April 1, 2014

AGENDA

//////// PUBLIC NOTICE //////////

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, April 16, 2014 at 9:00 am. The meeting will continue, if necessary, on Thursday, April 17, 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 March 5, 2014, Minutes for Possible Action

3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
   A. Arriva Medical LLC – Lakeland, FL
   B. Advanced Infusion Solutions – Ridgeland, MS
   C. Distinguished Pharmacy – Houston, TX
   D. Isomeric Pharmacy Services – Salt Lake City, UT
   E. Maxor Correctional Pharmacy Services – Franklin, TN
   F. Maxor Pharmacies – Amarillo, TX
   G. My Favorite Pharmacy LLC – Tamarac, FL
   H. National Animal Hospital – Kihei, HI
   I. Norwood Pharmacy, LLC – Maryland Heights, MO
   J. SS Pharmacy – Irving, TX

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

K. Access Compounding Pharmacy – McLean, VA
L. America’s Compounding Center – Newton, MA
M. American Integrative Pharmacy – Lomita, CA
N. Century Pharmacy – Lowell, MA
O. Cottage Pharmacy & Surgical, Inc. – Woodbury, NY
P. Darjen Inc. – Palm Beach Gardens, FL
Q. Destrehan Discount Pharmacy – Destrehan, LA
R. Entracell Pharmacy – Los Angeles, CA
S. Frannill Pharmacy & Surgical – Hollis, NY
T. GenRx – Scottsdale, AZ
U. Injured Workers Pharmacy, LLC – Phoenix, AZ
V. Luminera Health Services, LLC – Madison, WI
W. MedExpress – Perris, CA
X. National Wellness Supply – Ambridge, PA
Y. NBJ Pharmacy, Inc. – Richmond, TX
Z. Pharmaceutical Specialties Express – Bogart, GA
AA. Pinnacle Compounding LLLP – Missoula, MT
BB. Rx To Go Pharmacy, LLC – Fort Myers, FL
CC. Safe Pharmacy – Mesquite, TX
Applications for Out-of-State Wholesaler – Non Appearance for Possible Action:

HH.  Cardinal Health – Zanesville, OH
II.  Chelsea Therapeutics, Inc. – Charlotte, NC
JJ.  DPT Laboratories, Ltd. – San Antonio, TX
KK.  Ivesco – Iowa Falls, IA
LL.  Kuehne + Nagel Inc. – Pharr, TX
MM.  Lifeline Pharmaceuticals, LLC – Miami, FL
NN.  McKesson Medical-Surgical Inc. – Kansas City, MO
OO.  OraPharma, Inc. – Bridgewater, NJ
PP.  Vetoquinol USA, Inc. – Fort Worth, TX

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

QQ.  A to Z Specialty Pharmacy – Las Vegas
RR.  Sunset Pharmacy LLC – Las Vegas

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

SS.  Bayer Healthcare LLC – Milpitas, CA
TT.  Breg, Inc. – Plainfield, IN
UU.  Promed Medical Supplies – Culver City, CA

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.  Rossitza Mirtcheva, R.Ph  (13-022-RPH-A-S)
   B.  Barry Cohen, R.Ph  (13-022-RPH-B-S)
   C.  Spectrum Pharmacy  (13-022-PH-S)
   D.  Wendy K. Quach, R.Ph  (14-019-RPH-S)
   E.  Albert Oganesyan, PT  (13-077-PT-S)
   F.  Autumn Heaton, PTT  (13-079-PTT-S)
   G.  Siovonne Sims, PT  (14-014-PT-S)
   H.  Dawn M. Lee, PT  (14-015-PT-S)
   I.  Coram Specialty Infusion Services  (14-019-PH-S)
   J.  Tamara M. Masterson, R.Ph  (14-016-RPH-S)
   K.  CVS/pharmacy #7251  (14-016-PH-S)
5. Applications for Nevada Pharmacy – Appearance for Possible Action:
   A. Ezyfast Pharmacy L.L.C. – Laughlin
   B. LV Pharmacy @ The Clinic – Las Vegas

6. Applications for Out-of-State Compounding Pharmacy – Appearance for Possible Action:
   A. Biomed California, Inc. – Inglewood, CA
   B. Cardinal Health 414, LLC – Indianapolis, IN
   C. Focus Rx – Holbrook, NY
   D. Leiter’s Compounding – San Jose, CA
   E. Suncoast RadioPharmacy Services – Tampa, FL

7. Applications for Nevada MDEG – Appearance for Possible Action:
   A. Nevada Mobility – Las Vegas
   B. Prism Medical Products, LLC – Henderson

8. Request for Controlled Substance License – Appearance for Possible Action:
   Stuart Feldman, DPM

9. Request for Pharmaceutical Technician License – Appearance for Possible Action:
   Angeli V. Domingo

10. 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. NABP Annual Meeting
           c. Washoe County Division Meeting
           d. APRN Association
    D. Reports to Board
        1. Legislative Commission of Regulations
        2. Collaborative Efforts:
           a. Botox (Metro; DA; DO Board)
           b. Medi-Spas (BOME)
        2. Coalition Meeting on Prescription Drug Abuse
        3. PMP Task Force Meeting
        4. FDA Inter-Governmental Meeting on Compounding
    E. Board Related News
       1. NABP Stakeholder Meeting
    F. Activities Report
11. General Counsel Report for Possible Action:

12. Discussion and Determination:
   A. Veterinary Medications
   B. FDA Outsourcing Facilities

⊿⊿⊿ PUBLIC HEARING ⊿⊿⊿

Thursday, April 17, 2014 – 9:00 am

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

1. Amendment of Nevada Administrative Code 453.530 Schedule III The proposed amendment will define Ketamine HCL to include its salts, isomers and salts of isomers to the controlled substances listed in Schedule III.

2. Amendment of Nevada Administrative Code NAC 639.748 Identification of person to whom controlled substance is dispensed. The proposed amendment will define the identification requirements to obtain controlled substance medications.

3. Amendment of Nevada Administrative Code 453.510 Schedule I Because of abuse of unregulated products containing synthetic cannabinoids, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule I.

14. Next Board Meeting:

   June 11-12, 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.
Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at bop.nv.gov:

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

BOARD MEETING

Hyatt Place
1790 E. Plumb Lane
Reno, Nevada

March 5, 2014

President Gandhi was absent due to a prior commitment. Leo Basch presided over the meeting as Acting President.

Leo Basch, Acting President, called the meeting to order at 9:00 a.m.

Board Members Present:

Leo Basch  Cheryl Blomstrom  Jack Dalton
Kevin Desmond  Kirk Wentworth  Tallie Pederson

Board Members Absent:

Kam Gandhi

Board Staff Present:

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

1. Public Comment

Randi Hunewill, Education Program Supervisor, Nevada Department of Education, presented an overview of the pharmaceutical technician course offered through the Nevada Career and Technical Education Program. The course is high school based. Students acquire entry level skills for employment and preparation for postsecondary education.
2. Approval of January 22-23, 2014, Minutes

Mr. Pinson noted that the January minutes were amended to include the section on Board members and Staff present.

After review and discussion, the minutes will be modified to reflect the following:

- Item 5.B.: Paragraph 1 - National Specialty Pharmacy will specialize in non-sterile compounded products, ophthalmics, vitamin cocktails and pain pumps.
- Item 7.B.: Paragraph 1 - Mr. Zindash explained that in addition to diverting the hydrocodone/APAP, he also diverted two bottles of Viagra.

Board Action:

Motion: Cheryl Blomstrom moved to approve the Minutes with the changes as noted.

Second: Jack Dalton

Action: Passed Unanimously

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

A. Airport McKay Pharmacy – Humble, TX
B. Alternative Medicine and Pharmacy, Inc. – Houston, TX
C. American Homecare Federation, Inc. – Enfield, CT
D. Assured RX LLC – Clearwater, FL
E. Brookhaven Pharmacy – Norman, OK
F. Cure Pharmacy – Wyomissing, PA
G. Express Scripts – Columbus, OH
H. Express Scripts – Dublin, OH
I. Express Scripts – Fairfield, OH
J. Express Scripts – Fort Worth, TX
K. Express Scripts – Franklin Lakes, NJ
L. Express Scripts – Irving, TX
M. Express Scripts – Liberty Lake, WA
N. Express Scripts – North Versailles, PA
O. Express Scripts – Tampa, FL
P. Express Scripts – Tampa, FL
Q. Express Scripts – Whitestown, IN
R. Express Scripts – Willingboro, NJ
S. Legacy Pharmacy – Cherry Hill, NJ
T. Liberty for All Pharmacy Inc. – Sunrise, FL
U. McDaniel Pharmacy – Port Gibson, MS
V. Oak Creek Pharmacy – Omaha, NE
W. Pet Health Pharmacy – Youngstown, AZ
X. Pharmazy – Lone Tree, CO
Y. Plaza Pharmacy Inc. – Coral Springs, FL
Z. Proact Pharmacy Services, Inc. – Gouverneur, NY
Representatives from Arjo Huntleigh, Inc. are scheduled to appear for consideration of Nevada MDEG applications under Items 8A and 8B. Items KK and LL were pulled from the Consent Agenda and added to Item 8.

Board Action:

Motion: Kirk Wentworth found the Consent Agenda application information to be accurate and complete and moved for approval with the exception of Item KK. Arjo Huntleigh Inc. – Roselle, IL and Item LL. Arjo Huntleigh Inc. – Salt Lake City, UT.

Second: Kevin Desmond

Action: Passed Unanimously
4. Discipline Cases

A. Susan M. Blair, R.Ph (13-039-RPH-N)
B. Walgreens #11227 (13-039-PH-N)

Tallie Pederson recused from participation in this matter due to her employment with Walgreens.

Susan Blair, pharmacist, Meghan Tolley, pharmacy technician and Rick Fernandez, Walgreens' District Pharmacy Supervisor, appeared and were sworn by Acting President Basch prior to answering questions or offering testimony.

Ms. Tolley was subpoenaed to appear and is not named as a respondent in this case.

William Stilling was present as counsel representing Susan Blair and Walgreens #11227.

Paul Edwards presented a Stipulation and Order regarding Ms. Blair and Walgreens #11227 for the Board's consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that Ms. Blair and Walgreens #11227 filled an unauthorized prescription and three subsequent unauthorized refills for zolpidem 10 mg. tablets. Ms. Blair and Walgreens #11227 shall each pay a fine of $1000.00 and an administrative fee of $500.00. Walgreens #11227 will provide training to its pharmacists and technicians to ensure that they properly document, annotate, and close prescriptions that are superseded by other prescriptions.

Mr. Stilling explained that Ms. Blair believed that the scanned prescription on the computer screen for zolpidem 10 mg. tablets was valid. However, that prescription had been replaced by a subsequent prescription for zolpidem 5 mg. tablets. Walgreens believes that the problem occurred because the original prescription for the higher strength was not closed in the pharmacy system. It is not clear how the request for refills was reentered after the physician denied the request. Walgreens will address the issue of properly documenting and closing prescriptions.

Board Action:

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

Second: Jack Dalton

Action: Passed Unanimously

C. Richard L. Yep, R.Ph (14-002-RPH-O)

Richard Yep appeared and was sworn by Acting President Basch prior to answering questions or offering testimony.
Hal Taylor was present as counsel representing Mr. Yep.

Mr. Edwards presented a Stipulation and Order regarding Mr. Yep for the Board's consideration. Mr. Yep admits to the allegations in the Notice of Intended Action and Accusation. Mr. Yep disclosed on his Nevada pharmacist renewal application that he has been disciplined in Oregon and California. The discipline was based on Mr. Yep's September 2011, conviction in Federal Court of Interstate Transportation of Stolen Goods. During the period of 2002 through September 2008, Mr. Yep stole glucose test strips from his employer and sold them for profit. In August 2012, the Oregon State Board of Pharmacy entered a Consent Order regarding Mr. Yep, citing violations of unprofessional conduct. By way of the Consent Order, Mr. Yep voluntarily surrendered his Oregon pharmacist license. In September 2013, the California State Board of Pharmacy adopted a Proposed Decision from an Administrative Law Judge and revoked Mr. Yep's California pharmacist license. Mr. Yep petitioned the Oregon and California Boards for reconsideration of the Boards' decisions. The Oregon and California Boards denied the requests.

Mr. Yep's Nevada pharmacist license shall be revoked. However, the revocation is stayed and Mr. Yep's license shall be placed on probation subject to terms and conditions. Mr. Yep shall pay an administrative fee of $295.00.

Mr. Yep expressed his appreciation to the Board for the opportunity to speak. He stated that he accepts full responsibility for his actions and is remorseful for the shame he brought upon his family and himself. He apologized to the Board and the pharmacy profession.

Board Action:

Motion: Jack Dalton moved to accept the Stipulation and Order as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

D. Maryanne Phillips, MD (13-061-CS-S)

Acting President Basch reminded the Board that this case was continued from the January 2014, meeting at the request of the Respondent.

Puneet K. Garg was present as counsel representing Maryanne Phillips. Dr. Phillips did not appear at the meeting.

Kevin Desmond disclosed that his brother is an attorney for the law firm of Gordon Silver. Mr. Garg is an attorney with that firm. Mr. Desmond stated that his participation in this matter will be unbiased.

Mr. Edwards moved to have the following Exhibits admitted:

A: ALJ's Proposed Decision;
B: California Board's Decision;
Mr. Garg lodged an objection that the Exhibits and a list of witnesses were not provided prior to the hearing. He argued that the evidence is based on hearsay. He moved to continue the case for thirty days until certified copies of the evidence are obtained.

Mr. Edwards responded that Nevada Revised Statute (NRS) 52.247(2) and NRS 52.625 allows for the admission of public records. Also, Exhibits A through E were attached to the Accusation served upon Dr. Phillips and included in the Board book. The Exhibits were incorporated into the Accusation by reference. Mr. Edwards objected to Mr. Garg's request for a continuance. He reminded the Board that Dr. Phillips' counsel requested a continuance to the March 2014 meeting one day before Dr. Phillips' scheduled case in January 2014. A request for continuance was granted at that time. There is no list of witnesses, as the facts in this matter have been established by the California Medical Board.

Acting President Basch denied Mr. Garg's motion for a continuance.

Acting President Basch admitted Exhibits A through F into the record.

Mr. Garg entered a standing objection based on the admission of the documents.

Mr. Edwards summarized the facts and disciplinary actions taken against Dr. Phillips' medical license by the California Medical Board, the Nevada Board of Medical Examiners, the New Mexico Medical Board, and the disciplinary action against her Controlled Substance Registration by the Nevada Board of Pharmacy. Based on the findings of those boards in those actions, Mr. Edwards submitted that Dr. Phillips' actions constitute grounds for the revocation of her Controlled Substance Registration to parallel the action taken by the California Medical Board.

Mr. Garg argued that the history stated by Mr. Edwards is not relevant in this case. The only relevance is the finding by the California Board that Dr. Phillips made false representations. He stated that the Nevada Board of Pharmacy should not institute discipline based on the California Board's findings.

Mr. Garg further argued that NRS 639.003 defines a certificate of registration for a pharmacist, therefore parallel action as cited in NRS 639.210(14) only applies to pharmacists in this state.

Mr. Edwards stated that there is no legal basis for the argument that this Board lacks the authority to take action against Dr. Phillips' Controlled Substance Registration. Mr. Edwards cited NRS 639.210(14) and NRS 639.070(c) which gives the Board the authority to take action on a license, registration or permit which has been issued by this Board.
Mr. Garg moved to have letters submitted by other providers on behalf of Dr. Phillips admitted into the record for any eventual appeal.

Mr. Edwards objected as the Exhibits were not disclosed to Board Staff prior to the meeting.

Acting President Basch agreed noting that this case is not about Dr. Phillips' ability to practice medicine. This case is based on grounds for parallel action with a sister Board.

Mr. Edwards reviewed the letters and stipulated to allow only the email from Dr. Ken Shah which points to Dr. Phillips' trustworthiness.

Acting President Basch admitted the email from Dr. Ken Shah into the record.

Mr. Garg closed by stating that if the Board is inclined to discipline Dr. Phillips based on the California Board’s decision, revocation would be unduly harsh. He asked the Board to consider a lesser penalty.

Mr. Edwards said that the recommendation to revoke Dr. Phillips' Controlled Substance Registration is a lesser penalty. This is not a revocation of her medical license, but her ability to write for controlled substances. Dr. Phillips can continue to practice medicine and write prescriptions for dangerous drugs that are not scheduled as a controlled substance. The matter here is an issue of trust. Dr. Phillips cannot be trusted to submit accurate information to her multiple boards regarding prior discipline(s). There are trust issues regarding her ability to safely prescribe controlled substances.

Board discussion ensued regarding the facts of the case.

Board Action:

Motion: Cheryl Blomstrom moved to find Maryanne Phillips guilty of the alleged violations in the First Cause of Action.

Second: Jack Dalton

Action: Passed Unanimously

Board Action:

Motion: Cheryl Blomstrom moved to revoke Maryanne Phillips' Controlled Substance Registration.

Board discussion ensued regarding the length of time for the revocation. Blomstrom amended the motion to revoke Dr. Phillips' Controlled Substance Registration for one year. Dr. Phillips may petition the Board for reinstatement after a period of not less than one (1) year has lapsed since the date of revocation. Dr. Phillips will be required to appear at that time.
Second: Kevin Desmond

Action: Passed Unanimously

Mr. Garg moved to stay the revocation pending appeal from a district court of competent jurisdiction. Mr. Marcher referenced NRS 233B which outlines the procedure for filing a petition to appeal this Board’s decision. Mr. Garg must seek the stay from the district court. Mr. Garg asked if the Board’s intent is to have the Order effective immediately upon receipt by Dr. Phillips or thirty days after receipt of the Order.

Board discussion ensued.

Acting President Basch said that the Motion did not specify an effective date. He referenced the language in NRS 639.251 and stated that the revocation of Dr. Phillips’ Controlled Substance Registration will be effective thirty (30) days following her receipt of the Board’s Order.

5. Request for Renewal of Intern License

Venus Vedadi

Venus Vedadi appeared and was sworn by Acting President Basch prior to answering questions or offering testimony.

Tallie Pederson disclosed that Ms. Vedadi has accepted a position with Walgreens Pharmacy. She stated that her participation in this matter will be unbiased.

Mr. Edwards explained that Ms. Vedadi had not renewed her intern pharmacist registration which expired on October 31, 2012. During the period of November 1, 2012, through January 16, 2014, Ms. Vedadi continued to complete her pharmacy rotations, and worked at her assigned pharmacy practice sites without a valid intern pharmacist registration.

On February 12, 2014, Board Staff served a Cease and Desist Order and Citation for the unlawful practice of pharmacy to Ms. Vedadi. Ms. Vedadi was assessed an administrative fine of $500.00.

Ms. Vedadi addressed questions posed by the Board. She stated that she did not receive a renewal application, and was not aware that her intern registration had expired. Ms. Vedadi said that she had changed her address during the time period that the renewal applications may have been sent, and does not recall when she notified the Board Staff of the change. Ms. Vedadi said that there was no patient harm during the period she worked unlicensed, she is currently passing all of her classes, and all of her other certifications including her California Pharmacy Board license are current. She expressed her apologies to the Board adding that she will be a responsible pharmacist and follow the law.
Mr. Edwards referenced the email sent to the pharmacy students by the program director at Roseman University where Ms. Vedadi attends. Three emails were sent reminding the students to renew their Nevada State Board of Pharmacy intern license.

**Board Action:**

**Motion:** Kirk Wentworth moved to approve the renewal of Venus Vedadi's intern pharmacist registration with conditions. Ms. Vedadi's intern pharmacist registration will be placed on probation until such time that she applies for registration as a pharmacist. Ms. Vedadi will be required to appear before the Board for consideration of approval of her pharmacist application. Ms. Vedadi will include with the pharmacist application, letters of recommendation from Roseman University, her preceptors and supervising pharmacists.

Basch clarified that during the probationary period, Ms. Vedadi will follow Nevada pharmacy law, and will also notify Board Staff of a change of address within ten days as required by Nevada regulations.

**Second:** Tallie Pederson

**Action:** Passed Unanimously

6. Requests for Reinstatement of Pharmacist License

A. Jaime Cordoba-Hernandez (12-056-RPH-S)

Jaime Cordoba-Hernandez appeared and was sworn by Acting President Basch prior to answering questions or offering testimony.

Mark Goodman appeared as counsel representing Mr. Cordoba-Hernandez.

Mr. Edwards explained that in February 2012, the Board revoked Mr. Cordoba-Hernandez's Nevada pharmacist license for violations related to the dispensing of a dangerous drug without a lawful prescription. Mr. Hernandez created and filled fraudulent prescriptions for Procrit for a cyclist friend who used Procrit to increase his cycling endurance. Mr. Cordoba-Hernandez also violated his employer's company policy by using his personal Smith's rewards points to buy the prescriptions in order to save his friend money.

Mr. Goodman presented copies of Mr. Cordoba-Hernandez's 2013 Certificate of Completion of Pharmacy Continuing Education credits in ethics, and 2013 Certificate of Achievement from Mr. Cordoba-Hernandez's current employer. Mr. Goodman explained that Mr. Cordoba-Hernandez fully cooperated with Smith's and the Pharmacy Board during the investigation of this matter. He fully admitted his wrongdoing and accepts the consequences of his actions. Mr. Cordoba-Hernandez is currently employed as a life insurance agent in the financial services industry.
Mr. Cordoba-Hernandez addressed questions posed by Mr. Edwards and the Board. He explained that there is no excuse for his actions and apologized for betraying the Board, the pharmacy profession and his family. He is thankful that his friend did not suffer ill effects from the Procrit. He noted that he has never been in trouble or been disciplined in his sixteen year pharmacy career. His mistake resulted in psychological and financial issues for his family. Mr. Cordoba-Hernandez said that he has learned his lesson and is committed to starting a new future by being a better person and professional.

**Board Action:**

**Motion:** Cheryl Blomstrom moved to reinstate Jaime Cordoba-Hernandez’s license as a pharmacist (Certificate No. 17533) subject to a two year probation. Mr. Cordoba-Hernandez will be required to attend the Las Vegas Pharmacy Board meetings for one year. During the probationary period, Mr. Cordoba-Hernandez will disclose his probationary status to any and all potential pharmacy employers.

Basch offered a friendly amendment that Mr. Cordoba-Hernandez be required to obtain prior approval from Board Staff if he is unable to attend a Board meeting. Blomstrom accepted the amendment.

**Second:** Tallie Pederson

**Ayes:** Blomstrom, Dalton, Desmond, Pederson

**Nays:** Wentworth

**Action:** Motion Carried

B. William J. Mumbert (10-079-RPH-N)

William Mumbert and Larry Espadero, Director of PRN-PRN, appeared and were sworn by Acting President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that Mr. Mumbert’s pharmacist license was revoked in December 2010, for diversion of controlled substances from his employer. Mr. Mumbert requested reinstatement of his pharmacist license at the September 2013 meeting. At that time, the Board was not comfortable reinstateing Mr. Mumbert’s license until he successfully completes a minimum of one year of his ten year contract with PRN-PRN. The matter was tabled. The Board recommended that Mr. Mumbert provide letters of support including a letter from his probation officer when he reappears before the Board.

Mr. Mumbert provided a letter of support for reinstatement of his pharmacist license from PRN-PRN. A copy of his Petition and Order of Dismissal and Discharge and Setting Aside of Conviction was included in the Board book.
Mr. Mumbert explained that he is participating in PRN-PRN and the 12-Step Program, and has been in recovery for one and a half years. He is reestablishing the relationships with his family and in his professional life. Mr. Mumbert said that he is a different person now, and handles life's challenges in a more rewarding and successful manner without drugs or alcohol.

Mr. Espadero stated that PRN-PRN is supportive of the reinstatement of Mr. Mumbert's pharmacist license with conditions. He recommended a ten year contract with PRN-PRN with no early termination, and restricted work hours of no more than ninety hours per two weeks.

Board Staff recommended that Mr. Mumbert not be permitted to work as a pharmacist in charge. Due to Mr. Mumbert's long history of substance abuse, also require that he not work alone in a pharmacy.

Board discussion ensued regarding restrictions on Mr. Mumbert's pharmacist license and concerns about his ability to work alone and/or in rural areas.

Mr. Espadero explained that per the PRN-PRN contract, Mr. Mumbert is required to notify his employer regarding his participation in PRN-PRN. If a second pharmacist is not on duty with Mr. Mumbert, that is an indicator to increase urine screens. He recommended Mr. Mumbert not be allowed to work in a rural area for more than five consecutive days so that he will have constant access to his support group.

**Board Action:**

**Motion:** Cheryl Blomstrom moved to reinstate William Mumbert's license as a pharmacist (Certificate No. 13225) subject to a two year probation. Mr. Mumbert will be required to sign a ten year contract with PRN-PRN with no opportunity for an early release. Mr. Mumbert may not serve as the pharmacist in charge during the two year probationary period. He is not permitted to work in excess of ninety hours within a two week period. Mr. Mumbert cannot work alone in a pharmacy for the first year of the probationary period. Mr. Mumbert may not work in a rural area in excess of five consecutive days.

**Second:** Kirk Wentworth

**Action:** Passed Unanimously

7. Applications for Out-of-State Compounding Pharmacy

A. HM Compounding – Bayonne, NJ  
B. HM Compounding – Brooklyn, NY

The applications for HM Compounding are for two pharmacies located in two different states, but managed by the same company. The Board reviewed the applications together with a separate motion for each application.
Alex Chervinsky, managing pharmacist of the New Jersey location, and Matthew Bernstein, president and managing pharmacist of the New York location, appeared and were sworn by Acting President Basch prior to answering questions or offering testimony.

Mr. Bernstein explained that the New York location is PCAB accredited and provides non-sterile and sterile compounding. The pharmacy is USP 795 and USP 797 compliant. Products are patient specific and tested for sterility and endotoxins by a third party laboratory. Products include tri-mixes, vitamins and ophthalmics. The pharmacy was inspected a month ago.

The New Jersey location is currently providing non-sterile compounding only. Plans are for the New Jersey location to become PCAB accredited and provide sterile compounding in the future. The pharmacy had their opening inspection one year ago.

Mr. Chervinsky and Mr. Bernstein answered questions to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve the Application for Out-of-State Compounding Pharmacy for HM Compounding located in New Jersey pending receipt of their opening inspection, and receipt of the signed Affidavit that they will not ship sterile compounded products into Nevada. When the New Jersey location is PCAB certified, HM Compounding will submit a copy of the certification to Board Staff and the Affidavit will be waived.

Second: Kirk Wentworth

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to approve the Application for Out-of-State Compounding Pharmacy for HM Compounding located in New York pending receipt of their most recent inspection and a copy of their PCAB certification.

Second: Cheryl Blomstrom

Action: Passed Unanimously

C. Leiter’s Compounding – San Jose, CA

Leiter’s Compounding requested postponement until the April meeting.
D. Lone Peak Professional Pharmacy – Draper, UT

Bryan Horne, managing pharmacist and co-owner, appeared and was sworn by Acting President Basch prior to answering questions or offering testimony.

Mr. Horne explained that Lone Peak Professional Pharmacy is leasing space within a medical clinic and provides full retail pharmacy services. The pharmacy also provides sterile and non-sterile compounded products. Products include tri-mixes, vitamins and ophthalmics. Products are patient specific. The pharmacy is USP compliant and products are tested for bacteria, endotoxins and potency by a third party laboratory. Mr. Horne received compounding training through MEDISCA at the University of Florida. He has developed compounding policies and procedures and provides in-house training of the pharmacy staff. The pharmacy’s opening inspection was in September 2013. The Utah Board of Pharmacy requires pharmacies to periodically submit a self-inspection which Lone Peak Professional Pharmacy submitted in February 2014.

Mr. Horne answered questions to the Board’s satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve Lone Peak Professional Pharmacy’s Application for Out-of-State Compounding Pharmacy pending receipt of their most recent Utah Board inspection and a copy of their self-inspection. A copy of the pharmacy’s policies and procedures will be provided for Board Staff’s review.

Second: Kevin Desmond

Action: Passed Unanimously

E. Suncoast Radiopharmacy Services – Tampa, FL

Suncoast Radiopharmacy Services requested postponement until the April meeting.

8. Applications for Nevada MDEG

A. Arjo Huntleigh Inc. – Sparks
B. Arjo Huntleigh Inc. – Las Vegas

Items KK and LL were pulled from the Consent Agenda and added to Item 8.

KK. Arjo Huntleigh Inc. – Roselle, IL
LL. Arjo Huntleigh Inc. – Salt Lake City, UT

Kenneth Juarez, supervisor at the Las Vegas location and Harry Boniface, supervisor at the Sparks, Nevada location, appeared and were sworn by Acting President Basch prior to answering questions or offering testimony.

Mr. Juarez and Mr. Boniface explained that Arjo Huntleigh rents and services electric hospital beds and therapeutic support surfaces to hospitals and long term care facilities.
They provide delivery, set up and inservicing of the products for the nursing staff. Used products are picked up, returned to the service center and disinfected following FDA guidelines. Arjo Huntleigh does not bill third party payors. Facilities are direct billed. The same business model applies to the Roselle, Illinois and Salt Lake City, Utah facilities.

