January 8, 2015

AGENDA

◊ PUBLIC NOTICE ◊

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, January 21, 2015 at 9:00 am. The meeting will continue, if necessary, on Thursday, January 22, 2015 at 9:00 am or until the Board concludes its business at the following location:

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas

Please Note

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

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

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

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

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126. Please be aware that after the quasi-judicial board or commission had rendered a decision in the contested case and assuming this happens before adjournment, then you may advise the board or commission that it may entertain public comment on the proceeding at that time.
CONSENT AGENDA

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

1. Public Comments and Discussion of and Deliberation Upon Those Comments: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

2. Approval of December 3, 2014, Minutes for Possible Action

3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
   
   A. Banner Family Pharmacy – Chandler – Chandler, AZ  
   B. Canyon Care Rx – Tempe, AZ  
   C. Exact Care Pharmacy LLC – Valley View, OH  
   D. Hemophiliac Support Systems – Cypress, CA  
   E. Innovativerx Gulf Coast Pharmacy – Naples, FL  
   F. MedImpact Direct, LLC – Tempe, AZ  
   G. MedVantx Specialty Pharmacy – Louisville, KY  
   H. Safeway Pharmacy – Bullhead City, AZ  
   I. Script Specialists – Madisonville, LA  

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

   J. Accu-Care Pharmacy – Sugar Land, TX  
   K. Alero Health – Cranbury, NJ  
   L. Choice Compounding Pharmacy – Torrance, CA  
   M. Custom Care Pharmacy – Oak Park, IL  
   N. Heartland Pharmacy – Ammon, ID  
   O. Rx Unlimited Pharmacy – North Hills, CA  

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

   P. Arthrocare Corporation – Austin, TX  
   Q. Arthrocare Corporation – Austin, TX  
   R. Arthrocare Corporation – Irvine, CA  
   S. Cetylite Industries, Inc. – Pennsauken, NJ  
   T. Ceva Animal Health, LLC – Kansas City, MO  
   U. Covidien Sales LLC – Plainfield, IN  
   V. DPT Lakewood, LLC – Lakewood, NJ  
   W. Genco – Milwaukee, WI
X. Gen-Source Rx – Carlstadt, NJ
Y. Haemonetics Corporation – Mount Juliet, TN
Z. Kuehne + Nagel Inc. – Plainfield, IN
AA. Kuehne + Nagel Inc. – Redlands, CA
BB. Medico-Mart, Inc. – Waukesha, WI
CC. Midwest Medical Supply Co., LLC – Phoenix, AZ
DD. Owens & Minor Distribution, Inc. – Carol Stream, IL
EE. RGH Enterprises, Inc. – Hazelwood, MO
FF. Sanofi-Aventis U.S. LLC – Taylor, PA
GG. SCA Pharmaceuticals, LLC – Little Rock, AR
HH. Young Dental Manufacturing 1, LLC – Earth City, MO
II. Walgreens Co. – Mount Vernon, IL

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

JJ. Altius Healthcare – Prescott, AZ
KK. Countrywide Medical – Houston, TX
LL. Gingi-Pak, A Division of the Belpot Co., Inc. – Camarillo, CA
MM. Handi Medical Supply, Inc. – St. Paul, MN
NN. HemaSourse Inc. – West Jordan, UT
OO. Inspire Medical Equipment & Services, Inc. – Warwick, RI
PP. N2Sleep Homecare – Pleasanton, CA
QQ. Ocean Home Health Supply LLC – Lakewood, NJ
RR. Regenesys Health Services, Inc. – Jacksonville, FL
SS. RGH Enterprises, Inc. – Hazelwood, MO
TT. Smiths Medical ASD, Inc. – Southington, CT

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

UU. Ear, Nose And Throat Surgery Center LLC – Las Vegas
VV. Smith’s Pharmacy #301 – North Las Vegas
WW. Smith’s Pharmacy #304 – Las Vegas
XX. Smith’s Pharmacy #305 – Las Vegas
YY. Smith’s Pharmacy #306 – North Las Vegas
ZZ. Smith’s Pharmacy #318 – Las Vegas

♦ REGULAR AGENDA ♦

4. Appearance Request for Possible Action:

Opioid Rescue Therapy:
Judge Dorothy Nash-Holmes and Dr. Karla Wagner
5. 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. Daniel Asarch, R.Ph (13-076-RPH-S)
B. Partell Pharmacy West (13-076-PH-S)
C. Joseph Edwards, R.Ph (14-033-RPH-N)
D. Ridley’s Clinic Pharmacy (14-033-PH-N)
E. Scott M. Harrington, R.Ph (14-064-PH-S)
F. Smith's Pharmacy #394 (14-064-PH-S)
G. Sherrilyn DeFreece, PT (14-084-PT-S)
H. Breanna C. Macias, PT (14-085-PT-S)
I. Jaime Cordoba-Hernandez, R.Ph (14-086-RPH-S)

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

American Specialty Pharmacy – Las Vegas

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

A. California Pharmacy & Compounding Center – Newport Beach, CA
B. Diamondback Drugs – Scottsdale, AZ
C. OptumRx – Carlsbad, CA

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

A. Boothwyn Pharmacy, Inc. – Boothwyn, PA
B. MedicoRx Specialty – Van Nuys, CA
C. North Beaches Pharmacy Inc. – Jacksonville, FL
D. Preckshot Professional Pharmacy – Peoria Heights, IL
E. Synergy Pharmacy Services, Inc. – Palm Harbor, FL

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

A. Bluebird Medical Supply, Inc. – Las Vegas
B. Medical Supplies Las Vegas, Inc. – Las Vegas

10. Application for Controlled Substance Registration – Appearance for Possible Action:

Richard A. Singer, MD

11. Application for Pharmacist Licensure by Examination – Appearance for Possible Action:

Venus Vedadi
12. Discussion and Determination for Possible Action:

   Cite and Fine for Unlicensed MDEG's

13. Possible Election of Officers for Possible Action

14. General Counsel Report for Possible Action

15. Executive Secretary Report for Possible Action:

   A. Financial Report
   B. Temporary Licenses
   C. Staff Activities
      1. CE Presentations:
         a. Drug and Family Court Judges & Staff
         b. APRN's
         c. Dental Hygienist Association
         d. DEA's Pharmacy Diversion Awareness Conference
   2. Video Contest Governor & AG's Luncheon
   3. Veterinary Board Appearance

   D. Reports to Board
   1. Collaborative Efforts:
      a. BOME; BON; BOVM
   2. National Governor’s Association Meeting on Rx Drug Abuse
   3. NABP Inspection Blueprint Development Workshop
   4. Legislative Committee on Regulations
   5. Meeting with Dr. George Wang of Sirum

   E. Board Related News
   1. NABP District Meeting

   F. Activities Report

   ✧ ✧ ✧ WORKSHOP for Possible Action ✧ ✧ ✧

   Thursday, January 22, 2015 – 9:00 am

16. **Proposed Regulation Amendment Workshop** – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.

   A. **Amendment of Nevada Administrative Code 639.050 Storage and destruction of certain controlled substances.**

   B. **Amendment of Nevada Administrative Code 639.498 Destruction of certain controlled substances: Requirement; procedure.**
C. **Amendment of Nevada Administrative Code 639.760** Return of unused drugs packaged in unit doses.

D. **Amendment of Nevada Administrative Code 639.6282** Third-party logistics provider. Updating the law to be consistent with federal Drug Quality and Security (DQSA).

E. **Amendment of Nevada Administrative Code 639.6305** Third-party logistics providers: General Requirement. Updating the law to be consistent with federal Drug Quality and Security (DQSA).

F. **Amendment of Nevada Administrative Code 639. New Language** Outsourcing Facilities Updating the law to be consistent with federal Drug Quality and Security (DQSA).

17. Next Board Meeting:

   March 4-5, 2015 – Reno

18. 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

Hyatt Place
1790 E Plumb Lane
Reno, NV

December 3, 2014

Board Members Present:

Kam Gandhi       Leo Basch    Cheryl Blomstrom  Jack Dalton
Kirk Wentworth

Board Members Absent:

Tallie Pederson   Kevin Desmond

Board Staff Present:

Larry Pinson      Dave Wuest    Paul Edwards    Shirley Hunting
Joe Depczynski   Kristopher Mangosing

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

1.  Public Comment

No public comment.

2.  Approval of October 15 & 16, 2014, Minutes

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

- Item 7: Paragraph 4 - Board staff will verify and correct the date when the Dental Board entered a Stipulated Agreement regarding Dr. Greenwood
- Item 7: Jack Dalton recused from participation in this matter and therefore did not offer a vote.
Board Action:

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

Second: Jack Dalton

Action: Passed Unanimously

3. Applications for Out-of-State Pharmacy

A. Accredo Health Group, Inc. – Englewood, CO
B. Acro Pharmaceutical Services LLC – Sharon Hill, PA
C. Axium Healthcare Pharmacy West – Irvine, CA
D. Baxter Healthcare Corporation – Salt Lake City, UT
E. Brand Direct Health, L.L.C. – Mandeville, LA
F. Complete Care Pharmacy – Champaign, IL
G. Integrity Rx Specialty Pharmacy LLC – Scottsdale, AZ
H. Ira’s Pharmacy – Lake Worth, FL
I. Medi-Home Pharmacy – Irmo, SC
J. Omnicare of Northern Illinois – Des Plaines, IL
K. Premier Med Services Inc. – Los Angeles, CA
L. Pet Rescue Rx, Inc. – Akron, NY
M. Safeway Pharmacy #4702 – Long Beach, CA
N. Vet Approved Rx – Oakland, TN

Applications for Out-of-State Compounding Pharmacy

O. Akina Pharmacy – Chantilly, VA
P. Darmann Pharmacy – Simi Valley, CA
Q. Glades Drugs – Pahokee, FL
R. HM Compounding – Bayonne, NJ
S. HM Compounding – Brooklyn, NY
T. Irvine Wellness Pharmacy – Irvine, CA
U. Jones Total Health Pharmacy – Ft Lauderdale, FL
V. Marian Respiratory Care, Inc. – Daphne, FL
W. Rx Pro of Alabama, LLC – Dothan, AL

Applications for Out-of-State Wholesaler

X. American Pharmaceutical Ingredients, LLC – Waterford, MI
Y. Centurion Medical Products – San Bernardino, CA
Z. Exel Inc. – Mechanicsburg, PA
AA. Exel Inc. – Taunton, MA
BB. Exela Pharma Sciences, LLC – Lenoir, NC
CC. Fisher Scientific Company L.L.C. – Agawam, MA
DD. Fisher Scientific Company L.L.C. – Denver, CO
GG. Fisher Scientific Company L.L.C. – Hanover Park, IL
HH. Fisher Scientific Company L.L.C. – Houston, TX
II. Fisher Scientific Company L.L.C. – Nazareth, PA
JJ. Fisher Scientific Company L.L.C. – Pittsburgh, PA
KK. Fisher Scientific Company L.L.C. – Suwanee, GA
LL. Fisher Scientific Company L.L.C. – Suwanee, GA
MM. Halyard Sales, LLC – Tucson, AZ
NN. Owen Laboratories, Inc. – Fort Worth, TX
OO. Pine Pharmaceuticals – Tonawanda, NJ
PP. Purelife, LLC – Carson, CA
QQ. Sun Pharmaceutical Industries, Inc. – Cranbury, NJ
RR. Tolmar Pharmaceuticals, Inc. – Fort Collins, CO
SS. Tolmar Pharmaceuticals, Inc. – Fort Collins, CO
TT. Virtus Pharmaceuticals, LLC – Tampa, FL
UU. Webster’s Community Pharmacy – Altadena, CA

Applications for Out-of-State MDEG

VV. AccessClosure, Inc. – Santa Clara, CA
WW. All American Medical Supplies, LLC – Miramar, FL
XX. All American Medical Supplies, LLC – Riegelsville, PA
YY. American Home Medical Inc. – Davie, FL
ZZ. MDS Medical Device Specialty Inc. – Woods Cross, UT
AAA. Medstrive, LLC – Sherman, TX
BBB. One Call Care Equipment & Devices – Jacksonville, FL
CCC. Sleep Management L.L.C. – Lafayette, LA
DDD. Ultra Medical Supply – Bullhead City, AZ

Applications for Nevada Pharmacy

EEE. Divine Touch Services Pharmacy & Compounding LLC – Sparks
FFF. Safeway Pharmacy #1517 – Fallon
GGG. Safeway Pharmacy #2255 – Hawthorne
HHH. Safeway Pharmacy #1210 – Reno
III. Safeway Pharmacy #2656 – Sparks
JJJ. Safeway Pharmacy #1537 – Zephyr Cove
KKK. Vons Pharmacy #2391 – Boulder City
LLL. Vons Pharmacy #1795 – Henderson
MMM. Vons Pharmacy #2511 – Henderson
NNN. Vons Pharmacy #2615 – Henderson
OOO.  Vons Pharmacy #1688 – Las Vegas
PPP.  Vons Pharmacy #1963 – Las Vegas
QQQ.  Vons Pharmacy #1970 – Las Vegas
RRR.  Vons Pharmacy #2390 – Las Vegas
SSS.  Vons Pharmacy #2392 – Las Vegas
TTT.  Vons Pharmacy #2395 – Las Vegas
UUU.  Vons Pharmacy #2613 – Las Vegas
VVV.  Vons Pharmacy #2614 – Las Vegas

Application for Nevada Warehouse
WWW.  Cameron Pharmaceuticals, LLC – Henderson

Application for Nevada Wholesaler
XXX.  OHL – Sparks

President Gandhi disclosed that he is employed by Albertsons/Sav-On who recently merged with Vons. He will preside over this matter but will not cast a vote.

The Board requested clarification of services provided for the Application for an Out-of-State Pharmacy License for Item 3.V., Marian Respiratory Care, Inc. The Board requested clarification of the facility manager for the Application for Out-of-State Wholesaler License for Items 3EE and 3II Fisher Scientific Company L.L.C.

Board Action:

Motion: Cheryl Blomstrom found the Consent Agenda application information to be accurate and complete and moved for approval with the exception of Items 3.V., Marian Respiratory Care, Inc., 3.EE. and 3.II. Fisher Scientific Company L.L.C.

Second: Leo Basch

Action: Passed Unanimously

Board Action:

Motion: Leo Basch moved to approve the Application for Out-of-State Pharmacy License for Item 3.V., Marian Respiratory Care, Inc. pending a signed statement that the pharmacy agrees not to use a preprinted prescription form that includes their business name.

Second: Cheryl Blomstrom

Action: Passed Unanimously
Board Action:

Motion: Cheryl Blomstrom moved to table the Applications for Out-of-State Wholesaler License for Items 3EE and 3II, Fisher Scientific Company L.L.C pending clarification of the Facility Manager for each location.

Second: Leo Basch

Action: Passed Unanimously

4. Presentation of the Bowl of Hygeia Award

Christopher J. Shea, R.Ph

Christopher J. Shea was selected by the Nevada Bowl of Hygeia Committee as the recipient of the 2014 Bowl of Hygeia Award for his outstanding community service and particularly for his contribution and commitment in the field of Geriatric care.

5. Discipline Cases

A. Precision Pharmacy (14-071-PH-O)

Mr. Edwards informed the Board that no representative from Precision Pharmacy was present.

Mr. Edwards explained that this matter is a parallel action against Precision Pharmacy’s pharmacy license. Precision Pharmacy entered a Stipulated Settlement and Disciplinary Order with the California Board of Pharmacy (CA Board) in February 2014, to resolve each of the 21 causes of action in the California Accusation regarding Precision’s compounding of veterinary equine products in violation of another company’s patent.

Mr. Edwards presented a Stipulation and Order regarding Precision Pharmacy for the Board’s consideration. Precision Pharmacy’s Nevada registration shall be suspended. However, that suspension is stayed, and Precision Pharmacy is placed on indefinite probation until it provides documentation from the CA Board indicating that it has been released from probation in that state, and that its CA license has returned to active and unencumbered status with the CA Board. Precision Pharmacy will pay an administrative fee of $1000.00.

Mr. Edwards stated that the presented stipulation is comparable with Precision’s discipline from other states and recommends that the Board accept the Stipulation and Order.
Board Action:

Motion: Leo Basch moved to accept the Stipulation and Order as presented.

Second: Jack Dalton

Action: Passed Unanimously

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

Justin Bustos was present as counsel representing Maryanne Phillips.

Mr. Edwards summarized Dr. Phillips’ case and presented a stipulated agreement regarding an evidentiary issue. The Nevada Board accepts into evidence the certified copy of the California Medical Board’s Orders. Dr. Phillips hereby dismisses all arguments on appeal that challenge, or otherwise call into question, the authenticity of the California Medical Board’s Orders.

Mr. Bustos agreed that Mr. Edwards’ summary of the case and presentation of the stipulation was accurate.

Board Action:

Motion: Cheryl Blomstrom moved to approved the Stipulated Agreement as presented

Second: Kirk Wentworth

Action: Passed Unanimously

6. Application for Controlled Substance Registration

Richard A. Singer, MD

Dr. Singer requested postponement until the January 2015 meeting. No action was taken.
7. Applications for Nevada Pharmacy

A. Aeva Specialty Pharmacy – Las Vegas

Barbara Deinet appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Deinet explained that Aeva Specialty Pharmacy was licensed in January 2014 and has been operational since April. She states Aeva Specialty Pharmacy is a retail pharmacy specializing in non-sterile compounding.

The Board informed Ms. Deinet that supplying physicians with preprinted prescription pads without compensation is not allowed. Ms. Deinet agreed to cease this practice.

Board Action:

Motion: Kirk Wentworth moved to approve ownership change for Aeva Specialty Pharmacy.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. AHF Pharmacy – Las Vegas

William Guss, National Director of Pharmacy for AHF, and Phillip Chung, managing pharmacist, appeared and were sworn by President Gandhi prior to answering questions or offering testimony. Mr. Guss and Mr. Chung did not have a letter from the owner authorizing them to speak on behalf of the company. The Board agreed to review the application.

Mr. Guss stated that AIDS Healthcare Foundation (AHF) is a non-profit organization that provides care to over 350,000 patients in 36 countries.

Mr. Guss explained AHF Pharmacy is a retail pharmacy focused primarily on HIV and AIDS care, but AHF will dispense medications for other STD’s as well as maintenance medications based on the comprehensive needs of their patients.

Board Action:

Motion: Cheryl Blomstrom moved to approve AHF Pharmacy’s Application for Nevada Pharmacy License pending receipt of a letter from the owner that Mr. Guss and Mr. Chung are authorized to speak on behalf of the company.

Second: Leo Basch
Action: Passed Unanimously

C. First Class Rx Pharmacy LLC – Las Vegas

Sandra Martin, owner, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Martin explained First Class Rx Pharmacy is a retail pharmacy that offers a delivery service.

The Board questioned Ms. Martin regarding ownership and funding of First Class Rx Pharmacy. Ms. Martin said that a family member provided the financing in the form of a loan to her to open the pharmacy. Ms. Martin clarified that the family member is not an investor in the business. Ms. Martin stated that she is the sole owner of the pharmacy. At the Board’s request, Ms. Martin will submit a letter to the Board Office disclosing that she is the sole owner of the pharmacy.

Board Action:

Motion: Kirk Wentworth moved to approved First Class RX Pharmacy’s Application for Nevada Pharmacy License pending receipt of a letter disclosing ownership of the pharmacy.

Second: Cheryl Blomstrom

Ayes: Blomstrom, Dalton, Wentworth

Nays: Basch

Action: Motion Carried

8. Applications for Nevada MDEG

A. Arize Medical Equipment Repair – Las Vegas

Diana Walker, owner, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

The Board questioned Ms. Walker about Arize Medical Equipment Repair which has been operating out of her home unlicensed since 2012.

The Board expressed concern regarding the lack of knowledge about regulations and statutes involved with running an MDEG. The Board felt Mr. Walker, the facility administrator, needed to appear to address questions about his availability and his ability to execute the tasks as Arize Medical Equipment Repair’s administrator.
Ms. Walker requested the application be tabled until the January 2015 meeting because Mr. Walker was not available to appear at this time.

After a brief recess, Mr. Walker arrived and requested to be heard by the Board, which President Gandhi agreed to.

Thomas Jeffrey Walker appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

The Board posed questions regarding Mr. Walker's availability to be at Arize Medical Equipment Repair. Mr. Walker assured the Board that he would be on site during business hours, and stated he may reduce business hours in order to ensure he will be available.

Board Staff recommended that Mr. Walker become more familiar with regulations and statutes involved with running an MDEG.

**Board Action:**

**Motion:** Leo Basch moved to approve Arize Medical Equipment Repair’s Application for Nevada MDEG

**Second:** Kirk Wentworth

**Action:** Passed Unanimously

**B. Bluebird Medical Supply Inc. – Las Vegas**

Karine Ghadyan, administrator and owner, and Mary Khamprasyan, consultant, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Ghadyan explained that Bluebird Medical Supply specializes in diabetic shoes and incontinence supplies, and fielded question regarding her proposed practice.

**Board Action:**

**Motion:** Kirk Wentworth moved to approve Bluebird Medical Supply Inc.'s Application for Nevada MDEG License.

**Second:** Jack Dalton

**Ayes:** Wentworth, Dalton

**Nays:** Basch, Blomstrom

In the case of a tie, the President may offer a vote.
President Gandhi offered a nay vote.

Action: Motion Failed

The Board expressed concern regarding Ms. Ghadyan’s lack of experience with the fitting of diabetic shoes and use of the diabetic supplies she plans to sell. The Board recommended Ms. Ghadyan contact vendors to request training materials and certification.

Ms. Ghadyan requested postponement until the January 2015 meeting. No action was taken.

C. Harris Welding Supply – Sparks

Timothy Lettich, General Manager, and Aaron Haupt, Operations Manager and co-owner, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Lettich stated that Harris Welding Supply only sells medical grade gases to people licensed to dispense and/or administer medical gas. He explained the procedure Harris Welding Supply follows in order to track medical gas cylinders.

Mr. Lettich and Mr. Haupt answered questions to the Board’s satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve Harris Welding Supply’s Application for Nevada MDEG

Second: Leo Basch

Action: Passed unanimously

D. Health First Technologies – Carson City

Gary White, owner, and Elsy Colome appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. White explained that Health First Technologies sells electrical muscle stimulation supplies. He stated that currently Health First Technologies only sells to physicians, and is considering selling to patients in the future.

The Board asked Mr. White to clarify arrests, detentions, litigations, and arbitrations disclosed on the application. Mr. White explained the lawsuits involved trademark violations and violations of non-compete contract.
Board Action:

Motion: Leo Basch moved to approve Health First Technology's Application for Nevada MDEG pending inspection.

Second: Cheryl Blomstrom

Action: Passed unanimously

E. Integrated Medical Systems, Inc. – Sparks

Timothy Reynolds, Regional Manager, and Ivette Reynolds, biomedical technician, appeared and were sworn by President Gandhi prior to answering questions or offering testimony. Mr. Reynolds did not have a letter from the owner authorizing her to speak on behalf of the company. The Board agreed to review the application.

The Board requested clarification for unanswered questions on Integrated Medical Systems, Inc.'s application. Board Staff clarified that Integrated Medical Systems, Inc. had also submitted a wholesaler application that had all the questions completed. The Board reviewed and accepted the wholesaler application.

Board Action:

Motion: Kirk Wentworth moved to approve Integrated Medical Systems Inc.'s Application for Nevada Wholesaler pending receipt of a letter from the owner that Mr. Reynolds is authorized to speak on behalf of the company.

Second: Cheryl Blomstrom

Action: Passed unanimously

9. Public Hearing to Act Upon a Regulation for Possible Action:


The proposed amendment will bring the treatment of hydrocodone in Nevada's controlled substance regulations, whether produced as a single-entity product or in combination with any other active ingredient, into conformity with current federal regulations, with which Nevada pharmacists are required to comply.
President Gandhi opened the Public Hearing.

There was no public comment.

President Gandhi closed the Public Hearing.

**Board Action:**

**Motion:** Cheryl Blomstrom moved to adopt the regulation as amended

**Second:** Jack Dalton

**Action:** Passed Unanimously

10. Proposed Regulation Amendment Workshop

**Amendment of Nevada Administrative Code 453.510 Schedule I.** Additions to Schedule I per request from Las Vegas Metro Police Department.

Mr. Edwards said that the amendment will add newly identified synthetic drugs to Schedule I.

President Gandhi opened the Workshop for public comment.

There was no public comment.

**Board Action:**

**Motion:** Cheryl Blomstrom moved to adopt the proposed amendment and move forward to Public Hearing.

**Second:** Kirk Wentworth

**Action:** Passed Unanimously

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

A. North Beaches Pharmacy Inc. – Jacksonville Beach, FL

North Beaches Pharmacy Inc. requested postponement until the January 2015 meeting. No action was taken.

B. Pharmacy Creations – San Diego, CA
Joseph Biderman appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Biderman explained that Pharmacy Creations specializes in sterile compounding of Tri-Moxi and Tri-Moxi-Vanc, and intravitreal injections for use in eye surgery.

The Board questioned Mr. Biderman about Pharmacy Creations past disciplinary actions in other states. Mr. Biderman stated the past disciplinary actions were under different ownership. Mr. Biderman explained to the Board the steps Pharmacy Creations takes to ensure the sterility of the product.

**Board Action:**

**Motion:** Kirk Wentworth moved to approve Pharmacy Creations' Application for Out-of-State Pharmacy License pending favorable inspections by the New Jersey Board of Pharmacy and the Pharmacy Compounding Accreditation Board.

**Second:** Leo Basch

**Action:** Passed Unanimously

C. Soleo Health Inc. – Tempe, AZ

Zackary Stratton, Pharmacist in Charge, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Stratton explained that Soleo Health Inc. is a home infusion company that specializes in compounding IVIG, antibiotics, and TPN.

The Board questioned Mr. Stratton on Soleo Health Inc.'s shipping practices.

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

**Board Action:**

**Motion:** Cheryl Blomstrom moved to approve Soleo Health Inc.'s Application for Out-of-State Pharmacy License pending proof of inspection and accreditation.

**Second:** Kirk Wentworth

**Action:** Passed Unanimously

D. Trucare Pharmacy – Corona, CA
Mina Kolta, Owner and Pharmacist in Charge of Trucare Pharmacy, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Kolta stated that Trucare Pharmacy focuses on long term patient care and offers both sterile and non-sterile compounding.

The Board questioned Mr. Kolta about Trucare Pharmacy's sterility testing procedure.

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

**Board Action:**

**Motion:** Kirk Wentworth moved to approve Trucare Pharmacy's Application for Out-of-State Pharmacy License pending proof of accreditation once it is completed.

**Second:** Cheryl Blomstrom

**Action:** Passed Unanimously

12. **Request for Reduction of Surety Bond - Non Appearance for Possible Action:**

   Blu Pharmaceuticals, LLC

Mr. Pinson reviewed statute NRS 639.515 which addressed Surety Bonds for the Board.

Mr. Wuest explained that no representative from Blu Pharmaceuticals was present. Mr. Wuest stated that he has been in contact with Sharon Luster, vice president, and had no concerns with reducing the Surety Bond.

**Board Action:**

**Motion:** Cheryl Blomstrom moved to reduce Blu Pharmaceuticals surety bond from $100,000 to $5,000.

**Second:** Leo Basch

**Action:** Passed Unanimously

13. **Discussion and Determination for Possible Action:**

   A. Return of Drugs to a Pharmacy
Mr. Pinson explained that currently Nevada has a regulation that prohibits pharmacies from taking back prescription drugs. Board Staff recommends that we change the regulation to allow pharmacies to take prescription drugs back based on the DEA’s guidelines and in the interest of curtailing prescription drug abuse.

Mike Ashton, pharmacist, questioned why pharmacies should be responsible for returned prescription drugs. Mr. Pinson replied that the program is voluntary.

Liz McMenamin, Retail Association of Nevada, recommended educating the public on how to safely dispose of their own prescription medications. She stated that Northern Nevada will continue to do take back programs.

Adam Poruth, pharmacist, agreed that education for patients was key. He stated he was in favor of changing the regulation to make it possible for pharmacies to take back patients prescription drugs.

The Board agreed that the regulation should be changed. Board Staff will draft proposed language and present it at the January 2015 Workshop.

**B. Wholesaler Pedigree – DQSA**

Mr. Pinson provided an overview of DQSA which requires manufacturers and wholesalers to pedigree their drugs to the federal government instead of to the Nevada State Board of Pharmacy, noting that the new federal requirements supersede state law.

The Board discussed how to modify the statute to better cooperate with DQSA, noting that statutory changes and only be made by the Legislature.

**C. Third Party Logistics (3PL)**

Mr. Pinson stated that we are currently licensing 3PLs as wholesalers. He explained that federal law now requires 3PLs be licensed separately from wholesalers.

The Board discussed creating a new license type or subclass to accommodate 3PLs.

Board staff will investigate if a statutory change is necessary in order to change licensing for 3PLs and inform the Board.

**D. Licensing of FDA Licensed Outsourcing Facilities**

Mr. Pinson explained that most Outsourcing Facilities have been licensed around the country as pharmacies when in actuality they manufacture.

Mr. Pinson recommended creating a new license category for Outsourcing Facilities.
Doug Kevin, pharmacy manager at Nevada’s only FDA approved Outsourcing Facility, questioned what category outsourcing facilities will be licensed under.

The Board discussed the possibility of creating a new license category, or creating a subclass under manufacturers. Board Staff will come forth with language.

14. Report on Annual Audit

Mr. Pinson presented the Annual Audit Report for the Board’s information, stating he was pleased with the results.

15. General Counsel Report

There was no General Counsel Report

16. Executive Secretary Report

A. Financial Report

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

B. Temporary Licenses

One temporary license was issued since the last meeting.

C. Staff Activities

1. Presentations:
   a. Continuing Education

   Luis Curras, Paul Edwards, and Dave Wuest have been active in October conducting CE presentations for the renewal period

   b. CE Video

   Paul Edwards presented a one hour law CE which was taped by the “Pharmacist Letter” and will be available through a link on the Board’s website.

   Larry Pinson will be doing a webinar for the University of Nevada, Reno on the topic of prescription drug abuse.

2. Approved Applications from October 2014 Meeting:

   a. Topical Solutions

   Topical Solutions will not be doing sterile compounding. The application was processed as instructed by the Board during the last meeting
b. Richardson East Neighborhood Pharmacy

Richardson East Neighborhood Pharmacy clarified that they would not be doing any other services or any sterile compounding. The application was processed as instructed by the Board during the last meeting.

D. Reports to Board
   1. Collaborative Efforts:
      a. Nevada Veterinary Board
      b. Nevada Board of Chiropractic Physicians

E. Board Related News

Mr. Pinson reported that the National Governor's Association is now meeting monthly to discuss prescription drug abuse.

Mr. Pinson will be attending the award ceremony at the Governor's Mansion for the Nevada Prescription Drug Prevention Video Contest mentioned at the last meeting.

Mr. Pinson and Lisa Adams attended NASCSA regarding the Prescription Monitoring Program.

F. Activities Report

   1. NABP District Meeting

Mr. Pinson reported the NABP District Meeting will be at the Hyatt in Lake Tahoe from September 14 to 17, 2015. Mr. Pinson will be forming a committee to plan an academic program as well as other activities for the meeting.

17. Next Board Meeting:

   January 21-22, 2015 – Las Vegas

18. Public Comments

There was no public comment.
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or
denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

☐ 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: Banner Family Pharmacy - Chandler
Physical Address: 7300 W Detroit St, Chandler, AZ 85226
Mailing Address: Same
Fax: 602-747-2170
Toll Free Number: 844-747-6442 (Required per NAC 639.708)
E-mail: Wesam.Hammad@BannerHealth.com
Website: www.BannerHealth.com
Managing Pharmacist: Wesam Hammad
License Number: 513045

<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: _____________</td>
</tr>
<tr>
<td>☐ Other Services: ___________</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<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.**
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: Canyon CARE Rx
Physical Address: 2826 S. Potter Drive, Suite B
Mailing Address: same
City: Tempe State: AZ Zip Code: 85282
Telephone: 602-850-6236 Fax: 602-850-6226
Toll Free Number: 855-307-6886 (Required per NAC 639.708)
E-mail: d.gomez@bloodsystems.org Website: canyoncarerx.org
Managing Pharmacist: Dennis Gomez, Ph.D. License Number: 5010815

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

79958
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: Exact Care Pharmacy LLC
Physical Address: 9415 Rockside Rd
Mailing Address: 9415 Rockside Rd
City: Valley Village State: CA Zip Code: 84125
Telephone: 216-862-2200 Fax: 216-862-2201
Toll Free Number: 877-355-7225 (Required per NAC 639.708)
E-mail: Donnelly@ExactCarePharmacy.com Website: www.ExactCarePharmacy.com
Managing Pharmacist: Aaron Link License Number: 03122513

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND</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></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,**
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: Hemophilia Support Systems  
Physical Address: 5721 Lincoln Avenue, Suite L  
Mailing Address:  
City: Cypress State: CA Zip Code: 90630  
Telephone: 714-952-9107 Fax: 714-952-9147  
Toll Free Number: 866-439-4366 (Required per NAC 639.708)  
E-mail: evan@hssrx.com Website: www.hssrx.com  
Managing Pharmacist: Swati Patel  
License Number: 49074

<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></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<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.
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: Innovatrievity Gulf coast Pharmacy

Physical Address: 1035 corlier center way ste 2 Naples, Fl 34110

Mailing Address: 12399 S Belcher Rd ste 140

City: Largo State: FL Zip Code: 33773

Telephone: 239-321-9139 Fax: 239-596-5516

Toll Free Number: 888-321-3571 (Required per NAC 639.708)

E-mail: tesha@advancedphorings.com Website: 

Managing Pharmacist: Michael Aquino License Number: PS46485

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND</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></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,**
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: MedImpact Direct, LLC
Physical Address: 8150 S. Kyrene Road Suite #205, Tempe, AZ 85284
Mailing Address: PO Box 51580
City: Phoenix State: Arizona Zip Code: 85076-1580
Telephone: (855) 873-8739 Fax: (888)783-1773
Toll Free Number: (855) 873-8739 (Required per NAC 639.708)
E-mail: customerservice@MedImpactDirect.com Website: www.medimpactdirect.com
Managing Pharmacist: Donald Dean License Number: S018492

<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>☐ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☐</td>
<td>☒</td>
<td>Parenteral **</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>Parenteral (outpatient)</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>Outpatient/Discharge</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Mail Service</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>Long Term Care</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>Sterile Compounding **</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Non Sterile Compounding</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Mail Service Sterile Compounding **</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>Other Services: Limited 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.

79418
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____)  
[ ] 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: [Medvantx Specialty Pharmacy]  
Physical Address: 1800 Outer Loop  
Mailing Address: 1800 Outer Loop Ste 348  
City: Louisville  
State: KY  
Zip Code: 40219  
Telephone: (844) 377-2346  
Fax: (866) 345-2757  
Toll Free Number: (844) 377-2346  
(Required per NAC 639.708)  
E-mail: sean.harms@medvantx.com  
Website: www.medvantx.com  
Managing Pharmacist: Sean Harms  
License Number: 016958

<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>
<tr>
<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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH-03657)

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: Safeway Pharmacy
Physical Address: 751 Highway 95 Bullhead City, AZ 86442
Mailing Address: Same as above
City: Bullhead City State: AZ Zip Code: 86442
Telephone: 928-763-1888 Fax: 928-763-5186
Toll Free Number: 855-798-7267 (Required per NAC 639.708)
E-mail: sean-duffy@safeway.com Website: WWW.SAFENWY.COM
Managing Pharmacist: William Taylor License Number: S01401

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No
☐ Retail Only
☐ 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,
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: Script Specialists
Physical Address: 1925 Hwy 99 West Ste B.

Mailing Address: ____________________________
City: Madisonville State: LA Zip Code: 70447
Telephone: 985-792-4377 Fax: 1-855-551-6337
Toll Free Number: 1-855-668-6337 (Required per NAC 639.708)
E-mail: scriptspecialists@gmail.com Website: __________
Managing Pharmacist: DARREN MARTIN License Number: PST.0196954

<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>☑ No. Off-site Cognitive Services</td>
</tr>
<tr>
<td>☑ Hospital (# beds ____ )</td>
<td>☐ Parenteral **</td>
<td>☐ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☑ Internet</td>
<td>☐ Outpatient/Discharge</td>
<td>☑ Mail Service</td>
</tr>
<tr>
<td>☑ Nuclear</td>
<td>☑ Long Term Care</td>
<td>☐ Sterile Compounding **</td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
<td>☐ Non Sterile Compounding</td>
<td>☐ Mail Service Sterile Compounding **</td>
</tr>
<tr>
<td>☑ Community</td>
<td>☐ Other Services: __________</td>
<td></td>
</tr>
<tr>
<td>☑ Other: __________</td>
<td>☐ Other Services: _______</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,
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: Accu-Care Pharmacy
Physical Address: 4645 Hwy 6, Ste. J
Mailing Address: 4645 Hwy 6, Ste. J
City: Sugar Land State: TX Zip Code: 77478
Telephone: 832-939-9052 Fax: 281-302-6317
Toll Free Number: 844-584-3644 (Required per NAC 639.708)
E-mail: licensing@omnipharmacy.com Website: N/A
Managing Pharmacist: Sajmon Abraham License Number: 52468

<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>☑ ☐ Mail Service 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,**

79158
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
- 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: Alero Health  
Physical Address: 5 Cedar Brook Drive Cranbury NJ 08512  
Mailing Address: 5 Cedar Brook Drive Cranbury NJ 08512
City: Cranbury State: NJ Zip Code: 08512
Telephone: 609-602-4884 Fax: 609-0322010
Toll Free Number: 844 885 8707 (Required per NAC 639.708)
E-mail: Admin@alerohalth.com Website: N/A
Managing Pharmacist: Reena Desai  
License Number: 28R103313800

<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: nonSterile compound</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<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.
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____)  
☐ 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: Choice Compounding Pharmacy  
Physical Address: 4201 Torrance Blvd. Ste 120  
Mailing Address: 4201 Torrance Blvd. Ste 120  
City: Torrance  
State: California  
Zip Code: 90503  
Telephone: 310-543-1111  
Fax: 310-543-1114  
Toll Free Number: 844-262-3676  (Required per NAC 639.708)  
E-mail: pharmacist@choicecompoundingpharmacy.com  
Website: www.choicecompoundingpharmacy.com  
Managing Pharmacist: Anna Yamamoto  
License Number: 55841

<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>☐</td>
<td>☑ Retail</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☑ Hospital (# beds ___)</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☑ Internet</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☑ Nuclear</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☑ Ambulatory Surgery Center</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☑ Community</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☑ Other: _______________</td>
<td>☑</td>
</tr>
<tr>
<td>☑</td>
<td>☑ Non 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,**
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: Custom Care Pharmacy
Physical Address: 7007 W. North Ave.
Mailing Address: 7007 W. North Ave.
City: Oak Park State: Illinois Zip Code: 60302
Telephone: 708-628-5464 Fax: 708 613-4772
Toll Free Number: 1-844-422-7379 (Required per NAC 639.708)
E-mail: vpatel@customcarepharmacy.net Website: customcarepharmacy.net
Managing Pharmacist: Vishali Patel License Number: 051286352

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

86658
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 LLC

☐ 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: PharmEase LLC, DBA Heartland Pharmacy

Physical Address: 3250 E 17th St.

