONTACT: Terry Rubald 775.684.2095</b>

## VPP Snapshot

- **What is VPP?**
  - VPP, or the Verified Pharmacy Program, was developed to provide an information sharing network for the boards of pharmacy to use in sharing critical inspection and licensing data with their fellow boards. Similar to the Electronic Licensure Transfer Program for pharmacists, VPP also facilitates the nonresident pharmacy licensure transfer process.
- **What is VPP meant to accomplish?**
  - The program is meant to enhance what the state boards of pharmacy are already doing and assure that the boards have complete and accurate information for making licensure decisions on pharmacies, both nonresident and resident.
  - VPP creates e-Profiles for each pharmacy and links these facility e-profiles to key personnel e-Profiles, including the pharmacist-in-charge (PIC) in the state of domicile as well as any nonresident PICs.
- **What does requiring VPP mean for the boards?**
  - The boards can require that their nonresident and/or resident pharmacies apply through VPP when seeking to obtain or renew licensure. If an e-Profile for the applicant does not already exist, one will be created and applicable alerts will automatically be pushed to the board of pharmacy pertaining to that facility's disciplinary and inspection history. Additionally, participating boards will have access to the e-Profiles and will have the capability to search for facilities by a variety of categories. The boards also have the ability to provide their own inspection reports and other documentation to attach to the e-Profiles.
  - Requiring VPP does not necessarily mean that the board is requiring an inspection from NABP. When a VPP application from a pharmacy is received, NABP reviews and verifies the data submitted by the pharmacy. This includes any recent inspection reports, if available. Should an applicant submit a "qualified" inspection report and/or already have a qualified inspection report attached to the pharmacy e-Profile through the Inspection Clearinghouse, that pharmacy will not require a new inspection and all qualifying information will be pushed directly to the state board of pharmacy where the pharmacy is seeking licensure.
  - If the applicant is found to not have a "qualified" inspection, an inspection will be scheduled through NABP.
  - NABP provides all data directly to the applicable state boards of pharmacy and does not render any judgment on an applicant, as this authority is left to the state boards.
- **What is a "qualified" inspection and what inspection forms are available?**
  - The simple presence of an inspection by the state of domicile does not necessarily mean the nonresident facility meets nonresident states' requirements. Further, if a facility has been performing sterile compounding, it is possible that it may not have been subjected to a thorough compliance inspection by a properly trained inspector in many years, if ever.
  - A qualified inspection is one that has been conducted within the past 18-24 months, if the facility is a routine retail pharmacy, or within the past 12 months if it is a high-risk pharmacy, and includes the appropriate modules of inspection standards depending on its pharmacy activity types.
  - NABP recently convened a task force to compile licensure standards that are consistent across the states with the purpose of structuring a uniform inspection form. Drawing from the expertise provided during the task force meeting, this form is under further development. A draft of the form will be included with the VPP Implementation Guide, recognizing that the form will be a dynamic document and will continue to evolve to meet the states' needs. In addition, drafts of universal compounding inspection forms, developed using elements of several different states' inspection forms that inspect to USP Chapter <795> and <797> as a minimum standard for compounding, will be attached to the guide. These will also evolve to further meet the needs identified by the member boards of pharmacy.

- NABP is also exploring the possibility of forming specialized working groups to develop inspection form modules based on the varying pharmacy activity types.
- The uniform inspections can also be coupled with self-reported facility information in order to further identify those high-risk sterile compounding facilities. A state-specific example of documentation used to collect this type of self-reported information will be made available in the implementation guide as well.
- **What are the fees for VPP?**
  - If requiring VPP, and the board has the ability to pass the costs of an inspection along to the applicant/licensee, the board can send all resident and/or nonresident pharmacies directly through the application process.
  - VPP applicants pay fees dependent on the type of pharmacy:
    - Routine Retail: \$1,995
    - Nonsterile Compounding or Large Mail Order: \$2,500
    - Sterile Compounding or Institutional: \$3,000
  - Should an applicant already have a qualified inspection, the applicant is refunded all but a \$500 processing fee. For those applicants needing an inspection, this cost demonstrates savings for the facilities, as they are then avoiding the possibility of needing separate inspections from many states.
  - For those states that must bear the costs of the inspections, NABP still recommends that states send their applicants through the VPP process and subsidize the inspection fee for the applicants. The Association may be able to work with the board on a discounted inspection fee.
  - The fees were developed based on estimates of NABP's costs of performing the inspections and other processing functions within VPP and not intended to bring in excess revenue. Any revenue will be applied directly back to the member boards of pharmacy through programs and services including, but not limited to, additional compliance training.

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TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY  
FROM: Robert Cowan, Chief Operating Officer  
DATE: December 12, 2013  
RE: NABP Launches PMP AWA<sub>R</sub><sub>x</sub>E Software Pilots in Three States; Software to Be Available to all Board of Pharmacy and State PMPs in 2014

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The National Association of Boards of Pharmacy (NABP) is pleased to announce that PMP AWA<sub>R</sub><sub>x</sub>E, a prescription monitoring program (PMP) software developed by the Association and Appriss, Inc, is live and currently being accessed by thousands of prescribers and dispensers in Kansas and in Mississippi, with Nevada currently in the process of launching the software. With the addition of Nevada, controlled substance reporting for over 8.5 million people across three states will be served by PMP AWA<sub>R</sub><sub>x</sub>E.

***What Is PMP AWA<sub>R</sub><sub>x</sub>E?***

PMP AWA<sub>R</sub><sub>x</sub>E is a joint undertaking between NABP and Appriss, Inc, a leading technology provider, to deliver the next generation of PMP software. PMP AWA<sub>R</sub><sub>x</sub>E was designed from the ground up, with input from experienced PMP administrators and experts in the health care industry, is highly configurable to each state's needs, and solves most of the administrative challenges identified in legacy PMP software systems. PMP AWA<sub>R</sub><sub>x</sub>E will deliver a highly scalable software solution that easily interoperates with other health care data processes and ensures high data-quality standards. As demonstrated by the implementation of the software in Kansas and Mississippi, as detailed below, PMP AWA<sub>R</sub><sub>x</sub>E also provides administrators with tools for easier administration, and substantially improves the ease of use of prescription history requests.

As an added benefit, PMP AWA<sub>R</sub><sub>x</sub>E comes with a pre-built connection to NABP PMP InterConnect, enabling seamless access to PMP data from states participating in NABP InterConnect, to provide a more comprehensive prescription history to users.

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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

December 12, 2013

**TO: ALL NEVADA PHARMACIES; MANAGING PHARMACISTS AND  
CORPORATE PERSONNEL**

RE: Respectful Request

As you are all so acutely aware, the problem of prescription drug abuse lingers on in your daily practices, becoming more and more complicated, bothersome, and interruptive. Supplies are becoming short; you spend hours attempting to verify the validity of every CII prescription; and the consumer public seeking these drugs is becoming more difficult to manage.

One of the tools that you all do have at your disposal to help manage "Doctor Shopping" is Nevada's Prescription Monitoring Program (PMP). As most of you are aware, Nevada's PMP is one of the oldest electronic PMP's in the nation, and one that we continually attempt to improve as time moves forward. We launched new software on December 4<sup>th</sup> that we feel will be much more efficient and will feature the ability to share data with other states in the future (all but one state in the nation has a PMP at this time). From a pharmacist's and prescriber's perspective, workflow integration and the adoption of national standards is critical to allow the provider to identify potential drug abuse, diversion, evaluate patient safety risk, and to make appropriate clinical decisions before a prescription is written or dispensed.

To that end, the reporting of data (data submission) by the pharmacy or dispensing practitioner to the PMP is the backbone of the program and critical to its efficiency. Currently, Nevada law requires **WEEKLY** data submission. Obviously and unfortunately, lots of diversion can and does take place within a 7 day period. Consequently, the Nevada State Board of Pharmacy is respectfully requesting that you report to our PMP on a **DAILY** basis if at all possible. Originally, we discussed mandating daily data submission through regulation; however, as an alternative, we have decided to respectfully **ASK** for your compliance in helping us combat prescription drug abuse.

To our knowledge, there are six states that already mandate daily reporting and one that mandates reporting every five minutes! Knowing that many of Nevada's pharmacies have stores in those states indicates that it can and is being done. Daily data submission provides timely access to appropriate data for better decision making; reduces reporting delays; improves patient quality of care with clinical decision alerts presented at the time of writing or dispensing a prescription; and enables the exchange of information across state lines.

Please consider our request. It is only through joint cooperation between all health care providers that we can hopefully someday make an impact on prescription drug abuse in our country.

Please call me at the office if you have any comments, suggestions or questions.

Respectfully,

A handwritten signature in blue ink, appearing to read "Larry L. Finson".

Larry L. Finson, Pharm. D.  
Executive Secretary

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## Abusive Prescribing of Controlled Substances — A Pharmacy View

Mitch Betses, R.Ph., and Troyen Brennan, M.D., M.P.H

Public health advocates are increasingly focused on illness and deaths caused by inappropriate use of controlled substances — in particular, opioid analgesics. Opioid prescriptions have increased

dramatically, by more than 300% between 1999 and 2010.<sup>1</sup> This increase has led to substantial iatrogenic disease. Most strikingly, the number of deaths due to overdose in the United States increased from 4000 in 1999 to 16,600 in 2010.<sup>2</sup> Indeed, overdose is now the second-leading cause of accidental death in this country, where more than 2.4 million people were considered opioid abusers in 2010.<sup>3</sup>

The causes of increases in prescriptions and the prevalence of abuse are manifold. In the mid-1990s, advocates for treatment of chronic pain began arguing that pain was largely undertreated and appropriately exhorted clinicians

to be more liberal in their treatment. In addition, a number of new formulations of opioid agents became available, with purported advantages in analgesia.

But perhaps just as important, inappropriate prescribing has grown. The worst form of such prescribing occurs in so-called pill mills, wherein fully licensed physicians with valid Drug Enforcement Administration (DEA) numbers write prescriptions that provide large quantities of powerful analgesics to individual patients. Such bogus pain clinics cater to younger patients, operate on a cash basis, and draw clients from a broad geographic area. States and the DEA have attempt-

ed to curb pill-mill activities — the best example being Florida's closure of 254 "pain clinics" — but the efficacy of such regulation is unclear.<sup>4</sup>

Pharmacies have a role to play in the oversight of prescriptions for controlled substances, and opioid analgesics in particular. Under the Controlled Substances Act, pharmacists must evaluate patients to ensure the appropriateness of any controlled-substance prescription. In addition, state boards of pharmacy regulate the distribution of opioid analgesics and other controlled substances through the discretion of pharmacists. Yet in the majority of cases of potential abuse, pharmacists face a patient who has a legal prescription from a licensed physician, and they have access to very little other background information. That makes it difficult for individual pharma-

Prescribing Habits of Outlier Prescribers.			
Specialty or Type of Clinician	Average Monthly Doses of High-Risk Drugs Prescribed		No. of Outlier Prescribers
	42 Outlier Prescribers	Nonoutlier Prescribers	
Internal medicine	11,314	422	12
Physical medicine	5,599	916	1
Family practice	12,903	575	8
General practice	24,502	462	2
Psychiatry	18,757	213	3
Nurse practitioner	10,715	160	2
Obstetrics and gynecology	11,096	110	3
Physician assistant	5,211	116	1
Pain medicine	8,811	3813	1
Sports medicine	7,025	387	1
Pediatrics	5,524	31	2
Anesthesiology	8,128	1749	1
Geriatric medicine	15,544	493	1
Endocrinology	6,142	116	1
Emergency medicine	7,935	203	2
Preventive medicine	44,397	662	1

cists to use their own partially informed judgment to identify prescriptions that have come from a pill-mill doctor.

Chain pharmacies, however, have the advantage of aggregated information on all prescriptions filled at the chain. At CVS, we recently instituted a program of analysis and actions to limit inappropriate prescribing. Our program was intended to identify and take action against physicians and other prescribers who exhibited extreme patterns of use of "high-risk drugs" relative to other prescribers. We aimed to minimize the potential for falsely identifying legitimate prescribers (false positives), accepting that doing so might result in a failure to identify some suspicious prescribers.