Mr. Juarez and Mr. Boniface answered questions to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve Arjo Huntleigh's Sparks, Nevada Application for Nevada MDEG pending a satisfactory inspection.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to approve Arjo Huntleigh's Las Vegas, Nevada Application for Nevada MDEG pending a satisfactory inspection.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Cheryl Blomstrom moved to approve Arjo Huntleigh's Roselle, Illinois and Salt Lake City, Utah Out-of-State MDEG Applications.

Second: Kevin Desmond

Action: Passed Unanimously

C. Red Seal Medical, LLC – Las Vegas

Joshua Bulkley, operations manager, appeared and was sworn by Acting President Basch prior to answering questions or offering testimony. Mr. Bulkley presented a letter from Robert C. Brough, CEO of Red Seal Medical, authorizing Mr. Bulkley to represent the company.

Mr. Bulkley explained that Red Seal Medical will provide CPAP equipment and supplies as well as braces. He stated that his experience includes working with Classic Sleep Care, and four years with Petersen Medical, which offered full MDEG services. Red Seal Medical is in the process of applying for their CHAP's accreditation.

Mr. Bulkley answered questions to the Board's satisfaction.
Board Action:

Motion: Kirk Wentworth moved to approve Red Seal Medical's Application for Nevada MDEG pending a satisfactory inspection.

Second: Kevin Desmond

Action: Passed Unanimously

9. General Counsel Report

Mr. Edwards provided an update on Roxsan Pharmacy. At the January 2014 meeting, the Board moved to continue Roxsan's petition for a rehearing subject to conditions, which included Roxsan Pharmacy submitting a report to Board Staff of the identification and/or resolution of their pending investigation by the California Board of Pharmacy. Since that time, Board Staff has received a copy of the California Board's accusation charging Roxsan Pharmacy with:

- 2 counts of falsifying prescription records
- 1 count of subverting a board investigation
- 1 count of dishonesty, fraud and deceit
- 4 counts of violating pharmacy laws and regulations
- 1 count of violating state and federal statutes regarding controlled substances and dangerous drugs
- 1 count of conduct which would warrant the denial of an application

Mr. Edwards will provide a copy of the California Board's accusation to the Board.

10. Executive Secretary Report

A. Financial Report

Mr. Pinson presented the financial report to the Board's satisfaction.

B. Temporary Licenses

There were no temporary licenses issued since the last meeting.

C. Staff Activities

Mr. Pinson advised the Board that Governor Brian Sandoval has been appointed to lead the National Governors’ Association’s initiative on reducing prescription drug abuse.

The NABP 2014 Annual Meeting will be held in May in Phoenix. Board members interested in attending may submit their registration directly to NABP.

1. Presentations:
   a. "Project Echo" through UNR School of Medicine
   Mr. Pinson was invited to speak to this group on March 13, 2014. There will be a series of six lectures which will be broadcast via webinar.
   b. CDR Presentation
   Mr. Pinson spoke on the subject of drug abuse to the Child Death Review Committee.
Mr. Pinson shared data on recent trends in illegal and prescription drug abuse, which he also includes in his presentations.

c. APRN Association

Mr. Pinson presented to the APRN Association in Las Vegas on February 8th. Mr. Pinson informed the Board that the APRN Association has applied for a grant to study prescribing habits to determine if the prescribing of controlled substances has changed since APRN's now have autonomy, and are no longer required to practice under a collaborative physician.

Ms. Blomstrom stated that the APRN Association participates on the legislative committee that she is involved with. Ms. Blomstrom suggested to the APRN Association, and they in turn proposed to the Nursing Association, that every nurse with prescribing authority proactively sign up for the PMP as a best practice.

d. AG Working Group

Mr. Pinson stated that the Attorney General's office will be having a statewide contest for high schools. The contest involves students creating a video on the subject of drug abuse. The Board of Pharmacy will donate $1,000 out of the Education Budget toward the prize fund for the winning videos.

D. Reports to Board

1. Verified Pharmacy Program (VPP) Update

Mr. Pinson reported that all of the Nevada compounding pharmacies' inspections have been sent to NABP for entry into the VPP database. Moving forward, non-sterile compounding pharmacy inspections will be added to the database, and eventually, all pharmacy inspections will be added. The VPP database allows for boards of pharmacy to share inspection and licensing data between states.

2. Collaborative Efforts:
   a. Suspended Physician (BOME; DEA)
   b. Medi-Spas (BOME)
   c. Connecticut Board and Questionable Product Claims

3. Coalition Meeting on Prescription Drug Abuse

Mr. Pinson stated that this coalition was put together by Liz MacMenamin, Retail Association of Nevada (RAN), and includes legislators and representatives from the Attorney General's Office, health care boards and their associations, and Board Staff. The first meeting was held on January 29, 2014, in Las Vegas. Mr. Wuest attended and Mr. Pinson and Mr. Edwards participated via teleconference. The next meeting is scheduled for March 27, 2014, and will include representatives from the FDA and the industry.

E. Board Related News

-Mr. Wuest reported that the Hospital Regulations Workgroup met in February. The Workgroup has been expanded to include participation by Las Vegas hospitals.

-Mr. Pinson reported that the Technician Advisory Committee met in February. Mr. Wentworth participated in the meeting.

1. Outsourcing Facilities

Mr. Pinson reviewed the Drug Quality and Security Act. The Act contains provisions relating to federal and state oversight of compounding pharmacies. This new legislation creates a new section 503B in the FD&C Act under which a facility that compounds sterile drugs can register to become an outsourcing facility. An outsourcing facility can qualify for exemptions from FDA approval requirements. The FDA will be holding
another 50-state meeting in March to discuss plans for the implementation and licensing of outsourcing facilities. Mr. Pinson and Mr. Wuest will attend the meeting.

2. Legislative Consultants

Mr. Pinson stated that he is in the process of creating a legislative consultant group. The purpose of this group is to address pending legislation. Participants invited will include President Gandhi, Cheryl Blomstrom, Liz MacMenamin (RAN), Adam Porath (NVHSP), Joe Kellogg (SNAP), Susan Nguyon (NVHSP), Mike or Fred Hillerby and Board Staff.

F. Activities Report

11. Next Board Meeting:

April 16-17, 2014 – Las Vegas

12. Public Comment

Liz MacMenamin, RAN, stated that a take back drug day is scheduled in northern Nevada on April 26, 2014. Pharmacists interested in volunteering may contact Ms. MacMenamin.

Ms. MacMenamin thanked Board Staff for their sponsorship for the Attorney General's drug abuse video contest.

Ms. MacMenamin said that the coalition on prescription drug abuse has been formally named the “Industry Coalition for Prescription Drug Abuse.” She thanked Board Staff for their participation.
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

☐ New Pharmacy  ☑ Ownership Change
(Please provide current license number if making changes: PH03846)
☐ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Allina Medical, LLC
Physical Address: 500 Eagles Landing Dr. Ste C Lakeland, FL 33810
Mailing Address: 4252 NW 120th Ave
City: Coral Springs  State: FL  Zip Code: 33065
Telephone: 954-701-4760  Fax: 954-400-5123
Toll Free Number: 866-336-4103  (Required per NAC 639.708)
E-mail: Jessica.Robinson@allinamedical.com  Website: www.AllinaMedical.com
Managing Pharmacist: Tamara Estrill-Lent  License Number: PS 38619

Hours of Operation:
Monday thru Friday 8 am 5 pm  Saturday 8 am – pm
Sunday 1/2 am – pm  24 Hours  – (Phone available 9-5 M-Sa)

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

Page 1
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

Ownership Change: __________ Location Change: __________

(Please provide current license number if making changes: PHO2-U1)

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: Bond Pharmacy, Inc.  DEN Advanced Infusion Solutions

Physical Address: 1023 Highland Colony Parkway, Ste. 100 Ridgeland, MS 3615

Mailing Address: 1023 Highland Colony Parkway, Ste. 100

City: Ridgeland State: MS Zip Code: 36157

Telephone: (877) 443-4006 Fax: (888) 298-2220

Toll Free Number: (877) 443-4006 (Required per NAC 639.708)

E-mail: CBell@AISpharmacy.com Website: www.AISpharmacy.com

Managing Pharmacist: Charles R Bell, Jr. License Number: 78267

Hours of Operation:

Monday thru Friday 8:30 am 5 pm Saturday 8 am 12 pm

Sunday __________ am __________ pm 24 Hours Pharmacist on-call 24/7/365

TYPE OF PHARMACY

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

SERVICES PROVIDED

□ Off-site Cognitive Services
□ Parenteral
□ Parenteral (outpatient)
□ Outpatient/Discharge
□ Mail Service
□ Long Term Care
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH

Check box below for type of ownership and complete all required forms.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Distinguished Pharmacy
Physical Address: 12134 Beechnut St. Houston, TX 77072
Mailing Address: 12220 Beechnut St. #2012
City: Houston State: TX Zip Code: 77072
Telephone: (281) 495-0201 Fax: (281) 495-0200
Toll Free Number: 1-855-795-7004 (Required per NAC 639.704)
E-mail: distinguishedpharmacy@yahoo.com Website: NA
Managing Pharmacist: Ezione C. Ozurumba License Number: 53900

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No
☐ ☐ Retail
☐ ☐ Hospital (# beds ___)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☐ ☐ Other: _________________

All boxes must be checked
For the application to be complete

Yes/No
☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral **
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding **
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding **
☐ ☐ Other Services: _________________

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy  ☐ Ownership Change

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Isomeric Pharmacy Solutions

Physical Address: 510 S 600 E Salt Lake City, UT 84102

Mailing Address: 510 S 600 E Salt Lake City, UT 84102

City: Salt Lake City  State: UT  Zip Code: 84102

Telephone: 801.239.2040  Fax: 801.505.0380

Toll Free Number: 800.418.0730 (Required per NAC 639.708)

E-mail: jake@inorx.com  Website: www.isomericx.com

Managing Pharmacist: Cody Walker  License Number: 6450171-1701

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

☐ ☐ Retail
☐ ☑ Hospital (# beds ___)
☐ ☑ Internet
☐ ☑ Nuclear
☐ ☑ Ambulatory Surgery Center
☐ ☐ Other: _______________________

☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral **
☐ ☑ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☑ Mail Service
☐ ☑ Long Term Care
☐ ☑ Sterile Compounding **
☐ ☑ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding **
☐ ☐ Other Services: _______________________

"If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting."
**NEVADA STATE BOARD OF PHARMACY**
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

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

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

Application must be printed legibly or typed

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

- ☐ New Pharmacy
- ☑ Ownership Change

(Please provide current license number if making changes: PH01411)

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

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

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

- Pharmacy Name: Maxor Correctional Pharmacy Services
- Physical Address: 416 Mary Lindsay Polk Drive, Suite 515
- Mailing Address: 416 Mary Lindsay Polk Drive, Suite 515
- City: Franklin
- State: Tennessee
- Zip Code: 37067
- Telephone: 615-771-1436
- Fax: 800-641-2444
- Toll Free Number: 800-833-2510 (Required per NAC 639.708)
- E-mail: deleca.barnes@maxorcps.com
- Website: www.maxor.com
- Managing Pharmacist: Deleca Reynolds-Barnes
- License Number: 10608

**Hours of Operation:**

- Monday thru Friday 8:00 am 5:00 pm
- Saturday 8:00 am 12:00 pm
- Sunday On-Call

**TYPE OF PHARMACY**

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

**SERVICES PROVIDED**

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

Page 1
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy  ☑ Ownership Change

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Maxor Pharmacies
Physical Address: 216 S. Folk Street
Mailing Address: 216 S. Folk Street
City: Amarillo State: Texas Zip Code: 79101
Telephone: 806-324-5541 Fax: 806-324-5511
Toll Free Number: 800-687-8629 (Required per NAC 639.708)
E-mail: ccapps@maxor.com Website: www.maxor.com
Managing Pharmacist: Carol Capps License Number: 34437

Hours of Operation:
Monday thru Friday 8:00 am 6:00 pm  Saturday 9:00 am 5:00 pm
Sunday 9:00 am 5:00 pm 24 Hours

TYPE OF PHARMACY

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

Page 1
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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

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

Application must be printed legibly or typed

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

- New Pharmacy  or  Ownership Change (Provide current license number if making changes: PH____)
- Check box below for type of ownership and complete all required forms.
  - Publicly Traded Corporation – Pages 1,2,3,7
  - Partnership – Pages 1,2,5,7
  - Non Publicly Traded Corporation – Pages 1,2,4,7
  - Sole Owner – Pages 1,2,6,7

---

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

Pharmacy Name: **My Favorite Pharmacy LLC**

Physical Address: **7142 North University**

Mailing Address: **Same as above**

City: **Tampa**  State: **FL**  Zip Code: **33321**

Telephone: **813-582-3640**  Fax: **888-370-1311**

Toll Free Number: **866-582-3640** (Required per NAC 639.708)

E-mail: **myfavoritepharmacy@gmail.com**  Website: **WWW.MYFAVORITEPHARMACY**

Managing Pharmacist: **Joseph Davis**  License Number: **PD33411**

---

**TYPE OF PHARMACY AND SERVICES PROVIDED**

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Retail</td>
<td>□ Off-site Cognitive Services</td>
</tr>
<tr>
<td>□ Hospital (# beds ____</td>
<td>□ Parenteral **</td>
</tr>
<tr>
<td>□ Internet</td>
<td>□ Parenteral (outpatient)</td>
</tr>
<tr>
<td>□ Nuclear</td>
<td>□ Outpatient/Discharge</td>
</tr>
<tr>
<td>□ Ambulatory Surgery Center</td>
<td>□ Mail Service</td>
</tr>
<tr>
<td>□ Community</td>
<td>□ Long Term Care</td>
</tr>
<tr>
<td>□ Other: _______________</td>
<td>□ Sterile Compounding **</td>
</tr>
<tr>
<td>All boxes must be checked</td>
<td>□ Non Sterile Compounding</td>
</tr>
<tr>
<td>For the application to be complete</td>
<td>□ Mail Service Sterile Compounding **</td>
</tr>
<tr>
<td></td>
<td>□ Other Services: _______________</td>
</tr>
</tbody>
</table>

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,**

66129
# Application for Out-of-State Pharmacy License

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

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

## General Information to be completed by all types of ownership

<table>
<thead>
<tr>
<th>Pharmacy Name:</th>
<th>NATIONAL ANIMAL HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>300 OHIKAI RD, STE C-315 KIHEI, HI 96753</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>300 OHIKAI RD, STE C-315</td>
</tr>
<tr>
<td>City:</td>
<td>KIHEI</td>
</tr>
<tr>
<td>State:</td>
<td>HI</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>96753</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(800) 817-7357</td>
</tr>
<tr>
<td>Fax:</td>
<td>(808) 692-0694</td>
</tr>
<tr>
<td>Toll Free Number:</td>
<td>(800) 817-7357</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:national.animalah@gmail.com">national.animalah@gmail.com</a></td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.nationalanimalah.com">www.nationalanimalah.com</a></td>
</tr>
<tr>
<td>Managing Pharmacist:</td>
<td>JOHN M MILLER</td>
</tr>
<tr>
<td>License Number:</td>
<td>PH 1894</td>
</tr>
</tbody>
</table>

## Type of Pharmacy and Services Provided

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Retail</td>
<td>☐ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☑ Hospital (# beds ____</td>
<td>☐ Parenteral **</td>
</tr>
<tr>
<td>☑ Internet</td>
<td>☐ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☑ Nuclear</td>
<td>☐ Outpatient/Discharge</td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
<td>☑ Mail Service</td>
</tr>
<tr>
<td>☑ Other:</td>
<td>☑ Long Term Care</td>
</tr>
</tbody>
</table>

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting.**
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy
☐ Ownership Change

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Norwood Pharmacy, LLC

Physical Address: 2513 North Blvd

Mailing Address: 2513 North Blvd

City: Maryland Heights State: MO Zip Code: 63043

Telephone: 814.888.4394 Fax: 814.888.9397

Toll Free Number: 877.192.0153 (Required per NAC 639.708)

E-mail: pharmacy@norwoodpharmacy.com Website: norwoodpharmacy.com

Managing Pharmacist: Melissa Ahamo License Number: 2000168508

** If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting.

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</th>
<th>YE/NO</th>
<th>YE/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital (# beds__)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Surgery Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,**
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
- Publicly Traded Corporation – Pages 1,2,3,7
- Partnership - Pages 1,2,5,7
- Non Publicly Traded Corporation – Pages 1,2,4,7
- Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Access compounding Pharmacy
Physical Address: 1450 Emerson Avenue, Suite 110, McLean, VA 22101
Mailing Address: 1450 Emerson Avenue, Suite 110
City: McLean State: Virginia Zip Code: 22101
Telephone: 571-488-6620 Fax: 571-488-6621
Toll Free Number: 855-741-804 (Required per NAC 639.708)
E-mail: pharmacist@amapharmacy.com Website: www.amapharmacy.com
Managing Pharmacist: John Ayele License Number: 0202011204

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
</tr>
<tr>
<td>☐ Retail</td>
</tr>
<tr>
<td>☐ Hospital (# beds ____)</td>
</tr>
<tr>
<td>☐ Internet</td>
</tr>
<tr>
<td>☐ Nuclear</td>
</tr>
<tr>
<td>☐ Ambulatory Surgery Center</td>
</tr>
<tr>
<td>☐ Community</td>
</tr>
<tr>
<td>☐ Other: ________________</td>
</tr>
<tr>
<td>☐ Non Sterile Compounding</td>
</tr>
<tr>
<td>☐ Other Services: ________________</td>
</tr>
</tbody>
</table>

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,
APPLiCATION FOR OUT-OF-STATE PHARMACY License

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

Application must be printed legibly or typed

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

**New Pharmacy or Ownership Change** (Provide current license number if making changes: PH____)

Check box below for type of ownership and complete all required forms.

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

GENERAL INFORMATION to be completed by all types of ownership

| Pharmacy Name: | America’s Compounding Center |
| Physical Address: | 153 California St Newton, MA 02458 |
| Mailing Address: | 153 California St |
| City: | Newton |
| State: | MA |
| Zip Code: | 02458 |
| Telephone: | (617) 527-1513 |
| Fax: | (617) 527-1505 |
| Toll Free Number: | 866-222-7993 |
| (Required per NAC 639.708) |
| E-mail: | arthur.e.accrx.com |
| Website: | www.accrx.com |
| Managing Pharmacist: | Behrouz Kostamezhad |
| License Number: | PH23429 |

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>AND</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>☑ Retail</td>
<td></td>
</tr>
<tr>
<td>☑ Hospital (# beds ____ )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Internet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Nuclear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All boxes must be checked
For the application to be complete

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,**

Toll Free Number: 866-222-7993
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Application must be printed legibly or typed

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

**New Pharmacy or Ownership Change** (Provide current license number if making changes: PH___
Check box below for type of ownership and complete all required forms.

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

GENERAL INFORMATION to be completed by all types of ownership

<table>
<thead>
<tr>
<th>Pharmacy Name:</th>
<th>American Integrative Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>1852 Lomita Blvd., Suite 204</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>1852 Lomita Blvd., Suite 204</td>
</tr>
<tr>
<td>City: Lomita</td>
<td>State: CA</td>
</tr>
<tr>
<td>Telephone:</td>
<td>310-539-1750</td>
</tr>
<tr>
<td>Toll Free Number:</td>
<td>855-247-7948</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:info@americanintegrative.com">info@americanintegrative.com</a></td>
</tr>
<tr>
<td>Managing Pharmacist:</td>
<td>Zahra Sarajha</td>
</tr>
</tbody>
</table>

**TYPE OF PHARMACY AND SERVICES PROVIDED**

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Retail</td>
<td>☑ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☑ Hospital (# beds ____ )</td>
<td>☑ Parenteral **</td>
</tr>
<tr>
<td>☑ Internet</td>
<td>☑ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☑ Nuclear</td>
<td>☑ Outpatient/Discharge</td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
<td>☑ Mail Service</td>
</tr>
<tr>
<td>☑ Community</td>
<td>☑ Long Term Care</td>
</tr>
<tr>
<td>☑ Other:</td>
<td>☑ Sterile Compounding **</td>
</tr>
<tr>
<td>☑ Sterile Compounding **</td>
<td>☑ Non Sterile Compounding</td>
</tr>
<tr>
<td>☑ Mail Service Sterile Compounding **</td>
<td>☑ Other Services:</td>
</tr>
</tbody>
</table>

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CENTURY PHARMACY

Physical Address: 937 GORHAM ST

Mailing Address: 937 GORHAM ST

City: LOWELL State: MA Zip Code: 01852

Telephone: 978 455 6554 Fax: 978 - 455 8476

Toll Free Number: 1888 507 5006 (Required per NAC 639.738)

E-mail: CENTURY.PHARMACY@YAHOO.COM Website: WWW.CENTURYPHARMACY.COM

Managing Pharmacist: CRISTINA JEPURE License Number: PH233720

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Yes/No</td>
</tr>
<tr>
<td>☑ ☐ Hospital (# beds ___)</td>
</tr>
<tr>
<td>☑ ☐ Internet</td>
</tr>
<tr>
<td>☑ ☐ Nuclear</td>
</tr>
<tr>
<td>☑ ☐ Ambulatory Surgery Center</td>
</tr>
<tr>
<td>☑ ☐ Other: ____________________</td>
</tr>
<tr>
<td>☑ ☐ Other Services: _____________</td>
</tr>
</tbody>
</table>

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy ☐ Ownership Change

☐ Publicly Traded Corporation - Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation - Pages 1,2,4,7 ☐ Sole Owner - Pages 1,2,6,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: COTTAGE PHARMACY & SURGICAL, INC.

Physical Address: 8285 Jericho Turnpike Woodbury, NY 11797-1807

Mailing Address: 8285 Jericho Turnpike

City: Woodbury State: NY Zip Code: 11797

Telephone: 800-599-9963 Fax: 516-367-4443

Toll Free Number: 800-599-9963 (Required per NAC 639.708)

E-mail: admin@cottagepharmacy.com Website: www.cottagehomecareservices.com

Managing Pharmacist: Kenneth Villani License Number: 029406

TYPE OF PHARMACY AND SERVICES PROVIDED

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Retail</td>
<td>☐ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☒ Hospital (# beds ___)</td>
<td>☒ Parenteral **</td>
</tr>
<tr>
<td>☐ Internet</td>
<td>☐ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☒ Nuclear</td>
<td>☐ Outpatient/Discharge</td>
</tr>
<tr>
<td>☒ Ambulatory Surgery Center</td>
<td>☐ Mail Service</td>
</tr>
<tr>
<td>☐ Other: _______________</td>
<td>☐ Long Term Care</td>
</tr>
<tr>
<td>☒ Internet</td>
<td>☐ Sterile Compounding **</td>
</tr>
<tr>
<td>☒ Nuclear</td>
<td>☐ Non Sterile Compounding</td>
</tr>
<tr>
<td>☒ Ambulatory Surgery Center</td>
<td>☐ Mail Service Sterile Compounding **</td>
</tr>
<tr>
<td>☐ Other: _______________</td>
<td>☐ Other Services: _______________</td>
</tr>
</tbody>
</table>

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Darien INC
Physical Address: 8645 N Military Trail 405-406
Mailing Address: 8645 N Military Trail 405-406
City: Palm Beach Gardens State: FL Zip Code: 33418
Telephone: 561-557-1645 Fax: 561-557-1649
Toll Free Number: 855-346-0944 (Required per NAC 639.708)
E-mail: Allmedrx@yahoo.com Website: N/A
Managing Pharmacist: Daria Puentes License Number: PS46428

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No
☐ ☐ Retail
☐ ☐ Hospital (# beds ______)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Other: __________

Yes/No
☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral **
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding **
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding **
☐ ☐ Other Services: __________

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or
denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes:
Check box below for type of ownership and complete all required forms.
Publicly Traded Corporation – Pages 1,2,3,7
Non Publicly Traded Corporation – Pages 1,2,4,7
Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Destrehan Discount Pharmacy
Physical Address: 3001 Ormond Blvd. Ste. A
Mailing Address: 3001 Ormond Blvd. Ste. A
City: Destrehan State: LA Zip Code: 70047
Telephone: 985-764-0989 Fax: 985-764-0987
Toll Free Number: 1-808-370-6411 (Required per NAC 639.708)
E-mail: destrehandrugs@att.net Website: www.destrehanpharmacy.com
Managing Pharmacist: Joseph Barrera License Number: 009888

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
</tr>
<tr>
<td>☑ Retail</td>
</tr>
<tr>
<td>☑ Hospital (# beds ___)</td>
</tr>
<tr>
<td>☑ Internet</td>
</tr>
<tr>
<td>☑ Nuclear</td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
</tr>
<tr>
<td>☑ Community</td>
</tr>
<tr>
<td>☑ Other: ____________________________</td>
</tr>
</tbody>
</table>

All boxes must be checked
For the application to be complete

*If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting.

10/6/31
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7
Non Publicly Traded Corporation – Pages 1,2,4,7
Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Entracell Pharmacy
Physical Address: 10435 Santa Monica Blvd., 1st Fl.
Mailing Address: 10435 Santa Monica Blvd., 1st Fl.
City: Los Angeles State: CA Zip Code: 90025
Telephone: (800) 299-9047 Fax: (800) 667-6079
Toll Free Number: (800) 299-9047 (Required per NAC 639.708)
E-mail: michellek@gppirx.com Website: entracell.com
Managing Pharmacist: Michelle Kalay License Number: CA - 51760

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No
☑ ☐ Retail
☐ ☐ Hospital (# beds ____)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☐ ☐ Other: ________________

All boxes must be checked
For the application to be complete

Yes/No
☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral **
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding **
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding **
☐ ☐ Other Services: ________________

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,
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)

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.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: *Pharmacy Name*
Physical Address: *Physical Address*
Mailing Address: *Mailing Address*
City: *City* State: *State* Zip Code: *Zip Code*
Telephone: *Telephone* Fax: *Fax*
Toll Free Number: *Toll Free Number* (Required per NAC 639.708)
E-mail: *E-mail* Website: *Website*
Managing Pharmacist: *Managing Pharmacist* License Number: *License Number*

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,**
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: GenRx
Physical Address: 8714 E. Vista Bonita Dr. Suite 101
Mailing Address: Same
City: Scottsdale State: AZ Zip Code: 85255
Telephone: 844-436-7928 Fax: 866 257-8434
Toll Free Number: 844-436-7928 (Required per NAC 639.708)
E-mail: tsmith@genrx2u.com Website: 
Managing Pharmacist: Barb Petronzio License Number: SO11528 (Arizona)

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>☑ Retail</td>
<td>☑ Off-sites Cognitive Services</td>
</tr>
<tr>
<td>☑ Hospital (# beds _____)</td>
<td>☑ Parenteral **</td>
</tr>
<tr>
<td>☑ Internet</td>
<td>☑ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☑ Nuclear</td>
<td>☑ Outpatient/Discharge</td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
<td>☑ Mail Service</td>
</tr>
<tr>
<td>☑ Other:</td>
<td>☑ Long Term Care</td>
</tr>
<tr>
<td></td>
<td>☑ Sterile Compounding **</td>
</tr>
<tr>
<td></td>
<td>☑ Non Sterile Compounding</td>
</tr>
<tr>
<td></td>
<td>☑ Mail Service Sterile</td>
</tr>
<tr>
<td></td>
<td>☑ Compounding **</td>
</tr>
<tr>
<td></td>
<td>☑ Other Services:</td>
</tr>
</tbody>
</table>

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)

Check box below for type of ownership and complete all required forms.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Injured Workers Pharmacy, LLC

Physical Address: 5029 E. Sunrise Drive, Suite 101, Phoenix, AZ 85044

Mailing Address: P.O. Box 338

City: Methuen State: MA Zip Code: 01844

Telephone: 888-321-7945 Fax: 800-497-4276

Toll Free Number: 888-321-7945 (Required per NAC 639.708)

E-mail: Pharmacy@IWpharmacy.com Website: www.IWPharmacy.com

Managing Pharmacist: Richard Gutoski License Number: S016907

TYPE OF PHARMACY AND SERVICES PROVIDED

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>☒ Retail</td>
<td>☐ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☐ Hospital (# beds ____</td>
<td>☐ Parenteral **</td>
</tr>
<tr>
<td>☐ Internet</td>
<td>☐ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☐ Nuclear</td>
<td>☐ Outpatient/Discharge</td>
</tr>
<tr>
<td>☐ Ambulatory Surgery Center</td>
<td>☒ Mail Service</td>
</tr>
<tr>
<td>☐ Community</td>
<td>☐ Long Term Care</td>
</tr>
<tr>
<td>☐ Other: ______________</td>
<td>☐ Sterile Compounding **</td>
</tr>
<tr>
<td>☐ Non Sterile Compounding</td>
<td>☐ Mail Service Sterile Compounding **</td>
</tr>
<tr>
<td>☐ Other Services: ______________</td>
<td>☐ Other Services: ______________</td>
</tr>
</tbody>
</table>

All boxes must be checked
For the application to be complete

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting.
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.