Mailing Address: 1790 Sabin Drive

City: Ammon State: ID Zip Code: 83406

Telephone: 208-552-7617 Fax: 208-552-2103

Toll Free Number: 1-866-552-7617 (Required per NAC 639.708)

E-mail: andrea@pharmeaserv.com Website: pharmeaserv.com

Managing Pharmacist: Lisa Cowley License Number: P4947

<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: LLC</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,
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: RX Unlimited Pharmacy
Physical Address: 16673 Roscoe Blvd, North Hills, CA 91343
Mailing Address: 16673 Roscoe Blvd
City: North Hills State: CA Zip Code: 91343
Telephone: (818) 781-2400 Fax: (818) 781-2401
Toll Free Number: (877) 798-6583 (Required per NAC 639.708)
E-mail: Website: www.rxunlimited.com
Managing Pharmacist: Clifton Eugene Braddy License Number: RPH 45546

TYPE OF PHARMACY AND SERVICES PROVIDED

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

<table>
<thead>
<tr>
<th>Yes/No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Off-site Cognitive Services</td>
<td></td>
</tr>
<tr>
<td>☑ Parenteral **</td>
<td></td>
</tr>
<tr>
<td>☑ Parenteral (outpatient)</td>
<td></td>
</tr>
<tr>
<td>☑ Outpatient/Discharge</td>
<td></td>
</tr>
<tr>
<td>☑ Mail Service</td>
<td></td>
</tr>
<tr>
<td>☑ Long Term Care</td>
<td></td>
</tr>
<tr>
<td>☑ Sterile Compounding **</td>
<td></td>
</tr>
<tr>
<td>☑ Non Sterile Compounding</td>
<td></td>
</tr>
<tr>
<td>☑ Mail Service Sterile Compounding **</td>
<td></td>
</tr>
<tr>
<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,
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION

Facility Name: ArthroCare Corporation
Physical Address: 7000 W. William Cannon Drive, Austin, TX 78735
Mailing Address: 7135 Goodlett Farms Parkway Attn: Legal Department
City: Cordova State: TN Zip Code: 38016
Telephone: 512-391-3900 Fax: 512-391-3901
Toll Free Number: 800-797-6520
E-mail: info@arthroc ore.com Website: www.arthrocare.com
Facility Manager: John Molesphin:
Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies    ☐ Practitioners    ☐ Hospitals    ☐ Wholesalers
☐ Other: Distributors and government agencies

Type of Products to be handled or wholesaled be firm:

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

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

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

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

GENERAL INFORMATION

Facility Name: ArthroCare Corporation

Physical Address: 2301 St. Elmo Road, Suite 110, Austin, TX 78744

Mailing Address: 7135 Goodlett Farms Parkway Attn: Legal Department

City: Cordova State: TN Zip Code: 38016

Telephone: 512-895-1300 Fax: 512-391-3901

Toll Free Number: 800-797-6520

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

Facility Manager: Deborah Rutt

Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: Distributors and government agencies

Type of Products to be handled or wholesaled be firm:

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

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

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

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

GENERAL INFORMATION
Facility Name: ArthroCare Corporation
Physical Address: 15285 Alton Parkway, No. 200, Irvine, CA 92618
Mailing Address: 7135 Goodlett Farms Parkway Attn: Legal Department
City: Cordova State: TN Zip Code: 38016
Telephone: 949-585-2400 Fax: 949-585-2401
Toll Free Number: 800-797-6520
E-mail: norman.gordon@smith-nephew.com Website: www.arthrocare.com
Facility Manager: Norman Gordon
Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies  ☐ Practitioners  ☑ Hospitals  ☑ Wholesalers
☒ Other: Distributors and government agencies

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

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

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

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

GENERAL INFORMATION

Facility Name:  Cetylite Industries, Inc.
Physical Address:  9051 River Road, Pennsauken, NJ 08110
Mailing Address:  9051 River Road
City:  Pennsauken  State:  NJ  Zip Code:  08110
Telephone:  (856) 665-6111  Fax:  (856) 665-5408
Toll Free Number:  
E-mail:  registration@ctylite.com  Website:  www.ctylite.com
Facility Manager:  Bruce Epley
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:
☐ Other:  

Page 1  80560
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION
Facility Name: Ceva Animal Health, LLC
Physical Address: 8600 NE Underground Drive, Pillar #303; Kansas City, MO 64161
Mailing Address: 8600 NE Underground Drive, Pillar #303
City: Kansas City State: MO Zip Code: 64161
Telephone: 913-894-0230 Fax: 
Toll Free Number: 
E-mail: contact.us@ceva.com Website: www.ceva.us
Facility Manager: Robert Pierce
Professional qualifications and experience of facility manager: See attached resume

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

Type of Products to be handled or wholesaled be firm:
☐ Legend Pharmaceuticals, Supplies or Devices  ☐ Hypodermic Devices
☐ Poisons or Chemicals  ☒ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)  
☒ Other: Veterinarian: OTC, Sold dose, Injectable, Liquids(Oral), Topicals, Vitamins, & Ophthalmics

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

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

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☑ Partnership - Pages 1,2,3,6 LLC owned by LP
☐ 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: COVIDIEN SALES LLC

Physical Address: 2824 AIRWEST BOULEVARD, PLAINFIELD, IN 46168-7700

Mailing Address: ATTN/CATHY MEDEIROS, 15 HAMPSHIRE STREET

City: MANSFIELD  State: MA  Zip Code: 02048-1113

Telephone: 508-261-6083  Fax: 508-261-8461

Toll Free Number: N/A

E-mail: cathy.medeiros@covidien.com  Website: www.covidien.com

Facility Manager: Ann Fausset

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: Clinics, other distributors

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  78678
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION
Facility Name: DPT Lakewood, LLC
Physical Address: 745 Airport Road, Lakewood, NJ 08701
Mailing Address: C/O State License Servicing Inc. – 321 Route 94 South
City: Warwick State: NY Zip Code: 10960
Telephone: 732-942-4700 Fax: 732-730-3382
Toll Free Number: N/A
E-mail: DPT@SLSNY.COM Website: www.DPTLABS.COM
Facility Manager: Jan Rooney

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: Distributors

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: CAPITAL RETURNS INC dba GENCO

Physical Address: 6101 N. 64th St

Mailing Address: __________________________________________

City: MILWAUKEE  State: WI  Zip Code: 53218

Telephone: 414. 459. 8177  Fax: 414. 459. 8177

Toll Free Number: ______________________

E-mail: shanya.salamaca@genco.com  Website: www.genco.com

Facility Manager: RACHAEL YERGES

Professional qualifications and experience of facility manager: over 15 years of direct experience in reverse distribution

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☐ Wholesalers

☐ Other: ________________________________

Type of Products to be handled or wholesaled be firm:

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

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

☐ New Wholesaler  ☑ Ownership Change
(Please provide current license number if making changes: WH 01218)

☑ 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: ParMed Pharmaceuticals dba Gen-Source Rx
Physical Address: 620 Gotham Parkway, Carlstadt, NJ 07072
Mailing Address: 620 Gotham Parkway
City: Carlstadt State: NJ Zip Code: 07072
Telephone: 716-513-1670 Fax: 716-284-2990
Toll Free Number: N/A
E-mail: dlinza@parmedpharm.com Website: www.parmed.com
Facility Manager: Rommel Morshed

Professional qualifications and experience of facility manager: 
Responsible for all Inbound, Outbound Operations, Inventory of Control and Non-Controls & Compliance

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☑ Wholesalers
☐ Other: 

Type of Products to be handled or wholesaled be firm:

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

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

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

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

GENERAL INFORMATION

Facility Name: Haemonetics Corporation

Physical Address: 549 Aldi Blvd., Mount Juliet, TN 37122

Mailing Address: 400 Wood Rd

City: Braintree State: MA Zip Code: 02184

Telephone: 615-547-5205 Fax: 781-356-3558

Toll Free Number: N/A

E-mail: Jeff_Serrero@haemonetics.com Website: www.Haemonetics.com

Facility Manager: Jeff Serrero

Professional qualifications and experience of facility manager: See Attachment A

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: Blood Centers

Type of Products to be handled or wholesaled be firm:

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

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

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

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

GENERAL INFORMATION
Facility Name: Kuehne + Nagel Inc.
Physical Address: 1025 S. Columbia Road, Plainfield, IN 46168
Mailing Address: Attn: Compliance 10 Exchange Place, 19th Floor
City: Jersey City State: NJ Zip Code: 07302
Telephone: 317-714-4449 Fax: 201-332-6324
Toll Free Number: 
E-mail: Joe.Cillis@kuehne-nagel.com Website: www.kuehne-nagel.com
Facility Manager: Joseph Cillis

Professional qualifications and experience of facility manager: 11 years of facility management experience in transportation and logistics with 5 of those years in the pharmaceutical and medical device industry. 5 years experience operating under 21 CFR and cGMP.

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: Non Legend TOTC Medical Devices

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Kuehne + Nagel Inc.

Physical Address: 1651 California Street, Suite D, Redlands CA 92374

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

City: Jersey City State: NJ Zip Code: 07302

Telephone: 909-767-2936 Fax: 201-332-6324

Toll Free Number: ___________________

E-mail: melody.raines@Kuehne-nagel.com Website: www.Kuehne-nagel.com

Facility Manager: ___________________ melody.raines

Professional qualifications and experience of facility manager: over 10 years experience in logistics and distribution, facility management including shipment and distribution of pharmaceuticals including Rx Devices.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☐ Wholesalers
☐ Other: ___________________

Type of Products to be handled or wholesaled be firm:

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

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

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

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

GENERAL INFORMATION

Facility Name:  Medico Mart, Inc.
Physical Address:  2323 Corporate Drive
Mailing Address:  - same as above -
City:  Waukesha State:  WI Zip Code:  53189
Telephone:  414-232-3233 Fax:  414-232-3234
Toll Free Number:  800-342-6249
E-mail:  chabersbrunner@medicomart.com Website:  medicomart.com
Facility Manager:  Al Habersbrunner
Professional qualifications and experience of facility manager:  see attached ref.

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  79938
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION
Facility Name: Midwest Medical Supply Co., LLC
Physical Address: 2229 E Magnolia Phoenix, AZ 85034
Mailing Address: 13400 Lake Front Drive Earth City, MO 63045
City: Phoenix State: AZ Zip Code: 85034
Telephone: 602-306-1722 Fax: 602-306-1787
Toll Free Number: 800-777-2124
E-mail: Regulatory1@mmsmedical.com Website: www.mmsmedical.com
Facility Manager: Rocco DiCola

Professional qualifications and experience of facility manager: Mr. DiCola has been employed by MMS for over 20 years.

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

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

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

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

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

GENERAL INFORMATION
Facility Name: Owens & Minor Distribution Inc.
Physical Address: 437 Tower Blvd.
Mailing Address: same
City: Carol Stream State: IL Zip Code: 60188
Telephone: (630) 588-2800 Fax: (630) 588-2318
Toll Free Number: N/A
E-mail: charles.burv@owens-minor.com Website: www.owens-minor.com
Facility Manager: Bryan Kilby
Professional qualifications and experience of facility manager: Resume Attached

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

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

Page 1 80660
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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

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

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

GENERAL INFORMATION

Facility Name: RGH Enterprises, Inc.

Physical Address: 384 Hazelwood Logistics Center Drive, Hazelwood, MO 63042

Mailing Address: 7000 Cardinal Place, Attn: Keegan Chamberlain, OCLC 1L2242C

City: Dublin State: OH Zip Code: 43017

Telephone: 314-731-8138 Fax: 614-652-0282

Toll Free Number: 800-321-0591

E-mail: GMB-Facility-Licensing@cardinalhealth.com Website: www.edgepark.com; www.indemed.com

Facility Manager: Jimmie Tomlin

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

☑ Pharmacies ☑ Practitioners ☑ Hospitals □ Wholesalers

☐ Other: ________________________________

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
□ Poisons or Chemicals □ Veterinary Legend Drugs
□ Controlled Substances (include copy of DEA) ☐ Other: ________________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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

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

GENERAL INFORMATION

Facility Name: sanofi-aventis U.S. LLC

Physical Address: 50 Stauffer Industrial Park

Mailing Address: 2500 Southpoint Drive Forest Park, GA 30337

City: Taylor State: GA Zip Code: 30337

Telephone: (770) 675-3615 Fax: (770) 675-3615

Toll Free Number: N/A

E-mail: rob.matthews@sanofi.com Website: www.sanofi.com

Facility Manager: Anthony Alberti

Professional qualifications and experience of facility manager: 20 years experience managing pharmaceutical distribution activities

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies       ☒ Practitioners       ☒ Hospitals       ☒ Wholesalers
☒ Other: Veterinarians

Type of Products to be handled or wholesaled be firm:

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

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6  ☒ LLC
☐ 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: SCA Pharmaceuticals, LLC
Physical Address: 883-1 Knowl Court
Mailing Address: Same
City: Little Rock  State: AR  Zip Code: 72205
Telephone: (501) 550-6059  Fax: (501) 312-2805
Toll Free Number: (877) 550-6059
E-mail: g.graves@scausa.net  Website: www.scausa.net
Facility Manager: Gene Graves

Professional qualifications and experience of facility manager: PhD, D. MBA 40 yrs Experience

Types of licensed outlets or authorized persons firm will serve:

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

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

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

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

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

GENERAL INFORMATION
Facility Name: Young Dental Manufacturing 1, LLC
Physical Address: 13706 Shoreline Ct. East
Mailing Address: 13705 Shoreline Ct. East
City: Earth City          State: MO          Zip Code: 63045
Telephone: 314-344-0010          Fax: 314-344-0021
Toll Free Number: ________________
E-mail: Smoore@youngdental.com  Website: www.youngdental.com
Facility Manager: Sarah Moore

Professional qualifications and experience of facility manager: ~10 years experience with Young Dental. Degree in Chemical Engineering. ~18 years experience in quality assurance and regulatory affairs.
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☒ Wholesalers
☐ Other: __________________________

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

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

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

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

GENERAL INFORMATION

Facility Name: Walgreen Co.

Physical Address: 5100 Lake Terrace, NE Mount Vernon, IL 62864  618-242-9100 phone

Mailing Address: PO Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: 847-527-4274 Fax: 847-368-6690

Toll Free Number: ________________________________

E-mail: joan.petrowski@walgreens.com Website: ________________________________

Facility Manager: Bill Bush

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:

VAND 81059
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Ameris, Inc. d/b/a Altius Healthcare
Physical Address: 1151 Iron Springs Rd. STE G
(Must be a business address, we cannot issue a license to a home address)
Mailing Address: same as above
City: Prescott State: AZ Zip Code: 86305
Telephone: 928-708-0025 Fax: 928-708-0288
E-mail: compliance@pharmerica.com Website: www.ameritaiv.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Jayson Robertson

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

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

*If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: Roland Werner Telephone: 702-821-1920/800-921-4700

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

**FACILITY INFORMATION**

Facility Name: AJT Diabetic Incorporated (d/b/a Countrywide Medical)

Physical Address: 8500 Almeda Genoa Road, Suite 112A, Houston, TX 77075

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

Mailing Address: 8500 Almeda Genoa Road, Suite 112A

City: Houston State: TX Zip Code: 77075

Telephone: 888-391-3341 Fax: 888-391-3347

E-mail: artc@countrywidemed.com Website: www.countrywidemed.com

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

Mon: 10 to 4 Tue: 10 to 4 Wed: 10 to 4 Thu: 10 to 4

Fri: 10 to 4 Sat: to Sun: to Holidays: to

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

Name: Robin Soblick

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

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Orthotics and Prosthetics
- Assistive Equipment
- Parenteral and Enteral Equipment**
- 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: Robin Soblick Telephone: 888-391-3341
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

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

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

FACILITY INFORMATION

Facility Name: GINGI-PAK, A DIVISION OF THE BELPORT CO., INC.

Physical Address: 4825 CALLE ALTO
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4825 CALLE ALTO

City: CAMARILLO  State: CA  Zip Code: 93012

Telephone: (805) 484-1076  Fax: (805) 484-5076

E-mail:  Website: WWW.GINGI-PAK.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

| Mon: 7:30 to 5:00 | Tue: 7:30 to 5:00 | Wed: 7:30 to 5:00 | Thu: 7:30 to 5:00 |
| Fri: 8:00 to NOON | Sat: to | Sun: to | Holidays: to |

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: MARIO NATIVIDAD

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

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

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

Name: N/A  Telephone: 

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

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

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

FACILITY INFORMATION
Facility Name: Hanai Medical Supply, Inc
Physical Address: 2505 University Ave W St Paul MN 55114
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: 2505 University Ave W
City: St Paul State: MN Zip Code: 55114
Telephone: 651-644-9770 Fax: 651-644-0602
E-mail: ctoim@hanaimedical.com Website: www.hanaimedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm Fri: 8am to 5pm Sat: 9am to 3pm Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Cindy Tomlinson

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: ostomy, urological & wound supplies

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

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

Physical Address: 4158 West Nike Drive, Suite B

Mailing Address: 4158 West Nike Drive, Suite B

City: West Jordan  State: Utah  Zip Code: 84088

Telephone: 801-280-5151  Fax: 888-388-4362

Toll Free Number: 888-844-4362

E-mail: kjanes@hemasource.com  Website: hemasource.com

Facility Manager: Todd Tracey

Professional qualifications and experience of facility manager: President / CEO

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☐ Wholesalers
☐ Other: Plasma Collection 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:

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

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

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

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

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

FACILITY INFORMATION
Facility Name: Inspire Medical Equipment & Services, Inc.

Physical Address: 155 Jefferson Blvd, Warwick, RI 02888
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as physical

City: __________________________ State: __________ Zip Code: ______________

Telephone: 401-468-1300 Fax: 401-468-1332

E-mail: katrina.merritt@mont-medical.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8a to 5p EST  Tue: 8a to 5p EST  Wed: 8a to 5p EST  Thu: 8a to 5p EST
Fri: 8a to 5p EST  Sat: On call to _____  Sun: On call to _____  Holidays: On call to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Loree Anderson

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: Avrami Metal    Telephone: 928-699-6269

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

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

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

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

FACILITY INFORMATION
Facility Name:  N2SLEEP  HOMECARE
Physical Address: 3687 Old Santa Rita Road, Suite 201-202, Pleasanton, CA 94588
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 3687 Old Santa Rita Road, Suite 201-202
City: Pleasanton State: CA Zip Code: 94588
Telephone: (925) 730-0081 Fax: (866) 557-5337
E-mail: jtantiongloc@n2sleephomecare.com Website: n2sleeephomecare.com

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: JOHN TANTIONGLOC JR.

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

**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: RODOLFO NAVARRO
Telephone: (702) 985-4770
Page 1  985-4770

81039
NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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

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

FACILITY INFORMATION

Facility Name: Ocean Home Health Supply LLC

Physical Address: 1000 Airport Road, Suite 101
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: Same as physical

City: Lakewood State: NJ Zip Code: 08701

Telephone: 732-961-1301 Fax: 732-961-9897

E-mail: katrina.merritt@mont-medical.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a to 5p EST Tue: 9a to 5p EST Wed: 9a to 5p EST Thu: 9a to 5p EST
Fri: 9a to 5p EST Sat: On call Sun: On call Holidays: On call

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Wendy Russalesi

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

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

Other:

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

Name: Avremi Metal

Telephone: 928-899-6269

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

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

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

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

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

FACILITY INFORMATION
Facility Name: Regenesis Health Services, Inc.
Physical Address: 1704 Southside Blvd. Ste. 2
(Must be a business address, we cannot issue a license to a home address)

Mailing Address: -same-
City: Jacksonville  State: FL  Zip Code: 32216
Telephone: 904-783-9363  Fax: 888-430-8776
E-mail: jbllosser@stjohnsmedicalgroup.com  Website: www.stjohnsmedicalgroup.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8 to 5:30  Tue: 8 to 5:30  Wed: 8 to 5:30  Thu: 8 to 5:30
Fri: 8 to 5:30  Sat: Closed  Sun: Closed  Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: John M. Blosser, Pres. or Maquelitha Davis, Director of Business Ops

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

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

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

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

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

| ☐ New MDEG | ☐ Ownership Change |
| ☑ 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:** RGH Enterprises, Inc.

**Physical Address:** 384 Hazelwood Logistics Center Drive, Hazelwood, MO 63042
(This must be a business address, we can not issue a license to a home address)

**Mailing Address:** 7000 Cardinal Place, Attn: Keegan Chamberlain, OCLC 1L2242C

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

**Telephone:** 314-731-8138  
**Fax:** 614-652-0282

**E-mail:** GMB-Facility-Licensing@cardinalhealth.com  
**Website:** www.edgepark.com; www.indemed.com

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

<table>
<thead>
<tr>
<th>Mon: 8:30am to 5:00pm</th>
<th>Tue: 8:30am to 5:00pm</th>
<th>Wed: 8:30am to 5:00pm</th>
<th>Thu: 8:30am to 5:00pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fri: 8:30am to 6:00pm</td>
<td>Sat: Closed</td>
<td>Sun: Closed</td>
<td>Holidays: Closed</td>
</tr>
</tbody>
</table>

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

**Name:** Jimmie Tomlin

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

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

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

**Name:** 24-hour emergency number

**Telephone:** 800-321-0591

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

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

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

FACILITY INFORMATION
Facility Name: Smiths Medical ASD, Inc.
Physical Address: 201 West Queen Street, Southington, CT 06489
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 10 Bowman Drive
City: Keene State: NH Zip Code: 03431
Telephone: 1-860-621-9111 Fax: 1-860-620-5742
E-mail: jeff.bowen@smiths-medical.com Website: www.smiths-medical.com

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Jeff Bowen

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

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

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

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Easy Nose and Throat Surgery Center LLC
Physical Address: 8840 W Swenson Rd, Las Vegas, NV 89147
Mailing Address: 3195 St. Rose Pkwy, Ste 210
City: Henderson State: NV Zip Code: 89052
Telephone: 702-324-2412 Fax: Pending
Toll Free Number: Pending E-mail: schmotke@aol.com Website: Pending
Managing Pharmacist: Mary Gaena License Number: 10687

Hours of Operation:
Monday thru Friday 6:30 am 5 pm
Sunday ______________________ am ______ pm
Saturday __________________________________________ 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
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR NEVADA PHARMACY LICENSE  
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier's check only)  
Application must be printed legibly or typed  
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

☑ 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: Smith's Pharmacy # 301  
Physical Address: 3013 W. Craig Rd. N. Las Vegas, NV 89132  
Mailing Address: 1014 Vine St.  
City: Cincinnati State: OH Zip Code: 45202  
Telephone: (702) 648-6034 Fax: (702) 648-4571  
Toll Free Number: N/A  
E-mail: allison.muenich@kegpr.com Website: www.smithsfarmacy.com  
Managing Pharmacist: Charisse Marie Cajirday License Number: 18293

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

<table>
<thead>
<tr>
<th>☒ Retail</th>
<th>☐ Hospital (# beds ___)</th>
<th>☐ Off-site Cognitive Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Internet</td>
<td>☐ Nuclear</td>
<td>☐ Parenteral</td>
</tr>
<tr>
<td>☐ Out of State</td>
<td>☐ Ambulatory Surgery Center</td>
<td>☐ Parenteral (outpatient)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Outpatient/Discharge</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Mail Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Long Term Care</td>
</tr>
</tbody>
</table>
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

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

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Smith's Pharmacy # 304
Physical Address: 4007 S Decatur Blvd  Las Vegas, NV 89103
Mailing Address: 1014 Vine St.
City: Cincinnati  State: OH  Zip Code: 45202
Telephone: (702) 248-16510  Fax: (702) 248-3573
Toll Free Number: N/A
E-mail: allison.munsonion@kmrph.com  Website: www.smithstateandday.com
Managing Pharmacist: Jenny Lynn Cross  License Number: 17873

Hours of Operation:
Monday thru Friday 9 am 9 pm  Saturday 9 am 6 pm
Sunday 9 am 6 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
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR NEVADA PHARMACY LICENSE  
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier’s check only)  
Application must be printed legibly or typed  
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

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: Smith’s Pharmacy # 305  
Physical Address: 3602 E Bonanza Rd. Las Vegas, NV 89110  
Mailing Address: 1014 Vine St.  
City: Cincinnati  
State: OH  
Zip Code: 45202  
Telephone: (702) 438-1091  
Fax: (702) 438-0742  
Toll Free Number: N/A  
E-mail: allison.muench@kroger.com  
Website: www.smithsfoodanddrug.com  
Managing Pharmacist: Ma Peppiha Bernardo Delapaz  
License Number: 14873

Hours of Operation:

<table>
<thead>
<tr>
<th>Monday thru Friday</th>
<th>9 am</th>
<th>9 pm</th>
<th>Saturday</th>
<th>9 am</th>
<th>6 pm</th>
<th>24 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td>9 am</td>
<td>6 pm</td>
<td></td>
<td></td>
<td></td>
<td></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  
805306
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

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: Smith’s Pharmacy # 3060
Physical Address: 2255 N. Las Vegas Blvd, North Las Vegas, NV 89030
Mailing Address: 1014 Vine St.
City: Cincinnati State: OH Zip Code: 45202
Telephone: (702) 1042-8092 Fax: (702) 1042-70916
Toll Free Number: N/A
E-mail: allison.munson@krogers.com Website: www.smithsfoodanddrug.com
Managing Pharmacist: Paul Anthony House License Number: 18406

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

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

Page 1
80570
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

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

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Smith’s Pharmacy # 318
Physical Address: 49165 E Sahara Ave. Las Vegas, NV 89104
Mailing Address: 1041 Vine St.
City: Cincinnati State: OH Zip Code: 45202
Telephone: (702) 431-9135 Fax: (702) 431-4327
Toll Free Number: 711
E-mail: allison.mowmsch@kiger.com Website: www.smithfoodanddrug.com
Managing Pharmacist: Shirley Lauren Valenzona-Giann License Number: 15791

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

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

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

Page 1
80569
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,  )
) CASE NO. 13-076-RPH-S
v.  ) CASE NO. 13-076-PH-S
) NOTICE OF INTENDED ACTION
DANIEL ASARCH, R.PH.  ) AND ACCUSATION
Certificate of Registration No. 16477,  )
) PARTELL PHARMACY WEST
) Certificate of Registration No. PH02671,
) )
) Respondents.

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, Respondent Daniel Asarch, R.Ph. (Mr. Asarch), Certificate of Registration No. 16477, was a registered pharmacist with the Board, and Respondent Partell Pharmacy West (Partell Pharmacy), Certificate of Registration No. PH02671, was a pharmacy registered with the Board.

II.

On or about October 15, 2013, patient JR tendered a prescription to Partell Pharmacy for Prempro 0.625-2.5 mg., with instructions to take one tablet by mouth each day. JR picked up the medication the same day. The pharmacy’s computer generated “Pharmacist’s Consultation Details” indicates that patient counseling was offered but declined.
III.

JR ingested the medication for six days. She began to experience severe mood swings and suicidal thoughts.

IV.

JR saw her physician on October 22, 2013. The physician discovered that Partell Pharmacy dispensed Prempro 0.625-5 mg, tablets rather than the Prempro 0.625-2.5 mg, tablets the physician prescribed.

V.

Pharmaceutical technician MA initiated the process of filling JR’s prescription. MA could not locate the medication name in the pharmacy computer system. MA gave the prescription to Mr. Asarch. Mr. Asarch checked the shelf, and mistakenly removed the bottle of Prempro 0.625-5 mg, tablets. Mr. Asarch gave the bottle of Prempro 0.625-5 mg, tablets to MA and instructed him to type in the medication as specified on the bottle.

VI.

Mr. Asarch was the verifying pharmacist for JR’s prescription. In a written statement, Mr. Asarch indicated that he “forgot” that there were two strengths of Prempro available. He admitted that he gave MA the Prempro bottle containing the incorrect strength and instructed MA to “type it for what I gave him”. Mr. Asarch verified the final product without viewing the original prescription.

FIRST CAUSE OF ACTION

VII.

By filling and dispensing JR’s prescription with Prempro 0.625-5 mg, tablets, rather than Prempro 0.625-2.5 mg, tablets as prescribed, Daniel Asarch 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), and/or (12), and NRS 639.255.
SECOND CAUSE OF ACTION

VIII.

As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Partell Pharmacy West is responsible and therefore subject to discipline pursuant to NAC 639.945(1)(d), (i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), and/or (12), and NRS 639.255.

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

Signed this 10th day of September, 2014.

[Signature]
Larry L. Pinson, 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.

DANIEL ASARCH
Certificate of Registration No. 16477

Petitioner,

Respondent.

CASE NO. 13-076-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, October 15, 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 10th day of September, 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. 13-076-RPH-S
Petitioner, ) CASE NO. 13-076-PH-S
)
)
v. )
)
PARTELL PHARMACY WEST ) ANSWER AND
Certificate of Registration No. PH02671 ) NOTICE OF DEFENSE
)
)

____________________________________ Respondent

Respondents, Daniel Asarch, R. PH. and Partell Pharmacy West ("Respondents"), 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 Respondents' objections to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against them, is hereby interposed on the following grounds:

   (a) There is no basis to conclude that the "severe mood swings and suicidal thoughts" allegedly experienced by patient JR were caused by taking Prempro 0.625-5 mg. tablets;

   (b) The Notice of Intended Action and Accusation alleges that pharmaceutical technician MA ("MA") gave the prescription to Mr. Asarch after he was not able to locate the medication in the pharmacy computer, but fails to state whether MA's actions were in compliance with the established policies and procedures of Partell Pharmacy West;

   (c) The Notice of Intended Action and Accusation alleges that MA was instructed to type in the medication as specified on the bottle, but fails to state whether this
was in compliance with the established policies and procedures of Partell Pharmacy West or
whether MA was to compare the bottle to the prescription; and

(d) The allegations are based upon a written statement from Mr. Asarch
which has not been provided to Respondents.

2. That, in answer to the Notice of Intended Action and Accusation, Respondents
admit, deny, and allege as follows:

Respondents generally deny each and every allegation contained in the Notice of
Intended Action and Accusation and further deny that any disciplinary action is warranted.

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

DATED this 29th day of September, 2014.

HOWARD & HOWARD ATTORNEYS PLLC

KIMBERLY P. STEIN, ESQ.
Nevada Bar No. 8675
3800 Howard Hughes Pkwy., Ste. 1000
Las Vegas, Nevada  89169

Attorney for Respondents Daniel Asarch, R.PH.
and Partell Pharmacy West
PROOF OF SERVICE

I, Stephanie George, declare:

I am a citizen of the United States and employed in Las Vegas, Nevada. I am over the age of eighteen years and not a party to the within-entitled action. My business address is 3800 Howard Hughes Parkway, Suite 1000, Las Vegas, NV 89169. On September 29, 2014, I served a copy of the within document(s): **ANSWER AND NOTICE OF DEFENSE**

by transmitting via facsimile the document(s) listed above to the fax number(s) set forth below on this date before 5:00 p.m.

by placing the document(s) listed above in a sealed envelope with postage thereon fully prepaid, in the United States mail at Las Vegas, Nevada addressed as set forth below.

by placing the document(s) listed above in a sealed envelope and affixing a prepaid air bill, and causing the envelope to be delivered to a Federal Express agent for overnight delivery.

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

I declare under penalty of perjury under the laws of the State of Nevada that the above is true and correct.

Executed on September 29, 2014, at Las Vegas, Nevada.

Stephanie George
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, 

Petitioner, 

v. 

PARTELL PHARMACY WEST  
Certificate of Registration No. PH02671  

Respondent, /

CASE NO. 13-076-RPH-S  
CASE NO. 13-076-PH-S  

ANSWER AND NOTICE OF DEFENSE

Respondents, Daniel Asarch, R. PH. and Partell Pharmacy West ("Respondents"), 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 Respondents’ objections to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against them, is hereby interposed on the following grounds:

   (a) There is no basis to conclude that the “severe mood swings and suicidal thoughts” allegedly experienced by patient JR were caused by taking Prempro 0.625-5 mg. tablets;

   (b) The Notice of Intended Action and Accusation alleges that pharmaceutical technician MA ("MA") gave the prescription to Mr. Asarch after he was not able to locate the medication in the pharmacy computer, but fails to state whether MA’s actions were in compliance with the established policies and procedures of Partell Pharmacy West;

   (c) The Notice of Intended Action and Accusation alleges that MA was instructed to type in the medication as specified on the bottle, but fails to state whether this
was in compliance with the established policies and procedures of Partell Pharmacy West or
whether MA was to compare the bottle to the prescription; and

(d) The allegations are based upon a written statement from Mr. Asarch
which has not been provided to Respondents.

2. That, in answer to the Notice of Intended Action and Accusation, Respondents
admit, deny, and allege as follows:

Respondents generally deny each and every allegation contained in the Notice of
Intended Action and Accusation and further deny that any disciplinary action is warranted.

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

DATED this 29th day of September, 2014.

HOWARD & HOWARD ATTORNEYS PLLC

KIMBERLY P. STEIN, ESQ.
Nevada Bar No. 8675
3800 Howard Hughes Pkwy., Ste. 1000
Las Vegas, Nevada 89169
Attorney for Respondents Daniel Asarch, R.PH.
and Partell Pharmacy West
PROOF OF SERVICE

I, Stephanie George, declare:

I am a citizen of the United States and employed in Las Vegas, Nevada. I am over the age of eighteen years and not a party to the within-entitled action. My business address is 3800 Howard Hughes Parkway, Suite 1000, Las Vegas, NV 89169. On September 29, 2014, I served a copy of the within document(s): **ANSWER AND NOTICE OF DEFENSE**

by transmitting via facsimile the document(s) listed above to the fax number(s) set forth below on this date before 5:00 p.m.

X by placing the document(s) listed above in a sealed envelope with postage thereon fully prepaid, in the United States mail at Las Vegas, Nevada addressed as set forth below.

by placing the document(s) listed above in a sealed envelope and affixing a prepaid air bill, and causing the envelope to be delivered to a Federal Express agent for overnight delivery.

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

I declare under penalty of perjury under the laws of the State of Nevada that the above is true and correct.

Executed on September 29, 2014, at Las Vegas, Nevada.

Stephanie George
Blank
NEVADA STATE BOARD OF PHARMACY, 
 v. 
JOSEPH EDWARDS, RPH 
Certificate of Registration No. 09858 
RIDLEY'S CLINIC PHARMACY 
Certificate of Registration No. PH02113 

Respondents. 

NOTICE OF INTENDED ACTION 
AND ACCUSATION 
CASE NO. 14-033-RPH-N 
14-033-PH-N 

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because Respondent Joseph Edwards (Mr. Edwards) is a pharmacist licensed by the Board, and Respondent Ridley’s Clinic Pharmacy (Ridley’s) is a pharmacy licensed by the Board.

II.

This Case involves two prescriptions, both for seventy-six-year-old patient J.C.1 J.C.’s daughter, S.C., filed complaints with the Board on behalf of her father. In the complaints, S.C. alleges that Ridley’s filled and dispensed two (2) prescriptions for her father incorrectly within a three week period.

-1-

1 The pharmacy errors at issue herein were originally investigated as two cases: Case Nos. 14-033 and Case No. 14-042. Those investigations are consolidated as a single case, No. 14-033, for purposes of prosecution.
III.

At the time of both sets of errors alleged herein, Ridley's allowed its pharmacists and pharmaceutical technicians to share computer terminals without requiring each individual who used a terminal to log on or off using his/her own individualized credentials. Due to this practice, the initials of the individual who first signs into a computer terminal each day usually remains in the computer throughout the shift, or all day, and that individual's initials attach to each completed transaction.

1. **PRESCRIPTION NO. 55084907 - GLIMEPIRIDE 4 MG. TABLETS**

IV.

On April 17, 2014, J.C. saw his physician, who prescribed glimepiride 4 mg. tablets with instructions to take one tablet twice a day for the treatment of diabetes.

V.

S.C. presented the prescription to Ridley's, which filled it later that day. S.C. picked up J.C.'s prescription the following afternoon.

VI.

Prescription No. 55084907 was a new prescription for J.C. The pharmacist did not provide counseling.

VII.

When S.C. returned home, she observed that beneath the pharmacy's label for glimepiride 4 mg. tablets, the label on the stock bottle was for doxazosin 4 mg. tablets (used to treat high blood pressure and/or urinary retention associated with benign prostatic hyperplasia).

VIII.

S.C. detected the error before J.C. ingested the incorrect medication.

IX.

S.C. returned the medication to Ridley's pharmacy, where respondent Mr. Edwards filled the prescription with the correct medication and label and gave it to S.C.
X.

Pharmaceutical technician Julie Valdez performed the data entry of J.C.’s glimepiride prescription. She confirmed to the Board Investigator that her initials were on the prescription label attached to the reverse of the original prescription.

XI.

Ms. Valdez maintains that her initials indicate that she completed the data entry, label printing, and staging of the stock bottle and associated materials for the pharmacist.

XII.

Respondent Mr. Edwards was the verifying and dispensing pharmacist for J.C.’s prescription.

XIII.

In a written statement, Mr. Edwards states that a new pharmaceutical technician in training had been misplacing the stock bottles of glimperide 4 mg. tablets behind the doxazosin 4 mg. tablets on the pharmacy shelf. The doxazosin is located directly two shelves above the glimperide, and the bottles look similar. Mr. Edwards assumes, per his statement, that he pulled a misplaced stock bottle of doxazosin from the shelf to fill J.C.’s prescription.

XIV.

Mr. Edwards failed to detect the error when verifying the final product.

XV.

Pharmacy records indicate that Mr. Edwards did not provide patient counseling.

2. **PRESCRIPTION NO. 55086070 - HYDROCODONE/APAP 5-325 MG.**

XVI.

On May 9, 2014, patient J.C. saw Dr. Valerie Miller, who prescribed hydrocodone/APAP 5-325 mg. for a quantity of one-hundred and fifty tablets with instructions to take one tablet by mouth every four hours as needed for pain. J.C.’s daughter, S.C., presented the prescription to Ridley’s, which filled it later that day.
XVII.
J.C. ingested three to four tablets per day as instructed for approximately 10 days.

XVIII.
On or about May 19, 2014, J.C. began to complain of dizziness and nausea. S.C. recalled that J.C. had previously taken hydrocodone/APAP 5-325 mg. tablets without negative side effects.

XIX.
S.C. checked J.C.’s medication sheet against the label on the medication bottle. She discovered that the label read hydrocodone/APAP 10-325 mg. tablets (twice the prescribed dose of hydrocodone). S.C. reported the error to the pharmacy and received the correct medication later that day.

XX.
By the time S.C. discovered the filling error, J.C. had ingested approximately thirty-six (36) doses of the erred medication.

XXI.
On the afternoon of May 9, 2014, the day Ridley’s misfilled prescription No. 55086070, Ridley’s pharmacy staff consisted of respondent Joseph Edwards, the managing pharmacist, pharmaceutical technician Julie Valdez and Scottie Lesher, a pharmaceutical technician in training.

XXII.
The label affixed to J.C.’s original hydrocodone medication bottle filled on May 9, 2014, identifies the inputting pharmaceutical technician as Ms. Lesher. Due to Ridley’s computer log-in and log-out procedures at the time, it is unclear from the computer records who actually initiated the processing of the prescription. The process was likely initiated by Ms. Valdez, or Ms. Lesher, as Mr. Edwards rarely entered data, and was not familiar with the basic computer functions such as selecting a drug from a drop-down list or retrieving a patient’s drug profile.
XXIII.
Mr. Edwards performed the filling, labeling and final verification of the prescription. He
failed to detect that he filled the prescription with hydrocodone/APAP 10-325 mg, rather than the
prescribed hydrocodone/APAP 5-325 mg, tablets.

XXIV.
S.C. picked up the prescription later that day. There is no record of counseling.

XXV.
During the investigation of these misfills, the Board Investigator learned that the
pharmaceutical technicians at Ridley’s were unaware that counseling is required for new
prescriptions, or that technicians could not offer counseling.

XXVI.
During the Board investigation, Ridley’s could not locate the original hard-copy of the
prescription, and the original record of prescription number 55086070 filled on May 9, 2014, no
longer existed in the pharmacy computer system.

XXVII.
The Board Investigator learned that upon notification of the prescription error, Mr. Edwards
instructed Ms. Lesher to “fix” the record for prescription number 55086070. Ms. Lesher removed any
reference of the filling error of May 9, 2014, and replaced the record with details of the corrected fill
of May 19, 2014.

XXVIII.
During the process of “correcting” the record for prescription No. 55086070, the original
hard-copy of the prescription was lost or destroyed. In an effort to replace that prescription, a
substitute prescription was obtained from a different prescriber, Dr. Nancy Baker, on or about June
27, 2014.
XXIX.

The prescription written by Dr. Baker was back-dated to May 9, 2014, and written for hydrocodone/APAP 5-325 mg., quantity one-hundred and fifty (150) tablets, with instructions to take one to two tablets by mouth every four to six hours.

XXX.

The Board Investigator learned that Ridley’s district manager, Cathi Ketterling, instructed Mr. Edwards to obtain another hard-copy of the original prescription. The Board Investigator was not able to establish how Mr. Edwards obtained the prescription written by Dr. Baker.

FIRST CAUSE OF ACTION
(Prescription No. 55084907 – Glimepiride 4 mg. tablets)

XXXI.

In failing to strictly follow the instructions of J.C.’s physician by verifying and dispensing doxazosin 4 mg. tablets, rather than the glimepiride 4 mg. tablets that was prescribed, Respondent Joseph Edwards 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), (11), (12), and/or (15), and NRS 639.255.