We identified high-risk prescribers by benchmarking them against others on several param-

eters. We used data from submitted prescriptions from March 2010 through January 2012 for hydrocodone, oxycodone, alprazolam, methadone, and carisoprodol. Prescribers were compared with others in the same geographic region who had the same listed specialty. The first parameters were the volume of prescriptions for high-risk drugs and the proportion of the prescriber's prescriptions that were for such drugs, as compared with the volume and proportion for others in the same specialty and region; the thresholds for suspicion were set at the 98th percentile for volume and the 95th percentile for proportion. Next, prescribers were evaluated with regard to the number of their patients who paid cash for high-risk-drug prescriptions and the percentage of their patients receiving high-risk drugs who were

18 to 35 years of age. In both cases, the thresholds for suspicion were set at the 90th percentile among clinicians in the same region and specialty. Finally, we compared the prescriptions for noncontrolled substances with the prescriptions for controlled substances within the prescriber's practice on the same parameters. To minimize the possibility that we would suspend dispensing privileges for clinicians who were appropriately treating patients, we attempted to interview physicians whom we'd identified as outliers to ascertain the nature of their practice and their use of controlled substances.

We initially identified 42 outliers (see table) from our database of nearly 1 million prescribers; 17 of the 42 failed to respond to our three letters requesting an interview, despite our indication in the second and third letters that we would stop filling the clinician's controlled-substance prescriptions if he or she would not speak with us. Eight prescribers sent a written response, and one response was sufficiently detailed to convince us that the prescribing was appropriate. The other seven responses were inadequate, and the prescribers refused to engage in a telephone discussion. Two prescribers retained an attorney, and future conversation occurred through legal channels. We considered these 26 clinicians nonresponsive.

The remaining 15 were contacted by phone, and 5 gave us legitimate reasons why their practice had the identified characteristics — in particular, that each was the only practitioner in a given geographic area caring for patients with chronic pain. The remaining 10 either maintained that their approach was legitimate

but that they didn't have to explain why or averred that they planned to curb their prescribing of narcotics. For all 10 of these clinicians, we decided not to fill their controlled-substance prescriptions through our pharmacy. The same approach was taken for the 26 nonresponsive clinicians. Surprisingly, now 9 months after we stopped filling controlled-substance prescriptions for these clinicians' patients, we've had contact from only 3 of them requesting reinstatement in our pharmacy chain. The table provides details on the 42 outliers' practices, as compared with those of the average prescriber in our database. There was no clear regional concentration of outliers.

Our program is certainly not a comprehensive solution, but it provides some sense of the kind of inappropriate prescribing that is going on in our health care system. We believe that some of these clinicians may be part of pill mills, doing cursory examinations in high volumes of patients, all of whom then receive opioid analgesics. People seeking to abuse these medications will travel long distances to obtain them and often deal in cash only. These patients are generally younger than the average patient with chronic disease. A comprehensive solution would involve the use of a national prescription-

drug-monitoring database that would be used by clinicians at the point of prescribing and by all pharmacies at the point of dispensing. This enhanced view of a patient's controlled-substance history and behaviors would support both prescribers and pharmacists in applying their professional judgment regarding the appropriateness of dispensing a controlled substance.

As we noted, pharmacists have an ethical duty, backed by both federal and state law, to ensure that a prescription for a controlled substance is appropriate. A young person traveling a good distance to fill a prescription and paying cash should raise some concerns for a pharmacist. If the prescription is valid, the pharmacist might have limited grounds on which to deny medication to someone who might be in pain. Yet the DEA has now identified both pharmaceutical distributors and chain pharmacies as part of the problem,<sup>5</sup> encouraging our industry to develop new programs to reduce inappropriate use.

Our findings provide a lens into the problem we face as a country. Programs providing greater transparency regarding controlled-substance prescribing, such as mandatory use of e-prescribing for all controlled substances and a national, uniform program of prescription-drug monitoring, would

help pharmacists and clinicians target interventions more accurately to help patients who are abusing medications. Some state solutions, such as the Massachusetts database that allows clinicians to look up their own patients' prescriptions, also have merit. Analyses of aggregated data like ours can also target patterns of abuse by both prescribers and patients. Given the growing use of controlled substances and the resulting illness and deaths, more innovative use of transparent data is only prudent.

Disclosure forms provided by the authors are available with the full text of this article at [NEJM.org](http://NEJM.org).

From CVS Caremark, Woonsocket, RI.

This article was published on August 21, 2013, at [NEJM.org](http://NEJM.org).

1. Kunins HV, Farley TA, Dowell D. Guidelines for opioid prescription: why emergency physicians need support. *Ann Intern Med* 2013;158:841-2.
2. Dowell D, Kunins HV, Farley TA. Opioid analgesics — risky drugs, not risky patients. *JAMA* 2013;309:2219-20.
3. Lembke A. Why doctors prescribe opioids to known opioid abusers. *N Engl J Med* 2012;367:1580-1.
4. Rosenau AM. Guidelines for opioid prescription: the devil is in the details. *Ann Intern Med* 2013;158:843-4.
5. Drug Enforcement Administration. DEA serves another Walgreens pharmacy an order to show cause. February 6, 2013 (<http://www.justice.gov/dea/divisions/mia/2013/mia020613.shtml>).

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## Transforming Academic Health Centers for an Uncertain Future

Victor J. Dzau, M.D., Alex Cho, M.D., M.B.A., William ElLaissi, M.B.A., M.H.A., Ziggy Yoediono, M.D., M.B.A., Devdutta Sangvai, M.D., M.B.A., Bimal Shah, M.D., M.B.A., David Zaas, M.D., M.B.A., and Krishna Udayakumar, M.D., M.B.A.

**A**cademic health centers (AHCs) have long led the advancement of science and medicine by pursuing missions of clinical care, research, and education. AHCs

have been places where important fundamental and translational research is performed and medical innovations are created and tested. Given the dramatic changes

ahead in health care and deteriorating research funding, can this record of achievement continue, or do AHCs in the United States face a growing risk of extinction?<sup>1</sup>

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### Red Flags

- Individual has prescriptions for controlled substances from multiple doctors
- Patient receives more than one controlled substance that treat the same indications
- Patient seeks early refills
- Patient has prescriptions for large quantity or large doses of controlled substances

Q/B

### Red Flags

- Patients travel long distances from residence to reach prescriber or pharmacy
- Patient receives opiate, a benzodiazepine, and carisopridol ("cocktailized" dispensing)
- Lack of individualized dosing

Q/B

### Red Flags

- Filling multiple prescriptions for the strongest formulation
- Requests for early refills
- Doctor located 100 miles away from pharmacy (or any distance that is unreasonable)
- Large portion of prescriptions for controlled substances issued by one prescriber

Q/B

### Red Flags

- Failing to contact other pharmacists to inquire why they refuse to fill prescriptions issued by a particular prescriber
- Patients traveling in groups to pharmacy
- Large percentage of prescriptions are paid for in cash
- Cash payments in combination with other red flags

Q/B

### Red Flags

- Relying solely on prescriber's representation that prescription is legitimate
- Drug is inconsistent with prescriber's area of practice (fentanyl from dentist)
- Patient refer to drugs using street slangs (xanies, bars, purple drank, blues)



### Red Flags

- People who are not regular patrons present prescriptions from same prescriber
- Customers receiving similar controlled substances have same address
- Family members receive prescriptions for controlled substances from same prescriber



### Red Flags

- Action against prescriber by state boards or law enforcement
- Pharmacy patient profile reveals patient is receiving controlled substances from multiple prescribers at the same time
- Lack of a valid doctor-patient relationship



### Resolving the Resolvable Red Flags

- Talk extensively with patient --question them if they are from out of the area
- Contact the prescriber
- Refuse to fill the prescription
- Use your instincts
- Use the PDMP



### Resolving the Resolvable Red Flags

- Document all communications with the prescribing practitioner (?)
- Talk with other pharmacists in your area
- Be aware of local and national news regarding prescription drug abuse
- Report prescription to BOP/DEA

Q/B

### Resolving the Resolvable Red Flags

- Verify prescriber's DEA registration
- Conduct an internet search
- Evaluate appearance of the patient (in pain, under the influence of controlled substances?)

Q/B

### The Future of Corresponding Responsibility

- Likely that DEA will identify new red flags as diversion
- Red flags are likely to be based on suspicions and statements by employees and others

Q/B

### The Future of Corresponding Responsibility

- Continued deference to the agency by courts in criminal cases
  - Requirement to conclusively resolve red flags
  - Irresolvable red flags or combinations of red flags
- Likely that additional red flags or combination of red flags will be deemed irresolvable

Q/B

### The Four "Ps" of Corresponding Responsibility

- Prescriber
- Prescription
- Patient
- Product

Q/B

You'll also hear controversy about the NEW cardiovascular risk calculator. It's part of the new Am Heart Assn cholesterol guidelines.

It determines a patient's 10-year risk of a heart attack or stroke based on their sex, age, race, total and HDL cholesterol, diabetes, systolic BP, hypertension treatment, and smoking status.

Critics will say that it sometimes under- or overestimates risk.

But think of the calculator as just a starting point to help assess CV risk...and whether a patient might benefit from a statin.

Use it for patients ages 40 to 75 with an LDL 70 to 189 mg/dL... who DON'T have CV disease. Ask patients or their prescribers about recent BP and lipid levels...or offer screenings at your pharmacy.

For patients already on a statin, use PRETREATMENT cholesterol values. The calculator isn't valid with TREATED values.

For diabetes patients, suggest a moderate-intensity statin if 10-yr risk is < 7.5%...and high-intensity if risk is ≥ 7.5%. Most diabetes patients over age 50 will need high-intensity due to other CV risks.

For other patients, suggest a statin if the 10-yr risk is ≥ 7.5%. This is where statins' CV benefits seem to outweigh their risks.

Don't use the calculator for patients who already have CV disease or an LDL ≥ 190 mg/dL...they already qualify for a statin.

To hear our editors debate the pros and cons of the new calculator with some of the developers, go to our *PL Detail-Document* and click on *PL VOICES*. You'll also get a link to the calculator and apps.<sup>300102</sup>

## CONTROLLED SUBSTANCES

Pharmacists will play an even bigger role in preventing the misuse and abuse of controlled substances.

Twenty years ago, prescribers were told to treat pain more aggressively. Now we're seeing the downsides of more opioid use.

Opioid overdoses have tripled...and over 16,000 people/year die.

Now there's more pressure on pharmacists...who SHARE the legal responsibility for appropriate use of controlled substances.

Use these tips to balance treating legitimate patients with preventing abuse...and follow your pharmacy's policies for guidance.

Continue to watch for red flags...patients who pay cash only for controlled substances or demand certain brands, frequent early Rxs, nonlocal prescribers or patients, doctor or pharmacy shoppers, etc.

Keep in mind there's no "ceiling" opioid dose, but most chronic pain patients won't need more than about 200 mg/day of morphine or the equivalent. Get our *PL Chart* for equianalgesic doses.

Red flags are NOT stop signs. But they can help you assess the risk for abuse or diversion and delve deeper if needed.

Talk to the patient...and avoid personal bias. Ask about symptoms, what they've tried, what the prescriber told them, etc.

Verify questionable Rxs. Use your state's prescription drug monitoring program if you have one...BEFORE filling the Rx.

Call the prescriber using the number in your system, not on the Rx or provided by the patient...and verify their DEA number. Share any concerns and continue to collaborate to minimize abuse.

Trust your judgment. If you have reasonable suspicion that an Rx isn't valid or for a legitimate medical purpose, don't fill it. But don't let "due diligence" get in the way of good patient care.

Document your findings...whether you fill the Rx or not. If you don't fill it, be kind and respectful. Explain your concern for patient safety...and describe your pharmacy's standard policy.

Get our *PL CE, Controlled Substances: Keeping Patients Safe and Preventing Diversion*...or our 3-hour version to meet WV requirements.<sup>300103</sup>

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# Nevada State Board of Pharmacy

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## NEVADA STATE BOARD OF PHARMACY

### ACTIVITIES REPORT

#### DECEMBER 4-5, 2013 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 December, 2013 Board meeting.

#### Licensing Activity:

- 9 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 43 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state. One application was withdrawn.
- 9 licenses were granted for Out-of-State wholesalers.
- 6 applications were approved for Nevada pharmacies pending inspection.
- 2 licenses were granted for a Nevada MDEG license.
- 1 application for a pharmacist with past discipline was approved with conditions.