<table>
<thead>
<tr>
<th>New Pharmacy</th>
<th>Ownership Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Publicly Traded Corporation</th>
<th>Pages 1,2,3,7</th>
<th>Partnership</th>
<th>Pages 1,2,5,7</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

Non Publicly Traded Corporation | Pages 1,2,4,7 | Sole Owner | Pages 1,2,6,7

☐                          | ☐            | ☐           |               |

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Lumicera Health Services, LLC

Physical Address: 2601 West Beltline Hwy, Suite 302

Mailing Address: Same As Physical

City: Madison State: WI Zip Code: 53713

Telephone: 855-847-3553 Fax: 855-847-3558

Toll Free Number: 855-847-3553 (Required per NAC 639.708)

E-mail: alan.vanamber@navitus.com Website: www.lumicera.com

Managing Pharmacist: Jamie Wong License Number: WI14193-040

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>AND</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>☑</td>
<td>☐ Retail</td>
</tr>
<tr>
<td>☑</td>
<td>☐ Off-site Cognitive Services</td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>☐ Parenteral **</td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>☐ Parenteral (outpatient)</td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>☐ Outpatient/Discharge</td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>☐ Mail Service</td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>☐ Long Term Care</td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>☐ Sterile Compounding **</td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>☐ Non Sterile Compounding</td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>☐ Mail Service Sterile Compounding **</td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>☐ Other Services: __________</td>
<td></td>
</tr>
</tbody>
</table>

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting."
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.

GENERAL INFORMATION to be completed by all types of ownership

<table>
<thead>
<tr>
<th>New Pharmacy</th>
<th>Ownership Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please provide current license number if making changes: PH______)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Type of Pharmacy AND Services Provided**

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>Retail</td>
</tr>
<tr>
<td>☑</td>
<td>Hospital (# beds)</td>
</tr>
<tr>
<td>☑</td>
<td>Internet</td>
</tr>
<tr>
<td>☑</td>
<td>Nuclear</td>
</tr>
<tr>
<td>☑</td>
<td>Ambulatory Surgery Center</td>
</tr>
<tr>
<td>☑</td>
<td>Other:</td>
</tr>
<tr>
<td>☑</td>
<td>Off-site Cognitive Services</td>
</tr>
<tr>
<td>☑</td>
<td>Parenteral</td>
</tr>
<tr>
<td>☑</td>
<td>Parenteral (outpatient)</td>
</tr>
<tr>
<td>☑</td>
<td>Outpatient/Discharge</td>
</tr>
<tr>
<td>☑</td>
<td>Mail Service</td>
</tr>
<tr>
<td>☑</td>
<td>Long Term Care</td>
</tr>
<tr>
<td>☑</td>
<td>Sterile Compounding</td>
</tr>
<tr>
<td>☑</td>
<td>Non Sterile Compounding</td>
</tr>
<tr>
<td>☑</td>
<td>Mail Service Sterile Compounding</td>
</tr>
<tr>
<td>☑</td>
<td>Other Services:</td>
</tr>
</tbody>
</table>

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH___
Check box below for type of ownership and complete all required forms:
☐ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: NATIONAL WELLNESS SUPPLY
Physical Address: 643 MERCHANT STREET
Mailing Address: 643 MERCHANT STREET
City: AMBOIDGE  State: PA  Zip Code: 15003
Telephone: 724-266-4400  Fax: 724-266-4411
Toll Free Number: 1-888-885-2828 (Required per NAC 639.708)
E-mail: customer2service@nwslife.com Website: www.nwslife.com
Managing Pharmacist: HEATHER MARIE ZUO  License Number: R040088L

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
</tr>
<tr>
<td>☑ Retail</td>
</tr>
<tr>
<td>☑ Hospital (# beds ___)</td>
</tr>
<tr>
<td>☑ Internet</td>
</tr>
<tr>
<td>☑ Nuclear</td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
</tr>
<tr>
<td>☑ Community</td>
</tr>
<tr>
<td>☑ Other: MAIL ORDER</td>
</tr>
<tr>
<td>☑ Mail Service Sterile Compounding **</td>
</tr>
</tbody>
</table>

All boxes must be checked
For the application to be complete

*If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,*

L66154
**NEVADA STATE BOARD OF PHARMACY**
431 W Plumb Lane – Reno, NV 89509

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

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

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

Application must be printed legibly or typed

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

---

**New Pharmacy or Ownership Change** *(Provide current license number if making changes: PH___)*

Check box below for type of ownership and complete all required forms.

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

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

<table>
<thead>
<tr>
<th>Pharmacy Name:</th>
<th>NBJ PHARMACY Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>7830 W. Grand PKWY South, Ste. 160</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>(Same)</td>
</tr>
<tr>
<td>City:</td>
<td>Richmond</td>
</tr>
<tr>
<td>State:</td>
<td>TX</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>77406</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(832) 222-9450</td>
</tr>
<tr>
<td>Fax:</td>
<td>(832) 222-9477</td>
</tr>
<tr>
<td>Toll Free Number:</td>
<td>1-800-575-3597</td>
</tr>
<tr>
<td>(Required per NAC 639.708)</td>
<td></td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:NBJ.NBJpharmacy@gmail.com">NBJ.NBJpharmacy@gmail.com</a></td>
</tr>
<tr>
<td>Website:</td>
<td></td>
</tr>
<tr>
<td>Managing Pharmacist:</td>
<td>HYACINTHE NDRE</td>
</tr>
<tr>
<td>License Number:</td>
<td>41226</td>
</tr>
</tbody>
</table>

---

**TYPE OF PHARMACY AND SERVICES PROVIDED**

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Retail</td>
<td>☑ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☑ Hospital (# beds ___)</td>
<td>☑ Parenteral **</td>
</tr>
<tr>
<td>☑ Internet</td>
<td>☑ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☑ Nuclear</td>
<td>☑ Outpatient/Discharge</td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
<td>☑ Mail Service</td>
</tr>
<tr>
<td>☑ Community</td>
<td>☑ Long Term Care</td>
</tr>
<tr>
<td>☑ Other:</td>
<td>☑ Sterile Compounding **</td>
</tr>
<tr>
<td>☑ Non Sterile Compounding</td>
<td>☑ Mail Service Sterile Compounding **</td>
</tr>
<tr>
<td>☑ Other Services:</td>
<td>☑ Other Services:</td>
</tr>
</tbody>
</table>

---

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,**

---

65925
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

☐ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PHARMACEUTICAL SPECIALTIES EXPRESS
Physical Address: 150 CLEVELAND RD STE B
Mailing Address: _____________________________________________________________
City: BOGART State: GA Zip Code: 30622
Telephone: 706-369-9591 Fax: 706-369-9698
Toll Free Number: 800-818-6486 (Required per NAC 639.708)
E-mail: JASON@PSIPHARMACY.COM Website: WWW.PSIPHARMACY.COM
Managing Pharmacist: WILLIAM DAVID WHITE License Number: RPH025505

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>☑ Retail</td>
<td>☑ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☑ Hospital (# beds ___)</td>
<td>☑ Parenteral **</td>
</tr>
<tr>
<td>☑ Internet</td>
<td>☑ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☑ Nuclear</td>
<td>☑ Outpatient/Discharge</td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
<td>☑ Mail Service</td>
</tr>
<tr>
<td>☑ Community</td>
<td>☑ Long Term Care</td>
</tr>
<tr>
<td>☑ Other: _________________</td>
<td>☑ Sterile Compounding **</td>
</tr>
<tr>
<td>☑ Mail Service Sterile Compounding **</td>
<td>☑ Other Services: _________________</td>
</tr>
</tbody>
</table>

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,
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)

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.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pinnacle Compounding LLLP
Physical Address: 1120 W Kensington Ave. Ste. E Missoula MT 59801
Mailing Address: PO Box 1615
City: Missoula State: MT Zip Code: 59806
Telephone: 406-541-6121 Fax: 406-541-6267
Toll Free Number: 1-855-446-1076 (Required per NAC 639.708)
E-mail: afrost@pinnaclecompounds.com Website: N/A
Managing Pharmacist: Amy Frost License Number: MT 5245

Yes/No
☐ ☐ Retail
☐ ☑ Hospital (# beds ___)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Other: ________________________

Yes/No
☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral **
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding **
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding **
☐ ☐ Other Services: ________________________

If you select yes on any of these types of services, you will be required to make an appearance at the board meeting.
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)

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Rx To Go Pharmacy, LLC
Physical Address: 4371 Veronica S Shoemaker Blvd
Mailing Address: 4371 Veronica S Shoemaker Blvd
City: Fort Myers State: Florida Zip Code: 33916
Telephone: 239-275-5357 Fax: 239-278-4691
Toll Free Number: 866-979-8646 (Required per NAC 639.708)
E-mail: khogan@flcancer.com Website: www.flcancer.com/rxtogoservice
Managing Pharmacist: Katherine Hogan
License Number: FL PS21704

| TYPE OF PHARMACY AND SERVICES PROVIDED |
|---------------------------|---------------------------|
| Yes/No | Yes/No |
| ☒ ☒ Retail | ☒ Off-site Cognitive Services |
| ☒ ☒ Hospital (# beds ____ ) | ☒ Parenteral ** |
| ☒ ☒ Internet | ☒ Parenteral (outpatient) |
| ☒ ☒ Nuclear | ☒ Outpatient/Discharge |
| ☒ ☒ Ambulatory Surgery Center | ☒ Mail Service |
| ☒ ☒ Community | ☒ Long Term Care |
| ☒ ☒ Other: ______________ | ☒ Sterile Compounding ** |
| ☒ ☒ Other Services: ______________ | ☒ Non Sterile Compounding |
| ☒ ☒ Mail Service Sterile Compounding ** | ☒ ☒ Other Services: ______________ |

All boxes must be checked
For the application to be complete

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,
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.

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

- **Pharmacy Name:** SAFE PHARMACY
- **Physical Address:** 2920 MOTLEY DRIVE, SUITE 300
- **Mailing Address:** 2920 MOTLEY DRIVE, SUITE 300
- **City:** MESQUITE, **State:** TX, **Zip Code:** 75150
- **Telephone:** 855-226-6567, **Fax:** 855-226-6587
- **Toll Free Number:** 855-226-6567 (Required per NAC 639.708)
- **E-mail:** INFO@SAFEPHARMACYUSA.COM, **Website:** www.SAFEPHARMACYUSA
- **Managing Pharmacist:** MUHAMMAD KHAN, **License Number:** #45718

### TYPE OF PHARMACY AND SERVICES PROVIDED

<table>
<thead>
<tr>
<th>Type of Pharmacy</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>☑ ☐ Retail</td>
<td>☑ ☐ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☑ ☐ Hospital (# beds ___)</td>
<td>☑ ☐ Parenteral **</td>
</tr>
<tr>
<td>☑ ☐ Internet</td>
<td>☑ ☐ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☑ ☐ Nuclear</td>
<td>☑ ☐ Outpatient/Discharge</td>
</tr>
<tr>
<td>☑ ☐ Ambulatory Surgery Center</td>
<td>☑ ☐ Mail Service</td>
</tr>
<tr>
<td>☑ ☐ Other: ________________</td>
<td>☑ ☐ Long Term Care</td>
</tr>
<tr>
<td>☑ ☐ Sterile Compounding **</td>
<td>☑ ☐ Non Sterile Compounding</td>
</tr>
<tr>
<td>☑ ☐ Mail Service Sterile Compounding **</td>
<td>☑ ☐ Other Services: ________________</td>
</tr>
</tbody>
</table>

*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.*
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy ☐ Ownership Change

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

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Scriptie Corporation

Physical Address: 5907 W. Empire Ave. Burbank, CA 91504

Mailing Address: P.O. BOX 951600

City: Glendale State: CA Zip Code: 91205

Telephone: (818) 847-7103 Fax: (817) 451-7787

Toll Free Number: (855) 858-6561 (Required per NAC 639.708)

E-mail: Logumr@scriptie.com Website: n/a

Managing Pharmacist: Naviid Doostan License Number: 9A1687475

TYPE OF PHARMACY AND SERVICES PROVIDED

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Retail</th>
<th>Hospital (# beds ___)</th>
<th>Internet</th>
<th>Nuclear</th>
<th>Ambulatory Surgery Center</th>
<th>Other:</th>
</tr>
</thead>
</table>

| Yes/No | Off-site Cognitive Services | Parenteral ** | Parenteral (outpatient) | Outpatient/Discharge | Mail Service | Long Term Care | Sterile Compounding ** | Non Sterile Compounding | Mail Service Sterile Compounding ** | Other Services: |
|--------|-----------------------------|---------------|-------------------------|---------------------|-------------|---------------|-----------------------|------------------------|---------------------------------|-----------------

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

**New Pharmacy or Ownership Change (Provide current license number if making changes: PH_______)**

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SmartPractice Allergen Bank

Physical Address: 3400 E. McDowell Rd.

Mailing Address: 3400 E. McDowell Rd.

City: Phoenix, State: AZ Zip Code: 85008

Telephone: (800) 344-5341 Fax: (800) 344-6709

Toll Free Number: (800) 344-5341 (Required per NAC 639.708)

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

Managing Pharmacist: Christine Coopman License Number: AZ S008925

**TYPE OF PHARMACY AND SERVICES PROVIDED**

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>AND</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td></td>
<td>Yes/No</td>
</tr>
<tr>
<td>☐ ☑ Retail</td>
<td>☐ ☐ Off-site Cognitive Services</td>
<td></td>
</tr>
<tr>
<td>☐ ☑ Hospital (# beds____)</td>
<td>☐ ☑ Parenteral **</td>
<td></td>
</tr>
<tr>
<td>☐ ☑ Internet</td>
<td>☐ ☑ Parenteral (outpatient)</td>
<td></td>
</tr>
<tr>
<td>☐ ☑ Nuclear</td>
<td>☐ ☑ Outpatient/Discharge</td>
<td></td>
</tr>
<tr>
<td>☐ ☑ Ambulatory Surgery Center</td>
<td>☐ ☑ Mail Service</td>
<td></td>
</tr>
<tr>
<td>☐ ☑ Community</td>
<td>☐ ☑ Long Term Care</td>
<td></td>
</tr>
<tr>
<td>☑ ☐ Other: Independent</td>
<td>☑ ☑ Sterile Compounding **</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑ ☑ Non Sterile Compounding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑ ☑ Mail Service Sterile Compounding **</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑ ☑ Other Services: Independent</td>
<td></td>
</tr>
</tbody>
</table>

All boxes must be checked

For the application to be complete

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,**

6/6/07
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH___)

Check box below for type of ownership and complete all required forms.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BOCA RATON PHARMACY INC DBA SPECIALTY CARE PHARMACY

Physical Address: 4802 NW 2 Avenue

Mailing Address: 4802 NW 2 Avenue

City: BOCA RATON, State: FL, Zip Code: 33131

Telephone: 561-227-7777, Fax: 561-227-7777

Toll Free Number: 800-227-3791 (Required per NAC 639.708)

E-mail: BOCA RATON PHARMACY @ YAHOO.COM, Website: UNDER CONSTRUCTION

Managing Pharmacist: AVIRAM COHEN, License Number: PS35762 (FL)

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
</tr>
<tr>
<td>☑ Retail</td>
</tr>
<tr>
<td>☑ Hospital (# beds ___)</td>
</tr>
<tr>
<td>☑ Internet</td>
</tr>
<tr>
<td>☑ Nuclear</td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
</tr>
<tr>
<td>☑ Community</td>
</tr>
<tr>
<td>☑ Other: ___________________________</td>
</tr>
<tr>
<td>All boxes must be checked</td>
</tr>
<tr>
<td>For the application to be complete</td>
</tr>
</tbody>
</table>

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

66130
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Women's International Pharmacy, Inc.
Physical Address: 2 Marsh Ct., Madison, WI 53718
Mailing Address: 2 Marsh Ct.
City: Madison State: WI Zip Code: 53718
Telephone: 800-279-5708 Fax: 800-279-8011
Toll Free Number: 800-279-5708 (Required per NAC 639.708)
E-mail: gina@womensinternational.com Website: www.womensinternational.com
Managing Pharmacist: Gina Besteman License Number: 12015-40

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes/No</strong></td>
</tr>
<tr>
<td>☑ Retail</td>
</tr>
<tr>
<td>☑ Hospital (# beds ____)</td>
</tr>
<tr>
<td>☑ Internet</td>
</tr>
<tr>
<td>☑ Nuclear</td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
</tr>
<tr>
<td>☑ Community</td>
</tr>
<tr>
<td>☑ Other: ____________________________</td>
</tr>
</tbody>
</table>

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**
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: Cardinal Health

Physical Address: 850 Airpark Drive
Mailing Address: 3540 East Pike
City: Zanesville State: Ohio Zip Code: 43701
Telephone: 740-455-2462 Fax: 740-452-5580
Toll Free Number: 800-299-2462
E-mail: becky.mahon@cardinalhealth.com Website: __________________________
Facility Manager: Jennifer Brunner

Professional qualifications and experience of facility manager: Jennifer has worked in the pharmaceutical distribution industry for 25 years in a variety of roles. Additional information can be provided if requested.

Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☒ Wholesalers
☐ Other: Long-term Care Facility Distribution Centers

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: __________________________
AN 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
(Please provide current license number if making changes: WH______)

Publicly Traded Corporation – Pages 1,2,3,4
Non Publicly Traded Corporation – Pages 1,2,3,5a,5b
Publicly Traded Corporation – Pages 1,2,3,4
Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

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

GENERAL INFORMATION

Facility Name: Chelsea Therapeutics, Inc.
Physical Address: 3530 Toringdon Way, Suite 200
Mailing Address: 3530 Toringdon Way, Suite 200
City: Charlotte State: NC Zip Code: 28277
Telephone: 704-341-1516 Fax: 704-752-1479
Toll Free Number: N/A Website: www.chelsearx.com
E-mail: bouchon@chelsearx.com Facility Manager: Joseph Oliveto

Professional qualifications and experience of facility manager: See Attachment #1

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
Other: See Attachment #2

Type of Products to be handled or wholesaled be firm:

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

Page 1
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: DPT Laboratories, Ltd.
Physical Address: 3300 Research Plaza, San Antonio, TX 78235
Mailing Address: 318 McCullough
City: San Antonio State: Texas Zip Code: 78215
Telephone: 210-476-8100 Fax: __________________________
Toll Free Number: __________________________
E-mail: mark.fite@dptlabs.com Website: www.dptlabs.com
Facility Manager: Daniel L. Donohue

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices       ☐ Hypodermic Devices
☒ Poisons or Chemicals       ☒ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)       ☐ Other: __________________________
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: WH01798 )

☐ 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:  √MWI Veterinary Supply Co, dba IVESCO

Physical Address:  124 Country Club Road

Mailing Address:  PO Box 638

City: Iowa Falls  State: IA  Zip Code: 50126

Telephone: 641-648-7775  Fax: 641-648-5994

Toll Free Number: 800-392-5636

E-mail: rlewis@mwivet.com  Website: mwivet.com

Facility Manager: Kim Ubben

Professional qualifications and experience of facility manager: 15 years experience with company

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☐ Wholesalers

☐ Other: Veterinarians and Vet Clinics

Type of Products to be handled or wholesaled be firm:

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

Page 1

58762
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(no-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: Kuehne + Nagel Inc.
Physical Address: 300 East Capote Central, Suite 100, Pharr TX 78577
Mailing Address: Htn Compliance, 10 Exchange Place, 19th Floor
City: Jersey City State: NJ Zip Code: 07302
Telephone: 956-781-0040 Fax: 956-232-0264
Toll Free Number: ____________________
E-mail: julio.rincon@kuehne-nagel.com Website: www.kuehne-nagel.com
Facility Manager: Julio Rincon

Professional qualifications and experience of facility manager: over 7 years experience as Branch Manager and previous 6 years employed as Global Account Manager for Cardinal Health.

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) Rx and non Rx Medical Devices
☐ Other: ____________________

Page 1
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: LIFELINE PHARMACEUTICALS, LLC
Physical Address: 1301 NW 84 AVE, SUITE 101, MIAMI, FL 33126
Mailing Address: 1301 NW 84 AVE, SUITE 101
City: MIAMI State: FL Zip Code: 33126
Telephone: 305 643 8841 Fax: 305 643 6929
Toll Free Number: 877-430-6337
E-mail: COMPLIANCE@LIFELINEPHARM.COM Website: LIFELINEPHARM.COM
Facility Manager: RICK NIELSEN

Professional qualifications and experience of facility manager: RESUME ATTACHED

Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies   ☐ Practitioners   ☐ Hospitals   ☐ Wholesalers
☒ Other: SURGERY CENTERS, CLINICS

Type of Products to be handled or wholesaled be firm:
☐ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☒ Controlled Substances (include copy of DEA)
☐ Other: OVER-THE-COUNTER MEDICATION, SUPPLIES

Page 1

65958
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: McKesson Medical-Surgical Inc.
Physical Address: 1405 N. Chouteau Trafficway
Mailing Address: Attn: Regulatory Affairs, 8741 Landmark Rd, Richmond, VA 23225
City: Kansas City, State: MO, Zip Code: 64120
Telephone: 816-204-3300, Fax: 816-231-9445
Toll Free Number: 866-653-5242
E-mail: RegulatoryAffairs-MMS@mckesson.com, Website: www.mckesson.com
Facility Manager: Daniel Rich

Professional qualifications and experience of facility manager: 20+ years pharmaceutical distribution experience in various distribution center and office roles.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☐ Wholesalers
☐ Other: ___________________________

Type of Products to be handled or wholesaled be firm:

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

Page 1
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: WH01006)

☑ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,5a,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: OraPharma, Inc.

Physical Address: 700 Route 202/206 N, Unit A, Bridgewater, NJ 08807

Mailing Address: Attn: Sharath Gadasally, 700 Route 202/206 N, Unit A

City: Bridgewater  State: NJ  Zip Code: 08807

Telephone: 908.927.1400  Fax: 909.927.1619

Toll Free Number: N/A

E-mail: licensing@valeant.com  Website: http://www.orapharma.com/

Facility Manager: James Bonine

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 be firm:

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

Page 1
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: Vetoquinol USA, Inc.

Physical Address: 4250 N. Sylvania Ave., Ft. Worth, TX 76137

Mailing Address: 4250 N. Sylvania Ave.

City: Ft. Worth        State: TX        Zip Code: 76137

Telephone: 817-632-9315        Fax: 817-529-7506

Toll Free Number: 1-800-267-5707

E-mail: ealsup@vetoquinolusa.com        Website: www.vetoquinolusa.com

Facility Manager: Eric M. Alsup

Professional qualifications and experience of facility manager: please see attached documents

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: Veterinary Prescription Drugs and Veterinary Over the Counter Drugs

Page 1
APPLICATION FOR NEVADA PHARMACY LICENSE

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

Application must be printed legibly or typed

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

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

Publicly Traded Corporation – Pages 1, 2, 3, 7, 8a, 8b ☐ Partnership – Pages 1, 2, 5, 7, 8a, 8b
Non Publicly Traded Corporation – Pages 1, 2, 4a, 4b, 7, 8a, 8b ☐ Sole Owner – Pages 1, 2, 6, 7, 8a, 8b

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: A to Z Specialty Pharmacy
Physical Address: 8352 W. Warm Springs Rd
Mailing Address: _____________________________________________________________________
City: Las Vegas State: NV Zip Code: 89113
Telephone: 702-250-4406 Fax: __________________________
Toll Free Number: __________________________ E-mail: __________________________ Website: __________________________
Managing Pharmacist: Paul Luke License Number: 15314

Hours of Operation:
Monday thru Friday 8:30 am 5:00 pm Saturday 8:30 am 5:00 pm
Sunday N/A am N/A pm 24 Hours ______

TYPE OF PHARMACY

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

SERVICES PROVIDED

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

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

- New Pharmacy
- Ownership Change
- Name Change
- Location Change

- Publicly Traded Corporation – Pages 1,2,3,7,8a,8b
- Partnership - Pages 1,2,5,7,8a,8b
- Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b
- Sole Owner – Pages 1,2,6,7,8a,8b

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sunset Pharmacy LLC
Physical Address: 4011 W. Sahara Ave Unit 8
Mailing Address: Same As Above
City: Las Vegas State: NV Zip Code: 89102
Telephone: (702) 380-4160 Fax: (702) 380-8447
Toll Free Number: N/A
E-mail: SunsetPharmacy LLC@Yahoo.com Website: N/A
Managing Pharmacist: Tran, Bao License Number: 16284

Hours of Operation:
Monday thru Friday 10 am 6 pm
Sunday Closed am _____ pm
Saturday Closed am _____ pm
24 Hours No

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

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

Page 1
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Facility Name: BAYER HEALTHCARE LLC

Physical Address: 1011 McCARTHY BOULEVARD, MILPITAS, CA 95035
(This must be a business address, we can not issue a license to a home address)

Mailing Address: C/O STATE LICENSES SERVICING, 321 ROUTE 94 SOUTH

City: WARWICK State: NY Zip Code: 10990

Telephone: 650-962-4165 Fax: 650-962-5247

E-mail: BHL@SLSNY.COM Website: WWW.BAYERHEALTHCARE.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: WILLIAM E. GOETZ

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

- Medical Gases
- Respiratory Equipment
- Life-sustaining equipment
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment
- Orthotics and Prosthetics
- RX MEDICAL DEVICES

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

Name: N/A Telephone: N/A

Page 1
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

FACILITY INFORMATION

Facility Name: Breg, Inc.
Physical Address: 1551 S. Perry Road, Suite 179 Plainfield, IN 46168
Mailing Address: Attn: Kristina Cocita 2885 Loker Avenue East (Phone 760-795-5905)
City: Carlsbad State: CA Zip Code: 92010
Telephone: 317-268-5484 Fax: 317-839-2016
E-mail: kcocita@breg.com Website: www.breg.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30 to 7:00 Tue: 7:30 to 7:00 Wed: 7:30 to 7:00 Thu: 7:30 to 7:00
Fri: 7:30 to 7:00 Sat: NA to Sun: NA to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Mike Neukam

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: N/A Telephone: 65924
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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

FACILITY INFORMATION

Facility Name: Promed Medical Supplies
Physical Address: 10200 Venice Blvd Ste 109 Culver City, CA 90232
(Make this a business address, we cannot issue a license to a home address)
Mailing Address: 10200 Venice Blvd Ste 109
City: Culver City  State: CA  Zip Code: 90232
Telephone: (310) 836-0400  Fax: (310) 836-9090
E-mail: Shawn@promedonline.com  Website: ______________________

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Shawn Yadidi

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

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

**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: Shawn Yadidi  Telephone: (310) 568-8488

Page 1
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 alleged conduct, Respondents Rossitza Mirtcheva, Certificate of Registration No. 15306 (Ms. Mirtcheva), and Barry Cohen, Certificate of Registration No. 16388 (Mr. Cohen), were each a registered pharmacist with the Board; and Respondent Spectrum Pharmacy, Certificate of Registration No. PH01845, located at 15 Cactus Garden Drive, Henderson, Nevada, was a pharmacy registered with the Board.

II.

Non-party BGS Pharmacy Partners owned and operated non-party Contract Pharmacy Services (CPS) located in Colorado Springs, Colorado. BGS Partners also owns Spectrum Pharmacy located in Henderson, Nevada. BGS Pharmacy Partners closed CPS in March 2013,
and transferred all of CPS' compounding equipment, compounding formulas, drug inventory and files to Spectrum Pharmacy.

III.

Prior to the events alleged herein, patient LS had been getting her prescription for liothyronine 45 mcg capsules, a compounded medication, from CPS.

IV.

On March 21, 2013, LS' physician, Dr. J, noted that LS' thyroid stimulating hormone (TSH) level was too low. He subsequently decreased LS's liothyronine dosage from 45 mcg to 25 mcg with instructions to take one capsule daily. Dr. J documented the dosage change on a refill authorization request form and faxed it to Spectrum Pharmacy.

V.

Ms. Mirtcheva was the pharmacist on duty who verified with Dr. J via telephone the dosage change on the faxed prescription. She entered the new prescription in the pharmacy's computer system, and performed the calculations for the liothyronine 25 mcg capsules. The pharmacy records show, however, that when Ms. Mirtcheva compounded LS’s medication, she measured out 2.5 grams of liothyronine, rather than the actual amount of liothyronine needed to compound forty liothyronine 25 mcg. capsules.

VI.

Mr. Cohen verified Ms. Mirtcheva’s calculations, but did not detect Ms. Mirtcheva’s error.

VII.

Technician CR filled the capsules based on the calculations and weight as verified on the worksheet by Ms. Mirtcheva and Mr. Cohen. Mr. Cohen verified the final product of the compounded capsules.

VIII.