SECOND CAUSE OF ACTION
(Prescription No. 55084907 – Glimepiride 4 mg. tablets)

XXXII.

In failing to provide counseling for J.C.’s new prescription, Respondent Joseph Edwards violated NAC 639.707(1)(a), NAC 639.945(1)(i) and/or NRS 639.266(1), which violations are grounds for action pursuant to NRS 639.210(4), (11), (12), and/or (15), and NRS 639.255.

THIRD CAUSE OF ACTION
(Prescription No. 55084907 – Glimepiride 4 mg. tablets)

XXXIII.

As the pharmacy in which the violations alleged above occurred, Ridley’s Clinic Pharmacy is statutorily responsible for the actions of respondent Joseph Edwards’ and its other pharmacy
employees, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

FOURTH CAUSE OF ACTION
(Prescription No. 55086070 – Hydrocodone/APAP 5-325 mg.)
XXXIV.

In failing to strictly follow the instructions of J.C.’s physician by verifying and dispensing hydrocodone/APAP 10-325 mg. rather than the prescribed hydrocodone/APAP 5-325 mg. tablets, Respondent Joseph Edwards violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), (12), and/or (15), and NRS 639.255.

FIFTH CAUSE OF ACTION
(Prescription No. 55086070 – Hydrocodone/APAP 5-325 mg.)
XXXV.

In failing to provide counseling for J.C.’s new prescription, Respondent Joseph Edwards violated NAC 639.707(1)(a), NAC 639.945(1)(i) and/or NRS 639.266(1), which violations are grounds for action pursuant to NRS 639.210(4), (11), (12), and/or (15), and NRS 639.255.

SIXTH CAUSE OF ACTION
(Prescription No. 55086070 – Hydrocodone/APAP 5-325 mg.)
XXXVI.

In removing, or directing a pharmacy technician to remove, the original fill record for prescription number: 55086070, respondent Joseph Edwards violated NAC 639.910(1) and (2) and/or NAC 639.945(1)(h) and (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively under NRS 639.255.

SEVENTH CAUSE OF ACTION
(Prescription No. 55086070 – Hydrocodone/APAP 5-325 mg.)
XXVII.

As the pharmacy in which the violations alleged above occurred, Ridley’s Clinic Pharmacy is statutorily responsible for the actions of respondent Joseph Edwards’ and its other pharmacy
employees, as alleged herein, pursuant to NAC 639.945(2), which are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

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

Signed this 21 day of October, 2014.

J. David Wuest, Pharm.D.,
Deputy Executive Secretary for and on behalf of
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, 

v.

JOSEPH EDWARDS, RPH
Certificate of Registration No. 09858

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

) CASE NO. 14-033-RPH-N
)

Respondent.

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (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, December 3, 2014, as the date for a hearing on this matter at the Hyatt Place, 1790 E. Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.
IV.

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

DATED this 21st day of October, 2014.

J. David Wuest, Pharm.D.,
Deputy Executive Secretary for and on behalf of
Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )  ANSWER AND
Petitioner, )  NOTICE OF DEFENSE

v. )  CASE NO. 14-033-PH-N

RIDLEY’S CLINIC PHARMACY )  
Certificate of Registration No. PH02113 )

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 October, 2014.

__________________________________________
Typc or print name

Authorized Representative For
Ridley's Clinic Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )

v. )

SCOTT MICHAEL HARRINGTON, R.P.H. )
Certificate of Registration No. 16023 )
SMITH'S PHARMACY #394 )
Certificate of Registration No. PH01525 )
Respondents. )

CASE NOS. 14-064-RPH-S )
14-064-PH-S )
NOTICE OF INTENDED ACTION )
AND ACCUSATION )

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Scott Harrington, Certificate of Registration No.16023, was a registered pharmacist with the Board, and Respondent Smith’s Pharmacy #394, Certificate of Registration No. PH01525 (Smith’s), was a pharmacy registered with the Board.

II.

On or about September 6, 2014, it came to the Board’s attention that pharmaceutical technician-in-training Valerie Jensen was working at Smith’s without a valid pharmaceutical technician-in-training registration.

III.

Board Staff requested Ms. Jensen’s work hours from January 2014 through September 2014, from Smith’s managing pharmacist, Scott Harrington. From the records provided, Board Staff ascertained that Ms. Jensen had worked at Smith’s approximately one-hundred and fifty (150) days from February 8, 2014 through August 12, 2014, without a valid pharmaceutical technician-in-training registration.
IV.

In a written statement, Mr. Harrington indicated that Smith’s previously employed Ms. Jensen for sixteen years as a pharmaceutical technician in Utah. At the time that Mr. Harrington hired her in early February 2014, Ms. Jensen had a valid and active Utah pharmaceutical technician license. Mr. Smith informed Ms. Jensen upon hire that she needed to submit a pharmaceutical technician-in-training application and $40.00 fee to the Nevada State Board of Pharmacy.

V.

On February 10, 2014, Mr. Harrington went on vacation. Upon his return to work on February 27, 2014, Ms. Jensen was performing pharmaceutical technician duties. Mr. Harrington assumed that Ms. Jensen’s pharmaceutical technician-in-training application had been approved and processed by the Board Office. Mr. Harrington did not follow-up with Ms. Jensen or the Board Office to verify if Ms. Jensen was registered.

VI.

On September 6, 2014, Mr. Harrington received Smith’s annual inspection packet from the Board Office. Ms. Jensen’s name was not included on the list of pharmaceutical technicians/trainees. Mr. Harrington contacted the Board Office and was informed that Ms. Jensen was not registered and could not be in the pharmacy performing pharmaceutical technician duties. Mr. Harrington immediately sent Ms. Jensen home.

FIRST CAUSE OF ACTION

VII.

As managing pharmacist for the pharmacy in which Valerie Jensen worked without a current pharmaceutical technician in training registration, Scott Harrington violated Nevada Revised Statute (NRS) 639.220(1) by failing to ensure Smith’s Pharmacy’s compliance with state law and regulations, in particular, 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

VIII.

In owning and operating the pharmacy in which Valerie Jensen worked without a current pharmaceutical technician-in-training registration, Smith’s Pharmacy #394 violated NRS 639.220(1) by failing to be in compliance with state law and regulations, in particular, 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 17th day of December, 2014.

Larry L. Prunson, 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. )

SCOTT MICHAEL HARRINGTON, R.P.H. )
Certificate of Registration No. 16023 )

Respondent )

CASE NO. 14-064-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, January 21, 2015, 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 17th day of December, 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.

SCOTT MICHAEL HARRINGTON, R.PH. 
Certificate of Registration No. 16023

) CASE NO. 14-064-RPH-S
) ) ANSWER AND
) ) 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").  NONE
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows: AGAIN I would like to make it clear to the NU Board of Pharmacy that it was never my intention to allow Valerie Jensen to work as a Tech or Tech-in-Training without obtaining the proper certification. During the hiring process of Valerie Jensen, I informed her about the 1-page Application and $40.00 money order that would be required to obtain the Tech-in-Training Certificate. I helped Valerie Jensen fill out the 1-page Application and she told me that she was going to buy the money order and drop all required items in the mail that day. The letter containing the items never reached the NU Bop. The attempt was made, but the end result was the letter never arrived to be processed. Upon returning from vacation, I worked with Valerie Jensen and she was already performing the duties of a Pharmacy Tech-in-Training. At that time I assumed Valerie Jensen’s letter/packet had been processed at the NU Bop. I had made an error of judgment and I should have followed up with the NU Bop to be 100% sure her application was processed. I am terribly sorry that I did not do that. I feel awful for letting this matter slip right by me. I cannot apologize enough.

I would like the NU Bop to take into consideration that I have been a Licensed Pharmacist since March 1998, and I have an impeccable track record with the State of Ohio and Nevada. This is the first time I have ever had to answer to any Board of Pharmacy regarding an issue.

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 23 day of DECEMBER, 2014.

Scott Michael Harrington, R.Ph.
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 AM THE PHARMACY MANAGER FOR SMITH'S FOOD & DRUG #394
AND I AM NOT ABLE TO REACH MY IMMEDIATE SUPERVISOR(S) TAMMY MYXTER
OR BONNIE BRANDT DUE TO THE HOLIDAY SEASON. DUE TO THE TIME OF
15 DAYS TO COMPLETE AND RETURN THIS PACKET, I AM GOING TO ANSWER
AND RESPOND ON BEHALF OF SMITH'S PHARMACY. ONCE MY IMMEDIATE
SUPERVISORS RETURN FROM THE HOLIDAY SEASON, I WILL BE ABLE TO
SPEAK TO THEM AND INFORM THEM THAT I COMPLETED THIS PACKET
AND RETURNED IT IN A TIMELY MANNER TO AVOID FURTHER COMPLICATIONS
BY NOT RETURNING THE PACKET WITHIN 15 DAYS AS REQUIRED. I
SPoke TO PAUL EDWARDS AT THE NV BOP TODAY (12-23-2014) AND
EXPLAINED THAT NEITHER BONNIE BRANDT NOR TAMMY MYXTER WERE
AVAILABLE TO REACH OR TALK TO. I TOLD PAUL I WOULD FILL OUT
AND MAIL BACK ALL REQUIRED DOCUMENTS TO MAKE SURE THE DOCUMENTS
REACHED THE NV BOP WITHIN THE REQUIRED 15 DAYS. ONCE TAMMY
AND/OR BONNIE WERE AVAILABLE, PAUL COULD SPEAK TO THEM AT THAT
TIME.

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 23 day of DECEMBER, 2014.

SCOTT M. HARRINGTON
Print or Type name

For SMITHS PHARMACY #394
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 14-084-PT-S
 )

Petitioner, )
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
)
III.

On August 2, 2013, the Board entered a Findings of Fact, Conclusion of Law and Order in the case of Sherrilyn Defreece. In its Order, the Board fined Ms. Defreece $750.00 and ordered her to complete one (1) hour of continuing education (CE) related to the topic of ethics, in addition to the regularly required CE courses she is obligated to complete.

IV.

On January 16, 2014, Ms. Defreece contacted Board Staff via email requesting a payment plan to pay the fine. Board Staff approved her request to monthly installments of $100.00. Ms. Defreece mailed the first payment of $100.00 on January 17, 2014, and agreed to submit a $100.00 payment on the 16th of each month thereafter until the fine was paid in full. Ms. Defreece did not make any further monthly payments following the January 17, 2014 payment.

V.

On July 18, 2014, Board Staff telephonically contacted Ms. Defreece and reminded her that the fine and CE unit were past due. Ms. Defreece spoke with Paul Edwards, General Counsel to the Board. Mr. Edwards informed Ms. Defreece that she had thirty days to comply with the Board Order. Mr. Edwards agreed to adjust the monthly payments to $75.00 with the next payment due no later than August 18, 2014.

VI.

Ms. Defreece failed to submit any further monthly payments to the Board Office nor did she provide documentation that she completed the Board ordered CE.

II. ALLEGATIONS REGARDING NON-DISCLOSURE OF BOARD ACTION ON RENEWAL APPLICATION FOR THE BIENNIAL PERIOD NOVEMBER 1, 2014, TO OCTOBER 31, 2016

VII.

On October 29, 2014, Ms. Defreece renewed her pharmaceutical technician registration for the biennial period ending October 31, 2016. Ms. Defreece renewed her registration utilizing the Board’s online feature.
VIII.

Ms. Defreece did not disclose on the online renewal application that she had been the subject of a disciplinary action. Ms. Defreece falsely answered “No” to question 2, which asked, “Been the subject of a board citation or an administrative action whether completed or pending in any state?”, and “No” to question 3, which asked, “Had your license [been] subjected to any discipline for violation of pharmacy or drug laws in any state?”

FIRST CAUSE OF ACTION

IX.

By failing to fully comply with the terms and conditions of the Board Order in Case No. 13-025-PT-S, Sherrilyn Defreece violated Nevada Administrative Code (NAC) 639.945(1)(l), which violation is grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1) and/or (4), and NRS 639.255.

SECOND CAUSE OF ACTION

X.

By falsely answering questions 2 and 3 on her online renewal application that she has not been the subject of a board citation, an administrative action and/or any discipline against her pharmaceutical technician registration, Sherrilyn Defreece is guilty of unprofessional conduct, as that term is defined in NAC 639.945(1)(h), which violation is grounds for action pursuant to NRS 639.210(4), and NRS 639.255. Ms. Defreece’s false statements are also grounds for discipline pursuant to NRS 639.210(9) and (10), 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 17th day of December, 2014.

Larry L. Pitson, 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. ) CASE NO. 14-084-PT-S

SHERRILYN DEFREECE ) STATEMENT TO THE RESPONDENT 
Certificate of Registration No. PT02080 ) NOTICE OF INTENDED ACTION

Respondent ) 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, January 21, 2015, 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 17th day of December, 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.

__________________________
Sherrilyn Defreece, PT
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )  
  Petitioner, )  
v. )  
BREANNA COLENE MACIAS, PT )  
Certificate of Registration No. PT06911 )  
  Respondent. )  

CASE NO. 14-085-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 Breanna Colene Macias, PT (Ms. Macias), Certificate of Registration No. PT06911, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about November 12, 2014, Board Staff received notification from Roger Winslow, the director of pharmacy at Mountain View Hospital (Mountain View), indicating that Mountain View terminated Ms. Macias’ employment as a pharmaceutical technician.

III.

In the written notification, Mr. Winslow indicated that when Ms. Macias reported to work on October 22, 2014, she appeared to be under the influence of alcohol or controlled substances. Ms. Macias submitted to a voluntary drug and alcohol test, which was conducted that same day.
IV.

The laboratory test results were positive for alcohol. Ms. Macias’ blood alcohol level was 0.232. Mr. Winslow provided Board Staff a copy of Ms. Macias’ positive test result.

FIRST CAUSE OF ACTION

V.

By testing positive for alcohol while on duty at her employing pharmacy, Breanna Macias is subject to discipline by the Board pursuant to Nevada Revised Statue (NRS) 639.210(1), (3) 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 17th day of December, 2014.

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

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, \hspace{1cm} ) \hspace{1cm} CASE NO. 14-085-PT-S
\hspace{1cm} )
\hspace{1cm} Petitioner,
\hspace{1cm} )
v.
\hspace{1cm} )
BREANNA COLENE MACIAS, PT \hspace{1cm} )
Certificate of Registration No. PT06911
\hspace{1cm} )
Respondent.
\hspace{1cm} )

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

I.

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

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.
The Board has reserved Wednesday, January 21, 2015, 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 17 day of December, 2014.

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

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 14-085-PT-S
v. ) ANSWER AND NOTICE
Petitioner, ) OF DEFENSE

BREANNA COLENE MACIAS, PT )
Certificate of Registration No. PT06911 )

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.

BREANNA COLENE MACIAS, PT

-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, 

Petitioner, 

v. 

JAIME CORDOBA-HERNANDEZ, R.PH. 
Certificate of Registration No. 17533 

Respondent. 

CASE NO. 14-086-RPH-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 Jaime Cordoba-Hernandez (Mr. Cordoba-Hernandez), Certificate of Registration No. 17533, is a registered pharmacist with the Board.

II.

On February 1, 2013, the Board entered a Findings of Fact, Conclusion of Law and Order in the case of Mr. Cordoba-Hernandez (Case No. 12-056-RPH-S). In its Order, the Board revoked Mr. Cordoba-Hernandez’s pharmacist license for violations related to the filling and dispensing of a dangerous drug without a lawful prescription. Mr. Cordoba-Hernandez created and filled fraudulent prescriptions for Procrit for a cyclist friend who used the Procrit to increase his cycling endurance.

III.

At the March 5, 2014 Board meeting, Mr. Cordoba-Hernandez appeared and requested
reinstatement of his pharmacist license. The Board reinstated Mr. Cordoba-Hernandez's license subject to a two year probation with the requirement that Mr. Cordoba-Hernandez attend the Board's meetings in Las Vegas for one year.

IV.

Subsequent to the Board's March 2014 Order, Mr. Cordoba-Hernandez attended one Board meeting on April 17, 2014, in Las Vegas, Nevada.

V.

In July 2014, Mr. Cordoba-Hernandez informed Board Staff that he had moved to New York. Board Staff agreed to allow Mr. Cordoba-Hernandez to attend the New York Board of Pharmacy (New York Board) meetings in order to comply with the condition set forth by the Board as a term of his probation. Board Staff made arrangements with the New York Board to monitor Mr. Cordoba-Hernandez's attendance.

VI.

On November 19, 2014, the New York Board informed Board Staff that Mr. Cordoba-Hernandez has not attended the New York Board meetings as required.

FIRST CAUSE OF ACTION

VII.

By failing to fully comply with the terms and conditions of his probation as set forth by the Board at the March 5, 2014 Board meeting, Jaime Cordoba-Hernandez is guilty of unprofessional conduct as that term is defined in Nevada Administrative Code (NAC) 639.945(1)(I), which violation is grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1) and/or (4), and NRS 639.255.

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

Signed this 17th day of December, 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.

JAIME CORDOBA-HERNANDEZ, R.PH.
Certificate of Registration No. 17533

Respondent

CASE NO. 14-086-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 539.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

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

III.

The Board has reserved Wednesday, January 21, 2015, 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.

-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 17th day of December, 2014.

[Signature]

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.

JAIME CORDOBA-HERNANDEZ, R.PH. 
Certificate of Registration No. 17533

Respondent

) ) CASE NO. 14-086-RPH-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:

PLEASE SEE ATTACHED LETTER

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 26 day of December, 2014.

Jaime Cordoba-Hernandez, R.Ph.
December 26th, 2014

To: Nevada Board of pharmacy.

I just returned to the USA after a trip back to my country - Costa Rica, in Central America. I was so surprised to receive your Notice of Intended Action and Accusation. I realize that I have failed to comply with the terms of my probation. I am not trying to blame anyone, but would like to explain my circumstances as I never wanted anything but to fulfill my obligations and get my license reinstated.

I have called numerous times to The New York Department of Education who is processing my Pharmacist License Transfer. When I ask about any upcoming NY Pharmacy Board meetings, I am always told to talk directly to the NY Board of Pharmacy. Every time I have spoken to The NY Board of Pharmacy, the answer has been that they don’t know the date of any upcoming meetings yet and that I should check online. When checking online I am unable to find anything posted on The NY Pharmacy Board website. The only time I was aware of a meeting, in September, I was told that it was a closed doors meeting but it wasn’t a public one for me to attend.

I acknowledge that I should have been more proactive and I should have asked or contacted someone else. I also should have told you about the situation, but I always believed that I would find the dates of the meetings and attend.

I had been planning a trip back to Costa Rica for a few weeks with my children and I thought that I would be able to fulfill the requirements in the coming year before my probation time was over. I absolutely, unequivocally thought I had that opportunity.

I have stated before that I absolutely want to be able to practice my profession in this country again and it is why I am still here trying to make it happen. I haven’t been able to bring home a descent salary to support my family since I was terminated from Smith’s Food and Drugs in August of 2012.

I have actively been looking for a pharmacist position here in Buffalo, and have sat down with two companies, knowing that my license transfer will come soon. I have been upfront with what happened to me in Nevada as it is stipulated in our probational agreement.

I am trying to say that I didn’t want this to happen, I will do anything to repair this mistake. I understand that my lack of initiative has gotten me into a deeper problems with the NV board of pharmacy.

I acknowledge that I have been very irresponsible but with no intention of lack of respect for my probation. I understood and, without any reservations, was totally willing to do what was necessary for me to get my license back. I was unaware of the meeting on November 19th but can still get a meeting in. I was under the impression that I needed to attend these meetings but I was unaware that I missed that first one.

I must be more proactive and I wish to apologize for my my actions, or lack of actions, that lead us to this situation.

Thank you for your understanding.

Sincerely,

Jaime Jordoba Hernandez
Rph Lic # 17533
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane  □ Reno, NV  89509  □ (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Pharmacy    □ Ownership Change    □ Name Change    □ Location Change
(Please provide current license number if making changes: PH__________)

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

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: AMERICAN SPECIALTY PHARMACY.
Physical Address: 501 S RANCHO DR. UNIT G 46 LAS VEGAS, NV 89106
Mailing Address: 2743 W. 15th STREET
City: PLANO State: TX Zip Code: 75075
Telephone: 702-508-2100 Fax: 702-508-2100
Toll Free Number: ________________
E-mail: bharat@aspox.com Website: info@aspox.com
Managing Pharmacist: shak Tanna License Number: 18795

Hours of Operation:
Monday thru Friday 9 am 7 pm Saturday 10 am 2 pm
Sunday — am — pm 24 Hours □

TYPE OF PHARMACY
☑ Retail □ Hospital (# beds ____)
□ Internet □ Nuclear
□ Out of State □ Ambulatory Surgery Center

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

Page 1 800998
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)? □ 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? □ 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? □ 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? □ 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)? □ 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

ABDUL HAMEED
Print Name of Authorized Person

Date

Board Use Only

Received: 12-16-14  Amount: $500.00

Page 2
APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: T E X A S .

Parent Company if any: N A .


Mailing Address: 2 7 4 3 W . 1 5 t h S T R E E T

City: P L A N O State: T X Zip: 7 5 0 7 5

Telephone: 7 3 4 - 2 1 8 - 1 6 4 1 Fax: 2 1 4 - 9 1 9 - 2 0 9 1.

Contact Person: A B D U L H A M E E D

For any corporation non publicly traded, disclose the following:

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

   a) A B D U L H A M E E D , 3 6 1 9 C R E S C E N T A V E , D A L L A S , T X
      Name
      Address
      7 5 2 0 5

   b) N A
      Name
      Address

   c) N A
      Name
      Address

   d) N A
      Name
      Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the New Applications tab. The forms are available under the documents for all types of businesses.

2) Provide the number of shares issued by the corporation. __________________________

3) What was the price paid per share? __________________________

4) What date did the corporation actually receive the cash assets? __________________________

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

List any physician shareholders and percentage of ownership.

Name: __________________________ %: __________________________

Name: __________________________ %: __________________________
I, Abdul Hameed, Responsible Person of American Specialty Pharmacy Inc., hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the owners must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Original Signature, no stamps or copies

Date
Statement of Responsibility

Managing Pharmacist

Pharmacist Name: **TANNA, DARSHA K.**  License #: **18795**

Pharmacy Name: **AMERICAN SPECIALTY PHARMACY**

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

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

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

<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 substance abuse, or physical condition that would impair your ability 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 any state?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>2. been the subject of an administrative action whether completed or pending in any state?</td>
<td>☐</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>
<td>☑</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Administrative Action</th>
<th>State:</th>
<th>Date:</th>
<th>Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>And/or Criminal Action</td>
<td>State:</td>
<td>Date:</td>
<td>Case #:</td>
</tr>
<tr>
<td>County</td>
<td></td>
<td></td>
<td>Court:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Renewal Application - PHARMACY
For the period of November 1, 2014 to October 31, 2016
Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)
$500.00 (postmarked on or before 10/31/2014) OR $750.00 (postmarked after 10/31/2014)

LICENSE: PH02570
CALIFORNIA PHARMACY & COMPOUNDING CENTER
4000 BIRCH ST #120,
Newport Beach, CA 92660

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

RENEW ONLINE
1. Go to http://bop.nv.gov
2. Click “Applications” then, “License Renewal”
3. Follow instructions
4. Use USER ID: QUESTIONS@CA-RX.COM
   PASSWORD: ******
   New Users: once logged in, when asked for OLD password, use the above password, then change

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

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

<table>
<thead>
<tr>
<th>Board Administrative Action:</th>
<th>State</th>
<th>Date:</th>
<th>Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(pending)</td>
<td>CA</td>
<td>3/27/2014</td>
<td>AC201200462800 (case report enclosed)</td>
</tr>
</tbody>
</table>

Criminal Action:

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

Section 2: CAUTIONS

(1.) Nevada has no grace period. All applications postmarked by the US Postal Service after October 31, 2014 that are NOT
accompanied by the late fee, will be returned and will be assessed the late fee, delaying processing.

(2.) Any application that is not 100% complete will be returned and will not be considered to have been received.
   Only completed applications will be processed.

(3.) If you have a Nevada State Business license, please provide the #

Section 3:

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

Signature: ___________________________ Date: 10/01/14
BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

CALIFORNIA PHARMACY AND COMPOUNDING CENTER
4000 Birch Street, Suite 120
Newport Beach, CA 92660

Pharmacy Permit No. PHY 49828
Sterile Compounding License No. LSC 99542

and

DAVID JOSEPH SCHAPIRO
14501 Larch Avenue
Irvine, CA 92606

Pharmacist License No. RPH 26704

Respondents.

Complainant alleges:

PARTIES

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

2. On or about April 1, 2009, the Board of Pharmacy issued Pharmacy Permit Number PHY 49828 to California Pharmacy and Compounding Center (Respondent). The Pharmacy
Permit was in full force and effect at all times relevant to the charges brought herein and will expire on April 1, 2014, unless renewed.

3. On or about April 2, 2009, the Board ofPharmacy issued Sterile Compounding License Number LSC 99542 to California Pharmacy and Compounding Center (Respondent). The Sterile Compounding License was in full force and effect at all times relevant to the charges brought herein and will expire on April 1, 2014, unless renewed.

4. On or about July 16, 1970, the Board of Pharmacy issued Pharmacist License Number RPH 26704 to David Joseph Schapiro (Respondent). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2013, unless renewed. Respondent Schapiro was the Pharmacist-In-Charge ("PIC") of CPCC and has been the PIC since April 1, 2009.

**JURISDICTION**

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

6. Section 4300 of the Code states:

(a) Every license issued may be suspended or revoked.

(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

1. Suspending judgment.

2. Placing him or her upon probation.

3. Suspending his or her right to practice for a period not exceeding one year.

4. Revoking his or her license.

5. Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper.

(e) The proceedings under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code, and the board shall have all the powers granted therein. The
action shall be final, except that the propriety of the action is subject to review by the superior court pursuant to Section 1094.5 of the Code of Civil Procedure.

7. Section 4300.1 of the Code states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY AND REGULATORY PROVISIONS

8. Section 4022 of the Code states

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a _______," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

9. Section 4040 of the Code states in part:

(a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, his or her license classification, and his or her federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition or purpose for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant,
naturopathic doctor who issues a drug order pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a drug order pursuant to either Section 4052.1 or 4052.2.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (2) of subdivision (a) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

10. Section 4071 of the Code states:

Notwithstanding any other provision of law, a prescriber may authorize his or her agent on his or her behalf to orally or electronically transmit a prescription to the furnisher. The furnisher shall make a reasonable effort to determine that the person who transmits the prescription is authorized to do so and shall record the name of the authorized agent of the prescriber who transmits the order.

11. Section 4076 of the Code states in part:

(a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

(1) . . . either the manufacturer's trade name of the drug or the generic name and the name of the manufacturer. Commonly used abbreviations may be used. Preparations containing two or more active ingredients may be identified by the manufacturer's trade name or the commonly used name or the principal active ingredients.

(2) The directions for the use of the drug.

(3) The name of the patient or patients.

(4) The name of the prescriber . . .

(5) The date of issue.

(6) The name and address of the pharmacy, and prescription number or
other means of identifying the prescription.

(7) The strength of the drug or drugs dispensed.

(8) The quantity of the drug or drugs dispensed.

(9) The expiration date of the effectiveness of the drug dispensed.

(10) The condition for which the drug was prescribed if requested by the patient and the condition is indicated on the prescription.

12. Section 4110 of the Code states in part:

(a) No person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board. A license shall be required for each pharmacy owned or operated by a specific person. A separate license shall be required for each of the premises of any person operating a pharmacy in more than one location. The license shall be renewed annually. The board may, by regulation, determine the circumstances under which a license may be transferred.

13. Section 4113 of the Code states in part:

(a) Every pharmacy shall designate a pharmacist-in-charge and, within 30 days thereof, shall notify the board in writing of the identity and license number of that pharmacist and the date he or she was designated.

(c) The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

14. Section 4169 of the Code states in part:

(a) A person or entity may not do any of the following:

(1) Purchase, trade, sell, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler or pharmacy.

(3) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were misbranded, as defined in Section 111335 of the Health and Safety Code.

15. Section 4301 of the Code states in part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:
(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

16. Section 11164 of the Health and Safety Code states in part:

Except as provided in Section 11167, no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section.

(b)(1) Notwithstanding paragraph (1) of subdivision (a) of Section 11162.1, any controlled substance classified in Schedule III, IV, or V may be dispensed upon an oral or electronically transmitted prescription, which shall be produced in hard copy form and signed and dated by the pharmacist filling the prescription or by any other person expressly authorized by provisions of the Business and Professions Code. Any person who transmits, maintains, or receives any electronically transmitted prescription shall ensure the security, integrity, authority, and confidentiality of the prescription.

17. Section 111330 of the Health and Safety Code states, “Any drug or device is misbranded if its labeling is false or misleading in any particular.”

18. Section 111335 of the Health and Safety Code states, “Any drug or device is misbranded if its labeling or packaging does not conform to the requirements of Chapter 4 (commencing with Section 110290).”

19. Section 111340 of the Health and Safety Code states:

Any drug or device is misbranded unless it bears a label containing all of the following information:

(a) The name and place of business of the manufacturer, packer, or distributor.

(b) An accurate statement of the quantity of the contents in terms of weight, measure, or numerical count.

Reasonable variations from the requirements of subdivision (b) shall be permitted. Requirements for placement and prominence of the information and exemptions as to small packages shall be established in accordance with regulations adopted pursuant to Section 110380.
20. Section 111440 of the Health and Safety Code states, "It is unlawful for any person to manufacture, sell, deliver, hold, or offer for sale any drug or device that is misbranded."

21. Section 111445 of the Health and Safety Code states: "It is unlawful for any person to misbrand any drug or device.

22. Title 16, California Code of Regulations ("CCR"), section 1735 states in part:

(a) "Compounding" means any of the following activities occurring in a licensed pharmacy, by or under the supervision of a licensed pharmacist, pursuant to a prescription:

1. Altering the dosage form or delivery system of a drug
2. Altering the strength of a drug
3. Combining components or active ingredients
4. Preparing a drug product from chemicals or bulk drug substances

23. Title 16, CCR, section 1735.4 states:

(a) In addition to the labeling information required under Business and Professions Code section 4076, the label of a compounded drug product shall contain the generic name(s) of the principal active ingredient(s).

(b) A statement that the drug has been compounded by the pharmacy shall be included on the container or on the receipt provided to the patient.

(c) Drug products compounded into unit-dose containers that are too small or otherwise impractical for full compliance with subdivisions (a) and (b) shall be labeled with at least the name(s) of the active ingredient(s), concentration or strength, volume or weight, pharmacy reference or lot number, and expiration date.

24. Title 16, CCR, section 1761 states in part:

(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

25. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of

COST RECOVERY
the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

26. Releana®, a brand name for human chorionic gonadotropin is a Schedule III controlled substance pursuant to Health and Safety Code section 11056(f)(32) and is a dangerous drug pursuant to Business and Professions Code section 4022.

27. Valium/Flexeril/lidocaine suppository is a compounded product containing a combination of the following ingredients: cyclobenzaprine (Flexeril), diazepam (Valium) and lidocaine. It is a Schedule IV controlled substance as designated by Health and Safety Code Section 11057(d)(9), and is a dangerous drug pursuant to Business and Professions Code section 4022. It is used as a muscle relaxant.

FACTS

28. At all times mentioned herein, Respondent Schapiro was the PIC of Respondent California Pharmacy and Compounding Center (hereinafter “CPCC”). On or about November 4, 2010, the Board received a telephone complaint from J.S. alleging CPCC filled a prescription “without the dosage.” On December 14, 2010, the Board received an anonymous complaint that CPCC was involved in the illegal practice of compounding and selling an oral preparation of human chorionic gonadotropin (“HCG”), which was being sold under the trade name of “Releana.”

29. On or about January 11, 2011, an inspector for the Board conducted an inspection of CPCC following the receipt of these complaints concerning the pharmacy, which is further described below.

30. On or about August 20, 2010, a prescription was faxed to CPCC for J.S. for sixty vaginal suppositories of Valium/Flexeril/lidocaine. The prescription appeared to be signed by S.S., a physician’s assistant. The prescription showed it was faxed from a fax machine with the name and telephone number of J.S. to CPCC. CPCC filled the prescription on the same day under prescription number RX 652991. CPCC dispensed twelve suppositories of a compounded medication containing “cyclo/diaz/lido” (cyclobenzaprine/diazepam/lidocaine). A duplicate label
provided by Respondent Schapiro showed the drug dispensed was “cyclo/diaz/lido” 10/5/62.5 mg suppository and the prescriber was identified as Dr. M.C., not S.S.

31. There was no notation that CPCC ensured the security, integrity and/or authority of the prescription by verifying the prescription with the prescriber. Likewise, there was no notation CPCC attempted to determine whether J.S. was authorized by PA S.S. to transmit the prescription on behalf of PA S.S. nor that J.S. was so authorized by PA S.S.

32. During the inspection of CPCC on January 11, 2011, Respondent Schapiro explained that CPCC reached an exclusive agreement with Millenium Medical Spa (“Millenium”) to compound Releana®. Millenium was located in Newport Beach, California and was not licensed with the Board as a pharmacy or wholesaler in California. Millenium held the patent for Releana®, a medication containing the human chorionic gonadotropin (“HCG”) as an active ingredient. HCG formulations are used to facilitate weight loss and body contouring. According to Respondent Schapiro, Millenium was responsible for marketing Releana® and receiving orders from physicians throughout the country for Respondent CPCC to fill. Millenium processed the orders and invoiced the physicians. Millenium then e-mailed the order form and a “Prescription Fill-in Form” to CPCC. The Prescription Fill-in Form contained prescriptions written for each patient and is further described in paragraph 34(c), below.

33. According to Respondent Schapiro, after CPCC received a prescription for Releana® by e-mail, CPCC processed the prescription, compounded the Releana® vehicle, which is a proprietary formula, and packaged the HCG in a separate container. CPCC dispensed the medication in a Ziploc bag with a prescription label with the patient’s name, prescription number, the instruction to “Use as directed by physician,” the prescribing physician, the date dispensed and the expiration date. Releana® was dispensed in the form of a small vial containing the HCG powder and a larger bottle containing the Releana® vehicle, a buffered solution. The medication was shipped to the prescribing physician’s office where the medication was mixed by the physician and the larger container was dispensed to the patient. Millenium paid CPCC for all materials and dispensing fees.
34. In addition to physicians in California, Millenium sold Releana® to physicians in Alabama, Arizona, Florida, Georgia, Hawaii, Iowa, Illinois, Indiana, Maryland, Missouri, Mississippi, Nebraska, Nevada, New York, Ohio, Oklahoma, South Carolina, Texas, Virginia and Washington. Respondent CPCC compounded the medication for dispensing to physicians in these states.

35. On March 8, 2011, Board inspectors conducted further investigation of CPCC’s practice regarding dispensing Releana®. The process by which Releana® was ordered was as follows:

   a. The physician ordered Releana® from Millenium. The order form was faxed to Millenium along with the prescriptions for Releana® written on a prescription form with the Releana® logo.

   b. The order was processed by Millenium. A packing slip was generated with the quantity purchased, the payment method (credit card name) and the amount due from the prescriber.

   c. Millenium then e-mailed the following documents to CPCC:

      i) the packing slip with Releana®’s logo for the quantity ordered and addressed to the physician;

      ii) an order form with the name, address and telephone number of the physician, the description of the drug (“human chorionic gonadotropin proprietary formula”) and the quantity ordered; and,

      iii) a Prescription Fill-in Form with the prescriber’s information and two columns of five boxes to fill in the patient’s name, address, telephone number, the pre-printed description of the drugs as “Human Chorionic Gonadotropin proprietary formula” and quantity to either select from “[1], [2], or [3]” or to fill in. The prescription form did not state the date each prescription was written nor the strength of the drug.

36. CPCC’s Drug Recall Report for Releana® showed that CPCC dispensed 5958 prescriptions for Releana® from October 1, 2010 to March 8, 2011. Thirty patients from the
Drug Recall Report were randomly selected and their Patient Drug Histories from March 8, 2010 to March 8, 2011 and prescriptions for Releana® were reviewed by Board inspectors.

37. The Drug Histories and Releana® prescriptions for the following patients were reviewed:

<table>
<thead>
<tr>
<th>Patient initials</th>
<th>Prescriber’s initials</th>
<th>Releana® Rx Number</th>
<th>Date dispensed</th>
</tr>
</thead>
<tbody>
<tr>
<td>K.C.</td>
<td>D.T.</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>G.D.</td>
<td>A.H.</td>
<td>623609</td>
<td>11/12/2009</td>
</tr>
<tr>
<td>M.W.</td>
<td>D.I.</td>
<td>662399</td>
<td>12/29/2010</td>
</tr>
<tr>
<td>M.F.</td>
<td>F.V.</td>
<td>662302</td>
<td>12/28/2010</td>
</tr>
<tr>
<td>D.G.</td>
<td>N.L.</td>
<td>650860</td>
<td>7/26/2010</td>
</tr>
<tr>
<td>A.K.</td>
<td>D.B.</td>
<td>655068</td>
<td>9/10/2010</td>
</tr>
<tr>
<td>H.M.</td>
<td>D.D.</td>
<td>652872</td>
<td>8/20/2010</td>
</tr>
<tr>
<td>G.M.</td>
<td>L.E.</td>
<td>655753</td>
<td>9/21/2010</td>
</tr>
<tr>
<td>B.C.</td>
<td>H.M.</td>
<td>661771</td>
<td>12/16/2010</td>
</tr>
<tr>
<td>P.C.</td>
<td>S.E.</td>
<td>635667</td>
<td>3/8/2010</td>
</tr>
<tr>
<td>Q.W.</td>
<td>S.B.</td>
<td>658717</td>
<td>11/1/2010</td>
</tr>
<tr>
<td>D.R.</td>
<td>R.W.</td>
<td>630300</td>
<td>1/26/2010</td>
</tr>
<tr>
<td>L.P.</td>
<td>J.B.</td>
<td>658030</td>
<td>10/21/2010</td>
</tr>
<tr>
<td>L.D.</td>
<td>J.W.</td>
<td>658261</td>
<td>10/26/2010</td>
</tr>
<tr>
<td>V.F.</td>
<td>T.P.</td>
<td>670762</td>
<td>1/31/2011</td>
</tr>
<tr>
<td>M.E.</td>
<td>L.K.</td>
<td>632162</td>
<td>2/9/2010</td>
</tr>
<tr>
<td>K.D.</td>
<td>A.T.</td>
<td>660151</td>
<td>11/18/2010</td>
</tr>
<tr>
<td>B.F.</td>
<td>P.M.</td>
<td>645830</td>
<td>6/1/2010</td>
</tr>
</tbody>
</table>

\(^1\) According to K.C.’s Patient Drug History, seven prescriptions for Releana® were dispensed for this patient. However, a sample Releana® prescription was not provided to the Board inspectors. A prescription for testosterone was provided instead.
<table>
<thead>
<tr>
<th>Patient initials</th>
<th>Prescriber’s initials</th>
<th>Releana® Rx Number</th>
<th>Date dispensed</th>
</tr>
</thead>
<tbody>
<tr>
<td>T.F.</td>
<td>G.J.</td>
<td>657118</td>
<td>10/11/2010</td>
</tr>
<tr>
<td>C.C.</td>
<td>G.J.</td>
<td>657120</td>
<td>10/11/2010</td>
</tr>
<tr>
<td>D.C.</td>
<td>U.K.</td>
<td>647200</td>
<td>6/15/2010</td>
</tr>
<tr>
<td>J.B.</td>
<td>T.L.</td>
<td>656880</td>
<td>10/8/2010</td>
</tr>
<tr>
<td>S.B.</td>
<td>M.S.</td>
<td>656960</td>
<td>10/8/2010</td>
</tr>
<tr>
<td>A.A.</td>
<td>D.P.</td>
<td>631816</td>
<td>2/8/2010</td>
</tr>
<tr>
<td>A.B.</td>
<td>H.S.</td>
<td>633855</td>
<td>2/24/2010</td>
</tr>
<tr>
<td>D.A.</td>
<td>A.D.</td>
<td>660830</td>
<td>12/2/2010</td>
</tr>
<tr>
<td>B.A.</td>
<td>E.M.</td>
<td>634248</td>
<td>2/26/2010</td>
</tr>
<tr>
<td>J.A.</td>
<td>A.D.</td>
<td>660833</td>
<td>12/2/2010</td>
</tr>
<tr>
<td>P.A.</td>
<td>R.C.</td>
<td>670879</td>
<td>2/1/2011</td>
</tr>
</tbody>
</table>

38. A review of the original prescriptions revealed that the Releana® prescriptions for each patient were cut out from the prescription form sent by Millenium to CPCC and affixed to a blank telephone prescription pad. A date was stamped on the prescription pads that appeared to be the date the prescriptions were filled. The prescriptions contained the name and address of the patient, the pre-printed drug name “human chorionic gonadotropin proprietary formula” and the provider’s signature. The prescriptions did not have the strength of HCG and the quantity prescribed was specified in units of “1”, “2” or “3.” There were no notations on the prescriptions indicating the pharmacist verified the prescriptions with the physicians since the prescriptions were electronically received from Millenium instead of from the prescribing physicians. Many of the prescribing physicians were located out of the state of California.