#### Disciplinary Action:

- Pharmacists MH and HF and pharmacy MP were fined and put on probation with monitoring criteria for compounding a prescription for a child incorrectly, resulting in the child be admitted to ICU.
- Pharmaceutical technician AE was revoked for diverting controlled substances.
- Pharmacist CB was fined \$1295; ordered to complete 6 hours of CE on error prevention; and put on probation for 12 months for two dispensing errors. Pharmacy HP was fined \$295.

#### Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings (NASCSA, ASPL, NABP); and the roll out of new PMP software.
- An appearance was made by MedAvail.
- A discussion was held regarding past history of drug abuse and licensing pharmaceutical technicians.

**Workshop:**

1. **Amendment of Nevada Administrative Code (NAC) 639.748 Identification of person to whom controlled substance is dispensed.** Regarding identification required to obtain controlled substance medication.

# Proposed Regulation of the Nevada State Board of Pharmacy

Workshop January 23, 2014

Explanation – Language in italics is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070

**A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.**

**Section 1.** NAC 453.510 is hereby amended to read as follows:

453.510 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-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, 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-piperidinyl]-N-

phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-

phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-

piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxadine;

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-piperidinyl)-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;

Phenomorphane;

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;

Hydromorphinol;  
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-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E) ;

2,5-dimethoxy-4-iodo-N-(methoxybenzyl)phenethylamine (some trade or other names: 25I-NBOMe, 25I-NB2OMe, 25I-NB3OMe, 25I-NB4OMe);

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);

***All 2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) derivatives (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-BOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe)***

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);

***3-[2-(Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N,N-dimethyltryptamine; 4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT)***

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);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

***1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22)***

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-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.1<sup>3,7</sup>]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48)*

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-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

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);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

***1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names:***

***1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC)***

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, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: *N,N-Dimethyltryptamine, N,N-DMT, DMT*);

***Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-***

***phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE***);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

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;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

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;

***Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);***

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).

***Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP)***

↪ 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 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:

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone);

Aminorex;

Butylone (some trade or other names:  $\beta$ -keto-N-methylbenzodioxolylpropylamine, bk-MBDB;

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

Fenethylamine;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

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);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Methylenedioxypropylamine (some trade or other names: 3,4-Methylenedioxypropylamine, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethylbenzeneethanamine; 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.

**SMALL BUSINESS IMPACT STATEMENT AS REQUIRED BY  
NRS 233B.0608**

**LCB File No. \_\_\_\_\_**  
(Proposed Amendment to NAC 453.510)

**1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

The proposed amendment to NAC 453.510 will add certain substances to the controlled substances listed on Schedule I, and provides for other matters properly related thereto. The Board of Pharmacy (Board), through its executive staff and legal counsel, have carefully examined the proposed amendments and have determined that they are not likely to (1) “impose a direct and significant economic burden upon small business,” or (2) “[d]irectly restrict the formation, operation or expansion of small businesses.”

Regardless, the Board solicited public comment regarding the proposed amendment by (1) posting a summary of the proposed amendment on the Board’s website (bop.nv.gov), with a link to the full text of the proposed amendment, (2) soliciting comment from Nevada pharmacies that are signed up to receive Board of Pharmacy “Hotline” notifications using a facsimile notice directed to each, and (3) contacting a representative of each relevant industry association Board Staff deemed likely to have an interest in the proposed amendment. The Board received no public comment in response to those solicitations. The proposed amendments do have the support of law enforcement, which requested the proposed amendments.

Parties interested in obtaining a copy of the summary of the proposed amendment, or that wish to view the text of the proposed amendment, may access that information on the Board’s website at bop.nv.gov, or by contacting the Board’s office at (775) 850-1440.

**2. The manner in which the analysis was conducted.**

See answer to Question #1.

**3. The estimated economic effect of the proposed regulation on the small businesses which it is to regulate, including, without limitation:**

**(a) Both adverse and beneficial effects; and**

The Board anticipates no significant adverse economic impact from the proposed amendments to NAC 453.510 on legitimate Nevada businesses. The proposed amendment may, however, adversely impact Nevada businesses that deal in illicit drugs.

**(b) Both direct and indirect effects.**

See answer to Question #3(a).

**4. A description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

The Board anticipates no significant adverse economic impact from the proposed amendments to NAC 453.510 on legitimate Nevada businesses, so no alternative methods of regulation are deemed necessary.

**5. The estimated cost to the agency for enforcement of the proposed regulation.**

None.

**6. If the proposed regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.**

Not Applicable.

**7. If the proposed regulation includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity, an explanation of why such duplicative or more stringent provisions are necessary.**

The Federal Drug Enforcement Administration maintains its own schedules of controlled substances, which schedules closely parallel the schedules found in NRS Chapter 453. Nevada has no control over the substances the DEA schedules, however, so it is beneficial for the Board to add illicit substances to its own schedules from time to time in response to trends in illicit substance abuse that appear in Nevada.

**8. The reasons for the conclusion of the agency regarding the impact of a regulation on small businesses.**

See answer to Question #3(a).

*Signature of director, executive head or other person who is responsible for the agency certifying that, to the best of his or her knowledge or belief, the information contained in the statement was prepared properly and is accurate.*



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S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

# Proposed Regulation of the Nevada State Board of Pharmacy

Workshop January 23, 2014

Explanation – Language in *italics* is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070

**A REGULATION relating to controlled substances; Defining ketamine HCL to include its salts, isomers and salts of isomers to the controlled substances listed in schedule III; and providing other matters properly relating thereto.**

**NAC 453.530 Schedule III. (~~NRS 453.146, 639.070~~)**

1. Schedule III consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including their salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule III, including:

(a) Those compounds, mixtures or preparations in dosage unit form containing any substance listed in schedule II which has a stimulant effect on the central nervous system, which compounds, mixtures or preparations were listed on August 25, 1971, as excepted compounds under the regulations of the Drug Enforcement Administration of the Department of Justice, and any other drug of the same quantitative composition as a drug shown on the list or which is the same except that it contains a lesser quantity of controlled substances;

(b) Benzphetamine;

(c) Chlorphentermine;

(d) Clortermine; or

(e) Phendimetrazine.

↪ For the purposes of this subsection, “isomer” includes the optical, position or geometric isomer.

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system is hereby enumerated on schedule III:

(a) Any substance which contains any quantity of a derivative of barbituric acid or any salt thereof;

(b) Chlorhexadol;

(c) Embutramide;

(d) Lysergic acid;

(e) Lysergic acid amide;

(f) Methyprylon;

(g) Sulfondiethylmethane;

(h) Sulfonethylmethane;

(i) Sulfonmethane;

(j) Any compound, mixture or preparation containing amobarbital, secobarbital, pentobarbital or any salt thereof and one or more other active medicinal ingredients, which are not listed in any schedule;

(k) Any suppository dosage form containing amobarbital, secobarbital, pentobarbital, or any salt of any of these drugs approved by the Food and Drug Administration of the United States Department of Health and Human Services for marketing only as a suppository; or

(l) Tiletamine and zolazepam or any salt thereof. (Some trade or other names for a tiletamine-zolazepam combination product: Telazol. Some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thienyl)-cyclohexanone. Some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-[3,4-e][1,4]-diazepin-7(1H)-one, flupyrazapon).

4. Nalorphine is hereby enumerated on schedule III.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs or their salts, calculated as the free anhydrous base or alkaloid, in quantities is hereby enumerated on schedule III:

(a) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(b) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(c) Not more than 300 milligrams of dihydrocodeinone (hydrocodone) per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(d) Not more than 300 milligrams of dihydrocodeinone (hydrocodone) per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(e) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(f) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(g) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts; or

(h) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

6. Unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of:

- (a) N-methylephedrine, its optical isomers, salts and salts of optical isomers;
- (b) Hydriodic acid; or
- (c) Hydrogen iodide gas,

↪ are, as immediate precursors, controlled, the control of which is necessary to prevent, curtail or limit the manufacture of the controlled substances methamphetamine and N, N-dimethylamphetamine.

7. Except as otherwise provided in subsections 8 and 9, or specifically excepted or listed in another schedule, any material, compound, mixture or preparation containing any quantity of anabolic steroids, including their salts, isomers, esters and salts of isomers, whenever the existence of such salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule III:

- (a) Androisoxazole;
- (b) Androstenediol;
- (c) Bolandiol;
- (d) Bolasterone;
- (e) Boldenone;
- (f) Chlormethandienone;
- (g) Clostebol;
- (h) Chorionic gonadotropin (HCG);
- (i) Dehydrochlormethyltestosterone;
- (j) Dihydromesterone;
- (k) Drostanolone;
- (l) Ethylestrenol;

- (m) Fluoxymesterone;
- (n) Formebolone;
- (o) Formyldienolone;
- (p) 4-Hydroxy-19-nortestosterone;
- (q) Mesterolone;
- (r) Methandrenone;
- (s) Methandriol;
- (t) Methandrostenolone;
- (u) Methenolone;
- (v) 17-Methyltestosterone;
- (w) Methyltrienolone;
- (x) Mibolerone;
- (y) Nandrolone;
- (z) Norbolethone;
- (aa) Norethandrolone;
- (bb) Normethandrolone;
- (cc) Oxandrolone;
- (dd) Oxymesterone;
- (ee) Oxymetholone;
- (ff) Quinbolone;
- (gg) Stanolone;
- (hh) Stanozolol;
- (ii) Stenbolone;
- (jj) Testolactone;
- (kk) Testosterone; or
- (ll) Trenbolone.

8. Any anabolic steroid described in subsection 7 which is used solely for implantation in cattle or any other nonhuman species and is approved by the Food and Drug Administration for that use is not a controlled substance.

9. The following classifications are not controlled substances for the purposes of this section:

- (a) Oral combinations containing therapeutic doses of estrogen and androgen;
- (b) Parenteral preparations containing therapeutic doses of estrogen and androgen;
- (c) Topical preparations containing androgens or combinations of androgen and estrogen; and
- (d) Vaginal preparations.

10. Ketamine **HCL**, *its salts, isomers, and salts of isomers*, is hereby enumerated on schedule III.

11. Synthetic Dronabinol in sesame oil encapsulated in a soft gelatin capsule in a drug product approved by the Food and Drug Administration (some trade or other names: (6aR-trans)-6a,7,8,10a-tetrahydro-6; 6,9-trimethyl-3-pentyl-6H-dibenzo [b,d]pyran- 1-ol; (-)-delta-9-(trans)-tetrahydrocannabinol; Marinol) is hereby enumerated on schedule III.

12. Gamma-hydroxybutyrate prepared by a registered pharmaceutical manufacturer of the Food and Drug Administration which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Food and Drug Administration is hereby enumerated on schedule III.

13. Human growth hormone (HGH) is hereby enumerated on schedule III.

14. Any material, compound, mixture or preparation containing buprenorphine, including its salts, is hereby enumerated on schedule III.

**SMALL BUSINESS IMPACT STATEMENT AS REQUIRED BY  
NRS 233B.0608**

**LCB File No. \_\_\_\_\_**  
(Proposed Amendment to NAC 453.530)

**1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

The proposed amendment to NAC 453.530 will revise the definition of ketamine HCL to include its salts, isomers and salts of isomers to the controlled substances listed in Schedule III. The Board of Pharmacy (Board), through its executive staff and legal counsel, have carefully examined the proposed amendments and have determined that they are not likely to (1) “impose a direct and significant economic burden upon small business,” or (2) “[d]irectly restrict the formation, operation or expansion of small businesses.”

Regardless, the Board solicited public comment regarding the proposed amendment by (1) posting a summary of the proposed amendment on the Board’s website (bop.nv.gov), with a link to the full text of the proposed amendment, (2) soliciting comment from Nevada pharmacies that are signed up to receive Board of Pharmacy “Hotline” notifications using a facsimile notice directed to each, and (3) contacting a representative of each relevant industry association Board Staff deemed likely to have an interest in the proposed amendment. The Board received no public comment in response to those solicitations. The proposed amendments do have the support of law enforcement, which requested the proposed amendments.

Parties interested in obtaining a copy of the summary of the proposed amendment, or that wish to view the text of the proposed amendment, may access that information on the Board’s website at bop.nv.gov, or by contacting the Board’s office at (775) 850-1440.

**2. The manner in which the analysis was conducted.**

See answer to Question #1.

**3. The estimated economic effect of the proposed regulation on the small businesses which it is to regulate, including, without limitation:**

**(a) Both adverse and beneficial effects; and**

The Board anticipates no significant adverse economic impact from the proposed amendments to NAC 453.530 on legitimate Nevada businesses.