Spectrum shipped the compounded medication to LS. When interviewed by the Board
Investigator, Ms. Mirtcheva indicated that she did not know how to counsel out-of-state patients when mailing prescriptions. LS consequently did not receive counseling or counseling documents on her new prescription for the liothyronine 25 mcg capsules.

IX.

On or about March 25, 2013, LS began taking the liothyronine 25 mcg capsules compounded by Spectrum Pharmacy. Five days later, on March 30, 2013, LS was admitted to St. Francis Hospital in Colorado Springs with what was subsequently diagnosed as thyrotoxicosis. LS’ blood levels of liothyronine were noted as 6,325, when normal levels are generally noted to be below 4.8. LS had ingested a total of six capsules (one capsule daily) of the liothyronine 25 mcg that she received from Spectrum Pharmacy prior to her hospitalization.

X.

Dr. J sent samples of the liothyronine 25 mcg capsules compounded by Spectrum Pharmacy to Front Range Labs and to Analytical Research Labs for analysis. Front Range Labs’ final data indicated that each capsule contained 15,590 mcg of liothyronine. Analytical Research Labs’ subsequently retested the capsules using a more precise methodology and determined that each capsule contained 19,005 mcg of liothyronine, which is approximately 760 times greater than the 25 mcg of liothyronine per capsule LS’s physician prescribed.

XI.

During the Board’s investigation, the Board Investigator discovered that information required by USP 795 standards is missing from Spectrum’s Compounding Worksheet. Ms. Mirtcheva did not initial the “Checker Init” column of the worksheet verifying the ingredients and calculations for the liothyronine 25 mcg capsules. Similarly, Mr. Cohen did not initial the worksheet indicating that he performed a double check of the formulation.

XII.

Additionally, when the Board Investigator requested certain documents from Spectrum Pharmacy Manager, Steve Carlton, Mr. Carlton was unable to provide a copy of the:
Original prescriptions for LS’ liothyronine 25 mcg and 45 mcg capsules;

Any counseling document(s) that accompanied the liothyronine 25 mcg capsules shipped to LS;

Recipe used to compound the liothyronine 25 mcg capsules;

Any compounding policies and procedures that were in effect at the time the liothyronine 25 mcg capsules were compounded.

In a letter dated August 26, 2013, Mr. Carlton stated that “Spectrum had no established policies and procedures for oral capsule compounding at the time of this incident.”

XIII.

Liothyronine 25 mcg capsules are commercially available. When interviewed by the Board Investigator, Mr. Carlton and Mr. Cohen both acknowledged that they were aware that liothyronine 25 mcg tablets are a commercially available product.

**FIRST CAUSE OF ACTION**
(All Respondents)

XIV.

In failing to strictly follow the instructions of LS’ physician and creating a compound with approximately 19,005 mcg of liothyronine per capsule, rather than the 25 mcg of liothyronine per capsule that was prescribed, Respondents Rossitza Mirtcheva, Barry Cohen and Spectrum Pharmacy violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (12) and/or NRS 639.255.

**SECOND CAUSE OF ACTION**
(Rossitza Mirtcheva and Spectrum Pharmacy)

XV.

In failing to provide LS or her caregiver written information regarding her new prescription for Liothyronine 25 mcg., and in failing to provide LS a toll-free telephone number
at which a pharmacist was available to answer questions, Respondents Rossitza Mirtcheva and Spectrum Pharmacy violated NAC 639.707, NAC 639.708, NRS 639.266(1), and or NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4) and (12) and/or NRS 639.255.

**THIRD CAUSE OF ACTION**
(All Respondents)

XVI.

In compounding and dispensing a drug that is commercially available, Respondents Rossitza Mirtcheva, Barry Cohen and Spectrum Pharmacy violated 21 C.F.R. 353(b)(1)(D), which violation is grounds for action pursuant to NRS 639.210(4), (11) and (12), and/or NRS 639.255.

**FOURTH CAUSE OF ACTION**
(Spectrum Pharmacy Only)

XVII.

In failing to establish and maintain policies and procedures for compounding drug products, Spectrum Pharmacy violated NAC 639.67015 and/or NAC 639.67035, which violations are grounds for action pursuant to NRS 639.210(4), (11), (12) and/or NRS 639.255.

**FIFTH CAUSE OF ACTION**
(Spectrum Pharmacy Only)

XVIII.

As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Spectrum Pharmacy is responsible and therefore subject to discipline pursuant to NAC 639.945(1)(i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12) and/or 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 12th day of March, 2014.

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

NOTICE TO RESPONDENTS

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

NEVADA STATE BOARD OF PHARMACY, )

v. ) CASE NO. 13-022-RPH-A-N

ROSSITZA MIRTCHEVA, RPH ) STATEMENT TO THE RESPONDENT
Certificate of Registration No. 15306 ) NOTICE OF INTENDED ACTION
 ) AND ACCUSATION
 ) RIGHT TO HEARING

Respondent.

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, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. 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 12th day of March, 2014.

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

NEVADA STATE BOARD OF PHARMACY, )

Petitioner, )

v. )

ROSSITZA MIRTCHEVA, RPH )
Certificate of Registration No. 15306 )

Respondent. )

CASE NO. 13-022-RPH-A-S )

ANSWER AND )

NOTICE OF DEFENSE )

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

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

None
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I admit to First, Second and Third cause of Action.

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

DATED this 25th day of March, 2014.

ROSSITZA MIRTCHEVA, RPH
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. BARRY COHEN, RPH Certificate of Registration No. 16388 Respondent.

CASE NO. 13-022-RPH-B-N

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

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, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. 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 12th day of March, 2014.

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

NEVADA STATE BOARD OF PHARMACY, )

Petitioner, )

v. )

BARRY COHEN, RPH )

Certificate of Registration No. 16388 )

Respondent. )

CASE NO. 13-022-RPH-B-S )

ANSWER AND )

NOTICE OF DEFENSE )

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

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

none

-1-
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I admit to the First and Third Cause of Action.

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

DATED this 20 day of March, 2014.

BARRY COHEN, RPH
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )

Petitioner, )

v. )

BARRY COHEN, RPH )
Certificate of Registration No. 16388 )

Respondent. )

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, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

-1-
IV.

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

DATED this 12th day of March, 2014.

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

NEVADA STATE BOARD OF PHARMACY, Petitioner,

v.

BARRY COHEN, RPH
Certificate of Registration No. 16388

Respondent.

CASE NO. 13-022-RPH-B-S

ANSWER AND NOTICE OF DEFENSE

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

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

none
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I admit to the First and Third Cause of action

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

DATED this 25th day of March, 2014.

BARRY COHEN, RPH

-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SPECTRUM PHARMACY
Certificate of Registration No. PH01845

Respondent.

) ) ) ) ) ) ) )
) ) ) ) ) ) )
CASE NO. 13-022-PH-N
STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

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, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

-1-
IV.

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

DATED this 12th day of March, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy
Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

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

None
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

\[ I \text{ admit to all causes of action.} \]

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

DATED this 25th day of March, 2014.

STEVE W. CARLTON
Print or Type name

Authorized Representative For Spectrum Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, v.

ALBERT OGANESYAN, PT
Certificate of Registration No. PT07119

Respondent.

CASE NO. 13-077-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 Albert Oganesyan, PT, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.
On or about December 4, 2013, Board Staff received written notification from Paul Knerr, Vons Director of Pharmacy, that Vons had terminated Mr. Oganesyan from his employment as a pharmaceutical technician at Vons Pharmacy #2395, located at 940 Village Center Circle, Las Vegas, Nevada. Mr. Oganesyan was terminated for diversion of controlled substances.

III.
On October 18, 2013, Burt Bates, Vons District #43 regional pharmacy manager, reported to Vons/Safeway Loss Prevention personnel that there were significant inventory discrepancies of hydrocodone/acetaminophen tablets at Vons Pharmacy #2395. Mr. Bates estimated an inventory shortage between January 2013, through October 2013, of 55,000 hydrocodone/acetaminophen tablets valued at approximately $44,440.00. In the report, Mr. Oganesyan is named as the individual who ordered the hydrocodone/acetaminophen products “in excess [of] what the pharmacy required during the past several months.”
IV.

Safeway Pharmacy staff conducted an internal audit. The audit identified suspicious ordering and inventory shortages of hydrocodone/acetaminophen tablets in the 10-300 mg., 10-325 mg. and 10-500 mg. strengths. The audit also revealed a discrepancy of purchased units versus dispensed units of hydrocodone/acetaminophen products.

V.

Vons/Safeway Loss Prevention personnel subsequently conducted an internal investigation. They installed surveillance cameras inside of the pharmacy. Surveillance video taken on October 22, 29 and 30, 2013, shows that Mr. Oganesyan entered the aisle several times where the hydrocodone/acetaminophen products are displayed. The video shows that during the three day period, Mr. Oganesyan:

1. Concealed one or two stock bottles of hydrocodone/acetaminophen in the front of his pants for a total of seven bottles;
2. Removed several tablets of hydrocodone/acetaminophen from a stock bottle and placed them in his pocket;
3. Consumed one or more tablets of hydrocodone/acetaminophen on two occasions.

VI.

Vons notified local law enforcement. On November 5, 2013, Mr. Oganesyan was arrested and charged with burglary, grand larceny and possession of a controlled substance.

FIRST CAUSE OF ACTION

VII.

By diverting controlled substances, namely, hydrocodone/APAP tablets (multiple strengths), Albert Oganesyan violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.336(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action 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 18th day of February, 2014.

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

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 13-077-PT-S
Petitioner, ) STATEMENT TO THE RESPONDENT
v. ) NOTICE OF INTENDED ACTION
ALBERT OGANESYAN, PT ) AND ACCUSATION
Certificate of Registration No. PT07119 ) RIGHT TO HEARING
Respondent.

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (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, April 16, 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 18th day of February, 2014.

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

NEVADA STATE BOARD OF PHARMACY, v. ALBERT OGANESYAN, PT
Petitioner, Certificate of Registration No. PT07119

Respondent.

CASE NO. 13-077-PT-S

ANSWER AND NOTICE OF DEFENSE

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 ________________, 2014.

_________________________________________
ALBERT OGANESYAN, PT

-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.

AUTUMN HEATON, PTT
Certificate of Registration No. PT15306

Respondent.

Petitioner,

CASE NO. 13-079-PTT-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 Autumn Heaton, PTT, Certificate of Registration No. PT15306 was a registered pharmaceutical technician in training with the Board at the time of the events alleged herein.

II.

On or about December 18, 2013, Board Staff received notification from Mark Brunton, Kaplan College Pharmacy Technician Program Director, indicating that during a random drug screen on November 14, 2013, Respondent Heaton tested positive for marijuana. Mr. Brunton provided a copy of Ms. Heaton's test results.

FIRST CAUSE OF ACTION

III.

By using and testing positive for marijuana during a random drug screen, Autumn Heaton violated Nevada Revised Statute (NRS) 453.336(1), which violation is grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

-1-
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 18th day of February, 2014.

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.
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, April 16, 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 18th day of February, 2014

Larry L. Pintson, Executive Secretary
Nevada State Board of Pharmacy
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 __________________, 2014.

__________________________
AUTUMN HEATON, PTT
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 Siovonne Sims, PT, Certificate of Registration No. PT12443, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.
On or about January 27, 2014, Board Staff received notification from a Walgreens’ Loss Prevention Manager, indicating that Walgreens terminated Ms. Sims from her employment as a pharmaceutical technician at Walgreens #05619 (Walgreens) located at 3030 Las Vegas Boulevard North, North Las Vegas, Nevada. Ms. Sims was terminated for diversion of controlled substances.

III.
During an interview conducted by the Walgreens’ Loss Prevention Manager, and in a written statement, Ms. Sims admitted to diverting twenty-one (21) bottles of #100 alprazolam 2 mg. tablets between July 2013 and January 2014. Ms. Sims sold the bottles of alprazolam for personal financial gain.
FIRST CAUSE OF ACTION

IV.

By diverting controlled substances, namely, alprazolam 2 mg. tablets, Siovonne Sims violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.338(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action 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 this respondent.

Signed this 4th day of March, 2014.

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.
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, April 16, 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 4 day of March, 2014.

[Signature]

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy
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 _____________, 2014.

__________________________________________
SIOVONNE SIMS, PT

-2-
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 Dawn Marie Lee, PT, Certificate of Registration No. PT11983, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about January 27, 2014, Board Staff received written notification from a Walgreens’ Loss Prevention Manager that Walgreens terminated Ms. Lee from her employment as a pharmaceutical technician at Walgreens #12646 (Walgreens) located at 329 North Sandhill Boulevard, Mesquite, Nevada.

III.

During an interview conducted by the Walgreens’ Loss Prevention Manager, and in a written statement, Ms. Lee admitted to using random customer names and processing fraudulent transactions through Walgreens’ Pharmacy’s $25 Prescription Transfer Bonus Promotion. Ms. Lee processed approximately thirty-six (36) fraudulent $25 Walgreens’ gift cards during the prior eighteen month period. She used the gift cards for personal purchases.
FIRST CAUSE OF ACTION

IV.

By processing fraudulent gift cards from Walgreens #12646 for personal use, respondent Dawn Marie Lee violated Nevada Administrative Code (NAC) 639.945(1)(h), which is grounds for discipline pursuant to Nevada Revised Statute (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 7th day of March, 2014.

[Signature]

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

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 14-015-PT-S

Petitioner, ) 

v. ) STATEMENT TO THE RESPONDENT

DAWN MARIE LEE, PT ) NOTICE OF INTENDED ACTION
Certificate of Registration No. PT11983 ) AND ACCUSATION

Respondent. ) RIGHT TO HEARING

/ 

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (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, April 16, 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 25th day of March, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy
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 __________, 2014.

DAWN MARIE LEE, PT

-2-
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 Wendy Quach, Certificate of Registration No. 14793, was a registered pharmacist with the Board, and Respondent Coram Specialty Infusion Services, Certificate of Registration No. PH00746 (Coram), was a pharmacy registered with the Board.

II.

Venus Vedadi is a pharmacy student at Roseman University. On or about January 16, 2014, the Board became aware that Ms. Vedadi had not renewed her intern pharmacist registration, which expired on October 31, 2012. Despite the expiration of her intern pharmacist registration, Ms. Vedadi continued to complete her pharmacy rotations, and worked at her assigned pharmacy practice sites without a valid intern pharmacist registration.

III.

Ms. Vedadi completed a rotation at Coram during the time period of November 11, 2013 through December 20, 2013.
IV.

At the Board's request, Roseman University and the managing pharmacist at Coram provided Ms. Vedadi's work records. From the records provided, Board Staff ascertained that Ms. Vedadi had worked approximately twenty-eight (28) days without a current intern pharmacist registration.

FIRST CAUSE OF ACTION

V.

As managing pharmacist for the pharmacy in which Ms. Vedadi worked without a current intern pharmacist registration, Wendy Quach violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255, as well as NAC 639.955.

SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which Ms. Vedadi worked without a current intern pharmacist registration, Coram Specialty Infusion Services violated NRS 639.220(1) and NAC 639.945(1)(i), (j) and/or (2), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), or alternatively, under NRS 639.255, as well as NAC 639.955.

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

Signed this 12th day of March, 2014.

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

NEVADA STATE BOARD OF PHARMACY, Petitioner,

v. 

WENDY KIJSRIOPA QUACH, R.PH. Certificate of Registration No. 14793

Respondent

CASE NO. 14-019-RPH-S

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

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, April 16, 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 12 day of March, 2014.

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

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 14-019-RPH-S
 )
 v. )
 )
 WENDY KIJSRIOPA QUACH, R.PH. ) ANSWER AND
 Certificate of Registration No. 14793 ) NOTICE OF DEFENSE
 )
 Respondent )

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

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

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

DATED this _________ day of _____________________, 2014.

WENDY KIJSRIOPA QUACH, R.PH.
Blank
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 14-019-PH-S
) )
) Petitioner,
) ) STATEMENT TO THE RESPONDENT
) ) NOTICE OF INTENDED ACTION
) ) CORAM SPECIALTY INFUSION SERVICES
) ) AND ACCUSATION
) ) Certificate of Registration No. PH00746
) ) RIGHT TO HEARING
) )
) Respondent
) /

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, April 16, 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 12th day of March, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy
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 ____________________, 2014.

______________________________
Print or Type name

For CORAM SPECIALTY INFUSION SERVICES
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 Tamara Masterson, Certificate of Registration No. 15383, was a registered pharmacist with the Board, and Respondent CVS Pharmacy #7251, Certificate of Registration No. PH02145 (CVS #7251), was a pharmacy registered with the Board.

II.

Venus Vedadi is a pharmacy student at Roseman University. On or about January 16, 2014, the Board became aware that Ms. Vedadi had not renewed her intern pharmacist registration, which expired on October 31, 2012. Despite the expiration of her intern pharmacist registration, Ms. Vedadi continued to complete her pharmacy rotations, and worked at her assigned pharmacy practice sites without a valid intern pharmacist registration.

III.

Ms. Vedadi completed a rotation at CVS #7251 during the time period of September 4, 2012 through May 24, 2013.
IV.

At the Board's request, Roseman University and the managing pharmacist at CVS #7251 provided Ms. Vedadi's work records. From the records provided, Board Staff ascertained that Ms. Vedadi had worked approximately five (5) days during the period of December 12, 2012, through May 5, 2013, without a current intern pharmacist registration.

FIRST CAUSE OF ACTION

V.

As managing pharmacist for the pharmacy in which Ms. Vedadi worked without a current intern pharmacist registration, Tamara Masterson violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255, as well as NAC 639.955.

SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which Ms. Vedadi worked without a current intern pharmacist registration, CVS Pharmacy #7251 violated NRS 639.220(1) and NAC 639.945(1)(i), (j) and/or (2), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), or alternatively, under NRS 639.255, as well as NAC 639.955.

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

Signed this 12th day of March, 2014.

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

-2-
NOTICE TO RESPONDENT

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

NEVADA STATE BOARD OF PHARMACY, ) ) CASE NO. 14-016-RPH-S

v. ) ) STATEMENT TO THE RESPONDENT

TAMARA ESTHER MASTERTON, R.PH. ) NOTICE OF INTENDED ACTION

Certificate of Registration No. 15383 ) AND ACCUSATION

Respondent ) RIGHT TO HEARING

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, April 16, 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.


[Signature]
Lacy L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 14-016-RPH-S
 v. )
TAMARA ESTHER MASTERTON, R.PH. ) ANSWER AND
Certificate of Registration No. 15383 ) NOTICE OF DEFENSE
Respondent )

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

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

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

DATED this _____ day of ____________________, 2014.

______________________________
TAMARA ESTHER MASTERSO, R.PH.
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, April 16, 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 12th day of March, 2014.

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

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 14-016-PH-S

v. )

Petitioner, )

CVS PHARMACY #7251 )
Certificate of Registration No. PH02145 )

Respondent )

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

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

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

DATED this _____ day of ______________________, 2014.

Print or Type name

For CVS PHARMACY #7251
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)

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

☐ New Pharmacy ☐ Ownership Change ☐ Name Change ☐ Location Change

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

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: EZ-Fast Pharmacy L.L.C.

Physical Address: 1701 S. Casino Dr, Laughlin NV 89029

Mailing Address: 1310 E. Chestnut Blvd

City: Lake Havasu City State: AZ Zip Code: 86404

Telephone: 928-219-5912 Fax: 928-219-5915

Toll Free Number: __________

E-mail: ez-fastpharmacy@yahoo.com Website: www.EZ-FastPharmacy.com

Managing Pharmacist: Thu Thi Phuong Vo License Number: 18661

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 10 am 4 pm

Sunday 10 am 4 pm 24 Hours _____

TYPE OF PHARMACY

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

SERVICES PROVIDED

☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care
APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: Ezekiel Keerenga Kesitiwe

Business Name: EzyFAST Pharmacy L.L.C.

Current Business Address: 2580 HWY 95 Suite 106

City: Bullhead City State: AZ Zip Code: 86442

Telephone: 928-219-5912 Fax: 928-219-5915

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

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

SOLE OWNER

Include with the application for a sole owner

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

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

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

Ezekiel Koereng Kastilwe 03/06/14
Print Name of Authorized Person Date

Board Use Only
Received: 3/19/14 Amount: $500.00
Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Thu Thi Phuong Vo  License #: 18661
Pharmacy Name: EzyFAST Pharmacy

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

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been diagnosed or treated for any mental illness, including alcohol or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>substance abuse, or physical condition that would impair your ability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to perform the essential functions of your license?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. been charged, arrested or convicted of a felony or misdemeanor in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>any state?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. been the subject of an administrative action whether completed or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pending in any state?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. had your license subjected to any discipline for violation of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pharmacy or drug laws in any state?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you marked YES to any of the numbered questions above, please include the following information:

Board Administrative Action: State: _____  Date: _________  Case #: _________
And/or Criminal Action: State: _____  Date: _________  Case #: _________
County: ______________________________ Court: __________________________

Page 8a
APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy □ Ownership Change □ Name Change □ Location Change

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

[Boxes for Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner]

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: LV PHARMACY @ The Clinic

Physical Address: 1950 PINTO LANE

Mailing Address: __________________________

City: Las Vegas State: NV Zip Code: 89106

Telephone: 702-962-2010 Fax: 702-385-0982

Toll Free Number: __________________________

E-mail: __________________________ Website: __________________________

Managing Pharmacist: THOMAS SMYTHE License Number: 16239

Hours of Operation:

Monday thru Friday 6 am 5 pm Saturday 24 Hours

Sunday 24 Hours

TYPE OF PHARMACY

[Boxes for Retail, Hospital (# beds ___), Internet, Nuclear, Out of State, Ambulatory Surgery Center]

SERVICES PROVIDED

[Boxes for Off-site Cognitive Services, Parenteral, Parenteral (outpatient), Outpatient/Discharge, Mail Service, 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

THOMAS E. STEELE

Print Name of Authorized Person

Date

Board Use Only

Received: 11/14 Amount: $500.00
APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: THOMAS E STREBEL
Business Name: LV PHARMACY & THE CINIC
Current Business Address: 1950 PINTO LANE
City: LAS VEGAS State: NV Zip Code: 89126
Telephone: 702-438-2229 Fax: 702-385-0982

List any physician shareholders and percentage of ownership.

Name: ___________________________ %: ___________________________
Name: ___________________________ %: ___________________________

Are you a registered pharmacist in Nevada? Yes ☐ No ☐ License #: 18229

SOLE OWNER

Include with the application for a sole owner

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

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

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

Managing Pharmacist

Pharmacist Name: THOMAS E STAEBEL License #: 18239
Pharmacy Name: LV PHARMACY @ THE CLINIC

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.

---

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?  

Yes ☐  No ☐

1. been charged, arrested or convicted of a felony or misdemeanor in any state? ☐

2. been the subject of an administrative action whether completed or pending in any state? ☐

3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ☐

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action:  State: UT Date: 12/26/2006 Case #: 2005-260
And/or Criminal Action: State: UT Date: 10/31/2005 Case #: 2005-260
County Summit Court: JUSTICE
BEFORE THE DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
OF THE DEPARTMENT OF COMMERCE
OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF
THOMAS EVAN STREBEL, RPH
TO PRACTICE PHARMACY AND TO
DISPENSE CONTROLLED SUBSTANCES
IN THE STATE OF UTAH

EMERGENCY ORDER
CASE NO DOPL- 2005-260

The Division of Occupational and Professional Licensing of the
Department of Commerce of the State of Utah (the "Division") initiated an Emergency
Adjudicative Proceeding pursuant to Utah Code Annotated § 63-46b-20, the Utah
Administrative Procedures Act, Utah Code Annotated § 58-1-108(2), the Division of
Occupational and Professional Licensing Act, and, Utah Administrative Code R151-
46b-16, the Department of Commerce Administrative Procedures Act Rules The
Division initiated the Emergency Administrative Proceeding based upon evidence that
the continued practice of Thomas Evan Strebel, RPH, represented an immediate and
significant danger to the public health, safety or welfare, and that the threat required
immediate action by the agency

Before taking this action, the Chair of the Pharmacy Board appointed a three
member committee to review with the Division the proposed action in this matter, pursuant to Utah Code Annotated § 58-1-108(2)

Pursuant to the Open and Public Meetings Act, Utah Code Annotated § 52-4-1, the Division provided notice of the meeting of the committee for 100 p.m. on October 31, 2005, at the Heber M. Wells Building located at 160 East 300 South, Salt Lake City, Utah. Notice of the meeting was also published in the morning edition of The Salt Lake Tribune on Thursday, October 27, 2005. Notice was also placed in the lobby of the Heber Wells building. Said meeting of the committee convened at said appointed date and time, reviewed the Division's proposed action, and, made a recommendation consistent with the following findings of fact, conclusions of law and emergency order.

The committee met at the appointed time and place. The committee went into closed session pursuant to Utah Code Annotated § 52-4-5(1)(a)(l), in order to discuss the professional competency of an individual. The presiding committee member affirmed under oath that the meeting was closed for that purpose. The committee reviewed the Division's proposed, and considered information in the form of exhibits and reports, as well as information from the Division investigator. Having been fully provided with information supporting the proposed action, the committee made a recommendation fully consistent with the following Findings of Fact, Conclusions of Law and Order:

**FINDINGS OF FACT**

1. Thomas Evan Strebel, RPH (Strebel) is currently licensed to practice as a
pharmacist, in the State of Utah

2 At all times material to the allegations contained herein, Strebel was employed as an pharmacist at Park City Pharmacy @ The Clinic. Strebel is also the pharmacist in charge and owner of the pharmacy.

3 On or about October 21, 2005 a search warrant was served upon Park City Pharmacy. As a result of this search warrant and previous investigation with Intermountain Heath Care (IHC) and Dr. Kim Scott, it was learned that Strebel through Park City Pharmacy billed IHC approximately $26,729.80 for the drugs Advair Diskus, Albuterol, Flovent, Flonase, Tramadol (Ultram), and Wellbutrin. The drugs were billed to IHC as being filled for Joan Beynon and prescribed by Dr. Kim Scott. In reviewing the insurance records with Dr. Scott it was learned that Dr. Scott did not prescribe any of these drugs for Joan Beynon.

4 On or about October 21, 2005 an interview was conducted with Joan Beynon where Ms. Beynon stated that she had never been prescribed the above described medications from Dr. Scott or Dr. Joseph Ferriter. Further, that she had not received these medications except for one Advair Diskus, one Flovent 22mcg, and one Albuterol inhaler which Strebel and recently given her.

5 On or about October 26, 2005 a subsequent interview was conducted with Beynon where she stated that she met with Strebel the previous day and Strebel instructed her to change the story she originally gave to investigators. Beynon also stated that during her meeting with Strebel he gave her one thousand dollars ($1,000.00) in cash with the understanding he was going to give her an additional Twenty-two hundred seventy dollars ($2,270.00) to cover the co-pays on the drugs he
I billed to her insurance  Strebel further told Beynon that if she did not state she received the medications that he could lose his pharmacist license  Strebel had at least one other meeting with Beynon after this date where he tried to convince her to tell the investigators a different story  Beynon also stated that Strebel had, on an earlier occasion, her write a letter to IHC stating that she had taken the asthma medications prescribed to her and there was not a problem  Beynon stated the letter was false and she thought Strebel had given it to IHC

6  On or about October 28, 2005 Kevin Wyatt, an investigator with the Division was contacted by Dr Kim Scott who stated that Elouise Strebel, spouse of Thomas Strebel had come into her office with a list of prescriptions she needed to have authorized  This list of prescriptions contained many which were supposed to have been prescribed in the last two years  Dr Scott emphasized to Wyatt that she had not prescribed to Elouise Strebel in over two years and that any prescriptions filled after March 2004 from Dr Scott had been forged

7  The Division has determined that Strebel’s alleged current behavior and past history posed an immediate and significant danger to the public welfare and require immediate action by the Division

CONCLUSIONS OF LAW

1  The Division has jurisdiction and authority to act in this matter, and has followed appropriate statutory procedures regarding the initiation of emergency adjudicative actions

2  Section 63-46b-20 of the Utah Administrative Procedures Act (“UAPA”) provides
(1) An agency may issue an order on an emergency basis without complying with the requirements of this chapter if
   (a) the facts known by the agency or presented to the agency show that an immediate and significant danger to the public health, safety, or welfare exists, and
   (b) the threat requires immediate action by the agency.

(2) In issuing its emergency order, the agency shall
   (a) limit its order to require only the action necessary to prevent or avoid the danger to the public health, safety, or welfare,
   (b) issue promptly a written order, effective immediately, that includes a brief statement of findings of fact, conclusions of law, and reasons for the agency’s utilization of emergency adjudicative proceedings, and
   (c) give immediate notice to the persons who are required to comply with the order.

(3) If the emergency order issued under this section will result in the continued infringement or impairment of any legal right or interest of any party, the agency shall commence a formal adjudicative proceeding in accordance with the other provisions of this chapter.

3 Based on the recommendation of the committee and the evidence in support of this action, the Division has shown that the alleged actions of Thomas E
Strebel, RPH, during January through October, 2005, constitute an immediate and significant danger to the public welfare and requires immediate action to protect the public welfare.