39. Affixed to the prescriptions were the prescription backer labels. The backer labels indicated the prescription number assigned, the patient’s name, the physician’s name, the drug dispensed (Releana – Chorionic Gonadotropin), the quantity, the instruction “Use as Directed by Physician,” and notations with CPCC’s compounding lot number for the product dispensed and
the pharmacist’s initials. The prescription backer label did not state the concentration, volume or weight of the active ingredient nor the quantity of the drug dispensed. Prescriptions labels that were duplicates of the prescription labels on the drug containers were also obtained. The duplicate prescription labels did not state the concentration, volume or weight of the active ingredient nor the quantity of the drug dispensed.

FIRST CAUSE FOR DISCIPLINE
AGAINST CALIFORNIA PHARMACY AND COMPOUNDING CENTER
AND DAVID JOSEPH SCHAPIRO
(Violation of Pharmacy Law – Failure to Ensure Integrity of Prescription)
40. Respondents CPCC and Schapiro are subject to discipline pursuant to Code section 4301, subdivisions (j) and (o), for violating Code section 4071 and Health and Safety Code section 11164 in that Respondents failed to ensure the security, integrity and/or authority of J.S.’s prescription by failing to verify the prescription with the prescribing physician, as more fully set forth in paragraphs 29 – 30, which are incorporated by this reference as though set forth in full herein.

SECOND CAUSE FOR DISCIPLINE
AGAINST CALIFORNIA PHARMACY AND COMPOUNDING CENTER
AND DAVID JOSEPH SCHAPIRO
(Violation of Pharmacy Law - Erroneous and Uncertain Prescriptions)
41. Respondents CPCC and Schapiro are subject to discipline pursuant to Code section 4301, subdivisions (j) and (o), for violating Code section 4040; title 16, CCR, section 1761; and, Health and Safety Code section 11164. Respondents compounded and/or dispensed prescriptions for Releana® containing significant errors, omissions, irregularities and/or uncertainties as more fully set forth in paragraphs 29 – 38, which are incorporated by this reference as though set forth in full herein, and as follows:

a. The prescriptions for Releana® did not specify the quantity to dispense, the directions for use and the date the prescription was issued.
b. The electronically transmitted prescriptions for Releana® were not valid in that the prescriptions were received by CPCC from Millenium instead of the prescriber and were not verified with the prescribing physician by the CPCC.

c. The electronically transmitted prescriptions for Releana® that were produced into a hard copy did not bear the date the prescription was transcribed or the signature of the transcribing pharmacist.

d. The electronically transmitted prescriptions for Releana® did not have the name of the person at the prescriber's office who transmitted the prescriptions.

THIRD CAUSE FOR DISCIPLINE

AGAINST CALIFORNIA PHARMACY AND COMPOUNDING CENTER

AND DAVID JOSEPH SCHAPIRO

(Selling to Unlicensed Entity)

42. Respondents CPCC and Schapiro are subject to discipline pursuant to Code section 4301, subdivision (o) for violation of section 4169, subdivision (a)(1), for selling dangerous drugs to an entity not licensed by the Board. Respondents compounded and sold Releana® to Millenium, an entity not licensed by the Board as a pharmacy or wholesaler in California, as is more fully set forth in paragraphs 29 – 38, which are incorporated by this reference as though set forth in full herein.

FOURTH CAUSE FOR DISCIPLINE

AGAINST CALIFORNIA PHARMACY AND COMPOUNDING CENTER

AND DAVID JOSEPH SCHAPIRO

(Selling Misbranded Drugs)

43. Respondents CPCC and Schapiro are subject to discipline pursuant to Code sections 4301, subdivisions (j) and (o) for violation of section 4169, subdivision (a)(3), and Health and Safety Code sections 11130, 111440 and 11340, for selling, delivering, transferring, holding or offering for sale, any drug that Respondents knew or should reasonably have known were misbranded. The Releana® drugs were misbranded in that the label affixed to each individual container of Releana® powder and Releana® vehicle, did not specify the name and address of the
manufacturer, packer or distributor and they did not specify the quantity of the contents of each of
the two containers sold in terms of weight or measure, as is more fully set forth in paragraphs 29–
38, which are incorporated by this reference as though set forth in full herein.

FIFTH CAUSE FOR DISCIPLINE

AGAINST CALIFORNIA PHARMACY AND COMPOUNDING CENTER

AND DAVID JOSEPH SCHAPIRO

(Dispensing Incorrectly Labeled Prescriptions)

44. Respondents CPCC and Schapiro are subject to discipline pursuant to Code section
4301, subdivision (o) for violation of section 4076, subdivision (a)(7) and (8) and title 16, CCR,
1735.4, for dispensing incorrectly labeled Releana® prescriptions in that Respondents dispensed
Releana® with prescription labels that did not state the concentration or strength of the active
ingredient nor the quantity of the drug dispensed, either in volume, weight or numerical count, as
is more fully set forth in paragraphs 29 – 38, which are incorporated by this reference as though
set forth in full herein.

SIXTH CAUSE FOR DISCIPLINE

AGAINST CALIFORNIA PHARMACY AND COMPOUNDING CENTER

AND DAVID JOSEPH SCHAPIRO

(Aiding or Abetting Millenium in Sale of Controlled Substances)

45. Respondents CPCC and Schapiro are subject to discipline pursuant to Code section
4301, subdivision (o) for assisting in or abetting the violation of Code section 4110 by Millenium,
in that Millenium sold Releana® to physicians in California, among other states, without having a
license as a pharmacy or wholesaler in the State of California, as more fully set forth in
paragraphs 29 – 38 and incorporated by this reference as though set forth in full herein.

PRAYER

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

1. Revoking or suspending Pharmacy Permit Number PHY 49828 issued to California
   Pharmacy and Compounding Center;
2. Revoking or suspending Sterile Compounding License Number LSC 99542 issued to California Pharmacy and Compounding Center;

3. Revoking or suspending Pharmacist License Number RPH 26704 issued to David Joseph Schapiro;

4. Ordering California Pharmacy and Compounding Center to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

5. Ordering David Joseph Schapiro to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

6. Taking such other and further action as deemed necessary and proper.

DATED: 3/27/14

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

SD2013805160/70730133.doc
Renewal Application - PHARMACY

For the period of November 1, 2014 to October 31, 2016

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)
$500.00 (postmarked on or before 10/31/2014) OR $750.00 (postmarked after 10/31/2014)

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

LICENSE: PH02236
DIAMONDBACK DRUGS
7631 E INDIAN SCHOOL RD,
Scottsdale, AZ 85251

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

<OR>

RENEW ONLINE
1. Go to http://bop.nv.gov
2. Click "Applications" then "License Renewal"
3. Follow instructions
4. Use USER ID: DIAMONDBACKDRUGS@QWEST.NET
PASSWORD: ********
*New Users: once logged in, when asked for OLD password, use the above password, then change

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

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

<table>
<thead>
<tr>
<th>Board Administrative Action:</th>
<th>State</th>
<th>Date</th>
<th>Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENIAL OF LICENSE OR SUSPENSION</td>
<td>NC</td>
<td>5/13/14</td>
<td></td>
</tr>
</tbody>
</table>

Criminal Action: State Date Case #: County Court

Section 2: CAUTIONS
(1.) Nevada has no grace period. All applications postmarked by the US Postal Service after October 31, 2014 that are NOT accompanied by the late fee, will be returned and will be assessed the late fee, delaying processing.

(2.) Any application that is not 100% complete will be returned and will not be considered to have been received. Only completed applications will be processed.

(3.) If you have a Nevada State Business license, please provide the # M/A

Section 3:
It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature: [Signature]
Date: 7/15/14
July 2, 2014

Members of the Board of Pharmacy
Jack W. Campbell IV, Executive Director
North Carolina Board of Pharmacy
6015 Farrington Road, Suite 201
Chapel Hill, North Carolina 27517

RE: Michael Richard Blaire, RPh - Lic. No. 45547
CI 2012 53997

Dear Members of the Board and Mr. Campbell:

I have been asked by counsel for Mr. Blaire to provide clarification of whether issuance of a citation by the California Board of Pharmacy ("Board") or payment of a fine is a form of discipline against a licensee.

Please be advised that the California Board considers issuance of a citation to be an administrative action. The board does not consider issuance of a citation to be discipline. If a hearing is not requested to contest the citation, payment of any fine does not constitute an admission of the action charged in the citation. Payment of the fine is not reportable and is not reflected as discipline on the licensee's verification.

Disciplinary cases are not initiated with a citation. Rather, discipline cases are initiated with an accusation and follow a different track than citation cases.

Please contact me with any questions.

Sincerely,

[Signature]

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
BEFORE THE NORTH CAROLINA BOARD OF PHARMACY

In The Matter Of:

Reciprocity Application of
MICHAEL RICHARD BLAIRE

ORDER DENYING
RECIPROCITY

THIS MATTER came before the North Carolina Board of Pharmacy ("Board") concerning the application of Michael Richard Blaire ("Petitioner") to reciprocate a license to practice pharmacy. This matter was heard on May 13, 2014 by the Board located at 6015 Farrington Rd., Suite 201, Chapel Hill, North Carolina, before Board members Minton, Marks, McLaughlin, Chesson, Day, and Mixon. Having heard the evidence presented and assessed the credibility of the testifying witnesses, the Board makes the following:

FINDINGS OF FACT

1. Petitioner holds a license to practice pharmacy in New York, which he seeks to reciprocate to North Carolina.

2. Petitioner also holds a license to practice pharmacy in California. His principal place of practice is Diamondback Drugs in Scottsdale, Arizona.

3. As part of the reciprocity application process, Petitioner submitted a National Association of Boards of Pharmacy Official Application for Transfer of a Pharmacy License ("NABP Application"). Question 2 of the NABP Application's Professional History section asked: "Has your pharmacist license in any jurisdiction ever been revoked, suspended, restricted, terminated or otherwise been subject to disciplinary action (public or private) by any board of pharmacy or other state authority?" Petitioner's response to this question was "No."

THIS COPY FOR YOUR RECORDS
4. Petitioner’s signature on the NABP application “affirm[ed]” under oath that he had “read the foregoing paragraphs and the information therein is complete, true, and correct. I understand that any false statements made by me in this Application may be punishable by law.”

5. Also as part of the reciprocity application process, Petitioner submitted a North Carolina Board of Pharmacy Reciprocity Data Questionnaire. Question 7 on that document asks “Have you at any point in your licensure as a pharmacist been charged by any Board of Pharmacy on matters which could have produced an action on your license? Any and all actions taken against your license must be disclosed regardless of when the action was taken. This includes any pending actions.” Petitioner’s response to this question was “Yes.” Petitioner further stated on the application: “License cited by the State of California for wholesaling medications without a wholesale license. No disciplinary action taken.”

6. Petitioner’s signature on the application “affirm[ed] that I have answered the foregoing questions, and that my answers are true and correct. I understand that any false information given by me may subject me to refusal to be licensed, disciplinary action by the North Carolina Board of Pharmacy, and/or any license obtained shall be void and of no effect.”

7. In April 2013, Petitioner was fined $5,000 by the California Board of Pharmacy because he was “not in compliance with [California law] which requires a person located outside this state that ships, sells, mails or delivers dangerous drugs or dangerous devices into the state . . .” The California Board found that for a period of three years, Petitioner, “while acting as pharmacist-in-charge of Diamondback Drugs furnished, shipped, mailed or delivered dangerous drugs . . . to several entities (veterinarians, veterinary offices, etc.) located throughout the state of California without obtaining a non-resident wholesaler license in California (approximately 375 invoice transactions).”
8. In 2006, the California Board of Pharmacy issued a fine of $2,500 to Mr. Blaine stemming from a charge that Mr. Blaine had "falsified an email sent to him by a member of [the California] board" and "reproduced [the falsified email] into a written response to the boards [sic] cease and desist order dated November 23, 2006." Petitioner testified that he challenged the citation. In August 2007, the Board of Pharmacy dismissed the citation.

9. Petitioner's answer to Question 7 of the North Carolina Reciprocity Data Questionnaire was false. Petitioner did not disclose the 2006 charge against his license by the California Board of Pharmacy. Moreover, Petitioner stated that "no disciplinary action [was] taken" against him by the California Board of Pharmacy in 2013 even though he was cited and fined $5,000.

10. Petitioner's answer to Question 2 of the NABP Application's Professional History section was false. Petitioner was cited by the California Board of Pharmacy and fined $5,000.

11. Petitioner offered several explanations for his failure to disclose, completely and accurately, the California Board's 2006 charge to his license and its 2013 action on his license. The Board finds none of these explanations credible.

12. For instance, Petitioner testified that the California Board's action was "administrative." But, as Petitioner conceded, virtually all actions against a pharmacist license are "administrative" in nature. Petitioner testified that he had "no opportunity" to contest the 2013 California action. Yet, Petitioner certainly was aware of the process for contesting a California Board citation, as evidenced by his participation in such a process and that board's dismissal of Petitioner's 2006 citation. Moreover, Petitioner conceded that he did have an opportunity to contest the 2013 California citation, but instead chose not to do so. Petitioner testified that he was "currently challenging" the 2013 California citation, but provided no
evidence that any such challenge was underway other than a claim that an attorney was
discussing the matter with an unnamed California official. And, in any event, even if such a
belated challenge were now underway, it would not change the fact that at the time Petitioner
completed his reciprocity application, he supplied answers that were false and misleading.

CONCLUSION OF LAW

Petitioner “made false representations or withheld material information in connection
with securing a license or permit.” N.C.G.S. § 90-85.38(a)(1).

IT IS, THEREFORE, ORDERED that Petitioner’s application to reciprocate a license
to practice pharmacy to North Carolina is DENIED.

This the 13th day of May, 2014.

NORTH CAROLINA BOARD OF PHARMACY

By: [Signature]

Jack W. Campbell IV
Executive Director
CERTIFICATE OF SERVICE

I certify that on May 15th, 2014, I caused a copy of this Order Denying Reciprocity to be
served on Petitioner by certified mail, return receipt requested at the following address:

10921 N 140th Way
Scottsdale, AZ 85259

Jack W. Campbell IV
Executive Director

cc: Blaire reciprocity file

Lawrence Mokhiber
Executive Director
New York Board of Pharmacy
89 Washington Avenue,
2d Floor W
Albany, NY 12234-1000

Virginia Herold
Executive Director
California Board of Pharmacy
1625 N Market Boulevard
N219
Sacramento, CA 95834

Hal Wand
Executive Director
Arizona Board of Pharmacy
1700 West Washington
Suite 250
Phoenix, AZ 85007

THIS COPY FOR YOUR RECORDS
CITATION AND FINE

Citation Number
CI 2012 53997

Name, License No.
MICHAEL RICHARD BLAIRE, RPH 45547

JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

VIOLATION CODE SECTION
Bus. & Prof. Code § 4161 subd. (a), (b), & (c)

OFFENSE
Nonresident Wholesaler Requirements:/License procedure/A separate license shall be required for each place of business...

AMOUNT OF FINE
$5,000.00

CONDUCT:

Unlicensed Activity – Michael Blaire (RPH 45547) was not in compliance with Business and Professions Code section 4161 (a)(b)(c), which requires a person located outside this state that ships, sells, mails, or delivers dangerous drugs or dangerous devices into this state or sells, brokers, or distributes dangerous drugs or devices within this state be licensed by the Board prior to shipping, selling, mailing, or delivering dangerous drugs or dangerous devices to a site located in this state or selling, brokering, or distributing dangerous drugs or devices within this state. From about 1/1/2009 to 12/31/2011, while acting as pharmacist-in-charge of Diamondback Drugs (located at 7901 East McDowell Road, Scottsdale, AZ 85257), furnished, shipped, mailed, or delivered dangerous drugs, controlled substances, and/or compounded drugs (medications) to several entities (veterinarians, veterinary offices, etc.) located throughout the state of California without obtaining a non-resident wholesaler license in California (approximately 375 invoice transactions).

INVOICE # | INVOICE DATE | DRUG | QTY | Sold To (ship to) | City
---|---|---|---|---|---
288889 | 12/1/2010 | phenytoin powder (jar) | 12 | adobe animal hospital | yucaipa
288889 | 12/1/2010 | scoops | 12 | adobe animal hospital | yucaipa
300583 | 2/1/2011 | vincristine 2mg/mL inj (vial) | 12 | adobe animal hospital | los altos
331856 | 6/30/2011 | vincristine 2mg/mL inj (vial) | 6 | adobe animal hospital | los altos
341018 | 8/1/2011 | vincristine 2mg/mL inj (vial) | 6 | adobe animal hospital | los altos
341018 | 8/11/2011 | elspar inj (vial) | 4 | adobe animal hospital | los altos
351789 | 9/28/2011 | vincristine 2ml/mL inj (vial) | 6 | adobe animal hospital | los altos
26513 | 1/1/2011 | metronidazole 250mg tabs | 500 | agoura animal clinic | agoura hills
297171 | 1/14/2011 | metronidazole 500mg tabs | 1000 | airport pet clinic | shingle springs
280635 | 10/15/2010 | mexilline 150mg cap | 300 | allcare animal referral center | fountain valley
280635 | 10/15/2010 | icentin 250mg cap | 300 | allcare animal referral center | fountain valley
290444 | 12/9/2010 | cyclosporine 50mg/mL inj (5ml) | 5 | allcare animal referral center | fountain valley
296921 | 1/13/2011 | vincristine inj 2mg/mL | 5 | allcare animal referral center | fountain valley
306409 | 3/2/2011 | lantus pens (boxes) | 2 | allcare animal referral center | fountain valley
314555 | 4/11/2011 | cyclosporin inj (10x5ml) | 2 | allcare animal referral center | fountain valley
314555 | 4/11/2011 | therpylline 10mg tabs (bottle) | 6 | allcare animal referral center | fountain valley