**(b) Both direct and indirect effects.**

See answer to Question #3(a).

**4. A description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

The Board anticipates no significant adverse economic impact from the proposed amendments to NAC 453.530 on legitimate Nevada businesses, so no alternative methods of regulation are deemed necessary.

**5. The estimated cost to the agency for enforcement of the proposed regulation.**

None.

**6. If the proposed regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.**

Not Applicable.

**7. If the proposed regulation includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity, an explanation of why such duplicative or more stringent provisions are necessary.**

The Federal Drug Enforcement Administration maintains its own schedules of controlled substances, which schedules closely parallel the schedules found in NRS Chapter 453. Nevada has no control over the substances the DEA schedules, however, so it is beneficial for the Board to add illicit substances to its own schedules from time to time in response to trends in illicit substance abuse that appear in Nevada.

**8. The reasons for the conclusion of the agency regarding the impact of a regulation on small businesses.**

See answer to Question #3(a).

*Signature of director, executive head or other person who is responsible for the agency certifying that, to the best of his or her knowledge or belief, the information contained in the statement was prepared properly and is accurate.*



S. Paul Edwards

General Counsel

Nevada State Board of Pharmacy

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R087-13**

October 24, 2013

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 639.070 and 639.07027.

A REGULATION relating to pharmacy; requiring dispensing technicians to complete certain requirements for in-service training; and providing other matters properly relating thereto.

**Section 1.** NAC 639.7425 is hereby amended to read as follows:

639.7425 1. No person may act as a dispensing technician unless the person is:

- (a) A registered pharmaceutical technician; or
- (b) Employed at a facility to which a certificate of registration has been issued pursuant to

NAC 639.742 and the dispensing practitioner at that facility has registered the person as a dispensing technician.

2. A dispensing practitioner may apply to the Board to register a person as a dispensing technician by submitting to the Board the fee required by NAC 639.744 and proof satisfactory to the Board that the person:

- (a) Is 18 years of age or older;
- (b) Has received a high school diploma or its equivalent;
- (c) Has not been convicted of any felony or misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; and
- (d) Does not have a history of drug abuse.

3. Upon determining that a person for whom application for registration as a dispensing technician has been made by a dispensing practitioner satisfies the requirements of subsection 2, the Board will issue to the person a provisional registration as a dispensing technician for that practitioner.

4. A person acting as a dispensing technician pursuant to a provisional registration must complete at least 500 hours of training and experience provided by the dispensing practitioner relating to the skills that the person will be performing as a dispensing technician for that dispensing practitioner. Only that training and experience received by the person after the provisional registration is issued may be applied to satisfy the 500-hour requirement. In providing the training and experience, the dispensing practitioner shall supervise the training and experience of the person by observing the work of the person on a random basis at least three times each day during which the person is receiving training and experience.

5. A provisional registration issued to a person acting as a dispensing technician expires 12 months after it is issued or upon the expiration of the certificate of registration of the dispensing practitioner to whom the dispensing technician is registered, whichever is earlier. If a person acting as a dispensing technician pursuant to a provisional registration:

(a) Fails to complete the required 500 hours of training and experience before the expiration of the provisional registration, the person shall not act as a dispensing technician unless he or she is issued a new provisional registration pursuant to this section. Any hours of training and experience completed by the person while acting as a dispensing technician pursuant to a provisional registration that has expired may not be used to satisfy the 500-hour requirement for a new provisional registration.

(b) Completes the required 500 hours of training and experience before the expiration of the provisional registration, the dispensing practitioner shall file with the Board a signed affidavit certifying:

- (1) The number of hours of training and experience successfully completed by the person.
- (2) The specific training and experience received by the person.
- (3) That the person is, in the opinion of the dispensing practitioner, competent to perform the duties of a dispensing technician.

6. The Board, upon receiving the affidavit of the dispensing practitioner pursuant to subsection 5, will issue to the person a certificate of registration as a dispensing technician for that practitioner.

***7. A dispensing technician shall complete at least 1 hour of in-service training during the 2-year period immediately preceding the renewal of the registration of the dispensing technician. The training must be a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State. The dispensing technician shall retain a copy of the certificate from the Board or approved program certifying the completion of such in-service training. The copy must be:***

- (a) Retained for at least 2 years; and***
- (b) Readily accessible to a member of the Board or a person conducting an inspection or investigation on behalf of the Board.***

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**SMALL BUSINESS IMPACT STATEMENT AS REQUIRED BY  
NRS 233B.0608**

**LCB File No. R087-13**  
(Proposed Amendment of NAC 639.7425)

**1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

R087-13 would amend NAC 639.7425 to require dispensing technicians to complete certain requirements for in-service training, which requirements presently exist for pharmaceutical technicians. The Board of Pharmacy (Board), through its executive staff and legal counsel, have carefully examined R087-13 and determined that it is not likely to (1) “impose a direct and significant economic burden upon small business,” or (2) “[d]irectly restrict the formation, operation or expansion of small businesses,” particularly because it is designed merely to remove a gap in the law that has allowed dispensing technicians to forego certain in-service training that the Board deems appropriate to promote patient and public safety.

Regardless, the Board solicited comment on the proposed amendment by (1) posting a summary of the proposed amendment on the Board’s website ([bop.nv.gov](http://bop.nv.gov)), with a link to the full text of the proposed amendment, (2) soliciting comment from Nevada dispensers who are signed up to receive Board of Pharmacy “Hotline” notifications using a facsimile notice directed to each, and (3) contacting a representative of each relevant industry association Board Staff deemed likely to have an interest in the proposed amendment. The Board also received public comment at the workshop(s) concerning the proposed amendment, and will again open the floor for public comment at the public hearing on the proposed amendment. To date, Board Staff has received no public comment on R087-13.

Parties interested in obtaining a copy of the summary of the proposed amendment, or that wish to view the text of the proposed amendment, may access that information on the Board’s website at [bop.nv.gov](http://bop.nv.gov), or by contacting the Board’s office at (775) 850-1440.

**2. The manner in which the analysis was conducted.**

See answer to Question #1.

**3. The estimated economic effect of the proposed regulation on the small businesses which it is to regulate, including, without limitation:**

**(a) Both adverse and beneficial effects; and**

The Board anticipates no adverse economic effect on small businesses from R087-13. It may have a small impact on the dispensing technicians who work for Nevada licensed dispensing practitioners because it will require them to obtain additional in-service training, however, such training can often be obtained without charge.

**(b) Both direct and indirect effects.**

See answer to Question #3(a).

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**4. A description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

The Board expects R087-13 will have no direct negative impact on small businesses.

**5. The estimated cost to the agency for enforcement of the proposed regulation.**

None.

**6. If the proposed regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.**

Not Applicable.

**7. If the proposed regulation includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity, an explanation of why such duplicative or more stringent provisions are necessary.**

The Board is not aware of any federal, state or local standard that the proposed amendment will duplicate.

**8. The reasons for the conclusion of the agency regarding the impact of a regulation on small businesses.**

See answer to Question #3(a).

*Signature of director, executive head or other person who is responsible for the agency certifying that, to the best of his or her knowledge or belief, the information contained in the statement was prepared properly and is accurate.*



S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

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PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY

LCB File No. R096-13

November 4, 2013

EXPLANATION – Matter in *italics* is new; matter in brackets [~~emitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 639.070.

A REGULATION relating to pharmacy; revising provisions relating to the transmission of information regarding dispensing of controlled substances to certain persons; and providing other matters properly relating thereto.

Section 1. NAC 639.926 is hereby amended to read as follows:

639.926 1. Each pharmacy that uses a computerized system to record information concerning prescriptions and that dispenses a controlled substance that is listed in schedule II, III or IV to a person who is not an inpatient of a hospital, correctional institution or nursing facility shall transmit to the Board or its agent the *following* information, *as applicable*, set forth in the 2011 ASAP [~~Telecommunications Format for Controlled Substances, 2005 edition,~~] *Version 4.2 Standard for Prescription Monitoring Programs* published by the American Society for Automation in Pharmacy. [~~which is~~] *The following Segments and the accompanying Data Elements of the Implementation Guide for the 2011 ASAP Version 4.2 Standard for Prescription Monitoring Programs are hereby adopted by reference [~~except the information relating to the following field names:~~*

—(a) Identifier;

- ~~—(b) Bin;~~
- ~~—(c) Version Number;~~
- ~~—(d) Transaction Code;~~
- ~~—(e) Compound Code;~~
- ~~—(f) DEA Suffix;~~
- ~~—(g) Date RX Written;~~
- ~~—(h) Number Refills Authorized;~~
- ~~—(i) RX Origin Code;~~
- ~~—(j) Customer Location;~~
- ~~—(k) Diagnosis Code;~~
- ~~—(l) Alternate Prescriber Number;~~
- ~~—(m) State;~~
- ~~—(n) Zip Code (Extended);~~
- ~~—(o) Triplicate Serial Number; and~~
- ~~—(p) Filler.] :~~

*(a) The Segment entitled “TH Transaction Header” and the following Data Elements:*

- (1) Version/Release Number;*
- (2) Transaction Control Number;*
- (3) Transaction Type;*
- (4) Response ID;*
- (5) Creation Date;*
- (6) Creation Time;*

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(7) *File Type; and*

(8) *Segment Terminator Character;*

(b) *The Segment entitled "IS Information Source" and the following Data Elements:*

(1) *Unique Information Source ID;*

(2) *Information Source Entity Name; and*

(3) *Message;*

(c) *The Segment entitled "PHA Pharmacy Header" and the following Data Elements:*

(1) *National Provider Identifier (NPI);*

(2) *DEA Number;*

(3) *Pharmacy or Dispensing Prescriber Name;*

(4) *Phone Number;*

(5) *Contact Name; and*

(6) *Chain Site ID;*

(d) *The Segment entitled "PAT Patient Information" and the following Data Elements:*

(1) *Last Name;*

(2) *First Name;*

(3) *Address Information - 1;*

(4) *City Address;*

(5) *State Address;*

(6) *ZIP Code Address;*

(7) *Phone Number;*

(8) *Date of Birth; and*

(9) *Gender Code;*

(e) *The Segment entitled “DSP Dispensing Record” and the following Data Elements:*

(1) *Reporting Status;*

(2) *Prescription Number;*

(3) *Date Written;*

(4) *Refills Authorized;*

(5) *Date Filled;*

(6) *Refill Number;*

(7) *Product ID Qualifier;*

(8) *Product ID;*

(9) *Quantity Dispensed;*

(10) *Days Supply;*

(11) *Transmission Form of Rx Origin Code;*

(12) *Classification Code for Payment Type; and*

(13) *Date Sold;*

(f) *The Segment entitled “PRE Prescriber Information” and the following Data Elements:*

(1) *National Provider Identifier (NPI);*

(2) *DEA Number;*

(3) *DEA Number Suffix;*

(4) *Last Name;*

(5) *First Name; and*

(6) *Phone Number;*

*(g) The Segment entitled "CDI Compound Drug Ingredient Detail" and the following Data*

*Elements:*

*(1) Compound Drug Ingredient Sequence Number;*

*(2) Product ID Qualifier;*

*(3) Product ID;*

*(4) Component Ingredient Quantity; and*

*(5) Compound Drug Dosage Units Code;*

*(h) The Segment entitled "TP Pharmacy Trailer" and the Data Element Detail Segment Count; and*

*(i) The Segment entitled "TT Transaction Trailer" and the following Data Elements:*

*(1) Transaction Control Number; and*

*(2) Segment Count.*

2. A copy of the publication may be obtained from the American Society for Automation in Pharmacy [~~492 Norristown Road, Suite 160, Blue Bell, Pennsylvania 19422, at no charge.~~] *at the Internet address <http://www.asapnet.org>, or by telephone at (610) 825-7783, for the price of \$175 for members and \$770 for nonmembers.*

3. ~~[[If the pharmacy records in its computerized system, in addition to the information required pursuant to subsection 1, the:~~

~~—(a) Prescription type;~~

~~—(b) Payment type; or~~

~~—(c) Identity of the person picking up the prescription,~~

~~⇒ and its computerized system is capable of transmitting this information, the pharmacy shall include this information in its transmittal.~~

~~—4.] The pharmacy shall transmit the information required pursuant to this section not later than each Wednesday for the prescriptions filled from the immediately preceding Sunday through Saturday. If a Wednesday falls on a legal holiday, then the information must be reported on the next business day that is not a legal holiday.~~

~~{5.] 4. The information must be transmitted by means of a {:~~

~~(a) Form] form of electronic data transmission approved by the Board, including, without limitation, a computer modem that can transmit information at the rate of 2400 baud or more. {;~~

~~—(b) Computer disc; or~~

~~—(c) Magnetic tape of the kind that is used to transmit information between computerized systems.]~~

**SMALL BUSINESS IMPACT STATEMENT AS REQUIRED BY  
NRS 233B.0608**

**LCB File No. R096-13**  
(Proposed Amendment of NAC 639.926)

**1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

R096-13 would amend NAC 639.926 to require Nevada licensed pharmacies to adjust the data fields in their existing software to meet current standards for reporting controlled substance dispensing data to the Nevada Prescription Monitoring Program (PMP). The Board of Pharmacy (Board), through its executive staff and legal counsel, has carefully examined R096-13 and does not feel that the proposed amendment is likely to (1) “impose a direct and significant economic burden upon small business,” or (2) “[d]irectly restrict the formation, operation or expansion of small businesses.” Prior to drafting the proposed amendment, the Board obtained feedback from certain Nevada pharmacies, which suggested that some pharmacies may incur nominal one-time charges by their individual software vendors to update the data reporting fields in their software. The Board feels that such nominal costs, if any, would be offset by the benefits the PMP provides to Nevada prescribers, pharmacists, patients and residents in their combined efforts to combat controlled substance prescription drug abuse.