4 This Order is necessary to prevent potential harm to the public, pending a formal adjudication of the matters addressed in this proceeding.

5 Thomas E. Strebel, RPH, may challenge the following order pursuant to Utah Administrative Code R151-46b-16 as follows:

Unless otherwise provided by statute or rule:

1 When a division commences an emergency adjudicative proceeding and issues an order in accordance with Section 63-46b-20 which results in a continued impairment of the affected party’s rights or legal interests, the division that issued the emergency order shall schedule a hearing upon written request of the affected party to determine whether the emergency order should be affirmed, set aside, or modified based on the standards set forth in Section 63-46b-20. The hearing will be conducted in conformity with Section 63-46b-8.

2 Upon request for a hearing pursuant to this rule, the Division will conduct a hearing as soon as reasonably practical but not later than 20 days from the receipt of a written request unless the Division and the party requesting the hearing agree to conduct the hearing at a later date. The Division shall have the burden of proof to establish, by a preponderance of the evidence, that the requirements of Section 63-46b-20 have been met.

3 Except as otherwise provided by statute, the division director or his designee shall select an individual or body of individuals to act as the presiding officer.
at the hearing. The presiding officer shall not include any individual who directly participated in issuing the emergency order.

4. Within a reasonable time after the hearing, the presiding officer shall issue an order in accordance with the requirements of Section 63-46b-10. The order of the presiding officer shall be considered final agency action with respect to the emergency adjudicative proceeding and shall be subject to agency review in accordance with Section R151-46b-12.

ORDER

Based upon the recommendations of the committee, it is hereby ordered that

1. The license of Thomas E. Strebel, RPH, to practice pharmacy and his license to dispense controlled substances in the State of Utah are immediately suspended until a hearing pursuant to Utah Code Annotated 63-46b-20 and Utah Administrative Code R151-46b-16 is convened and a contravening order is issued, or a regular formal adjudicative hearing pursuant to Utah Code Annotated 63-46b is convened and a contravening order issued.

2. Thomas E. Strebel, RPH, shall immediately cease and desist from the practice of pharmacy until a hearing can be held pursuant to Utah Code Annotated 63-46b-20 and Utah Administrative Code R151-46b-16 is convened and a contravening order is issued, or a regular formal adjudicative hearing pursuant to Utah Code Annotated 63-46b is convened and a contravening order issued.

3. The license of Park City Pharmacy @ the Clinic is suspended, until further approval by the Division. Which shall be given upon presentation of a Utah pharmacist.
in good standing to be the pharmacist in charge of said pharmacy

4 The Division shall commence a formal adjudicative proceeding against Thomas E. Strebel, RPH, in accordance with the Division's statutes and rules

RIGHT TO REVIEW

1 In accordance with Utah Administrative Code R151-46b-16, the Division will schedule a hearing upon receipt of a written request from Thomas E Strebel. At the hearing, it will be determined whether the Emergency Order should be affirmed, set aside, or modified, based on the standards set forth in Utah Code Annotated § 63-46b-20. The hearing will be conducted in conformity with Utah Code Annotated § 63-46b-8.

2 Upon request for a hearing pursuant to Utah Administrative Code R151-46b-16, the Division will conduct a hearing as soon as reasonably practical, but not later than twenty (20) days from the receipt of a written request, unless the Division and the party requesting the hearing agree to conduct the hearing at a later date.

Dated this 3rd day of October, 2005

Dan T Jones
Acting Director, Division of Occupational and Professional Licensing
THOMAS EVAN STREBEL (“Respondent”) and the Division of Occupational and Professional Licensing of the Department of Commerce of the State of Utah (“Division”) stipulate and agree as follows

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action

2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily
3 The Respondent understands that he has the right to be represented by counsel in this matter and Respondent’s signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent’s right to counsel in this matter.

4 Respondent understands that he is entitled to a hearing before the Utah State Board of Pharmacy ("the Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent’s own behalf, call witnesses, and confront adverse witnesses. Respondent acknowledges that by executing this document Respondent waives the right to a hearing and any other rights to which Respondent may be entitled in connection with said hearing.

5 Respondent acknowledges that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document and may be released to other persons and entities.

6 Respondent admits

   a On or about February 28, 2006, Respondent executed a plea agreement wherein he pled guilty to and was convicted of one count of filing a false/fraudulent insurance claim, a Class A misdemeanor, in connection with charges filed in the Third Judicial District Court, Summit County, State of Utah (the "Misdemeanor Conviction").

   b Respondent’s aforementioned guilty plea and the Misdemeanor Conviction were part of an agreement with the prosecutor which is contained in a Statement of Defendant In Support of Guilty Plea and Certificate of Counsel (the "Agreement"). In the Agreement, Respondent agreed to not practice pharmacy, own a pharmacy or work in a pharmacy. Although not included in the language of the Sentence, Judgment and Commitment issued by the Court in accordance with the Agreement, the ban from working, owning or practicing pharmacy is understood by the parties to be limited to the successful completion of the term of
Respondent's probation (two years beginning on February 28, 2006) The court accepted the Agreement and Respondent's guilty plea

7 The Division alleges that the Misdemeanor Conviction and the conduct of Respondent which resulted in the Misdemeanor Conviction, is unprofessional conduct as defined in Utah Code Ann § 58-1-501(2), and said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann § 58-1-401(2)(a) The Division intends to pursue disciplinary action in the absence of this Stipulation Respondent denies engaging in unprofessional conduct Nevertheless, and in an effort to avoid further protracted litigation, Respondent agrees to surrender his licenses to practice Pharmacy and to dispense controlled substances Respondent may not reapply for licensure to practice pharmacy or to dispense controlled substances until the successful completion and expiration of his two-year probation which probation should expire on or about February 28, 2008) Upon the completion of his probation, Respondent is eligible for and may reapply for licensure Respondent understands that Respondent will not receive any refund of license or renewal fees previously paid to the Division

8 This Stipulation and Order, upon approval by the Director of the Division, shall be the final compromise and settlement of this matter Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order and that if the Director does not do so this Stipulation and the representations contained therein shall be null and void except that the Division and the Respondent waive any claim of bias or prejudgment Respondent might have with regard to the Director by virtue of his having reviewed this Stipulation, and this waiver shall survive such nullification

9 This document constitutes the entire agreement between the parties and
supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation.

10 If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law.

11 Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

BY DIANA BAKER, RN, MSN
Bureau Manager

DATE 12/07

RESPONDENT

BY THOMAS EVAN STREBEL

DATE 12/26/2006

MARK L SHURTLEFF
ATTORNEY GENERAL

BY KARL G. PERRY
Counsel for the Division

DATE 1/2/07
ORDER

The above Stipulation, in the matter of THOMAS EVAN STREBEL, is hereby approved by the Division of Occupational and Professional Licensing and constitutes my Findings of Fact and Conclusions of Law in this matter. The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

Dated this 4/1/ day of January, 2007

F. David Stanley
Director
Division of Occupational and Professional Licensing
Blank
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.

Pet New Pharmacy

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

□ New Pharmacy

□ Ownership Change

□ Publicly Traded Corporation – Pages 1,2,3,7

□ Partnership - Pages 1,2,5,7

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

□ Sole Owner – Pages 1,2,6,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Biomed California, Inc

Physical Address: 121 S. Glagow Ave Suite C, Anglerand, CA 90301

Mailing Address: 950 Calumet Rd, Suite 15

City: Sherman Hill State: CA Zip Code: 90749

Telephone: 310-665-1121 Fax: 310-665-1141

Toll Free Number: 866-665-1121 (Required per NAC 639.708)

E-mail: pshappen@biomed-rx.com Website: www.biomed-rx.com

Managing Pharmacist: Susan Woodman License Number: RPH99176

Hours of Operation:

Monday thru Friday 9:00 am – 5:30 pm Saturday On am On pm

Sunday On am On pm 24 Hours On am On pm

TYPE OF PHARMACY

□ Retail

□ Hospital (# beds ___)

□ Internet

□ Nuclear

□ Out of State

□ Ambulatory Surgery Center

SERVICES PROVIDED

□ Off-site Cognitive Services

□ Parenteral

□ Parenteral (outpatient)

□ Outpatient/Discharge

□ Mail Service

□ Long Term Care
APPLICATION FOR OUT-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.

[Signature]

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

[Mark Strollo]
Print Name of Authorized Person

[Date]

Board Use Only

Received: 2/24/14
Amount: $500.00

Page 2
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: **Kansas**
Parent Company if any: **Biomed Healthcare, Inc.**
Corporation Name: **Biomed California, Inc.**
Mailing Address: **950 CA-405, Suite 15**
City: **Sharon Hill** State: **PA** Zip: **19079**
Telephone: **610-586-2311** Fax: **610-586-3320**
Contact Person: **Patti Shannon**

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) **Biomed Healthcare, Inc.** 950 CA-405, Suite 15 Sharon Hill
      Name: ___________________________  
      Address: ___________________________

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

3) What was the price paid per share? **$0.01**

4) What date did the corporation actually receive the cash assets? **April 4th, 2008**

5) Provide a copy of the corporation's stock register evidencing the above information **Attached**

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 **Attached**
CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Mark Strollo
Responsible Person of Biomed California Inc. d.b.a. Biomed Pharmaceuticals 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

MARK STROLLO
Print Name of Authorized Person

Date
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.

<table>
<thead>
<tr>
<th>New Pharmacy</th>
<th>□ Ownership Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please provide current license number if making changes: PH______)</td>
<td></td>
</tr>
<tr>
<td>Publicly Traded Corporation – Pages 1,2,3,7</td>
<td>□ Partnership - Pages 1,2,5,7</td>
</tr>
<tr>
<td>□ Non Publicly Traded Corporation – Pages 1,2,4,7</td>
<td>□ Sole Owner – Pages 1,2,6,7</td>
</tr>
<tr>
<td>Please check box for type of ownership and complete correct part of the application.</td>
<td></td>
</tr>
</tbody>
</table>

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: **Cardinal Health 414, LLC**

Physical Address: **1920 Georgetown Rd. Ste.100 Indianapolis, IN 46218**

Mailing Address: **7000 Cardinal Pl O R Dept. NPs**

City: **Dublin** State: **04** Zip Code: **43017**

Telephone: **317-872-3301** Fax: **317-872-3371**

Toll Free Number: **888-783-8299** (Required per NAC 639.708)

E-mail: **Keith.Koontz@cardinalhealth.com** Website: **WWW.CardinalHealth.com**

Managing Pharmacist: **Keith Koontz** License Number: **26015362A**

Hours of Operation:

<table>
<thead>
<tr>
<th>Monday thru Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 am – 5 pm</td>
<td>2 am – 5 pm</td>
</tr>
<tr>
<td>2 am – 5 pm</td>
<td>24 Hours</td>
</tr>
</tbody>
</table>

TYPE OF PHARMACY

- [ ] Retail
- [ ] Hospital (# beds ___)
- [ ] Internet
- [ ] Nuclear
- [ ] Out of State
- [ ] Ambulatory Surgery Center

SERVICES PROVIDED

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

Page 1

65827
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

   Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

   Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?

   Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?

   Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

   Yes ☐ No ☒

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

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

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

[Signature]

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

W. Scott Claunch

Print Name of Authorized Person

2/17/14

Date

Board Use Only

Received: 2/17/14

Amount: $500.00

Page 2
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Cardinal Health Inc.

Corporation Name: Cardinal Health 414, LLC

Mailing Address: 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: (614) 757-7520 Fax: (614) 652-4803

Contact Person: Dawn Harmon

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 1/30/2007

Registration number issued: 043108722

Stock Exchange: New York (CAH)

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State’s office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.
CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, W. Scott Claunch
Responsible Person of Cardinal Health 414, 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.

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

W. Scott Claunch 2/17/14
Print Name of Authorized Person Date
This summary is provided in response to our affirmative answer to the disciplinary history question on our Application. Please note that, based on the broadness of the application question; we are disclosing all discipline that has occurred at other Cardinal Health Nuclear Pharmacy sites. None of the below citations involved the Cardinal Health Nuclear Pharmacy located in Indianapolis, IN the site to which this application pertains. The safety of the nation’s pharmaceutical supply chain is among our highest priorities. We take this responsibility very seriously, and work diligently to comply with all applicable laws and regulations governing pharmacy. If you have any questions specific to these matters, please contact Dawn Harmon at (614) 757-7570.

2013-Virginia Board of Pharmacy

Summary:
On October 21, 2013, the Cardinal Health Radiopharmacy located in Charlottesville, Virginia signed a consent agreement from the Virginia Board of Pharmacy regarding 2 deficiencies noted in the inspection from February 5, 2013. The pharmacy was cited for improperly storing saline and not performing low risk media fills at intervals not to exceed one year and fined $1,000.00. Corrective actions were put into place by the pharmacy to prevent any future occurrences.

2013-Colorado Board of Pharmacy

Summary:
On May 16, 2013, the Cardinal Health Radiopharmacy located in Albuquerque, New Mexico was issued a letter of admonishment for distributing radiopharmaceuticals into Colorado without patient-specific prescription orders during the time March 1, 2011 - March 1, 2013. Some of the transactions occurred prior to the pharmacy obtaining its registration with the board on March 14, 2011.

2013-New Hampshire Board of Pharmacy

Summary:
On April 26, 2013, the Cardinal Health Radiopharmacy located in Woburn, Massachusetts was fined $2500.00 from the New Hampshire Board of Pharmacy for failing to disclose a disciplinary action within the 5 day duty to report requirement for New Hampshire. The board instead received notification during the renewal process.

2013-Texas Board of Pharmacy

Summary:
On April 15, 2013, the Cardinal Health Radiopharmacy located in Denver, Colorado was issued a reprimand, no fine, by the Texas Board of Pharmacy. In applying for a nonresident pharmacy permit, a previous disciplinary action for the Denver Radiopharmacy was disclosed from 2009. The previous action was for allowing a pharmacy intern to practice at the facility for one month who was not registered as an intern in Colorado and a fine of $550.00 was imposed and paid at that time.
2013-Maryland Department of the Environment

Summary:
On April 10, 2013, Cardinal Health paid an administrative penalty in the amount of $5,000 to the Maryland Department of the Environment ("MDE") for distributions our Beltsville, Maryland nuclear pharmacy made to a customer whose radioactive materials license had recently expired. To prevent reoccurrence of such activities, Cardinal Health has implemented a more diligent program for tracking customer licenses and will now require customer’s to provide an updated radioactive materials license when/if that customer’s license is within 30 days of expiration.

2012-Colorado Board of Pharmacy

Summary:
On April 19, 2012, the Cardinal Health Radiopharmacy located in Denver, Colorado was fined $5,500 for receiving a prescription drug from a manufacturer that was not registered with the Colorado Board of Pharmacy. Colorado requires all manufacturers that are shipping into the state to obtain a Colorado wholesale license.

2012 Kansas Department of Health and Environment

Summary:
On February 21, 2012, Cardinal Health’s Denver, CO nuclear pharmacy finalized a Consent Agreement with the Kansas Department of Health and Environment ("KDHE") regarding radiopharmaceuticals that were dispensed to a Kansas physician that was no longer named on a customer’s Kansas radioactive materials license. All entities that handle radiopharmaceuticals maintain radioactive materials licenses with a state’s radioactive materials regulatory agency. Those licenses specifically name one or more individuals as “authorized users”; these are practitioners at a customer’s site that the state has identified to oversee the use of the radiopharmaceuticals at the licensed location. In this instance, one of the named authorized users had recently retired from the surgical center. The surgical center amended their radioactive materials license to remove the physician and add three additional individuals as authorized users. Cardinal Health’s Denver nuclear pharmacy added the three additional authorized users but failed to remove the one physician. The pharmacy paid a fine of $4,000 to the KDHE to resolve the issue and corrected the file regarding this customer.

2011-Maine Board of Pharmacy

Summary:
On September 2, 2011, a consent agreement was received from the Maine Board of pharmacy dated August 26, 2011 regarding a renewal that had been submitted in December 2009 for the Woburn, MA Radiopharmacy. One of the disciplinary actions, Alabama-see below, was not disclosed at the time of renewal-Cardinal Health was fined $100.00.
2011-Louisiana Board of Pharmacy

Summary:
On March 29, 2011 the Louisiana Board of Pharmacy notified us that one of our Radiopharmacy locations, Flowood, MS., was operating with an expired license. A consent agreement was issued by the board and Cardinal Health was fined $5000.00

2009-Colorado Board of Pharmacy

Summary:
On May 14, 2009 the Colorado Board of Pharmacy notified us of allegations of possible violations of the Colorado Pharmacy Act relating to the practice of a pharmacy intern without a Colorado pharmacy intern license. The matter went before the Board on December 21, 2009. Cardinal Health was ordered to pay to the Board an administrative fine of $550

2008-Alabama Board of Pharmacy

Summary:
On November 20, 2008 the Alabama Board of Pharmacy notified Cardinal of a violation of the Alabama Pharmacy Act relating to a pharmacy technician's registration that was not timely renewed. The technician was further charged for continuing to work with the expired license and submitting an affidavit to the board stating he had not worked during that time. The pharmacist in charge also signed off on the affidavit. The matter went before the Board on March 11, 2009. Cardinal Health was ordered to pay to the Board an administrative fine of $5,000. In addition to the board's disciplinary actions, the technician as well as the pharmacist in charge was formally disciplined by Cardinal Health.
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)

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Focus Rx
Physical Address: 13101 Lincoln Ave, Unit 9
Mailing Address: 13101 Lincoln Ave, Unit 9
Telephone: (631) 319-1920 Fax: (631) 319-1921
Toll Free Number: (888) 464-8987 (Required per NAC 639.708)
E-mail: Richard@myfocusrx.com Website: myfocusrx.com
Managing Pharmacist: Richard E. Collins License Number: 0416263

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
</tr>
<tr>
<td>☐ ☑ Retail</td>
</tr>
<tr>
<td>☐ ☑ Hospital (# beds ____ )</td>
</tr>
<tr>
<td>☐ ☑ Internet</td>
</tr>
<tr>
<td>☐ ☑ Nuclear</td>
</tr>
<tr>
<td>☐ ☑ Ambulatory Surgery Center</td>
</tr>
<tr>
<td>☐ ☑ Other: Specialty / Infusion</td>
</tr>
<tr>
<td>☐ ☑ Other Services:</td>
</tr>
<tr>
<td>☐ ☑ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☐ ☑ Parenteral</td>
</tr>
<tr>
<td>☐ ☑ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☐ ☑ Outpatient/Discharge</td>
</tr>
<tr>
<td>☐ ☑ Mail Service</td>
</tr>
<tr>
<td>☐ ☑ Long Term Care</td>
</tr>
<tr>
<td>☐ ☑ Sterile Compounding **</td>
</tr>
<tr>
<td>☐ ☑ Non Sterile Compounding **</td>
</tr>
<tr>
<td>☐ ☑ Mail Service Sterile Compounding **</td>
</tr>
</tbody>
</table>

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,**
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?
   Yes □ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?
   Yes □ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?
   Yes □ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?
   Yes □ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?
   Yes □ No ☑

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

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

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

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

Richard E. Collins

Print Name of Authorized Person

Date

Board Use Only

Received: 2/21/14

Amount: $500.00

Page 2
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: New York

Parent Company if any: 

Corporation Name: Focus Rx Pharmacy Services Inc.

Mailing Address: 1341 Lincoln Ave. Unit 9

City: Holbrook State: New York Zip: 11741

Telephone: (631) 319-1920 Fax: (631) 319-1921

Contact Person: Richard E. Collins

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. Collins 7Ardmore Blvd. Bayport NY 11715
      Name: Address:
   b) Chris Vararo 333 Cedar Ave. Sayville NY 11792
      Name: Address:
   c) Eugene Basini 171 Cedar Lane Babylon NY 11702
      Name: Address:
   d) Louis Rugio 22 Main Rd Centerport NY 11721
      Name: Address:

2) Provide the number of shares issued by the corporation. 200

3) What was the price paid per share? No par value

4) What date did the corporation actually receive the cash assets? 

5) Provide a copy of the corporation’s stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: %: 
Name: %: 

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors
CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Richard E. Collis,
Responsible Person of Focus Rx Pharmacy Services 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

Print Name of Authorized Person

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.

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

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Leiter's Compounding
Physical Address: 17 Great Oaks Blvd. San Jose, CA 95119
Mailing Address: 1700 Park Ave. ste 30
City: San Jose State: CA Zip Code: 95126
Telephone: (408) 292-6772 Fax: (408) 288-8252
Toll Free Number: (800)292-6772 (Required per NAC 639.708)
* E-mail: pharmacystaff@Leiterrx.com Website: www.Leiterrx.com
Managing Pharmacist: Charles Leiter License Number: 37852-CA
08540-NV

Hours of Operation:

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
</tr>
<tr>
<td>Yes/No</td>
</tr>
<tr>
<td>☑ Retail</td>
</tr>
<tr>
<td>☑ Hospital (# beds ___)</td>
</tr>
<tr>
<td>☑ Internet</td>
</tr>
<tr>
<td>☑ Nuclear</td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
</tr>
<tr>
<td>☑ Other: ___________________</td>
</tr>
<tr>
<td>☑ Sterile Compounding **</td>
</tr>
<tr>
<td>☑ Mail Service Sterile Compounding **</td>
</tr>
</tbody>
</table>

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting.
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☐

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☐

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☐

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☐

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

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

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

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

[Signature]

Print Name of Authorized Person

[Name]

Date

[Date]

Board Use Only

Received: 1/27/14

Amount: $500.00

Page 2
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: _CA__

Parent Company if any. None

Corporation Name: Leiter's Enterprises, Inc.

Mailing Address: 1700 park Ave. ste 30

City: San Jose State: CA Zip: 95126

Telephone: (408) 292-6772 Fax: (408) 288-8252

Contact Person: Robyn Shelinsky

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) Charles Leiter 1700 park Ave, ste 30 San Jose, CA 95126 (100% of the shares)

b) __________________ Name __________________ Address __________________

c) __________________ Name __________________ Address __________________

d) __________________ Name __________________ Address __________________

2) Provide the number of shares issued by the corporation. _100,000_

3) What was the price paid per share? _Par Value per share of stock: $20_

4) What date did the corporation actually receive the cash assets? _12/2012_

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: ________/N/A%: ______/

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
Charles Leiter - President
Morton Leiter - VP
Sue Leiter - Secretary
CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Charles Leiter
Responsible Person of Leiter's 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

Charles Leiter
Print Name of Authorized Person

12/15/13
Date
January 15, 2014

ROBYN SHALINSKY
LEITER'S COMPOUNDING
17 GREAT OAKS DRIVE
SAN JOSE CA 95129

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: LEITER'S COMPOUNDING
License Type: PHARMACY
License Number: PHY 51461
Status: ACTIVE
Issue Date: 01/07/14
Expiration Date: 01/01/15
Address of Record: 17 GREAT OAKS DRIVE SAN JOSE CA 95119
Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By
Barbara Schleicher
Public Inquiry Analyst
(916) 574-7922
Barbera.Schleicher@dca.ca.gov
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Application must be printed legibly or typed

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

☐ New Pharmacy
☐ Ownership Change
  (Please provide current license number if making changes: PH_______)
☐ Publicly Traded Corporation – Pages 1,2,3,7
☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7
☐ Sole Owner – Pages 1,2,6,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Suncoast RadioPharmacy Services

Physical Address: 3102 Cherry Palm Dr. Suite 120 Tampa, FL 33619

Mailing Address: Same as Physical Address

City: __________________________ State: __________ Zip Code: __________

Telephone: 813-662-0693 Fax: 813-662-2814

Toll Free Number: 866-662-0693 (Required per NAC 639.708)

E-mail: njernadpharmacyrxsolutions.com Website: www.pharmacyrxsolutions.com

Managing Pharmacist: Adria Jackson License Number: PS16548

Hours of Operation:

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No Retail</td>
<td>Yes/No Off-site Cognitive Services</td>
</tr>
<tr>
<td>☑ ☐</td>
<td>☑ ☐ Parenteral **</td>
</tr>
<tr>
<td>☑ ☐ Hospital (# beds ___)</td>
<td>☑ ☐ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☑ ☐ Internet</td>
<td>☑ ☐ Outpatient/Discharge</td>
</tr>
<tr>
<td>☑ ☐ Nuclear</td>
<td>☑ ☐ Mail Service</td>
</tr>
<tr>
<td>☑ ☐ Ambulatory Surgery Center</td>
<td>☑ ☐ Long Term Care</td>
</tr>
<tr>
<td>☑ ☐ Other: _________</td>
<td>☑ ☐ Sterile Compounding **</td>
</tr>
<tr>
<td></td>
<td>☑ ☐ Non Sterile Compounding</td>
</tr>
<tr>
<td></td>
<td>☑ ☐ Mail Service Sterile</td>
</tr>
<tr>
<td></td>
<td>☑ ☐ Compounding **</td>
</tr>
<tr>
<td></td>
<td>☑ ☐ Other Services: __________</td>
</tr>
</tbody>
</table>

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

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?

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?

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?

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)?

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

Print Name of Authorized Person

Date

Board Use Only

Received: 11/23/14

Amount: $500.00

Page 2
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida
Parent Company if any: Suncoast RadioPharmacy Services, Inc.
Corporation Name: Suncoast RadioPharmacy Services, Inc.
Mailing Address: 3102 Cherry Palm Dr., Suite 120
City: Tampa State: FL Zip: 33619
Telephone: 813-662-0693 Fax: 813-662-2814
Contact Person: Tammy Joiner

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) John Gangemi 3147 Highland Lake View Circle, Lakeland, FL 33819
      Name Address
   b)
      Name Address
   c)
      Name Address
   d)
      Name Address

2) Provide the number of shares issued by the corporation. 500 0 10,000

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? 3/21/2003

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
CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, John Gangemi, Responsible Person of Suncoast Radiopharmacy Services, 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

John Gangemi
Print Name of Authorized Person 12/23/13

Date
Mission: To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Vision: To be the Healthiest State in the Nation

December 11, 2013

Pharmacy RX Solutions
Tammy Joiner
3102 Cherry Palm Drive
Suite 120
Tampa, FL 33619

RE: License Certification for Pharmacy Rx Solutions Holding LLC

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION: Pharmacy
LICENSE NUMBER: PH23133
ORIGINAL CERTIFICATION: 12/19/2007
EXPIRATION DATE: 02/28/2015
CURRENT STATUS OF LICENSE: CLEAR,
AGENCY ACTION: No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Willie Gaines
Licensure Support: Services
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: KSM Corporate Holdings LLC DBA Nevada Mobility
Physical Address: 9430 W Lake Mead Blvd Suite 3 Las Vegas NV 89134
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: Same
City: __________________________________ State: ________ Zip Code: __________
Telephone: 702-998-2118 Fax: 702-998-2218
E-mail: KevinM@nevadamobility.com Website: nevadamobility.com

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: Kevin M. McManus

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

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

Page 1
APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Number 1</th>
<th>Number 2</th>
<th>Number 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

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

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

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.
APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?
   - Yes □ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?
   - Yes □ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?
   - Yes □ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of no contest 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

Print Name of Authorized Person

Date

Board Use Only

Received: 2/19/14  
Amount: $500.00
APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: Kevin McManus %: 49
Name: Sharon McManus %: 51
Name: %: 
Name: %: 

Partnership Name: KSM Corporate Holdings LLC
Mailing Address: PO Box 751316
City: Las Vegas State: NV Zip Code: 89136
Telephone Number: 702-998-2118 Fax Number: 702-998-2218
Contact Person: Kevin McManus

PARTNERSHIP

Include with the application for a partnership

Complete personal history record for each partner. Must be original signature(s), no copies or stamps. 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

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 herein 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 KSM Corporate Holdings LLC D.B.A. Nevada Mobility
Nature of MDEG
9430 W Lake Mead Blvd Ste 3 Las Vegas, NV 89134
Name and Address of Business for Which MDEG Administrator Is Requested Nevada Mobility
If applicable, Name Under Which It Is Now Operated

Page 1 – MDEG Administrator
1. PERSONAL INFORMATION:

McManus  Kevin  Michael
Last Name  First Name  Middle Name

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

7628 Concord Heights St.  Las Vegas  NV  89149
Present Residence Address-Street or RFD  City  State/Zip

9430 W Lake Mead Dr  Las Vegas  NV  89134
Present Business Address  City  State/Zip

Owner  Dates
Present Position with the MDEG

Phone:  702-998-2118  Fax:  702-998-2218

Email address:  

Date of Birth  Kinston, Lenor County, NC
Place of Birth (City, County, State)

Age  Social Security Number  Sex

BRN  BRN  145  5'-8"
Color of Eyes  Color of Hair  Weight  Height

Scars, tattoos or distinguishing marks and/or characteristics  Diver flag tattoo on

Are you a citizen of the United States?  Yes ☐ No ☐

If alien, registration No  

If naturalized, certificate No  Date  

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

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

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2006 - October 2010</td>
<td>Reliable Medical Supply 9401 Winton Ave N Mpls MN</td>
<td>8320</td>
</tr>
<tr>
<td>Service Manager</td>
<td>Manage the Service/ Delivery department</td>
<td>Debbie Kahl</td>
</tr>
<tr>
<td>June 2004 - March 2006</td>
<td>Pride Mobility Products 102 Susquehanna Ave Exeter PA 18643-2560</td>
<td></td>
</tr>
<tr>
<td>Month and Year</td>
<td>Name/ Address of Employer/Business</td>
<td>No of Employed Hours</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
</tbody>
</table>

Page 3 – MDEG Administrator
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: ________________________________
   Date: ________________________________
   Case Number: _________________________

b)

c) Criminal Action:
   State: ________________________________
   Date: ________________________________
   Case Number: _________________________
   County: ______________________________
   Court: ________________________________

4. Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG? Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide the following information.