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Date</th>
<th>Description</th>
<th>Quantity</th>
<th>Hospital</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>29108</td>
<td>1/8/2011</td>
<td>Cyclosporine modified 25mg caps</td>
<td>60</td>
<td>Best friend animal hospital</td>
<td>Monrovia</td>
</tr>
<tr>
<td>31245</td>
<td>4/27/2011</td>
<td>Povidone 10% oint 1oz tube</td>
<td>10</td>
<td>Biosurg inc</td>
<td>Winter</td>
</tr>
<tr>
<td>32387</td>
<td>5/24/2011</td>
<td>Povidone iodine 1oz</td>
<td>20</td>
<td>Biosurg inc</td>
<td>Winter</td>
</tr>
<tr>
<td>33389</td>
<td>7/8/2011</td>
<td>Povidone 10% oint 30gm</td>
<td>20</td>
<td>Biosurg inc</td>
<td>Winter</td>
</tr>
<tr>
<td>274368</td>
<td>9/9/2010</td>
<td>Butorphanol</td>
<td>1</td>
<td>Boulevard animal clinic</td>
<td>San Diego</td>
</tr>
<tr>
<td>301977</td>
<td>2/9/2011</td>
<td>Praxiquinsal powder (gm)</td>
<td>200</td>
<td>Cabrillo marine aquarium</td>
<td>San Pedro</td>
</tr>
<tr>
<td>307860</td>
<td>3/9/2011</td>
<td>Praxiquinsal powder (gm)</td>
<td>100</td>
<td>Cabrillo marine aquarium</td>
<td>San Pedro</td>
</tr>
<tr>
<td>330616</td>
<td>2/17/2011</td>
<td>Cyclophosphamide 4mg tabs</td>
<td>100</td>
<td>Camino real pet clinic</td>
<td>Burlingame</td>
</tr>
<tr>
<td>333897</td>
<td>5/24/2011</td>
<td>Cyclophosphamide 4mg tabs</td>
<td>100</td>
<td>Camino real pet clinic</td>
<td>Burlingame</td>
</tr>
<tr>
<td>333813</td>
<td>7/11/2011</td>
<td>Cyclophosphamide 4mg tabs</td>
<td>100</td>
<td>Camino real pet clinic</td>
<td>Burlingame</td>
</tr>
<tr>
<td>274515</td>
<td>9/10/2010</td>
<td>Propofol inj 5x20ml (box)</td>
<td>3</td>
<td>Cedar veterinary hospital</td>
<td>Fresno</td>
</tr>
<tr>
<td>293779</td>
<td>12/28/2010</td>
<td>Propofol (box)</td>
<td>1</td>
<td>Cedar veterinary hospital</td>
<td>Fresno</td>
</tr>
<tr>
<td>285543</td>
<td>11/17/2010</td>
<td>Heparin 1000u/vial</td>
<td>1</td>
<td>Claremont veterinary hospital</td>
<td>Claremont</td>
</tr>
<tr>
<td>291740</td>
<td>12/15/2010</td>
<td>Epirubicin 50mg inj (vial)</td>
<td>1</td>
<td>Claremont veterinary hospital</td>
<td>Claremont</td>
</tr>
<tr>
<td>298548</td>
<td>1/26/2011</td>
<td>Carboplatin 150mg (vial)</td>
<td>1</td>
<td>Claremont veterinary hospital</td>
<td>Claremont</td>
</tr>
<tr>
<td>360252</td>
<td>1/31/2011</td>
<td>Carboplatin 150mg (vial)</td>
<td>1</td>
<td>Claremont veterinary hospital</td>
<td>Claremont</td>
</tr>
<tr>
<td>318109</td>
<td>4/26/2011</td>
<td>Heparin 1000u/ml (30ml vial)</td>
<td>1</td>
<td>Claremont veterinary hospital</td>
<td>Claremont</td>
</tr>
<tr>
<td>344724</td>
<td>8/27/2011</td>
<td>Doxorubicin 2mg/ml (25ml vial)</td>
<td>1</td>
<td>Claremont veterinary hospital</td>
<td>Claremont</td>
</tr>
<tr>
<td>359397</td>
<td>11/2/2011</td>
<td>Heparin 1000 units (bottle)</td>
<td>2</td>
<td>Dr domotor animal house</td>
<td>Monrovia</td>
</tr>
<tr>
<td>298098</td>
<td>1/18/2011</td>
<td>Metronidazole 500mg tabs</td>
<td>200</td>
<td>Community animal hospital</td>
<td>Temple City</td>
</tr>
<tr>
<td>356793</td>
<td>10/21/2011</td>
<td>Aminophylline 100mg tabs</td>
<td>100</td>
<td>Corona community vet hospital</td>
<td>Corona</td>
</tr>
<tr>
<td>243611</td>
<td>3/1/2010</td>
<td>Butynorphenine 0.3mg/ml sdv (5x1ml)</td>
<td>8</td>
<td>Downtown spay neuter and vet</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>291547</td>
<td>12/14/2010</td>
<td>Butorphanol inj (50ml vial)</td>
<td>1</td>
<td>Downtown spay neuter and vet</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>291547</td>
<td>12/14/2010</td>
<td>Butorphanol inj (50ml vial)</td>
<td>1</td>
<td>Downtown spay neuter and vet</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>367318</td>
<td>12/8/2011</td>
<td>Metoclopramide inj (2ml vial)</td>
<td>25</td>
<td>Downtown spay neuter and vet</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>338920</td>
<td>7/28/2011</td>
<td>Butorphanol 20ml inj (bottle)</td>
<td>2</td>
<td>Dr domotor animal house</td>
<td>Monrovia</td>
</tr>
<tr>
<td>359569</td>
<td>10/18/2011</td>
<td>Baytril obc (15ml)</td>
<td>12</td>
<td>Dr domotor animal house</td>
<td>Monrovia</td>
</tr>
<tr>
<td>355969</td>
<td>10/18/2011</td>
<td>Terramycin opth unq (tube)</td>
<td>3</td>
<td>Dr domotor animal house</td>
<td>Monrovia</td>
</tr>
<tr>
<td>364325</td>
<td>11/25/2011</td>
<td>Ofpen 2mu/ml (vial)</td>
<td>2</td>
<td>Dr domotor animal house</td>
<td>Monrovia</td>
</tr>
<tr>
<td>339707</td>
<td>8/4/2011</td>
<td>Glycopyrrolate 0.2mg inj (ml)</td>
<td>25</td>
<td>Dr Ron's animal hospital</td>
<td>Simi Valley</td>
</tr>
<tr>
<td>359654</td>
<td>11/3/2011</td>
<td>Tylosin 50mg/ml inj</td>
<td>1</td>
<td>Dr Ron's animal hospital</td>
<td>Simi Valley</td>
</tr>
<tr>
<td>222210</td>
<td>8/5/2009</td>
<td>Phenobarb elixir 20mg/5ml (pint)</td>
<td>1</td>
<td>El Toro animal hospital</td>
<td>Lake Forest</td>
</tr>
<tr>
<td>272435</td>
<td>8/30/2010</td>
<td>Sucralfate 1gm</td>
<td>100</td>
<td>El Toro animal hospital</td>
<td>Lake Forest</td>
</tr>
<tr>
<td>301818</td>
<td>2/8/2011</td>
<td>Phenobarbital elixir 20mg/5ml (pint)</td>
<td>1</td>
<td>El Toro animal hospital</td>
<td>Lake Forest</td>
</tr>
<tr>
<td>327157</td>
<td>6/6/2011</td>
<td>Phenobarbital elixir 20mg/5ml (pint)</td>
<td>1</td>
<td>El Toro animal hospital</td>
<td>Lake Forest</td>
</tr>
<tr>
<td>327157</td>
<td>6/6/2011</td>
<td>Phenobarbital elixir 20mg/5ml (pint)</td>
<td>1</td>
<td>El Toro animal hospital</td>
<td>Lake Forest</td>
</tr>
<tr>
<td>330392</td>
<td>6/23/2011</td>
<td>Restasis 0.05% eye gfts (vial)</td>
<td>30</td>
<td>El Toro animal hospital</td>
<td>Lako</td>
</tr>
<tr>
<td>337665</td>
<td>7/26/2011</td>
<td>Aminophylline 200mg tabs</td>
<td>200</td>
<td>El Toro animal hospital</td>
<td>Lake Forest</td>
</tr>
<tr>
<td>273997</td>
<td>9/7/2010</td>
<td>Adramycin 50mg inj (vial)</td>
<td>1</td>
<td>Emergency animal hos vca #366</td>
<td>San Diego</td>
</tr>
<tr>
<td>274452</td>
<td>9/9/2010</td>
<td>Propofol 5x20ml (box)</td>
<td>1</td>
<td>Exotic animal care center</td>
<td>Pasadena</td>
</tr>
<tr>
<td>274452</td>
<td>9/9/2010</td>
<td>Era sweat (pint)</td>
<td>2</td>
<td>Exotic animal care center</td>
<td>Pasadena</td>
</tr>
<tr>
<td>281406</td>
<td>10/20/2010</td>
<td>Zosyn 2.25g/ml inj (10 vials) (box)</td>
<td>1</td>
<td>Exotic animal care center</td>
<td>Pasadena</td>
</tr>
<tr>
<td>309573</td>
<td>3/16/2011</td>
<td>Zosum 2.25g/ml inj (vial)</td>
<td>10</td>
<td>Exotic animal care center</td>
<td>Pasadena</td>
</tr>
<tr>
<td>275256</td>
<td>9/14/2010</td>
<td>Butorphanol 2mg (1ml vial)</td>
<td>10</td>
<td>For los angeles spay</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>363951</td>
<td>11/22/2011</td>
<td>Phenyloxazine powder 100mg (jar)</td>
<td>1</td>
<td>Four paws</td>
<td>Santa Paula</td>
</tr>
<tr>
<td>288182</td>
<td>11/26/2010</td>
<td>Neoploy 5ex opth ointment 3.5gml ea (tube)</td>
<td>6</td>
<td>Four seasons animal hospital</td>
<td>Lafayette</td>
</tr>
<tr>
<td>300617</td>
<td>2/11/2011</td>
<td>Famotidine 10mg/ml inj 25ml (vial)</td>
<td>2</td>
<td>Four seasons animal hospital</td>
<td>Lafayette</td>
</tr>
<tr>
<td>300617</td>
<td>2/11/2011</td>
<td>Famotidine 10mg/ml inj 2ml (vial)</td>
<td>25</td>
<td>Four seasons animal hospital</td>
<td>Lafayette</td>
</tr>
<tr>
<td>302777</td>
<td>2/19/2011</td>
<td>Neozen (vial)</td>
<td>1</td>
<td>Four seasons animal hospital</td>
<td>Lafayette</td>
</tr>
<tr>
<td>324338</td>
<td>6/25/2011</td>
<td>Pentoxiphylline 400mg</td>
<td>200</td>
<td>Four seasons animal hospital</td>
<td>Lafayette</td>
</tr>
<tr>
<td>359231</td>
<td>11/2/2011</td>
<td>Acetylsalicylic 200% (30ml)</td>
<td>12</td>
<td>Four seasons animal hospital</td>
<td>Lafayette</td>
</tr>
<tr>
<td>362449</td>
<td>11/16/2011</td>
<td>Cor迄sm 0.25mg inj (vial)</td>
<td>1</td>
<td>Four seasons animal hospital</td>
<td>Lafayette</td>
</tr>
<tr>
<td>Date</td>
<td>Code</td>
<td>Description</td>
<td>Quantity</td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------</td>
<td></td>
</tr>
<tr>
<td>371863</td>
<td>12/31/2011</td>
<td>nexitum 40mg inj (5ml vial)</td>
<td>10</td>
<td>Four Seasons Animal Hospital</td>
<td></td>
</tr>
<tr>
<td>316872</td>
<td>4/20/2011</td>
<td>ranitidine inj (ml)</td>
<td>6</td>
<td>Galloway Cat Clinic</td>
<td></td>
</tr>
<tr>
<td>315872</td>
<td>4/20/2011</td>
<td>lanotus soloster (ml)</td>
<td>3</td>
<td>Galloway Cat Clinic</td>
<td></td>
</tr>
<tr>
<td>325526</td>
<td>6/1/2011</td>
<td>morphine sulfate 10mg/ml mdv 10ml</td>
<td>1</td>
<td>Galloway Cat Clinic</td>
<td></td>
</tr>
<tr>
<td>325525</td>
<td>6/1/2011</td>
<td>fentanyl 50mcg/ml sdv 50ml</td>
<td>1</td>
<td>Galloway Cat Clinic</td>
<td></td>
</tr>
<tr>
<td>321220</td>
<td>5/1/2011</td>
<td>epinephrine 1mg/ml (30ml)</td>
<td>1</td>
<td>Gateway Ah CVA</td>
<td></td>
</tr>
<tr>
<td>305045</td>
<td>2/23/2011</td>
<td>dicyclomine 10mg capsule</td>
<td>100</td>
<td>Glendale Small Animal Hospital</td>
<td></td>
</tr>
<tr>
<td>324203</td>
<td>5/25/2011</td>
<td>doxorubicin 2mg/ml inj (25ml vial)</td>
<td>1</td>
<td>Health Pets Vet Hospital</td>
<td></td>
</tr>
<tr>
<td>336368</td>
<td>7/11/2011</td>
<td>doxorubicin 2mg/ml inj (25ml vial)</td>
<td>1</td>
<td>Health Pets Vet Hospital</td>
<td></td>
</tr>
<tr>
<td>357166</td>
<td>10/24/2011</td>
<td>epogen 2mu/ml inj (vial)</td>
<td>2</td>
<td>Hemet Animal Hospital</td>
<td></td>
</tr>
<tr>
<td>306589</td>
<td>3/4/2011</td>
<td>butorphanol 20mg inj (vial)</td>
<td>1</td>
<td>High Desert Vet Care</td>
<td></td>
</tr>
<tr>
<td>311096</td>
<td>3/23/2011</td>
<td>butorphanol 20mg inj (vial)</td>
<td>2</td>
<td>High Desert Vet Care</td>
<td></td>
</tr>
<tr>
<td>311096</td>
<td>3/23/2011</td>
<td>butorphanol 20mg inj (vial)</td>
<td>2</td>
<td>High Desert Vet Care</td>
<td></td>
</tr>
<tr>
<td>371618</td>
<td>12/28/2011</td>
<td>calcium gluconate 10% inj (25x10ml)</td>
<td>1</td>
<td>Holly Street VCA #653</td>
<td></td>
</tr>
<tr>
<td>319637</td>
<td>5/4/2011</td>
<td>rimadyly 100mg chews</td>
<td>360</td>
<td>Huntington Beach Vet Hospital</td>
<td></td>
</tr>
<tr>
<td>319637</td>
<td>5/4/2011</td>
<td>rimadyly 25mg chews</td>
<td>180</td>
<td>Huntington Beach Vet Hospital</td>
<td></td>
</tr>
<tr>
<td>319637</td>
<td>5/4/2011</td>
<td>denamarin 425mg tabs</td>
<td>120</td>
<td>Huntington Beach Vet Hospital</td>
<td></td>
</tr>
<tr>
<td>319637</td>
<td>5/4/2011</td>
<td>cephalin 250mg</td>
<td>500</td>
<td>Huntington Beach Vet Hospital</td>
<td></td>
</tr>
<tr>
<td>319637</td>
<td>5/4/2011</td>
<td>metronidazole 250mg tabs</td>
<td>100</td>
<td>Huntington Beach Vet Hospital</td>
<td></td>
</tr>
<tr>
<td>319637</td>
<td>5/4/2011</td>
<td>enalapril 2.5mg tab</td>
<td>100</td>
<td>Huntington Beach Vet Hospital</td>
<td></td>
</tr>
<tr>
<td>319637</td>
<td>5/4/2011</td>
<td>ursoxido 300mg caps</td>
<td>100</td>
<td>Huntington Beach Vet Hospital</td>
<td></td>
</tr>
<tr>
<td>274511</td>
<td>9/10/2010</td>
<td>butorphanol 10mg/ml injectable (vial)</td>
<td>2</td>
<td>Karen Kely House Call Practic</td>
<td></td>
</tr>
<tr>
<td>202812</td>
<td>3/2/2009</td>
<td>hydrococydone/homatopoine 5/15mg/5ml syr 480ml</td>
<td>300</td>
<td>Katella Animal Hospital</td>
<td></td>
</tr>
<tr>
<td>196656</td>
<td>12/30/2008</td>
<td>zolpidem</td>
<td>200</td>
<td>Livingston Animal Clinic</td>
<td></td>
</tr>
<tr>
<td>211438</td>
<td>5/26/2009</td>
<td>zolpidem 10mg</td>
<td>100</td>
<td>Livingston Animal Clinic</td>
<td></td>
</tr>
<tr>
<td>278805</td>
<td>10/5/2010</td>
<td>mebenzale 100mg (box)</td>
<td>3</td>
<td>Livingston Animal Clinic</td>
<td></td>
</tr>
<tr>
<td>278805</td>
<td>10/5/2010</td>
<td>clarithromycin 500mg (bottle)</td>
<td>2</td>
<td>Livingston Animal Clinic</td>
<td></td>
</tr>
<tr>
<td>268429</td>
<td>8/5/2010</td>
<td>epinephrine 1mg/ml inj (30ml vial)</td>
<td>1</td>
<td>Long Beach Aquarium</td>
<td></td>
</tr>
<tr>
<td>303457</td>
<td>2/15/2011</td>
<td>epinephrine 1:1000 inj (vial)</td>
<td>1</td>
<td>Long Beach Aquarium</td>
<td></td>
</tr>
<tr>
<td>351610</td>
<td>9/28/2011</td>
<td>mitoxantrone 2nl/ml (10ml vial)</td>
<td>1</td>
<td>Memorial Beach Vet Hospital</td>
<td></td>
</tr>
<tr>
<td>351610</td>
<td>9/28/2011</td>
<td>mitoxantrone 2nl/ml (10ml vial)</td>
<td>1</td>
<td>Memorial Beach Vet Hospital</td>
<td></td>
</tr>
<tr>
<td>369119</td>
<td>12/16/2011</td>
<td>famotidine 10mg/ml mdv (2x20ml vial)</td>
<td>2</td>
<td>Mercy Animal Medical Center</td>
<td></td>
</tr>
<tr>
<td>336417</td>
<td>7/29/2011</td>
<td>prednisone 5mg</td>
<td>1000</td>
<td>Miles Square Animal Hospital</td>
<td></td>
</tr>
<tr>
<td>336417</td>
<td>7/29/2011</td>
<td>prednisone 20mg</td>
<td>1000</td>
<td>Miles Square Animal Hospital</td>
<td></td>
</tr>
<tr>
<td>287893</td>
<td>11/24/2010</td>
<td>humulin n (vial)</td>
<td>1</td>
<td>Miller Roberton Ah Vca</td>
<td></td>
</tr>
<tr>
<td>287893</td>
<td>11/24/2010</td>
<td>proair</td>
<td>1</td>
<td>Miller Roberton Ah Vca</td>
<td></td>
</tr>
<tr>
<td>323774</td>
<td>5/23/2011</td>
<td>humulin n inj (10ml vial)</td>
<td>2</td>
<td>Miller Roberton Ah Vca</td>
<td></td>
</tr>
<tr>
<td>323774</td>
<td>5/23/2011</td>
<td>humulin r inj (10ml vial)</td>
<td>2</td>
<td>Miller Roberton Ah Vca</td>
<td></td>
</tr>
<tr>
<td>332216</td>
<td>7/7/2011</td>
<td>humulin n inj (1ml vial)</td>
<td>1</td>
<td>Miller Roberton Ah Vca</td>
<td></td>
</tr>
<tr>
<td>346707</td>
<td>9/7/2011</td>
<td>humulin n 10ml inj (vial)</td>
<td>1</td>
<td>Miller Roberton Ah Vca</td>
<td></td>
</tr>
<tr>
<td>198090</td>
<td>1/13/2009</td>
<td>morphine sulf 15mg/ml mdv 20ml</td>
<td>10</td>
<td>Mission Pet Hospital</td>
<td></td>
</tr>
<tr>
<td>198090</td>
<td>1/13/2009</td>
<td>fentanyl pf 0.05mg/ml amp (5x10ml)</td>
<td>6</td>
<td>Mission Pet Hospital</td>
<td></td>
</tr>
<tr>
<td>214099</td>
<td>6/18/2009</td>
<td>morphine sulfate 15mg/ml inj</td>
<td>10</td>
<td>Mission Pet Hospital</td>
<td></td>
</tr>
<tr>
<td>218757</td>
<td>7/30/2009</td>
<td>fentanyl citrate 0.05mg/ml inj (5x10ml)</td>
<td>10</td>
<td>Mission Pet Hospital</td>
<td></td>
</tr>
<tr>
<td>226566</td>
<td>10/9/2009</td>
<td>morphine sulf 15mg/ml mdv 20ml</td>
<td>10</td>
<td>Mission Pet Hospital</td>
<td></td>
</tr>
<tr>
<td>228448</td>
<td>10/26/2009</td>
<td>fentanyl 0.05mg/ml inj (5x10ml)</td>
<td>10</td>
<td>Mission Pet Hospital</td>
<td></td>
</tr>
<tr>
<td>237293</td>
<td>1/15/2010</td>
<td>fentanyl 0.05mg/ml amp (5x10ml)</td>
<td>10</td>
<td>Mission Pet Hospital</td>
<td></td>
</tr>
<tr>
<td>245718</td>
<td>3/22/2010</td>
<td>fentanyl pf 0.05mg/ml amp (5x10ml)</td>
<td>10</td>
<td>Mission Pet Hospital</td>
<td></td>
</tr>
<tr>
<td>245718</td>
<td>3/22/2010</td>
<td>morphine sulf 15mg/ml mdv 20ml</td>
<td>10</td>
<td>Mission Pet Hospital</td>
<td></td>
</tr>
<tr>
<td>257175</td>
<td>5/28/2010</td>
<td>fentanyl 0.05mg/ml inj (5x10ml)</td>
<td>10</td>
<td>Mission Pet Hospital</td>
<td></td>
</tr>
<tr>
<td>268321</td>
<td>8/4/2010</td>
<td>fentanyl 0.05mg/ml inj (5x20ml)</td>
<td>10</td>
<td>Mission Pet Hospital</td>
<td></td>
</tr>
<tr>
<td>268321</td>
<td>8/4/2010</td>
<td>fentanyl 0.05mg/ml inj (5x20ml)</td>
<td>10</td>
<td>Mission Pet Hospital</td>
<td></td>
</tr>
<tr>
<td>268146</td>
<td>1/15/2010</td>
<td>morphine sulf 15mg/ml mdv 20ml</td>
<td>10</td>
<td>Mission Pet Hospital</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Item Description</td>
<td>Quantity</td>
<td>Owner</td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------</td>
<td>----------</td>
<td>-------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>2/7/2011</td>
<td>morphine sulfate 15mg/ml mdv 20ml</td>
<td>6</td>
<td>mission pet hospital</td>
<td>san francisco</td>
<td></td>
</tr>
<tr>
<td>2/7/2011</td>
<td>dexamethasone 1mg/ml amp 10x10ml</td>
<td>1</td>
<td>mission pet hospital</td>
<td>san francisco</td>
<td></td>
</tr>
<tr>
<td>2/8/2011</td>
<td>vinblastine 10mg (vial)</td>
<td>1</td>
<td>mission pet hospital</td>
<td>san francisco</td>
<td></td>
</tr>
<tr>
<td>4/11/2011</td>
<td>fentanyl 50mcg/ml vial 25x10ml</td>
<td>2</td>
<td>mission pet hospital</td>
<td>san francisco</td>
<td></td>
</tr>
<tr>
<td>7/22/2011</td>
<td>fentanyl 50mcg/ml vial (25x10ml)</td>
<td>3</td>
<td>mission pet hospital</td>
<td>san francisco</td>
<td></td>
</tr>
<tr>
<td>11/2/2011</td>
<td>morphine sulfate 15mg/ml mdv 20ml</td>
<td>10</td>
<td>mission pet hospital</td>
<td>san francisco</td>
<td></td>
</tr>
<tr>
<td>12/29/2011</td>
<td>famotidine 10mg/ml inj (20ml vial)</td>
<td>1</td>
<td>monrovia animal medical center</td>
<td>monrovia</td>
<td></td>
</tr>
<tr>
<td>8/11/2010</td>
<td>gabapentin 100mg cap</td>
<td>500</td>
<td>moore veterinary clinic</td>
<td>ventura</td>
<td></td>
</tr>
<tr>
<td>1/20/2011</td>
<td>adriamycin 2mg/ml (5ml vial)</td>
<td>15</td>
<td>mbn aire veterinary hospital</td>
<td>frazier park</td>
<td></td>
</tr>
<tr>
<td>4/8/1994</td>
<td>vitamin b-12 inj (ml)</td>
<td>60</td>
<td>murphy avenue pet clinic</td>
<td>sunnyvale</td>
<td></td>
</tr>
<tr>
<td>8/30/2011</td>
<td>cyanocobalamin 1000mcg/ml inj (30ml vial)</td>
<td>1</td>
<td>murphy avenue pet clinic</td>
<td>sunnyvale</td>
<td></td>
</tr>
<tr>
<td>12/6/2010</td>
<td>elspar 10muu inj (vial)</td>
<td>2</td>
<td>nustin vet clinic</td>
<td>tustin</td>
<td></td>
</tr>
<tr>
<td>2/4/2011</td>
<td>zonisamide 100mg caps</td>
<td>500</td>
<td>newport center animal hospital</td>
<td>newport beach</td>
<td></td>
</tr>
<tr>
<td>9/1/2010</td>
<td>cephalixin 250mg</td>
<td>500</td>
<td>nohl ranch animal hospital</td>
<td>orange</td>
<td></td>
</tr>
<tr>
<td>9/2/2010</td>
<td>cephalixin 500mg</td>
<td>500</td>
<td>nohl ranch animal hospital</td>
<td>orange</td>
<td></td>
</tr>
<tr>
<td>4/5/2011</td>
<td>sterile water (50ml vials)</td>
<td>25</td>
<td>north coast vca #482</td>
<td>encinitas</td>
<td></td>
</tr>
<tr>
<td>5/5/2011</td>
<td>sterile water (50ml vials)</td>
<td>50</td>
<td>north coast vca #482</td>
<td>encinitas</td>
<td></td>
</tr>
<tr>
<td>10/5/2011</td>
<td>sterile water (50ml vials)</td>
<td>25</td>
<td>north coast vca #482</td>
<td>encinitas</td>
<td></td>
</tr>
<tr>
<td>12/21/2011</td>
<td>sterile water (50ml vials)</td>
<td>25</td>
<td>north coast vca #482</td>
<td>encinitas</td>
<td></td>
</tr>
<tr>
<td>11/2/2011</td>
<td>heparin 1000u/ml (vial)</td>
<td>1</td>
<td>oak park vet hospital</td>
<td>oak park</td>
<td></td>
</tr>
<tr>
<td>2/9/2011</td>
<td>epinephrine 1:1000 30ml</td>
<td>1</td>
<td>old river animal hospital vca</td>
<td>tracy</td>
<td></td>
</tr>
<tr>
<td>10/6/2011</td>
<td>kristalose 10gm packet (box)</td>
<td>1</td>
<td>old river animal hospital vca</td>
<td>tracy</td>
<td></td>
</tr>
<tr>
<td>2/22/2011</td>
<td>vincristine 2mg/2ml inj (vial)</td>
<td>1</td>
<td>pacific palisades vet center</td>
<td>pacific palisades</td>
<td></td>
</tr>
<tr>
<td>1/28/2011</td>
<td>cytarabine 100mg inj (vial)</td>
<td>10</td>
<td>pacific vet specialists</td>
<td>capitol</td>
<td></td>
</tr>
<tr>
<td>5/11/2011</td>
<td>elspar inj (vial)</td>
<td>4</td>
<td>pacific vet specialists</td>
<td>capitol</td>
<td></td>
</tr>
<tr>
<td>10/2/2011</td>
<td>doxorubicin 2ml/ml (vial)</td>
<td>4</td>
<td>pacific vet specialists</td>
<td>capitol</td>
<td></td>
</tr>
<tr>
<td>8/1/2011</td>
<td>trimiprazine/prednisolone 5mg/2mg capsule</td>
<td>100</td>
<td>palm springs animal hospital</td>
<td>palm springs</td>
<td></td>
</tr>
<tr>
<td>4/12/2010</td>
<td>buprenorphine 0.3mg/ml inj (5x1ml) (box)</td>
<td>2</td>
<td>palos verdes village vet clinic</td>
<td>redondo beach</td>
<td></td>
</tr>
<tr>
<td>2/8/2011</td>
<td>epinephrine 1mg/ml 30ml inj (vial)</td>
<td>1</td>
<td>park animal hospital</td>
<td>simi valley</td>
<td></td>
</tr>
<tr>
<td>5/3/2011</td>
<td>vincristine 1mg/ml inj (vial)</td>
<td>1</td>
<td>park animal hospital</td>
<td>simi valley</td>
<td></td>
</tr>
<tr>
<td>10/24/2011</td>
<td>epinephrine 1ml/ml inj (vial)</td>
<td>1</td>
<td>park animal hospital</td>
<td>simi valley</td>
<td></td>
</tr>
<tr>
<td>10/24/2011</td>
<td>neomycin polymixin b sulfate 5% amp oph ointment 3.5gm</td>
<td>4</td>
<td>park animal hospital</td>
<td>simi valley</td>
<td></td>
</tr>
<tr>
<td>10/28/2010</td>
<td>vincristine 2mg/2ml inj (vial)</td>
<td>6</td>
<td>paws spice</td>
<td>hermosa beach</td>
<td></td>
</tr>
<tr>
<td>11/3/2011</td>
<td>miloxantrone 10ml inj (vial)</td>
<td>1</td>
<td>paws spice</td>
<td>hermosa beach</td>
<td></td>
</tr>
<tr>
<td>5/13/2011</td>
<td>metronidazole 250mg tabs</td>
<td>100</td>
<td>paws spice</td>
<td>hermosa beach</td>
<td></td>
</tr>
<tr>
<td>5/13/2011</td>
<td>metronidazole 500mg tabs</td>
<td>400</td>
<td>paws spice</td>
<td>hermosa beach</td>
<td></td>
</tr>
<tr>
<td>5/13/2011</td>
<td>adriamycin 2mg/ml (100ml)</td>
<td>1</td>
<td>paws spice</td>
<td>hermosa beach</td>
<td></td>
</tr>
<tr>
<td>5/19/2011</td>
<td>epogen 4muu inj (vial)</td>
<td>5</td>
<td>paws spice</td>
<td>hermosa beach</td>
<td></td>
</tr>
<tr>
<td>6/30/2011</td>
<td>epogen 400u (vial)</td>
<td>6</td>
<td>paws spice</td>
<td>hermosa beach</td>
<td></td>
</tr>
<tr>
<td>9/13/2011</td>
<td>elspar inj (vial)</td>
<td>4</td>
<td>paws spice</td>
<td>hermosa beach</td>
<td></td>
</tr>
<tr>
<td>10/18/2011</td>
<td>epogen 4muu/ml (vial)</td>
<td>10</td>
<td>paws spice</td>
<td>hermosa beach</td>
<td></td>
</tr>
<tr>
<td>2/11/2011</td>
<td>diazepam 5mg/ml inj (10x1ml)(ml)</td>
<td>100</td>
<td>pedley vet hospital</td>
<td>riverside</td>
<td></td>
</tr>
<tr>
<td>4/11/2011</td>
<td>diazepam 5mg/ml inj (10x10ml)(ml)</td>
<td>100</td>
<td>pedley vet hospital</td>
<td>riverside</td>
<td></td>
</tr>
<tr>
<td>6/28/2011</td>
<td>diazepam 5mg/ml inj (10ml vial)</td>
<td>10</td>
<td>pedley vet hospital</td>
<td>riverside</td>
<td></td>
</tr>
<tr>
<td>6/28/2011</td>
<td>diazepam 5mg/ml inj (10x10ml)(ml)</td>
<td>100</td>
<td>pedley vet hospital</td>
<td>riverside</td>
<td></td>
</tr>
<tr>
<td>6/11/2011</td>
<td>diazepam 5mg/ml inj (10x10ml)(ml)</td>
<td>100</td>
<td>pedley vet hospital</td>
<td>riverside</td>
<td></td>
</tr>
<tr>
<td>6/28/2011</td>
<td>pentoxyspholene 400mg</td>
<td>100</td>
<td>peninsula pet clinic</td>
<td>san pedro</td>
<td></td>
</tr>
<tr>
<td>11/16/2011</td>
<td>famotidine 10mg/ml inj (ml)</td>
<td>20</td>
<td>peninsula pet clinic</td>
<td>san pedro</td>
<td></td>
</tr>
<tr>
<td>11/22/2011</td>
<td>metoclopramide 5mg/ml (2ml)</td>
<td>25</td>
<td>peninsula pet clinic</td>
<td>san pedro</td>
<td></td>
</tr>
<tr>
<td>7/17/2011</td>
<td>doxorubicin 2ml/ml (vial)</td>
<td>2</td>
<td>pet clinic palos verdes village</td>
<td>redondo beach</td>
<td></td>
</tr>
<tr>
<td>9/27/2011</td>
<td>doxorubicin 2ml/ml inj (vial)</td>
<td>2</td>
<td>pet clinic palos verdes village</td>
<td>redondo beach</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Product Details (Dosage)</td>
<td>Refills</td>
<td>Location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------</td>
<td>---------</td>
<td>---------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/8/2011</td>
<td>ranesep 26mg (viel)</td>
<td>1</td>
<td>pet clinic patos verdes villeg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/2/2011</td>
<td>elspar (viel)</td>
<td>1</td>
<td>pet clinic patos verdes villeg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/18/2010</td>
<td>ifosfamide 1gm</td>
<td>2</td>
<td>pet er and spec cntr of marin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/18/2010</td>
<td>mesna 1gm</td>
<td>2</td>
<td>pet er and spec cntr of marin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/5/2011</td>
<td>adriamycin 2mg/ml inj 25ml (viel)</td>
<td>3</td>
<td>pet er and spec cntr of marin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/17/2011</td>
<td>ifosfamide 1mg adv (viel)</td>
<td>1</td>
<td>pet er and spec cntr of marin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/5/2011</td>
<td>ifosfamide 1gm inj (viel)</td>
<td>2</td>
<td>pet er and spec cntr of marin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/5/2011</td>
<td>mesna 1gm inj (viel)</td>
<td>2</td>
<td>pet er and spec cntr of marin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/24/2011</td>
<td>adequan canine 100mg/ml inj (box)</td>
<td>1</td>
<td>pet medical center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/12/2011</td>
<td>metronidazole 500mg tabs</td>
<td>500</td>
<td>pico rivera animal hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/3/2011</td>
<td>empty #3 capsules</td>
<td>100</td>
<td>rancho mesa animal hosp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/7/2011</td>
<td>empty capsules #3</td>
<td>200</td>
<td>rancho mesa animal hosp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/13/2011</td>
<td>cefazidine 1mg (viel)</td>
<td>3</td>
<td>rancho mirage sh vcs #531</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/12/2011</td>
<td>metronidazole 250mg tabs</td>
<td>500</td>
<td>riverside cat hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/26/2011</td>
<td>cytarabine 100mg inj (viel)</td>
<td>1</td>
<td>rolling hills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/2/2011</td>
<td>clemastine 2.68mg</td>
<td>100</td>
<td>rolling hills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/24/2011</td>
<td>clemastine 2.68mg</td>
<td>100</td>
<td>rolling hills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/6/2011</td>
<td>doxorubicin 2mg/ml (bottle)</td>
<td>1</td>
<td>rolling hills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/23/2011</td>
<td>doxorubicin 2mg/ml inj (viel)</td>
<td>1</td>
<td>rolling hills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/7/2011</td>
<td>doxorubicin 50mg inj (viel)</td>
<td>1</td>
<td>rolling hills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/20/2010</td>
<td>diazepam 5mg/ml inj (10x10ml/box)</td>
<td>1</td>
<td>rose city vet hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/7/2011</td>
<td>famotidine 10mg/ml inj (20ml vial)</td>
<td>10</td>
<td>sacramento a m g vca #522</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/19/2011</td>
<td>famotidine 10mg/ml inj (viel)</td>
<td>1</td>
<td>sager vetr medicine-concord</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/22/2011</td>
<td>metronidazole 250mg tabs</td>
<td>1000</td>
<td>san francisco vet spec vca</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/13/2010</td>
<td>prazosin 1mg cap</td>
<td>200</td>
<td>san francisco veterinary spec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/31/2011</td>
<td>fentanyl pf 50mg/cap adv 50m</td>
<td>12</td>
<td>san francisco veterinary spec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/31/2011</td>
<td>fentanyl pf 0.05mg/ml amp 10x5ml</td>
<td>1</td>
<td>san francisco veterinary spec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/31/2011</td>
<td>fentanyl pf 0.05mg/ml amp 10x2m</td>
<td>1</td>
<td>san francisco veterinary spec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/25/2011</td>
<td>vitamin b1 250mg</td>
<td>2000</td>
<td>san francisco zoo commissary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/25/2011</td>
<td>vitamin e 400u</td>
<td>2000</td>
<td>san francisco zoo commissary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/6/2011</td>
<td>vitamin c 250mg</td>
<td>500</td>
<td>san francisco zoo commissary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/22/2011</td>
<td>pill cutters</td>
<td>3</td>
<td>san francisco zoo commissary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/14/2011</td>
<td>vit b1 150mg (bottle)</td>
<td>20</td>
<td>san francisco zoo commissary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/14/2011</td>
<td>vitamin c 250mg</td>
<td>600</td>
<td>san francisco zoo commissary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/19/2011</td>
<td>metronidazole</td>
<td>950</td>
<td>san francisco zoo commissary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/1/2011</td>
<td>hydromorphone 2mg/ml vl 2x1ml</td>
<td>1</td>
<td>san jose animal care &amp; servic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/7/2011</td>
<td>hydromorphone 2mg/ml vl 2x1ml</td>
<td>1</td>
<td>san jose animal care &amp; servic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/14/2011</td>
<td>glycopyrrolate 0.2mg/ml inj (5ml)</td>
<td>25</td>
<td>san jose animal care &amp; servic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/20/2011</td>
<td>vincristine 2mg inj (viel)</td>
<td>2</td>
<td>saugus animal hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/12/2011</td>
<td>epogen 2μu (viel)</td>
<td>2</td>
<td>saugus animal hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/25/2011</td>
<td>epogen 2μu (viel)</td>
<td>3</td>
<td>saugus animal hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/24/2011</td>
<td>doxorubicin 2mg/ml inj (25ml vial)</td>
<td>2</td>
<td>south county vca #149</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/23/2011</td>
<td>clemastine 1.34mg tablets</td>
<td>100</td>
<td>south county vca #149</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/30/2011</td>
<td>doxorubicin 2mg/ml (50ml vial)</td>
<td>2</td>
<td>south county vca #149</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/15/2011</td>
<td>doxorubicin inj (viel)</td>
<td>2</td>
<td>south county vca #149</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/28/2010</td>
<td>vincristine 2mg inj (viel)</td>
<td>5</td>
<td>southern ca vet specially hosp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/29/2010</td>
<td>vincristine 1mg inj (viel)</td>
<td>0</td>
<td>southern ca vet specially hosp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/15/2010</td>
<td>cytarabine 100mg (viel)</td>
<td>10</td>
<td>southern ca vet specially hosp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/11/2011</td>
<td>mitoxantrone 2mg (viel)</td>
<td>1</td>
<td>southern ca vet specially hosp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/11/2011</td>
<td>vincristine 2mg (viel)</td>
<td>10</td>
<td>southern ca vet specially hosp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/9/2010</td>
<td>butorphanol (bottle)</td>
<td>4</td>
<td>southern california vet hosp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/8/2010</td>
<td>epogen 2μu/ml inj (viel)</td>
<td>10</td>
<td>stan francis square vet hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/26/2011</td>
<td>fluphenazine 25mg/ml 5ml (viel)</td>
<td>1</td>
<td>templeton vet clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item Number</td>
<td>Date</td>
<td>Description</td>
<td>Quantity</td>
<td>Manufacturer/Provider</td>
<td>Location</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
<td>-----------------------------------------------</td>
<td>----------</td>
<td>----------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>325325</td>
<td>6/1/2011</td>
<td>Small empty bottles</td>
<td>20</td>
<td>the cat doctor beach group</td>
<td>Lawndale</td>
</tr>
<tr>
<td>312864</td>
<td>4/2/2011</td>
<td>Sorbitol 70% (480ml)</td>
<td>1440</td>
<td>Tri Valley Animal Emergency</td>
<td>Dublin</td>
</tr>
<tr>
<td>342778</td>
<td>8/18/2011</td>
<td>Magnesium sulfate 50% inj (10ml vial)</td>
<td>1</td>
<td>Tri Valley Animal Emergency</td>
<td>Dublin</td>
</tr>
<tr>
<td>345366</td>
<td>8/30/2011</td>
<td>Sorbitol 480ml (bottle)</td>
<td>2</td>
<td>Tri Valley Animal Emergency</td>
<td>Dublin</td>
</tr>
<tr>
<td>347017</td>
<td>9/8/2011</td>
<td>Phenobarbital 65mg/ml (25x1ml) [1 box]</td>
<td>1</td>
<td>Tri Valley Animal Emergency</td>
<td>Dublin</td>
</tr>
<tr>
<td>348211</td>
<td>9/13/2011</td>
<td>Human albumin 25% inj (50ml vial)</td>
<td>2</td>
<td>Tri Valley Animal Emergency</td>
<td>Dublin</td>
</tr>
<tr>
<td>348211</td>
<td>9/13/2011</td>
<td>Human albumin 25% inj (100ml vial)</td>
<td>2</td>
<td>Tri Valley Animal Emergency</td>
<td>Dublin</td>
</tr>
<tr>
<td>371154</td>
<td>12/27/2011</td>
<td>Sorbitol (ml)</td>
<td>960</td>
<td>Tri Valley Animal Emergency</td>
<td>Dublin</td>
</tr>
<tr>
<td>371154</td>
<td>12/27/2011</td>
<td>Human albumin 25% inj (50ml vial)</td>
<td>1</td>
<td>Tri Valley Animal Emergency</td>
<td>Dublin</td>
</tr>
<tr>
<td>371154</td>
<td>12/27/2011</td>
<td>Human albumin 25% inj (100ml vial)</td>
<td>1</td>
<td>Tri Valley Animal Emergency</td>
<td>Dublin</td>
</tr>
<tr>
<td>371431</td>
<td>12/29/2011</td>
<td>Fentanyl 10mg/ml inj (20ml vial)</td>
<td>4</td>
<td>Tri Valley Animal Emergency</td>
<td>Dublin</td>
</tr>
<tr>
<td>371431</td>
<td>12/29/2011</td>
<td>Dilazepam 5mg/ml inj (10x10ml)</td>
<td>10</td>
<td>Tri Valley Animal Emergency</td>
<td>Dublin</td>
</tr>
<tr>
<td>275409</td>
<td>9/15/2010</td>
<td>Fentanyl inj</td>
<td>2</td>
<td>Tustin Vet Clinic</td>
<td>Orange</td>
</tr>
<tr>
<td>309990</td>
<td>3/17/2011</td>
<td>Sodium pentobarbital 60mg/ml (50ml mdv)</td>
<td>1</td>
<td>US San Francisco</td>
<td>San Francisco</td>
</tr>
<tr>
<td>331939</td>
<td>9/29/2011</td>
<td>Prednisone 1mg tablets</td>
<td>500</td>
<td>Valley Center Vet Clinic</td>
<td>Valley Center</td>
</tr>
<tr>
<td>336399</td>
<td>11/21/2011</td>
<td>Fenotrolin 10mg/ml inj (20ml vial)</td>
<td>2</td>
<td>VCA - TL Pet Medical</td>
<td>WHollywood</td>
</tr>
<tr>
<td>362394</td>
<td>11/15/2011</td>
<td>Morphine sulfate 15mg/ml v/20ml</td>
<td>3</td>
<td>VCA Almaden Valley Animal #207</td>
<td>San Jose</td>
</tr>
<tr>
<td>280180</td>
<td>10/13/2010</td>
<td>Etorphedate 20mg inj (100)</td>
<td>10</td>
<td>VCA Coastal Animal Hospital</td>
<td>Hermosa Beach</td>
</tr>
<tr>
<td>283187</td>
<td>10/29/2010</td>
<td>Etorphedate 20mg (10ml ea)</td>
<td>20</td>
<td>VCA Coastal Animal Hospital</td>
<td>Hermosa Beach</td>
</tr>
<tr>
<td>289618</td>
<td>1/21/2011</td>
<td>Etorphedate 20mg inj (10ml ea)</td>
<td>10</td>
<td>VCA Coastal Animal Hospital</td>
<td>Hermosa Beach</td>
</tr>
<tr>
<td>304994</td>
<td>2/23/2011</td>
<td>Etorphedate 20mg inj (10ml vial)</td>
<td>10</td>
<td>VCA Coastal Animal Hospital</td>
<td>Hermosa Beach</td>
</tr>
<tr>
<td>312680</td>
<td>3/31/2011</td>
<td>Etorphedate 20mg inj (10ml vial)</td>
<td>10</td>
<td>VCA Coastal Animal Hospital</td>
<td>Hermosa Beach</td>
</tr>
<tr>
<td>318986</td>
<td>5/2/2011</td>
<td>Etorphedate 20ml</td>
<td>10</td>
<td>VCA Coastal Animal Hospital</td>
<td>Hermosa Beach</td>
</tr>
<tr>
<td>324988</td>
<td>5/31/2011</td>
<td>Doxorubicin 2ml/ml inj (25ml vial)</td>
<td>10</td>
<td>VCA Coastal Animal Hospital</td>
<td>Hermosa Beach</td>
</tr>
<tr>
<td>265003</td>
<td>7/20/2010</td>
<td>Propofol 10mg/ml Inj (box)</td>
<td>3</td>
<td>VCA Madera Vet Hospital</td>
<td>Corte Madera</td>
</tr>
<tr>
<td>265566</td>
<td>7/20/2010</td>
<td>Propofol 10mg/ml inj (box)</td>
<td>10</td>
<td>VCA Petville Animal Hosp #528</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>292172</td>
<td>12/18/2010</td>
<td>Adriamycin 2mg/ml (25ml vial)</td>
<td>10</td>
<td>Vet Cancer Group</td>
<td>Tustin</td>
</tr>
<tr>
<td>361515</td>
<td>10/19/2011</td>
<td>Doxorubicin 2ml/ml inj (25ml vial)</td>
<td>8</td>
<td>Vet Cancer Group</td>
<td>Culver City</td>
</tr>
<tr>
<td>366875</td>
<td>12/7/2011</td>
<td>Doxorubicin 2ml/ml inj (25ml vial)</td>
<td>10</td>
<td>Vet Cancer Group</td>
<td>Culver City</td>
</tr>
<tr>
<td>299100</td>
<td>2/21/2011</td>
<td>Mirbazapine</td>
<td>90</td>
<td>Vet Care Pet Clinic</td>
<td>Garden Grove</td>
</tr>
<tr>
<td>292247</td>
<td>12/20/2010</td>
<td>Adriamycin 2mg/ml (vial)</td>
<td>10</td>
<td>Vet Specialists California</td>
<td>Carlsbad</td>
</tr>
<tr>
<td>305825</td>
<td>2/21/2011</td>
<td>Vinclinistine 2mg (vial)</td>
<td>10</td>
<td>Vet Specialists California</td>
<td>Carlsbad</td>
</tr>
<tr>
<td>324986</td>
<td>5/31/2011</td>
<td>Doxorubicin 2mg/ml inj (25ml vial)</td>
<td>6</td>
<td>Vet Specialists California</td>
<td>Carlsbad</td>
</tr>
<tr>
<td>325552</td>
<td>6/1/2011</td>
<td>Doxycycline 100mg inj (vial)</td>
<td>10</td>
<td>Vet Surg Associates</td>
<td>San Mateo</td>
</tr>
<tr>
<td>369924</td>
<td>8/13/2010</td>
<td>MCT Oil (ml)</td>
<td>1000</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>276359</td>
<td>9/21/2010</td>
<td>Cyclosporin modified 100mg (box)</td>
<td>3</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>276359</td>
<td>9/21/2010</td>
<td>Humulin N (nph) Insulin (vial)</td>
<td>1</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>281409</td>
<td>10/20/2010</td>
<td>Cials 20mg tabs</td>
<td>30</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>292675</td>
<td>10/27/2010</td>
<td>MCT Oil (ml)</td>
<td>2000</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>289616</td>
<td>12/6/2010</td>
<td>Methotrexate 2.5mg</td>
<td>100</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>295167</td>
<td>1/5/2011</td>
<td>Empty sterile vials 100ml</td>
<td>10</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>298234</td>
<td>1/19/2011</td>
<td>MCT Oil (ml)</td>
<td>2000</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>305643</td>
<td>2/25/2011</td>
<td>Cyclosporine modified 100mg</td>
<td>90</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>308333</td>
<td>3/10/2011</td>
<td>Elspar inj (vial)</td>
<td>2</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>308339</td>
<td>3/10/2011</td>
<td>Cyclophosphamide 500mg inj (vial)</td>
<td>2</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>313857</td>
<td>4/6/2011</td>
<td>Cyclosporine modified 25mg (bottle)</td>
<td>2</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>319651</td>
<td>5/4/2011</td>
<td>Cyclosporine modified 50mg</td>
<td>90</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>321474</td>
<td>5/12/2011</td>
<td>Elspar 10,000u (vial)</td>
<td>2</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>322652</td>
<td>5/17/2011</td>
<td>Cyclophosphamide 500mg inj (vial)</td>
<td>2</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>326265</td>
<td>5/17/2011</td>
<td>Doxorubicin 2mg/ml inj (25ml vial)</td>
<td>1</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>324314</td>
<td>5/25/2011</td>
<td>Sterile vials (100ml vial)</td>
<td>10</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>324314</td>
<td>5/25/2011</td>
<td>Cyclophosphamide 1gm (vial)</td>
<td>1</td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>388867</td>
<td>6/6/2011</td>
<td>Timolol 0.5% ophth (5ml bottle)</td>
<td></td>
<td>Veterinary Medical Associates</td>
<td>Modesto</td>
</tr>
<tr>
<td>Item No.</td>
<td>Date</td>
<td>Code</td>
<td>Quantity</td>
<td>Unit</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
<td>----------</td>
<td>----------</td>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>331535</td>
<td>6/28/2011</td>
<td>cyclosporine modified 50mg</td>
<td>180</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>333307</td>
<td>7/7/2011</td>
<td>omeproazole 20mg</td>
<td>100</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>338331</td>
<td>7/28/2011</td>
<td>clasis 20mg</td>
<td>30</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>340773</td>
<td>8/10/2011</td>
<td>cyclosporine modified 100mg caps</td>
<td>90</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>341777</td>
<td>8/11/2011</td>
<td>metniorexate 2.5mg</td>
<td>100</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>343550</td>
<td>8/22/2011</td>
<td>vincristine 1mg/ml (vial)</td>
<td>1</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>345550</td>
<td>8/22/2011</td>
<td>doxorubicin 2mg/ml (25ml vial)</td>
<td>1</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>346759</td>
<td>9/7/2011</td>
<td>cyclosporin modified 25mg (boxes)</td>
<td>3</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>348734</td>
<td>9/15/2011</td>
<td>miacalcin 200μg/ml inj (vial)</td>
<td>1</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>352449</td>
<td>10/3/2011</td>
<td>vincristine 1mg/ml inj (vial)</td>
<td>2</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>352449</td>
<td>10/3/2011</td>
<td>elspar 10,000μg/ml inj (vial)</td>
<td>2</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>357389</td>
<td>10/24/2011</td>
<td>cyclophosphamide 500mg inj (vial)</td>
<td>1</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>357389</td>
<td>10/24/2011</td>
<td>doxorubicin 2ml/ml (25ml vial)</td>
<td>1</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>357389</td>
<td>10/24/2011</td>
<td>vincristine 1mg (vial)</td>
<td>2</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>357389</td>
<td>10/24/2011</td>
<td>cyclophosphamide 500mg inj (vial)</td>
<td>1</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>358652</td>
<td>10/31/2011</td>
<td>cyclosporin modified 25mg caps</td>
<td>90</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>358652</td>
<td>10/31/2011</td>
<td>cyclosporin modified 100mg caps</td>
<td>90</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>360294</td>
<td>11/7/2011</td>
<td>mct oil (ml)</td>
<td>1892</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>360294</td>
<td>11/7/2011</td>
<td>sterile vials (50ml)</td>
<td>10</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>360294</td>
<td>11/7/2011</td>
<td>sterile vials (10ml)</td>
<td>10</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>360909</td>
<td>11/10/2011</td>
<td>cyclophosphamide 500mg inj (vial)</td>
<td>2</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>360909</td>
<td>11/10/2011</td>
<td>doxorubicin 2ml/ml (25ml vial)</td>
<td>3</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>360909</td>
<td>11/10/2011</td>
<td>vincristine 2mg/2ml (vial)</td>
<td>3</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>360909</td>
<td>11/10/2011</td>
<td>mct (ml)</td>
<td>3000</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>370105</td>
<td>12/21/2011</td>
<td>famotidine 200mg/20ml (20ml vial)</td>
<td>4</td>
<td>veterinary medical associates</td>
<td>modesto</td>
</tr>
<tr>
<td>278407</td>
<td>9/22/2010</td>
<td>dacarbazine 200mg inj (vial)</td>
<td>2</td>
<td>veterinary medical specialist</td>
<td>crmpbell</td>
</tr>
<tr>
<td>324351</td>
<td>5/27/2011</td>
<td>doxorubicin 2mg/ml inj (100ml inj)</td>
<td>1</td>
<td>w bernardo animal hospital</td>
<td>san diego</td>
</tr>
<tr>
<td>324351</td>
<td>5/27/2011</td>
<td>l-asparaginase 10,000 unit (vial)</td>
<td>1</td>
<td>w bernardo animal hospital</td>
<td>san diego</td>
</tr>
<tr>
<td>296733</td>
<td>1/12/2011</td>
<td>metronidazole 500mg tabs</td>
<td>100</td>
<td>west hills vet clinic</td>
<td>westhills</td>
</tr>
<tr>
<td>314026</td>
<td>4/7/2011</td>
<td>terramycin (tubes)</td>
<td>6</td>
<td>western vet group</td>
<td>lomita</td>
</tr>
<tr>
<td>334834</td>
<td>7/14/2011</td>
<td>prednisone 5mg</td>
<td>2000</td>
<td>westlake village animal hospital</td>
<td>westlake village</td>
</tr>
<tr>
<td>306543</td>
<td>3/2/2011</td>
<td>epogen 2mu inj (vial)</td>
<td>12</td>
<td>whiskers to tails cat hospital</td>
<td>pasadena</td>
</tr>
<tr>
<td>331703</td>
<td>6/29/2011</td>
<td>epogen 2mun/ml (bottle)</td>
<td>7</td>
<td>whiskers to tails cat hospital</td>
<td>pasadena</td>
</tr>
<tr>
<td>346741</td>
<td>9/7/2011</td>
<td>epogen 2000ml (vial)</td>
<td>4</td>
<td>whiskers to tails cat hospital</td>
<td>pasadena</td>
</tr>
<tr>
<td>351349</td>
<td>9/27/2011</td>
<td>epogen 2mu/ml (vial)</td>
<td>5</td>
<td>whiskers to tails cat hospital</td>
<td>pasadena</td>
</tr>
<tr>
<td>362616</td>
<td>11/16/2011</td>
<td>epogen 2mu/ml (vial)</td>
<td>2</td>
<td>whiskers to tails cat hospital</td>
<td>pasadena</td>
</tr>
<tr>
<td>365412</td>
<td>12/1/2011</td>
<td>epogen 2000units/ml</td>
<td>4</td>
<td>whiskers to tails cat hospital</td>
<td>pasadena</td>
</tr>
<tr>
<td>279324</td>
<td>10/7/2010</td>
<td>buprenorphine 0.3mg/ml inj (10x1ml)(box)</td>
<td>1</td>
<td>wildlife center california</td>
<td>calabasas</td>
</tr>
<tr>
<td>279324</td>
<td>10/7/2010</td>
<td>buprenorphine 0.3mg/ml inj (10x1ml)(box)</td>
<td>1</td>
<td>wildlife center california</td>
<td>calabasas</td>
</tr>
<tr>
<td>283366</td>
<td>11/1/2010</td>
<td>buprenorphine 0.3mg/ml inj (10x1ml)(box)</td>
<td>1</td>
<td>wildlife center california</td>
<td>calabasas</td>
</tr>
<tr>
<td>283536</td>
<td>11/1/2010</td>
<td>buprenorphine 0.3mg/ml inj (10x1ml)(box)</td>
<td>1</td>
<td>wildlife center california</td>
<td>calabasas</td>
</tr>
<tr>
<td>272865</td>
<td>8/31/2010</td>
<td>sucralfate 1mg (100ml)(bottle)</td>
<td>2</td>
<td>yorba regional animal hospital</td>
<td>anaheim</td>
</tr>
<tr>
<td>276213</td>
<td>9/21/2010</td>
<td>sucralfate 1gm (2x100)(bottle)</td>
<td>2</td>
<td>yorba regional animal hospital</td>
<td>anaheim</td>
</tr>
<tr>
<td>294011</td>
<td>12/29/2010</td>
<td>diazepam 5mg/ml inj (box)</td>
<td>2</td>
<td>yorba regional animal hospital</td>
<td>anaheim</td>
</tr>
</tbody>
</table>

This is a violation of pharmacy law.

CITATION ISSUED ON: October 11, 2012
TOTAL AMOUNT OF FINE(S): $5,000.00

THIS COPY FOR YOUR RECORDS

PAYMENT OF FINE(S) DUE BY: November 10, 2012
August 29, 2007

CERTIFIED MAIL

Michael Richard Blaire
10921 North 140th Way
Scottsdale, AZ 85259

Roberto Pulver
Quarles & Brady, LLP
One Renaissance Square
Two North Central Avenue
Phoenix, AZ 85004-2391

RE: CI 2006 33499
RPH 45547

Dear Mr. Blaire:

After thorough and careful consideration of the explanation and information you provided at the office conference, it was decided to dismiss Citation and Fine, CI 2006 33499 as originally issued. Effective immediately the fines assessed in Citation CI 2006 33499, have been dismissed.

This decision is the final administrative order regarding the Citation.

Please contact Enforcement Analyst Dawn LaFranco at (916) 574-7925, if you have any questions.

Sincerely,

[Signature]

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy

THIS COPY FOR YOUR RECORDS
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number
Ci 2006 33499
Name, License No.
Michael Richard Blaire, RPH 45547

<p>| JURISDICTION: Bus. &amp; Prof. Code § 4005; CCR, title 16, § 1775; |</p>
<table>
<thead>
<tr>
<th>Violation Code Section</th>
<th>Offense</th>
<th>AMT of Fine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus. &amp; Prof. Code § 4301 subd. (f)</td>
<td>Acts of moral turpitude, dishonesty, fraud, deceit or corruption</td>
<td>$2,500.00</td>
</tr>
</tbody>
</table>

CONDUCT:

On or about November 29, 2006, Michael Richard Blaire, RPH 45547, falsified an email sent to him by a member of board. On or about December 6, 2006, the falsified email was received by the board, reproduced into a written response to the boards cease and desist order dated November 23, 2006. This is a violation of Business and Professions CODE section 4301 subdivision (f).

CITATION ISSUED ON: APRIL 30, 2007
TOTAL AMOUNT OF FINE(S): $2,500.00
PAYMENT OF FINE(S) DUE BY: MAY 30, 2007

THIS COPY FOR YOUR RECORDS
October 27, 2014

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

Re: Non Resident, Pharmacy; License # PH02236

Dear Sir/Madam:

We are writing to inform you of a transaction involving Diamondback Drugs. The owner of Diamondback Drugs that was last reported to you was Diamondback Drugs of Delaware LLC and the sole member of this LLC was SLG Diamondback Investment, LLC. The officers of Diamondback were reported as Michael Blaire, Giano Panzarella and Melissa Cole. The sole member of Diamondback has sold its interest and the new sole member is TW Diamondback Holdings Corp.

Importantly, Diamondback Drugs of Delaware LLC remains as the owner of Diamondback Drugs and Mr. Blaire, Mr. Panzarella and Ms. Cole remain the officers. When we reviewed the application that was required to be filed for a change of ownership, there were no questions related to the sole member of Diamondback Drugs of Delaware LLC and all of the required information related to Diamondback Drugs of Delaware LLC and its officers. Were we to complete the application, we would be providing the exact same information that the Board currently has in its possession. As a result, we are providing notice of the transaction for your files.

If you have any questions, or require more information, please contact me at the number indicated above or at christine.cassetta@quarles.com.

Very truly yours,

Christine Cassetta

CC: cf
Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

Renewal Application - PHARMACY

For the period of November 1, 2014 to October 31, 2016

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

$500.00 (postmarked on or before 10/31/2014) OR $750.00 (postmarked after 10/31/2014)

LICENSE: PH01622

OPTUMRX

2858 LOKER AYE EAST #100,

Carlsbad, CA 92010

RENEW BY MAIL

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

<OR>

RENEW ONLINE

1. Go to http://bop.nv.gov
2. Click “Applications” then, “License Renewal”
3. Follow instructions
4. Use USER ID:
LINDA.GRIFFIN@OPTUM.COM
PASSWORD: *********

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

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

Section 1: Since your last renewal or recent licensure has any owner or shareholder: (Fill in completely) Yes No

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

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

Board Administrative Action:
See attached Exhibit "A"

<table>
<thead>
<tr>
<th>State</th>
<th>Date</th>
<th>Case #</th>
<th>County</th>
<th>Court</th>
</tr>
</thead>
</table>

Criminal Action:

<table>
<thead>
<tr>
<th>State</th>
<th>Date</th>
<th>Case #</th>
</tr>
</thead>
</table>

Section 2: CAUTIONS

1.) Nevada has no grace period. All applications postmarked by the US Postal Service after October 31, 2014 that are NOT accompanied by the late fee, will be returned and will be assessed the late fee, delaying processing.