To confirm its conclusions, Board Staff solicited comment on the proposed amendment by (1) posting a summary of the proposed amendment on the Board’s website (bop.nv.gov), with a link to the full text of the proposed amendment, (2) soliciting comment from Nevada pharmacies that are signed up to receive Board of Pharmacy “Hotline” notifications using a facsimile notice directed to each, and (3) contacting a representative of each relevant industry association Board Staff deemed likely to have an interest in the proposed amendment. The Board also received public comment at the workshop concerning the proposed amendment and revised the proposed amendment accordingly. It will again open the floor for public comment when the proposed amendment comes up for public hearing. Board Staff has received no additional public comment resulting from its efforts to solicit the same.

Parties interested in obtaining a copy of the summary of the proposed amendment, or that wish to view the text of the proposed amendment, may access that information on the Board’s website at bop.nv.gov, or by contacting the Board’s office at (775) 850-1440.

**2. The manner in which the analysis was conducted.**

See answer to Question #1.

**3. The estimated economic effect of the proposed regulation on the small businesses which it is to regulate, including, without limitation:**

**(a) Both adverse and beneficial effects; and**

The Board anticipates no significant adverse economic impact on small businesses from R096-13. It may have a nominal initial impact as described in the Board’s response to question #1 above.

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**(b) Both direct and indirect effects.**

See answer to Question #3(a).

**4. A description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

The Board expects R096-13 will have only a nominal, if any, negative impact on small businesses. There are no methods available to further reduce that possible impact, as it is nominal, and controlled substance dispensing data must be reported to the PMP software electronically using a particular format.

**5. The estimated cost to the agency for enforcement of the proposed regulation.**

None.

**6. If the proposed regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.**

Not Applicable.

**7. If the proposed regulation includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity, an explanation of why such duplicative or more stringent provisions are necessary.**

The Board is not aware of any federal, state or local standard that the proposed amendment will duplicate.

**8. The reasons for the conclusion of the agency regarding the impact of a regulation on small businesses.**

See answer to Question #3(a).

*Signature of director, executive head or other person who is responsible for the agency certifying that, to the best of his or her knowledge or belief, the information contained in the statement was prepared properly and is accurate.*



S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

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**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R098-13**

November 4, 2013

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 639.070; §2, NRS 639.070, 639.0727 and 639.1371; §§3-13 and 17, NRS 639.070 and 639.0727; §14, NRS 639.070 and 639.236; §15, NRS 639.070, 639.0727 and 639.236; §16, NRS 639.070 and 639.210.

A REGULATION relating to pharmacy; revising provisions relating to telepharmacies, remote sites and satellite consultation sites; revising provisions governing unprofessional conduct by the holder of a license, certificate or registration issued by the State Board of Pharmacy; and providing other matters properly relating thereto.

**Section 1.** NAC 639.010 is hereby amended to read as follows:

639.010 As used in this chapter, unless the context otherwise requires:

1. “Board” means the State Board of Pharmacy.
2. “Controlled substances” has the meaning ascribed to it in NRS 0.031.
3. “Dangerous drug” has the meaning ascribed to it in NRS 454.201.
4. “Direct supervision” means the direction given by a supervising pharmacist who is:

(a) On the premises of the pharmacy *or telepharmacy* at all times when the ~~{persons}~~ *person* he or she is supervising ~~{are}~~ *is* working at the pharmacy ~~{;}~~ *or telepharmacy or at a remote site or satellite consultation site*; and

(b) Aware of the activities of ~~these persons~~ *that person* related to the preparation *and dispensing* of medications, including the maintenance of appropriate records.

5. “Executive Secretary” means the Executive Secretary employed by the Board pursuant to NRS 639.040.

6. “Pharmaceutical technician” means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

7. “Pharmaceutical technician in training” means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (e) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

8. “Practitioner” has the meaning ascribed to it in NRS 639.0125.

9. “Prescription drug” means a drug or medicine as defined in NRS 639.007 which:

- (a) May be dispensed only upon a prescription order that is issued by a practitioner; and
- (b) Is labeled with the symbol “Rx only” pursuant to federal law or regulation.

10. “Public or nonprofit agency” means a health center as defined in 42 U.S.C. § 254b(a) which:

- (a) Provides health care primarily to medically underserved persons in a community;
- (b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

11. "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

**Sec. 2.** NAC 639.250 is hereby amended to read as follows:

639.250 Except as otherwise provided in NAC 639.258 : ~~and 639.394;~~

1. Except as otherwise provided in this section, in a hospital, a pharmacist who is dispensing prescriptions may not supervise more than *a total of* three pharmaceutical technicians at one time. A pharmacist who is supervising distributive functions may not supervise more than *a total of* two pharmaceutical technicians and one pharmaceutical technician in training while the trainee is performing technician functions in on-the-job training.

2. Except as otherwise provided in this section, in any pharmacy, other than a hospital pharmacy, a pharmacist may not supervise more than *a total of* three pharmaceutical technicians or one pharmaceutical technician and two pharmaceutical technicians in training at one time.

3. *In any telepharmacy, remote site or satellite consultation site, a pharmacist may not supervise more than a total of three pharmaceutical technicians at one time.*

4. A pharmacist may supervise more pharmaceutical technicians and pharmaceutical technicians in training at one time than are otherwise allowed pursuant to subsections 1 and 2 if:

(a) Not more than three of the pharmaceutical technicians or pharmaceutical technicians in training are performing the duties of a pharmaceutical technician as set forth in NAC 639.245; and

(b) The record kept by the pharmacy pursuant to NAC 639.245 identifies the pharmaceutical technicians and pharmaceutical technicians in training who are performing the duties of a pharmaceutical technician as set forth in NAC 639.245.

**Sec. 3.** NAC 639.391 is hereby amended to read as follows:

639.391 1. A pharmacist or dispensing practitioner who wishes to establish a remote site *or satellite consultation site* must obtain a certificate of registration from the Board pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs at the remote site ~~[.]~~ *or satellite consultation site, as applicable.*

2. Notwithstanding the issuance of a certificate pursuant to subsection 1, if the Board grants a license to operate a pharmacy at a location that is within the service area of a remote site ~~[.]~~ *or satellite consultation site*, the pharmacist or dispensing practitioner that established the remote site *or satellite consultation site* must close the remote site ~~[.]~~ *or satellite consultation site, as applicable.*

**Sec. 4.** NAC 639.392 is hereby amended to read as follows:

639.392 1. A telepharmacy ~~[and each associated remote site]~~ must be physically located within this State.

2. A pharmacist or dispensing practitioner must be physically present in the telepharmacy and accessible for *electronic, telephonic or fiber optic* communication with an associated remote site ~~[via computer link, video link and audio link]~~ *or satellite consultation site* at all times that the remote site *or satellite consultation site* is in operation.

3. If the communicative access ~~[via computer link, video link and audio link]~~ *described in subsection 2* between a remote site *or satellite consultation site* and its telepharmacy is

interrupted or otherwise unavailable, the pharmaceutical technician or dispensing technician operating the remote site *or satellite consultation site* shall not perform any act authorized pursuant to NAC 639.391 to 639.399, inclusive, until the communicative access is restored.

**Sec. 5.** NAC 639.393 is hereby amended to read as follows:

639.393 1. A pharmacist who is responsible for the operation of a remote site *or satellite consultation site* shall ensure that a pharmaceutical technician who is employed to dispense controlled substances or dangerous drugs at the remote site *or satellite consultation site, as applicable*, has at least 1 year of experience as a pharmaceutical technician.

2. A dispensing practitioner who is responsible for the operation of a remote site *or satellite consultation site* shall verify that a dispensing technician employed at the remote site *or satellite consultation site, as applicable*, is competent by ensuring that the dispensing technician has met the requirements of NAC 639.7425 and has received a certificate of registration pursuant to that section.

**Sec. 6.** NAC 639.395 is hereby amended to read as follows:

639.395 1. A pharmaceutical technician or dispensing technician who operates a remote site shall transmit a copy of any new prescription which the technician receives to the telepharmacy ~~{via computer link or other secured electronic means}~~ *electronically, telephonically or by fiber optics* and retain the original prescription in the records maintained at the remote site.

2. A pharmaceutical technician or dispensing technician *who operates a remote site or satellite consultation site* must consult *electronically, telephonically or by fiber optics* with a pharmacist or dispensing practitioner, as appropriate, at the telepharmacy ~~{via computer link,~~

~~video link or audio link~~ to obtain approval before accessing ~~the stock of~~ *any* controlled substances ~~and~~ *or* dangerous drugs maintained at the remote *site or satellite consultation* site.

3. A pharmacist or dispensing practitioner shall not authorize a pharmaceutical technician or dispensing technician at a remote site *or satellite consultation site* to dispense a controlled substance or dangerous drug unless the pharmacist or dispensing practitioner has:

(a) Consulted with the technician;

(b) Visually verified ~~[via computer link, video link or audio link]~~ *electronically,*

*telephonically or by fiber optics* that:

(1) The controlled substance or dangerous drug selected by the technician is correct; and

(2) The label prepared by the technician is correct; and

(c) Verified that the information entered by the technician into the computerized system for recording information concerning prescriptions is correct.

4. A pharmacist or dispensing practitioner shall only authorize a pharmaceutical technician or dispensing technician at a remote site *or satellite consultation site* to dispense a controlled substance or dangerous drug to a patient who resides in the service area of the remote site *or satellite consultation site* or whose residence is closer to the remote site *or satellite consultation site* than to a telepharmacy.

**Sec. 7.** NAC 639.396 is hereby amended to read as follows:

639.396 1. Except as otherwise provided in this section, a pharmacist or dispensing practitioner who is responsible for the operation of a remote site *or satellite consultation site* shall maintain at the remote site *or satellite consultation site, as applicable,* and at the associated telepharmacy a record of each drug that is received, stored, dispensed, returned or otherwise

dealt with at the remote *site or satellite consultation* site, including, without limitation, any record that is required to be maintained by state or federal law. The records so maintained must include, without limitation:

- (a) Each prescription dispensed at the remote *site or satellite consultation* site;
- (b) At the remote *site or satellite consultation* site, the initials of the technician who dispensed the controlled substance or dangerous drug;
- (c) At the telepharmacy, the initials of the pharmacist or dispensing practitioner who authorized the controlled substance or dangerous drug to be dispensed at the remote site ~~{-}~~ *or satellite consultation site, as applicable;*
- (d) Each controlled substance or dangerous drug that is transferred between the stock of drugs maintained at the remote *site or satellite consultation site, as applicable*, and the stock of drugs maintained at the telepharmacy; and
- (e) At the telepharmacy, documentation of any counseling provided by a pharmacist or dispensing practitioner at the telepharmacy that was provided ~~{via computer link, video link or audio link}~~ *electronically, telephonically or by fiber optics* to a patient or person caring for a patient at the remote site ~~{-}~~ *or satellite consultation site, as applicable.*

2. The pharmacist or dispensing practitioner who is responsible for the operation of a remote *site or satellite consultation site* shall ensure that each record which is maintained at the remote *site or satellite consultation site, as applicable*, including, without limitation, each record of a prescription, is maintained in a manner that makes it readily apparent whether the prescription was dispensed at the remote *site or satellite consultation site, as applicable*, or at the telepharmacy.