..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..................................................................................................................................................
I, [Name], 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 case 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 of 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.

[Signature]
Original Signature of Applicant
PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

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 MDEG - Home Medical Equipment

KSM Corporate Holdings LLC, 9430 W Lake Mead Blvd Ste 3, LV NV 89143

Name and Address of Establishment for Which License Is Requested

Applicant's initial

Page 1
MARITAL INFORMATION-Continued

A. Current Marriage

<table>
<thead>
<tr>
<th>Date</th>
<th>City, County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Spouse’s full name (Maiden)

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Resident address

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Telephone: Residence

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Spouse’s employer

<table>
<thead>
<tr>
<th>Address of employer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City, County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carolyn McManus</td>
<td>8/17/10</td>
<td>12/28/96</td>
<td>Divorce</td>
<td>Wright County, MN</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carolyn McManus</td>
<td>235 N. Cliff Ave</td>
<td>Sioux Falls</td>
<td>SD</td>
<td>57103</td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Child Support Information:

Please mark the appropriate response:

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

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial: 🏵️

Page 2
FAMILY INFORMATION - Continued

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

Name
Address

Contact person

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael M. McManus</td>
<td>Retired</td>
<td>3501 Highlands Rd</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td>3501 Highlands Rd</td>
<td></td>
</tr>
<tr>
<td>Deanna R. McManus</td>
<td>Retired</td>
<td>3501 Highlands Rd</td>
<td></td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark McManus</td>
<td></td>
<td>913 Brisbane Street</td>
<td>Printing</td>
</tr>
<tr>
<td>Spouse: Kelly Gardner-McManus</td>
<td></td>
<td>913 Brisbane Street</td>
<td>Sales</td>
</tr>
<tr>
<td>Scott McManus</td>
<td></td>
<td>9214 Ameda Lane</td>
<td>Marketing</td>
</tr>
<tr>
<td>Spouse: Sharon Tooper-McManus</td>
<td></td>
<td>9214 Ameda Lane</td>
<td></td>
</tr>
<tr>
<td>Christine McManus</td>
<td></td>
<td>6449 N Sealy #2</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Spouse: N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lynne McManus</td>
<td></td>
<td>3509 92nd Ave N</td>
<td>Management</td>
</tr>
<tr>
<td>Spouse: Jim Wuffels</td>
<td></td>
<td>3509 92nd Ave N</td>
<td>55493 Carpenter</td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>Zane Wood</td>
<td>Brooklyn Park MN</td>
<td>1975-1980 Yes No ☐</td>
</tr>
<tr>
<td>High School</td>
<td>O'Gorman</td>
<td>Sioux Falls SD</td>
<td>1984-1986 Yes No ☐</td>
</tr>
<tr>
<td>College</td>
<td>Minneapolis Community and Tech</td>
<td>Minneapolis MN</td>
<td>1984-1986 Yes No ☐</td>
</tr>
<tr>
<td>University</td>
<td>Jr. High Brooklyn Junior High Brooklyn Park MN</td>
<td>1981-1983 Yes No ☐</td>
<td></td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: Associate of Arts Degree

College or university where obtained: Minneapolis Community Technical College

Applicant's Initial: [Signature]
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes □ No □

- Branch: ........................................ Date of entry-active service: ........................................
- Date of separation: ........................................ Type of discharge: ........................................
- Rating at separation: ........................................ Serial number: ........................................

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

B. Have you registered for the draft? Yes □ No □

- County: .......................... State: .................. Date registered: ........................................

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

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

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/2/1988</td>
<td>20</td>
<td>Vandalism</td>
<td>Sioux Falls, SD</td>
<td>10/20/1988</td>
<td>Sioux Falls Police Dep</td>
</tr>
</tbody>
</table>

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

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

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

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

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes □ No □

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes □ No □

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: ___________________________
ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS - Continued

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

Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Yes ☐ No ☑ If yes, complete the following:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/13 - current</td>
<td>7628 Concord Heights St</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>6/10 - 11/13</td>
<td>8424 Sequoia Grove Ave</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>11/9 - 6/13</td>
<td>9814 Amader Ranch Ave</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>1/05 11/9</td>
<td>9710 42nd St NE</td>
<td>St. Michael</td>
<td>MN</td>
</tr>
<tr>
<td>11/98 1/05</td>
<td>1713 S 9th Ave</td>
<td>Sioux Falls</td>
<td>SD</td>
</tr>
<tr>
<td>11/99 11/98</td>
<td>622 E 13th St Apt 108</td>
<td>Sioux Falls</td>
<td>SD</td>
</tr>
<tr>
<td>10/96 11/99</td>
<td>5450 Douglas Dr Apt 111</td>
<td>Minneapolis</td>
<td>MN</td>
</tr>
<tr>
<td>10/95 10/96</td>
<td>1614 Lincoln St NE</td>
<td>Minneapolis</td>
<td>MN</td>
</tr>
<tr>
<td>3/93 10/95</td>
<td>3501 Highlands Rd</td>
<td>Brooklyn Park</td>
<td>MN</td>
</tr>
<tr>
<td>3/92 3/93</td>
<td>1805 18th Ave NE Apt 9</td>
<td>Minneapolis</td>
<td>MN</td>
</tr>
<tr>
<td>4/91 3/92</td>
<td>2801 N Rainbow Blvd Apt 134</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>8/90 4/91</td>
<td>6661 Silver Stream Ave Apt 104</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>10/90 5/90</td>
<td>158 Mathews Hall</td>
<td>Brookings</td>
<td>SD</td>
</tr>
<tr>
<td>4/95 10/99</td>
<td>3616 Spencer Blvd</td>
<td>Sioux Falls</td>
<td>SD</td>
</tr>
</tbody>
</table>

Applicant's initial: [Signature]

Page 5
8. EMPLOYMENT:

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

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/2012 to Present</td>
<td>Unemployed</td>
<td></td>
</tr>
</tbody>
</table>
9. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean Jones</td>
<td>9113 White Oaks Trail</td>
<td>Champlin</td>
<td>MN</td>
<td>55316</td>
<td>10 yrs</td>
<td></td>
</tr>
<tr>
<td>Gary Sargent</td>
<td>10768 Wallflower Ave</td>
<td>Las Vegas</td>
<td>NV</td>
<td>89135</td>
<td>20 yrs</td>
<td></td>
</tr>
<tr>
<td>Gloria Bel</td>
<td>2594 Timber Ave</td>
<td>Las Vegas</td>
<td>NV</td>
<td>89143</td>
<td>23 yrs</td>
<td></td>
</tr>
<tr>
<td>J O Evans</td>
<td>5536 Greer Ct</td>
<td>Las Vegas</td>
<td>NV</td>
<td>89131</td>
<td>23 yrs</td>
<td></td>
</tr>
<tr>
<td>Hamilton, Glenn</td>
<td>7385 Lambert Ave</td>
<td>Oshkosh</td>
<td>WI</td>
<td>54901</td>
<td>9 yrs</td>
<td></td>
</tr>
</tbody>
</table>

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

If yes, complete the following:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Profession</th>
<th>Yes ☐ No ☒</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquor Lawyer</td>
<td></td>
</tr>
<tr>
<td>Doctor Lawyer</td>
<td></td>
</tr>
<tr>
<td>Accountant Pilot</td>
<td></td>
</tr>
<tr>
<td>Race horse/race dog owner</td>
<td></td>
</tr>
<tr>
<td>Real estate broker or salesman</td>
<td></td>
</tr>
<tr>
<td>Trained Sports promoter</td>
<td></td>
</tr>
<tr>
<td>Securities dealer</td>
<td></td>
</tr>
<tr>
<td>Barber/Cosmetologist</td>
<td></td>
</tr>
<tr>
<td>Gaming</td>
<td></td>
</tr>
<tr>
<td>Trainer or manager</td>
<td></td>
</tr>
<tr>
<td>Educator</td>
<td></td>
</tr>
</tbody>
</table>

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

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.
13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

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

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

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

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

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

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

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

Date of photograph: 2/14/14

Applicant's Initial: [Signature]

Page 8
STATE OF Nevada ss.
COUNTY OF Clark

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this 12th day of March, 2014

Notary Public

Applicant's Initial: ___________________________________________
### ADDITIONAL INFORMATION

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Position</th>
<th>Company</th>
<th>City, State</th>
<th>Supervisor</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/91</td>
<td>11/91</td>
<td>Temporary Assets, Rogers, MN</td>
<td>Supervisor: Marcia Satterlo</td>
<td></td>
<td>Temp work</td>
<td></td>
</tr>
<tr>
<td>5/90</td>
<td>6/91</td>
<td>7-11</td>
<td>Trecy Black, Charlotte, Las Vegas, NV</td>
<td>Supervisor: Scott McMunn</td>
<td>Assistant Manager</td>
<td></td>
</tr>
<tr>
<td>8/87</td>
<td>8/90</td>
<td>-</td>
<td>Student</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/88</td>
<td>8/89</td>
<td>American Water Products, Sioux Falls, SD</td>
<td>Supervisor: Bob</td>
<td></td>
<td>Machine Operator</td>
<td></td>
</tr>
<tr>
<td>8/86</td>
<td>1/88</td>
<td>-</td>
<td>Student</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/84</td>
<td>8/86</td>
<td>The Market, Sioux Falls, SD</td>
<td>Supervisor: Owners</td>
<td></td>
<td>Iron-on tee shirts</td>
<td></td>
</tr>
</tbody>
</table>
PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, 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 sufficient cause for the refusal or revocation of a license.

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

Application for MDEG - Home Medical Equipment

Name and Address of Establishment for Which License is Requested

Application for  MDEG - Home Medical Equipment

KSM Corporate Holdings, LLC d/b/a Nevada Mobility

9430 W. Lake Mead Blvd., Las Vegas, NV 89149

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

McManus Sharon Yvonne

Last Name First Name Middle Name

9814 Amador Ranch Avenue Las Vegas, NV 89149

Present Residence Address-Street or RFD City State/Zip

9430 W. Lake Mead Blvd #3 Las Vegas, NV 89149

Present Business Address City State/Zip

Owner Dates 10-20-2012

Occupation Phone:

Phone: Residence Business 702-998-2118

Date of Birth Place of Birth (City, County, State)

46 OKINAWA, JAPAN

Age Sex

Hazel Brown Light Brown 124 Small 5'5"

Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics: foot, lower back tattoos, mole

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

Page 1
MARRITAL INFORMATION-Continued

A. Current Marriage

<table>
<thead>
<tr>
<th>Spouse's full name (Maiden)</th>
<th>Scott Alan McManus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>9/8/14</td>
</tr>
<tr>
<td>Place of Birth</td>
<td>Brookings, South Dakota</td>
</tr>
<tr>
<td>Resident address</td>
<td>9814 Amador Ranch Avenue, Las Vegas, NV 89149</td>
</tr>
<tr>
<td>Telephone: Residence</td>
<td></td>
</tr>
<tr>
<td>Spouse's employer</td>
<td>Aliya Companies International</td>
</tr>
<tr>
<td>Address of employer</td>
<td>8665 W. Flaming Rd, Suite 131-200, Las Vegas, NV 89147</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Spouse or Decree of Marriage</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City, County, and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
</table>

B. Child Support Information:

Please mark the appropriate response:

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

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Initial: [Signature]
FAMILY INFORMATION-Continued

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.

<table>
<thead>
<tr>
<th>Name ( Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willie Topps</td>
<td></td>
<td>332 S. Siena Street, Chula Vista, CA</td>
<td>retired</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patricia Topps</td>
<td></td>
<td>1450 Laurel Drive, Ogden Utah</td>
<td>retired</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael McManus</td>
<td></td>
<td>3501 Highlands Road, Brooklyn Park, MN</td>
<td>retired</td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deanna McManus</td>
<td></td>
<td>3501 Highlands Road, Brooklyn Park, MN</td>
<td>retired</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parrish Topps</td>
<td></td>
<td>2643 Iowa Street, Ogden UT</td>
<td>Manager</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teresa Topps</td>
<td></td>
<td>2643 Iowa Street, Ogden UT</td>
<td>Tax Examiner</td>
</tr>
<tr>
<td>Michael Topps</td>
<td></td>
<td>8660 N. Cave Creek, Phoenix, AZ</td>
<td>Mover</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timothy Topps</td>
<td></td>
<td>5320 SW 191st Street, Aloha, OR</td>
<td>Counseling Office</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laurelle (Topps) McClish</td>
<td></td>
<td>5317 E. Terra Buena Lane, Scottsdale, AZ</td>
<td>Clerk</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patrick McClish</td>
<td></td>
<td>5317 E. Terra Buena Lane, Scottsdale, AZ</td>
<td>Employee</td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>Lynn Elementary, Ogden, Utah</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>Washington High, Ogden, Utah</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>College</td>
<td>CC at CSNV, Las Vegas, Nevada</td>
<td>Yes □ No □</td>
<td></td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: N/A

College or university where obtained: N/A
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒ Branch: Date of entry-active service: Date of separation: Type of discharge: Rating at separation: Serial number: While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒ County: State: Date registered:

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

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

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>33</td>
<td>assault</td>
<td>Las Vegas, Nevada</td>
<td>2001</td>
<td>LVPD</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Topps</td>
<td>brother</td>
<td>drug possession</td>
<td>Utah</td>
<td>2009</td>
</tr>
</tbody>
</table>

Applicant's initial: [Initial]
ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS - Continued

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

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun 88 - Aug 89</td>
<td>276 8th Street</td>
<td>Ogden</td>
<td>Utah</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weber</td>
</tr>
<tr>
<td>Dec 89 - May 90</td>
<td>Penwood Avenue</td>
<td>Las Vegas NV</td>
<td>Clark</td>
</tr>
<tr>
<td>Jun 90 - Jan 91</td>
<td>W Charleston Blvd</td>
<td>Las Vegas NV</td>
<td>Clark</td>
</tr>
<tr>
<td>Jan 91 - Aug 91</td>
<td>W Sahara Avenue</td>
<td>Las Vegas NV</td>
<td>Clark</td>
</tr>
<tr>
<td>Sept 91 - Mar 92</td>
<td>Smoke Ranch</td>
<td>Las Vegas NV</td>
<td>Clark</td>
</tr>
<tr>
<td>May 93 - Feb 95</td>
<td>Tenaya Road</td>
<td>Las Vegas NV</td>
<td>Clark</td>
</tr>
<tr>
<td>Mar 95 - Jun 97</td>
<td>3300 S Arville St</td>
<td>Las Vegas NV</td>
<td>Clark</td>
</tr>
<tr>
<td>Jun 97 - Dec 98</td>
<td>5835 W Rochelle Ave, #203</td>
<td>Las Vegas NV</td>
<td>Clark</td>
</tr>
<tr>
<td>Dec 98 - Sept 99</td>
<td>Spearfish Ave</td>
<td>Las Vegas NV</td>
<td>Clark</td>
</tr>
<tr>
<td>Sept 99 - Mar 2000</td>
<td>W Charleston Blvd</td>
<td>Las Vegas NV</td>
<td>Clark</td>
</tr>
<tr>
<td>Mar 2000 - April 2003</td>
<td>7547 Rolling River Dr, Las Vegas NV</td>
<td>Clark</td>
<td></td>
</tr>
</tbody>
</table>

Applicant's initial
8. EMPLOYMENT:

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

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 1986</td>
<td>N.I.C.E. Telemarketing Utah</td>
<td>Out</td>
<td>Tom</td>
</tr>
<tr>
<td>Title</td>
<td>in bound direct call center for 800 #s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug 1989</td>
<td>Sizzler Steak House Utah</td>
<td>moved out of town</td>
<td>Pam</td>
</tr>
<tr>
<td>Title</td>
<td>Salad Bar attendant prep. salad bar &amp; fruit bowls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 1989</td>
<td>McDonald's - Maryland Rd, L.V., NV</td>
<td>Medical</td>
<td>Mike</td>
</tr>
<tr>
<td>Title</td>
<td>Cashier</td>
<td>Input customer orders</td>
<td></td>
</tr>
<tr>
<td>Month and Year</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Apr 1990</td>
<td>7-11 Arville &amp; Wyn Rd, L.V., NV</td>
<td>Better job opportunity</td>
<td>Pam</td>
</tr>
<tr>
<td>Title</td>
<td>Store Clerk</td>
<td>Work, register &amp; Stock cooler</td>
<td></td>
</tr>
<tr>
<td>May 1991</td>
<td>E.S.I. Engineers &amp; Surveyors Inc.</td>
<td>better opportunity</td>
<td>James Chang</td>
</tr>
<tr>
<td>Title</td>
<td>Receptionist</td>
<td>answer phone, type letters, order office supplies</td>
<td></td>
</tr>
<tr>
<td>Mar 1991-93</td>
<td>TRF Nevada Inc.</td>
<td>better opportunity</td>
<td>Christine Reeves</td>
</tr>
<tr>
<td>Title</td>
<td>Secretary/Receptionist</td>
<td>answer phones, assist office mgr.</td>
<td></td>
</tr>
<tr>
<td>Apr 1993-2001</td>
<td>Northstar Concrete, Inc.</td>
<td>better opportunity</td>
<td>John Crampton</td>
</tr>
<tr>
<td>Title</td>
<td>Receptionist/Office Mgr. Assist. G.M., PR, AP/AR, Estimating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 2001-2007</td>
<td>Lamps Plus Centennial</td>
<td>better opportunity</td>
<td>James Finkle</td>
</tr>
<tr>
<td>Title</td>
<td>Contract Sales Lighting Consultant/Supplier to Home Builders</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If additional space is needed, continue on page 10 or provide attachment.
9. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lonette Nagy</td>
<td>9806 Cherokee Avenue</td>
<td>LV NV 89147</td>
<td></td>
<td></td>
<td></td>
<td>24 yrs</td>
</tr>
<tr>
<td>Pamela Abbey</td>
<td>9285 W. Flamingo Rd.</td>
<td>#1190</td>
<td>LV NV 89147</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christine Martinez</td>
<td>9405 Canyon Shadraw Lane</td>
<td>LV NV 89117</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summerlin Hospital</td>
<td>Town Center</td>
<td>LV NV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>James Thompson</td>
<td>8440 Westcliff Dr.</td>
<td>#1057</td>
<td>LV NV 89145</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trimblys M.D.</td>
<td>10300 W Charleston Blvd</td>
<td>LV NV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloria Cline</td>
<td>8728 Culion Crest Avenue</td>
<td>LV NV 89129</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terra Consultants</td>
<td>9910 W Cheyenne Ave.</td>
<td>#310</td>
<td>LV NV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jim Finkel</td>
<td>2720 Brockington Drwe</td>
<td>LV NV 89140</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑

If yes, complete the following:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Yes ☐ No ☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquor Lawyer</td>
<td></td>
</tr>
<tr>
<td>Race horse/race dog owner</td>
<td></td>
</tr>
<tr>
<td>Securities dealer</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
</tr>
<tr>
<td>Doctor Contractor</td>
<td></td>
</tr>
<tr>
<td>Real estate broker or salesman</td>
<td></td>
</tr>
<tr>
<td>Barber/Cosmetologist</td>
<td></td>
</tr>
<tr>
<td>Gaming</td>
<td></td>
</tr>
<tr>
<td>Accountant Pilot</td>
<td></td>
</tr>
<tr>
<td>Sports promoter</td>
<td></td>
</tr>
<tr>
<td>Trainer or manager</td>
<td></td>
</tr>
<tr>
<td>Educator</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Applicant's initial: ___________________
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 X

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

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 X

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 X

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 X

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 X

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 X

Date of photograph

Applicant’s Initial

Page 8
STATE OF Nevada ss.
COUNTY OF Clark

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

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

Sharon McManus

Original Signature of Applicant

Subscribed and Sworn to before me this 12th day of March 2014

Gloria Bier

Notary Public

Applicant's initial

Page 9
Siblings: Cheryl Sneddon

469 N. Quincy Ave, Ogden, Utah, Tax Examiner

Employment Info:

Supplied lighting fixtures to home builders in Las Vegas and some parts of Los Angeles, CA. Company went out of business due to the decline in the residential market.

Residences:

April 2003 - May 2003: 5915 Cardinal Rose Lane, Las Vegas, NV, Clark
Nov. 2006 - Nov. 2007: 9513 Cedar Heights Avenue, Las Vegas, NV, Clark
Nov. 2007 - present: 9814 Amador Ranch Avenue, Las Vegas, NV, Clark

Applicant's Initial: [Signature]
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.

MDEG Name: Prism Medical Products, LLC

Physical Address: 7685 Commercial Way, Suite F, Henderson, NV 89011
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 476

City: Elkin State: NC Zip Code: 28621-0476
Telephone: 888-589-8879 Fax: 800-975-6321
E-mail: __________________________________ Website: www.prism-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 6 Tue: 9 to 6 Wed: 9 to 6 Thu: 9 to 6
Fri: 9 to 6 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: __________________________

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

☐ Medical Gases** ☐ Assisting Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: Wound Care, Ostomy, Urological Supplies and LVAD Kits

**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: __________________________
APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

Medicare - 5823260001

Please see attached for Medicaid

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes □ No ❌

2) Are you or have you in the last year been associated with any person, business or healthcare entity in which MDEG products were sold, dispensed or distributed? Yes □ No ❌

3) Are any of the owners healthcare professionals? If yes, please check the box and list name.

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

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.
APPLICATION FOR NEVADA MDEG LICENSE

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

Owner’s Name: Chris Cartwright

Business Name: Prism Medical Products, LLC

Current Business Address: 112 Church Street, Suite 101

City: Elkin State: NC Zip: 28626

Telephone: __________________________ Fax: __________________________

SOLE OWNER

Include with the application for a sole owner

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the “New Applications” tab. The forms are available under the documents for all types of businesses.
PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

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:

Prism Medical Products, LLC
7685 Commercial Way, Suite F, Henderson, NV 89011-6632

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Cartwright

Christopher (Chris) Jon

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

975 Carter Mill Road Elkin NC/28621

Present Residence Address-Street or RFD City State/Zip

112 Church Street Suite 101 Elkin NC/28621

Present Business Address City State/Zip

President/Owner Dates 08/14/2006- Present

Occupation Phone:

Residence Business

Noblesville, Hamilton, IN

Date of Birth Place of Birth (City, County, State)

35 M

Age Social Security Number Sex

Blue Brown W 225 6'5"

Color of Eyes Color of Hair Complexion Weight Build Height

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
MARITAL INFORMATION - Continued

A. Current Marriage

<table>
<thead>
<tr>
<th>Spouse's full name (Maiden)</th>
<th>S.S. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephanie Johnson</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Elkin, NC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resident address</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>975 Carter Mill Road</td>
<td></td>
<td>Elkin</td>
<td>NC</td>
<td>28621</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Residence</th>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse's employer</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Vision Care</td>
<td>Optometrist</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of employer</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1816 N Bridge Street</td>
<td></td>
<td>Elkin</td>
<td>NC</td>
<td>28621</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Child Support Information:

Please mark the appropriate response:

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

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Initial: [Signature]
FAMILY INFORMATION—Continued

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

Name: .................................................................
Address: ................................................................
Contact person: ...................................................

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ron Cartwright</td>
<td></td>
<td>324 Harlequin Court, Oviedo, FL 32765-8660</td>
<td>Self-Employed</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Julie Burton Cartwright</td>
<td></td>
<td>324 Harlequin Court, Oviedo, FL 32765-8660</td>
<td>Self-Employed</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deceased</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claudia Johnson</td>
<td>1</td>
<td>268 Pleasant Ridge Road, Elkin, NC 28621-8835</td>
<td>Retired</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelli Cartwright</td>
<td></td>
<td>412 S 7th Street, Lake City, MN 55041-1712</td>
<td>Disabled</td>
</tr>
<tr>
<td>Spouse</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rob Cartwright</td>
<td></td>
<td>17462 Tuscany Lane, Cornelius, NC 28031-7996</td>
<td>IT</td>
</tr>
<tr>
<td>Spouse</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tom Cartwright</td>
<td></td>
<td>111 Clark Street, Oviedo, FL 32765-7823</td>
<td>Management</td>
</tr>
<tr>
<td>Spouse</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>Multiple</td>
<td>CO, NY</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>High School</td>
<td>Oviedo High</td>
<td>Oviedo, FL</td>
<td>1992-1996</td>
</tr>
<tr>
<td>College University</td>
<td>Wingate University</td>
<td>Wingate, NC</td>
<td>1996-2000</td>
</tr>
</tbody>
</table>

Other: Yes ☑ No ☐

Type of degree obtained, if any: Bachelors

College or university where obtained: Wingate University

Applicant's initial: ____________________________
Page 3
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes □ No ☑
   Branch: ___________________________ Date of entry-active service: ___________________________
   Date of separation: ___________________________ Type of discharge: ___________________________
   Rating at separation: ___________________________ Serial number: ___________________________

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

B. Have you registered for the draft? Yes ☑ No □
   County: Seminole, State: FL Date registered: 8/25/1996

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

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

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
</table>

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

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

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

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

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes □ No ☑
   If yes, when? ___________________________ city, county and state.

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
</table>

Applicant's initial: ___________________________
ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS - Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes ☐ No ☐ (Other than divorces)

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

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 to Present</td>
<td>975 Carter Mill Rd</td>
<td>Elkin</td>
<td>North Carolina</td>
</tr>
<tr>
<td>2008-2010</td>
<td>3340 Pleasant Ridge Rd</td>
<td>Elkin</td>
<td>North Carolina</td>
</tr>
<tr>
<td>2006-2008</td>
<td>268 Pleasant Ridge Rd</td>
<td>Elkin</td>
<td>North Carolina</td>
</tr>
<tr>
<td>2002-2006</td>
<td>1020 Seminole Creek Drive</td>
<td>Oviedo</td>
<td>Florida</td>
</tr>
<tr>
<td>Prior-2002</td>
<td>324 Harlequin Court</td>
<td>Oviedo</td>
<td>Florida</td>
</tr>
</tbody>
</table>
8. EMPLOYMENT:

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

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/2006-Present</td>
<td>Prism Medical Products, LLC, 112 Church Street, Suite 101, Elkin, NC 28621</td>
<td>N/A</td>
</tr>
<tr>
<td>Owner/President</td>
<td>Planning/Oversight</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>8/2000-8/2006</td>
<td>The Dumont Company, 381 S Central Ave, Oviedo, FL 32766</td>
<td>Relocation</td>
</tr>
<tr>
<td>Operations Mgr</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Title</td>
<td>Logistics, Purchasing, Management</td>
<td>Ron Cartwright</td>
</tr>
<tr>
<td>8/2000-8/2006</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>8/2000-8/2006</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>8/2000-8/2006</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>8/2000-8/2006</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>8/2000-8/2006</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
</tbody>
</table>

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

Applicant's initial: [Signature]
9. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Ryan Magee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Employer NOVADAC</td>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name Doug Montgomery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Employer Wyndahn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name John Dodd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Employer Jesse Helms Foundation</td>
<td></td>
<td>3010 Hwy 74 E, Wingate, NC 28174</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name Jack Jenigan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Employer Retired</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name Ed Norton</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Employer Dumont</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No ☐

If yes, complete the following:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
</table>

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

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

Yes ☐ No ☐ If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☐ If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

---

Applicant's Initial: [Signature]  Page 7
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 ☐

(Up to First Cousin)

Stephanie Cartwright OD, Family Vision Care

Date of photograph: 3/26/2014

Applicant's initial: 

Page 8
STATE OF North Carolina ss.

COUNTY OF Surry ss.

[Signature]

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 case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210(10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant “Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent,” and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

[Signature]

Original Signature of Applicant

Subscribed and Sworn to before me this 3rd day of March 2014.

[Signature]

Notary Public

[Seal]
APPLICATION TO BE THE MDEG ADMINISTRATOR

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 herein 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..........................................................................................................................
Prism Medical Products, LLC
..........................................................................................................................
Name and Address of Business for Which MDEG Administrator Is Requested
..........................................................................................................................
If applicable, Name Under Which It Is Now Operated

Page 1 – MDEG Administrator
1. PERSONAL INFORMATION:

Cartwright Chris

Last Name ___________________________ First Name ___________________________ Middle Name ___________________________

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

975 Carter Mill Rd. Elkin NC/28621-8834

Present Residence Address-Street or RFD City State/Zip

112 Church Street Suite 101 Elkin NC/28621-3485

Present Business Address City State/Zip

Owner/President Dates

Present Position with the MDEG

Phone: Fax: 1-888-589-8879

Email address: ___________________________

Date of Birth Place of Birth (City, County, State)

35 Noblesville, Hamilton, Indiana

Age Social Security Number Sex

Blue Brown 225 M 6'5"

Color of Eyes Color of Hair Weight Height

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

Are you a citizen of the United States? Yes □ No □

If alien, registration No ___________________________

If naturalized, certificate No ___________________________ Date ___________________________

Place___________________________________________(If naturalized, document must be verified.)

Page 2 – MDEG Administrator
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.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/2006</td>
<td>Prism Medical Products, LLC 112 Church Street, Suite 101 Elkin, NC 28621-3485</td>
<td>14,560</td>
</tr>
</tbody>
</table>

President/Owner

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

Month and Year

<table>
<thead>
<tr>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
</table>

Title

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

Month and Year

<table>
<thead>
<tr>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
</table>

Title

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

Month and Year

<table>
<thead>
<tr>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
</table>

Title

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

Month and Year

<table>
<thead>
<tr>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
</table>

Title

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

Month and Year

<table>
<thead>
<tr>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
</table>

Title

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

Month and Year

<table>
<thead>
<tr>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
</table>

Title

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

Month and Year

<table>
<thead>
<tr>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
</table>

Title

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

Month and Year

<table>
<thead>
<tr>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
</table>

Title

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

Month and Year

<table>
<thead>
<tr>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
</table>

Title

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

Month and Year

<table>
<thead>
<tr>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
</table>

Title

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

Month and Year

<table>
<thead>
<tr>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
</table>

Title

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

Month and Year

<table>
<thead>
<tr>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
</table>

Title

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

Page 3 – MDEG Administrator
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: ____________________________
   Date: ____________________________
   Case Number: ____________________

b) State:
   Date: _____________
   Case Number: _____________

   Criminal Action:
   State: ____________________________
   Date: ____________________________
   Case Number: ____________________
   County: __________________________
   Court: ____________________________

4. Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☑ No ☐

5. Will you be employed fulltime with the MDEG? Yes ☑ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours? Yes ☑ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

Page 4 – MDEG Administrator

Date of photograph: 3/4/2014
I, ........................................................................................................, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case 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 of 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.

[Signature]

Original Signature of Applicant

Page 5 – MDEG Administrator
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
(This application can not be used by PA's or APN's)

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: $80.00 (non-refundable money order or cashier's check only, no cash)

First: Stuart Middle: Marc Last: Feldman Degree: D.P.M.

Practice Name (if any): Stuart M. Feldman, D.P.M

Nevada Address: 8955 South Pews Rd. Suite 2B Suite #: _________
(This must be a practicing Nevada address, we will not issue a license to a home address or PO Box and we will not process an application if it is a PO Box)

PO Box: _________

City: Henderson State: NV Zip Code: 89074

E-mail address: _________

Nevada Work Telephone: 702-407-2548 Date of Birth:
Nevada Fax: 702-407-2549 Sex: □ M or □ F

Practitioner License Number: 0105 Specialty: Podiatric Medicine

You must be licensed with your respective BOARD before we will process this application.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Been charged, arrested or convicted of a felony or misdemeanor in any state?</td>
<td>☐ ☑</td>
</tr>
<tr>
<td>2. Been the subject of an administrative action whether completed or pending in any state?</td>
<td>☑ ☐</td>
</tr>
<tr>
<td>3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?</td>
<td>☑ ☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Board Administrative Action: Nevada State Board of Podiatry</th>
<th>State</th>
<th>Date:</th>
<th>Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nevada State Board of Podiatry</td>
<td>NV</td>
<td>2/14/11</td>
<td>0805</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criminal Action:</th>
<th>State</th>
<th>Date:</th>
<th>Case #:</th>
<th>County</th>
<th>Court</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nevada State Board of Podiatry</td>
<td>NV</td>
<td>2/14/11</td>
<td>0805</td>
<td>Clark</td>
<td>8th Judicial District Ct.</td>
</tr>
</tbody>
</table>

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.

Original signature, no copies or stamps accepted.

[Signature]

Date: 2/17/14

Board Use Only

Received: 2/19/14 Amount: $80.00 Entity#: 65789
February 12, 2014

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

To Whom It May Concern:

Enclosed you will find the following:

1. Nevada State Board of Pharmacy CS Application
2. $80.00 Money Order
3. Copy of Nevada State Board of Podiatry Administrative Action
4. Copy of completion of probation from State of Nevada

I acknowledge that I took pain medications for chronic back pain that led to dependency issues. I completed a three month in-patient program at Promises Rehabilitation Center in Los Angeles, CA. I am in the Nevada Professional Assistance Program (NPAP). I attend and participate in meetings twice weekly with Dr. Peter Mansky, who is the program director. Dr. Mansky can be reached at 702-521-1398. I call in on a daily basis for random drug testing and when selected provide same. I attend two to three other meetings each week and have taken commitments at two of these meetings.

I was convicted of a gross misdemeanor for prescribing 30 cardisoprodol tablets to someone else for my own self use. I was in the midst of my addiction to pain medication and deeply regret the decision I made. I am proud to say that I am doing well in my recovery and have been sober for 3 years 8 months.

I would like to obtain my Nevada Controlled Substance license. If you need any further information, feel free to contact me at or my office

Sincerely,

Stuart M. Feldman, D.P.M.

SMF/jc
enclosures
IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
IN AND FOR THE COUNTY OF CLARK

THE STATE OF NEVADA,

Plaintiff

vs.

FELDMAN, Stuart

Defendant

PETITION

To the Honorable Judge Michelle Leavitt, of the Eighth Judicial District Court of the State of Nevada, in and for the County of Clark, the Undersigned Chief Probation Officer for the State of Nevada now reports as follows concerning the above Defendant: Said Defendant was placed on probation by order of this Court for a term not to exceed 3 years, said Order being dated the 22nd day of March, 2011. Said Probationer has satisfactorily completed all of the conditions of probation, while under supervision in the State of Nevada.

THEREFORE, the undersigned recommends that said Probationer be honorably discharged and released from further supervision.

Dated this 23rd day of May, 2012.

Pursuant to NRS 239B.030, the undersigned hereby affirms this document does not contain the social security number of any person.

Bernard W. Curtis, Chief Parole and Probation Officer

ORDER HONORABLY DISCHARGING PROBATIONER

In accordance with NRS 176A.850

With Restoration of Civil Rights

In this cause it appearing that the above-named Defendant was heretofore placed on probation under the authority of the Chief Parole and Probation Officer of the State of Nevada, and it further appearing from the petition of said Probation Officer that the period of such probation expired on 10-13-2014.

IT IS HEREBY ORDERED that said Probationer be honorably discharged from said probation.

IT IS FURTHER ORDERED that as of the date this order is signed by the Court, said probationer is restored to his civil rights to vote and serve as a juror in a civil action;

IT IS FURTHER ORDERED that FOUR YEARS from the date this order is signed by the Court, said probationer will be restored his civil rights to hold office;

IT IS FURTHER ORDERED that SIX YEARS from the date this order is signed by the Court, said probationer will be restored his civil rights to serve as a juror in a criminal action.

Dated this 5th day of June, 2012

Michelle Leavitt, District Judge
BEFORE THE STATE OF NEVADA

BOARD OF PODIATRY

IN THE MATTER OF:

STUART FELDMAN, D.P.M.
LICENSE NO. 0105

CASE NO. 0805

Respondent.

CONSENT DECREE

The State of Nevada Board of Podiatry (hereinafter referred to as the “BOARD”) has jurisdiction over licensee, STUART FELDMAN, D.P.M. (hereinafter referred to as “FELDMAN”), pursuant to NRS 635.130; a complaint against said licensee having been received alleging violations of the Nevada statutes and regulations controlling the practice of podiatry; and the parties being mutually desirous of settling the controversy between them relative to the pending complaints;

IT IS HEREBY STIPULATED AND AGREED between the undersigned parties that this matter shall be settled and resolved upon the following terms.

VOLUNTARY WAIVER OF RIGHTS

FELDMAN is aware of, understands, and has been advised of the effect of this Consent Decree, which FELDMAN has carefully read and fully acknowledges. FELDMAN has had the opportunity to consult with competent counsel of his choice. No coercion has been exerted upon FELDMAN, nor have any promises been made other than those reflected in this Consent Decree.

FELDMAN has freely and voluntarily entered into this Consent Decree, and he is aware of his rights to contest the charges pending against him. These rights include representation by an attorney at his own expense, the right to a public hearing on any charges or allegations formally filed, the right to confront and cross-examine witnesses called to testify against him, the right to present evidence on his own behalf, the right to testify on his own behalf, the right to receive written findings of fact and conclusions of law supporting the decision on the merits of the complaint, and the right to obtain judicial review of the decision. All of these rights are being
voluntarily waived by FELDMAN in exchange for the BOARD’s acceptance of this Consent Decree.

If the Consent Decree is not accepted by the BOARD, no member of the BOARD will be disqualified from further hearing this matter by reason of his or her consideration of the Consent Decree and FELDMAN hereby waives any claim of bias or prejudice based upon said consideration by any member of the BOARD in any subsequent hearing conducted by the BOARD.

JURISDICTION

FELDMAN acknowledges that the BOARD has jurisdiction over him and the alleged conduct which has precipitated this Consent Decree. FELDMAN acknowledges that the BOARD has the legal power and authority to take disciplinary action, including, but not limited to, the revocation of his license to practice podiatry in Nevada upon proof of the allegations pending against him.

FELDMAN acknowledges that the BOARD will retain jurisdiction over this matter until all terms and conditions set forth in this Consent Decree have been met to the satisfaction of the BOARD.

PUBLICATION OF CONSENT DECREES

FELDMAN acknowledges that this Consent Decree becomes a public document and will be reported to such national databases as required by law. It is also understood that the minutes of the meeting at which the BOARD accepts this Consent Decree are a public document, available for inspection by any person so requesting.

ALLEGATIONS

FELDMAN understands the nature of the allegations under consideration by the BOARD. FELDMAN acknowledges the alleged conduct described herein below may constitute a violation of the Nevada Podiatry Practice Act (NRS and NAC 635) if this matter were to be taken to disciplinary hearing before the BOARD and proven by a preponderance of the evidence and that by acknowledging the same, he is subject to disciplinary action by the BOARD. The Complaint contains the following allegations:
1. Dr. Feldman provided Brian Sponnick with a prescription for a controlled substance, Carisoprodol on or about June 18, 2009. There was no medical indication or necessity for said prescription to be issued.

2. Mr. Sponnick filled said prescription and returned the medication to Dr. Feldman for payment or other compensation.

3. Dr. Feldman provided Brian Sponnick with a prescription for a controlled substance, Hydrocodone on or about July 22, 2009. There was no medical indication or necessity for said prescription to be issued. Mr. Sponnick filled said prescription and returned the medication to Dr. Feldman for payment of thirty dollars ($30).

VIOLATIONS OF LAW

1. Based on the facts outlined above, Dr. Feldman admits to one violation of NRS 635.130(2) (g), (h), (k) and (l).

STIPULATED ADJUDICATION

By signing this consent decree, FELDMAN stipulates as follows:

1. That RESPONDENT'S license to practice podiatric medicine in the State of Nevada shall be suspended. However, said suspension shall be stayed pending RESPONDENT'S in-patient treatment through the Nevada Professionals Health Program. Upon successful completion of this in-patient program, said suspension shall be rescinded and become null and void retroactively, as if there never was a suspension.

2. That RESPONDENT'S license to practice podiatric medicine in the State of Nevada shall be placed on probation from the date of his release from in-patient treatment, and continue for the period of time he is in the monitoring period with the Nevada Professionals Health Program, thereby leaving RESPONDENT in probationary status until at least April 30, 2015. Any failure on the part of RESPONDENT to satisfy the requirements of the Nevada Professionals Health Program, or any violations of NRS or NAC 706 during this time period, will be deemed violations of the probation and will result in disciplinary action.

3. That if RESPONDENT'S monitoring period is extended by the Nevada
Professionals Health Program for any reason, this BOARD’S probation of RESPONDENT’S license to practice podiatric medicine shall remain in effect, concurrent with any such extension.

4. That RESPONDENT will execute any and all Releases of Information requested by an agent or staff member of the BOARD to allow BOARD staff to have unlimited communication with any diversionary program in which the RESPONDENT participates (or has participated) and any other program, school, psychologist, therapist or psychiatrist with knowledge of RESPONDENT’S fitness and/or ability to practice podiatric medicine.

5. That RESPONDENT shall submit quarterly declarations under penalty of perjury to the Board stating whether there has been complete compliance with the terms agreed to with the Nevada Professionals Health Program Conditions for Participation.

6. Pursuant to NRS 622.400(1)(b), RESPONDENT further agrees that he is obligated to reimburse the BOARD for its investigative, administrative and disciplinary proceedings in connection with this matter within one year of reinstatement of RESPONDENT’S license to practice podiatric medicine in the State of Nevada. The total amount of costs incurred by the Board is $1693.36.

VIOLATION OF TERMS OF CONSENT DECREE

FELDMAN agrees that the BOARD may, upon at least twenty (20) days notice to FELDMAN, convene a hearing to consider whether a condition of this consent decree has been violated. If such a hearing results in a finding of a violation of this Consent Decree, the BOARD may impose any penalty upon FELDMAN authorized by NRS §635.130(1).

ACCEPTANCE BY THE BOARD

IT IS HEREBY AGREED BETWEEN THE PARTIES that this Consent Decree shall be presented to the BOARD with a recommendation for approval from the investigating board member and from the Attorney General’s Office at the next regularly-scheduled meeting of the BOARD. FELDMAN understands that the BOARD is free to accept or reject this Consent Decree, and if rejected by the BOARD, a disciplinary proceeding will be commenced.

If the Consent Decree is not accepted by the BOARD, it shall be regarded as null and void, and no member of the BOARD will be disqualified from further hearing this matter by
reason of his or her consideration of the Consent Decree.

Admissions by FELDMAN in the Consent Decree will not be regarded as evidence against him at a subsequent disciplinary hearing. FELDMAN will be free to defend himself and no inferences against him will be drawn from his willingness to enter into this Consent Decree.

The Consent Decree will not be submitted for BOARD consideration until after it has been agreed to and executed by FELDMAN. The Consent Decree shall not become effective until it has been approved by a majority of the BOARD and executed by a representative member of the BOARD.

**COMPLETE CONSENT DECRE**E

This Consent Decree embodies the entire agreement between the BOARD and FELDMAN. It may not be altered, amended, or modified without express written consent of the parties.

DATED this ___ day of __, 2011

STATE OF NEVADA BOARD OF PODIATRY

By: _______________

DATED this ___ day of JAN., 2011 /1/26/2011

STUART FELDMAN, D.P.M.

The foregoing Consent Decree between STUART FELDMAN, D.P.M. and the STATE OF NEVADA BOARD OF PODIATRY in Case No. 0805 is approved as to form and content.

DATED this ___ day of FEBRUARY, 2011

L. KRISTOPHER RATH
HUTCHISON & STEFFEN, LLC
10080 Alta Dr. #200
Las Vegas, NV 89145
Attorney for
STUART FELDMAN, D.P.M.  
Las Vegas, NV 89101  
Attorneys for  
NEVADA STATE BOARD OF PODIATRY
Complete Name (no abbreviations):

First: \textit{Angeli} Middle: Velasco Last: Domingo

Home Address: 6082 \textit{Villa Lante Avenue} Apt #: ____________________________

City: \textit{Las Vegas} State: \textit{NV} Zip Code: 89113

Telephone: ____________________________ Social Security Number: ____________________________

Date of Birth: ____________________________ Sex: □ M or □ F

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the following documentation.

☐ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
☐ Copy of a certificate from an ASHP approved pharmacy technician school.
☐ Non ASHP approved school PTAB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: ____________________________

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)

Be 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? ☐ ☐

3. Been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ ☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state? ☐ ☐
5. 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 (3-5) above, include the following information &

<table>
<thead>
<tr>
<th>Board Administrative Action</th>
<th>State</th>
<th>Date</th>
<th>Case #</th>
<th>County</th>
<th>Court</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criminal Action</th>
<th>State</th>
<th>Date</th>
<th>Case #</th>
<th>County</th>
<th>Court</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

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 the court order? ☐ ☐

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.

I understand that Nevada law requires a licensed PT 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, no copies or stamps accepted

\textit{Signature:} \textit{Date:} 2/21/14

Board Use Only: Date Processed: 2/27/14 Amount: $40.00 663864
TEMPORARY LICENSES
(Issued since last board meeting)

Incline Village Community Hospital

Gary Lee

Banner Churchill

Tonya Miyano
Stakeholders Consensus Document on Prescribing and Dispensing Controlled Substances

Stakeholders:
American Academy of Family Physicians, American Medical Association (AMA), American Osteopathic Association, Cardinal Health, CVS Caremark, Federation of State Medical Boards (observer), National Association of Boards of Pharmacy (NABP), National Association of Chain Drug Stores, National Community Pharmacists Association, Pharmaceutical Care Management Association, Pharmaceutical Research and Manufacturers of America, Rite Aid, Walgreen Co.

Background:
The Stakeholders Meeting on Prescribing and Dispensing Controlled Substances was held on October 2, 2013, at NABP Headquarters in Mount Prospect, IL. The Stakeholders Meeting was convened to discuss the strategies employed by the stakeholder organizations to address the prescription drug abuse epidemic and the actions taken to ensure the validity of controlled substance prescriptions and verify that there is a legitimate medical need for the issuance and dispensing of such prescriptions. Representatives from the participating organizations provided their perspectives on the prescription drug abuse problem and described the challenges faced within their respective practice environments. On December 19, 2013, stakeholders met a second time at the AMA Offices in Washington, DC, to further discuss the issues and to finalize this Consensus Document on Prescribing and Dispensing Controlled Substances.

Consensus:
The participants agreed that stakeholder coordination and collaboration must be improved in order to combat the serious public health issue of prescription drug abuse and diversion, while also complying with the “corresponding responsibility” requirements of federal and state laws and regulations. Such collaboration is essential to ensuring that this public health problem is addressed while at the same time ensuring that patients continue to receive responsible and effective patient care. The participants also recognized that the actions taken were not intended to intrude into the scopes of practice or authority of other stakeholders. Stakeholder representatives discussed the need for reviewing practices and policies they have implemented to help ensure that they comply with their legal responsibilities, with the intention of restoring and improving the collaboration and coordination between stakeholders. Stakeholder representatives agreed that two additional consensus documents will be drafted and finalized pending the group’s approval. The first document will identify the circumstances or “red flags” under which

1 21 CFR 1306.04 Purpose of issue of prescription. (a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 USC 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.
actions should be initiated to ensure the legitimacy of a controlled substance prescription. The second document will provide guidelines on how to engage in and improve the dialogue and collaboration among stakeholders so as to address “red flags” in the issuance or dispensing of prescriptions and in the distribution of drugs to practitioners and pharmacies, with the intent of eliminating confusion caused by the diversity of current proprietary policies.

The following organizations contributed to the development of this Consensus Document and acknowledge their support:

American Academy of Family Physicians
American Medical Association
American Osteopathic Association
Cardinal Health
CVS Caremark
Federation of State Medical Boards (observer)
National Association of Boards of Pharmacy
National Association of Chain Drug Stores
National Community Pharmacists Association
Pharmaceutical Care Management Association
Pharmaceutical Research and Manufacturers of America
Rite Aid
Walgreen Co.
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 March, 2014 Board meeting.

**Licensing Activity:**
- 7 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 32 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 tabled pending further information.
- 7 licenses were granted for Out-of-State wholesalers.
- 2 applications were approved for Nevada pharmacies pending inspection.
- 3 licenses were granted for a Nevada MDEG license.
- 2 applications for pharmacists with past discipline were approved with conditions.
- 1 application for an intern pharmacist who had been working unlicensed was granted after she was cited and fined and put on probation with conditions.

**Disciplinary Actions:**
- Pharmacist SB and pharmacy WG were fined $1500K for misfilling a prescription for Ambien with the wrong strength and for continuing to refill the prescription without the prescriber’s authorization.
- Pharmacist RY was revoked for pleading guilty and being convicted in U.S. District Court in Seattle, WA for interstate transportation of stolen goods (he was stealing glucose test strips from his employer (Kaiser Permanente) and selling them for substantial personal profit.
- Physician MAP had her controlled substance registration revoked as a parallel action to having her license to practice medicine revoked in California.
Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and daily reporting to the PMP.

- Discussions were held on the Federal Drug and Security Act which addresses national legislation on compounding pharmacies.

Workshop:

None.

Public Hearing:

None.
VETERINARY MEDS

Over the past few months, Board Staff has received an increased number of inquiries and complaints regarding veterinary medication. These questions have ranged from unlabeled prescription medications found at pet stores to potential problems with prescription medication entering into our food sources. In order to cooperate with the Veterinary Board, Joe and Dave met with Debbie Machen, Executive Director of the Board of Veterinary Medicine, on March 19th. During that meeting both staffs determined that it would be in the best interest of the State to convene a workgroup to review what is currently happening in our state. This workgroup would include; Board of Pharmacy Member(s) and staff, Board of Veterinary Member(s) and staff, ranchers, large and small herd veterinarians, State of Nevada Dairy Board staff, and representation from feed stores. Debbie has offered to organize the workgroup. Staff would appreciate the Board’s feedback on such a workgroup.

FDA OUTSOURCING FACILITIES

Board Staff would like to share and discuss with the Board, the Inter-Governmental Meeting on Compounding that was held by FDA in March and attended by both Larry and Dave. Plenty of reading material enclosed with more to come! Board Staff will have recommendations.
I wanted to thank you for taking the time out of your busy schedule to come to the Intergovernmental Meeting on Compounding. I appreciated the lively discussions, and the many valuable contributions of the participants. I found the discussions to be very informative, and I felt I came away with a better understanding of the issues facing you as we work together to improve our oversight of compounding. I also collected a list of action items, which include among other actions, clarifying what information can be provided to state officials immediately following an inspection when there is a need for the state to move forward on an action to protect the public health, reexamining our proposed 3 year schedule for inspections of outsourcing facilities, and providing additional training to the states on the conduct of sterile inspections.

Again, thank you for attending, and I look forward to continuing to work with you on this challenging issue.

Jane Axelrad
Blank
TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY  
FROM: Carmen A. Catizone, Executive Director/Secretary  
DATE: March 4, 2014  
RE: Survey of States on Compounding Regulation Issues  

As you know, on November 27, 2013, the Drug Quality and Security Act (Act) was signed into law. This legislation contains provisions relating to the oversight of compounding of human drugs.

Title I of this new law removes certain provisions from section 503A of the Federal Food, Drug, and Cosmetic Act (FDCA) that were found to be unconstitutional by the U.S. Supreme Court in 2002. Section 503A describes the conditions under which certain compounded human drug products are entitled to exemptions from three sections of the FDCA requiring:

- Compliance with current good manufacturing practices (CGMP) (section 501(a)(2)(B));
- Labeling with adequate directions for use (section 502(f)(1)); and
- FDA approval prior to marketing (section 505).

In addition, the law creates a new section 503B in the FDCA. Under section 503B, a compounder can become an “outsourcing facility.” An outsourcing facility will be able to qualify for exemptions from the FDA approval requirements and the requirement to label products with adequate directions for use, but not the exemption from CGMP requirements. Outsourcing facilities:

- Must comply with CGMP requirements,
- Will be inspected by FDA according to a risk-based schedule, and
- Must meet certain other conditions, such as reporting adverse events and providing FDA with certain information about the products they compound.

If compounders register with the FDA as outsourcing facilities, hospitals and other health care providers can provide their patients with drugs that were compounded in outsourcing facilities that are subject to CGMP requirements and federal oversight. If a compounder
chooses not to register as an outsourcing facility and qualify for the exemptions under section 503B, the compounding could qualify for the exemptions under section 503A of the FDCA. Otherwise, it would be subject to all of the requirements in the FDCA applicable to conventional manufacturers.

NABP is requesting your assistance through the completion of a survey via the link below.

https://www.surveymonkey.com/s/MTQC32V

For each question, space has been provided for further clarifications. Any additional information you provide will be useful to the purpose of the survey.

NABP requests your response to this brief survey by March 11, 2014. Thank you in advance for your attention and prompt response to this survey. If you have any questions, please feel free to contact NABP staff via email at exec-office@nabp.net.

cc: NABP Executive Committee
Outsourcing Facility Registration and Reporting

The new law allows an entity that compounds sterile drugs to register as an outsourcing facility. Once registered, an outsourcing facility must meet certain conditions in order to be exempt from the FDCA's approval requirements and the requirement to label products with adequate directions for use. Under the new law, the drugs must be compounded in compliance with CGMP by or under the direct supervision of a licensed pharmacist in a registered facility (section 503B(a)). The outsourcing facility must also report specific information about the products that it compunds, including a list of all of the products it compounded during the previous six months, and information about the compounded products, such as the source of the ingredients used to compound (section 503B(3)). In addition, the outsourcing facility must meet other conditions described in the new law, including reporting adverse events and labeling its compounded products with certain information (section 503B(b)(5) and section 503B(a)(10)).

Under the new law, an outsourcing facility will not be considered registered until it has paid the applicable annual registration fee (see section 744K(g)(3)(A)). An outsourcing facility may register without paying a fee until September 30, 2014, however, because fees are not required until October 1, 2014. In addition, the new law requires that outsourcing facilities register and report their products to FDA electronically unless the Secretary grants a request for a waiver of such requirement because use of electronic means is not reasonable for the person requesting the waiver (section 503B(b)). FDA has issued draft guidances on registering and reporting for those entities that intend to register as outsourcing facilities.

Traditional Compounding

Drugs produced by compounders that are not registered as outsourcing facilities must meet the conditions of section 503A to qualify for the exemptions specified in that section. Even if the conditions of section 503A are met, the compounded drugs are only exempt from those provisions of the FDCA listed above. All other applicable provisions of the FDCA remain in effect for compounded drugs, even if the conditions in section 503A are met. For example, a compounded drug cannot be contaminated or made under insanitary conditions (see sections 501(a)(1) and 501(a)(2)(A)). And if a compounded drug does not qualify for the exemptions under either section 503A or 503B of the FDCA, the compounded drug would be subject to all of the requirements of the FDCA that are applicable to drugs made by conventional manufacturers, including the new drug approval and adequate directions for use requirements.

FDA has issued for public comment a draft guidance that describes FDA's intention with regard to the provisions of section 503A that require rulemaking or other action to implement. This draft guidance also describes the provisions of the law that are applicable to compounded drugs that do not qualify for the exemptions described above, and the other provisions of the FDCA applicable to compounded drugs regardless of whether they qualify for the exemptions under section 503A.

FDA also has announced the withdrawal of CPG 460.200, Pharmacy Compounding, issued in 2002, and the guidance "Enforcement Policy During Implementation of Section 503A of the Federal Food, Drug, and Cosmetic Act," published in November 1998. Although we have withdrawn these guidance documents, under the DQSA, section 503A immediately applies nationwide. FDA plans to provide further information at a later date about how we intend to interpret certain provisions of section 503A.

Enhanced Communication with States

The new law requires the Secretary to establish a mechanism to receive submissions from state boards of pharmacy concerning certain actions taken against compounding pharmacies or expressing concerns that a compounding pharmacy may be acting contrary to section 503A. This section is to be implemented in consultation with the National Association of Boards of Pharmacy (NABP). In addition, state boards of pharmacy must be notified when the Secretary receives certain state submissions or makes a determination that a compounding pharmacy is acting contrary to section 503A.

Until further information regarding how this process will work can be provided, States that wish to provide this information to FDA should submit the information by email to the following mailbox: StateCompounding@fda.hhs.gov

The agency intends to follow up with states that provide this information and to notify other states about the receipt of the information in accordance with the new law.

Other Actions

Creation of Advisory Committee

Sections 503A and 503B require the creation of and consultation with a Pharmacy Compounding Advisory Committee before issuance of certain regulations required by the law. FDA has published in the Federal Register notices soliciting nominations for Committee members.

- Pharmacy Compounding Advisory Committee
- Requests for Nominations: Pharmacy Compounding Advisory Committee Voting Members
- Requests for Nominations: Pharmacy Compounding Advisory Committee, Nonvoting Industry Representatives

Nominations for Lists

Sections 503A and 503B contain various requirements for FDA to develop lists of drugs that may or may not be compounded and lists of bulk drug substances that may be used to compound. Specifically, section 503A specifies that to qualify for the exemptions under section 503A, a compounder may only use bulk drug substances to compound if:

- The bulk drug substances comply with the standards of an applicable United States Pharmacopoeia (USP) or National Formulary (NF)
monograph, if one exists;
  • If such a monograph does not exist, the drug substance(s) is a component of an FDA-approved human drug product; or
  • If such a monograph does not exist and the drug substance is not a component of an FDA-approved human drug product, it appears on a
    list of bulk drug substances for use in compounding developed by FDA through regulation (section 503A(b)(1)(A)(i) of the FDCA).