2.) Any application that is not 100% complete will be returned and will not be considered to have been received.

Only completed applications will be processed.

3.) If you have a Nevada State Business license, please provide the # ________________________________

Section 3:

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

Signature: ________________________________ Date: 9/16/2014
November 3, 2014

Nevada State Board of Pharmacy
Attn: Larry Pinson, Executive Director
431 W. Plumb Lane
Reno, NV 89509

Re: OptumRx, Inc. d/b/a OptumRx
    Pharmacy Registration License No.: PH01622
    Pharmacy Location: Carlsbad, CA

Dear Nevada State Board of Pharmacy:

OptumRx submitted to the Nevada State Board of Pharmacy ("NV BOP") its Renewal Application for the referenced Pharmacy License on September 24, 2014, and subsequently, the NV BOP renewed our license, expiring October 31, 2016. Thereafter, we received a letter from the NV BOP, dated October 15, 2014 ("NV Appearance Letter"), requiring OptumRx to appear before the NV BOP. The reason behind the request for our appearance was not given in the NV Appearance Letter. Therefore, we contacted your office, and we were informed that the reason for the NV Appearance Letter stemmed from the fact that the NV BOP had questions concerning the Exhibit A to the Renewal Application ("Exhibit A"), which contained copies of citations received since the date of the last renewal ("Citations"). A copy of the NV Appearance Letter is attached for your convenience.

I am submitting the following information to clarify Exhibit A, and it is our hope and intention that any questions or concerns that the NV BOP may have had concerning the Citations will be answered in this letter.

Please note that concerning the Citations, in each instance below, proper coaching and counseling of our team members occurred soon after the Citation was received. Further, we have made updates and/or required enhancements to our current processes and procedures as appropriate. It should be noted that OptumRx has implemented Continuous Quality Improvement ("CQI") meetings since October 2013, designed to address potential opportunities for improvement in our prescription processing. At these weekly CQI meetings, OptumRx team members including pharmacists and technicians look at ways of improving prescription processing accuracy and internal quality communications that address ways to raise awareness of common pharmacy errors such as "look alike and sound alike" drugs, drug
products with multiple formulations, and red flag reminders for corresponding responsibility in dispensing controlled substances. OptumRx takes any and all citations or warning letters very seriously, and is constantly trying to find ways to improve our patients' experiences. As the pharmacist in charge in Carlsbad, California, I scrutinize each and every citation and address any concerns in our prescription processing with our senior leadership team as well as our quality improvement teams. Each citation is an exercise for my team to learn from and an opportunity to improve our processes.

For context, since our last renewal of our Nevada license, the Carlsbad pharmacy has dispensed over 10.6 million prescriptions, which is approximately 44,000 prescriptions per day, while maintaining six-sigma accuracy rates. These same measures are being used by companies like Toyota in their efforts to gauge output accuracy. Currently the Carlsbad site maintains a dispensing accuracy level of 99.99993%, which exceeds the minimum six-sigma accuracy threshold of 99.99966%. Due to the fact that we are dealing with patients' medications, and because of the extremely high volume of prescriptions that we dispense, we vigorously scrutinize our internal accuracy and are always looking at ways to improve, train staff and minimize any potential for error. The California Board of Pharmacy has just recently renewed our pharmacy license on March 1, 2014 and our license is in good standing. OptumRx is licensed in all states where we provide prescription services and pharmacy licensure is required, and we have had a great reputation in the industry and with our patients.

Our records indicate that the following Citations were issued to our pharmacy in Carlsbad since we last renewed our license in October 2012, as presented in Exhibit A:

- **CA Citation CI 2011 49315:** In this complaint, the pharmacy processed a new prescription for a quantity greater than written. A process was implemented to address any future new prescriptions processed by OptumRx for quantities greater than written such that an outbound communication of the change is sent to the prescriber office.

- **CA Citation CI 2012 53121:** In this complaint, a pharmacist incorrectly verified a prescription for levothyroxine 125mcg instead of the written strength of 1.25mcg, which does not exist. Both the pharmacist and technician involved were coached and counseled in regards to the medication error. This example was subsequently used to educate our staff to be more cognizant of potential errors involving decimal point placements.

- **CA Citation CI 2011 50764:** A pharmacist on our team incorrectly verified a prescription as Feldene 10mg instead of felodipine 10mg. Both the pharmacist and technician involved were coached and counseled per OptumRx standard procedures.
that involve any medication error that is discovered. This issue arose out of a medication that was verified because it looked like and sounded like the correct medication. This example was used subsequently to train our other team members (both pharmacists and technicians) to be more cognizant of this potential for a mix-up with these two products. Wrong drug selection project remains an important part of OptumRx's focus on Continuous Quality Improvement.

- **MO Administrative Letter of Concern:** This case involved a prescription, which was delayed due to issues associated with a prior authorization approval process compounded by an OptumRx customer service agent failing to follow up with the patient to schedule shipment after a call was disconnected. The OptumRx agent was counseled on OptumRx service expectations and the case was reviewed with manager so that we may address any potential training gaps.

- **CA Citation CI 2012 54430:** In this complaint, a pharmacist incorrectly verified trazodone 50mg instead of the intended tramadol 50mg. Both the pharmacist and technician involved were coached and counseled per OptumRx standard procedures that involve any medication error that is discovered. This issue arose out of a medication that was verified because it looked like and sounded like the correct medication. This example was used subsequently to train our other team members (both pharmacists and technicians) to be more cognizant of this potential for a mix-up with these two products.

- **CA Citation CI 2012 56223:** An existing patient profile was erroneously updated with another new patient's third party billing information. This error oversight occurred because both patients shared near identical names and an identical date of birth. Once OptumRx discovered the error, the claim was immediately reversed and the matter was resolved. A subsequent quality improvement project targeted and focused on being mindful of not selecting the wrong patient. Metrics taken before and after this project indicate an improvement in our team member's accuracy in selecting the right patient.

- **CA Citation CI 2012 56693:** In this complaint, a prescription was delayed due to staffing issues after a recent large influx of business, which was compounded by communications delays that occurred between OptumRx and the prescriber. OptumRx has since hired additional staffing support and improved the workflow of our operations.

- **TN Case #2013001901:** In a letter of warning from the Tennessee Board of Pharmacy, they indicated that a pharmacist on our team incorrectly verified a
prescription as Feldene 10mg instead of felodipine 10mg. Both the pharmacist and technician involved were coached and counseled per OptumRx standard procedures that involve any medication error that is discovered. This issue arose out of a medication that was verified because it looked like and sounded like the correct medication. This example was used subsequently to train our other team members (both pharmacists and technicians) to be more cognizant of this potential for a mix up with these two products. Wrong drug selection project remains an important part of OptumRx’s focus on Continuous Quality Improvement.

- CA Citation CI 2012 54362: In this complaint, there were two issues. Firstly, a prescription was delayed due to a duplicate claim that was paid at a retail pharmacy, which did not allow OptumRx to fulfill the prescription at the time of submission. Once OptumRx was informed of the issue, the order was expeditiously sent to the member. Secondly, a prescription for imipramine 50mg was incorrectly verified as topiramate 50mg by one of our pharmacists. Both the pharmacist and technician involved were coached and counseled per OptumRx standard procedures that involve any medication error that is discovered. This issue arose out of a medication that was verified because it looked like and sounded like the correct medication. This example was used subsequently to train our other team members (both pharmacists and technicians) to be more cognizant of this potential for a mix up with these two products. Wrong drug selection project remains an important part of OptumRx’s focus on Continuous Quality Improvement.

- CA Citation CI 2012 56122: In this letter of admonishment from the California Board of Pharmacy, they described a complaint arising out of a delay in one of our patient’s prescription orders. This delay in this complaint arose from a lack of insurance coverage and because the product was out of stock at the time of fulfillment. The prescription was fulfilled as soon as product was received from the manufacturer.

- CA Citation CI 2013 58107: In this complaint, a prescription for one patient was erroneously packed with that of another patient. The pharmacy clerk associated with this shipping MEQA was appropriately coached and counseled on proper shipping procedures. The associate involved is no longer employed with OptumRx.

- CA Citation CI 2013 58603: In this complaint, a prescription was dispensed with the inappropriate quantity by a pharmacist. The pharmacist involved was coached to verify hand counted prescriptions and counseled based on OptumRx’s medication error processes. Particular focus was placed on looking at specific data fields that were overlooked during the pharmacist’s review that resulted in this error.
• CA Citation CI 2013 59891: In this case, a prescription for Cipro 500mg was delayed due to additional time required for an unnecessary outbound communications to the prescriber regarding this antibiotic prescription’s low quantity. The pharmacist involved has been coached in regards to the appropriateness of his questions pertaining to this prescription and coached on appropriate quantities of antibiotic therapies that we typically see in our pharmacy. Specifically, OptumRx procedures were reinforced pertaining to requests for 90 day supply as only applying to maintenance medications and not to acute therapies such as antibiotics.

We sincerely appreciate the Nevada Board of Pharmacy allowing us to explain the Citations in greater detail. We value our relationship with the State of Nevada, and our patients who reside there. If you have any questions, we would be more than happy to answer them at your convenience and welcome you to visit our pharmacy. If an informal conversation about these matters in person would be helpful, we would be more than happy to meet with the Nevada Board of Pharmacy at a time of your choosing.

It is our hope and intention that any questions or concerns that the NV BOP may have concerning the Citations have been answered in this letter, and that an appearance by OptumRx to a NV BOP hearing will be deemed unnecessary and will no longer be required. If, in the event that, after you review this letter, an appearance is still required, it is our choice to appear before the NV BOP in Las Vegas, on January 21-22, 2015.

Sincerely,

[Signature]

Phong Q. Ly, Pharm. D.
Manager of Operations, PIC
OptumRx
Carlsbad, CA
phong.ly@optum.com
760-804-2373

Enclosure
OptumRx, Inc.

List of Regulatory Actions Against
Carlsbad Pharmacy
From 10/29/2012 To 9/16/2014

<table>
<thead>
<tr>
<th>State</th>
<th>Date of Action</th>
<th>Regulatory Agency</th>
<th>Citation/Case No.</th>
<th>Regulatory Issue</th>
<th>Penalty</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>01.10.2013</td>
<td>California Board of Pharmacy</td>
<td>CI 2011 49315</td>
<td>Admonishment for the increase in the amount of a prescription above the prescriber's specification.</td>
<td>Reprimanded</td>
<td>Reprimanded</td>
</tr>
<tr>
<td>California</td>
<td>2.14.2013</td>
<td>California Board of Pharmacy</td>
<td>CI 2012 53121</td>
<td>Fine imposed for dispensing an alternative dosage of a drug in place of a dosage that had been prescribed but is not commercially available.</td>
<td>$1,750.00 Fine</td>
<td>Fine paid</td>
</tr>
<tr>
<td>California</td>
<td>5.7.2013</td>
<td>California Board of Pharmacy</td>
<td>CI 2011 50764</td>
<td>Citation issued from the California Board of Pharmacy for variation from prescription without prior consent of the prescriber. Prescription was written for one drug, but an alternative drug was processed, filled and dispensed.</td>
<td>Reprimand</td>
<td>Reprimand</td>
</tr>
<tr>
<td>California</td>
<td>8.21.2013</td>
<td>California Board of Pharmacy</td>
<td>CI 12 56693</td>
<td>Written Notice of Non-Compliance issued for obstruction of a legally prescribed medication for patient.</td>
<td>Written Notice of Non-Compliance</td>
<td>Written Notice of Non-Compliance</td>
</tr>
<tr>
<td>Tennessee</td>
<td>9/12/2013</td>
<td>Tennessee Department of Health</td>
<td>2013001901</td>
<td>Tennessee Department of Health issued a Letter of Warning in connection with the Written Notice of Non-Compliance CI 12 56693 issued by California Board of Pharmacy on 8/21/2013.</td>
<td>Letter of Warning</td>
<td>Letter of Warning</td>
</tr>
<tr>
<td>California</td>
<td>9/11/2013</td>
<td>California Board of Pharmacy</td>
<td>CI 2012 54430</td>
<td>Citation issued from the California Board of Pharmacy for a prescription that was written for one drug, but, instead another drug was processed, filled, and dispensed.</td>
<td>No Fine was assessed and no proof of abatement has been ordered.</td>
<td>No Fine was assessed and no proof of abatement has been ordered.</td>
</tr>
<tr>
<td>California</td>
<td>9/23/2013</td>
<td>California Board of Pharmacy</td>
<td>CI 2012 56223</td>
<td>Written Notice of Non-Compliance was issued concerning an incident wherein insurance coverage information was updated for wrong patient.</td>
<td>No fine was assessed</td>
<td>Written Notice of Non-Compliance was issued. No fine was assessed.</td>
</tr>
<tr>
<td>California</td>
<td>1/23/2014</td>
<td>California Board of Pharmacy</td>
<td>CI 2012 54362</td>
<td>Citation was issued to Carlsbad pharmacy for obstructing a patient from timely obtaining a medicine.</td>
<td>$500.00 Fine</td>
<td>Fine paid</td>
</tr>
<tr>
<td>STATE</td>
<td>DATE OF ACTION</td>
<td>REGULATORY AGENCY</td>
<td>CITATION/CASE No.</td>
<td>REGULATORY ISSUE</td>
<td>PENALTY</td>
<td>RESOLUTION</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------</td>
<td>-----------------------</td>
<td>------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>CALIFORNIA</td>
<td>1/24/2014</td>
<td>California Board of Pharmacy</td>
<td>CI 2012 56122</td>
<td>Letter of Admonishment was issued to Carlsbad pharmacy for obstructing a patient from timely obtaining a prescription drug.</td>
<td>Letter of Admonishment. No Fine was assessed.</td>
<td>No fine was assessed</td>
</tr>
<tr>
<td>CALIFORNIA</td>
<td>4/11/2014</td>
<td>California Board of Pharmacy</td>
<td>CI 2013 58107</td>
<td>Citation and Fine issued for unauthorized release of protected healthcare information/Unauthorized disclosure of prescription. A patient was sent his prescription along with another person’s prescription.</td>
<td>$1,500.00 Fine</td>
<td>Fine paid.</td>
</tr>
<tr>
<td>CALIFORNIA</td>
<td>7/2/2014</td>
<td>California Board of Pharmacy</td>
<td>CI 2013 58603</td>
<td>Letter of Admonishment was issued to Carlsbad pharmacy for deviation of a prescription. The Pharmacy dispensed 14 capsules of a drug instead of the prescribed amount of 5 capsules.</td>
<td>No fine was assessed.</td>
<td>No fine was assessed</td>
</tr>
<tr>
<td>CALIFORNIA</td>
<td>7/9/2014</td>
<td>California Board of Pharmacy</td>
<td>CI 2013 59891</td>
<td>Citation was issued to Carlsbad pharmacy for obstructing a patient from timely obtaining a prescription drug prescription.</td>
<td>No fine was assessed.</td>
<td>No fine was assessed</td>
</tr>
<tr>
<td>MISSOURI</td>
<td>5/23/2014</td>
<td>Missouri Board of Pharmacy</td>
<td></td>
<td>Administrative Letter of Concern was issued to Carlsbad pharmacy for failing to timely dispense a prescription resulting in an unnecessary medication delay.</td>
<td>No fine was assessed.</td>
<td>No fine was assessed</td>
</tr>
</tbody>
</table>
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: Boothwyn Pharmacy, Inc.

Physical Address: 2341 Chichester Ave

Mailing Address: 2341 Chichester Ave

City: Boothwyn State: PA Zip Code: 19061

Telephone: 610-485-1180 Fax: 610-485-9233

Toll Free Number: 800-476-7496 (Required per NAC 639.708)

E-mail: info@bpi-rx.com Website: www.boothwynpharmacy.com

Managing Pharmacist: Noel Beahn License Number: RF441052 (PA)

<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,
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, board citation, site fine 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

Louis Marcuari, RPh
Print Name of Authorized Person

9/8/14
Date

Board Use Only

Date Processed: 10/1/14
Amount: $500.00
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: \( \text{PA} \)

Parent Company if any:

Mailing Address: \( 2341 \text{ Chichester Ave} \)

City: \( 	ext{Boothwyn} \) State: \( \text{PA} \) Zip: \( 19061 \)

Telephone: \( 610-485-1130 \) Fax: \( 610-485-9223 \)

Contact Person: \( \text{Steve Gianellis or Len Chirelli} \)

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) \( \text{Louis Micoucci, RPh} \)

   a) Name Address

   b) ________________ Name Address

   c) ________________ Name Address

   d) ________________ Name Address

2) Provide the number of shares issued by the corporation. \( 500 \)

3) What was the price paid per share? \( \$1.00/\text{sh} \)

4) What date did the corporation actually receive the cash assets? \( \text{21 Oct 1994} \)

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

List any physician shareholders and percentage of ownership.

Name: \( \text{NA} \) %: ________________

Name: ________________ %: ________________

Hours of Operation for the pharmacy:

Monday thru Friday \( \text{5 am - 7 pm} \) Saturday \( \text{9 am - 4 pm} \)

Sunday \( \text{Rph on-call} \) 24 Hours \( \text{Rph on-call} \)

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: ___________________
STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Louis Micelucci
Responsible Person of Boothwyn Pharmacy

hereby acknowledge and understand that in addition to the corporation’s, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation’s, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation’s, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Louis Micelucci
Print Name of Authorized Person 9/8/14

Date
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

September 19, 2014

CERTIFICATION OF LICENSE

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME: BOOTH-WYN PHARMACY INC
LICENSE TYPE: Pharmacy
LICENSE NUMBER: PP410228L
ORIGINAL LICENSURE DATE: 09/29/1977
EXPIRATION DATE: 08/31/2015
STATUS: Active

The attached documents describe the derogatory information.

[Signature]
Commissioner
Bureau of Professional and Occupational Affairs
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: Unicare Pharmacy, Inc. dba MedicoRx Specialty
Physical Address: 7039 Valjean Ave. Van Nuys, CA 91406
Mailing Address: 7039 Valjean Ave.
City: Van Nuys State: CA Zip Code: 91406
Telephone: (818) 390-9696 Fax: (818) 390-9697
Toll Free Number: (855) 265-7850 (Required per NAC 639.708)
E-mail: dlenchitsky@medicorx.com Website: www.medicorx.com
Managing Pharmacist: Michael Sterling License Number: RPh 36620

<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>
</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

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, board citation, site fine 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

Vladimir Lenchitsky  
Print Name of Authorized Person

11-26-2014  
Date

Board Use Only  
Date Processed: 12-15-14  
Amount: $500.00  
Page 2
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California
Parent Company if any: N/A
Mailing Address: 7039 Valjean Ave.
City: Van Nuys State: CA Zip: 91406
Telephone: (818) 390-9696 Fax: (818) 390-9697
Contact Person: Dina Lenchitsky

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) Vladimir Lenchitsky 7039 Valjean Ave. Van Nuys, CA 91406
      Name Address
   b) Sofia Kravchinsky 7039 Valjean Ave. Van Nuys, CA 91406
      Name Address
   c) 
      Name Address
   d) 
      Name Address

2) Provide the number of shares issued by the corporation. 1,500

3) What was the price paid per share? $3.33

4) What date did the corporation actually receive the cash assets? 1/2/2012

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

List any physician shareholders and percentage of ownership.
Name: none %: n/a
Name: none %: n/a

Hours of Operation for the pharmacy:
Monday thru Friday 8:30 am 7:00 pm Saturday 8:30 am 5:00 pm
Sunday 9:30 am 2:00 pm 24 Hours no

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: n/a
STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA.

I, Vladimir Lenchitsky
Responsible Person of Unicare Pharmacy Inc. dba MedicoRx Specialty Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Vladimir Lenchitsky
Print Name of Authorized Person

Date 11-26-2014
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: North Beaches Pharmacy Inc.
Physical Address: 1510 Penman Road
Mailing Address: Same
City: Jacksonville Beach  State: FL  Zip Code: 32250
Telephone: 904-241-5171  Fax: 904-241-0437
Toll Free Number: 877-818-5311 (Required per NAC 639.708)
E-mail: info@northbeachesrx.com  Website: northbeachesrx.com
Managing Pharmacist: R. Michael Poland  License Number: PS19244

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</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></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

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 violation 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

Print Name of Authorized Person

Date

Board Use Only

Received: 8/26/14

Amount: $500.00
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida
Parent Company if any: N/A
Corporation Name: North Beaches Pharmacy Inc.
Mailing Address: 1510 Penman Rd
City: Jacksonville Beach State: FL Zip: 32250
Telephone: 904-241-5171 Fax: 904-241-0437
Contact Person: R. Michael Poland

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) R. Michael Poland 2333 Beachcomber Trail, Atlantic Beach FL
      Name Address
   b) Name Address
   c) Name Address
   d) Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.
Name: 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 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, Robert M. Poland
Responsible Person of North Beaches Pharmacy, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Print Name of Authorized Person

Date
**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.

<table>
<thead>
<tr>
<th>New Pharmacy</th>
<th>Ownership Change</th>
<th>(Provide current license number if making changes: PH)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Check box below for type of ownership and complete all required forms.</td>
<td></td>
</tr>
<tr>
<td>☑ Publicly Traded Corporation – Pages 1,2,3,7</td>
<td>☐ Partnership – Pages 1,2,5,7</td>
<td></td>
</tr>
<tr>
<td>☑ Non Publicly Traded Corporation – Pages 1,2,4,7</td>
<td>☐ Sole Owner – Pages 1,2,6,7</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Pharmacy Name:** Reckshot Professional Pharmacy
- **Physical Address:** 4450 N. Prospect Rd. Suite 7
- **Mailing Address:** 4450 N. Prospect Rd. Suite 7
- **City:** Peoria Heights  
  **State:** IL  
  **Zip Code:** 61616
- **Telephone:** 309-679-2047  
  **Fax:** 309-679-2051
- **Toll Free Number:** 1855-773-2574  
  (Required per NAC 639.708)
- **E-mail:** info@preckshot.com  
  **Website:** www.preckshot.com
- **Managing Pharmacist:** Jennifer Siefert  
  **License Number:** 051.0360570

**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,**
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  [X] 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  [X] No

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?
   [ ] Yes  [X] 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  [X] 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  [X] 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

[Print Name]
Print Name of Authorized Person

[Date]
Date

Board Use Only
Date Processed: [Date]
Amount: [Amount]
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Illinois

Parent Company if any: __________________________

Mailing Address: 4450 N. Prospect Rd. #7

City: Peoria Heights State: IL Zip: 61616


Contact Person: Jennifer Siefert

For any corporation non publicly traded, disclose the following:

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

   a) Jennifer Siefert 4450 N. Prospect Rd. #7, Peoria Heights, IL 61616
      Name Address

   b) __________________________ 4450 N. Prospect Rd. #7, Peoria Heights, IL 61616
      Name Address

   c) __________________________
      Name Address

   d) __________________________
      Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %: ______________________

Name: N/A %: ______________________

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm           Saturday 9 am 1 pm

Sunday — am — pm 24 Hours —

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: ______________________
STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, JENNIFER A. SIEFERT
Responsible Person of Preckshot Professional Pharmacy
hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

JENNIFER A. SIEFERT
Print Name of Authorized Person

11-17-14
Date
CERTIFICATION OF LICENSURE

NV Board of Pharmacy
431 W Plumb Lane
Reno NV 89509

Licensee: PRECKSHOT PROFESSIONAL PHARMACY
License Number: 054.016609
Profession: LICENSED PHARMACY
Date of Issuance: 02/02/2010
Expiration Date: 03/31/2016
License Status: ACTIVE
License Method: NON-EXAM
Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.

[Signature]
Jay Stewart
Director
Division of Professional Regulation

December 29, 2014

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

www.facebook.com/ILDFPR
LC2 CERT OF LIC
www.idfpr.com
http://twitter.com/IDFPR
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
☐ 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.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Synergy Pharmacy Services, Inc.
Physical Address: 3120 1st Street, Suite 2, Palm Harbor 34684
Mailing Address: 3120 1st Street, Suite 2
City: Palm Harbor State: FL Zip Code: 34684
Telephone: 888-918-5024 Fax: 888-688-1659
Toll Free Number: 888-918-5024 (Required per NAC 639.708)
E-mail: info@synergyrx.com Website: www.synergyrx.com
Managing Pharmacist: Andrew Assad License Number: 5545738

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND</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>☐ Mall 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 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)?
   - Yes [ ] No [X]

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 [X]

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 [X]

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 [X]

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 [X]

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

Date

1/23/14

Board Use Only

Received: 5/27/14

Amount: $500.00
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida
Parent Company if any: Synergy Pharmaceuticals
Mailing Address: 31201 U.S. Highway 19 North, Suite 2
City: Palm Harbor State: FL Zip: 34684
Telephone: 888-918-5024 Fax: 888-688-1659
Contact Person: Andrew Assad

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) Andrew Assad 31201 U.S. Highway 19 North, Suite 2, Palm Harbor, FL 34684
   b) Michael Palsa 31201 U.S. HWY 19 North, Ste 2, Palm Harbor, FL 34684
   c) Peter Balos 31201 U.S. HWY 19 North, Ste 2, Palm Harbor, FL 34684
   d) __________________________ Name __________________________ Address

2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? 19.0

4) What date did the corporation actually receive the cash assets? 5-2-2013

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

List any physician shareholders and percentage of ownership.

Name: Peter Balos %: 25
Name: ________________________________ %: ________________________________

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday / am / pm
Sunday / am / pm 24 Hours on Call

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: __________________________
CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, ____________________________
Responsible Person of ____________________________

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

________________________
March 21, 2014

Print Name of Authorized Person

Date
May 6, 2014

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

RE: License Certification for Synergy Pharmacy Services, Inc.

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: PH24973
ORIGINAL CERTIFICATION: 10/21/2010
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,

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

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

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

☐ 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: Bluebird Medical Supply Inc.
Physical Address: 1400 S. Decatur Blvd, Las Vegas NV 89102
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: 1400 S. Decatur Blvd
City: Las Vegas State: NV  Zip Code: 89102
Telephone: (702) 998-1437  Fax: (702) 998-0249
E-mail: bluebirdmedic@ge.com  Website: on process

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: Karine Ghadyan

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: Incontinence Supplies

**If providing these types of services you are required to have in place a mechanism to ensure
continued care in the event of an emergency. Provide name and telephone number of Nevada
contact. Name: Karine Ghadyan  Telephone: (702) 465-4609

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:

Medicaid: ___________________________  Medicare: ___________________________
still on process (BOP application sent)  None: ___________________________

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: NA
☐ 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.*

NA
APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

______________________________ 11-3-14
KARINE SHADYAN  Date
Print Name of Authorized Person

Board Use Only

Received: 11/10/14  Amount: $500.00

Page 3
APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: NA
Corporation Name: Bluebird Medical Supply Inc
Mailing Address: 1400 S. Decatur Blvd
City: Las Vegas State: NV Zip: 89107
Telephone: (702) 998-1437 Fax: (702) 998-0249
Contact Person: Karine Ghadyan

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) Karine Ghadyan 3066 Harbor Heights Dr. Las Vegas
      Name Address  NV 89117
   b) NA  
      Name Address
   c) NA  
      Name Address
   d) NA  
      Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the documents for all types of businesses.

2) Provide the number of shares issued by the corporation.  75,000

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? 10-6-2014

5) Provide a copy of the corporation's stock register evidencing the above information
   Pls see attached copy.
APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date: 11-3-2014

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 by 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 by 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 Medical Equipment + Supply

Nature of MDEG: Bluebird Medical Supply Inc.

Name of Business and Address for Which MDEG Administrator Is Requested: 14th S. Decatur Blvd. Las Vegas

If applicable, Name Under Which It Is Now Operated: NA

Page 1 – MDEG Administrator
### 1. PERSONAL INFORMATION:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHADOVAN</td>
<td>KARINE</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Present Residence Address-Street or RFD</th>
<th>City</th>
<th>State/Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>3066 Harbor Heights Drive</td>
<td>Las Vegas</td>
<td>NV 89117</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Present Business Address</th>
<th>City</th>
<th>State/Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1400 S. Decatur</td>
<td>Las Vegas</td>
<td>NV 89102</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>(702) 998-1437</td>
<td>(702) 998-0249</td>
</tr>
</tbody>
</table>

Email address: bluebirdmedicalsupply1400@email.com

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth (City, County, State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 years old</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Color of Eyes</th>
<th>Color of Hair</th>
<th>Weight</th>
<th>Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown</td>
<td>Black</td>
<td>140 lbs</td>
<td>5' 3&quot;</td>
</tr>
</tbody>
</table>

Scars, tattoos or distinguishing marks and/or characteristics: **NONE**

Are you a citizen of the United States? Yes ☐ No ☐

If alien, registration No: NA

If naturalized, certificate No: [Las Vegas, NV](#) Date: 5/11/12

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>3/1/14 - 10/1/14</td>
<td>Primed Medical Equipment 375 S. Jones Las Vegas, NV</td>
<td>1600</td>
</tr>
<tr>
<td>Patient Intake Coordinator</td>
<td>Responsible to patient orders</td>
<td>Pat Magallon</td>
</tr>
</tbody>
</table>

<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>12/2017 - present</td>
<td>Bridal Elegance 3935 W. Rain Las Vegas, NV</td>
<td>3118</td>
</tr>
<tr>
<td>Owned</td>
<td>Responsible for all phases of the operation</td>
<td>Full time</td>
</tr>
</tbody>
</table>

<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>2016 - 11/2017</td>
<td>Bridal Elegance 3935 W. Rain Las Vegas, NV</td>
<td>82118</td>
</tr>
<tr>
<td>Manager</td>
<td>Responsible for the store inventory</td>
<td>Colby Irish</td>
</tr>
</tbody>
</table>

<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>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: N/A
   Date: _________________
   Case Number: __________________________

b) ____________________________________________________________
   State: __________________________
   Date: __________________________
   Case Number: __________________________
   County: __________________________
   Court: __________________________

c) Criminal Action:
   State: N/A
   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.

N/A

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

ATTACH PHOTO TAKEN WITHIN 30 DAYS

Date of photograph: 11/3/14

Page 4 – MDEG Administrator
Karine Chadyan, 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.

Original Signature of Applicant

November 6, 2014

Page 5 – MDEG Administrator
APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

Date: 11-3-14

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
Nature of Pharmacy or Wholesaler: Bluebird Medical Supply, Inc. 1400 S. Decatur Blvd. Las Vegas
Name and Address of Business for Which Designated Representative Is Requested: NV 89102

If applicable, Name Under Which It Is Now Operated:

1. PERSONAL INFORMATION:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Ghadyan</th>
<th>First Name</th>
<th>Karine</th>
<th>Middle Name</th>
<th>None</th>
</tr>
</thead>
</table>

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

NA

Present Residence Address-Street or RFD
3066 Harbor Heights Dates City Las Vegas State/Zip NV 89117

Present Business Address
1400 S. Decatur Blvd Dates City Las Vegas State/Zip NV 89102

Present Position with the Pharmacy or Wholesaler:

Armenia, Gyumri

Date of Birth Age 45 yrs old
Place of Birth (City, County, State) F

Social Security Number

Brown
Black

Color of Eyes Color of Hair Complexion 140 lbs Weight Build 5' 3" Height

Scars, tattoos or distinguishing marks and/or characteristics: NONE

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

If naturalized, cert Date 5/11/12
Place Las Vegas Nevada (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☑ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial KG.
MARITAL INFORMATION-Continued

A. Current Marriage.

<table>
<thead>
<tr>
<th>Spouse's full name (Maiden)</th>
<th>Date</th>
<th>City, County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fedik Abulyan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place of Birth</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Iran</td>
<td></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>304 Harbor Heights dr</td>
<td>Los Vegas</td>
<td>NV</td>
<td>89117</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Reside ness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse's employer</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Proline</td>
<td>Truck Driver</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>P.O. Box 12345</td>
<td>la Crescent</td>
<td>CA</td>
<td>91234</td>
<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</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td></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></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>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<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...K.G..................
FAMILY INFORMATION-Continued

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

Name. N/A.

Address. 

Contact person. 

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

<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>Zalibek Chadyan</td>
<td></td>
<td>Armonia Gyureni</td>
</tr>
<tr>
<td>Mother</td>
<td>Osvanna Godlyan</td>
<td></td>
<td>Armonia Gyureni</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td>Arzakik Khalanyan</td>
<td>1132 Rosedale Ave B Glendale CA 91201</td>
<td></td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td>Sultan Abilyan</td>
<td>1132 Rosedale Ave B Glendale CA 91201</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>Spouse</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Spouse NA

Spouse NA

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>Armenia.</td>
<td>1981 - 1990</td>
<td>Yes</td>
</tr>
<tr>
<td>High School</td>
<td>Armenia.</td>
<td>1990 - 1992</td>
<td>Yes</td>
</tr>
<tr>
<td>University</td>
<td>Armenia.</td>
<td>1992 - 1996</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any. LAWYER

College or university where obtained. 

Applicant's initial: K.A.
5. MILITARY INFORMATION:

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

Branch: NA 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: NA 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>NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fredrik.Abajyan</td>
<td>Spouse</td>
<td>credit card</td>
<td>Texas</td>
<td>9/11/2008</td>
</tr>
<tr>
<td>NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant's initial: KG...

Page 4
1. 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</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>NA</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>NA</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>2009 - to present</td>
<td>3066 Harbor Heights Dr</td>
<td>Las Vegas</td>
<td>NV 89117</td>
</tr>
<tr>
<td>2006 - 2009</td>
<td>613 Bellagio Place</td>
<td>Las Vegas</td>
<td>NV 89117</td>
</tr>
<tr>
<td>1998 - 2006</td>
<td>5525 W. Flamingo Rd</td>
<td>Las Vegas</td>
<td>NV 89118</td>
</tr>
<tr>
<td>1988 - 1998</td>
<td>1031 1st Ave, Apt 10 7th Fl</td>
<td>Camden</td>
<td>Ar-menia</td>
</tr>
</tbody>
</table>

Applicant's initial: K G.
8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment:

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Number of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/14 - 10/1/14</td>
<td>Pure Medical Equipment 3750 S. Jones Blvd. #150 Las Vegas NV 89103</td>
<td>1600 hours</td>
</tr>
<tr>
<td>Month and Year</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Number of Employed Hours</td>
</tr>
<tr>
<td>12/30/16 - present</td>
<td>Bridal Elegance 3935 W. Reno Las Vegas NV 89118</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Owner</td>
<td>Responsible for all planning operation</td>
<td>Self</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Manager</td>
<td>Responsible for store inventory &amp; customer orders</td>
<td>Celtic</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Applicant’s initial: K.G.
9. CHARACTER REFERENCES:

<table>
<thead>
<tr>
<th>Name ofWhere Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ana James</td>
<td>Home</td>
<td>Las Vegas</td>
<td>NV</td>
<td></td>
<td>10 years</td>
</tr>
<tr>
<td>Retired</td>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naira Baghalyan</td>
<td>Home</td>
<td>Las Vegas</td>
<td>NV</td>
<td></td>
<td>17 years</td>
</tr>
<tr>
<td>Ultra Sound Technician</td>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lianna Mazmukyan</td>
<td>Home</td>
<td>Las Vegas</td>
<td>NV</td>
<td></td>
<td>5 years</td>
</tr>
<tr>
<td>Tigran UrfaLyanyan</td>
<td>Home</td>
<td>Las Vegas</td>
<td>NV</td>
<td></td>
<td>17 years</td>
</tr>
<tr>
<td>Ultra Sound Technician</td>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ruben Grigoryan</td>
<td>Home</td>
<td>Las Vegas</td>
<td>NV</td>
<td></td>
<td>12 years</td>
</tr>
<tr>
<td>Retired</td>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>License Type</th>
<th>Yes □ No ☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquor</td>
<td></td>
</tr>
<tr>
<td>Lawyer</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>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>
<tr>
<td>Accountant</td>
<td></td>
</tr>
<tr>
<td>Pilot</td>
<td></td>
</tr>
<tr>
<td>Sports promoter</td>
<td></td>
</tr>
</tbody>
</table>

If yes, state type, where and years held

NA

11. 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.

NA

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes □ No ☑

13. 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: NA

Applicant's initial: K.G.
14. 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 □ 

15. 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 □

16. 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 □

17. 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 wholesaler)? Yes □ No □

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

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes □ No □

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes □ No □

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes □ No □

ATTACH PHOTOGRAPH

Date of photograph: 11/3/14

Applicant's initial: K.A.
STATE OF

COUNTY OF

I, Karina Chahyan, 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 wholesaler 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 Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler 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 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 wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 6th day of November 2019

Notary Public

[Seal]

Applicant's initial: K G
NOTICE OF CANCELLATION OF INSURANCE

Policy No.: [Policy Number]
Type of Policy: BUSINESSOWNERS POLICY
Date of Cancellation: 01/19/2015; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is NON-PAYMENT OF PREMIUM.

You have a right to make a written request to us for more explicit detail on the reason your policy has been terminated. We will answer your written request within 6 days of our receipt. If you elect to write us please address your correspondence to the address at the top of this notice.

Nevada law requires us to give you notice of termination as measured by the postmark on the envelope. We advise you to save the envelope as evidence concerning whether or not our notice was mailed to you in a timely fashion.

Excess premium, if not tendered, will be refunded on demand.

Your interest in this policy as an "insured" or other party of interest is being cancelled effective 01/19/2015; 12:01 A.M. Local Time at the mailing address of the named insured.

Additional Insured

NEVEDA STATE BOARD OF PHARMACY
431 W PLUMB LN
RENO NV 89509-3766

Date Mailed:
12th day of December, 2014

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: MEDICAL SUPPLIES LAS VEGAS, INC.

Physical Address: 2910 W CHARLESTON BLVD, SUITE #83, LAS VEGAS, NV 89102
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2910 W CHARLESTON BLVD, SUITE #83

City: LAS VEGAS State: NV Zip Code: 89102

Telephone: 702 659 9100 Fax: 702 482 9710

E-mail: msvrende@nevada.com Website: medicalsupplieslasvegas.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: ARINDRA L. ADEGBORUMA

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

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

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

Page 1

81040
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>N/A</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</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
☐ Advanced Practitioner of Nursing
☐ Physician’s Assistant
☐ Physical Therapist
☐ Occupational Therapist
☐ Registered Nurse
☐ Respiratory Therapist

Name: N/A
Name: N/A
Name: N/A
Name: N/A
Name: N/A
Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.
APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

[Signature]

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

ARINDIA L. ADEGBORUNA
Print Name of Authorized Person

12/24/2014
Date

Board Use Only

Received: 1-5-15
Amount: $500.00

Page 3
APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: N/A
Corporation Name: MEDICAL SUPPLIES LAS VEGAS, INC.
Mailing Address: 2810 W. CHARLESTON BLVD, SUITE # 83
City: LAS VEGAS State: NV Zip: 89102
Telephone: 702-659-9100 Fax: 702-483-9710
Contact Person: ARINDLA L. ADEGBORUNA

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) ARINDLA L. ADEGBORUNA 739 CROW CANYON AVE, LAS VEGAS, NV 89117-9
      Name Address
   b) N/A N/A
      Name Address
   c) N/A N/A
      Name Address
   d) N/A N/A
      Name Address

NOTE: All persons who are stockholders must accurately complete a personal history
record form. Download the form from the website under the "New Applications" tab. The forms
are available under the documents for all types of businesses.