Sec. 8. NAC 639.397 is hereby amended to read as follows:

639.397. 1. A pharmacist or dispensing practitioner who is responsible for the operation of a remote site *or satellite consultation site* shall ensure that the computer system used at the telepharmacy and the remote site *or satellite consultation site, as applicable*, is able to generate a label for a prescription at ~~{either location}~~ *the telepharmacy or the remote site or satellite consultation site, as applicable*, in the manner prescribed pursuant to NRS 639.2801.

2. The label generated pursuant to subsection 1 must include on the label of each prescription the initials of:

(a) The pharmacist or dispensing practitioner who authorized the controlled substance or dangerous drug to be dispensed at the remote *site or satellite consultation site*; and

(b) The pharmaceutical technician or dispensing technician who dispensed the controlled substance or dangerous drug at the remote *site or satellite consultation site*.

Sec. 9. NAC 639.398 is hereby amended to read as follows:

639.398 The pharmacist or dispensing practitioner who is responsible for the operation of a remote site *or satellite consultation site* shall:

1. Establish written policies and procedures for the operation of the remote site *or satellite consultation site* to ensure:

(a) Compliance with all applicable statutes and regulations;

(b) The safe and effective dispensing of controlled substances and dangerous drugs at the remote *site or satellite consultation site*; and

(c) The proper accounting of controlled substances and dangerous drugs at the remote *site or satellite consultation site*.

2. Personally inspect the remote site *or satellite consultation site, as applicable*, at least monthly to ensure that the remote site *or satellite consultation site* and each pharmaceutical technician or dispensing technician, as applicable, who operates the remote site *or satellite consultation site* is in compliance with:

- (a) All applicable statutes and regulations; and
- (b) The policies and procedures established pursuant to subsection 1.

3. Make a record of each inspection conducted pursuant to subsection 2.

**Sec. 10.** NAC 639.399 is hereby amended to read as follows:

639.399 A pharmacist or dispensing practitioner who is responsible for the operation of a remote site *or satellite consultation site* and who authorizes a pharmaceutical technician or dispensing technician at the remote site *or satellite consultation site* to dispense a controlled substance or dangerous drug is responsible for and must be held accountable for the dispensing of the controlled substance or dangerous drug at the remote site ~~{-}~~ *or satellite consultation site, as applicable.*

**Sec. 11.** NAC 639.742 is hereby amended to read as follows:

639.742 1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, a *telepharmacy*, remote *site or satellite consultation site*, from which the practitioner wishes to dispense controlled substances or dangerous drugs. A certificate of registration to dispense controlled

substances or dangerous drugs is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. If a facility from which the practitioner intends to dispense dangerous drugs or controlled substances is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745;
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;
- (g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;
- (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and
- (i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

- (a) Enter the room or cabinet in which drugs are stored;
- (b) Remove drugs from stock;
- (c) Count, pour or reconstitute drugs;
- (d) Place drugs into containers;
- (e) Produce and affix appropriate labels to containers that contain or will contain drugs;
- (f) Fill containers for later use in dispensing drugs; or
- (g) Package or repack drugs.

5. A dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:

- (a) He or she were a pharmacist;
- (b) His or her practice site was a pharmacy; and
- (c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

**Sec. 12.** NAC 639.744 is hereby amended to read as follows:

639.744 1. A dispensing practitioner shall pay to the Board a fee of \$40 for each dispensing technician whom that practitioner registers:

- (a) At the time of application by the dispensing practitioner for initial registration of the person as a dispensing technician; and
- (b) With the practitioner's renewal thereafter as a part of and in addition to the practitioner's renewal of his or her registration as a dispensing practitioner.

2. A dispensing practitioner may register more than one dispensing technician at a time, except that only one of those dispensing technicians, including, without limitation, a dispensing technician staffing a remote *site or satellite consultation* site, may be designated and allowed to perform the functions described in subsection 4 or 5 of NAC 639.742 at one time. A dispensing practitioner shall make and maintain a document on which must be recorded for each day the name of the dispensing technician so designated and allowed to perform the functions described in subsection 4 or 5 of NAC 639.742, and maintain the record for not less than 2 years.

**Sec. 13.** NAC 639.752 is hereby amended to read as follows:

639.752 1. Except as otherwise provided in this section and NRS 639.235, a pharmacist shall not fill a prescription for, or dispense, a dangerous drug or a controlled substance if the prescription is:

(a) Written by a practitioner who is not licensed to practice in this State, but is authorized by the laws of another state to prescribe;

(b) For a patient who resides in a state other than the state in which the prescribing practitioner's practice is located;

(c) Requested to be furnished in a manner other than by dispensing directly to the patient, or an agent of the patient, in person; and

(d) To be paid for in full, in cash or cash equivalent, at the time the prescription is dispensed, unless the pharmacist first verifies the prescription as set forth in subsection 2.

2. A pharmacist who verifies a prescription pursuant to this section must:

(a) Speak with the patient or the prescribing practitioner;

(b) Establish that:

(1) The prescription is authentic; and  
(2) A bona fide relationship between the patient and the prescribing practitioner did exist when the prescription was written; and

(c) Record on the prescription or in the prescription record in the pharmacy's computer:

- (1) The name of the person with whom the pharmacist spoke concerning the prescription;
- (2) The date and time of the conversation; and
- (3) The date and time the patient was examined by the prescribing practitioner.

3. Subsection 1 does not apply to a pharmacist who refills a prescription he or she has previously filled if the pharmacist verified the prescription before filling it the first time.

4. For the purposes of this section, a bona fide relationship between the patient and the prescribing practitioner shall be deemed to exist {:

~~—(a) If~~ if the patient was ~~{physically}~~ examined *in person, electronically, telephonically or by fiber optics within or outside of this State or the United States* by the practitioner within the 6 months immediately preceding the date the prescription was issued . {; or

~~(b) If the patient is incarcerated in a local correctional institution or a facility or institution operated by the Department of Corrections and was examined through the use of a telephone or a videoconferencing system by a practitioner who is a physician licensed pursuant to chapter 630 or 633 of NRS and:}~~

~~—(1) The medical history of the patient is available to the physician;~~

~~—(2) A nurse or an advanced practitioner of nursing licensed pursuant to chapter 632 of NRS or a physician assistant licensed pursuant to chapter 630 or 633 of NRS is physically present with the patient when the physician examines the patient and that nurse, advanced~~

~~practitioner of nursing or physician assistant is trained in the use of the telephone or videoconferencing system; and~~

~~— (3) The physician enters the results of the examination into the medical chart of the patient that is maintained by the local correctional institution or the facility or institution operated by the Department of Corrections.]~~

5. As used in this section {:

~~(a) “Cash~~, “*cash* equivalent” includes, without limitation:

~~{(1)} (a)~~ A check;

~~{(2)} (b)~~ A credit card;

~~{(3)} (c)~~ A draft;

~~{(4)} (d)~~ An electronic funds transfer; and

~~{(5)} (e)~~ A prescription drug discount card or other device obtained pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, or any regulations adopted pursuant thereto.

~~{(b) “Local correctional institution” has the meaning ascribed to it in NAC 211.070.]~~

**Sec. 14.** NAC 639.918 is hereby amended to read as follows:

639.918 Except as otherwise provided in subsection 3 of NAC 639.751, the pharmacist must maintain in chronological order a separate written record of each refill that includes:

1. The prescription number;
2. The date of each refill or authorization;
3. The number of dosage units; and
4. The ~~handwritten~~ initials of the pharmacist who fills the refill.

↪ The written record must be maintained for a period of 2 years after the date of the last refill entered therein for a prescription.

**Sec. 15.** NAC 639.924 is hereby amended to read as follows:

639.924 A person who is issued a license to conduct a pharmacy, including, without limitation, a remote *site or satellite consultation* site, pursuant to the provisions of NRS 639.230 and 639.231 on or after August 27, 1996, shall ensure that the pharmacy uses a computerized system for recording information concerning prescriptions.

**Sec. 16.** NAC 639.945 is hereby amended to read as follows:

639.945 1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.

(b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:

- (1) The date on which the permission was granted;
- (2) The name of the practitioner granting the permission;
- (3) The name of the person obtaining the permission;

- (4) The name of the drug dispensed; and
- (5) The name of the manufacturer or distributor of the drug.
- (c) Using secret formulas.
- (d) ~~Failing~~ *Except as otherwise provided by subsection 2 of NRS 639.2396, failing* strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person except as permitted by law.
- (e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.
- (f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.
- (g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.
- (h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.
- (i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.
- (j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.
- (k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

(l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

(n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

2. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ.

3. For the purposes of this section, a bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist ~~if~~:

~~(a) If~~ if the patient was ~~physically~~ examined *in person, electronically, telephonically or by fiber optics within or outside of this State or the United States* by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed. ~~if~~ or

~~(b) If the patient is incarcerated in a local correctional institution or a facility or institution operated by the Department of Corrections and was examined through the use of a telephone or~~

~~videoconferencing system by a practitioner who is a physician licensed pursuant to chapter 630 or 633 of NRS and:~~

~~—— (1) The medical history of the patient is available to the physician;~~

~~—— (2) A nurse or an advanced practitioner of nursing licensed pursuant to chapter 632 of NRS or a physician assistant licensed pursuant to chapter 630 or 633 of NRS is physically present with the patient when the physician examines the patient and that nurse, advanced practitioner of nursing or physician assistant is trained in the use of the telephone or videoconferencing system; and~~

~~—— (3) The physician enters the results of the examination into the medical chart of the patient that is maintained by the local correctional institution or the facility or institution operated by the Department of Corrections.~~

~~—— 4. As used in this section, “local correctional institution” has the meaning ascribed to it in NAC 211.070.]~~

Sec. 17. NAC 639.394 is hereby repealed.

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**TEXT OF REPEALED SECTION**

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**639.394 Supervision of pharmaceutical technicians and dispensing technicians. (NRS 639.070, 639.0727)** In any remote site, a pharmacist or dispensing practitioner may not supervise more than three pharmaceutical technicians or dispensing technicians, as applicable, at one time.

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**SMALL BUSINESS IMPACT STATEMENT AS REQUIRED BY  
NRS 233B.0608**

**LCB File No. R098-13**

**1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

R098-13 amends a number of regulations in NAC Chapter 639 concerning telepharmacies, remote sites and satellite consultation sites. It revises regulatory provisions governing unprofessional conduct by the holder of a license, certificate or registration issued by the State Board of Pharmacy; and provides for other related matters. The proposed amendments are intended to bring the provisions of NAC Chapter 639 in line with the provisions of SB 327, which became law in 2013.

Board Staff solicited comment on the proposed amendment by (1) posting a summary of the proposed amendment on the Board's website ([bop.nv.gov](http://bop.nv.gov)), with a link to the full text of the proposed amendment, (2) soliciting comment from Nevada pharmacies that are signed up to receive Board of Pharmacy "Hotline" notifications using a facsimile notice directed to each, and (3) contacting a representative of each relevant industry association Board Staff deemed likely to have an interest in the proposed amendment. The Board received no comment in response to those solicitations. The Board also accepted public comment at a workshop concerning the proposed amendments, just as it will do when the proposed amendment comes up for public hearing. The limited comments the Board has received reflect positive support for R098-13 from the Nevada Board of Medical Examiners, the Retail Association of Nevada and a representative of a member of the hospital industry.

Parties interested in obtaining a copy of the summary of the proposed amendment, or that wish to view the text of the proposed amendment, may access that information on the Board's website at [bop.nv.gov](http://bop.nv.gov), or by contacting the Board's office at (775) 850-1440.

**2. The manner in which the analysis was conducted.**

See answer to Question #1.

**3. The estimated economic effect of the proposed regulation on the small businesses which it is to regulate, including, without limitation:**

**(a) Both adverse and beneficial effects; and**

The Board anticipates no significant adverse economic impact on the pharmacies the amendments in R098-13 are intended to regulate.

**(b) Both direct and indirect effects.**

See answer to Question #3(a).

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**4. A description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

The Board does not expect R098-13 to have a significant impact on Nevada licensed pharmacies.