Section 503B specifies that an outsourcing facility may only compound with a bulk drug substance which appears on an FDA-established list of
bulk drug substances for which there is a clinical need or which are on FDA's drug shortage list.

Sections 503A and 503B also prohibit compounding drugs that are on a list of drugs that present demonstrable difficulties for compounding, as
published by FDA.

FDA has published notices requesting nominations for these three lists.

In addition, 21 CFR 216.24 contains a list of drugs that may not be compounded because they have been withdrawn or removed from the market
because the drugs or components of the drugs have been found to be unsafe or not effective. Compounders may not compound any drugs that
appear on this list. FDA intends to issue a proposed rule to update this list by amending section 216.24 and will apply the list to compounders
seeking to qualify for the exemptions in either section 503A or section 503B. Nominations for this list can be submitted in comments on the
proposed rule.

Inspections and Enforcement

FDA intends to continue proactive and for-cause inspections of compounding pharmacies, and FDA plans to take aggressive action, including
enforcement actions, as appropriate to protect the public health.

For the past year, since the fungal meningitis outbreak began, FDA has been conducting inspections of compounding pharmacies for cause (in
response to serious adverse event reports and reports of quality problems) and proactively to identify pharmacies with deficient sterile
compounding practices. Using a risk-based model, we identified 29 firms for priority inspections focused on their sterile processing practices. FDA
identified secondary firms associated with two of these inspections, for a total of 31 firms. Between October 1, 2012 and October 31, 2013, FDA
completed 42 for-cause inspections in addition to the 31 proactive inspections.

When we identified problems during any of these inspections, we issued a Form FDA-483 listing our inspection observations. We have issued a
Form FDA-483 at the majority of the inspections we have conducted since the fall of 2012. As these Form FDA-483s reflect, we observed serious
quality problems, including contaminated products and sterile practices that create a risk of contamination. Numerous recalls of sterile products
have been conducted, and numerous pharmacies chose to stop sterile compounding after we identified problems with their sterile compounding
processes. New problems continue to be identified at compounding pharmacies across the country, and FDA intends to continue its inspection and
enforcement efforts to address these problems, using currently available resources. For oversight of outsourcing facilities registered under section
503B, FDA will use fees assessed and collected from those facilities in accordance with the law to supplement other agency resources.

Page Last Updated: 01/13/2014
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.

http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm339771.htm
On November 27, 2013, President Obama signed the Drug Quality and Security Act (DQSA), legislation that contains important provisions relating to the oversight of compounding of human drugs. Title I of this new law, the Compounding Quality Act, removes certain provisions from section 503A of the Federal Food, Drug, and Cosmetic Act (FDCA) that were found to be unconstitutional by the U.S. Supreme Court in 2002. Section 503A describes the conditions under which certain compounded human drug products are entitled to exemptions from three sections of the FDCA requiring:

- Compliance with current good manufacturing practices (CGMP) (section 501(a)(2)(B));
- Labeling with adequate directions for use (section 502(f)(1)); and
- FDA approval prior to marketing (section 505).

By removing the unconstitutional provisions, the new law removes uncertainty regarding the validity of section 503A, which will be applicable to compounders nationwide.

In addition, the new law creates a new section 503B in the FDCA. Under section 503B, a compounding facility can become an "outsourcing facility." An outsourcing facility will be able to qualify for exemptions from the FDA approval requirements and the requirement to label products with adequate directions for use, but not the exemption from CGMP requirements. Outsourcing facilities:

- Must comply with CGMP requirements,
- Will be inspected by FDA according to a risk-based schedule, and
- Must meet certain other conditions, such as reporting adverse events and providing FDA with certain information about the products they compound.

If compounders register with the FDA as outsourcing facilities, hospitals and other healthcare providers can provide their patients with compounded products that are subject to CGMP requirements and federal oversight.

If a compounding facility chooses not to register as an outsourcing facility and qualify for the exemptions under section 503B, the compounding facility could qualify for the exemptions under section 503A of the FDCA. Otherwise, it would be subject to all of the requirements in the FDCA applicable to conventional manufacturers. FDA anticipates that state boards of pharmacy will continue their oversight and regulation of the practice of pharmacy, including traditional pharmacy compounding. The Agency also intends to continue to cooperate with State authorities to address pharmacy compounding activities that may be violative of the FDCA.

FDA has initiated actions to implement the new law.

FDA Actions to Implement Compounding Quality Act:
- Outsourcing Facility Registration and Reporting
- Traditional Compounding
- Enhanced Communication with States
- Creation of Advisory Committee
- Nominations for Lists
- Inspections and Enforcement

For More Information:
- FDA Announcements
- Compounding Recall Notices
- Compounding: Information for Consumers and Health Care Providers
- Historical Pharmacy Compounding Information
- Registered Outsourcing Facilities

http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompou... 3/18/2014
Related Information

- Medical Devices: Pharmacy Compounding Systems - Final Guidance for Industry and FDA
- Animal Drugs: FDA Compliance Policy Guide: Compounding of Drugs for Use in Animals (CPG Sec. 608.400)

Page Last Updated: 01/10/2014
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.

Accessibility Contact FDA Careers FDA Basics FOIA No Fear Act Site Map Transparency Website Policies

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Email FDA

For Government For Press
Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of Health & Human Services

Links on this page:
1. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm376732.htm
2. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm
3. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm#Outsourcing
4. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm#Traditional
5. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm#Enhanced
6. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm#Creation
7. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm#Nominations
8. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm#Inspections
9. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm376407.htm
10. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm376408.htm
11. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm376395.htm
12. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm376286.htm
13. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm378645.htm
14. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm380596.htm
15. /MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm073576.htm

http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompou...  3/18/2014
Pharmacy Compounding Legislation and Implementation

50 State Meeting

Jane A. Axelrad
Associate Director for Policy
Center for Drug Evaluation and Research
March 20, 2014

Summary of Presentation

- Historical context
- Overview of 503A and 503B
- Implementation Efforts
Compounding by Outsourcers Has Increased

- Hospitals and health care systems compounded drugs in house for own use
- Over the past 15-20 years, hospitals and health care systems have increasingly begun to purchase compounded drugs from outsourcers
- For sterile drugs, compounding batches for multiple facilities, with long BUDs and distributing over long distances increase risks

Section 503A

- 503A describes the conditions under which certain compounded human drug products are entitled to exemptions from three sections of the FDCA requiring:
  - FDA approval prior to marketing (section 505)
  - Compliance with current good manufacturing practice (CGMP) (section 501(a)(2)(B)); and
  - Labeling with adequate directions for use (section 502(f)(1))
- Pharmacies that qualify for the exemptions are primarily regulated by the states, although some Federal requirements still apply (e.g., no insanitary conditions)
Section 503A Requirements

- Compounding performed by licensed pharmacist in a licensed pharmacy or Federal facility, or by licensed physician
- Prescription for an identified individual patient; anticipatory compounding in limited quantities before receipt of prescription

Requirements for Bulk Drug Substances Used to Compound Under 503A

- Bulk drug substances (i.e., active ingredients) used to compound must be:
  - Components of FDA-approved drugs;
  - The subject of a USP monograph; or
  - Appear on a list of bulk drugs developed by FDA of bulk drug substances acceptable for compounding

- In addition:
  - Bulk must be made at an FDA-registered facility;
  - Be accompanied by a Certificate of Analysis (COA)
Other Section 503A Requirements

- Cannot compound drugs that are on an FDA list of drugs that have been withdrawn or removed from the market because they have been found to be unsafe or not effective.
- Cannot compound drugs that are on an FDA list of drugs that present demonstrable difficulties for compounding.

Other Section 503A Requirements

- Cannot compound regularly or in inordinate amounts what are essentially copies of commercially available products.
- Compounder cannot distribute or cause to be distributed interstate more than 5% of the total prescription orders dispensed or distributed by that pharmacy or physician unless they are located in a state that has entered into a Memorandum of Understanding that provides for appropriate investigation of complaints related to drugs distributed outside the state and addresses the distribution of inordinate amounts of compounded drug products interstate.
Compounding Quality Act

- Removes certain provisions from section 503A related to solicitation of prescriptions and advertising and promotion that were found to be unconstitutional by the U.S. Supreme Court in 2002.
- Clarifies that section 503A is applicable to compounders nationwide
- Adds new section 503B: “Outsourcing Facilities”

A Registered Outsourcing Facility

- Must comply with CGMP requirements;
- Will be inspected by FDA according to a risk-based schedule; and
- Must meet certain other conditions to be exempt from the new drug approval requirements and the requirements for adequate directions for use.
Outsourcing Facility Conditions

- Registered outsourcing facilities must:
  - Report to FDA twice a year information about the products they compounded during previous six months
  - Report adverse events
  - Label their products with certain information

Other Conditions Similar To Those In 503A

- Outsourcing facilities cannot compound drug products that appear on FDA lists
  - of drug products that have been withdrawn or removed from the market because the drug products or their components have been found to be unsafe or not effective,
  - of drug products that present demonstrable difficulties for compounding,
Other Conditions for Outsourcing Facilities

- The outsourcing facility cannot compound a drug that is essentially a copy of one or more FDA-approved drugs.
- The outsourcing facility cannot compound a drug that is subject to a REMS with elements to assure safe use or from a bulk drug substance that is a component of such drug unless the outsourcing facility demonstrates it will use controls comparable to the REMS.

Outsourcing Facility Use of Bulk Drug Substances

- An outsourcing facility may not compound from bulk drug substances –
  - unless the drug it is compounding appears on the FDA drug shortage list, or
  - the bulk drug substance appears on an FDA list identifying the bulk drug substances for which there is a clinical need.
Bulk Drug Substances Used by Outsourcing Facilities

- Bulk drug substances and other ingredients used to compound must comply with USP monographs, if they exist, and bulk drug substances used by outsourcing facilities must come from facilities that have registered with FDA, and be accompanied by a certificate of analysis.

Outsourcing Facility Fees

- An outsourcing facility will not be considered registered until it has paid the applicable annual establishment fee.
- An outsourcing facility may register without paying a fee until September 30, 2014, however, because fees are not required until October 1, 2014.
- Establishment fee is $15,000 adjusted for inflation and small business reductions
- Statute also authorized reinspection fees
By Definition A Registered Outsourcing Facility

- Is engaged in the compounding of STERILE drugs
- Has elected to register as an outsourcing facility
- Complies with all of the conditions in section 503B
- NOT required to be a licensed pharmacy, but compounding must be by or under the direct supervision of a licensed pharmacist
- May or may not obtain prescriptions for identified individual patients

Compounders That Do Not Register as Outsourcing Facilities

- A compounder that:
  - does not register as an outsourcing facility and comply with the conditions under section 503B, and
  - compounds drugs that do not qualify for the exemptions under section 503A
- Is subject to all of the requirements in the FDCA applicable to conventional manufacturers.
The New Law Leaves Some Issues Unresolved

- Compounders may seek to hide out in the traditional compounding category and escape detection.
- The lack of clarity in section 503A over whether a state or FDA has primary responsibility over a particular pharmacy remains.

FDA Moving Swiftly to Implement the New Law

- On Dec. 2, FDA issued three draft guidances:
  - Guidance for compounders on how to register under section 503B as an outsourcing facility
  - Guidance for outsourcing facilities on how to report to FDA required information about the products they make
  - Guidance on the sections of 503A that require rulemaking or other FDA action to implement (bulks list, difficult to compound list, MOU)
FDA Solicited Nominations for Lists

- FDA published 3 Federal Register Notices soliciting nominations for:
  - The list of drugs that cannot be compounded under sections 503A and 503B because they are difficult to compound
  - The list of bulk drug substances that may be used to compound under section 503A
  - The list of bulk drug substances that may be used to compound under section 503B (based on clinical need)

Many Issues Remain In 503A and 503B

- Many parts of section 503A require implementation through rulemaking and/or consultation with an Advisory Committee
- FDA working on additional implementing guidance and regulations
FDA Providing Information About Registered Outsourcing Facilities

- We published a list and information about the status of the facilities including: date of last inspection; 483, if any; other action, if any (such as a warning letter); and whether they compound sterile drugs from bulk drug substances.
- We also posted Q and A about what it does and does not mean to register as an outsourcing facility.
- See: http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm378645.htm

FDA Encouraging Registration

- FDA sent letters to 6,000+ hospitals and health systems encouraging them to purchase compounded drugs from registered outsourcing facilities, if they have a medical need for compounded drugs.
  - Letters emphasized why compounded drugs, including those made by an outsourcing facility, should only be used if there is a medical need that can't be met by an FDA-approved drug.
- FDA also sent letters to governors, Boards of Health and Boards of Pharmacy encouraging them to consider ways to encourage compounders to register as outsourcing facilities.
State partners participated in many recent inspections of compounders; some were initiated at a state's request.

December, 2012, FDA convened a 50 State meeting. FDA holding this meeting to discuss plans for implementing the law and get input from you on how best to partner to improve oversight of the compounding industry.

FDA participating in the USP Expert Working Group and Expert Panel on the revisions to USP Chapter 797 standards that apply to sterile compounding by compounders not registered as outsourcing facilities.
Oversight of Outsourcing Facilities

- FDA has begun inspecting outsourcing facilities, focusing on those that have not been inspected by FDA before they registered
  - Looking at processes for producing sterile drugs, and
  - Compliance with certain other conditions under section 503B such as the specified labeling requirements

Establishing CGMPs for Outsourcing Facilities

- FDA intends to issue draft interim CGMP guidance for outsourcing facilities and ultimately, final requirements in regulations
- FDA intends to post any inspectional observations for outsourcing facilities
Compounders Not Registered as Outsourcing Facilities

- FDA has been conducting inspections of compounding pharmacies for cause (in response to serious adverse event reports, reports of quality problems, and state requests)
- FDA has also been conducting proactive inspections to identify pharmacies with deficient sterile practices
- FDA will continue these efforts as available resources permit
Memorandum of Understanding
With the States Under Section 503A

Jane A. Axelrad
Associate Director for Policy
Center for Drug Evaluation and Research
March 20, 2014

Purpose of MOU Provision

- This is one of several provisions of section 503A designed to distinguish between traditional compounding and conventional manufacturing
- Derived from FDA’s 1992 Compliance Policy Guide that listed 9 factors to be considered in deciding whether to take action against a pharmacy for activities normally associated with a manufacturer
- One factor was: “Distributing inordinate amounts of compounded products out of state.”
Statutory Provision

• Unless the drug product is compounded in a state that has entered into an MOU, a compounder cannot
  – distribute or cause to be distributed compounded drug products outside of the state in which they are compounded in quantities that exceed 5% of the total prescription orders dispensed or distributed by that pharmacy or physician

MOU Requirements

• The MOU must:
  – address “the distribution of inordinate amounts of compounded drug products interstate”; and
  – provide “for appropriate investigation by a State agency of complaints relating to compounded drug products distributed outside such State”
In 1999, after consultation with NABP, FDA published a draft standard MOU for comment. Draft MOU provisions:

- The statute does not contemplate 50 individual MOUs.
- FDA directed to develop a standard MOU in consultation with NABP.

- State agreed to investigate complaints of compounded drugs shipped interstate.
- Complaints included reports of serious AEs, alleged violations of the FDCA including compounding that does not qualify for the exemptions in section 503A and compounding of a drug product that is adulterated or misbranded.
12/23/98 Draft, cont'd

• Encouraged cooperation with the state into which the drug was shipped and referrals between states, and specified actions to be taken based on findings from investigations
• Asked states to maintain records of complaints and investigations for 3 years
• Disputes between two states could be referred to FDA district offices

12/23/98 Draft - Inordinate Amounts

• Defined "inordinate" in terms of both total Rx and individual products:
  – Number of compounded prescriptions dispensed or distributed interstate annually by a pharmacy or physician is equal to or greater than 20% of the total number of prescriptions dispensed or distributed (including both intrastate and interstate) by such pharmacy or physician; OR
  – The total number of prescriptions so dispensed or distributed was less than 20% but the total amount for one or more individual compounded drug products constituted more than 5% of the total number of Rx's dispensed or distributed
12/23/98 Draft - Inordinate Amounts

- Distribution to patients interstate but within 50 miles of the compounding pharmacy was excluded from the calculation
- Compounding in response to an emergency was also excluded

Issues for Discussion

- How should FDA define "inordinate amounts" in the MOU? Options include:
  - Percentage
  - Range
  - Absolute amount
  - No amount
  - Per product or total or both
- How can it be made implementable by states and FDA?
- Should it take into account contiguous states? If so, how?
Issues for Discussion, cont’d

• What should the MOU say about the handling of complaints?
  – What complaints should the MOU address?
    Options:
    • Related to compounded products shipped interstate or all complaints?
    • Limit to complaints related to adverse events (AEs)? Or include quality problems (e.g., contamination, potency) that haven’t yet led to AEs? Other types of complaints?

Issues for Discussion, cont’d

• What should the MOU say about what constitutes “appropriate investigation by a State agency of complaints”?
• Should the MOU require the state to notify FDA about complaints? If so, when?
• Should the MOU specify the type of coordination and communication between FDA and states to ensure investigations are appropriate?
Inspections of Sterile Drug Compounding Facilities

Ellen Morrison
Assistant Commissioner for Operations
Office of Regulatory Affairs
OGROP/FDA

Inspections

- For-cause inspections
  - After receiving reports or complaints about serious adverse events related to drugs
  - When states request our assistance
- Surveillance inspections
  - Firms we were aware of that produced sterile drugs
  - Risk-based model
    - Serious adverse event reports
    - Historical inspection data
    - Reports of product quality problems
Inspections

- Product-Specific Inspection and Record Review
  - Excessive Beyond Use Dates with no data
  - Methods of Sterilization
  - Equipment, Containers, and Closures
  - Record Review Facility Wide

State & FDA Collaboration

- Transparency between States and FDA
- Risk model built on information sharing
  - Focus on evaluating surveillance & enforcement – using existing authorities
  - Refusals
  - Warrants
Inspectional observations (FDA 483s) for insanitary conditions are made when in the investigator's judgment, conditions or practices observed, indicate that a drug product may have adulterated because it has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth or rendered injurious to health.

Residue in Weigh Station Hoods

Aspergillus niger (mold) in finished product of CA Gluconate
• Next Steps
  – Continue to collaborate with state authorities in for-cause, surveillance and follow-up inspections of compounding pharmacies.
  – Evaluate outsourcing facilities for compliance and ability to produce sterile drug product and requirements set forth in 503B
Possible FDA Regulatory Actions Involving Drug Compounding

Michael M. Levy, Jr., J.D.
Deputy Director for Policy & Analysis
Office of Compliance
CDER/FDA

Post Inspection

- At close of the inspection -- 483 is issued
- Documentation and evidence is prepared
- Establishment inspection report (EIR) is written
- Review and discussion between Office of Regulatory Affairs (ORA), Center for Drug Evaluation and Research (CDER) and Office of Chief Counsel (OCC) of potential charges, actions, and next steps
- Draft the documents to accomplish the action
Voluntary Actions

- Recalls
- Voluntary Cessation of Operation

Warning Letters vs. State Referral Letters

- Warning Letters:
  - Issued to the inspected facility for violations of the Food Drug and Cosmetic Act
  - Compounding facility manufactures drugs that do not qualify for exemptions under section 503A or 503B of the Act, or
  - Compounding facility violates a section of the Act for which there is no exemption under section 503A or 503B of the Act (e.g., insanitary conditions [21 U.S.C. section 351(a)(2)(A)])
Injunctions

- To stop continued production or distribution of violative products and correct conditions that caused violations
- Often if a firm has a history of violations and has not made corrections
- Referral letter and consent decree
- Work with the Department of Justice
- Issue "sign or sue" letter
- Negotiate consent decree
- File complaint

Seizures

- Action taken to swiftly remove violative drug product from the market
- Draft Complaint
- Work with the Department of Justice
- United States Marshals execute the seizure
Federal-State Meeting to Discuss Pharmacy Compounding

Carmen A. Catizone, MS, RPh, DPh
Executive Director
National Association of Boards of Pharmacy

Memorandum of Understanding
To qualify for the exemptions under Section 503A, a compounding pharmacy cannot ship compounded drugs interstate that exceed 5% of the total prescription drugs dispensed or distributed unless the state in which it is located has signed a memorandum of understanding (MOU) with Food and Drug Administration (FDA).

The MOU must address the distribution of inordinate amounts of compounded drug products interstate and provide for appropriate investigation by a state agency of complaints relating to compounded drug products distributed outside the state.
Guidance for Industry

MOU – 1999

In consultation with the NABP, the agency is currently developing a draft standard MOU on pharmacy compounding that would establish a cooperative program between FDA and state agencies that choose to enter into the MOU, regarding the regulation of interstate distribution of compounded drug products.

MOU – 1999

• The Guide listed examples of activities that the FDA believed raised concerns and would be considered in determining whether to bring an enforcement action.

• The Guide further warned that pharmacies could not dispense drugs to third parties for resale to individual patients without losing their status as retail entities.
Considerations and Substance of the MOU

- Define “inordinate amount”
- Measurable metrics to define and determine “5%”
- Not a bypass for “office use” or “stock” compounding
- Communication and enforcement collaboration with the states
Candidature and Substance of the MDCU

- Define "incidence scenario"
- Measure the interconnection of different and determinate "step"
- Net physics for "office use" or "stock"
- Communication and interaction
- Collaboration with the state
PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY

LCB File No. R016-14

February 14, 2014

EXPLANATION – Matter in italics is new; matter in brackets [omitted material] is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the controlled substances listed on schedule III; and providing other matters properly relating thereto.

Section 1. NAC 453.530 is hereby amended to read as follows:

453.530 1. Schedule III consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including their salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule III, including:

(a) Those compounds, mixtures or preparations in dosage unit form containing any substance listed in schedule II which has a stimulant effect on the central nervous system, which compounds, mixtures or preparations were listed on August 25, 1971, as excepted compounds under the regulations of the Drug Enforcement Administration of the United States 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, flupyrazenon).

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 isouquinoline 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,

LCB Draft of Proposed Regulation R016-14
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) Formylidienolone;
(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

(ii) 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], including 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.
Dear Mr. Pinson,

I am writing this letter in my capacity of Senior Director of Regulatory Affairs for Express Scripts including all its subsidiaries to offer comment on the proposed changes to 639.748 NAC.

Generally, Express Scripts supports the goal of the proposed changes; positive identification of patients receiving controlled substances. However, we have some concerns with the specifics of the proposal.

Specifically, Express Scripts has some concern with the use of a Driver's License or government issued photo ID as a patient identifier. The use of a Driver's license or GOVID has several drawbacks depending on the nature of the pharmacy practice. In the case of home delivery, the patient often does not know that the License number is required when the prescription is given to the pharmacy nor is the number available to the prescriber when the prescription is phoned or faxed to the pharmacy so it is not supplied in advance resulting in delays in filling while obtaining the required information. Additionally, not every patient has a driver's license, the most obvious being those under 16 but also some older patients. In the case of home delivery, the patient is already a known customer as a result of their employer sponsored insurance plan. The patient is already registered, and has been validated as the correct recipient of the prescription.

Florida, for example used the following language:
"Any pharmacist who dispenses by mail a controlled substance prescription listed in Schedule II – V is exempt from the requirement to obtain suitable identification for the prescription dispensed by mail if the pharmacist has obtained the patient’s identification through the patient’s prescription benefit plan."

Therefore Express Scripts would suggest the identifier be either the Driver's License number OR a patient identification number assigned by the patient's insurance provider. This would accomplish the Board's goal of positive identification.

Thank you for your consideration.

Dennis McAllister R.Ph., FASHP
EXPLANATION – Matter in italics is new; matter in brackets [omitted material] is material to be omitted.

AUTHORITY: §§1 and 2, NRS 639.070.

A REGULATION relating to pharmacy; revising provisions governing the presentation of identification by a person who picks up a controlled substance; and providing other matters properly relating thereto.

Section 1. NAC 639.748 is hereby amended to read as follows:

639.748 1. Except as otherwise provided in this section, an employee of a pharmacy who is authorized to dispense controlled substances shall, before dispensing a controlled substance pursuant to a lawful prescription, request the person [to whom] who picks up [the controlled substance to be dispensed] to present a current and valid form of identification issued by a federal, state or local governmental agency that contains a photograph of the person. The employee shall not dispense the controlled substance if:

(a) That person does not present such identification; or

(b) The employee reasonably believes that the identification presented has been altered or is false or otherwise invalid.

2. The provisions of subsection 1 do not apply if:

(a) [The prescription is paid for, in whole or in part, by an insurer;]
The prescription is for a patient who has had a prescription previously filled by the pharmacy; or

The pharmacy is a part of the health care facility where the patient is being treated; and

(b) The person who picks up the controlled substance is personally known to an employee of the pharmacy.

3. If the provisions of subsection 1 apply, the employee dispensing the controlled substance shall:

(a) Make a copy of the identification presented to the employee; or

(b) Record the full name of the person who picks up the controlled substance, is dispensed and the identification number, if any, indicated on his or her identification, presented to the employee and the federal, state or local governmental agency that issued the identification. The employee shall record that information on:

(1) The prescription;

(2) The refill log;

(3) The counseling log;

(4) A computer record related to the patient; or

(5) A document that is readily retrievable and accessible for inspection by law enforcement or any member, employee, agent or designee of the Board.

4. If a copy of the identification is made pursuant to paragraph (a) of subsection 3, it must be filed with the copy of the prescription that is maintained by the pharmacy.

5. As used in this section, “valid form of identification” does not include:

(a) A driver authorization card obtained in accordance with NRS 483.291; or
(b) A driver authorization card, driving privilege card or other similar card issued by another jurisdiction.

Sec. 2. NAC 639.753 is hereby amended to read as follows:

639.753 1. A pharmacist may decline to fill a prescription that satisfies the requirements of this chapter and chapter 639 of NRS only if the pharmacist reasonably believes, in his or her professional judgment, that:

(a) The filling of the prescription would be unlawful;

(b) The filling of the prescription would be imminently harmful to the medical health of the patient;

(c) The prescription is fraudulent; or

(d) The prescription is not for a legitimate medical purpose.

2. If a pharmacist declines to fill a prescription pursuant to this section, the pharmacist shall speak with the prescribing practitioner in a timely manner to discuss and resolve the concerns of the pharmacist regarding the prescription. Before the pharmacist speaks with the prescribing practitioner, the pharmacist may, based on his or her professional judgment:

(a) Retain the prescription and not return the prescription to the patient;

(b) Return the prescription to the patient;

(c) Make a [photocopy] copy of the prescription and return the prescription to the patient; and

(d) Unless the prescription is for a controlled substance that is listed in schedule II, dispense a quantity of the drug prescribed, not to exceed a 3 days’ supply, to allow a reasonable period for the pharmacist to speak with the prescribing practitioner about the concerns of the pharmacist regarding the prescription.
3. After speaking with the prescribing practitioner, the pharmacist may fill the prescription if the pharmacist reasonably believes, in his or her professional judgment, that the prescription is:

(a) Lawful;

(b) Not imminently harmful to the medical health of the patient;

(c) Not fraudulent; and

(d) For a legitimate medical purpose.

4. If, after speaking with the prescribing practitioner, the pharmacist reasonably believes, in his or her professional judgment, that the prescription does not meet one or more of the standards set forth in subsection 3, the pharmacist shall retain the prescription and may not return the prescription to the patient.
PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY

LCB File No. R015-14

March 13, 2014

EXPLANATION—Matter in italics is new; matter in brackets [omitted material] is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the list of substances contained 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-
cetylmethadol, 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;
Dimethyliothiambutene;
Dioxaphetyl butyrate;
Dipipanone;
Ethylmethylthiambutene;
Etonitazene;
Etoeridine;
Furethidine;
Hydroxypethidine;
Ketobemidone;
Levomoramide;
Levophenacylmorphan;
3-Methylfentanyl (N-[3-methyl-L-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);
3-Methylthiofentanyl (N-[(3-methyl-L-(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-acetoxy Piperidine);
Phenadoxone;
Phenampromide;
Phenomorphan;
Phenoperidine;
Piritramide;
Proheptazine;
Properidine;
Propiram;
Racemoramidc;
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;
Methyldesorphone;
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, SomaPro, 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-ethylamphetamine (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);

2,5-Dimethoxy-N-(2-methoxybenzyl)phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 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; psilocetin; O-acetylsilocin; 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-ethynaphthalen-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-iodophenyln-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)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

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);

--9--

LCB Draft of Proposed Regulation R015-14
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) phenethamine, 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[3.3.1.13,7]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) phenethamine, 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-chloro-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: DMT);
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-MFP, 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* Lem.aire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

--14--

LCB Draft of Proposed Regulation R015-14
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) [or]

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: β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

Fenethylline;

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 (Mephedrone) 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-methyaminorex (+(+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Methylenedioxypyrovalerone (some trade or other names: 3,4-

Methylenedioxypyrovalerone, 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-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine); or N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.