2) Provide the number of shares issued by the corporation. 150,000

3) What was the price paid per share? $0.1

4) What date did the corporation actually receive the cash assets? 1/08/2014

5) Provide a copy of the corporation’s stock register evidencing the above information
APPLICATION TO BE THE MDEG ADMINISTRATOR
Person who runs the facility on a daily basis

Date: 12/24/2014

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 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 days 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 DURABLE MEDICAL EQUIPMENTS AND ORTHOTICS COMPANY

Nature of MDEG

MEDICAL SUPPLIES, LAS VEGAS, INC. 3810 W. HAGLESTON BLVD., STE. #83, LAS VEGAS, NV 89102

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

Page 1 – MDEG Administrator
1. PERSONAL INFORMATION:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADEGBORUWA</td>
<td>ARINDA</td>
<td>LORRETTA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Present Residence Address-Street or RFD</th>
<th>City</th>
<th>State/Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>7310 CROW CANYON AVE</td>
<td>LAS VEGAS</td>
<td>NV 89179</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Present Business Address</th>
<th>City</th>
<th>State/Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>3810 W CHARLESTON BLVD STE 243</td>
<td>LAS VEGAS</td>
<td>NV 89102</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrator Dates</th>
<th>Present Position with the MDEG</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/03/2014</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>702 688 0690</td>
<td>702 483 9710</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email address</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth (City, County, State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>LAGOS, NIGERIA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Social Security Number</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FEMALE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Color of Eyes</th>
<th>Color of Hair</th>
<th>Weight</th>
<th>Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLACK</td>
<td>BLACK</td>
<td>112 LBS</td>
<td>5' 06&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scars, tattoos or distinguishing marks and/or characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you a citizen of the United States?</th>
<th>Yes ☐ No X</th>
</tr>
</thead>
</table>

If alien, registration No

If naturalized, certificate No N/A Date N/A

Place N/A (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><strong>04/05/14</strong></td>
<td>FLORDI, INC. 2411 N CHARLESTON, LAS VEGAS, NV 89112</td>
<td>1800 HRS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATOR-IN-TRAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATOR ASSISTANCE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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><strong>N/A</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATOR-IN-TRAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATOR ASSISTANCE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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><strong>N/A</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATOR-IN-TRAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATOR ASSISTANCE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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><strong>N/A</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATOR-IN-TRAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATOR ASSISTANCE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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><strong>N/A</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATOR-IN-TRAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATOR ASSISTANCE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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><strong>N/A</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATOR-IN-TRAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATOR ASSISTANCE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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><strong>N/A</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATOR-IN-TRAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATOR ASSISTANCE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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><strong>N/A</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATOR-IN-TRAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATOR ASSISTANCE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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><strong>N/A</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATOR-IN-TRAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATOR ASSISTANCE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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><strong>N/A</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATOR-IN-TRAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATOR ASSISTANCE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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><strong>N/A</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATOR-IN-TRAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATOR ASSISTANCE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: N/A
   Date: N/A
   Case Number: N/A

b)

c) Criminal Action:
   State: N/A
   Date: N/A
   Case Number: N/A
   County: N/A
   Court: N/A

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 explanation:

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

Date of photograph 19/07/2014

Page 4 – MDEG Administrator
I, ARINOLA L. ADEGBOYA, 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
**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 DURABLE MEDICAL EQUIPMENTS AND ORTHOTICS COMPANY

**MEDICAL SUPPLIES INC., 2810 W. CHARLESTON BLVD. STE-83, LAS VEGAS NV 89102**

Name and Address of Establishment for Which License is Requested

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State/Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

If applicable, Name Under Which It Is Now Operated

**1. PERSONAL INFORMATION:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADEGBOKUNA</td>
<td>ARINDUA</td>
<td>LORRETTA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Present Residence Address-Street or RFD</th>
<th>City</th>
<th>State/Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>7249 CROW CANYON AVE</td>
<td>LAS VEGAS</td>
<td>NV 89199</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Present Business Address</th>
<th>City</th>
<th>State/Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>2810 W. CHARLESTON BLVD. STE-83</td>
<td>LAS VEGAS</td>
<td>NV 89102</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates</th>
<th>Phone</th>
<th>Residence</th>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/03/2014</td>
<td></td>
<td></td>
<td>(702) 659 9100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Place of Birth (City, County, State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATOR</td>
<td>LAGOS, NIGERIA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex</th>
<th>Color of Eyes</th>
<th>Color of Hair</th>
<th>Complexion</th>
<th>Weight</th>
<th>Build</th>
<th>Height</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25</td>
<td>FEMALE</td>
<td>BLACK</td>
<td>BLACK</td>
<td>BROWN</td>
<td>110 LBS</td>
<td>SLIM</td>
<td>5'10&quot;</td>
</tr>
</tbody>
</table>

Scars, tattoos or distinguishing marks and/or characteristics

<table>
<thead>
<tr>
<th>N/A</th>
</tr>
</thead>
</table>

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

If naturalized, certificate No. Date

<table>
<thead>
<tr>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
</table>

Place

<table>
<thead>
<tr>
<th>N/A</th>
<th>(If naturalized, document must be verified.)</th>
</tr>
</thead>
</table>

**2. MARITAL INFORMATION:**

<table>
<thead>
<tr>
<th>Single ☒</th>
<th>Married ☐</th>
<th>Separated ☐</th>
<th>Divorced ☐</th>
<th>Widowed ☐</th>
<th>Engaged ☐</th>
</tr>
</thead>
</table>

Applicant's initial A - Ade
A. Current Marriage

<table>
<thead>
<tr>
<th>Spouse's full name (Maiden)</th>
<th>Date</th>
<th>City, County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Date of Birth: N/A
Place of Birth: N/A

<table>
<thead>
<tr>
<th>Resident address</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>N/A</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

Telephone:
- Residence: N/A
- Business: N/A

<table>
<thead>
<tr>
<th>Spouse's employer</th>
<th>Occupation</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

Address of employer:
- Street: N/A
- City: N/A
- State: N/A
- Zip: N/A

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>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</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>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</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>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</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: A, A}
**FAMILY INFORMATION-Continued**

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

Name: N/A
Address: N/A
Contact person: N/A

**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>7319 CROW CANYON AVE, LAS VEGAS, NV 89119</td>
<td>BUSINESS OWNER</td>
</tr>
<tr>
<td>OLUMIDE ADEGBORUNIUA</td>
<td></td>
<td>7319 CROW CANYON AVE, LAS VEGAS, NV 89119</td>
<td>BUSINESS OWNER</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td>7319 CROW CANYON AVE, LAS VEGAS, NV 89119</td>
<td>RN</td>
</tr>
<tr>
<td>LATASHA ADEGBORUNIUA</td>
<td></td>
<td>7319 CROW CANYON AVE, LAS VEGAS, NV 89119</td>
<td>RN</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNKNOWN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNKNOWN</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>Spouse</td>
<td></td>
<td>7319 CROW CANYON AVE, LAS VEGAS, NV 89119</td>
<td>STUDENT/INDEPENDENT WORKER</td>
</tr>
<tr>
<td>ADENIYI ADEGBORUNIUA</td>
<td></td>
<td>7319 CROW CANYON AVE, LAS VEGAS, NV 89119</td>
<td>STUDENT/INDEPENDENT WORKER</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>7319 CROW CANYON AVE, LAS VEGAS, NV 89119</td>
<td>N/A</td>
</tr>
<tr>
<td>LAIHA ADEGBORUNIUA</td>
<td></td>
<td>7319 CROW CANYON AVE, LAS VEGAS, NV 89119</td>
<td>N/A</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>7319 CROW CANYON AVE, LAS VEGAS, NV 89119</td>
<td>N/A</td>
</tr>
<tr>
<td>ZYION ADEGBORUNIUA</td>
<td></td>
<td>7319 CROW CANYON AVE, LAS VEGAS, NV 89119</td>
<td>N/A</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>7319 CROW CANYON AVE, LAS VEGAS, NV 89119</td>
<td>N/A</td>
</tr>
<tr>
<td>DAVID ADEGBORUNIUA</td>
<td></td>
<td>7319 CROW CANYON AVE, LAS VEGAS, NV 89119</td>
<td>N/A</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>7319 CROW CANYON AVE, LAS VEGAS, NV 89119</td>
<td>N/A</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>LONDON</td>
<td>2003-2004</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>High School</td>
<td>MOUNTAIN</td>
<td>1998-2003</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>College University</td>
<td>LAS VEGAS</td>
<td>2011-2014</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Other University</td>
<td>LAS VEGAS</td>
<td>2014 (CURRENT)</td>
<td>Yes ☑ No ☐</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: ASSOCIATES DEGREE CREDITS TRANSFERRED TOWARDS BACHELORS DEGREE

College or university where obtained: COLLEGE... SOUTHERN NEVADA

Applicant's initial: A M ADE
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒
   Branch: N/A Date of entry-active service: N/A
   Date of separation: N/A Type of discharge: N/A
   Rating at separation: N/A Serial number: N/A

   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: N/A State: N/A Date registered: N/A

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>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</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 N/A

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Applicant's initial: A. Pad

Page 4
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>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</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>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Month and Year <em>(From-To)</em></th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/27/2014 - CURRENT</td>
<td>7319 CROWCANYON AVE LAS VEGAS</td>
<td>NV 89179</td>
<td></td>
</tr>
<tr>
<td>11/2004 - 10/2010</td>
<td>663 KEEPOY ROAD ODOE-ORILE</td>
<td>MILE 12, NIGERIA</td>
<td></td>
</tr>
<tr>
<td>BIRTH - 11/2004</td>
<td>10 TAPA STREET EBUJE-METTA</td>
<td>LAGOS, NIGERIA</td>
<td></td>
</tr>
</tbody>
</table>
8. EMPLOYMENT:

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

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/2014-01/2015</td>
<td>FLISOL INC; MEDICAL LAS VEGAS NV BEING STARTING MY DENTAL BUSINESS</td>
<td></td>
</tr>
<tr>
<td>10/2012-03/2014</td>
<td>RALPH LAUREN INC; PREMIUM OUTLETS LAS VEGAS NV STARTED ADMINISTRATIVE TRAINING</td>
<td></td>
</tr>
<tr>
<td>11/2010-12/2012</td>
<td>FLISOL INC; LAS VEGAS NV EDUCATIONAL PURPOSE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATOR-IN-TRAINING</td>
<td>ADMINISTRATOR/ASSISTANT</td>
<td>IMAN ADEGBORUNA</td>
</tr>
<tr>
<td>ASSOCIATE</td>
<td>MAIN CASHIER</td>
<td>JOSH OLCOTT</td>
</tr>
<tr>
<td>STAFF</td>
<td>ACCOUNTING/BOOK KEEPING</td>
<td>IMAN ADEGBORUNA</td>
</tr>
</tbody>
</table>

If additional space is needed, continue on page 10 or provide attachment.
9. CHARACTER REFERENCES:

<table>
<thead>
<tr>
<th>Name of Whose 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>Ebonnia Festus</td>
<td>Gall Lapeyre St</td>
<td>Las Vegas NV</td>
<td>89110</td>
<td></td>
<td>4 YEARS</td>
<td></td>
</tr>
<tr>
<td>SELF-Employed Business</td>
<td>Ebonny LLC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tonja Dickett</td>
<td>8432 Conrado Dr</td>
<td>Spring Valley</td>
<td>CA</td>
<td></td>
<td>4 YEARS</td>
<td></td>
</tr>
<tr>
<td>River Side County</td>
<td>Business</td>
<td>Public Health Nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joshua Gileke</td>
<td>6522 Caveroic Cir</td>
<td>Las Vegas NV</td>
<td>89110</td>
<td></td>
<td>4 YEARS</td>
<td></td>
</tr>
<tr>
<td>SELF</td>
<td>Business</td>
<td>JC MEDICAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Asoede</td>
<td>8537 Black Snake Pl</td>
<td>Las Vegas NV</td>
<td>89123</td>
<td></td>
<td>4 YEARS</td>
<td></td>
</tr>
<tr>
<td>SELF</td>
<td>Business</td>
<td>ABC PHARMACY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chidi Onyirimba</td>
<td>6515 Sahara Ave</td>
<td>Las Vegas NV</td>
<td>89139</td>
<td></td>
<td>4 YEARS</td>
<td></td>
</tr>
<tr>
<td>SELF</td>
<td>Business</td>
<td>UNIQUE CARE PHARMACY</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</th>
<th>Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

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

Yes ☐ No ☒

If yes, state type, where and years held

| N/A |
| N/A |
| N/A |

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.

| N/A |
| N/A |
| N/A |

Applicant's initial: A. Rele
13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes □ No ☒

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

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

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

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

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

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

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

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Date of photograph: 12/27/2014

Applicant’s initial: ____________________________

Page 8
STATE OF Nevada ss.

COUNTY OF Clark

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this 29\textsuperscript{th} day of
17-2014

Notary Public

TREANNA JAMES  
NOTARY PUBLIC  
STATE OF NEVADA  
My Commission Expires: 4-21-15  
Certificate No: 11-4900-1

(seal)

Applicant's Initial, A-
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
CONTROLLED SUBSTANCE APPLICATION
Registration Fee: $80.00 (non-refundable money order only, no cash)

(This application can not be used by PA's or APRN's)

First: Richard  Middle: Alan  Last: Singer  Degree: MD
Practice Name (if any): PBS
Nevada Address: 7326 W. CHEYANNE AVE.  Suite #: ___
(City must be a practicing address; we will not issue a license to a home address or to a PO Box only)
City: Las Vegas  State: NV  Zip Code: 89129
PO Box: __________
Sex: M  SS#: ___  E-mail address: ___
Date of Birth: ___Work Telephone: 702-386-4704 Fax: 702 420-3560
Practitioner License Number: 2612  Specialty: General Practice

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

| 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? | No |

1. Been charged, arrested or convicted of a felony or misdemeanor in any state? | No |
2. Been the subject of a board citation or an administrative action whether completed or pending in any state? | No |
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state? | No |

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

<table>
<thead>
<tr>
<th>Board Administrative Action</th>
<th>State</th>
<th>Date:</th>
<th>Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>

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

I understand that Nevada law requires a licensed physician 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.  10/07/2014

Board Use Only: Date Processed: 10/14/14  Amount: $80.00
<table>
<thead>
<tr>
<th><strong>Licensee Details</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Person Information</strong></td>
<td><strong>License Information</strong></td>
</tr>
<tr>
<td>Name: Richard Alan SINGER</td>
<td>License Type: Medical Doctor</td>
</tr>
<tr>
<td>Address: 2809 Linkview Drive</td>
<td>License Number: 2612 Status: Active-Restricted</td>
</tr>
<tr>
<td>Las Vegas NV 89134</td>
<td>Issue Date: 6/7/1972 Expiration Date: 6/30/2015</td>
</tr>
<tr>
<td>Phone: 7025232700</td>
<td></td>
</tr>
</tbody>
</table>

**Scope of Practice**
- Scope of Practice: Anesthesiology

**Education & Training**

| School: New Jersey Medical School / Newark, NJ |  |
| **Degree/Certificate:** Doctor Degree |  |
| Date Enrolled: | Date Graduated: 6/5/1965 |

| School: Beth Israel Medical Center / New York, NY |  |
| **Degree/Certificate:** Internship |  |
| Date Enrolled: 7/1/1965 | Date Graduated: 6/30/1966 |
| Scope of Practice: Rotating |  |

| School: Beth Israel Medical Center / New York, NY |  |
| **Degree/Certificate:** Residency |  |
| Date Enrolled: 7/1/1966 | Date Graduated: 6/30/1967 |
| Scope of Practice: Obstetrics/Gynecology |  |

| School: St. Joseph's Hospital / Phoenix, AZ |  |
| **Degree/Certificate:** Residency |  |
| Date Enrolled: 7/1/1967 | Date Graduated: 12/31/1968 |
| Scope of Practice: Obstetrics/Gynecology |  |

| School: Maricopa County Hospital / Phoenix, AZ |  |
| **Degree/Certificate:** Fellowship |  |
| Date Enrolled: 1/1/1969 | Date Graduated: 12/31/1970 |
| Scope of Practice: Anesthesiology |  |

**CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION**

RESTRICTIONS ON LICENSE # 2612 ORDER REINSTATING LICENSE TO PRACTICE MEDICINE WITH RESTRICTION FROM PRACTICING GENERAL ANESTHESIA August 22, 2014 The Investigative Committee of the Nevada State Board of Medical Examiners filed an Order Reinstating License to Practice Medicine with Restriction from Practicing General Anesthesia. Dr. Singer is restricted from practicing general anesthesia, including, but not limited to, conscious sedation and/or deep sedation.

******************************************************************************** PROFESSIONAL LIABILITY

CLAIM, SETTLEMENT, OR JUDGMENT OF $5,000 OR MORE: 1) Date Received by the Board:
Details: Alleged negligent administration of Halothane resulting in brain damage. Medical Legal Screening
Panel Finding: Reasonable probability of malpractice. Indemnity Paid: $1,000,000 Total Pages: 1

Board Actions
REINSTATING LICENSE TO PRACTICE MEDICINE WITH RESTRICTION FROM PRACTICING
GENERAL ANESTHESIA License # 2612 August 22, 2014 The Investigative Committee of the Nevada
State Board of Medical Examiners filed an Order Reinstating License to Practice Medicine with Restriction
from Practicing General Anesthesia. Dr. Singer is restricted from practicing general anesthesia, including, but
not limited to, conscious sedation and/or deep sedation. bvr/af. Order: 2 pages
****************************************************************************** ORDER
LIFTING TWO RESTRICTIONS OF LICENSE TO PRACTICE MEDICINE AND MODIFYING TERMS
OF NEUROPSYCHOLOGY EVALUATION License No. 2612 April 8, 2014 The Investigative Committee
of the Nevada State Board of Medical Examiners issued an order lifting two restrictions of license to practice
medicine and modifying terms of neuropsychology evaluation. Dr. Singer may supervise physician assistants,
advance practice registered nurses and medical assistants. Dr. Singer may perform peripheral nerve blocks,
including but not limited to, ankle and nerve block injections. Some terms of the upcoming neuropsychology
evaluation were modified. bvr/af Order Lifting Two Restrictions of License to Practice Medicine and
Modifying Terms of Neuropsychology Evaluation: 2 pages
******************************************************************************

AMENDED ORDER LIFTING SUMMARY SUSPENSION AND IMPOSING CONDITIONS OF
LICENSE TO PRACTICE MEDICINE License No. 2612 January 6, 2014 The Investigative Committee of
the Nevada State Board of Medical Examiners (Board) issued an amended order whereby it continued the
lifting of the previous summary suspension and imposed the following terms and conditions of practice upon
Richard Singer, M.D. (Respondent). Respondent is permanently restricted from practicing anesthesiology;
Respondent’s practice of medicine is confined to the Neuropathy and Pain Centers of Las Vegas; Respondent
’s practice of medicine shall be monitored by Dr. Odell; Dr. Odell shall monitor Respondent and shall report
to the Board through its compliance officer every two (2) weeks, in writing, regarding Respondent’s clinical
performance; Respondent’s practice of medicine is limited to performing history and physical examinations
and serving as patient coordinator; Respondent shall not perform any procedures, give injections or write
prescriptions for any controlled substance and/or dangerous drug; Respondent may issue orders for
equipment such as scooters, stimulators, canes, etc., as required by Medicare and/or Medicaid; Respondent
shall not supervise any physician assistants or advance practice registered nurses; and, Respondent may
supervise medical assistants. bvr Amended Order Lifting Summary Suspension and Imposing Conditions of
License to Practice Medicine: 3 pages
****************************************************************************** ORDER OF
SUMMARY SUSPENSION August 31, 2012 The Investigative Committee of the Nevada State Board of
Medical Examiners summarily suspended the license of Richard Alan Singer, M.D., to practice medicine in
the state of Nevada pursuant to Nevada Revised Statute Section 630.326(1). The Committee believes that due
to the recent voluntary surrenders of privileges at two (2) Las Vegas hospitals and Dr. Singer’s stated intent to
continue the active practice of medicine in Nevada, the health, safety and welfare of the public is at imminent
risk of harm and that a summary suspension of Dr. Singer’s license to practice is necessary to remove said
risk of imminent harm to the health, safety and welfare of the public. bvr Order of Summary Suspension: 2
pages

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not
necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there
may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file.
A payment in the settlement of medical malpractice does not create a presumption that medical malpractice
occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the
physician. This database represents information from insurers to date. Please note: All insurers may not have
submitted claim information to the Board.

http://medboard.nv.gov/Verification/Details.aspx?agency_id=1&license_id=538&

10/13/2014
Complete Name (no abbreviations):
First: Venus  Middle:  Last: Vedadi

Mailing Address: 75 N Valle Verde Dr. # 521
City: Henderson  State: NV  Zip Code: 89074
Telephone:  E-mail Address: 

Date of Birth:  Place of Birth: Iran
Social Security Number:  (Required)  Sex: □ M or ☑ F

College of Pharmacy Information
Graduation Date: 11/10/14 (mm/dd/yyyy)
Degree Received: ☑ PharmD  □ BS in Pharmacy  □ Other  (check one)
Name of Pharmacy School: Roseman University of Health Sciences
Location of School: Henderson - Nevada

If you are a foreign graduate you must attach a copy of your FPGEC certificate to THIS
APPLICATION. You also need to complete the college of pharmacy information

Other states where you are (or were) licensed as a pharmacist or print “none”

<table>
<thead>
<tr>
<th>State</th>
<th>Lic #</th>
<th>Is the license active?</th>
<th>State</th>
<th>Lic #</th>
<th>Is the license active?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ca</td>
<td>IN 729315</td>
<td>Yes ☑ No □</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Attach separate sheet if necessary

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: ____________________________
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? No  Yes

1. Been charged, arrested or convicted of a felony or misdemeanor in any state? No  Yes

2. Been the subject of a board citation or an administrative action whether completed or pending in any state? No  Yes

3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state? No  Yes

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

<table>
<thead>
<tr>
<th>Board Administrative Action:</th>
<th>State</th>
<th>Date:</th>
<th>Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Pharmacy</td>
<td>NV</td>
<td>03/05/2014</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>

**FEDERALLY MANDATED REQUIREMENTS**

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child? Yes  No

4a. If you marked Yes, to the question 4, are you in compliance with the court order? No  Yes

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, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

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

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

Original Signature, no copies or stamps accepted

Date: 10/09/2014

| Board Use Only |
|----------------|---------|
| Processed:     | 11/17/14|
| Amount:        | $330.00 |
| NAPLEX         |         |
| Entity #:      | 58032   |
| MPJE           |         |
February 12, 2014

VIA CERTIFIED U.S. MAIL AND EMAIL
Venus Vedadi
75 N. Valle Verde Dr., #521
Henderson, NV 89074

Re: CEASE AND DESIST ORDER and CITATION: Unlawful Practice of Pharmacy

Dear Ms. Vedadi:

As you know, your Nevada registration as an intern pharmacist (#IN03221) expired on October 31, 2012. The Nevada State Board of Pharmacy (Board) has confirmed, however, that you continued to work as an intern at various Nevada-licensed pharmacies without a current registration until January 2014. It is unlawful for anyone who is not properly registered with this Board to sell or dispense any prescription drug in this state. See NRS 639.100. Your work as an unregistered intern therefore violated Nevada law.

I am writing, first, to order you to CEASE and DESIST to work in any Nevada-licensed pharmacy in any capacity that requires a valid registration, including as an intern pharmacist. You may not return to work until your registration has been renewed.

Secondly, this letter shall serve as a CITATION pursuant to NRS 639.2895(2), citing you for the unauthorized practice of pharmacy. The Board has assessed against you an administrative fine of $500.00 in association with this citation. You shall pay this administrative fine within 30 days of receipt of this citation. Payment must be by cashier’s check, certified check or money order made payable to the “Nevada State Board of Pharmacy.” Send payment to the Board’s Reno office located at 431 W. Plumb Lane, Reno, NV 89509.

You have the right to appeal this citation. See NRS 639.2895(2). If you choose to appeal, you must submit a written request for a hearing to the Board not later than 30 days after receipt of this citation.

Please be aware that the forgoing Order and Citation do not take the place of a hearing before the Board to determine whether the Board will renew your registration. A hearing on that matter is scheduled to occur on Wednesday, March 5, 2014, at the Board’s regularly scheduled meeting in Reno, Nevada. The hearing will be held at 10:00 am in the first floor conference room at the Hyatt Place, located at 1790 E. Plumb Lane in Reno.
Feel free to contact me if you have questions.

Best regards,

S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

Cc: Larry Pinson, Executive Secretary of the Nevada Board of Pharmacy
March 5, 2014 Board Meeting

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

November 10, 2014

To Whom It May Concern:

I am writing to inform you that Venus Vedadi has completed the requirements for graduation from the College of Pharmacy at Roseman University of Health Sciences. She has passed all required courses and completed 1372 hours as a part of Roseman’s experiential program.

Ms. Vedadi was cleared for graduation on Friday, November 7, 2014. Her official graduation date is Monday, November 10, 2014.

Thank you for your time and attention to this letter. Please let me know if I can provide you with any other information.

Sincerely,

Scott K. Stolte, Pharm.D.
Dean, College of Pharmacy
To Nevada State Board of Pharmacy,

I included the letters of recommendation from my preceptors. The letter from school will be sent directly. During my last few rotations I learned the significance of following the law and practicing under a valid license.

I am excited to be finished with my intern hours and start working as a pharmacist. My desires are to provide a safe environment for patients and help them enhance their health and wellbeing. I am confident I have what it takes to be good pharmacist.

I would like to apologize for this predicament and promise to be professional. I have learned my lesson and I will make sure to satisfy my requirements to be a responsible pharmacist.

Sincerely,

[Venus Vedadi]
To whom it may concern,

I have had the pleasure of having Venus Vedadi as a pharmacy intern on her Advanced Community rotation in MTM Services.

On her first day of rotation she presented her active intern license and the day after she renewed her intern license she presented the new license. Venus was on time every day and fulfilled her 40 hours a week of required time, sometimes more.

Venus did not fail to sign in per Nevada law and she was quizzed weekly on both Nevada and Federal laws pertaining to pharmacy.

With her great personality with both my staff, my self, and my patients, I have no problem stating that she will be an outstanding pharmacist.

Sincerely,

Nolan J. Bauer, PharmD

[Signature]

11/5/19
Jim Tran, PharmD, BCPS
Clinical Manager

November 19th, 2014

Re: Venus Vedadi

Nevada State Board of Pharmacy
431 W Plumb Lene
Reno, Nevada 89509

Dear Board Members,

I have been acquainted with Ms. Venus Vedadi for the past 3 months in my capacity as her preceptor. During her time as an Intern at Desert Springs Hospital, Ms. Vedadi has developed a professional maturity that I often see in graduating Pharmacy students. She is empathetic when she interacts with patients; she is respectful and confident when she interacts with her peers or other healthcare professionals. Additionally, Ms. Vedadi accepts constructive criticisms to further improve her skills. She demonstrated accountability by turning in her projects and assignments on time. With these positive personal and professional characteristics, I am confident that she will be a capable, reliable, and successful future pharmacist.

Best regards,

[Signature]

Jim Tran, PharmD, BCPS
November 23, 2014

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

Subject Preceptor letter for Venus Vedadi

Venus, a P3 student from Rosman University College of Pharmacy, completed a 6 week (240 hours) rotation at the HealthSouth Rehabilitation Hospital of Las Vegas. The Clinical rotation started March 31, 2013 and ended on May 5, 2013.

Venus completed all of her assignments including attending and team conferences, going on rounds with physicians, Medication Reconciliation, and a Disease State Management presentation to the staff.

Venus utilized her knowledge and experience enabled her to make significant contributions to the care of our patients.

She has the ability to complete her assignments on a time and with little direction. Venus has the potential to make contributions to the profession. The hospital staff and the patients enjoyed having interactions with Venus.

Sincerely,

[Signature]

Ivan Lambert
Director of Pharmacy Services
HealthSouth Rehabilitation Hospital of Las Vegas
Western Region Director of Pharmacy Services
November 18, 2014

Dear Members of the Board of Pharmacy,

I have been asked by Mrs. Venus Vedadi to provide you with a letter of recommendation in support of her application for pharmacist license in Nevada. Mrs. Vedadi completed the Ambulatory Care-Diabetes Clinical rotation 3.2 from July 7 to August 15, 2014 at my pharmacy Diabetes Obesity Lifestyle Consultant Pharmacy (DOLCrx), Las Vegas, NV. As her preceptor I feel qualified to judge not only her academic skills, but also her skills in working with other students, following instructions and working with patients.

In my Ambulatory Care Diabetes Clinic, Mrs. Vedadi has been an extremely successful intern. She listens when consulting with patients and participates confidently in discussions. In patient consultation, she is usually in her seat getting ready ten minutes before the patients arrive. She reviews each patient’s chart ahead of appointments so she is well prepared for each patient. In the pharmacy, she listens carefully and makes sure she understands not only the details of what we are doing, but she also asks questions about how and why we make different therapeutic changes for similar patients. She does an excellent job of staying focused and on task with her work, but she also takes the time to help other students when they develop problems with their patient cases.

Venus Vedadi is talented at motivating patients to initiate lifestyle changes and adhere to their medication therapy. She did research on her own time to develop a series of worksheets to help patients initiate changes and track the benefits of each change. Mrs. Vedadi wrote the most complete patient assessments (SOAP). She addresses the patient as a whole person and refers the patients to specialists when appropriate, rather than ignoring non-diabetic quality of life issues.

Based on my observations and conversations with Mrs. Vedadi, it is my judgment that she would make an excellent pharmacist. She certainly has the intelligence to learn and understand the practice of pharmacy. She has the determination to not only do well, but she pushes herself to excel in all her work. She has both pharmacy and communication skills and experience to supplement her educational skills. And to me, most importantly, she has the drive and desire to succeed in a career as a Pharmacist. If I had an opening, I would offer her a position.

Sincerely Yours,

Khanh Pham, Pharmacy Director
Diabetes & Obesity Lifestyle Consultants

[Signature]

DEC - 4 2014
November 12, 2014

To whom it may concern,

I had the opportunity to have Ms. Venus Vedadi as a pharmacy intern and I can testify to her outstanding work and exemplary organizational skills and talent. During this time, she proved to be an extremely intelligent and responsible individual. Her attitude is always positive and she finds goodness in everything. She loves learning and is always passionate to seek knowledge and improves her skills.

Ms. Vedadi is reliable and I have no doubt that she will excel as a capable pharmacist. Her positive attitude and great communication skills creates a delightful environment for patients and rest of the pharmacy staff. My patients have positive experiences with her, and have personally requested her services, upon return visits to the pharmacy.

I am convinced that Ms. Vedadi will be a great pharmacist and I am confident to recommend her as a professional.

If you have any additional questions, or require any additional information, please feel free to contact me at (702) 272-0400.

Sincerely,

Sima Moghadam, Pharm.D
MLK Pharmacy
Unlicensed MDEG Businesses

Board Staff and Board Members have become increasingly frustrated with the constant parade of MDEG businesses who have been operating “under the radar” unlicensed with the Board of Pharmacy as required by law, until they desire to bill Medicare and Medicaid and need our license to do so. They then make application; appear before you; and claim ignorance, usually leaving with their desired license.

The question then becomes: what else can we do? They have no license on which we can take an action and many have been operating for years.

Consideration: Our newly granted “cite and fine” authority designed for unlicensed activity. Your thoughts??
TEMPORARY LICENSES
(Issued since last board meeting)

Southern Hills Hospital and Medical Center

Phyllis Arakaki
PHARMACY DIVERSION AWARENESS CONFERENCE
hosted by the Drug Enforcement Administration

Designed for Pharmacists, Pharmacy Technicians, and Loss Prevention Personnel

Saturday, February 7, 2015
or
Sunday, February 8, 2015

Location:
South Point Hotel
Casino & Spa
9777 Las Vegas Blvd S.
Las Vegas, NV 89183

Time:
Check-in: 7:00am – 8:00am
Conference: 8:30am – 5:00pm

Complete conference information and registration is available at www.DEAdversion.usdoj.gov

Continuing Education Credits Available for Pharmacists and Pharmacy Technicians
Nevada Prescription Drug Abuse
Prevention Video Contest
Winners’ Luncheon
December 10, 2014
Governor’s Mansion, Nevada Room

Welcome
Catherine Cortez Masto
Nevada Attorney General

Remarks
Larry Pinson
Executive Secretary, Nevada State Board of Pharmacy

Dave Marlion
President, Solutions Recovery, Inc.

Special Presentation of Awards
Linda Lang
Director, Nevada Statewide Coalition Partnership

Honorees:
Nikki Hamada and Matt McKinley, Reno High School, YouTube Category
Zachary Trone and Gabriel Lawrence, Boulder City High School, Instagram Category
Matthew Loudenclos, Washoe Innovations School, Vine Category

Closing Remarks
Catherine Cortez Masto
Nevada Attorney General

Sponsored by the Nevada Statewide Coalition Partnership with support from the Nevada Division of Public and Behavioral Health and the Nevada State Board of Pharmacy
This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the December, 2014 Board meeting.

**Licensing Activity:**

- 9 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 23 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state.
- 24 licenses were granted for Out-of-State wholesalers.
- 4 licenses were granted for a Nevada MDEG license.
- 21 licenses were granted for Nevada pharmacies.
- 1 application for a Nevada Warehouse was granted.
- 1 application for a Nevada Wholesaler was granted.

**Disciplinary Actions:**

- Pharmacy PP (an out-of-state pharmacy) was placed on probation and fined $1000 as a parallel action to the California Board of Pharmacy's action against this pharmacy for numerous violations. Nevada's probation will remain in effect until the California Board lifts their probation.
- Physician MAP stipulated to allow certain evidence presented by the Board of Pharmacy in their case against her controlled substance registration.

**Other Activity:**

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- The Bowl of Hygeia (a National Award for a Nevada Pharmacist) was presented to Christopher J. Shea, R.Ph. for his outstanding contributions to both our profession and his community.

Workshop:

**Amendment of Nevada Administrative Code 453.510 Schedule I.** Additions to Schedule I per request from Las Vegas Metro Police Department.

Public Hearing:


The proposed amendment will bring the treatment of hydrocodone in Nevada’s controlled substance regulations, whether produced as a single-entity product or in combination with any other active ingredient, into conformity with current federal regulations, with which Nevada pharmacists are required to comply.
NAC 639.050  Storage and destruction of certain controlled substances. (NRS 639.070)

1. Upon the discontinuance of a controlled substance, a controlled substance becoming outdated or the demise of a patient at a facility for skilled nursing or facility for intermediate care which is licensed by the Division of Public and Behavioral Health of the Department of Health and Human Services, any remaining controlled substance dispensed to the patient must be placed in a secured locked compartment. The controlled substance must be secured in the locked container until destroyed in the manner prescribed in NAC 639.498.

2. Each practitioner or pharmacy shall physically separate each controlled substance which is outdated, damaged, deteriorated, misbranded or adulterated from the balance of its stock medications. The practitioner or pharmacy shall destroy such controlled substances at least once each year. The practitioner or pharmacy shall complete Form DEA-41 of the Drug Enforcement Administration, “Registrants Inventory of Drugs Surrendered,” to acknowledge the destruction of the controlled substances.

3. This section does not apply to controlled substances packaged in manufacturer’s unit-dose packages which are governed by the provisions of NRS 639.267.

4. Manufacturers, wholesalers, hospitals with an on-site pharmacy, and retail pharmacies may voluntarily administer mail-back programs and maintain collection receptacles. These entities must obtain registration as an authorized collector from the Drug Enforcement Agency to accept controlled substances from an ultimate user. Authorized collectors shall notify the Board in writing of their DEA registration. Authorized collectors must adhere to the disposal regulations incorporated in 21 C.F.R. parts 1300, 1301, 1304, 1305, 1307, and 1317. A copy of the completed DEA-41 form must be submitted to the Board. Authorized hospitals/clinics and retail pharmacies may voluntarily maintain collection receptacles at long-term care facilities.

NAC 639.498  Destruction of certain controlled substances: Requirement; procedure. (NRS 639.070, 639.071)

1. Except as otherwise provided in subsection 2:
   (a) At least once each month, the director or a licensed consulting pharmacist shall destroy, on the premises of the facility, the controlled substances described in subsection 1 of NAC 639.050.
   (b) If the director destroys the controlled substances, the licensed consulting pharmacist shall witness the destruction of the controlled substances. If the licensed consulting pharmacist destroys the controlled substances, the director shall witness the destruction of the controlled substances.

2. The director may designate a nurse licensed pursuant to chapter 632 of NRS to carry out his or her duties pursuant to this section. The licensed consulting pharmacist may designate a pharmacist licensed pursuant to chapter 639 of NRS to carry out his or her duties pursuant to this section.

3. The controlled substances must be destroyed in compliance with disposal regulations incorporated in 21 C.F.R. parts 1300, 1301, 1304, 1305, 1307, and 1317. by:
   (a) flushing them down the toilet or hopper;
   (b) if a container for waste disposal is used, placing the controlled substances in the water in the container for disposal; or
   (c) if the controlled substance is stored in a vial, ampule or other glass container, breaking the container and placing its contents into a container for waste disposal.
Part II

Department of Justice

Drug Enforcement Administration

21 CFR Parts 1300, 1301, 1304, et al.
Disposal of Controlled Substances; Final Rule
Drug Enforcement Administration

21 CFR Parts 1300, 1301, 1304, 1305, 1307, and 1317

[Docket No. DEA—316]

RIN 1177—AB18

Disposal of Controlled Substances

AGENCY: Drug Enforcement Administration (DEA), Department of Justice.

ACTION: Final rule.

SUMMARY: This rule governs the secure disposal of controlled substances by registrants and ultimate users. These regulations will implement the Secure and Responsible Drug Disposal Act of 2010 by expanding the options available to collect controlled substances from ultimate users for the purpose of disposal, including: Take-back events, mail-back programs, and collection receptacle locations. These regulations contain specific language allowing law enforcement to voluntarily continue to conduct take-back events, administer mail-back programs, and maintain collection receptacles. These regulations will allow authorized manufacturers, distributors, reverse distributors, narcotic treatment programs (NTFs), hospitals/clinics with an on-site pharmacy, and retail pharmacies to voluntarily administer mail-back programs and maintain collection receptacles. In addition, this rule expands the authority of authorized hospitals/clinics and retail pharmacies to voluntarily maintain collection receptacles at long-term care facilities. This rule also reorganizes and consolidates previously existing regulations on disposal, including the role of reverse distributors.

DATES: Effective Date: This rule is effective October 9, 2014.

Compliance Date: All Memoranda of Agreement (MOAs) and Memoranda of Understanding (MOUs) issued pursuant to current 21 CFR 1307.21 will not be effective after October 9, 2014. Registrants may consult § 1317.05(a)(5) for information on requesting new MOAs and MOUs for disposal of controlled substances.

FOR FURTHER INFORMATION CONTACT:
Imelda L. Paredes, Office of Diversion Control, Drug Enforcement Administration; Mailing Address: 8701 Morrissette Drive, Springfield, Virginia 22152; Telephone: (202) 586–8612.

SUPPLEMENTARY INFORMATION:

Outline

I. Executive Summary
   A. Purpose of the Regulatory Action
   B. Summary of the Major Provisions of the Regulatory Action
   C. Summary of Changes in the Final Rule
   II. Background and Legal Authority
   III. Discussion of Comments
      A. Support for the Proposed Rule (1 Issue)
      B. Definitions and Terms (12 Issues)
      C. Types of Entities That May Operate a Collection Program (1 Issue)
      D. Locations Where Authorized Collectors May Maintain Collection Receptacles or Host Take-Back Events (1 Issue)
      E. Registration Requirements for Authorized Collectors (5 Issues)
      F. Law Enforcement (7 Issues)
      G. Collection Receptacle Design, Inner Liners, Placement, and Security (24 Issues)
      H. Mail-Back Programs (13 Issues)
         I. Take-Back Events (6 Issues)
         J. Prohibition on Handling, Sorting, and Inventorying Inner Liner Contents and Mail-Back Package Contents (8 Issues)
         K. Long-Term Care Facilities (LTCFs) (21 Issues)
      L. Disposing on Behalf of Ultimate Users (Other than Residents of LTCFs) (3 Issues)
      M. Registrant Return, Recall, and Transfer (3 Issues)
      N. Destruction (10 Issues)
         O. Economic Concerns (18 Issues)
         P. Recordkeeping and Reporting (8 Issues)
         Q. Hazardous Materials Transportation and Hazardous Waste Destruction (3 Issues)
      R. Transporting Collected Substances (3 Issues)
      S. Miscellaneous Comments (2 Issues)
   IV. Regulatory Analyses
      A. Purpose of the Regulatory Action

On October 12, 2010, the Secure and Responsible Drug Disposal Act of 2010 (Disposal Act) was enacted (Pub. L. 111–273, 124 Stat. 2858). Before the Disposal Act, ultimate users who wanted to dispose of unused, unwanted, or expired pharmaceutical controlled substances had limited disposal options. The Controlled Substances Act (CSA) only permitted ultimate users to destroy those substances themselves (e.g., by flushing or discarding), surrender them to law enforcement, or seek assistance from the United States Drug Enforcement Administration (DEA). These restrictions resulted in the accumulation of pharmaceutical controlled substances in household medicine cabinets that were available for abuse, misuse, diversion, and accidental ingestion. The Disposal Act amended the CSA to authorize ultimate users to deliver their pharmaceutical controlled substances to another person for the purpose of disposal in accordance with regulations promulgated by the Attorney General. 21 U.S.C. 822(g), 826(b)(3). This final rule implements regulations that expand the entities to which ultimate users may transfer unused, unwanted, or expired pharmaceutical controlled substances for the purpose of disposal, as well as the methods by which such pharmaceutical controlled substances may be collected. Specified entities may voluntarily administer any of the authorized collection methods in accordance with these regulations.

B. Summary of the Major Provisions of the Regulatory Action

The DEA is implementing new regulations for the disposal of pharmaceutical controlled substances by ultimate users in accordance with the Disposal Act. In drafting the implementing regulations, the DEA considered the public health and safety, ease and cost of program implementation, and participation by various communities. To this end, the DEA found that in order to properly address the disposal of controlled substances by ultimate users it was necessary to conduct a comprehensive review of DEA policies and regulations related to each element of the disposal process, including the transfer, delivery, collection, destruction, return, and recall of controlled substances, by both registrants and non-registrants (i.e., ultimate users). The reverse distributor registration category, which is pertinent to the process of registrant disposal, was included in this comprehensive review. These regulations are incorporated into a new part 1317 on disposal. Definitions relating to the disposal of controlled substances are added to § 1300.05(b), including definitions for “employee,” “law enforcement officer,” “non-retrievable,” and “on-site” and definitions relating to controlled substances generally are revised or added to § 1300.01.

The goal of this new part on disposal, consistent with Congress’s goal in the Disposal Act, is to set parameters for controlled substance diversion prevention that will encourage public and private entities to develop a variety of methods for collecting and destroying pharmaceutical controlled substances in a secure, convenient, and responsible manner. Also, consistent with the Disposal Act’s goal to decrease the amount of pharmaceutical controlled substances introduced into the environment, particularly into the water, these regulations provide individuals with various additional options to dispose of their unwanted or unused pharmaceutical controlled substances beyond discarding or
flushing the substances. As a result of these regulations, the DEA hopes that the supply of unused pharmaceutical controlled substances in the home will decrease, thereby reducing the risk of diversion or harm.

Ultimate User Disposal

An ultimate user is defined by the CSA as a “person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by him or by a member of his household.” 21 U.S.C. 802(27). This rule provides three voluntary options for ultimate user disposal: (1) Take-back events, (2) mail-back programs, and (3) collection receptacles. Individuals lawfully entitled to dispose of an ultimate user decedent’s property are authorized to dispose of the ultimate user’s pharmaceutical controlled substances by utilizing any of the three disposal options. All of the collection methods are voluntary and no person is required to establish or operate a disposal program. The rule also does not require ultimate users to utilize any of these three methods for disposal of controlled substances. Although the three methods of disposal allowed by this rule seek to help protect the environment and prevent controlled substances from being diverted to illicit uses, this rule does not prohibit ultimate users from using existing lawful methods.

The DEA regulations provide specific language that will continue to allow Federal, State, tribal, and local law enforcement to maintain collection receptacles at the law enforcement’s physical location; and either independently or in partnership with private entities or community groups, to voluntarily host take-back events and administer mail-back programs. 21 CFR 1317.35. Thus, ultimate users will continue to be able to surrender their unwanted pharmaceutical controlled substances to law enforcement.

The DEA is also authorizing certain registrants (manufacturers, distributors, reverse distributors, narcotic treatment programs [NTPs], hospitals/clinics with an on-site pharmacy, and retail pharmacies) to be “collectors,” with authorization to conduct mail-back programs. 21 CFR 1317.40 and 1317.70. All registrants that choose to establish mail-back programs must provide specific mail-back packages to the public, either at no cost or for a fee, 21 CFR 1317.70. Collectors that conduct mail-back programs must have and utilize a hold method of destruction to destroy returned packages, 21 CFR 1317.05. These DEA regulations authorize collectors to maintain collection receptacles at their registered location. 21 CFR 1317.40. Thus, ultimate users will be able to carry their unwanted pharmaceutical controlled substances to an authorized retail pharmacy or other authorized collector location and deposit those controlled substances in a secure container for disposal. Hospitals/clinics and retail pharmacies that are authorized to be collectors may also maintain collection receptacles at long-term care facilities (LTCFs). 21 CFR 1317.40. LTCFs may dispose of pharmaceutical controlled substances on behalf of an ultimate user who resides, or has resided, at that LTCF. 21 CFR 1317.80, through a collection receptacle that is maintained by an authorized hospital/clinic or retail pharmacy at that LTCF. 21 CFR 1317.40 and 1317.80.

With this rule, the DEA allows all pharmaceutical controlled substances collected through take-back events, mail-back programs, and collection receptacles to be comingle with non-controlled substances, although such comingleing is not required. 21 CFR 1317.65, 1317.70, and 1317.75. Pharmaceutical controlled substances collected by collectors may not be individually counted or inventoried. 21 CFR 1317.75. This rule also imposes various registration, security, and recordkeeping requirements.

The DEA appreciates there is a cost to entities that choose voluntarily to provide these methods of collection and destruction. The DEA acknowledges that some State and local pharmaceutical disposal programs receive funding and other support from numerous sources, including conservation groups, local governments, State grants, and public and private donations. These expanded methods of disposal are expected to benefit the public by decreasing the supply of pharmaceutical controlled substances available for misuse, abuse, diversion, and accidental ingestion, and protect the environment from potentially harmful contaminants by providing alternate means of disposal for ultimate users. However, other advantages may accrue directly to those entities that opt to maintain a disposal program. For example, those authorized registrants that choose to maintain collection receptacles may be enhanced by the increased consumer presence at their registered locations and the goodwill that develops from providing a valuable community service. In addition, mail-back program collectors may partner with third parties to make mail-back packages available to the public. Those authorized registrants that choose to administer mail-back programs may gain from the opportunity to distribute to consumers promotional, educational, or other informational materials with the mail-back packages.

DEA Registrant Disposal

The DEA has deleted the existing rule related to registrant disposal, 21 CFR 1307.21, and incorporated similar requirements on proper disposal procedure and security in a new part 1317 on disposal. Those changes provide consistent disposal procedures for each registrant category, regardless of geographic location. In addition, the DEA has modified DEA Form 41 and is explicitly requiring that form to be used to record the destruction of controlled substances that remain in the closed system of distribution and also to account for registrant destruction of pharmaceutical controlled substances collected from ultimate users and other non-registrants pursuant to the Disposal Act. As stated in the NPRM, a controlled substance dispensed for immediate administration pursuant to an order for medication in an institutional setting remains under the custody and control of that registered institution even if the substance is not fully exhausted (e.g., some of the substance remains in a vial, tube, transdermal patch, or syringe after administration but cannot or may not be further utilized, commonly referred to as “drug wastage” and “pharmaceutical wastage”). Such remaining substance must be properly recorded, stored, and destroyed in accordance with DEA regulations (e.g., § 1304.22(c)), and all applicable Federal, State, tribal, and local laws and regulations, although the destruction need not be recorded on a DEA Form 41.

Reverse Distributors

The DEA is providing regulations for entities that reverse distribute that are clear and consistent. Entities that reverse distribute are often the last registrant to possess controlled substances prior to destruction; however, the recordkeeping safeguards that exist that controlled substances are distributed between registrants are not present when these registrants destroy controlled substances. Because reverse distributors routinely acquire controlled substances for destruction from other registrants and may also be authorized as collectors, reverse distributors accumulate greater amounts of controlled substances that are destined for destruction in comparison to other registrants. The DEA is defining “reverse distribute;” revising the definition of “reverse distributor;” (21
pursuant to §1307.21, including MOAs and MOUs pertinent to storage of controlled substances. The DEA retains in the new part 1317 the ability for practitioners to request assistance from the local Special Agent in Charge (SAC) regarding the disposal of controlled substances.  21 CFR 1317.05. Practitioners may request a new MOA or MOU pursuant to the new §1317.05(a)(5).

C. Summary of the Changes in the Final Rule

The DEA carefully considered the 192 individually-submitted comments received in response to the Notice of Proposed Rulemaking (NPRM) on the Disposal of Controlled Substances. 77 FR 75784, Dec. 21, 2012. The comment period closed on February 19, 2013. The DEA is making a number of significant changes after thorough consideration of the issues raised by the comments and the potential diversion risks associated with these changes.

In response to concerns regarding ultimate users’ ability to have convenient disposal options, the DEA is vastly expanding those entities that may be authorized as collectors, expanding the authority of those collectors to maintain collection receptacles at LTCFs, and relaxing some of the proposed security requirements related to storage and destruction of controlled substances.

Authorized Collectors

In addition to manufacturers, distributors, reverse distributors, and retail pharmacies, the final rule also authorizes registered NTPs, as well as hospitals/clinics with an on-site pharmacy, to operate disposal programs. 21 CFR 1317.40. By permitting these additional distinct categories to be collectors, the DEA anticipates that ultimate users will now have even more locations where they can securely, safely, responsibly, and conveniently dispose of their unwanted pharmaceutical controlled substances.

In this final rule, the DEA is permitting those entities registered as NTPs to become authorized collectors to manage collection receptacles at their registered locations. As stated in the Disposal Act, “the nonmedical use of prescription drugs is a growing problem in the United States.” Multiple commenters, including a national organization that represents NTPs, recommended that the DEA include NTPs as authorized collectors. The DEA recognizes the valuable role that NTPs have in helping those seeking substance abuse treatment. After considering the importance of providing secure, convenient, and responsible disposal options for those ultimate users currently receiving treatment for narcotic substance abuse or entering a narcotic treatment program, and the benefits of allowing NTPs to provide the convenience to patients not registered as reverse distributors. See, e.g., 21 CFR 1304.11(e)(3) (“each person registered or authorized to reverse distribute”). The DEA believes that these regulations will help all registrants that reverse distribute comply with the CSA in a manner that decreases the risk of the diversion of controlled substances during the disposal process.

Return and Recall

This rule removes the existing regulation on return and recall, 21 CFR 1307.12, and incorporates separate return and recall requirements for registrants and non-registrants into new §§1317.10 and 1317.85. This rule also imposes various recordkeeping requirements pertaining to controlled substances acquired for the purpose of return or recall in §§1304.22 and 1308.03. The DEA has simplified the requirements of §1317.10(a) to more clearly describe the records that registrants must keep.

Methods of Destruction

Existing DEA regulations do not specify a standard to which controlled substances must be destroyed. With this final rule, the DEA is implementing a standard of destruction—non-retrievable—for registrants that destroy controlled substances, and procedures for the destruction of controlled substances. 21 CFR 1306.05 (“non-retrievable”), 1317.50, and 1317.85. The DEA is not requiring a particular method of destruction, so long as the desired result is achieved. This standard is intended to allow public and private entities to develop a variety of destruction methods that are secure, convenient, and responsible, consistent with preventing the diversion of such substances. Destruction of controlled substances must also meet all other applicable Federal, State, tribal, and local laws and regulations. Once a controlled substance is rendered “non-retrievable,” it is no longer subject to the requirements of the DEA regulations.

As explained above under “Compliance Date,” this final rule supersedes all existing MOAs and MOUs that registrants may have submitted to §1307.21, including MOAs and MOUs pertinent to storage of controlled substances. The DEA retains in the new part 1317 the ability for practitioners to request assistance from the local Special Agent in Charge (SAC) regarding the disposal of controlled substances. 21 CFR 1317.05. Practitioners may request a new MOA or MOU pursuant to the new §1317.05(a)(5).

C. Summary of the Changes in the Final Rule

The DEA carefully considered the 192 individually-submitted comments received in response to the Notice of Proposed Rulemaking (NPRM) on the Disposal of Controlled Substances. 77 FR 75784, Dec. 21, 2012. The comment period closed on February 19, 2013. The DEA is making a number of significant changes after thorough consideration of the issues raised by the comments and the potential diversion risks associated with these changes.

In response to concerns regarding ultimate users’ ability to have convenient disposal options, the DEA is vastly expanding those entities that may be authorized as collectors, expanding the authority of those collectors to maintain collection receptacles at LTCFs, and relaxing some of the proposed security requirements related to storage and destruction of controlled substances.

Authorized Collectors

In addition to manufacturers, distributors, reverse distributors, and retail pharmacies, the final rule also authorizes registered NTPs, as well as hospitals/clinics with an on-site pharmacy, to operate disposal programs. 21 CFR 1317.40. By permitting these additional distinct categories to be collectors, the DEA anticipates that ultimate users will now have even more locations where they can securely, safely, responsibly, and conveniently dispose of their unwanted pharmaceutical controlled substances.

In this final rule, the DEA is permitting those entities registered as NTPs to become authorized collectors to manage collection receptacles at their registered locations. As stated in the Disposal Act, “the nonmedical use of prescription drugs is a growing problem in the United States.” Multiple commenters, including a national organization that represents NTPs, recommended that the DEA include NTPs as authorized collectors. The DEA recognizes the valuable role that NTPs have in helping those seeking substance abuse treatment. After considering the importance of providing secure, convenient, and responsible disposal options for those ultimate users currently receiving treatment for narcotic substance abuse or entering a narcotic treatment program, and the benefits of allowing NTPs to provide the convenience to patients not registered as reverse distributors. See, e.g., 21 CFR 1304.11(e)(3) (“each person registered or authorized to reverse distribute”). The DEA believes that these regulations will help all registrants that reverse distribute comply with the CSA in a manner that decreases the risk of the diversion of controlled substances during the disposal process.

Return and Recall

This rule removes the existing regulation on return and recall, 21 CFR 1307.12, and incorporates separate return and recall requirements for registrants and non-registrants into new §§1317.10 and 1317.85. This rule also imposes various recordkeeping requirements pertaining to controlled substances acquired for the purpose of return or recall in §§1304.22 and 1308.03. The DEA has simplified the requirements of §1317.10(a) to more clearly describe the records that registrants must keep.

Methods of Destruction

Existing DEA regulations do not specify a standard to which controlled substances must be destroyed. With this final rule, the DEA is implementing a standard of destruction—non-retrievable—for registrants that destroy controlled substances, and procedures for the destruction of controlled substances. 21 CFR 1306.05 (“non-retrievable”), 1317.50, and 1317.85. The DEA is not requiring a particular method of destruction, so long as the desired result is achieved. This standard is intended to allow public and private entities to develop a variety of destruction methods that are secure, convenient, and responsible, consistent with preventing the diversion of such substances. Destruction of controlled substances must also meet all other applicable Federal, State, tribal, and local laws and regulations. Once a controlled substance is rendered “non-retrievable,” it is no longer subject to the requirements of the DEA regulations.

As explained above under “Compliance Date,” this final rule supersedes all existing MOAs and MOUs that registrants may have submitted to §1307.21, including MOAs and MOUs pertinent to storage of controlled substances. The DEA retains in the new part 1317 the ability for practitioners to request assistance from the local Special Agent in Charge (SAC) regarding the disposal of controlled substances. 21 CFR 1317.05. Practitioners may request a new MOA or MOU pursuant to the new §1317.05(a)(5).

C. Summary of the Changes in the Final Rule

The DEA carefully considered the 192 individually-submitted comments received in response to the Notice of Proposed Rulemaking (NPRM) on the Disposal of Controlled Substances. 77 FR 75784, Dec. 21, 2012. The comment period closed on February 19, 2013. The DEA is making a number of significant changes after thorough consideration of the issues raised by the comments and the potential diversion risks associated with these changes.

In response to concerns regarding ultimate users’ ability to have convenient disposal options, the DEA is vastly expanding those entities that may be authorized as collectors, expanding the authority of those collectors to maintain collection receptacles at LTCFs, and relaxing some of the proposed security requirements related to storage and destruction of controlled substances.

Authorized Collectors

In addition to manufacturers, distributors, reverse distributors, and retail pharmacies, the final rule also authorizes registered NTPs, as well as hospitals/clinics with an on-site pharmacy, to operate disposal programs. 21 CFR 1317.40. By permitting these additional distinct categories to be collectors, the DEA anticipates that ultimate users will now have even more locations where they can securely, safely, responsibly, and conveniently dispose of their unwanted pharmaceutical controlled substances.

In this final rule, the DEA is permitting those entities registered as NTPs to become authorized collectors to manage collection receptacles inside or at LTCFs, and to conduct mail-back programs. 21 CFR 1317.30, 1317.40, 1317.70, and 1317.80. In response to the NPRM, many commenters stated that collection receptacles located inside of hospitals would provide ultimate users with an opportunity to dispose of medication that may no longer be needed or may be expired. In determining whether to allow hospitals/clinics to become authorized collectors, the DEA carefully weighed the diversion risks with the convenience of authorizing such entities to be collectors. The DEA determined that the diversion risks require the DEA to limit those registered hospitals/clinics that may become collectors to those with on-site pharmacies, and also impose separate security conditions on the monitoring and location of collection receptacles inside hospitals/
The DEA is requiring these additional security measures in order to help protect against the diversion of collected controlled substances because hospitals/clinics are generally much larger and are open to a much larger general population than the other registrants authorized to be collectors; and, as discussed in the NPRM, hospitals/clinics do not operate under the same business model or with similar theft and loss prevention procedures as the other registrants authorized to become collectors. For example, the general public typically enters retail pharmacies for short durations in order to conduct retail business; and retail pharmacies generally have open, clearly observable common areas with little opportunity to conceal an unlawful purpose. It would be unusual and suspicious for a person to spend an extended amount of time in a retail pharmacy without a known, specific purpose; triggering routine theft and loss prevention measures.

In contrast, hospitals are generally open 24-hours per day and allow for unsupervised public access for extended periods of time; they are much larger than retail pharmacies and many interactions occur behind closed doors without routine theft and loss prevention measures; and foot traffic generally is not routinely monitored for unlawful purposes. The DEA believes that limiting authorized collection activities to hospitals/clinics with an on-site pharmacy is necessary to help protect against diversion because these hospitals/clinics routinely handle a large volume of controlled substances that are dispensed to in-patients as well as to the public, and those entities are much larger with security, theft and loss prevention procedures, and inventory, recordkeeping and reporting requirements than those hospitals/clinics without an on-site pharmacy.

For reasons discussed in the NPRM, this final rule generally requires that, when authorized collectors choose to install collection receptacles, those collection receptacles must be placed inside their registered locations in the immediate proximity of a designated area where controlled substances are stored and at which an employee is present. 21 CFR 1317.75; see also 1317.05. The DEA recognizes that hospitals/clinics with an on-site pharmacy can be unique in their design and the layout of their facilities. These facilities often are designed to provide patient care in a manner that maximizes patient safety and comfort. Therefore, the DEA considers it reasonable to allow those hospitals/clinics to adhere to the general rule to place collection receptacles in the immediate proximity of where controlled substances are stored and at which an employee is present.

Accordingly, the DEA is requiring hospitals/clinics that are collectors to place collection receptacles in locations that are regularly monitored by employees. 21 CFR 1317.75. In addition, the DEA is prohibiting such collectors from placing collection receptacles in the proximity of any area where emergency or urgent care is provided. In the DEA’s experience, the risk of diversion is particularly high in areas where emergency or urgent care is provided because of the often chaotic environment and the extended amounts of time persons spend in such areas.

This rule also makes clear that DEA registrants cannot use the collection receptacles to dispose of unused controlled substances in their inventory or stock. 21 CFR 1317.05 and 1317.75. Pharmaceutical controlled substances remain under the custody and control of the DEA registrant if they are dispensed by a practitioner for immediate administration at the practitioner’s registered location (such as a hospital) pursuant to an order for medication. If that substance is not fully exhausted (e.g., some of the substance remains in a vial, tube, or syringe after administration but cannot or may not be further utilized), then the DEA registrant is obligated to destroy the remaining, unused controlled substances, and record the destruction in accordance with §1304.22(c). The DEA registrant shall not place such remaining, unused controlled substance in a collection receptacle as a means of disposal. Hospital/clinic staff must also not dispose of any controlled substances in inventory or stock in a collection receptacle.

The security requirements described above are the minimum required in order to detect and prevent diversion in the unique circumstances of NTPs and hospitals/clinics. These registrants should be vigilant in the execution of their responsibilities as registrants to ensure that collected controlled substances are not diverted to illicit use, and that they do not collect illicit substances. Finally, all registrants are reminded of the responsibility to report theft and significant loss of controlled substances within one business day of discovery.

Long-Term Care Facilities (LTCFs)

Significant changes are made in this final rule to help ensure that LTCFs have adequate disposal options. In addition to allowing retail pharmacies to manage and maintain collection receptacles at LTCFs, the DEA is also allowing hospitals/clinics with an on-site pharmacy to manage and maintain collection receptacles at LTCFs. The DEA hopes that expanding those authorized to collect at LTCFs will maximize disposition opportunities for LTCF residents.

In addition, the DEA is alleviating two security requirements proposed to apply to collection receptacles located at LTCFs. First, the DEA is permitting authorized hospitals/clinics and retail pharmacies to store inner liners that have been sealed upon removal from a collection receptacle at LTCFs in a securely locked, substantially constructed cabinet or a securely locked room with controlled access for up to three business days until the liners can be transferred for destruction. The DEA encourages collectors to schedule inner liner removals and installations to coincide with existing LTCF visits when possible, for example, arranging a routine system in which medication deliveries coincide with the removal and transfer of sealed inner liners for appropriate destruction, thereby making storage of sealed inner liners unnecessary. Collectors may not transfer sealed inner liners from LTCFs to their primary registered location (i.e., the hospital/clinic or retail pharmacy location). As echoed in the comments, the DEA remains concerned about the security risks of hospital/clinic and retail pharmacy employees transporting large quantities of collected substances, making them potential targets for drug seekers. Instead, collectors should deliver sealed inner liners to a reverse distributor or distributor’s registered location by common or contract carrier pick-up or by reverse distributor or distributor pick-up at the LTCF, pursuant to §1317.05(c)(2)(iv).

Second, the DEA relaxed the two-employee integrity requirement for inner liner installation, removal, storage, and transfer at LTCFs. Collectors will retain the option to authorize two of their own employees to install, remove, store, and transfer inner liners; however, the DEA is permitting collectors the option to designate a supervisor-level employee of the LTCF (e.g., a charge nurse, supervisor, or similar employee) to install, remove, store, or transfer inner liners with only one employee of the collector.

The DEA modified the above security requirements (storage and two-person integrity) to provide flexibility sufficient to encourage authorized hospitals/clinics and retail pharmacies to collect at LTCFs, while ensuring the minimum protections required to prevent...
diversion at LTCFs. The DEA hopes that the inclusion of certain hospitals/clinics as authorized to maintain collection receptacles at LTCFs, and the modifications described above will result in expanded safe and secure disposal options for LTCF residents. The DEA emphasizes that if LTCFs dispose of LTCF residents' controlled substances in collection receptacles, such activity must be in accordance with this regulation and all other applicable Federal, State, tribal and local laws and regulations, including environmental laws and regulations.

The DEA acknowledges that there may be some LTCFs that will not have a collection receptacle, and there will be instances where LTCF residents are incapable of disposing of their own unused or unwanted medication. As ultimate users, LTCF residents may use any of the disposal options afforded other ultimate users in this final rule (e.g., mail-back programs), in addition to the disposal options currently available to ultimate users (e.g., flushing or otherwise discarding) that will remain options even after this final rule is implemented. For example, an LTCF resident may request that LTCF personnel place the resident's unwanted medication in a mail-back package, seal the mail-back package, and deposit that package into the facility's outgoing mail system. 21 CFR 1317.70. LTCFs should be mindful however that the touchstone for this disposal method is the individual nature of the disposal activity; institutional facilities such as LTCFs should ensure that the individual patient is the disposer, and should be wary of establishing any protocols whereby the facility itself is engaging in collection activities. Simply providing the method of disposal (e.g., mail-back packages) does not impair that concern.

Destruction

After careful and thorough consideration of comments received regarding the burdens associated with the proposed 14-day destruction requirement, the DEA is extending the time those registrants that reverse distribute have to destroy controlled substances to 30 days. 21 CFR 1317.15(d). The DEA anticipates that this extension will allow reverse distributors and distributors adequate time to collect and destroy controlled substances in a safe, convenient, and secure manner, while also preventing diversion and diversion opportunities.

Practitioner Physical Security

In this final rule, the DEA is not amending §1301.75(b) pertaining to practitioner physical security and is instead adding a new paragraph (c) to clarify that practitioners shall only store sealed mail-back packages and inner liners containing collected substances at their registered location in a securely locked, substantially constructed cabinet or a securely locked room with controlled access. The DEA has made corresponding changes to §§1317.05(c)(1)(ii) and (c)(2)(ii). Part of this modification was included in the proposed rule. However, after careful consideration of a number of comments, the DEA believes that the proposed requirement did not provide sufficient controls to protect against diversion and was impracticable. Pharmacies and institutional practitioners cannot store sealed inner liners or returned mail-back packages by dispersing them throughout the stock of noncontrolled substances. 21 CFR 1301.75(b) and (c).

Other Changes to the Final Rule

In addition to the changes described above, the DEA determined that the rule, as proposed, required other modifications, as generally described below. The DEA is also implementing additional technical modifications that will not have a substantive effect on this rule (e.g., relocating some sections in the proposed rule and other sections within title 21 of the CFR, re-phrasing some sections from the proposed rule to be simpler, clearer and easier to understand, and eliminating redundancy).

In the general definitions section of the DEA regulations, the DEA is amending §1300.01(b) to be clear that the definitions that generally apply to most other parts of chapter I of title 21 of the CFR also apply to part 1317. In response to a number of comments, in §1300.01(b) the DEA is amending the definition of “reverse distributor” to clarify that a reverse distributor is a person registered with the DEA as a reverse distributor.

Definitions were moved from §1317.02 to §1300.05 to provide consistency within the CFR pertaining to definitions. The DEA adds §1300.05 Definitions relating to the disposal of controlled substances,” “law enforcement officer,” and “non-retrievable” from part 1317 to §1300.05(b), adds a definition of “on-site” to §1300.05(b), and deletes the definitions of “for cause” and “inner liner” that were in proposed part 1317. The DEA also moves the definition of “collection” to §1300.01(b). These changes are in response to comments or related to the movement of several other requirements from part 1317 to other parts, as discussed below.

In addition to moving them to §1300.05(b), the DEA amends the definitions of “authorized employee” and “law enforcement officer.” The DEA is omitting the word “authorized” from the definition of “authorized employee,” and codifying the definition of “employee” in harmony with the general common law of agency. The DEA is modifying the definition of “law enforcement officer” in part 1317 to specifically include officers from law enforcement components of Federal agencies, and authorized police officers of the Veterans Health Administration and the Department of Defense. In addition, this rule clarifies who may qualify as a “law enforcement officer” for the purpose of disposal. The DEA is changing references to “law enforcement agencies” to “law enforcement” in order to include law enforcement components of Federal agencies.

Although the DEA defined “inner liner” in the NPRM, the final rule does not amend the CFR to add a definition for inner liner. As described below, inner liners used in the collection of controlled substances must meet the specifications outlined in §1317.60. The DEA also is not amending the CFR to add a definition of “for cause,” and instead is providing an explanation of “for cause” as it relates to the sections to which it applies.

The DEA added a definition of “on-site” to §1300.05(b) to clarify that “on-site” means “located on or at the physical premises of the registrant’s registered location” for purposes of destruction and registration as a collector. Specifically, a controlled substance is destroyed “on-site” when destruction occurs on the physical premises of the destroying registrant’s registered location, and a hospital/clinic has an “on-site” pharmacy when it has a pharmacy located on the physical premises of the registrant’s registered location.

Text was added to the registration table in §1301.13 to reflect that distributors, as a coincident activity to distribution, may acquire controlled substances from collectors for the purpose of destruction. The registration table was updated so that it would be consistent with the regulations in the final rule, which authorize distributors to destroy controlled substances acquired from collectors.

The DEA received a number of comments indicating confusion regarding the procedures a registrant must follow to modify their DEA registration to become a collector. In
order to clarify such requirements, the DEA is further revising §1301.51. The additional revisions clarify the requirements by listing them independently of other types of registration modifications (e.g., change of name or address) and clearly indicating that any modifications may be made in writing by mail or online. 21 CFR part 1301. Also, the submission method has been modified from “letter” to “written request” to accurately encompass the various ways the modification request may be submitted (e.g., online), and the phrase “to be paid” was deleted from §1301.51(c) for stylistic reasons. Similarly, the DEA is further revising §1301.52 to clarify that any registrant who has been authorized as a collector and who desires to discontinue their collection of pharmaceutical controlled substances from ultimate users must notify the DEA.

The DEA is also streamlining certain registration and security procedures by moving certain requirements from part 1317, as proposed in the NPRM, to part 1301. Reverse distributor employee security requirements in proposed §1317.20 were moved to §1301.74(m) for ease of reference and consistency. Collector security requirements in proposed §1317.45 were moved to §1301.71(1) for clarity and consistency.

The DEA determined that inclusion of recordkeeping and reporting requirements in part 1317 may lead to confusion among Registrants. As such, the DEA is moving all recordkeeping and reporting requirements from part 1317, as proposed in the NPRM, to part 1304—Records and Reports of DEA Registrants—in order to maintain consistency and consolidate all recordkeeping and reporting requirements into one part. In §1304.3(f), “each” was changed to “every,” and “who” was changed to “that” for stylistic reasons. In §1304.11(e)(2), the first sentence, pertaining to an exception for reverse distributors, was removed and incorporated into §1304.11(e)(3) of the final rule to accurately reflect the type of registrants to which the section applies.

The DEA is expanding the locations where a collector may maintain records in §1304.04(a)(3). The text in §1304.21(a) was updated to specifically include inner liners and mail-back packages, which were inadvertently overlooked in the NPRM. 21 CFR §1304.21(c) was updated to include the general recordkeeping requirements for collection activities as outlined in the final rule. The recordkeeping requirements for disposal of controlled substances in 21 CFR §1307.21 were moved to §1304.21(e) and amended to include recordkeeping procedures for destruction. The title and introductory text in §1304.22 were updated to accurately reflect their contents. Additionally, §1304.22 was modified to include recordkeeping requirements for controlled collected substances. The second sentence in both §1304.25(a)(6) and §1304.25(b)(9), which required compliance with part 1317 when destroying narcotic controlled substances, were removed as superfluous. All disposal and destruction activities are clearly delineated in part 1317. Also, various Automation of Reports and Consolidated Ordering System (ARCOS) requirements are removed from part 1317, as proposed in the NPRM, and are consolidated and moved to §1304.33. In addition, the title of §1304.33 has been changed to add clarity, and the acronym “ARCOS” is clearly spelled out. The formatting for §1304.33(f) was modified for ease of understanding, and “who” was changed to “that” in two locations for consistency. The DEA is also amending §1305.03 to add a new paragraph (f) to clarify that collectors are exempt from order form requirements for pharmaceutical controlled substances collected through mail-back programs and collection receptacles for the purpose of disposal. The title of §1307.11 no longer references reverse distributors and has been changed to “Distribution by dispenser to another practitioner” because reverse distributor activities were moved to part 1317.

As discussed in the preamble to the NPRM and as mentioned in proposed §1317.100, the DEA clarifies in §1304.21 of this final rule that, in addition to any other recordkeeping requirements, all registrants that destroy or cause the destruction of a controlled substance must maintain a record of that destruction on a DEA Form 41. This requirement had been discussed in the preamble to the proposed rule, and in proposed §1317.100 the DEA stated “any registered person that destroys or causes the destruction of a controlled substance shall maintain a record of destruction on a form issued by DEA . . . .” The DEA has determined that this requirement to keep such records on DEA Form 41 should be explicitly stated in the regulatory text, and not just the preamble, for registrants to clearly understand the requirements to which they are bound. As stated above, the rule in both §1302 record destruction activities on the DEA Form 41 does not apply to drug wastage or pharmaceutical wastage which must be properly recorded, stored, and destroyed in accordance with DEA regulations, and all applicable Federal, State, tribal, and local laws and regulations. 21 CFR part 1304.

The DEA is modifying proposed §1317.70 to address the procedures that a collector must follow when ceasing operation of a mail-back program. This modification requires such collector to make reasonable efforts to notify the public of their intent to cease mail-back collection activities. 21 CFR §1317.70. Such collector must also establish an agreement with another collector authorized to conduct a mail-back program to receive all remaining packages and arrange for the forwarding of such packages to the second collector’s registered location. Those procedures will ensure that another authorized entity will be responsible for receiving and destroying any mail-back packages that were disseminated but not received back by the collector prior to the time that they ceased operation of their mail-back program.

Finally, the DEA is modifying proposed §1317.75 for two purposes. The first modification clarifies that collected controlled and non-controlled substances can be comingle, but are not required to be comingle. 21 CFR §1317.75. As previously discussed, the second modification to this section allows certain LTCF employees, as designated by the collector authorized to maintain a collection receptacle at that LTCF, to install, seal, remove, store, and transfer for destruction the inner liners of the collection receptacle along with an employee of the collector. 21 CFR §1317.80. This modification allows greater flexibility for collectors authorized to maintain collection receptacles at LTCFs.

II. Background and Legal Authority

The DEA implements and enforces titles II and III of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended. Titles II and III are referred to as the “Controlled Substances Act” and the “Controlled Substances Import and Export Act,” respectively, but are collectively referred to as the “Controlled Substances Act” or the “CSA” for the purpose of this action. 21 U.S.C. 801–971. The DEA publishes the implementing regulations for those statutes in title 21 of the Code of Federal Regulations (CFR), parts 1300 to 1321. The CSA and its implementing regulations are designed to prevent, detect, and eliminate the diversion of controlled substances and listed chemicals into the illicit market while providing for a sufficient supply of controlled substances and listed...
chemicals for legitimate medical, scientific, research, and industrial needs of the United States. Controlled substances have the potential for abuse and dependence and are controlled to protect the public health and safety. To this end, controlled substances are classified into one of five schedules based upon: The potential for abuse, currently accepted medical use, and the degree of dependence if abused. 21 U.S.C. 812. Listed chemicals are separately classified as list I or list II chemicals based on their use and importance to the manufacture of controlled substances. 21 U.S.C. 802(33)–(35).

The CSA establishes a closed system of distribution that requires the DEA to monitor and control the manufacture, distribution, dispensing, import, and export of controlled substances and listed chemicals until they reach their final lawful destination. The secure destruction of unused, recalled, tainted, expired, or otherwise unwanted pharmaceutical controlled substances is essential to preventing the diversion of these substances into the illicit market. In order to maintain this closed system of distribution, persons who handle (manufacture, distribute, dispense, import, export, engage in research, or conduct instructional activities), or propose to handle, controlled substances and listed chemicals are required to register with the DEA at each principal place of business or professional practice. Persons registered with the DEA are permitted to possess controlled substances and listed chemicals as authorized by their registration and must comply with the applicable requirements associated with their registration. 21 U.S.C. 822.

Not all persons who possess controlled substances are required to register with the DEA. For example, a patient who receives a pharmaceutical controlled substance pursuant to a lawful prescription, i.e., an ultimate user, is not required to register with the DEA in order to receive and possess that substance. 21 U.S.C. 822(c)(3); see also 21 U.S.C. 957(b)(1)(C). The CSA defines an “ultimate user” as “a person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by him or by a member of his household.” 21 U.S.C. 802(27).

While Congress envisioned a closed system of distribution that would control a substance from its manufacture or import through the traditional chain of distribution moving from registrant to registrant until it reached its final lawful use (e.g., dispensed to the ultimate user, etc.), it did not account for circumstances in which pharmaceutical controlled substances were lawfully dispensed to, and possessed by, an ultimate user but not fully used. Although ultimate users are exempt from CSA registration requirements for the possession of pharmaceutical controlled substances, if they distribute (e.g., deliver or transfer) such substances without the appropriate registration, they are in violation of the CSA. Such unlawful distribution includes the transfer of pharmaceutical controlled substances for the purpose of disposal.6

The Disposal Act, enacted on October 12, 2010, amended the CSA to allow an ultimate user to “deliver” a pharmaceutical controlled substance “to another person for the purpose of disposal” if the person receiving the substance is authorized to receive it and the disposal takes place in accordance with regulations issued by the Attorney General to prevent the diversion of controlled substances. 21 U.S.C. 822(g)(1). The Attorney General delegated responsibility for promulgating the Disposal Act implementing regulations to the DEA. In addition to authorizing ultimate users to deliver their pharmaceutical controlled substances to another person for the purpose of disposal, the Disposal Act also authorizes any person lawfully entitled to dispose of an ultimate user's pharmaceutical controlled substances on behalf of ultimate users who reside, or have resided, at the LTCF. Congress directed the DEA, in promulgating the Disposal Act implementing regulations, to consider the public health and safety, ease and cost of program implementation, and participation by various communities. The implementing regulations may not require any person to establish or operate a delivery or disposal program.

III. Discussion of Comments

The DEA has received 192 comments on the NPRM when the comment period closed on February 19, 2013. Those comments are summarized below, along with the DEA's responses.

A. Support for the Proposed Rule

[1] Issue: The DEA received 192 comments for this rulemaking during the 60-day comment period. The vast majority of the comments were overwhelmingly positive with the commenters agreeing that there should be more options for secure, convenient, and responsible disposal of controlled substances. Nineteen commenters supported the rule as written in the NPRM. Almost every other commenter supported the rule to some degree, although many commenters had concerns with the implementation of the specific disposal procedures described in the NPRM.

Response: The DEA appreciates the support for this rulemaking and is privileged to implement regulations to allow for the collection and disposal of controlled substances in a secure, convenient, and responsible manner. The DEA considered all of the comments and ramifications of implementing proposed changes to the rule. In finalizing this rule, the DEA

---

2 The terms "disposal," "dispose," or "dispositions" appear throughout the text and are the principal terms used to refer to the activities authorized by the DEA. For example, in the text, the term “disposal” is defined as the transfer of a controlled substance to another person for the purpose of disposal. 21 U.S.C. 822(g)(1).

4 The term “set disposal,” however, is defined at 21 CFR 1300.01(b). As used in this Final Rule, the term “set disposal” generally refers to a variety of activities that ultimately result in eliminating the availability of controlled substances for use. For example, within the meaning of the CSA, a controlled substance can be “disposed of” by destruction, return, recall, sale, or through the manufacturing process. The Disposal Act allows an ultimate user to dispose of a lawfully obtained controlled substance to another person “for the purpose of disposal.” The DEA believes that the ultimate user disposal authorized by the Disposal Act includes the transfer or delivery of controlled substances for purposes of destruction, return, and recall. Such ultimate user activities are consistent with the intent to remove unused, unwanted, tainted, and expired substances from households and out of the reach of children and teenagers thereby reducing the risk of diversion and protecting the public, health and safety. As used in this Final Rule, the DEA uses the terms “disposal” and “dispose” to generally refer to the wide range of activities that result in controlled substances being unavailable for further use. Where necessary to specify a particular activity within the disposal process, the particular activity is identified (e.g., transfer, deliver, collect/collect, return, recall, and destroy/destruction).

6 The Attorney General's delegation of authority to the DEA may be found at 28 CFR 0.100.
Proposed Regulation of the Nevada State Board of Pharmacy

Workshop January 22, 2015

Explanation – Language in blue italics is new; language in red [omitted material] is language to be omitted.

AUTHORITY: §1, NRS 639.070

REGULATIONS relating to third-party logistics providers; Amendment of NAC 639.6282 and NAC 639.6305, in response to requirements of Drug Quality and Security Act (DQSA); and providing other matters properly relating thereto.

Section 1. NAC 639.6282 is hereby amended to read as follows:

NAC 639.6282 “Third-party logistics provider” defined. “Third-party logistics provider” means a business that contracts with a manufacturer or wholesaler to provide or coordinate warehousing, distribution or other services for drugs, poisons, medicines, chemicals, medical devices or appliances that are subject to the provisions of chapters 453, 454 and 639 of the NRS on behalf of the manufacturer or wholesaler without taking title to or ownership of the prescription drugs, poisons, medicines, chemicals, medical devices or appliances and without authority to direct the sale or disposition of the prescription drugs/products.

Section 2. NAC 639.6305 is hereby amended to read as follows:

NAC 639.6305 Third-party logistics providers: General requirements. A third-party logistics provider in this State or that ships into this State shall obtain a license to engage in business as an authorized warehouse pursuant to, and shall otherwise comply with, the provisions of NAC 639.620 to 639.644, inclusive.