**5. The estimated cost to the agency for enforcement of the proposed regulation.**

None.

**6. If the proposed regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.**

Not Applicable.

**7. If the proposed regulation includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity, an explanation of why such duplicative or more stringent provisions are necessary.**

The Board is not aware of any federal, state or local standard that the proposed amendment will duplicate.

**8. The reasons for the conclusion of the agency regarding the impact of a regulation on small businesses.**

See answer to Question #3(a).

*Signature of director, executive head or other person who is responsible for the agency certifying that, to the best of his or her knowledge or belief, the information contained in the statement was prepared properly and is accurate.*



S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

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**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R097-13**

November 4, 2013

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 639.070; §2, NRS 639.070 and 639.430; §3, NRS 639.070, 639.430 and 639.440.

A REGULATION relating to pharmacy; establishing the minimum requirements for a real-time, stop sale system concerning the sale or transfer of certain products that are precursors to methamphetamine; establishing the requirements for the use of the system by pharmacies and law enforcement agencies in this State; and providing other matters properly relating thereto.

**Section 1.** Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

**Sec. 2. 1.** *For a real-time, stop sale system to be approved by the Board pursuant to NRS 639.430 for use by pharmacies in this State, the real-time, stop sale system must, at a minimum:*

*(a) Satisfy the requirements set forth in subsection 1 of NRS 639.430;*

*(b) Allow pharmacies in this State to electronically submit the following information to the system:*

*(1) The information set forth in subsection 2 of NRS 453.357; and*

(2) *The name or initials of or the unique identifier which is approved by the Board for the pharmacist or the employee of the pharmacy who sold or transferred the product;*

(c) *Be capable of producing a record of the information described in paragraph (b) for use by law enforcement agencies; and*

(d) *Maintain the confidentiality of all data and information entered into the system and be capable of preventing access to the data and information in the system unless such access is authorized pursuant to a specific state or federal law.*

2. *The Board will deem the electronic record created by a real-time, stop sale system approved by the Board pursuant to NRS 639.430 as satisfying the requirements for entering information in a logbook pursuant to subsection 2 of NRS 453.357.*

Sec. 3. 1. *Except as otherwise provided in NRS 639.440, on or before the 90th day after a pharmacy in this State receives notice from the Board that it has approved a real-time stop sale system pursuant to NRS 639.430, the pharmacy shall:*

(a) *Obtain access to and begin using the real-time, stop sale system to document the sale or transfer of each product that is a precursor to methamphetamine;*

(b) *Verify that the pharmacy is submitting the information to the system required pursuant to paragraph (b) of subsection 1 of section 2 of this regulation in real time;*

(c) *In accordance with NRS 639.440, obtain any information necessary from the person seeking the purchase or transfer of a product that is a precursor to methamphetamine to receive notice from the real-time, stop sale system;*

(d) *Review the information provided by the real-time, stop sale system before completing any sale or transfer of a product that is a precursor to methamphetamine to verify that the sale*

*or transfer of the product does not violate NRS 453.355 or any other state or federal law which prohibits the sale or transfer of a product that is a precursor to methamphetamine; and*

*(e) Except as otherwise provided in subsection 2, not allow the sale or transfer of a product to be completed if the pharmacy receives an alert from the real-time, stop sale system that the sale or transfer of the product may violate NRS 453.355 or any other state or federal law which prohibits the sale or transfer of a product that is a precursor to methamphetamine.*

*2. A pharmacist or an employee of the pharmacy may complete a sale or transfer of a product despite an alert from the real-time, stop sale system that the sale or transfer of the product may violate NRS 453.355 or any other state or federal law which prohibits the sale or transfer of a product that is a precursor to methamphetamine if the pharmacist or employee of the pharmacy has a reasonable fear of imminent bodily harm if the sale or transfer is not completed. If a pharmacist or an employee of the pharmacy completes a sale or transfer pursuant to this subsection, the pharmacist or employee of the pharmacy shall report the sale or transfer to the Board and an appropriate law enforcement agency as soon as the pharmacist or the employee of the pharmacy reasonably believes that the imminent danger has subsided but not later than 24 hours after the sale or transfer.*

*3. A pharmacist or an employee of a pharmacy may complete a sale or transfer of a product that is a precursor to methamphetamine without first consulting a real-time, stop sale system approved by the Board pursuant to NRS 639.430 if the pharmacy:*

*(a) Experiences a mechanical or electronic failure of the real-time, stop sale system or the real-time, stop sale system is otherwise unavailable;*

*(b) Requests and is granted from the Executive Secretary a temporary waiver of the requirement of using the real-time, stop sale system; and*

*(c) Maintains the information required to be submitted to the real-time, stop sale system pursuant to section 2 of this regulation on a written list or in another alternative format until the waiver is terminated.*

**SMALL BUSINESS IMPACT STATEMENT AS REQUIRED BY  
NRS 233B.0608**

**LCB File No. R097-13**

**1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

R097-13 proposes additions to NAC Chapter 639 that establish the minimum requirements for a real-time, stop sale system concerning the sale or transfer of certain products that are precursors to methamphetamine. The proposed regulations also establish the requirements for the use of the real-time stop sale system by pharmacies and law enforcement agencies in this State, and provides for other matters properly relating thereto.

Board Staff solicited comment on the proposed amendment by (1) posting a summary of the proposed amendment on the Board's website ([bop.nv.gov](http://bop.nv.gov)), with a link to the full text of the proposed amendment, (2) soliciting comment from Nevada pharmacies that are signed up to receive Board of Pharmacy "Hotline" notifications using a facsimile notice directed to each, and (3) contacting a representative of each relevant industry association Board Staff deemed likely to have an interest in the proposed amendment. The Board received no comment in response to those solicitations. The Board also accepted public comment at a workshop concerning the proposed amendments, just as it will do when the proposed amendment comes up for public hearing. The limited comments the Board has received reflect positive support for R097-13 from the Nevada Attorney General's Office and from the Retail Association of Nevada, which both indicate they see no negative economic impact from R097-13 because the real-time stop sale system at issue must be provided to Nevada pharmacies at no cost.

Parties interested in obtaining a copy of the summary of the proposed amendment, or that wish to view the text of the proposed amendment, may access that information on the Board's website at [bop.nv.gov](http://bop.nv.gov), or by contacting the Board's office at (775) 850-1440.

**2. The manner in which the analysis was conducted.**

See answer to Question #1.

**3. The estimated economic effect of the proposed regulation on the small businesses which it is to regulate, including, without limitation:**

**(a) Both adverse and beneficial effects; and**

The Board anticipates no significant adverse economic impact on Nevada pharmacies, the businesses R097-13 is intended to regulate, because the real-time stop sale system at issue must be provided to Nevada pharmacies at no cost.

**(b) Both direct and indirect effects.**

See answer to Question #3(a).

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**4. A description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

The real-time stop sale system mandated by R097-13 must be provided to Nevada pharmacies at no cost, so no alternative methods are deemed necessary.

**5. The estimated cost to the agency for enforcement of the proposed regulation.**

None. All licensed pharmacies in Nevada are already inspected annually by Board inspectors. Verification that pharmacies are using the real-time stop sale system mandated by R097-13 will merely be added as an additional part of the annual inspection.

**6. If the proposed regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.**

Not Applicable.

**7. If the proposed regulation includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity, an explanation of why such duplicative or more stringent provisions are necessary.**

The Board is not aware of any federal, state or local standard that the proposed amendment will duplicate.

**8. The reasons for the conclusion of the agency regarding the impact of a regulation on small businesses.**

See answer to Question #3(a).

*Signature of director, executive head or other person who is responsible for the agency certifying that, to the best of his or her knowledge or belief, the information contained in the statement was prepared properly and is accurate.*



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S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

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**PROPOSED REGULATION OF  
THE STATE BOARD OF PHARMACY**

**LCB File No. R118-13**

December 4, 2013

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§1 and 2, NRS 639.070 and 639.2351; §§3-5, NRS 639.070 and 639.1375.

A REGULATION relating to pharmacy; amending the requirements for an advanced practice registered nurse who prescribes and dispenses controlled substances, poisons, dangerous drugs and devices; and providing other matters properly relating thereto.

**Section 1.** NAC 639.850 is hereby amended to read as follows:

639.850 1. The application of an advanced [~~practitioner of nursing~~] *practice registered nurse* for a certificate of registration to prescribe controlled substances, poisons, dangerous drugs and devices must include:

- (a) The name, address, social security number and telephone number of the applicant;
- (b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to prescribe controlled substances, poisons, dangerous drugs and devices;
- (c) The name, address and telephone number of the applicant's collaborating physician [~~;~~], *if the applicant is required to have a collaborating physician pursuant to NRS 632.237*; and
- (d) Any other information requested by the Board.

2. Each advanced [~~practitioner of nursing~~] *practice registered nurse* who applies for a certificate of registration [~~and his or her collaborating physician~~] may be required by the Board

to appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced ~~{practitioner of nursing.}~~ *practice registered nurse.*

~~{3. Each advanced practitioner of nursing to whom a certificate of registration is issued must be registered to a collaborating physician.}~~

**Sec. 2.** NAC 639.854 is hereby amended to read as follows:

639.854 1. Except as otherwise provided in subsection 2, an advanced ~~{practitioner of nursing}~~ *practice registered nurse* who is authorized to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices may prescribe a controlled substance, poison, dangerous drug and device or a poison, dangerous drug and device, as applicable, only:

(a) For a legitimate medical purpose ~~{;}~~ *that is within the scope of practice in which the advanced practice registered nurse is trained, qualified and competent and subject to any limitations prescribed by the State Board of Nursing pursuant to NRS 632.237; and*

(b) In ~~{such}~~ amounts ~~{as are authorized by his or her collaborating physician, except that the amounts must}~~ not to exceed a 365-day supply.

2. The limitation set forth in paragraph (b) of subsection 1 does not apply to any method of birth control prescribed by an advanced ~~{practitioner of nursing.}~~ *practice registered nurse.*

3. *An advanced practice registered nurse who is authorized to prescribe controlled substances, poisons, dangerous drugs and devices pursuant to NRS 639.2351 may only prescribe a controlled substance listed in schedule II in accordance with the requirements of NRS 632.237.*

**Sec. 3.** NAC 639.870 is hereby amended to read as follows:

639.870 1. The application of an advanced ~~{practitioner of nursing}~~ *practice registered nurse* for a certificate of registration to dispense controlled substances, poisons, dangerous drugs and devices must include:

- (a) The name, address, social security number and telephone number of the applicant;
- (b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to dispense controlled substances, poisons, dangerous drugs and devices;
- (c) The name, address and telephone number of the applicant's collaborating physician ~~{;}~~, *if any*;
- (d) Written verification from the State Board of Nursing that the applicant has passed an examination on Nevada law relating to pharmacy; and
- (e) Any other information requested by the Board.

2. Each application for the issuance or the biennial renewal of a certificate of registration must be accompanied by a nonrefundable fee of \$300. The biennial certificate of registration covers the period beginning on November 1 of each even-numbered year.

3. Each advanced ~~{practitioner of nursing}~~ *practice registered nurse* who applies for a certificate of registration and his or her collaborating physician, *if any*, must appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced ~~{practitioner of nursing}~~ *practice registered nurse* if the advanced ~~{practitioner of nursing;}~~ *practice registered nurse*:

- (a) Will be operating in a practice not previously licensed by the Board;
- (b) Responded affirmatively to any of the questions on the application regarding his or her character or competency; or

(c) Is requested to do so by the Board.

4. Each advanced ~~practitioner of nursing~~ *practice registered nurse* to whom a certificate of registration is issued must be registered to a collaborating physician ~~[-]~~ *unless:*

(a) *The advanced practice registered nurse is not required to have a collaborating physician pursuant to paragraph (a) of subsection 2 of NRS 632.237; or*

(b) *The advanced practice registered nurse will not prescribe any controlled substance listed in schedule II.*

5. An advanced ~~practitioner of nursing~~ *practice registered nurse* who fails to renew his or her certificate of registration within the time prescribed by statute or regulation must pay, in addition to the fee for renewal required by subsection 2, a fee equal to 50 percent of the fee for the renewal of the certificate.

**Sec. 4.** NAC 639.879 is hereby amended to read as follows:

639.879 1. An advanced ~~practitioner of nursing~~ *practice registered nurse* who dispenses drugs to a patient shall do so in accordance with:

(a) All applicable statutes and regulations; and

(b) The agreement between the advanced ~~practitioner of nursing~~ *practice registered nurse* and his or her collaborating physician ~~[-]~~, *if any.*

2. Except as otherwise provided in subsection 3, an advanced ~~practitioner of nursing~~ *practice registered nurse* who is authorized to dispense controlled substances, poisons, dangerous drugs and devices or to dispense poisons, dangerous drugs and devices may dispense a controlled substance, poison, dangerous drug and device or a poison, dangerous drug and device, as applicable, only:

(a) For a legitimate medical purpose ~~[, and]~~ *that is within the scope of practice in which the advanced practice registered nurse is trained, qualified and competent and subject to any limitations prescribed by the State Board of Nursing pursuant to NRS 632.237;*

(b) In ~~[such]~~ amounts ~~[as are authorized by his or her collaborating physician, except that the amounts of any controlled substance or dangerous drug must]~~ not *to* exceed a 30-day supply ~~[,]~~ ;  
*and*

(c) *In such amounts as are authorized by his or her collaborating physician, if any.*

3. An advanced ~~[practitioner of nursing]~~ *practice registered nurse* who is authorized to dispense dangerous drugs may dispense any method of birth control in any quantity ordered by prescription.

**Sec. 5.** NAC 639.892 is hereby amended to read as follows:

639.892 A controlled substance, dangerous drug or poison dispensed by an advanced ~~[practitioner of nursing]~~ *practice registered nurse* must be dispensed in a child-proof container unless the advanced ~~[practitioner of nursing]~~ *practice registered nurse determines that a child-proof container is not warranted for a particular patient or* is instructed otherwise by his or her collaborating physician.



**SMALL BUSINESS IMPACT STATEMENT AS REQUIRED BY  
NRS 233B.0608**

**LCB File No. R118-13**

**1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

R118-13 amends a number of provisions in NRS Chapter 639 amending the requirements for an advanced practice registered nurse who prescribes and dispenses controlled substances, poisons, dangerous drugs and devices; and providing other matters properly relating thereto.

Board Staff solicited comment on the proposed amendment by (1) posting a summary of the proposed amendment on the Board's website ([bop.nv.gov](http://bop.nv.gov)), with a link to the full text of the proposed amendment, (2) soliciting comment from Nevada pharmacies that are signed up to receive Board of Pharmacy "Hotline" notifications using a facsimile notice directed to each, and (3) contacting a representative of each relevant industry association Board Staff deemed likely to have an interest in the proposed amendment. The Board received no comment in response to those solicitations. The Board also accepted public comment at a workshop concerning the proposed amendments, just as it will do when the proposed amendment comes up for public hearing. The Board has received no public comment, positive or negative, in response to its request for the same.

Parties interested in obtaining a copy of the summary of the proposed amendment, or that wish to view the text of the proposed amendment, may access that information on the Board's website at [bop.nv.gov](http://bop.nv.gov), or by contacting the Board's office at (775) 850-1440.

**2. The manner in which the analysis was conducted.**

See answer to Question #1.

**3. The estimated economic effect of the proposed regulation on the small businesses which it is to regulate, including, without limitation:**

**(a) Both adverse and beneficial effects; and**

The Board anticipates no significant adverse economic impact on Nevada pharmacies, the businesses R118-13 is intended to regulate.

**(b) Both direct and indirect effects.**

See answer to Question #3(a).

**4. A description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

The Board anticipates no significant adverse economic impact on Nevada pharmacies, the businesses R118-13 is intended to regulate, so no alternative methods are deemed necessary.

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**5. The estimated cost to the agency for enforcement of the proposed regulation.**

None.

**6. If the proposed regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.**

Not Applicable.

**7. If the proposed regulation includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity, an explanation of why such duplicative or more stringent provisions are necessary.**

The Board is not aware of any federal, state or local standard that the proposed amendment will duplicate.

**8. The reasons for the conclusion of the agency regarding the impact of a regulation on small businesses.**

See answer to Question #3(a).

*Signature of director, executive head or other person who is responsible for the agency certifying that, to the best of his or her knowledge or belief, the information contained in the statement was prepared properly and is accurate.*



S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

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**PROPOSED REGULATION OF  
THE STATE BOARD OF PHARMACY**

**LCB File No. R119-13**

November 26, 2013

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 639.070.

A REGULATION relating to the practice of pharmacy; revising provisions governing maintenance of prescriptions; and providing other matters properly relating thereto.

**Section 1.** NAC 639.7105 is hereby amended to read as follows:

639.7105 Except as otherwise provided in NAC 639.711:

1. A prescription for a dangerous drug or a controlled substance listed in schedule II, III, IV or V may be transmitted electronically by a practitioner to a pharmacy.

2. A practitioner shall not transmit a prescription electronically to a pharmacy unless:

(a) The practitioner is the only person who will have access to the prescription until it is received by the pharmacy;

(b) The patient:

(1) Consents to the transmission of the prescription electronically; and

(2) Approves the pharmacy where the prescription will be transmitted; and

(c) All requirements of 21 C.F.R. Part 1311 are satisfied.

3. In addition to the requirements set forth in NRS 639.2353 and 639.2589, a prescription that is transmitted electronically to a pharmacy must include:

- (a) The telephone number of the prescribing practitioner;
- (b) The time and date of the transmission; and
- (c) The name of the pharmacy to which the prescription is sent.

4. In addition to the requirements set forth in subsection 3 and NRS 639.2353 and 639.2589, a prescription for a controlled substance that is transmitted electronically to a pharmacy must include:

(a) The registration number from the Drug Enforcement Administration of the prescribing practitioner; and

(b) If the technological capability exists to require such information to be transmitted electronically:

- (1) The Nevada controlled substance registration number of the prescribing practitioner;
- (2) The indication for use or the diagnosis code; and
- (3) The date of the last physical examination of the patient.

5. A pharmacist who receives a prescription that is transmitted electronically shall ~~fr~~

~~(a) Print a copy of the prescription on paper that is of sufficient quality to last for at least 2 years; and~~

~~—(b) Keep~~ *keep a paper or electronic* copy of the prescription for at least 2 years after the pharmacist receives the prescription. *The copy of the prescription that is kept must be readily accessible to:*

*(a) Personnel of the pharmacy who are authorized to access records of prescriptions kept by the pharmacy; and*

*(b) Members, employees, agents and designees of the Board.*

6. A pharmacist shall not dispense a prescription that is transmitted electronically until the pharmacist determines that the prescription complies with the requirements of state and federal law.

7. A prescription that is transmitted and complies with the provisions of this section shall be deemed an original prescription.

8. The Board may suspend the privilege of a practitioner to transmit prescriptions electronically if the Board reasonably suspects that the practitioner has transmitted a prescription electronically that is:

- (a) Unlawful;
- (b) Fraudulent; or
- (c) Not for a legitimate medical purpose.

**SMALL BUSINESS IMPACT STATEMENT AS REQUIRED BY  
NRS 233B.0608**

**LCB File No. R119-13**

**1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

R119-13 amends NAC 639.7105 to remove the requirement that Nevada licensed pharmacies print and retain a paper copy of all electronically transmitted prescriptions. After initially receiving a request from a retail pharmacy chain to consider amending the regulation, Board Staff drafted a proposed amendment. The Board of Pharmacy (Board), through its executive staff and legal counsel, have carefully examined R087-13 and determined that it is not likely to (1) “impose a direct and significant economic burden upon small business,” or (2) “[d]irectly restrict the formation, operation or expansion of small businesses.” Rather, Nevada pharmacies, which R119-13 is intended to regulate, are likely to benefit from the proposed amendment, as they may now retain copies of electronically transmitted prescriptions in an electronic format, rather than in paper files.

Regardless, the Board solicited public comment by (1) posting a summary of the proposed amendment on the Board’s website ([bop.nv.gov](http://bop.nv.gov)), with a link to the full text of the proposed amendment, (2) soliciting comment from Nevada pharmacies that are signed up to receive Board of Pharmacy “Hotline” notifications using a facsimile notice directed to each, and (3) contacting a representative of each relevant industry association Board Staff deemed likely to have an interest in the proposed amendment. The Board received positive comments in support of the proposed amendment from the Retail Association of Nevada, but received no other comment, positive or negative, in response to those solicitations.

Parties interested in obtaining a copy of the summary of the proposed amendment, or that wish to view the text of the proposed amendment, may access that information on the Board’s website at [bop.nv.gov](http://bop.nv.gov), or by contacting the Board’s office at (775) 850-1440.

**2. The manner in which the analysis was conducted.**

See answer to Question #1.

**3. The estimated economic effect of the proposed regulation on the small businesses which it is to regulate, including, without limitation:**

**(a) Both adverse and beneficial effects; and**

The Board anticipates no significant adverse economic impact on Nevada pharmacies, the businesses R119-13 is intended to regulate.

**(b) Both direct and indirect effects.**

See answer to Question #3(a).

**4. A description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

The Board anticipates no significant adverse economic impact on Nevada pharmacies, the businesses R119-13 is intended to regulate, so no alternative methods are deemed necessary.

**5. The estimated cost to the agency for enforcement of the proposed regulation.**

None.

**6. If the proposed regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.**

Not Applicable.

**7. If the proposed regulation includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity, an explanation of why such duplicative or more stringent provisions are necessary.**

The Board is not aware of any federal, state or local standard that the proposed amendment will duplicate.

**8. The reasons for the conclusion of the agency regarding the impact of a regulation on small businesses.**

See answer to Question #3(a).

*Signature of director, executive head or other person who is responsible for the agency certifying that, to the best of his or her knowledge or belief, the information contained in the statement was prepared properly and is accurate.*



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S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

PROPOSED REGULATION OF  
THE STATE BOARD OF PHARMACY

LCB File No. R088-13

November 22, 2013

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 639.070 and 639.120.

A REGULATION relating to pharmacists; providing that an applicant must complete a certain amount of hours of experience as an intern pharmacist to become a registered pharmacist; and providing other matters properly relating thereto.

**Section 1.** Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

*For the purposes of paragraph (d) of subsection 1 of NRS 639.120, an applicant for a certificate as a registered pharmacist in this State must complete 1,740 hours of practical pharmaceutical experience as an intern pharmacist under the direct and immediate supervision of a registered pharmacist.*

**SMALL BUSINESS IMPACT STATEMENT AS REQUIRED BY  
NRS 233B.0608**

**LCB File No. R088-13**

**1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

R088-13 amends NAC Chapter 639 to increase the number of intern hours an applicant for a certificate as a registered pharmacist must complete. The Board solicited public comment regarding this amendment by (1) posting a summary of the proposed amendment on the Board's website (bop.nv.gov), with a link to the full text of the proposed amendment, (2) soliciting comment from Nevada pharmacies that are signed up to receive Board of Pharmacy "Hotline" notifications using a facsimile notice directed to each, and (3) contacting a representative of each relevant industry association Board Staff deemed likely to have an interest in the proposed amendment. The Board received no public comment in response to those solicitations.

Parties interested in obtaining a copy of the summary of the proposed amendment, or that wish to view the text of the proposed amendment, may access that information on the Board's website at bop.nv.gov, or by contacting the Board's office at (775) 850-1440.

**2. The manner in which the analysis was conducted.**

See answer to Question #1.

**3. The estimated economic effect of the proposed regulation on the small businesses which it is to regulate, including, without limitation:**

**(a) Both adverse and beneficial effects; and**

The Board anticipates no significant adverse economic impact from R088-13 on Nevada pharmacies, the businesses the proposed regulations is intended to regulate.

**(b) Both direct and indirect effects.**

See answer to Question #3(a).

**4. A description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

The Board anticipates no significant adverse economic impact on Nevada pharmacies, the businesses R088-13 is intended to regulate, so no alternative methods are deemed necessary.

**5. The estimated cost to the agency for enforcement of the proposed regulation.**

None.

**6. If the proposed regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.**

Not Applicable.

**7. If the proposed regulation includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity, an explanation of why such duplicative or more stringent provisions are necessary.**

The Board is not aware of any federal, state or local standard that the proposed amendment will duplicate.

**8. The reasons for the conclusion of the agency regarding the impact of a regulation on small businesses.**

See answer to Question #3(a).

*Signature of director, executive head or other person who is responsible for the agency certifying that, to the best of his or her knowledge or belief, the information contained in the statement was prepared properly and is accurate.*



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S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy