



# Nevada State Board of Pharmacy

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March 30, 2015

## AGENDA

### ◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, April 15, 2015 at 9:00 am. The meeting will continue, if necessary, on Thursday, April 16, 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 March 4, 2015, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
  - A. Baxter Healthcare Corporation – Chandler, AZ
  - B. Cystic Fibrosis Services – Bethesda, MD
  - C. Eldorado Pharmacy, LLC – Richardson, TX
  - D. Genoa, a QoL Healthcare Company, LLC – Auburn, WA
  - E. Intermountain Home Delivery Pharmacy – Midvale, UT
  - F. LDI Specialty Pharmacy – Creve Coeur, MO
  - G. Martinsville Family Pharmacy – Martinsville, VA
  - H. Meier's Pharmacy – Holladay, UT
  - I. Red Chip of Nevada – Irvine, CA
  - J. Simple Meds – Indianapolis, IN
  - K. Twin Lakes Pharmacy, LLC – Houston, TX

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

- L. Agevital Pharmacy, LLC – Sarasota, FL
- M. Eagle Pharmacy, Inc. – Birmingham, AL
- N. Family L.T.C. Pharmacy, Inc. – Martinsville, VA
- O. Heartland Medical, LLC – Lenexa, KS
- P. Infinite Care Pharmacy – Cave Creek, AZ
- Q. Meds Direct Rx of CA – Los Angeles, CA
- R. One Source Pharmacy & Medical Supplies – San Antonio, TX
- S. Precision Rx Compounding LLC – Tampa, FL
- T. Prescription Care Pharmacy – Hollywood, FL
- U. Reliable Super Drugs of Miami, LLC – North Miami, FL
- V. Safeway Pharmacy #4905 – San Jose, CA
- W. Script Shop Miami, LLC – Miami Beach, FL
- X. Sunflower Discount Pharmacy, LLC – Ruleville, MS
- Y. Trilogy Pharmacy – Dallas, TX

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

- Z. Den-Mat Holdings, LLC – Lompoc, CA
- AA. Exel Inc. – St. Joseph, MO
- BB. Fisher Bioservices, Inc. – Rockville, MD
- CC. Henry Schein Animal Health – Lexington, KY
- DD. Midwest Veterinary Supply, Inc. – Lakesville, MN
- EE. Novotec Pharma, Inc. – East Windsor, NJ
- FF. ProPharma Distribution, LLC – Arvada, CO
- GG. Valley Wholesale Drug Co., LLC – Stockton, CA

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

- HH. ACS Products, Inc. – Louisiana, MO
- II. Aero-Med, Ltd. – Dallas, TX
- JJ. Aero-Med, Ltd. – Duluth, GA
- KK. Aero-Med, Ltd. – Santa Ana, CA
- LL. Aero-Med, Ltd. – South Windsor, CT
- MM. Aero-Med, Ltd. – Wood Dale, IL
- NN. Breathe Homecare, Inc. – Irvine, CA
- OO. Century Orthotics & Medical Equipment, LLC – Cypress, TX
- PP. Flash Medical – San Dimas, CA
- QQ. Howell's Medical Equipment & Supply – Milledgeville, GA
- RR. Innovative Therapies, Inc. – Pompano Beach, FL
- SS. Liberty Medical Supply – Salem, VA
- TT. Longhorn Health Solutions, Inc. – Austin, TX
- UU. Mid-Delta Durable Medical Equipment – Belzoni, MS
- VV. Monarch Medical & Rehab Supply Inc. – Keller, TX
- WW. Owens and Minor Distribution, Inc. – Louisville, KY
- XX. Owens and Minor Distribution, Inc. – Ontario, CA
- YY. Pinnacle HME – Powell, TN
- ZZ. Troluna Inc. – Pittsburgh, PA

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- AAA. Horizon View Pharmacy – Henderson
- BBB. North Vista Hospital, Inc. – North Las Vegas
- CCC. Precision Surgery Center – Las Vegas

◆ REGULAR AGENDA ◆

- 4. Request for Renewal of MDEG License and Discipline for Possible Action – Appearance Required:

Flotsol, Inc. Medical Supplies and Orthotics (13-026-MP)

5. Request for Reconsideration of MDEG License – Appearance for Possible Action:

Medical Supplies Las Vegas Inc. – Las Vegas

6. 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.	Everything Medical	(13-047-MP-S)
B.	Donna Raymond, R.Ph	(13-032-RPH-S)
C.	CVS/pharmacy #8807	(13-032-PH-S)
D.	Nancy Quach, R.Ph	(15-001-RPH-S)
E.	Walgreens #06615	(15-001-PH-S)
F.	Tara Hsiung, PT	(14-087-PT-S)

7. Application for Pharmacist License by Reciprocity – Appearance for Possible Action:

Genda Zareei

8. Request for Pharmacist License by Examination – Appearance for Possible Action:

Karen A. Kinan

9. Application for Intern License – Appearance for Possible Action:

Amanda R. Villa

10. Request for Cognitive Pharmacy Services from Non-Pharmacy Site – Appearance for Possible Action:

Amy Pullen

11. Application for Nevada MDEG – Appearance for Possible Action:

Strive Medical LLC – Las Vegas

12. Applications for Nevada Pharmacy – Appearance for Possible Action

A.	Expedite Scripts Pharmacy – Las Vegas
B.	MDRx – Henderson
C.	ProCare Pharmacy Care, LLC – Las Vegas
D.	Sonoran Pharmacy Group Inc. – Las Vegas
E.	SR Pharmacy LLC – Las Vegas



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

- A. Consonus Pharmacy Services, LLC – Milwaukie, OR
- B. Innoveix Pharmaceuticals Inc. – Addison, TX
- C. Omnicare of Southern California – Canoga Park, CA
- D. Oso Home Care Pharmacy – Irvine, CA
- E. Park Compounding – Irvine, CA
- F. Preckshot Professional Pharmacy – Peioria Heights, IL

14. Discussion and Determination for Possible Action:

- A. Director of a Clinical Laboratory
- B. Prescriptions for Billing Purposes

15. General Counsel Report for Possible Action

16. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
  - 1. Presentations:
    - a. Continuing Education:
      - 1. Kiwanis's
      - 2. APRN's
      - 3. Power-Pak
      - 4. NVSHP/Renown
      - 5. Fallon
  - 2. Meeting with Metro Regarding Pharmacy Robberies in Las Vegas
- D. Reports to Board
  - 1. Collaborative Efforts:
    - a. BOME; BON; BOVME
  - 2. National Governor's Association Meeting on Rx Drug Abuse – Update
  - 3. FDA Meeting on Compounding; FDA HQ
- E. Board Related News
  - 1. NABP District Meeting Update – Incline Village
  - 2. Prescription Drug Round Up
- F. Activities Report

◆◆◆ PUBLIC HEARING ◆◆◆

Thursday, April 16, 2015 – 9:00 am

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

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

◆◆◆ WORKSHOP for Possible Action ◆◆◆

Thursday, April 16, 2015 – 9:00 am

18. **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 453.510 Schedule I, A** REGULATION relating to controlled substances; revising the list of substances contained in Schedule I (adding the substances commonly known as AB PINACA, APICA, Salpidon A, Salvinaran A and THJ 2201); and providing other matters properly relating thereto.

B. **Amendment of Nevada Administrative Code 453.540 Schedule IV, A** REGULATION relating to controlled substances; revising the list of substances contained in Schedule IV (adding the substance commonly known as suvorexant); and providing other matters properly relating thereto.

19. Next Board Meeting:

June 10-11, 2015 – Reno

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

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, Nevada, 89509, or call Shirley Hunting at (775) 850-1440, as soon as possible.

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

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

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

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

## MINUTES

March 4, 2015

### BOARD MEETING

Hyatt Place  
1790 E. Plumb Ln.  
Reno, NV

#### Board Members Present:

Kam Gandhi	Leo Basch	Cheryl Blomstrom
Kevin Desmond	Tallie Pederson	Kirk Wentworth

#### Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Joe Depczynski	Kris Mangosing	Sara Bradley	

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

#### 1. Public Comment

There was no public comment.

#### 2. Approval of January 21-22, 2015, Minutes

Mr. Pinson stated the date of the Minutes was not included in the copy in the Board book. Board Staff realized the omission and corrected it prior to posting the Minutes.

#### Board Action:

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

Second: Kirk Wentworth

Action: Passed Unanimously

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

A. Doctors Foster and Smith Pharmacy – Rhinelander, WI

- B. Fidelis Specialty Pharmacy – Arcadia, CA
- C. Kroger Columbus Central Fill – Columbus, OH
- D. Marley Drug, Inc. – Winston-Salem, NC
- E. Newport Lido Pharmacy – Newport Beach, CA
- F. Quick Care Pharmacy, Inc. – Rancho Cucamonga, CA
- G. Stoney Creek Pharmacy – Nellysford, VA
- H. Trinity Medical Pharmacy – New Port Richey, FL

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

- I. Alpha Pharmacy – Irving, TX
- J. America Meds Direct RX – Farmers Branch, TX
- K. Apogee Bio-Pharm LLC – Edison, NJ
- L. Ashland Health – La Grange, IL
- M. Greywell Pharmacy – North Hollywood, CA
- N. Hope Specialty Pharmacy – Los Angeles, CA
- O. Leiter's Pharmacy – San Jose, CA
- P. Liberty for All Pharmacy 2, Inc. – Greenacres, FL
- Q. Medical Center Pharmacy, Inc. – Jackson, MS
- R. Northside Pharmacy, LLC – Haleyville, AL
- S. Omni-One-Med Pharmacy – Sugar Land, TX
- T. Pagosa Specialty Pharmacy – Pagosa Springs, CO
- U. Pharma Select Texas – Houston, TX
- V. Pharmacy and Nutrition Shoppe – Tulsa, OK
- W. Physician Specialty Pharmacy – Pensacola, FL
- X. Republic Rx Specialty Pharmacy – San Antonio, TX
- Y. Rx Care Pharmacy – Auburndale, FL
- Z. Rx Pro Pennsylvania – Indiana, PA
- AA. Solutions Pharmacy – Sunny Isles, FL
- BB. Topical Rx Pharmacy – Tallahassee, FL

Applications for Out-of-State Wholesaler – Non Appearance

- CC. EKOS Corporation – Bothwell, WA
- DD. EXP Pharmaceutical Services Corp. – Fremont, CA
- EE. Fenwal, Inc. – Olive Branch, MS
- FF. Fenwal, Inc. – Ontario, CA
- GG. Genco I, Inc. – Colonial Heights, VA
- HH. Genco I, Inc. – Pittsburgh, PA
- II. H.D. Smith, LLC – Carson, CA
- JJ. Owens and Minor Distributions Inc. – Flower Mound, TX
- KK. Piramal Critical Care, Inc. – Bethlehem, PA
- LL. Trigen Laboratories, LLC – Tampa, FL
- MM. UPS Supply Chain Solutions, Inc. – Logan Township, NJ
- NN. Vapotherm Inc. – Exeter, NH

#### Applications for Out-of-State MDEG – Non Appearance

- OO. All American Medical Supplies, LLC – Lenexa, KS
- PP. America's Best Care Plus, Inc. – Fort Payne, AL
- QQ. Apria Healthcare LLC – Indianapolis, IN
- RR. Arriva Medical, LLC – Hebron, KY
- SS. Arrow International, Inc. – Olive Branch, MS
- TT. Companion Health Services – Boston, MA
- UU. Conceivex, Inc. – Saranac, MI
- VV. Medtronic Logistics, LLC – Logan Township, NJ
- WW. Murphy Homecare, Inc. – Oneonta, NY
- XX. Rapid Relief Medical – Delnay Beach, FL
- YY. Silvia R. Ventura – Mission, TX
- ZZ. Universalmed Supply – Birmingham, AL
- AAA. World Wide Medical Services, Inc. – Tampa, FL

#### Application for Nevada Pharmacy – Non Appearance

- BBB. Walgreens #12271 – Las Vegas

#### Application for Nevada Wholesaler – Non Appearance

- CCC. Pacific Pharmaceutical Services, LLC – Reno

Tallie Pederson recused from participation on Item 3.BBB. Walgreens, Las Vegas, NV due to her employment with Walgreens.

The Board tabled application O. pending clarification on the ownership change.

#### Board Action:

Motion: Kirk Wentworth moved to approve the Consent Agenda applications with the exception of applications 3.O. and 3.BBB.

Second: Tallie Pederson

Action: Passed Unanimously

#### Board Action:

Motion: Kirk Wentworth moved to approve the application for 3.BBB. Walgreens, Las Vegas, NV.

Second: Leo Basch

Action: Passed Unanimously

Board Action:

Board Staff offered clarification for application 3.O. Leiter's Pharmacy's ownership change and staffing to the Board's satisfaction.

Motion: Leo Basch moved to approve the application for Leiter's Enterprises out-of-state pharmacy license.

Second: Cheryl Blomstrom

Action: Passed Unanimously

4. Application for Controlled Substance Registration

Richard A. Singer, MD

Richard A. Singer appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Dr. Singer stated he was appearing before the Board to clarify an error on his Application for Controlled Substance Registration.

Mr. Edwards reviewed Dr. Singer's case for the Board and mentioned that this was Dr. Singer's third time on the Agenda, failing to appear at previously scheduled meetings. Dr. Singer explained to the Board that he did not attend the first meeting due to scheduling issues at his new job. He stated that he missed the January 2015 meeting due to technical difficulties with his cell phone calendar.

During the January 2015 meeting, the Board denied Dr. Richard Singer's Controlled Substance Application. Board discussion ensued regarding the reconsideration of this decision.

Dr. Singer explained to the Board that the summary suspension of his license on August 31, 2012 was voluntary due to his health conditions at the time.

Board Action:

Motion: Leo Basch moved to reconsider Richard A. Singer's Application for Controlled Substance Registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

The Board questioned Dr. Singer about his current status with the Nevada State Board of Medical Examiners. He explained that the only restriction on his license is a voluntary restriction from practicing general anesthesia.

Board Action:

Motion: Leo Basch moved to approve Dr. Richard Singer's Application for Controlled Substance Registration.

Cheryl Blomstrom offered a friendly amendment that Dr. Singer individually register for the Nevada Prescription Monitoring Program.

Leo Basch accepted the friendly amendment.

Second: Cheryl Blomstrom

Aye: Basch, Blomstrom, Pederson, Wentworth

Nay: Desmond

Action: Motion Carried

## 5. Discipline Cases

- |    |                            |                  |
|----|----------------------------|------------------|
| A. | Gregory N. Satroplus, R.Ph | (14-003-RPH-A-N) |
| B. | Joseph G. Yost, R.Ph       | (14-003-RPH-B-N) |
| C. | Thao K. Willick, R.Ph      | (14-003-RPH-C-N) |
| D. | Rite Aid Pharmacy #6121    | (14-003-PH-N)    |

President Gandhi informed the Board that this case would be divided into three parts.

Board Staff requested the Board to withdraw the First Cause of Action against Mr. Satroplus. Mr. Edwards stated that after further examination and communication with Mr. Satroplus' counsel, Board Staff determined that there was no wrongdoing by Mr. Satroplus.

Joseph Yost, pharmacist, appeared and was sworn in by President Gandhi prior to answering questions or offering testimony.

Leslie Hart was present as counsel representing Mr. Yost.

Kirk Wentworth disclosed to the Board that he knows of Mr. Yost as they both practice pharmacy in Carson City. He stated it will not affect his ability to make any determinations in this case.

Mr. Edwards presented a Stipulation and Order regarding Mr. Yost for the Board's consideration. Mr. Yost agreed that evidence exists to establish a factual basis for the violations alleged in the Accusation. Mr. Yost filled and dispensed a patient's prescription with clonidine HCL 0.1 mg tablets, rather than clonazepam 1 mg tablets as prescribed. Mr. Yost filled and dispensed a patient's prescription with trazodone 50 mg tablets, rather than tramadol tablets as prescribed.

Mr. Yost shall receive a public letter of reprimand from the Board's Executive Secretary, pay a fine of \$1,500.00, pay an administrative fee of \$250.00, and complete two hours CE on the topic of error prevention and one hour CE on the elements of a valid prescription.



Board Action:

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

Second: Kevin Desmond

Action: Passed Unanimously

Thao Willick, pharmacist, appeared and was sworn in by President Gandhi before answering questions or offering testimony.

Mr. Edwards presented a Stipulation and Order regarding Ms. Willick for the Board's consideration. Ms. Willick agreed that evidence exists to establish a factual basis for the violations alleged in the Accusation. Ms. Willick incorrectly verified and dispensed guanfacine 2 mg to the wrong patient.

Ms. Willick shall receive a public letter of reprimand from the Board's Executive Secretary, pay a fine of \$500.00, pay an administrative fee of \$250.00, and complete two hours CE on the topic of error prevention and one hour CE on the elements of a valid prescription.

Board Action:

Motion: Kevin Desmond moved to approve the Stipulation and Order as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Greg Satroplus, Pharmacy Manager, appeared and was sworn in by President Gandhi before answering questions or offering testimony. Mr. Satroplus was dismissed from the First Cause of Action and was present representing Rite Aid Pharmacy (Rite Aid).

Mike Dyer was present as counsel representing Rite Aid.

Mr. Edwards presented a Stipulation and Order regarding Rite Aid for the Board's consideration. He explained that the facts in the matter of Rite Aid are the same as the facts in Ms. Willick's and Mr. Yost's cases. Rite Aid agreed the violations alleged in the Accusation, excluding the First Cause of Action, constitute grounds for discipline whereby Rite Aid is statutorily responsible for the acts of its employees, Mr. Yost and Ms. Willick.

Rite Aid shall pay an administrative fee of \$250.00 and pay a combined total fine of \$1,500.00.

Mr. Edwards explained that Rite Aid no longer holds a contract with Douglas County Jail, therefore future fills of the patients' prescriptions will be handled at another pharmacy. He also stated Mr. Yost and Ms. Willick are no longer employed by Rite Aid and Mr. Satroplus

has been elevated to pharmacy manager. Board Staff is satisfied that the circumstances that allowed the errors to arise no longer exist.

Mr. Dyer added that Rite Aid has reemphasized the current Policies and Procedures in order to prevent future errors.

President Gandhi asked if pharmacy technicians Vicki Gennarini and Rosemary McQuigg were present. Mr. Dyer explained the pharmacy technicians were subpoenaed as witnesses for their involvement in the case. He stressed the importance of technician's role in the practice of pharmacy.

Board Action:

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

Second: Kevin Desmond

Action: Passed Unanimously

6. Application for Nevada MDEG

Medical Supplies Las Vegas, Inc. – Las Vegas

Arinola Adegboruwa, owner/administrator, appeared and was sworn in by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards reminded the Board that Ms. Adegboruwa had appeared during the January 2015 meeting where the Board had expressed concern regarding the training she received at Flotsol, an MDEG owned by her father. Flotsol was being investigated by Medicaid and has since been convicted of Medicaid fraud. In the last meeting, the Board recommended Ms. Adegboruwa table her application and bring her father to the next meeting in order to address the Board's questions and concerns.

Ms. Adegboruwa informed the Board that since the January meeting her father is no longer acting as a consultant for Medical Supplies. She is currently taking a course on fitting diabetic shoes, which she anticipates to be completed in May. Ms. Adegboruwa stated she currently has the credits for an Associate's Degree in Biology.

The Board explained that an Associate's Degree in Biology would not fulfill the requirements for being an MDEG Administrator. The Board also expressed concern regarding the 1800 hours of training Ms. Adegboruwa received from Flotsol during a time they were committing Medicaid fraud.

Board Action:

Motion: Cheryl Blomstrom moved to deny the Application for Nevada MDEG for Medical Supplies Las Vegas, Inc.

Second: Tallie Pederson

Aye: Blomstrom, Wentworth, Desmond, Pederson

Nay: Basch

Action: Motion Carried

The Board recommended Ms. Adegboruwa speak to her counsellor at the College of Southern Nevada about earning a degree directly related to patient care, or to hire a qualified administrator.

7. Applications for Nevada Pharmacy

A. Expedite Scripts Pharmacy – Las Vegas

Lydia P. Vito, part owner, and Teresita Zantha, part owner, appeared and were sworn in by President Gandi before answering questions and offering testimony.

Ms. Vito explained that Expedite Scripts Pharmacy is a closed door retail pharmacy that will provide delivery service to small group homes.

The Board questioned Ms. Vito and Ms. Zantha regarding pharmacy manager, Paul Brous' past work experience and background. Ms. Vito explained that Mr. Brous was referred by a friend, and has not yet been interviewed in person by her or Ms. Zantha.

The Board expressed concern regarding the lack of business and pharmacy experience as well as a lack of knowledge of pharmacy law and failure to have even met the newly hired managing pharmacist. The Board offered Ms. Vito and Ms. Zantha the option to table the application until the April meeting. The Board strongly recommended Ms. Vito and Ms. Zantha interview Mr. Brous in person and requested that Mr. Brous appear at the April meeting to address the Board's concerns. The Board also suggested that Ms. Vito and Ms. Zantha become familiar with Nevada Pharmacy Law prior to their next appearance.

Ms. Vito and Ms. Zantha opted to table this matter until the April Board meeting.

- B. Haggen Pharmacy #2225 – Boulder City
- C. Haggen Pharmacy #2230 – Henderson
- D. Haggen Pharmacy #2231 – Henderson
- E. Haggen Pharmacy #2234 – Las Vegas
- F. Haggen Pharmacy #2232 – Las Vegas
- G. Haggen Pharmacy #2233 – Las Vegas

President Gandhi recused from participation in this matter due to his employment with Albertsons/Safeway. Leo Basch presided over this matter as acting president.

Mr. Pinson presented a letter of authorization from Guy DiPasqua, Corporate Senior Vice President of Pharmacy, authorizing Neal Tomlinson to speak on behalf of the company.

Neal Tomlinson, attorney from Snell & Wilmer law firm, appeared and was sworn in prior to answering questions or offering testimony.

Mr. Tomlinson stated that Haggen is the largest independent grocer retailer in the Northwest. Haggen is currently acquiring 146 stores in five different states. Six of these stores have pharmacies in the Las Vegas area.

The Board questioned Mr. Tomlinson regarding item 7.E. Mr. Tomlinson explained to the Board that Luke Tysdal, pharmacy manager, had a DUI arrest in September 2005. The incident was reported to both Board Staff and his employer. The case was resolved in December 2006.

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

Board Action:

Motion: Kirk Wentworth moved to approve the ownership change for Items 7.B. to 7.G.

Second: Cheryl Blomstrom

Action: Passed Unanimously

H. Meds Direct Rx of NV – Las Vegas

William Kottmer, Pharmacist in Charge, Cary Rossel, manager, and Noah Juss, attorney, appeared and were sworn in by President Gandhi prior to answering questions or offering testimony.

Mr. Rossel explained Meds Direct Rx of NV is an open door retail pharmacy offering mail service.

The Board questioned Mr. Kottmer regarding his background in pharmacy. He explained that he has experience as a home infusion and nuclear pharmacist. Mr. Kottmer stated that most recently he was employed by Maple Pharmacy compounding nasal sprays.

Mr. Rossel and Mr. Kottmer answered questions to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve the Application for Nevada Pharmacy License for Meds Direct Rx of NV.

Second: Leo Basch

Mr. Edwards offered a friendly amendment to approve the Application for Nevada Pharmacy License for Meds Direct Rx of NV pending a satisfactory inspection.

Cheryl Blomstrom and Leo Basch accepted the friendly amendment.

Action: Passed Unanimously

8. Applications for Out-of-State Compounding Pharmacy

A. Absolute Pharmacy, LLC – Lutz, FL

Andreas Dettlaff, President of Absolute Pharmacy, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Dettlaff explained Absolute Pharmacy is a specialty sterile compounding pharmacy. Absolute Pharmacy's goal is to fulfill the FDA shortage list drugs for direct sale to institutions and hospitals. Mr. Dettlaff stated that Absolute Pharmacy does high risk compounding and tests their ingredients using a company called Pharmalytics.

The Board questioned Mr. Dettlaff regarding the staff at Absolute Pharmacy. Mr Dettlaff explained Michael Clurman, managing pharmacist, formerly worked for Walmart Pharmacy for 3 years, and has at least 15 years of compounding experience. Mr. Dettlaff stated that Mr. Clurman is the only employee who compounds. The pharmacy technicians are responsible for shipping and filling prescriptions.

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

Board Action:

Motion: Kirk Wentworth moved to approve the Application for Out of State Pharmacy License for Absolute Pharmacy, LLC

Kevin Desmond offered a friendly amendment to approve the Application for Out of State Pharmacy License for Absolute Pharmacy, LLC pending receipt of a copy of their most recent FDA form 483 and proof of a satisfactory inspection.

Mr. Dettlaff offered to submit Absolute Pharmacy's clean room certification documentation as well.

Kirk Wentworth accepted the friendly amendment.

Second: Kevin Desmond

Action: Passed Unanimously

B. Park Compounding – Irvine, CA

Rescheduled to the April 2015 meeting at the applicant's request.

C. Presckshot Professional Pharmacy – Peoria Heights, IL

Rescheduled to the April 2015 meeting at the applicant's request.

9. Application for Pharmaceutical Technician License

Rachael A. Robins

Rachael Robins failed to appear at today's meeting.

Board Staff explained that Ms. Robins was called before the Board due to a "Yes" answer on Question 3 of her application regarding arrests and convictions. Ms. Robins had received notification to appear at the meeting, and did not inform Board Staff that she would be absent.

The Board expressed concern regarding Ms. Robins' past arrests, especially her most recent charge of petit larceny in June 2014.

Board Action:

Motion: Cheryl Blomstrom moved to deny Rachael Robins Pharmaceutical Technician Application.

Second: Leo Basch

Aye: Blomstrom, Desmond, Pederson, Basch

Nay: Wentworth

Action: Motion Carried

10. Possible Election of Officers

Board Action:

Motion: Cheryl Blomstrom moved to close nominations.

Second: Leo Basch

Action: Passed Unanimously

The Board stated their satisfaction with the current Officers.

Board Action:

Motion: Leo Basch moved to keep the Officers in the current positions.

Second: Kevin Desmond

Action: Passed Unanimously

11. General Counsel Report

A. Update on Maryanne Phillips Case

Mr. Edwards explained that Dr. Phillips had appeared before the Board on an accusation based on a case in California that resulted in her losing her Medical license. Based on the facts of that case, the Board revoked her Controlled Substance license in Nevada. Dr. Phillips then filed a petition for Judicial Review which was denied on February 2, 2015. Mr. Edwards explained that the Court believed there was substantial evidence to support the Board's decision.

B. Legislative Update

Mr. Edwards provided an update on the Legislative session to the Board's satisfaction

Mr. Wuest and Liz Macmenamin, RAN, provided more information.

12. Executive Secretary Report

A. Financial Report

Mr. Pinson presented the financials 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:

A. Kiwanis

Mr. Edwards' presentation to this group in February was well received.

B. APRN

Mr. Pinson's presentation was well attended and the group extended Mr. Pinson an invitation for next year's meeting.

#### C. Dental Hygienist Association

Mr. Pinson's presentation on January 22<sup>nd</sup> was very well received.

#### D. DEA's Pharmacy Diversion Awareness Conference

Mr. Pinson spoke at the two day conference held February 7<sup>th</sup> and 8<sup>th</sup> in Las Vegas. He explained that there were over 100 people in attendance on both days, and other speakers included representatives from HHS and the DEA.

#### 2. Veterinary Board Appearance

Mr. Pinson, Mr. Wuest, and Mr. Edwards appeared before the Veterinary Board during their January meeting to address questions regarding veterinary medicine.

Mr. Wuest stated that Board Staff became aware of a practice where a veterinary office had prescriptions filled at an out of state pharmacy and a financial consideration was received to have the medications delivered back to the veterinary office. Mr. Wuest explained that following inspections of several veterinary offices, Board Staff discovered multiple offices in violation of NRS 639.264 regarding inducements and financial considerations. Board Staff is working with the Veterinary Board to contact these offices and pharmacies to cease this practice.

#### D. Reports to Board

##### 1. Collaborative Efforts:

##### a. BOME; BON; BOVME

##### 2. National Governor's Association Meeting on Rx Drug Abuse-Update

Mr. Pinson stated the National Governor's Association now meets statewide every 2 weeks and meets nationally every month. Mr. Pinson will be attending a national meeting in Vermont in June.

##### 3. FDA Meeting on Compounding; FDA HQ

Mr. Pinson and Mr. Edwards will attend the FDA Meeting at FDA Headquarters later in March.

##### 4. Update: Mike's Pharmacy; Affiliated Monitors

Mr. Pinson provided an update on Mike's Pharmacy the Board's satisfaction. Mr. Pinson stated that Affiliated Monitors' report was very positive and that Mike's Pharmacy has made major changes.

#### E. Board Related News

##### 1. NABP District Meeting Update

Mr. Pinson reported that the contract with Hyatt Lake Tahoe has been signed for the District 8 meeting to be held September 14<sup>th</sup> through 17<sup>th</sup>, 2015. Mr. Pinson discussed forming committees to raise money and to develop an educational program.

#### F. Activities Report



13. Next Board Meeting:

April 15-16, 2015 – Las Vegas

14. Public Comment

There was no public comment.

A

## 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: Baxter Healthcare CorporationPhysical Address: 2222 S. Stearman DriveMailing Address: 7000 Cardinal Place, Attn: OCLC - Keegan Chamberlain, Dublin, OH 43017City: Chandler State: AZ Zip Code: 85286Telephone: 480-786-2734 Fax: 480-786-2750Toll Free Number: 866-250-9499 (Required per NAC 639.708)E-mail: gmb-facility-licensing@cardinalhealth.comWebsite: www.baxter.comManaging Pharmacist: Tom Gaccione License Number: S007431

## TYPE OF PHARMACY

## AND

## SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Renal Dialysis - Closed Door Warehouse

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: Renal Dialysis Products and Supplies to Home Patients

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

83398

B

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

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☒ 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: Cystic Fibrosis Services

Physical Address: 6931 Arlington Road, Suite #400, Bethesda, MD 20814

Mailing Address: PO Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: 800-541-4959 Fax: 800-263-0251

Toll Free Number: 800-541-4959 (Required per NAC 639.708)

E-mail: pbaker@cfserv.com Website: www.cfservicespharmacy.com

Managing Pharmacist: Patrick Baker License Number: 21666

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Call Center

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: Central Intake

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

83381

C

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ 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: Eldorado Pharmacy, LLC  
Physical Address: 1300 E. Arapaho Road # 210  
Mailing Address: same as above  
City: Richardson State: Texas Zip Code: 75081  
Telephone: 214.329.4580 Fax: 214.329.4599  
Toll Free Number: 877.692.6948 (Required per NAC 639.708)  
E-mail: pharmacists@eldoradopharmacy.com Website: NA  
Managing Pharmacist: Austin Keuser License Number: 52457

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

85139

D

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: PH AR.CF.00057644)

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

PH02233

**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: Genoa, a QoL Healthcare Company, LLCPhysical Address: 4508 Auburn Way N. Ste A-104, Auburn, WA 98002Mailing Address: 18300 Cascade Avenue South, Suite 251City: Tukwila State: WA Zip Code: 98188Telephone: 253-218-0830 Fax: 253-217-4306Toll Free Number: 1-800-507-8334 (Required per NAC 639.708)E-mail: contracts@genoa-qol.comWebsite: www.genoa-qol.comManaging Pharmacist: Mohammad Shawish License Number: PH 60319057**TYPE OF PHARMACY****AND****SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds \_\_\_\_\_)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☒ ☐ Other: Long Term Care Pharmacy

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,**

A3413

E

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509  
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☒ 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: Intermountain Home Delivery Pharmacy  
Physical Address: 7268 S. Bingham Junction Blvd, Midvale, UT 840  
Mailing Address: 7268 S. Bingham Junction Blvd. Ste B1  
City: Midvale State: UTah Zip Code: 84047  
Telephone: 801-501-6910 Fax: 801-442-4179  
Toll Free Number: 855-779-3960 (Required per NAC 639.708)  
E-mail: RxHomeDelivery@email.org Website: Intermountain Rx.org/HomeDelivery  
Managing Pharmacist: Brian Hardy License Number: 7718203-1701  
UTah

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

84438

**NEVADA STATE BOARD OF PHARMACY**

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☒ 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: Leehar Distributors, Inc. d/b/a LDI Specialty Pharmacy

Physical Address: 701 Emerson Road, Suite 332

Mailing Address: 701 Emerson Road, Suite 332

City: Creve Coeur State: MO Zip Code: 63141

Telephone: 314-652-4121 Fax: 314-652-4126

Toll Free Number: 1-866-516-4121 (Required per NAC 639.708)

E-mail: jemrich@ldirx.com Website: www.LDIRx.com

Managing Pharmacist: Jessica Emrich License Number: 2011026570 - MO

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

83399



G

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: MARTINSVILLE FAMILY PHARMACY

Physical Address: 1049-A BROOKDALE ST

Mailing Address: SAME AS ABOVE

City: Martinsville

State: virginia

Zip Code: 24112

Telephone: 276-632-9997

Fax: 276-634-0106

Toll Free Number: 855-979-7222

(Required per NAC 639.708)

E-mail: pharmacylicense@hotmail.com

Website: N/A

Managing Pharmacist: PENNY WYATT

License Number: 0202006386

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

84138



H

## NEVADA STATE BOARD OF PHARMACY

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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: Meier's PharmacyPhysical Address: 4698 Holladay Blvd. Holladay UT 84117Mailing Address: 4698 Holladay BlvdCity: Holladay State: UTAH Zip Code: 84117Telephone: 801-679-3278 Fax: 801-679-3279Toll Free Number: 800-232-5034 (Required per NAC 639.708)E-mail: devinmeier@gmail.comWebsite: Meier's pharmacy@gmail.comManaging Pharmacist: Devin MeierLicense Number: 6733070-1701**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

Yes/No

☒ ☐ Retail☐ ☒ Off-site Cognitive Services☐ ☒ Hospital (# beds \_\_\_\_\_)☐ ☒ Parenteral \*\*☐ ☒ Internet☐ ☒ Parenteral (outpatient)☐ ☒ Nuclear☐ ☒ Outpatient/Discharge☐ ☒ Ambulatory Surgery Center☒ ☐ Mail Service☐ ☒ Community☐ ☒ Long Term Care☐ ☒ Other: \_\_\_\_\_☐ ☒ Sterile Compounding \*\*☐ ☒ Non Sterile Compounding

All boxes must be checked

☐ ☒ Mail Service Sterile Compounding \*\*

For the application to be complete

☐ ☒ 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,

84078

I

# NEVADA STATE BOARD OF PHARMACY

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☐ 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: RED CHIP OF NEVADA

Physical Address: 18009 SKY PARK CIRCLE STE F, IRVINE, CA 92614

Mailing Address: 18009 SKY PARK CIRCLE STE F, IRVINE, CA 92614

City: IRVINE State: CA Zip Code: 92614

Telephone: 888-989-2462 Fax: 855-856-8433

Toll Free Number: 888-989-2462 (Required per NAC 639.708)

E-mail: V GANDHI@REDCHIP.ORG

Website: \_\_\_\_\_

Managing Pharmacist: VISHAL DILIP GANDHI

License Number: CA 62578

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☒ ☐ Other: SPECIALTY RX

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,**

84319

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ 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: Simple Meds, LLC d/b/a Simple Meds

Physical Address: 6862 Hillside Court Indianapolis IN 46250-2001

Mailing Address: 6862 Hillside Court

City: Indianapolis State: IN Zip Code: 46250-2001

Telephone: 844-275-6337 Fax: 317-913-0930

Toll Free Number: 844-275-6337 (Required per NAC 639.708)

E-mail: Kyle.decker@simplemedsrx.com Website: Simplemedsrx.com

Managing Pharmacist: Kyle Decker License Number: 26023016A

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

84318

k

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ Partnership - Pages 1,2,5,7

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

☒ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: TWIN LAKES PHARMACY, LLC

Physical Address: 15462 FM 1529

Mailing Address: Same as above

City: Houston State: TX Zip Code: 77095

Telephone: 832-529-6534 Fax: 281-815-4334

Toll Free Number: 877-694-3450 (Required per NAC 639.708)

E-mail: pharmacists@twinlakespharmacy.com Website: nla

Managing Pharmacist: Shelia Thomas License Number: 43505-TX

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Out of State

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,

83502



**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: Agevital Pharmacy, LLC

Physical Address: 16 S. Boulevard of Presidents Sarasota, FL 34236

Mailing Address: 16 S. Boulevard of Presidents

City: Sarasota State: FL Zip Code: 34236

Telephone: 941-388-0800 Fax: 941-388-0810

Toll Free Number: 855-228-4825 (Required per NAC 639.708)

E-mail: jenny@agevital.com Website: www.agevital.com

Managing Pharmacist: Ricky Nickerson License Number: PS32464

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

83778

M

# 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

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☐ 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: Eagle Pharmacy, Inc.

Physical Address: 2200 Riverchase Center Suite 675

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

City: Birmingham State: AL Zip Code: 35344

Telephone: 205-682-7999 Fax: 205-682-7616

Toll Free Number: 1-877- (Required per NAC 639.708)

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

Managing Pharmacist: Haleigh Cawood License Number: AL-15025

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

85140

N

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ 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: FAMILY L.T.C. PHARMACY, INC.

Physical Address: 1049-B Brookdale Street

Mailing Address: 1049-B Brookdale Street

City: Martinsville State: virginia Zip Code: 24112

Telephone: (276) 632-0816 Fax: (276) 632-0871

Toll Free Number: (855) 979-7222 (Required per NAC 639.708)

E-mail: pharmacylicense@hotmail.com Website: N/A

Managing Pharmacist: PENNY WYATT License Number: 0202006386

### TYPE OF PHARMACY

**AND**

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

83400

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ Partnership - Pages 1,2,5,7

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

☒ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Heartland Medical, LLC

Physical Address: 7955 Flint Street Lenexa, KS 66214

Mailing Address: 3640 ENTERPRISE WAY

City: MIRAMAR State: FL Zip Code: 33025

Telephone: (913) 703-5900 Fax: (855)225-2044

Toll Free Number: (844)504-5679 (Required per NAC 639.708)

E-mail: flickteig@hlmr.com Website: N/A

Managing Pharmacist: Jeffrey Hinchey License Number: \_\_\_\_\_

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

83498



P

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ 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: Infinite Care Pharmacy  
 Physical Address: 28248 N. Tatum Blvd Ste B4  
 Mailing Address: Same as above  
 City: Cave Creek State: AZ Zip Code: 85331  
 Telephone: 480.656.3349 Fax: 480.634.7851  
 Toll Free Number: 800.673.2590 (Required per NAC 639.708)  
 E-mail: pharmacist@infinitecare.com Website: infinitecare.com  
 Managing Pharmacist: Guy Barker License Number: Y005583

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

83499

A

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ 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: Meds Direct Rx of CA

Physical Address: 535 West 130th Street

Mailing Address: Same as above

City: Los Angeles State: CA Zip Code: 90061

Telephone: (310) 349-0600 Fax: (310) 349-2121

Toll Free Number: (855) 480-6337 (Required per NAC 639.708)

E-mail: complianceteam@medsdirectly.com Website: www.medsdirectly.com

Managing Pharmacist: David J. Ahoobim License Number: 71494

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
- ☐ ☒ Hospital (# beds \_\_\_\_)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

84118

R

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ 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: One Source Pharmacy & Medical Supplies

Physical Address: 15733 San Pedro Ave

Mailing Address: 15733 San Pedro Ave

City: San Antonio State: Tx Zip Code: 78232

Telephone: (210) 493-8378 Fax: (210) 408-0722

Toll Free Number: 1-866-834-7473 (Required per NAC 639.708)

E-mail: dwi.hene@onesourcemg.com Website: www.ONESOURCEmedicalgroup.com

Managing Pharmacist: David Witten License Number: 43597

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

84558

5

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Precision Rx Compounding LLC

Physical Address: 10323-A Cross Creek Blvd

Mailing Address: 10323-A Cross Creek Blvd

City: Tampa , State: FL , Zip Code: 32765 ,

Telephone: 813-973-2145 Fax: 888-843-3886

Toll Free Number: 888-780-3232 (Required per NAC 639.708)

E-mail: dryoussef@precisionscripts.com Website: www.precisionrxcompounding.com

Managing Pharmacist: Randy Chad Leonard License Number: PS39690 (FL)

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

84198

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ 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: Prescription Care Pharmacy

Physical Address: 5820 Stirling Road  
Hollywood, FL 33021

Mailing Address: 5820 Stirling Road

City: Hollywood State: Florida Zip Code: 33021

Telephone: 954-985-3999 Fax: 954-985-8689

Toll Free Number: 1 877 224-2305 (Required per NAC 639.708)

E-mail: IRUPHARM@gmail.com Website: prescriptioncarepharmacy.com

Managing Pharmacist: RWIN GORTLIEB License Number: 13495

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes in this section 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

fee pd  
1/22/15

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

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☐ 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: Reliable Super Drugs of Miami, LLC

Physical Address: 2108 NE 123rd Street

Mailing Address: 2108 NE 123rd Street

City: North Miami State: FL Zip Code: 33181

Telephone: (305) 893 5252 Fax: (305) 893 6761

Toll Free Number: 1-844-244-2788 (Required per NAC 639.708)

E-mail: Reliable rx@yahoo.com Website: Reliable Superdrugs.com

Managing Pharmacist: Seth LeHkew License Number: PS7614

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes in this section 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,**

8/778

# NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane — Reno, NV 89509

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

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☐ Partnership — Pages 1,2,5,7

☒ Non Publicly Traded Corporation — Pages 1,2,4,7

☐ Sole Owner — Pages 1,2,6,7

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

Pharmacy Name: Safeway Pharmacy #4905

Physical Address: 6100 Hellyer Ave. Suit 100

Mailing Address: (Same As Physical Address)

City: San Jose State: CA Zip Code: 95138

Telephone: 408-227-1098 Fax: 408-227-1206

Toll Free Number: 1-844-448-2291 (Required per NAC 639.708)

E-mail: Compounding@safeway.com Website: www.losaltospharmacy.com

Managing Pharmacist: John V. Castaldo License Number: RPH 31324

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds     )

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other:                     

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral \*\*

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding \*\*

☒ ☐ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding \*\*

☐ ☒ Other Services:                     

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

85138

W

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

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

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

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

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

Pharmacy Name: Script Shop Miami, LLC

Physical Address: 1680 Michigan Ave, suite 800 Miami Beach, FL 33139

Mailing Address: 1680 Michigan Ave, suite 800

City: Miami Beach State: FL Zip Code: 33139

Telephone: 888-888-1601 Fax: 305 832 3222

Toll Free Number: 888 - 888 - 1601 (Required per NAC 639.708)

E-mail: sergio@scriptshop.com

Website: \_\_\_\_\_

Managing Pharmacist: Adrienne Michelle Horn

License Number: PS 52589

**TYPE OF PHARMACY**

**AND**

**SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Other: \_\_\_\_\_

Answer Yes or No to Each Box

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,**

83380



X

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: PH03004-  
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: Sunflower Discount Pharmacy, LLC

Physical Address: 840 N. Oak Ave.

Mailing Address: 840 N. Oak Ave.

City: Buenille State: MS Zip Code: 38771

Telephone: 662-756-4381 Fax: 662-756-2045

Toll Free Number: 855-537-4276 (Required per NAC 639.708)

E-mail: sunrx@northsunflower.com Website: www.sunflowerdiscountpharmacy.com

Managing Pharmacist: Thomas E. Spell, Jr. License Number: E 08117

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

64055

Y

**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.

<input checked="" type="checkbox"/> <b>New Pharmacy</b> or <input type="checkbox"/> <b>Ownership Change</b> (Provide current license number if making changes: PH _____) Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> <b>Publicly Traded Corporation</b> – Pages 1,2,3,7	<input type="checkbox"/> <b>Partnership</b> – Pages 1,2,5,7
<input checked="" type="checkbox"/> <b>Non Publicly Traded Corporation</b> – Pages 1,2,4,7	<input type="checkbox"/> <b>Sole Owner</b> – Pages 1,2,6,7

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

Pharmacy Name: Trilogy Pharmacy

Physical Address: 2603 Oak Lawn Avenue Dallas, TX 75219

Mailing Address: 2603 Oak Lawn Avenue

City: Dallas State: TX Zip Code: 75219

Telephone: 877-216-8004 Fax: 214-206-9073

Toll Free Number: 877-216-8004 (Required per NAC 639.708)

E-mail: a@trilogyrx.com Website: www.trilogyrx.com

Managing Pharmacist: Charles Davis Parks License Number: 25396

<b><u>TYPE OF PHARMACY AND</u></b>	<b><u>SERVICES PROVIDED</u></b>
Yes/No <input checked="" type="checkbox"/> <input type="checkbox"/> Retail <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> <input checked="" type="checkbox"/> Internet <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear <input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center <input checked="" type="checkbox"/> <input type="checkbox"/> Community <input type="checkbox"/> <input type="checkbox"/> Other: _____  All boxes must be checked For the application to be complete	Yes/No <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral ** <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding ** <input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding ** <input type="checkbox"/> <input type="checkbox"/> 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,**

83500

Z

**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: DEN-MAT HOLDINGS, LLC  
Physical Address: 1017 WEST CENTRAL AVENUE, LOMPOC, CA 93436  
Mailing Address: PO BOX 1729  
City: LOMPOC State: CA Zip Code: 93438-1729  
Telephone: 805-346-3700 Fax: 805-347-7940  
Toll Free Number: 800-4-DENMAT  
E-mail: MHARTFELD@DENMAT.COM Website: WWW.DENMAT.COM  
Facility Manager: JANET KUZMITSKI

Professional qualifications and experience of facility manager: 30+ years experience managing warehouse operations & inventory control including receiving, storage and shipping. California Designated Representative License #EXC22839.

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: \_\_\_\_\_

AA

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

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

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

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

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

**GENERAL INFORMATION**

Facility Name: Exel Inc.  
Physical Address: 5920 Corporate Dr.  
Mailing Address: \_\_\_\_\_  
City: St. Joseph State: MO Zip Code: 64507  
Telephone: 614-865-5800 Fax: 614-865-8862  
Toll Free Number: \_\_\_\_\_  
E-mail: judith.garido@exel.com Website: www.exel.com  
Facility Manager: Daniel Hutcheson  
Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Page 1

NO DEA or List I

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BB

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

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

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

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

Facility Name: Fisher Bioservices, Inc.

Physical Address: 627 Lofstrand Lane, Rockville, MD 20850

Mailing Address: C/O State License Servicing, Inc. - 1751 State Route 17A, Suite 3

City: Florida State: NY Zip Code: 10921

Telephone: 301-762-1772 Fax: 301-762-4170

Toll Free Number: N / A

E-mail: fbs@slsny.com Website: www.fisherbioservices.com

Facility Manager: Baochau Le

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

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

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

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

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

CC

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

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

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

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

Limited Liability Company

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

**GENERAL INFORMATION**

Facility Name: Butler Animal Health Supply, LLC DBA: Henry Schein Animal Health

Physical Address: 920 Citation Blvd Lexington KY 40511

Mailing Address: 400 Metro Place North Dublin OH 43014

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

Telephone: 859-381-1073 Fax: 614-659-1693

Toll Free Number: NA

E-mail: BSmith@henryscheinvet.com Website: www.henryscheinvet.com

Facility Manager: Jammie 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  
☒ Other: Research/teaching institutions

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: \_\_\_\_\_

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DD

**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 Veterinary Supply, Inc

Physical Address: 21467 Holyoke Ave, Lakeville, Mn 55044

Mailing Address: 21467 Holyoke Ave, Lakeville, Mn 55044

City: Lakeville State: Minnesota Zip Code: 55044

Telephone: 952-894-4350 Fax: 952-469-1982

Toll Free Number: 800-328-2975

E-mail: Juane.Kittidge@midwestvet.net Website: www.midwestvet.net

Facility Manager: Judy Janke

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☒ Practitioners

☐ Hospitals

☐ Wholesalers

☐ Other: We sell only to licensed Veterinarians

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☒ Hypodermic Devices

☒ Poisons or Chemicals

☒ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

EE

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Novotec Pharma, Inc.  
Physical Address: 279 Princeton - Hightstown Rd.; Suite N  
Mailing Address: 279 Princeton - Hightstown Rd., Suite N  
City: East Windsor State: New Jersey Zip Code: 08520  
Telephone: 609 - 632 - 2239 Fax: 877 - 870 - 1240  
Toll Free Number: N/A  
E-mail: admin@novotecpharma.com Website: accelispharma.com  
Facility Manager: Piushbhai Patel

Professional qualifications and experience of facility manager see attached  
"Curriculum Vitae" of Piushbhai Patel

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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FF

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. LLC

**GENERAL INFORMATION**

Facility Name: ProPharma Distribution, LLC  
Physical Address: 6531 West 56th Avenue, Suite 31, Arvada, Colorado 80002  
Mailing Address: 3157 Zuni Street, Denver, Colorado 80211  
City: Arvada State: CO Zip Code: 80002  
Telephone: (303) 305-8253 Fax: N/A  
Toll Free Number: N/A  
E-mail: lellis@propharmadistribution.com Website: www.propharmadistribution.com  
Facility Manager: Levi Ellis

Professional qualifications and experience of facility manager: \_\_\_\_\_  
9+ years experience in drug distribution operations.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers  
☒ Other: Surgery Centers/Clinics

Type of Products to be handled or wholesaled 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**

GG

\$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.

**CHANGE OF NAME AND OWNERSHIP, NO CHANGE IN OFFICERS OR FEIN#**

☐ New Wholesaler                      ☒ Ownership Change  
(Please provide current license number if making changes: WH\_00847\_)

☐ 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: VALLEY WHOLESALE DRUG CO., LLC  
Physical Address: 1401 W. FREMONT STREET, STOCKTON, CA 95203  
Mailing Address: C/O STATE LICENSE SERVICING INC., 1751 ROUTE 17A, SUITE 3  
City: FLORIDA State: NY Zip Code: 10921  
Telephone: 845-544-2482 Fax: 845-544-2481  
Toll Free Number: N/A  
E-mail: HDS@SLSNY.COM Website: WWW.VEDCO.COM  
Facility Manager: DANIEL MATTEOLI  
Professional qualifications and experience of facility manager: PLEASE SEE ATTACHED RESUME

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

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

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

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

HH

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

#### FACILITY INFORMATION

Facility Name: ACS Products, Inc

Physical Address: 3016 Georgia Street, Louisiana, MO 63353  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 250 Williams Street, NW

City: Atlanta State: GA Zip Code: 30303

Telephone: 404-329-7834 Fax: 404-417-8011

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

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

Mon: 12 AM to 11:59 PM Tue: 12 AM to 11:59 PM Wed: 12 AM to 11:59 PM Thu: 12 AM to 11:59 PM

Fri: 12 AM to 11:59 PM Sat: 12 AM to 11:59 PM Sun: 12 AM to 11:59 PM Holidays: 12 AM to 11:59 PM

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

Name: Renee Gregory (573) 754-5511 ext. 3955

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

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

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

Name: Marcia Watts Telephone: (404) 929-6989

II

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: Aero-Med, Ltd.

Physical Address: 4747 Leston Avenue, Suite 803, Dallas, TX 75247

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

Mailing Address: 7000 Cardinal Place, OCLC - QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 214-638-2284 Fax: 214-638-2283

E-mail: gmb-facility-licensing@cardinalhealth.com Website: http://aero-med.com

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

Mon: 6 a.m. to 5 pm Tue: 6 a.m. to 5 pm Wed: 6 a.m. to 5 pm Thu: 6 a.m. to 5 pm

Fri: 6 a.m. to 5 pm Sat: Closed Sun: Closed Holidays: Closed

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

Name: Richard Kask - Warehouse Manager

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

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

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

Name: N/A

Telephone: \_\_\_\_\_

85240

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

**FACILITY INFORMATION**

Facility Name: Aero-Med, Ltd.

Physical Address: 3270 Summit Ridge Parkway, Suite 200, Duluth, GA 30096

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

Mailing Address: 7000 Cardinal Place, OCLC - QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 770-495-7558 Fax: 770-495-7594

E-mail: gmb-facility-licensing@cardinalhealth.com Website: http://aero-med.com

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

Mon: 8 a.m. to 5 p.m. Tue: 8 a.m. to 5 p.m. Wed: 8 a.m. to 5 p.m. Thu: 8 a.m. to 5 p.m.

Fri: 8 a.m. to 5 p.m. Sat: Closed Sun: Closed Holidays: Closed

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

Name: Justin Bolduc - Warehouse Manager

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

☐ Medical Gases\*\*

☐ Respiratory Equipment\*\*

☐ Life-sustaining equipment\*\*

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment\*\*

☐ Orthotics and Prosthesis

Other: Disposable Medical 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: \_\_\_\_\_

KK

# 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)

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

### FACILITY INFORMATION

Facility Name: Aero-Med, Ltd.

Physical Address: 2721 S. Harbor Blvd., Suite B, Santa Ana, CA 92704

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

Mailing Address: 7000 Cardinal Place, OCLC - QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 714-380-3530 Fax: 714-380-3535

E-mail: gmb-facility-licensing@cardinalhealth.com Website: http://aero-med.com

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

Mon: 7 a.m. to 3:30 pm Tue: 7 a.m. to 3:30 pm Wed: 7 a.m. to 3:30 pm Thu: 7 a.m. to 3:30 pm

Fri: 7 a.m. to 3:30 pm Sat: Closed Sun: Closed Holidays: Closed

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

Name: Jennifer Hall - Manager, Warehouse Operations

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

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

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

Name: N/A

Telephone: \_\_\_\_\_

85258

4

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

#### FACILITY INFORMATION

Facility Name: Aero-Med, Ltd.

Physical Address: 571 Nutmeg Road North, South Windsor, CT 06074

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

Mailing Address: 7000 Cardinal Place, OCLC - QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 860-659-0602 Fax: 614-652-0282

E-mail: gmb-facility-licensing@cardinalhealth.com Website: http://aero-med.com

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

Mon: 4 a.m. to 11:30 pm Tue: 4 a.m. to 11:30 pm Wed: 4 a.m. to 11:30 pm Thu: 4 a.m. to 11:30 pm

Fri: 4 a.m. to 11:30 pm Sat: Closed Sun: 11am to 8pm Holidays: Closed

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

Name: Richard Montovani

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

☐ Medical Gases\*\*

☐ Respiratory Equipment\*\*

☐ Life-sustaining equipment\*\*

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment\*\*

☐ Orthotics and Prosthesis

Other: Disposable Medical 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: \_\_\_\_\_

MM

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

### FACILITY INFORMATION

Facility Name: Aero-Med, Ltd.

Physical Address: 1400 North Mittel Blvd., Suite B, Wood Dale, IL 60191  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal Place, OCLC - QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 630-948-0748 Fax: 630-948-0750

E-mail: gmb-facility-licensing@cardinalhealth.com Website: http://aero-med.com

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

Mon: 6 a.m. to 4:30 pm Tue: 6 a.m. to 4:30 pm Wed: 6 a.m. to 4:30 pm Thu: 6 a.m. to 4:30 pm  
Fri: 6 a.m. to 4:30 pm Sat: Closed Sun: Closed Holidays: Closed

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

Name: Robert T Sanchez - Operations / Warehouse Manager

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

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

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

Name: N/A Telephone: \_\_\_\_\_

85239



NN

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

### FACILITY INFORMATION

Facility Name: Breathe Homecare, Inc.

Physical Address: 175 Technology Drive, Suite 100, Irvine, CA 92618  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 175 Technology Drive, Suite 100

City: Irvine State: CA Zip Code: 92618

Telephone: (949) 988-7753 Fax: (949) 988-7701

E-mail: info@breathehomecare.com Website: \_\_\_\_\_

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

Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00

Fri: 8:30 to 5:00 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Lawrence A. Mastrovich

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

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

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

Name: The Corporation Trust Company Telephone: (775) 888-4070  
of Nevada

83758

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

### FACILITY INFORMATION

Facility Name: Century Orthotics - Medical Equipment, LLC

Physical Address: 16522 House Hahl Rd #E2 Cypress, TX 77433  
(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: 713-597-0923 Fax: 832-201-8922

E-mail: customer.service@centuryorthotics.com Website: www.centuryorthotics.com

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

Mon: 8:30 to 4:30 Tue: 8:30 to 4:30 Wed: 8:30 to 4:30 Thu: 8:30 to 4:30

Fri: \_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Dorey Wiegand

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

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

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

Name: Tiffany Collins Telephone: 702-622-2038

PP

# 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)

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

### FACILITY INFORMATION

Facility Name: Medisphere Inc DBA: Flash Medical

Physical Address: 482 W. Arrow Hwy Ste E. San Dimas CA 91773  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: N/A State: N/A Zip Code: N/A

Telephone: (909) 592-4633 Fax: (888) 808-4633

E-mail: flashmedical@yahoo.com Website: N/A

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

Mon: 9:00 am to 7:00 pm Tue: 9:00 am to 7:00 pm Wed: 9:00 am to 7:00 pm Thu: 9:00 am to 7:00 pm  
Fri: 9:00 am to 7:00 pm Sat: closed Sun: closed Holidays: 9:00 am to 7:00 pm

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

Name: Darin Flashberg - President

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

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

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

Name: Darin Flashberg Telephone: (626) 922-8202

QQ

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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<input type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7

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

### FACILITY INFORMATION

Facility Name: Howell's Medical Equipment & Supply

Physical Address: 630 Meriweather Rd Ste. A Milledgeville, Ga. 31061  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 630 Meriweather Rd Ste. A

City: Milledgeville State: Ga. Zip Code: 31061

Telephone: (478) 414-1120 Fax: (478) 454-4077

E-mail: HowellT@hotmail.com Website: \_\_\_\_\_

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

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

Fri: 9 to 5 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Latonya N. Howell

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

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

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

83698

RR

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

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

#### FACILITY INFORMATION

Facility Name: Innovative Therapies, Inc.

Physical Address: 3770 Park Central Blvd, North Pompano Beach, FL 33064  
(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: 614-553-4640 Fax: 614-652-0282

E-mail: GMB-Facility-Licensing@cardinalhealth.com Website: www.itimedical.com

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

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

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


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

Name: Judith Harbour

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

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

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment\*\*
- ☐ Orthotics and Prosthesis

Other: Design, development, manufacture and distribution of Negative Pressure Wound Therapy devices, Dressings, and Accessories 

\*\*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: \_\_\_\_\_

SS

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW <u>MP00528</u> )	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Liberty Medical, LLC d/b/a Liberty Medical Supply

Physical Address: 2157 Apperson Drive, Salem Va 24153  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8881 Liberty Lane

City: Port St. Lucie State: FL Zip Code: 34952

Telephone: 772-398-2122 Fax: 844-363-4341

E-mail: LibertyLicensing@LibertyMedical.com Website: www.LibertyMedical.com

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

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

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

Name: David Wallace

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

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

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

TT

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

**FACILITY INFORMATION**Facility Name: Longhorn Health Solutions, Inc.Physical Address: 11310 W Hwy 290, Austin, TX 78737  
(This must be a business address, we can not issue a license to a home address)Mailing Address: 11310 W Hwy 290City: Austin State: TX Zip Code: 78737Telephone: 877-394-1860 Fax: 866-897-5881E-mail: hdavis@longhornhealth.com Website: www.longhornhealth.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 5Fri: 8 to 5 Sat: to Sun: to Holidays: to**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Melissa Sanchez**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

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

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

Name: N/A Telephone: N/A

84738



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## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

#### FACILITY INFORMATION

Facility Name: Mid-Delta Durable Medical Equipment

Physical Address: 15982 Hwy 49 W  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 373

City: Belzoni State: MS Zip Code: 39038

Telephone: 662 - 247 - 3660 Fax: 662 - 247 - 0296

E-mail: predd@mail.middelta.com Website: \_\_\_\_\_

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

Mon: 8:00 to 4:30 Tue: 8:00 to 4:30 Wed: 8:00 to 4:30 Thu: 8:00 to 4:30

Fri: 8:00 to 4:30 Sat: 8:00 to 4:30 Sun: 8:00 to 4:30 Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Pamela Redd

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

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

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**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

**FACILITY INFORMATION**

Facility Name: MONARCH MEDICAL & RELIAB SUPPLY INC

Physical Address: 1961 S. MAIN ST, SUITE 300  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1961 S. MAIN ST, SUITE 300

City: KELLER State: TX Zip Code: 76248

Telephone: 817-753-6337 Fax: 888-303-4136

E-mail: JEFF@MONARCHMEDICALSUPPLY.COM Website: MONARCHMEDICALSUPPLY.COM

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

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

Fri: 9 to 5 Sat: 10 to 4 Sun: — to — Holidays: — to —

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

Name: JEFF ABATE

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

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

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

W W

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

### FACILITY INFORMATION

Facility Name: Owens and minor distribution Inc.

Physical Address: 6201 Global distribution way, Ste. 101  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6201 Global distribution way, Ste. 101

City: Louisville State: KY Zip Code: 40228

Telephone: 502-671-7550 Fax: 502-491-3955

E-mail: Dwayne.Calek@owens-minor.com Website: www.owens-minor.com

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

Mon: 7 to 7 Tue: 7 to 7 Wed: 7 to 7 Thu: 7 to 7

Fri: 7 to 7 Sat: MA to MA Sun: MA to MA Holidays: NA to NA

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

Name: Chris Greene

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

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

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

Name: Chris Greene Telephone: (502) 671-7550

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XX

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: Owens and minor distribution, Inc.

Physical Address: 5125 Ontario Mills Pkwy. Ontario, CA 91764  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9120 Lockwood Blvd., Attn: Charles Burr

City: Mechanicsville State: VA Zip Code: 23116

Telephone: 909-801-8178 Fax: 909-801-8049

E-mail: Raisah.Deluyker@owens-minor.com Website: www.owens-minor.com

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

Mon: 7 to 7 Tue: 7 to 7 Wed: 7 to 7 Thu: 7 to 7  
Fri: 7 to 7 Sat: / to / Sun: / to / Holidays: / to /

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

Name: MARK McQUEENY

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

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

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment\*\*
- ☐ Orthotics and Prosthesis

Other: Negative Pressure Wound Care

\*\*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: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: Waterstone Acquisition, LLC, dba Pinnacle HME

Physical Address: 2341 West Beaver Creek Drive  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Powell State: TN Zip Code: 37849

Telephone: 800-355-7774 Fax: \_\_\_\_\_

E-mail: jsegar@pinnaclehmed.com Website: www.pinnaclehmed.com

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

Mon: 8:30 to 4:00 Tue: 8:30 to 4:00 Wed: 8:30 to 4:00 Thu: 8:30 to 4:00  
Fri: 8:30 to 4:00 Sat: Closed Sun: Closed Holidays: Closed

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

Name: Joel Segar

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

☒ Medical Gases\*\*

☒ Respiratory Equipment\*\*

☒ Life-sustaining equipment\*\*

☒ Diabetic Supplies

☒ Assistive Equipment

☒ Parenteral and Enteral Equipment\*\*

☒ Orthotics and Prosthesis

Other: TENS, Negative Pressure Wound Therapy

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

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

84323

22

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

### FACILITY INFORMATION

Facility Name: Troluna Inc.

Physical Address: 2275 Swallow Hill Road, Bldg. 600 Pittsburgh, PA 15220  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2275 Swallow Hill Road, Bldg. 600

City: Pittsburgh State: PA Zip Code: 15220

Telephone: 412-249-8493 Fax: 412-489-5244

E-mail: christina.troha@troluna.com Website: www.troluna.com

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

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

Fri: 9 to 5 Sat: NA Sun: NA Holidays: NA

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

Name: Christina Troha

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

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

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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AAA

**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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

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

Pharmacy Name: Horizon View Pharmacy

Physical Address: 2390 W. Horizon Ridge Pkwy Ste. 120

Mailing Address: SAME

City: Henderson State: NV Zip Code: 89052

Telephone: N/A (TBD) Fax: N/A (TBD)

Toll Free Number: N/A

E-mail: N/A (TBD) Website: N/A (TBD)

Managing Pharmacist: Karim Guirguis License Number: 17453

**Hours of Operation:**

Monday thru Friday	<u>9</u> am <u>5</u> pm	Saturday	<u>9</u> am <u>5</u> pm
Sunday	<u>9</u> am <u>5</u> pm	24 Hours	<u>NO</u>

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

BBB

**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

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>IA01447</u> )			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

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

Pharmacy Name: North Vista Hospital, INC.

Physical Address: 1409 E. Lake Mead Blvd., North Las Vegas, NV 89030-7120

Mailing Address: 1409 E. Lake Mead Blvd.

City: North Las Vegas State: NV Zip Code: 89030-7120

Telephone: (702) 649-7711 Fax: 702-657-5601

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

E-mail: NA Website: NA

Managing Pharmacist: Greg Blank License Number: 18882

**Hours of Operation:**

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input checked="" type="checkbox"/> Hospital (# beds <u>177</u> )	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

CCC

**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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

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

Pharmacy Name: Precision Surgery Center  
Physical Address: 1701 Bearden Drive, Suite 202, Las Vegas, NV, 89106  
Mailing Address: 1701 Bearden Drive, Suite 200  
City: Las Vegas State: NV Zip Code: 89106  
Telephone: (702) 310-9110 Fax: (702) 310-9114  
Toll Free Number: \_\_\_\_\_  
E-mail: zarg@apexmedicalcenter.net Website: \_\_\_\_\_  
Managing Pharmacist: Doug Cammann License Number: 13340

**Hours of Operation:**

Monday thru Friday 8 am 5 pm      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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# Nevada State Board of Pharmacy

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

March 12, 2015

Flotsol, Inc., Medical Supplies And Orthotics  
2411 W. Charleston Blvd.  
Las Vegas, NV 89102

Oluwole Adegboruwa  
7319 Crow Canyon Ave.  
Las Vegas, NV 89179

**RE: NOTICE OF SUMMARY SUSPENSION AND ORDER TO CEASE AND  
DESIST ALL OPERATIONS OF FLOTSOL, INC.**

Dear Mr. Adegboruwa:

The Nevada State Board of Pharmacy has confirmed through public records, including from the Eighth Judicial District Court in Las Vegas, Nevada, that on or about October 30, 2014, you were convicted of three felony counts and one gross misdemeanor count of criminal activity. In particular, court records show that you were found guilty of:

- (1) Submitting False Medicaid Claims in violation of NRS 422.540;
- (2) Theft in violation of NRS 205.0832;
- (3) Obtaining and Using Personal Identifying Information of Another Person for Unlawful Purposes in violation of NRS 422.570; and
- (4) Intentional Failure to Maintain Adequate Records in violation of NRS 205.463.

Public records further show that on March 2, 2015, you were sentenced as a result of your convictions, and placed on probation. During the probationary period, you are prohibited by court order from engaging in any business or activity that either directly or indirectly obtains payment from Nevada Medicaid.

In light of your conviction, Board Staff has grave concerns that your ownership and operation of Flotsol, Inc. is a substantial risk to the public. In particular, your conviction and sentencing means that the company is operating without a qualified administrator, and it is evident that the company is engaged in fraudulent and deceitful practices.

Therefore, **Flotsol, Inc.'s Medical Devices, Equipment and Gases (MDEG) registration is hereby suspended** pursuant to NAC 639.6958. This summary suspension is **effective immediately**. Flotsol, Inc. must **immediately cease all sales and dispensing of**

prescription-only products and devices. Further, it must segregate all such products and devices from its non-prescription inventory, and secure those products and devices in a manner that they cannot be dispensed or sold without written Board approval.

The Board's authority to suspend Flotsol, Inc.'s MDEG registration based in part on your actions arises under NRS 639.2122, which states that:

The Board may suspend, revoke or deny any certificate, license, permit or registration of a corporation where conditions exist in relation to any person holding 10 percent or more of the corporate stock of such corporation or to any officer or director of such corporation which would constitute grounds for disciplinary action against such person if he or she were a licensee.

The crimes for which you were convicted, and the court's order prohibiting you from engaging in any business that obtains payment from Nevada Medicaid, would be grounds for disciplinary action against your license if you were a licensee of the Board. Additionally, you own at least 10 percent of Flotsol, Inc.'s corporate stock, and you are the corporation's president, secretary, treasurer and sole director. Accordingly, NRS 639.2122 authorizes the Board to suspend or revoke Flotsol, Inc.'s MDEG registration.

You have the right to provide the Board with any evidence or information that would show that either the factual or legal reasons for this summary suspension are incorrect. Additionally, enclosed with this letter, and incorporated by reference herein, is a Notice of Intended Action and Accusation that will more fully inform you of the legal and factual basis for Flotsol, Inc.'s suspension. **The Board will hold a hearing on this matter at its next regularly scheduled meeting set for April 15-16, 2015, in Las Vegas, Nevada.** You are encouraged to attend.

If you have any questions relating to the suspension of Flotsol, Inc.'s registration, or regarding the requirement that Flotsol, Inc. cease to do business immediately, please feel free to contact me or the Board's general counsel, S. Paul Edwards.

Best regards,

A handwritten signature in blue ink, appearing to read "Larry L. Pinson", followed by a stylized flourish or second signature.

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

cc: S. Paul Edwards, General Counsel, Nevada State Board of Pharmacy

enclosure

MAR 11 2015

FILED

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FLOTSOL, INC.

Certificate of Registration No. MP00537,

Respondent.

CASE NO. 13-046-MP-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 Flotsol, Inc. (Flotsol), Certificate of Registration No. MP00537, was registered with the Board as a Medical Device, Equipment & Gases (MDEG) provider.

## II.

Flotsol, Inc. is owned and operated by Oluwole Adegboruwa (Mr. Adegboruwa).

A. SALE OF PRESCRIPTION-ONLY PRODUCTS WITHOUT A VALID PRESCRIPTION

## III.

On or about September 12, 2013, the Board Office received a consumer complaint alleging that Flotsol was selling compression hosiery to the public without a valid prescription at its store located at 2411 W. Charleston Boulevard, Las Vegas, Nevada, and from a kiosk located at an outlet mall on Charleston Boulevard.

IV.

Compression hosiery with a pressure rating of greater than 20 millimeters of mercury cannot be sold lawfully without a written or an oral prescription or order from a practitioner.

V.

On September 13, 2013, a Board Investigator and a Board Inspector went to the kiosk located in the outlet mall to investigate the complaint.

VI.

The Investigator and Inspector each observed a variety of compression hosiery on display, including prescription-required compression hosiery. The products were unsecured, open to public access and available for purchase without a prescription.

VII.

The Board Inspector approached the kiosk posing as a customer. He selected a pair of prescription-required compression hosiery and proceeded to Flotsol employee D.H. to purchase the hosiery.

VIII.

The Inspector asked D.H. if the hosiery he was purchasing required a prescription. D.H. responded that they did not. D.H. did not offer training by certified personnel in the fitting and use of the compression hosiery that the Inspector was purchasing.

IX.

D.H. asked for the Inspector's credit card to complete the sale. At that point, the Inspector and Investigator identified themselves to D.H.

X.

The Inspector and the Investigator, with D.H. present, inspected the products in the kiosk. The kiosk had an inventory of one hundred and twenty-seven pairs (127) of prescription-required compression hosiery.

XI.

The Inspector completed a "Receipt for Property" form itemizing the prescription-required compression hosiery products. He remained at the kiosk with D.H. while the Investigator went to Flotsol's main store located at 2411 W. Charleston Boulevard.

XII.

The Investigator entered Flotsol's store posing as a customer. He observed the compression hosiery products displayed in an unsecured area, with full public access to the prescription compression hosiery. The Inspector selected a prescription-required pair of compression hosiery and proceeded to the sale's counter.

XIII.

Flotsol employee T.C. assisted the Investigator. As T.C. was in the process of completing the sales transaction, the Investigator identified himself as an Investigator for the Board. The Investigator explained to T.C. that a prescription is required for the compression hosiery that he presented to her for purchase.

XIV.

During the interaction with the Investigator at Flotsol's store, Flotsol employee T.C. did not ask the Investigator for a prescription, inform him that a prescription is required or offer training by certified personnel in the fitting and use of the compression hosiery that he was purchasing.

XV.

Flotsol owner, Mr. Adegboruwa, presented himself to the Investigator at the sales counter. He told the Investigator that he was aware that a prescription is required for the compression hosiery that the Investigator was attempting to purchase.

XVI.

The Investigator instructed Mr. Adegboruwa to segregate the prescription-required products in a secure area that did not allow public access to the products.

XVII.

The Investigator asked Mr. Adegboruwa if Flotsol operates a kiosk located in the outlet mall. Mr. Adegboruwa admitted to having a kiosk, but denied that the kiosk contained prescription-required compression hosiery. Upon further questioning, Mr. Adegboruwa admitted to stocking a few pairs of prescription-required compression hosiery at the kiosk. The Investigator informed Mr. Adegboruwa that the kiosk is not registered with the Board to sell prescription-required products.

XVIII.

On September 4, 2014, a second Board Inspector conducted an annual inspection of Flotsol at its Charleston Boulevard location. That Inspector observed prescription-required compression hosiery displayed in an unsecured area that was open to public access. The Inspector provided Flotsol with documentation of the issues identified during the inspection. On the inspection form, he instructed Flotsol to segregate prescription-required products in a controlled area.

XIX.

On December 10, 2014, the Investigator and Inspector who visited Flotsol on September 13, 2013, returned to Flotsol's Charleston Boulevard location. Flotsol was in compliance with the regulations related to the securement of prescription-required compression hosiery.

B. MR. ADEGBORUWA'S FELONY AND MISDEMEANER CONVICTION

XX.

In October 2008, Mr. Adegboruwa was charged with three felony charges for (1) Submitting False Medicaid Claims in violation of NRS 422.540, (2) Theft in violation of NRS 205.0832, and (3) Obtaining and Using Personal Identifying Information of Another Person for Unlawful Purposes in violation of NRS 422.570, and an additional gross misdemeanor for Intentional Failure to Maintain Adequate Records in violation of NRS 205.463.

XXI.

On October 30, 2014, a jury found Mr. Adegboruwa guilty on all four charges.

XXII.

On March 2, 2014, Mr. Adegboruwa was sentenced. Eighth Judicial District Court Judge David Barker sentenced Adegboruwa to 19 to 48 months in prison on each of the false claims and theft charges, 364 days in jail for inadequate record keeping and 22 to 96 months for the unlawful use of another's identification. All sentences are to run concurrent to each other and were suspended. As part of the sentence, Adegboruwa was ordered to pay \$21,595.68 in restitution and costs of the investigation and prosecution.

XXIII.

As a significant part of his sentencing, Judge Barker also ordered that Mr. Adegboruwa can have no involvement with any business that directly or indirectly receives Medicaid payments.

XXIV.

The District Court's order applies to Flotsol, which is owned by Mr. Adegboruwa.

**FIRST CAUSE OF ACTION**

XXV.

By selling compression hosiery with a pressure rating of greater than 20 millimeters of mercury without a valid prescription, Flotsol, Inc. violated Nevada Administrative Code (NAC) 639.945(1)(h), (i), NAC 639.6941(1)(a), NAC 639.6949, NAC 639.695, and/or NAC 639.69545(1), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (12) and/or 16, and NRS 639.255.

**SECOND CAUSE OF ACTION**

XXVI.

By failing to provide training by a person who is certified in the use, fitting, maintenance and potential problems in the use of compression hosiery at the time the 20-30 mmHg



compression hosiery was dispensed and sold, Flotsol, Inc. violated NAC 639.945(1)(i), NAC 639.6941(1)(a) and (e), and NAC 639.6951(2) and (3), and/or NAC 639.69545(2), which violations are grounds for action pursuant to NRS 639.210(1), (4), and NRS 639.255.

### **THIRD CAUSE OF ACTION**

XXVII.

By failing to maintain a prescription record for compression hosiery with greater than 20 millimeters of mercury, which requires a prescription issued by a practitioner, Flotsol, Inc. violated NAC 639.482, NAC 639.695, NAC 639.706, and/or NAC 639.945(1)(h), and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), and/or (17), and/or NRS 639.236 and NRS 639.255.

### **FOURTH CAUSE OF ACTION**

XXVIII.

In failing to secure prescription-required merchandise, and allowing unauthorized public access to that merchandise, Flotsol, Inc. violated NAC 639.520(1), which violations are grounds for action pursuant to NRS 639.210(4) and NRS 639.255.

### **FIFTH CAUSE OF ACTION**

XXIX.

In the unlawful selling of prescription-required merchandise at a location which was not licensed by the Board, Flotsol, Inc. violated NAC 639.945(1)(f) and (k), NAC 639.6942 and/or NAC 639.6948, which violations are grounds for action pursuant to NRS 639.210(4), NRS 639.285, and NRS 639.255.

### **SIXTH CAUSE OF ACTION**

XXX.

As the MDEG in which the above violations occurred, Flotsol is responsible for the acts of its employees pursuant to NAC 639.945(2), NAC 639.6941(1)(a), (2), and/or (3), and is therefore subject to discipline pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

## SEVENTH CAUSE OF ACTION

XXXI.

NRS 639.2122 allows the Board to “suspend, revoke or deny any . . . registration of a corporation where conditions exist in relation to any person holding 10 percent or more of the corporate stock of such corporation or to any officer or director of such corporation which would constitute grounds for disciplinary action against such person if he or she were a licensee.”


Mr. Adegboruwa holds at least ten (10) percent or more of Flotsol, Inc.’s corporate stock, and he is the corporation’s president, secretary, treasurer and director, as indicated by information from the Nevada Secretary of State’s Office.

Mr. Adegboruwa’s felony conviction on charges of (1) submitting false Medicaid claims in violation of NRS 422.540, (2) theft in violation of NRS 205.0832, (3) obtaining and using personal identifying information of another person for unlawful purposes in violation of NRS 422.570, and his conviction of a gross misdemeanor of intentional failure to maintain adequate records in violation of NRS 205.463, along with his responsibility for the other allegations contained herein (*see* NAC 639.6941(1)(a), (2), and/or (3)), would constitute grounds for disciplinary action against him if he was a licensee, pursuant to NRS 639.210(1), (4), (6), (7) (a) and (c), (12), (17) and NRS 639.2121, as well as NRS 639.255.

Flotsol’s registration as a medical products provider authorized to sell medical devices, equipment and gases is therefore subject to discipline pursuant to one of more of the statutes or regulations cited above.

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 11<sup>th</sup> day of March, 2015.

  
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,	)	CASE NO. 13-046-MP-S
v.	)	
	)	STATEMENT TO THE
FLOTSOL, INC.	)	RESPONDENT NOTICE
Certificate of Registration No. MP00537,	)	OF INTENDED ACTION
	)	AND ACCUSATION
Respondent.	)	RIGHT TO HEARING
	/	

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

I.

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

II.

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

III.

The Board has reserved Wednesday, April 15, 2015, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 11<sup>th</sup> day of March, 2015.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>v.</b>	)	<b>CASE NO. 13-046-MP-S</b>
	)	
<b>FLOTSOL, INC.</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. MP00537,</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent.</b>	/	

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

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

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

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

DATED this \_\_\_\_ day of \_\_\_\_\_, 2015.

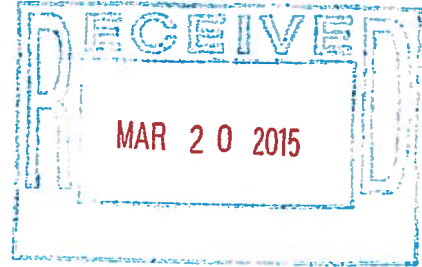
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Authorized Representative for,  
FLOTSOL, INC.

# Medical Supplies Las Vegas Inc.

2810 W Charleston Blvd, H83, Las Vegas, NV 89102. Email: mslv.nevada@gmail.com

March 23, 2015



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

To The Attention of Board Members  
Via: The Secretary of the Board,

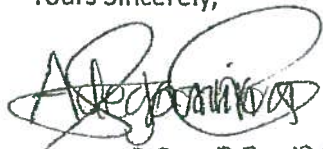
## Medical Supplies Las Vegas Inc: Petition for Reconsideration of MDEG Application

We do hereby request for a reconsideration of our application for the request of license for a Nevada MDEG facility with the following changes:

- The employment of a qualified staff as the new administrator. We will present the completed MDEG administrator application form at the April 15 – 16, 2015 board meeting.
- We will also like to amend our opening hours to 9am to 3pm Monday through Friday, as well as the Telephone number to be 702-912-4822 and Fax number to be 702-912-4823.

Thank you for your anticipated consideration to be scheduled on the next board meeting of April 15 and 16, 2015.

Yours Sincerely,



03-23-2015

Arinola L. Adegboruwa

Owner



has been elevated to pharmacy manager. Board Staff is satisfied that the circumstances that allowed the errors to arise no longer exist.

Mr. Dyer added that Rite Aid has reemphasized the current Policies and Procedures in order to prevent future errors.

President Gandhi called for pharmacy technicians, Vicki Gennarini and Rosemary McQuigg. Mr. Dyer explained the pharmacy technicians were subpoenaed as witnesses for their involvement in the case. He stressed the importance of technician's role in the practice of pharmacy.

Board Action:

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

Second: Kevin Desmond

Action: Passed Unanimously

6. Application for Nevada MDEG

Medical Supplies Las Vegas, Inc. – Las Vegas

Arinola Adegboruwa, owner/administrator, appeared and was sworn in by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards reminded the Board that Ms. Adegboruwa had appeared during the January 2015 meeting where the Board had expressed concern regarding the training she received at Flotsol, an MDEG owned by her father. Flotsol was being investigated by Medicaid and has since been convicted of Medicaid fraud. In the last meeting, the Board recommended Ms. Adegboruwa table her application and bring her father to the next meeting in order to address the Board's questions and concerns.

Ms. Adegboruwa informed the Board that since the January meeting her father is no longer acting as a consultant for Medical Supplies. She is currently taking a course on fitting diabetic shoes, which she anticipates to be completed in May. Ms. Adegboruwa stated she currently has the credits for an Associate's Degree in Biology.

The Board explained that an Associate's Degree in Biology would not fulfill the requirements for being an MDEG Administrator. The Board also expressed concern regarding the 1800 hours of training Ms. Adegboruwa received from Flotsol during a time they were committing Medicaid fraud.

Board Action:

Motion: Cheryl Blomstrom moved to deny the Application for Nevada MDEG for Medical Supplies Las Vegas, Inc.

Second: Tallie Pederson

Aye: Blomstrom, Wentworth, Desmond, Pederson  
Nay: Basch

Action: Motion Carried

The Board recommended Ms. Adegboruwa speak to her counsellor at the College of Southern Nevada about earning a degree directly related to patient care, or to hire a qualified administrator.

7. Applications for Nevada Pharmacy

A. Expedite Scripts Pharmacy – Las Vegas

Lydia P. Vito, part owner, and Teresita Zantha, part owner, appeared and were sworn in by President Gandhi before answering questions and offering testimony.

Ms. Vito explained that Expedite Scripts Pharmacy is a closed door retail pharmacy that will provide delivery service to small group homes.

The Board questioned Ms. Vito and Ms. Zantha regarding pharmacy manager, Paul Brous' past work experience and background. Ms. Vito explained that Mr. Brous was referred by a friend, and has not yet been interviewed in person by her or Ms. Zantha.

The Board expressed concern regarding the lack of business and pharmacy experience as well as a lack of knowledge of pharmacy law and failure to have even met the newly hired managing pharmacist. The Board offered Ms. Vito and Ms. Zantha the option to table the application until the April meeting. The Board strongly recommended Ms. Vito and Ms. Zantha interview Mr. Brous in person and requested that Mr. Brous appear at the April meeting to address the Board's concerns. The Board also suggested that Ms. Vito and Ms. Zantha become familiar with Nevada Pharmacy Law prior to their next appearance.

Ms. Vito and Ms. Zantha opted to table this matter until the April Board meeting.

- B. Haggen Pharmacy #2225 – Boulder City
- C. Haggen Pharmacy #2230 – Henderson
- D. Haggen Pharmacy #2231 – Henderson
- E. Haggen Pharmacy #2234 – Las Vegas
- F. Haggen Pharmacy #2232 – Las Vegas
- G. Haggen Pharmacy #2233 – Las Vegas

## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date

03/22/2015

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 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 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 Equipment & Orthotics Company

Nature of MDEG

Medical Supplies Las Vegas, Inc. 2810 W. Charleston Blvd Ste #83 Las Vegas NV

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

✓

Smith                      William                      M  
 Last Name                      First Name                      Middle Name

9999 W KATIE AVE #2023 LAS VEGAS NEVADA 89147  
Present Residence Address-Street or RFD City State/Zip

V.S.

**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.

2011- Present	Solomon Porch Counseling	70
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
CASE MANAGER	6167 W CHARLESTON BLVD LAS VEGAS NV	Georgia Russell
Title	Description of Duties	Name of Supervisor
	Develop + implement goals for clients	
2010- 2011	DUNBARVIN - 3625 W CRAIG BLVD	35
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Program Counselor	INSTRUCT CLIENTS IN LIFE SKILLS	
Title	Description of Duties	Name of Supervisor
2008 - 2010	Nebraska Cancer Institute	40
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Patient Navigator	ONE BREAKTHROUGH WAY - LAS VEGAS, NV	Terrell Ogden
Title	Description of Duties	Name of Supervisor
	DEVELOP RELATIONSHIPS WITH AGENCIES	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

V.S.

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

b)

Date: N/A

Case Number: N/A

c) Criminal Action:

State: N/A

Date: N/A

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.

*Currently working 30 hrs weekly  
which is the hours of operation  
for the organization*

ATTN

TA

3

Date of photo



I, VIVIAN M SMITH, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

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

Vivian M. Smith  
Original Signature of Applicant

## 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.

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

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

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

MDEG Name: MEDICAL SUPPLIES LAS VEGAS, INC.

Physical Address: 2810 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: 2810 W. CHARLESTON BLVD, SUITE #83

City: LAS VEGAS State: NV Zip Code: 89102

Telephone: 702 659 9100 Fax: 702 482 9710

E-mail: mslv.nevada@gmail.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 to CLOSED Sun: CLOSED to CLOSED Holidays: CLOSED to CLOSED

#### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: ARINDA L. ADEGBORUNWA

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

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

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



## APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

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

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐

3) Are any of the owners health professionals? If yes, please check the box and list name.

<input type="checkbox"/> Practitioner	Name: <u>N/A</u>
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: <u>N/A</u>
<input type="checkbox"/> Physician's Assistant	Name: <u>N/A</u>
<input type="checkbox"/> Physical Therapist	Name: <u>N/A</u>
<input type="checkbox"/> Occupational Therapist	Name: <u>N/A</u>
<input type="checkbox"/> Registered Nurse	Name: <u>N/A</u>
<input type="checkbox"/> Respiratory Therapist	Name: <u>N/A</u>

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

## APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

ARINOLA L. ADEGBORUNWA  
Print Name of Authorized Person

12/24/2014  
Date

Board Use Only

Received: 1-5-15

Amount: \$500.00

## 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. ADEGBORUNWA

For any corporation non publicly traded, disclose the following:

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

a)	<u>ARINDLA L. ADEGBORUNWA</u>	<u>7319 CROW CANYON AVE, LAS VEGAS, NV 89179</u>
	Name	Address
b)	<u>N/A</u>	<u>N/A</u>
	Name	Address
c)	<u>N/A</u>	<u>N/A</u>
	Name	Address
d)	<u>N/A</u>	<u>N/A</u>
	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. 100,000
- 3) What was the price paid per share? \$0.1
- 4) What date did the corporation actually receive the cash assets? 12/03/2014
- 5) Provide a copy of the corporation's stock register evidencing the above information

# Temple University

of the Commonwealth System of Higher Education

*By authority of the Board of Trustees and upon recommendation  
of the faculty hereby confers upon*

**Virian M. Smith**

*the degree of*

**Bachelor of Social Work**

*together with all the rights, privileges and honors appertaining  
thereto in recognition of the satisfactory completion of the  
course prescribed by the Faculty of the University.*

*In Testimony whereof the undersigned have subscribed  
their names and affixed the seal of the University this  
twenty-eighth day of August, in the year Nineteen Hundred  
and Eighty-one.*



*F. Guyon Dyer  
Chairman of the Board of Trustees*  
*George B. Hargrave  
Secretary of the University*

*Walter W. W. W. W.  
President of the University*

*John D. Langford  
Vice President*

# Eastern College

hereby confers upon

**Vivian M. Smith**

the degree of

**Master of Science**

together with all the rights, privileges and honors  
appertaining thereto in consideration of the  
satisfactory completion of the course prescribed  
by the Faculty of this College.



In Testimony Whereof, we have hereunto  
affixed the seal of the College and the  
signatures of the officers thereof.

Given at St. Davids, Pennsylvania, on  
this ninth day of September, 1994.

*F. André Thomas*

Chairman of the Board of Directors

*Roberta Hestenes*

President of the College

*Harold C. Howard*

Provost of the College

*Diana S. H. Bacci*

Registrar of the College

*W. Ward Gasque*

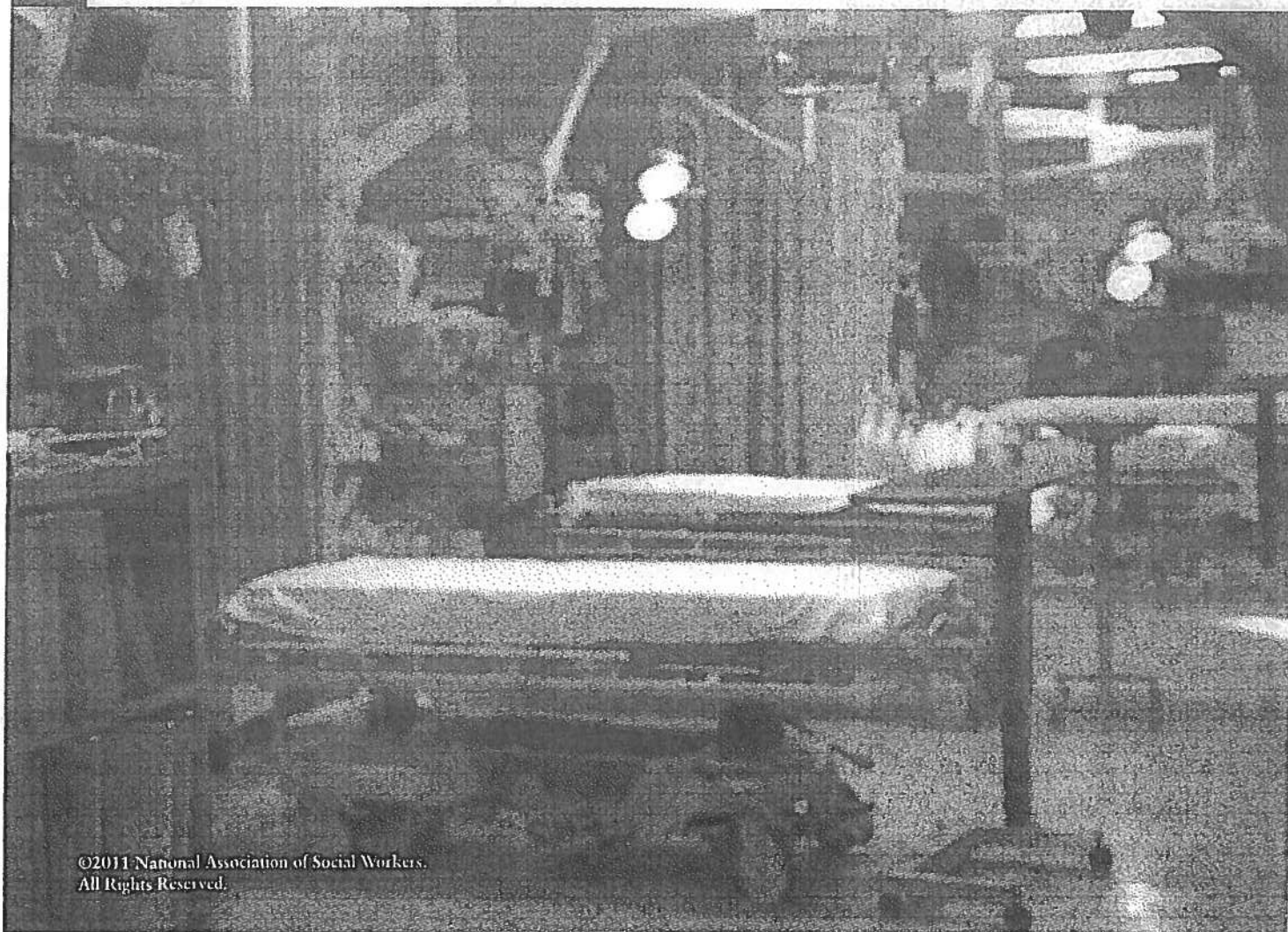
Dean of the College



NASW Center for Workforce Studies  
& Social Work Practice

# Social Workers in Hospitals & Medical Centers

## occupational profile



## Overview

Social workers in hospitals and medical centers provide frontline services to patients with conditions spanning the entire health care continuum. According to a national survey of licensed social workers, hospitals are the most common primary employment setting for health care social workers (Whitaker, Weismiller, Clark & Wilson, 2006). For purposes of this document, the term "hospital" refers to the variety of general and specialized acute care medical facilities. Hospital social workers practice in increasingly specialized environments, and are frequently assigned to specific medical units that are based on diagnosis, age, or gender (Gibelman, 2005). Examples of social work specialization within a hospital include pediatrics, oncology, nephrology, transplant, and emergency/trauma. In addition to clinical roles, social workers are also employed in hospital leadership roles, and may serve as managers or administrators for specific hospital programs such as mental health, aging or community outreach.

## Overview of Functions

Hospital social workers help patients and their families understand a particular illness, work through the emotions of a diagnosis, and provide counseling about the decisions that need to be made. Social workers are also essential members of interdisciplinary hospital teams. Working in concert with doctors, nurses, and allied health professionals, social workers sensitize other health care providers to the social and emotional aspects of a patient's illness. Hospital social workers use case management skills to help patients and their families address and resolve the social, financial and psychological problems related to their health condition. Job functions that a social worker might perform within a hospital include:

- Initial screening and evaluation of patient and families;
- Comprehensive psychosocial assessment of patients;
- Helping patients and families understand the illness and treatment options, as well as consequences of various treatments or treatment refusal;
- Helping patients/families adjust to hospital admission; possible role changes; exploring emotional/social responses to illness and treatment;
- Educating patients on the roles of health care team members; assisting patients and families in communicating with one another and to members of health care team; interpreting information;
- Educating patients on the levels of health care (i.e. acute, sub-acute, home care); entitlements; community resources; and advance directives;
- Facilitating decision making on behalf of patients and families;
- Employing crisis intervention;
- Diagnosing underlying mental illness; providing or making referrals for individual, family, and group psychotherapy;
- Educating hospital staff on patient psychosocial issues;
- Promoting communication and collaboration among health care team members;
- Coordinating patient discharge and continuity of care planning;
- Promoting patient navigation services;

9999 W Katie Ave.  
Apt 2023  
Las Vegas, NV. 89147

## Vivian Smith

- Work experience** *Solomon Porch Counseling* 2011 - Present  
*PSR/BST& Case Management*  
 -Work one on one with individuals in the home and  
 And in the community to:  
 -Develop & implement the participants goals  
 -Reduce the impact their goals have on there  
 Mental illness.
- Dungarvin* 2010 - 2011  
**Program Counselor**  
 - Instruct clients in life skills  
 - Personal & home care  
 - Meal planning & Preparation  
 - Leisure time planning  
 - Financial management, etiquette & socialization  
 - Assists clients in obtaining identified & agreed upon goals  
 And long term objectives
- Nevada Cancer Institute* 2008 - 2010  
**Patient Navigator/Community Educator**  
 - Develops relationships within the community  
 - Coordinates services & transportation  
 - Tracks interventions outcomes  
 - Provides psycho-social support  
 - Participates in direct mail sponsorship & marketing programs
- Pathways/Child Haven* 2006 - 2008  
**Youth Counselor**  
 - Administered basic skills program  
 - Evaluated youth in the program  
 - Formulated goal planning standards  
 - Initiated intake and assessments
- Caretaker* 2004- 2006  
**Family Member**  
 - Care Planning and Management  
 - Medication Management  
 - Home Health and Companion Care  
 - Legal Assistance
- Wyeth Pharmaceutical* 1988- 2004  
**Sr. Chargeback Administrator**  
 - Review and analyze hospital credit variances  
 - Provide hospital facilities with special price information  
 - Pharmaceutical contracts  
 - Edit database to reflect drug enforcement status and group affiliation  
 - Analyze trending history.

### Education

*Temple University*  
*BSW Social Work*

*Eastern University*  
*MS Heath Management*



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FINDING	HARM	DISCIPLINE RPH – TECH	DISCIPLINE PHARMACY
R.Ph. JCH violated conditions of his probation.	N/A	License revoked; stayed until probationary conditions met.	N/A
R.Ph. JE misfilled two prescriptions for the same patient: glimepride 4mg tablet prescription filled with doxazosin 4mg tablets; hydrocodone/APAP 5-325 mg filled with hydrocodone/APAP 10-325mg.	Dizziness nausea.	Pass PARE & Nevada law exam after which license on probation; complete four weeks of on-the-job training under direct supervisor of another pharmacist; may not work as PIC for a period of six months following on-the-job training.	\$250 admin fee; provide to Board Staff written policies and procedures and report errors to Board Office.
PT BM tested positive while at work.	N/A	Licensed suspended; PRN evaluation.	N/A
PT SD did not comply with Board Order.	N/A	Revoked	N/A
RPH misfilled estrogen prescription with wrong strength.	Mood swings; suicidal thoughts.	Fined \$1,000; CE on error prevention.	Develop policies and procedures related to error prevention; \$495 admin fee.
RPH allowed PTT to work unlicensed for 150 days.	N/A	Letter of reprimand; CE on pharmacy law; \$250 admin fee.	\$3,000 fine; develop system to prevent unlicensed personnel.
RPH JY misfilled 1) prescription written for clonazepam with clonidine; 2) misfilled prescription written for tramadol with trazodone.	Patient receiving the trazodone in error experienced dizziness and fell.	JY: Public letter of reprimand; \$1,500 fine; \$250 administrative fee; 2 hours of CE on error prevention; 1 hour of CE on the elements of a valid prescription.	\$250 administrative fee; \$1,500 fine.

RPH TW dispensed guanfacine prescription to the wrong patient. Pharmacy accepted and dispensed medications pursuant to a "master prescription" which did not meet federal and state requirements for a valid prescription.		TW: Public letter of reprimand; \$500 fine; \$250 administrative fee; 2 hours of CE on error prevention; 1 hour of CE on the elements of a valid prescription.	
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**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 13-047-MP-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>NOTICE OF INTENDED</b>
<b>EVERYTHING MEDICAL</b>	)	<b>ACTION AND ACCUSATION</b>
<b>Certificate of Registration No. MP00078,</b>	)	
	)	
<b>Respondent.</b>	/	

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 Everything Medical, Certificate of Registration No. MP00078, was a registered Medical Device, Equipment & Gases (MDEG) provider with the Board.

**II.**

On or about September 12, 2013, the Board Office received a consumer complaint alleging that Everything Medical, located at 1811 West Charleston Blvd., #2, Las Vegas, Nevada, was selling prescription-only compression stockings to the public without a valid prescription.

**III.**

Compression stockings with a pressure rating of greater than 20 millimeters of mercury requires a written or an oral prescription or order from a practitioner.

**IV.**

On September 13, 2013, Board Investigators visited Everything Medical's facility. One

Investigator entered the store posing as a customer. He went to the area where the compression hosiery was located. The compression hosiery products were displayed on open shelving in an unsecured area, with full public access to both prescription and non-prescription compression hosiery.

V.

Everything Medical employee M.N. offered to assist the Investigator. The Investigator told M.N. that he was from out of town and needed a pair of 20-30 compression hosiery. M.N. selected a pair of Jobst Medical LegWare for Men 20-30 mmHg Medium, Style Knee Ct., Cat. No. 115093.

VI.

The Investigator proceeded to the cash register to purchase the compression hosiery selected by M.N. Everything Medical cashier G.D. entered the purchase transaction through the cash register. When the transaction was complete, the Investigator identified himself as an Investigator from the Nevada State Board of Pharmacy. He explained to G.D. that the compression hosiery she sold to him required a prescription.

VII.

During their interaction with the Investigator, Everything Medical employees M.N. and G.D. never asked the Investigator for a prescription, did not inform him that a prescription is required to purchase the hosiery at issue, or offered training by certified personnel in the fitting and use of the compression hosiery.

VIII.

Immediately following this incident, both Investigators met with Jeffrey Kelemen (Mr. Kelemen), the owner of Everything Medical, and the store's office manager, Jody Gausling (Ms. Gausling). Neither individual could provide documentation of employee training or current policies and procedures regarding the sale or securement of prescription compression hosiery.

IX.

At the conclusion of the meeting, Mr. Kelemen and Ms. Gausling committed to correcting the deficiencies related to the compression hosiery issues.

X.

On September 24, 2013, Ms. Gausling provided, via email to one of the Board's Investigators, Everything Medical's written "Policies & Procedures for the Sale of Compression Hosiery." Ms. Gausling also included a copy of those policies and procedures signed by each Everything Medical employee acknowledging that they had received and reviewed the policies and procedures for compression hosiery.

XI.

On August 19, 2014, a Board Inspector conducted an annual inspection of Everything Medical. The Inspector observed on display prescription-required compression hosiery and prescription nebulizers on unsecured open shelves with full public access. The Inspector provided Everything Medical with documentation of the issues identified during the inspection, and the corrective measures Everything Medical needed to implement in order to be in compliance with Nevada law and regulations.

XII.

On or about September 1, 2014, Mr. Kelemen sent a notification to the Las Vegas Board Office regarding the corrective actions taken to address the issues identified during the August 2014 inspection. Mr. Kelemen's notification states that, "Excess RX stockings removed and placed in closed storage room until space available in locked display cabinet in store."

XIII.

On November 10, 2014, another Board Investigator visited Everything Medical and observed on display prescription-required compression hosiery on the sales floor in an unsecured location with public access. That Investigator instructed Mr. Kelemen to remove the compression hosiery with a pressure rating of greater than 20 millimeters of mercury from the sales floor or secure the products from public access.

XIV.

On December 10, 2014, a Board Investigator and a Board Inspector visited Everything Medical's facility. Everything Medical was in compliance with the regulations related to the securement of prescription-required compression hosiery.

**FIRST CAUSE OF ACTION**

XV.

By selling compression hosiery with a pressure rating of greater than 20 millimeters of mercury without a valid prescription, Everything Medical violated Nevada Administrative Code (NAC) 639.945(1) (g), (h) and (i), NAC 639.6941(1) (a), (e), (g), (h) and (j), NAC 639.6949, NAC 639.695, and/or NAC 639.69545(1), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), and/or NRS 639.255.

**SECOND CAUSE OF ACTION**

XVI.

By failing to provide training by a person who is certified in the use, fitting, maintenance and potential problems in the use of compression hosiery at the time the 20-30 mmHg compression hosiery was dispensed and sold to the Board Investigator, Everything Medical violated NAC 639.945(1) (i), NAC 639.6941(1) (a), NAC 639.6951(2), and/or NAC 639.69545(2), which violations are grounds for action pursuant to NRS 639.210(1), (4), and/or NRS 639.255.

**THIRD CAUSE OF ACTION**

XVII.

By failing to maintain prescription records for compression hosiery with greater than 20 millimeters of mercury, which hosiery requires a prescription issued by a practitioner, Everything Medical violated NAC 639.6949, NAC 639.695, and/or NAC 639.945(1) (h) or (i), which violations are grounds for action pursuant to NRS 639.210(4), and/or (17), and/or NRS 639.255.

#### **FOURTH CAUSE OF ACTION**

XVIII.

In failing to secure prescription-required merchandise, and allowing unauthorized public access to that merchandise, Everything Medical violated NAC 639.6941(a), NAC 639.6946(1)(h), which violations are grounds for action pursuant to NRS 639.210(4) and NRS 639.255.


#### **FIFTH CAUSE OF ACTION**

XIX.

As the MDEG in which the above violations occurred, Everything Medical is responsible for the acts of its employees pursuant to NAC 639.945(2), NAC 639.6941(1)(a) and (2), and is therefore subject to 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 10<sup>th</sup> day of March, 2015.

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

#### **NOTICE TO RESPONDENT**

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



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>Petitioner,</b>	)	<b>CASE NO. 13-047-MP-S</b>
<b>v.</b>	)	
	)	<b>STATEMENT TO THE</b>
<b>EVERYTHING MEDICAL</b>	)	<b>RESPONDENT NOTICE</b>
<b>Certificate of Registration No. MP00078,</b>	)	<b>OF INTENDED ACTION</b>
	)	<b>AND ACCUSATION</b>
<b>Respondent.</b>	)	<b>RIGHT TO HEARING</b>
	/	

---

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

I.

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

II.

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


III.

The Board has reserved Wednesday, April 15, 2015, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 10<sup>th</sup> day of March, 2015.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>v.</b>	)	<b>CASE NO. 13-047-MP-S</b>
	)	
<b>EVERYTHING MEDICAL</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. MP00078,</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Authorized Representative for,  
EVERYTHING MEDICAL

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

Everything Medical alleges that all portions of the law we were charged with as it is written has been corrected. We have removed all items from our retail floor including the prescription stockings and have constructed a locked cabinet to house them. All records since our inspection have been kept and prescriptions are required for one year time. All Rx respiratory equipment has been removed as well, and records are kept on all items not just CPAP. Our new system installed just this month will allow for better tracking and serializing of product. We have conducted two rounds of extensive training of our staff since this all occurred and all parties involved, from fitters to cashiers, are aware of all the rules and regulations that the Board has made clear for our company.

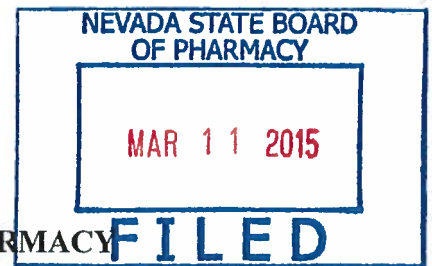
It was never our intent nor desire to break any laws or upset the powers that be in this matter. We have been in business for 18 years and run an honest and ethical practice. We are a family run business that is in the DME business for many reasons including assisting the elderly and disabled. We offer a retail environment unlike anything else in Southern Nevada and truly enjoy what we do. We have taken every step to correct our non-compliance and will strive to exceed the expectations in the future.

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 25<sup>th</sup> day of March, 2015.

  
\_\_\_\_\_  
Authorized Representative for,  
EVERYTHING MEDICAL



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DONNA RAYMOND, R.PH.

Certificate of Registration No. 18430,

CVS PHARMACY #8807

Certificate of Registration No. PH01406,

Respondents.

) CASE NO. 13-032-RPH-S

) CASE NO. 13-032-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 alleged conduct, Respondent Donna Raymond, R.Ph. (Ms. Raymond), Certificate of Registration No. 18430, was a registered pharmacist with the Board, and Respondent CVS Pharmacy #8807 (CVS), Certificate of Registration No. PH01406, was a pharmacy registered with the Board.

II.

On or about April 24, 2013, patient Sharon Heimburger (Ms. Heimburger) underwent a dental procedure. Following the procedure, Ms. Heimburger's dentist gave her a prescription for amoxicillin 500 mg. with instructions to take one tablet four times per day until gone (quantity 28). The dentist also gave Ms. Heimburger a prescription for hydrocodone-acetaminophen 5-500 mg. with instructions to take one tablet four times per day as needed for pain (quantity 4).



III.

Ms. Heimburger tendered both prescriptions to CVS, which filled and dispensed both medications that same day.

IV.

Over the course of two days, Ms. Heimburger ingested approximately one-half tablet per day from the medication vial labeled as hydrocodone-acetaminophen 5-500 mg. tablets, and approximately two doses from the vial labeled as amoxicillin 500 mg. capsules. On day two, she began to feel sick to her stomach and experienced sweating, dizziness and lightheadedness.

V.

Ms. Heimburger's husband checked both medication vials and discovered that the vial labeled as amoxicillin 500 mg. capsules actually contained hydrocodone-acetaminophen 5-500 mg. tablets. The medication vial labeled as hydrocodone-acetaminophen 5-500 mg. tablets also contained hydrocodone-acetaminophen 5-500 mg. tablets.

VI.

When Ms. Heimburger tendered the prescriptions at the CVS pharmacy drive-through window on April 24, 2013, the pharmaceutical technician at the window initiated the pre-data entry scan and accurately performed the data entry of Ms. Heimburger's prescriptions.

VII.

Pharmaceutical technician Cynthia Garcia (Ms. Garcia) initiated the filling process for both prescriptions. Ms. Garcia's normal procedure is to print the prescription labels, pull the medication from the shelf, scan the medication for accuracy, fill the prescription and then stage it for a pharmacist's verification.

VIII.

Ms. Garcia accurately filled the prescription for the hydrocodone-acetaminophen 5-500 mg. tablets (prescription number 866939). Ms. Garcia incorrectly filled the prescription written

for amoxicillin 500 mg. capsules with hydrocodone-acetaminophen 5-500 mg. tablets (prescription number 866938).

IX.

Respondent Ms. Raymond was the verifying pharmacist for both of Ms. Heimburger's prescriptions. She failed to detect the filling error when verifying the final product for prescription number 866938 (amoxicillin 500 mg. capsules).

X.

During the Board's investigation, Ms. Raymond explained that the CVS pharmacy computer verification screen displays an image of the drug. She opined in her written statement that she may have been interrupted during the verification process and "must not have verified the dispensed tablets against an image of the prescribed medication properly, and mistakenly indicated that the verification process was complete, bagged the medication, and stapled the bag shut."

XI.

Ms. Raymond alleges that she provided counseling to Mr. Heimburger, the patient's husband, when he picked up his wife's medications. She did not open the stapled bag to inspect the medications. Ms. Raymond indicated in her written statement that the opening of bagged medication is not CVS' standard procedure during counseling unless the patient requests to see the medication.

**FIRST CAUSE OF ACTION**

XII.

By filling and dispensing Sharon Heimburger's prescription with hydrocodone-acetaminophen 5-500 mg. tablets (prescription number 866938), rather than amoxicillin 500 mg. capsules as prescribed, Respondent Donna Raymond 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) and/or (12), and NRS 639.255.

## SECOND CAUSE OF ACTION

### XIII.

By failing to detect during counseling that prescription number 866938 was filled with hydrocodone-acetaminophen 5-500 mg. tablets, rather than amoxicillin 500 mg. capsules as prescribed, Ms. Raymond provided inadequate counseling in violation of NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and under NRS 639.255.

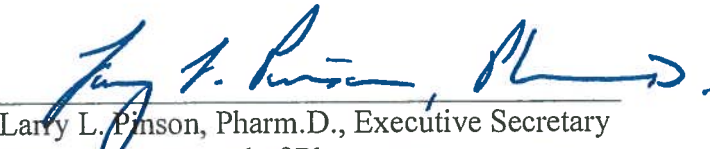
## THIRD CAUSE OF ACTION

### XIV.

As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent CVS Pharmacy #8807 is responsible for the acts of its employees and is therefore subject to discipline pursuant to NAC 639.945(1)(d), (i) and (2), and/or NAC 639.707(1) and (2), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

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

Signed this 10<sup>th</sup> day of March, 2015.

  
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**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>Petitioner,</b>	)	<b>CASE NO. 13-032-RPH-S</b>
<b>v.</b>	)	
	)	
<b>DONNA RAYMOND, R.PH.</b>	)	<b>STATEMENT TO THE RESPONDENT</b>
<b>Certificate of Registration No. 18430</b>	)	<b>NOTICE OF INTENDED ACTION</b>
	)	<b>AND ACCUSATION</b>
<b>Respondent.</b>	/	<b>RIGHT TO HEARING</b>

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

I.

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

II.

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

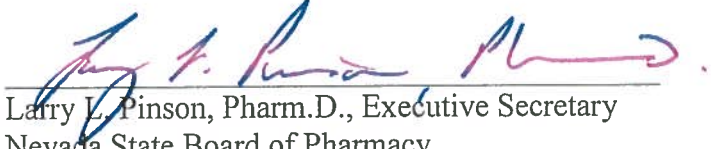
III.

The Board has reserved Wednesday, April 15, 2015, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 10<sup>th</sup> day of March, 2015.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>Petitioner,</b>	)	<b>CASE NO. 13-032-RPH-S</b>
<b>v.</b>	)	
	)	
<b>DONNA RAYMOND, R.PH.</b>	)	<b>ANSWER AND</b>
<b>Certificate of Registration No. 18430</b>	)	<b>NOTICE OF DEFENSE</b>
	)	
<b>Respondent.</b>	/	

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

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

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

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

DATED this \_\_\_\_ day of March, 2015.

---

DONNA RAYMOND, R.PH.

NEVADA STATE BOARD OF PHARMACY,	)	
	)	
Petitioner,	)	CASE NO. 13-032-PH-S
	)	
v.	)	STATEMENT TO THE RESPONDENT
	)	NOTICE OF INTENDED ACTION
CVS PHARMACY #8807	)	
Certificate of Registration No. PH01406	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent.	/	

I.

## II.

### III.

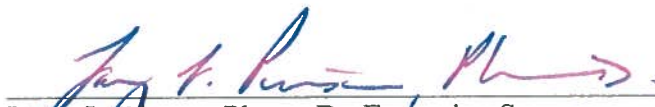
-1-



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 10<sup>th</sup> day of March, 2015.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>Petitioner,</b>	)	<b>CASE NO. 13-032-PH-S</b>
<b>v.</b>	)	
	)	
<b>CVS PHARMACY #8807</b>	)	<b>ANSWER AND</b>
<b>Certificate of Registration No. PH01406</b>	)	<b>NOTICE OF DEFENSE</b>
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of March, 2015.

---

Print or Type name

---

Authorized Representative For CVS Pharmacy #8807



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,

**Petitioner,**

v.

**NANCY QUACH, RPH**  
**Certificate of Registration No. 16345**

**WALGREENS PHARMACY #06615**  
**Certificate of Registration No. PH01643**

### Respondents.

**CASE NO. 15-001-RPH-S**  
**15-001-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 and these respondents because at the time of the alleged events, Respondent Nancy Quach (Ms. Quach) was a pharmacist licensed by the Board, and Respondent Walgreens Pharmacy #06615 (Walgreens) was a pharmacy licensed by the Board.

## II.

This Case involves two prescriptions, both for seventy-three-year-old patient J.H. J.H.'s physician, Beth Goldman, M.D. (Dr. Goldman), filed a complaint with the Board on behalf of J.H. In the complaint, Dr. Goldman alleged that Walgreens filled and dispensed two (2) prescriptions for J.H. with the wrong medication within a six month period.

1. **PRESCRIPTION NO. 580970 – OXYCODONE-ACETAMINOPHEN 7.5-325 MG. TABLETS**

III.

On July 29, 2014, J.H. saw Dr. Goldman, who prescribed a quantity of ninety (90) oxycodone acetaminophen 7.5-325 mg. oral tablets with instructions to take one tablet twice to three times daily.

IV.

Walgreens accepted the prescription and dispensed J.H.'s medication later that day.

V.

On August 27, 2014, J.H. returned to Walgreens to pick up a subsequent prescription for oxycodone-acetaminophen 7.5-325 mg. tablets. At that time, pharmacy staff discovered that Walgreens filled and dispensed J.H.'s July 29, 2014 prescription incorrectly. Rather than dispensing the oxycodone-acetaminophen 7.5-325 mg. tablets J.H.'s doctor prescribed, it dispensed oxycodone-acetaminophen 10-325 mg. tablets.

VI.

J.H. ingested ninety (90) of the erred medication with no reported adverse effects.

VII.

Pharmacist Ms. Quach performed the data entry of prescription number 580970. During data entry, Ms. Quach inadvertently selected oxycodone-acetaminophen 10-325 mg. tablets, rather than the oxycodone-acetaminophen 7.5-325 mg. tablets as prescribed.

VIII.

Ms. Quach performed data entry verification by reviewing the pharmacy computer screens to validate patient, prescriber and drug/product information at 09:10:53 a.m.

IX.

During data input, five Drug Utilization Review (DUR) warnings appeared on the computer screen. Two DUR warnings related to the patient's insurance plan. The other three DUR warnings identified potential drug related problems, including; caution in elderly use, therapeutic duplication

and drugs that interact or are affected by previously dispensed medications. Those warnings were indicated as follows:

- DUR Type: DRUG/HLTH COND  
DUR Description: ELDERLY INDICATES USING CAUTION WITH OXYCODONE/ACETAMINOPHEN 10-325MG TB
- DUR Type: DUPLICATE THERAPY  
DUR Description: SIGNIFICANCE: ABUSE/DEPENDENCY POTENTIAL  
DUPLICATION ALLOWANCE: 0  
OXYCODONE/ACETAMINOPHEN 10-325MG TB AND OXYCODONE/ACETAMINOPHEN 7.5-325MG TB ARE MEMBERS OF THE SHORT ACTING NARCOTIC ANALGESICS CLASS AND MAY REPRESENT DUPLICATE THERAPY
- DUR Type: DRUG DOSAGE CONDITION ENCOUNTERED  
DUR Description: 181 DAYS OF OXYCODONE/ACETAMINOPHEN 10-325MG TB AND PREVIOUS PRESCRIPTIONS FOR THIS GENERIC ENTITY(IES) MAY EXCEED THE RECOMMENDED GERIATRIC DURATION: 1-30 DAYS

X.

Per Walgreens' records, Ms. Quach overrode all five DUR warnings at 09:10:54 a.m., one second after performing data verification. During the investigation, Jaclyn Latteri, Walgreens District Pharmacy Supervisor, explained to the Board Investigator that the pharmacist has the option of overriding each DUR warning individually or to override multiple DUR warnings simultaneously.

XI.

Ms. Quach failed to detect the error in the strength of the oxycodone-acetaminophen tablets throughout the data entry and data verification process.

XII.

Ms. Quach was the verifying and dispensing pharmacist for J.H.'s prescription. Ms. Quach failed to detect the error when verifying the final product.

XIII.

Ms. Quach explained to the Board Investigator that when she performs the final product review, she does not always view the scanned image of the hard-copy of the prescription. That process is performed at data entry. Ms. Quach indicated that at the final verification, she validates the color, shape and markings on the drug against the image of the drug on the computer screen.

XIV.

Prescription No. 580970 was a new prescription. Pharmacy records indicate that counseling was declined as J.H. had received the same medication in the past.

2. **PRESCRIPTION NO. 603948 – OXYCODONE-ACETAMINOPHEN 7.5-325 MG. TABLETS**

XV.

On December 22, 2014, J.H. again saw Dr. Goldman, who prescribed a quantity of ninety (90) oxycodone-acetaminophen 7.5-325 mg. oral tablets, with instructions to take one tablet twice to three times daily.

XVI.

Walgreens accepted the prescription and dispensed the medication the same day.

XVII.

After ingesting eighteen (18) doses of the dispensed medication, J.H. contacted Dr. Goldman indicating that the medication was not working. During that call, J.H. identified the medication dispensed by Walgreens as hydrocodone-acetaminophen 7.5-325 mg. tablets, rather than the oxycodone-acetaminophen 7.5-325 mg. tablets the doctor prescribed.

XVIII.

Pharmaceutical technician Lena Roybal (Ms. Roybal) performed the data entry of prescription number 603948. During data entry, Ms. Roybal inadvertently selected hydrocodone-acetaminophen 7.5-325 mg. tablets.

XIX.

Ms. Quach performed data entry verification by reviewing three pharmacy computer screens to validate patient, prescriber and drug/product information. Ms. Quach failed to identify the error during data entry verification.

XX.

Pharmacy records indicate that Ms. Quach did not sufficiently review the screens as the documented time of review for each individual screen was 02:59:47 p.m. There was no time lapse between the screens reviewed. During data input, a DUR alert displayed on the computer screen as

follows:                   DUR Type: DRUG/HLTH COND  
DUR Description: ELDERLY INDICATES USING CAUTION WITH  
HYDRODCODONE/ACETAMINOPHEN 7.5-325 T

XXI.

According to pharmacy records, Ms. Quach entered an override for the DUR warnings at 02:59:48 p.m., a one second time lapse between data entry verification and the DUR override.

XXII.

Ms. Quach was the pharmacist who filled, verified and dispensed J.H.'s prescription. She failed to detect the error during the entire filling and verification process.

XXIII.

Ms. Quach stated during the investigation that she recalls focusing on the strength of the medication (7.5-325 mg.) because of the past error that she made on a prescription for the same patient. In doing so, she glanced at the drug name on the prescription and saw "acetaminophen" and thought she was dispensing the correct medication.

XXIV.

During the final product review, Ms. Quach does not always view the scanned image of the hard-copy of the prescription.

XXV.

Prescription number 603948 was a new prescription. Pharmacy records indicate that counseling was declined, as J.H. had received the same medication previously.

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

**(Prescription No. 580970 – Oxycodone-Acetaminophen 7.5-325 Mg. Tablets)**

XXVI.

In failing to strictly follow the instructions of J.H.'s physician by verifying and dispensing oxycodone-acetaminophen 10-325 mg. tablets, rather than the oxycodone-acetaminophen 7.5-325 mg. tablets that were prescribed, Ms. Quach violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.



**SECOND CAUSE OF ACTION**

**(Prescription No. 603948 – Oxycodone-Acetaminophen 7.5-325 mg. Tablets)**

XXVII.

In failing to strictly follow the instructions of J.H.'s physician by verifying and dispensing hydrocodone-acetaminophen 7.5-325 mg. tablets, rather than the oxycodone-acetaminophen 7.5-325 mg. tablets Dr. Goldman prescribed, Ms. Quach violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

**THIRD CAUSE OF ACTION**


**(Prescription Nos. 580970 and 603948 – Oxycodone-Acetaminophen 7.5-325 Mg. Tablets)**

XXVIII.

As the pharmacy in which the violations alleged above occurred, Walgreens is statutorily responsible for the actions of respondent Nancy Quach, 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.

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 10<sup>th</sup> day of March, 2015.

  
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.**

**NANCY QUACH, RPH**

**Certificate of Registration No. 16345**

**Respondent.**

---

) **STATEMENT TO THE RESPONDENT**  
) **NOTICE OF INTENDED ACTION**  
) **AND ACCUSATION**  
) **RIGHT TO HEARING**  
)  
) **CASE NO. 15-001-RPH-S**  
)  
)  
)

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

I.

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

II.

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


III.

The Board has reserved Wednesday, April 15, 2015, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 10<sup>th</sup> day of March, 2015.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>ANSWER AND</b>
	)	<b>NOTICE OF DEFENSE</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>NANCY QUACH, RPH</b>	)	<b>CASE NO. 15-001-RPH-S</b>
<b>Certificate of Registration No. 16345</b>	)	
	)	
<b>Respondent.</b>	)	
	/	

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

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

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

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

DATED this \_\_\_\_ day of March, 2015.

---

NANCY QUACH, R.PH.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>STATEMENT TO THE RESPONDENT</b>
	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Petitioner,</b>	)	<b>AND ACCUSATION</b>
<b>v.</b>	)	<b>RIGHT TO HEARING</b>
	)	
<b>WALGREENS PHARMACY #006615</b>	)	<b>CASE NO. 15-001-PH-S</b>
<b>Certificate of Registration No. PH01643</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

I.

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

II.

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

III.

The Board has reserved Wednesday, April 15, 2015, as the date for a hearing on this matter, at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 10<sup>th</sup> day of March, 2015.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>ANSWER AND</b>
	)	<b>NOTICE OF DEFENSE</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>WALGREENS PHARMACY #06615</b>	)	<b>CASE NO. 15-001-PH-S</b>
<b>Certificate of Registration No. PH01643</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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



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

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

DATED this \_\_\_\_ day of March, 2015.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE FOR  
WALGREENS PHARMACY #06615



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-087-PT-S
	)	
Petitioner,	)	
v.	)	
	)	NOTICE OF INTENDED ACTION
TARA HSIUNG, PT	)	AND ACCUSATION
Certificate of Registration No. PT13986,	)	
	)	
Respondent.	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Tara Hsiung, PT (Ms. Hsiung), Certificate of Registration No. PT13986, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about December 5, 2014, Board Staff received notification from the CVS Health Director of Regulatory Affairs (CVS) indicating that CVS terminated Ms. Hsiung from her employment as a pharmaceutical technician at CVS Pharmacy #08782. CVS terminated Ms. Hsiung's employment for diversion of controlled substances.

III.

During an interview conducted by a CVS Regional Loss Protection Manager, and in a written statement, Ms. Hsiung admitted to diverting approximately thirty (30) Xanax 1 mg. tablets, and one (1) tramadol 50 mg. tablet. Ms. Hsiung stated that she does not have insurance nor could she "easily" see a doctor. Ms. Hsiung allegedly diverted the Xanax for personal use to relieve her anxiety. She allegedly diverted the Tramadol for personal use to relieve menstrual cramps.

IV.

Ms. Hsiung also admitted to stealing eight (8) Starbucks coffee drinks to consume while she was working.


**FIRST CAUSE OF ACTION**

V.

By engaging in theft, including the diversion of controlled substances, namely, thirty (30) Xanax 1 mg. tablets and one (1) tramadol 50 mg. tablet, Tara Hsiung violated Nevada Revised Statute (NRS) 453.331(1)(d), NRS 453.336(1), NRS 453.338(1) and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

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

Signed this 10<sup>th</sup> day of March, 2015.

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

**NOTICE TO RESPONDENT**

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 14-087-PT-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>STATEMENT TO THE RESPONDENT</b>
<b>TARA HSIUNG, PT</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. PT13986</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	)	
	/	

---

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

I.

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

II.

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

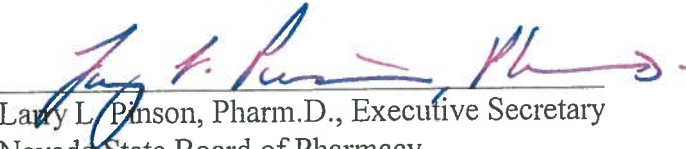
III.

The Board has reserved Wednesday, April 15, 2015, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 10<sup>th</sup> day of March, 2015.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 14-087-PT-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>TARA HSIUNG, PT</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. PT13986</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent.</b>	)	
	/	

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

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

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

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

DATED this \_\_\_\_ day of \_\_\_\_\_, 2015.

---

TARA HSIUNG

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

**APPLICATION BY RECIPROCATATION AS A PHARMACIST**

If you are requesting licensure by reciprocation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: Genda Middle: Anita Last: Zareei

Mailing Address: 39469 Gallaudet Dr #314

City: Fremont State: Ca Zip Code: 94538

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Anderson SC

Social Security Number: \_\_\_\_\_ Sex: ☐ M or ☒ F

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: SC 7837 Date of Issuance: 1/2/1992

**College of Pharmacy Information**

Graduation Date: 06/07/1991  
(mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Mercer University

Location of School: Atlanta Ga

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION.  
You also need to complete the college of pharmacy information

**Board Use Only**

Received: 2/25/15 Amount: \$330.00 Entity #: 83519

Laws \_\_\_\_\_ MPJE \_\_\_\_\_



Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
Ga	16963	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

\*\*Attach separate sheet if needed

Yes No			
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... <input type="checkbox"/> <input checked="" type="checkbox"/>			
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?..... <input type="checkbox"/> <input checked="" type="checkbox"/>			
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... <input checked="" type="checkbox"/> <input type="checkbox"/>			
If you marked YES to any of the numbered questions (1-3) above, please include the following information and provide an expiration or documents:			
Board Administrative Action:	State	Date:	Case #:
SC Board of Pharmacy	SC	6/13/2012	OIE #2011-18
Criminal Action:	State	Date:	Case #: County Court
		/ /	

### 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?.....Yes ☐ No ☐

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 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 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.

Genda Anita Zave  
 Original Signature, no copies or stamps accepted

2/15/2015  
 Date

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING & REGULATION  
BEFORE THE STATE BOARD OF PHARMACY

IN THE MATTER OF:

GENDA ZAREEI, R.Ph.,  
License No.: PH. 7837

RESPONDENT.

ORDER

This matter is before the Board pursuant to the petition of the Respondent. Genda Zareei, Respondent, is requesting release of her June 13, 2012, Consent Agreement. At its meeting on November 20, 2013, the Board considered this request with a quorum present. Applicant appeared without counsel and offered testimony to supplement her request. The Board voted to grant Respondent's request.

FINDINGS OF FACT

1. Respondent is licensed as a Pharmacist in South Carolina, with license number 7837.
2. Respondent voluntarily entered into the Consent Agreement on June 13, 2012.
3. Respondent has successfully completed the terms of her Consent Agreement, which included placing her license a in probationary status for a period of 1 year from the effective date of the Consent Agreement.

CONCLUSIONS OF LAW

Having testified and supplied the Board with evidence that she has fulfilled the terms of her Consent Agreement, Respondent's request is hereby GRANTED and her license is returned to good standing.

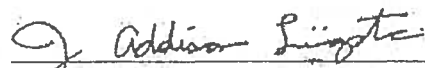
THEREFORE, IT IS ORDERED that:

1. Respondent's petition for release is GRANTED.

AND IT IS SO ORDERED.

SOUTH CAROLINA DEPARTMENT OF  
LABOR, LICENSING & REGULATION

STATE BOARD OF PHARMACY

  
J. ADDISON LIVINGSTON, R.Ph., PharmD  
Chairman

January 7, 2014.

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BEFORE THE STATE BOARD OF PHARMACY OF SOUTH CAROLINA**

In the Matter of:

**GENDA A. ZAREEI**

License No. PH.7837

OIE # 2011-18

**CONSENT AGREEMENT**

**Respondent**

By agreement of the State Board of Pharmacy of South Carolina (the Board) and the above-named Respondent, the following disposition of this matter is entered pursuant to the provisions of S.C. Code Ann. § 1-23-320(f) (1976, as amended), in lieu of, *inter alia*, a hearing before the Board. Respondent, admitting the allegations herein and agreeing to the sanctions as set forth below.

**FINDINGS OF FACT**

1. Respondent was licensed as a pharmacist at all times relevant to the matters asserted in this case. The Board has jurisdiction over this matter.
2. Respondent admits the following:
  - a. Respondent was a pharmacist at Cannon Memorial Hospital, located at 123 W.G. Acker Drive, in Pickens, South Carolina 29671. On April 6, 2011, Respondent admitted that she removed quantity of Tramadol from the hospital. DHEC took action against the Respondent as a result of this conduct. Respondent reported to the Recovering Professional Program (hereinafter "RPP") and received outpatient treatment.
  - b. Respondent further admits that as a result of the previous admissions herein, Respondent has violated S.C. Code Ann. §§ 40-43-86(DD)(5) and 40-1-110(1)(f) and (g)(Supp. 2010).
3. Respondent waives any further findings of fact with respect to this matter.

**CONCLUSIONS OF LAW**

1. Respondent admits that the conduct in this matter constitutes sufficient grounds for disciplinary or corrective action under South Carolina Code Ann. §§ 40-43-140 and 40-1-120 (Supp. 2010). Respondent hereby waives any further conclusions of law with respect to this matter.

2. Respondent has full knowledge that Respondent has the right to a hearing and representation by counsel in this matter, and freely, knowingly, and voluntarily waives such rights by entering into this Consent Agreement. Respondent understands and agrees that by entering into this Consent Agreement, Respondent voluntarily relinquishes any right to judicial review of Board action(s), which may be taken concerning any related matters. Respondent understands and agrees that this Consent Agreement will not become effective unless and until approved by the Board.

Respondent understand and agrees that a representative of the General Counsel's Office and Respondent may be present during presentation of this Consent Agreement to the Board. Respondent understands and agrees that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter.

**THEREFORE, IT IS AGREED WITH RESPONDENT'S CONSENT THAT:**

1. Respondent's license shall hereby be reinstated on the effective date of this Consent Order. Thereafter, Respondent's license shall be suspended; however, such suspension shall be immediately stayed and Respondent's license will continue uninterrupted in a probationary status, contingent upon Respondent's compliance with the following terms and conditions, which shall remain in effect for a period of not less than one (1) year and until further Order of the Board:
  - a. Respondent shall pay a fine of Two Hundred Fifty Dollars (\$250.00). The said fine shall be due at such time as this Consent Agreement is submitted to the full Board for approval. Payments must be in the form of cashier's check, money order, or other good funds. Failure to pay the said fine shall result in the immediate temporary suspension of the Respondent's license to practice as a pharmacist in this State until such amount is paid in full.
  - b. Respondent shall not act as a pharmacist-in-charge or permit holder during the effective dates of this Consent Agreement.
2. Respondent shall promptly advise this Board in writing of any changes in address, practice, professional status, or any other factors affecting compliance with this Consent Agreement. Correspondence and copies of reports and notices mentioned herein shall be directed to:

LLR-Board of Pharmacy  
P.O. Box 11927  
Columbia, SC 29211-1927
3. Respondent enters into this Consent Agreement freely and voluntarily and not under duress, restraint or compulsion.
4. It is understood and agreed that if Respondent fails to meet the conditions agreed to in this Consent Agreement, Respondent's license to practice as a pharmacist may be immediately administratively suspended pending compliance. Non-compliance may

result in further discipline. Any license law violations by Respondent constitute a failure to meet the conditions of this Consent Agreement.

5. Respondent agrees to comply with all state and federal statutes and regulations governing the practice of pharmacy.
6. Respondent shall cooperate with the Board, its attorneys, investigators, and other representatives in the investigation of Respondent's practice and compliance with the provisions of this Consent Agreement. Respondent may be required to furnish the Board with additional information as may be deemed necessary by the Board or its representatives. In addition to such requests, the Board in its discretion may require Respondent to submit further documentation regarding Respondent's practice, and it is Respondent's responsibility to comply with all reasonable requests in a timely fashion. Failure to comply with such requests is a violation of this Consent Agreement, and may result in the immediate temporary suspension of Respondent's license to practice pharmacy, pending a hearing and until further Order of the Board.
7. Pursuant to the South Carolina Freedom of Information Act, this Consent Agreement, with attachments, is a public document, and this action will be reported to the National Practitioner Data Bank in accordance with P.L. 99-660.
8. This Consent Agreement shall take effect upon service of an executed copy on the Respondent or counsel. Respondent's probationary period will run from the date of her participation agreement as set forth herein above.

**AND IT IS SO AGREED.**

**STATE BOARD OF PHARMACY**

June 13, 2012  
Date

Joseph D. Bushard  
Chairman of the Board

WE CONSENT: result in further discipline. Any license law violations by Respondent agree with the addition of the Consent Agreement.

  
**GENDA A. ZAREEI**

5-23-12

Date

Respondent

  
**WITNESS OR ATTORNEY**

5-23-12

Date

**PATRICK D. HANKS**

Date

Assistant General Counsel  
South Carolina Department of Labor,  
Licensing & Regulation

[Print this page](#)**Board: Pharmacy****Genda A Zareei**

Company name:

License number: 7837

License type: Pharmacist

Status: Active

First Issue Date: 01/02/1992

Expiration: 04/30/2016

PRIOR TERMS COMPLETED - IN GOOD STANDING:

## Board Public Action History:

<a href="#">View Orders</a>		<a href="#">View Other License for this Person</a>		
	Order Date	Name	License Type	License Number
<a href="#">View</a>	1/7/2014	Zareei, Genda A	PH	7837
<a href="#">View</a>	6/13/2012	Zareei, Genda A	PH	7837

[File a Complaint against this Licensee](#)

3-18-15

Karen A. Kinan  
381 N. Victoria Rd  
Woodstock, GA 30189

Nevada Board of Pharmacy  
431 W. Plumb Ln  
Reno, NV 89509

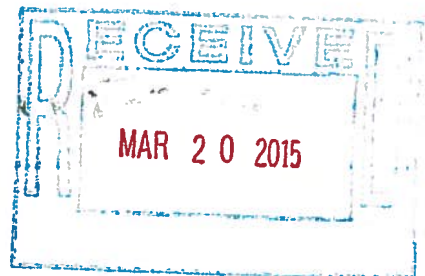
To Whom it May Concern,

My name is Karen Kinan, Nevada License number 10421. I am requesting an appearance with the board on the April agenda in Las Vegas to seek an opportunity to retake the naplex exam.

Sincerely,



Karen A. Kinan





**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW,  
AND ORDER REGARDING  
KAREN KINAN**

**KAREN KINAN, R.Ph.,  
Certificate of Registration #10421,**

**Case No. 01-125A-RPH-S**

**DORIS Y. CHAVEZ, P.T.,  
Certificate of Registration #PT00516,**

**Case No. 01-125B-PT-S**

**NEVADA STATE INSTITUTIONAL PHARMACY,  
Certificate of Registration #PH01511,**

**Case No. 01-125C-PH-S**

**OPTIA MEDICAL,  
Certificate of Registration #WH00976,**

**Case No. 01-125D-WH-S**

**Respondents.**

\_\_\_\_\_/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on March 6, 2002, in Reno, Nevada. The Board was represented by Louis Ling, General Counsel for the Board. Respondent Karen Kinan appeared and represented herself. The Board took testimony from Ms. Kinan. Based upon the presentations of the parties, the testimony of Ms. Kinan, her admissions made at hearing, and the public records in the possession of the Board, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

**FINDINGS OF FACT**

1. At hearing, Ms. Kinan admitted the facts as plead in the Notice of Intended Action and Accusation were true and correct, reserving the right to explain various

elements of the admitted facts. Based upon Ms. Kinan's admissions, Board staff presented no testimony or evidence. Ms. Kinan presented her own testimony. Based upon Ms. Kinan's admissions and the evidence presented at hearing, the following are found to be the facts of this matter.

2. On February 26, 1999, the Board issued a pharmacy license to Nevada State Institutional Pharmacy (NSIP) (#PH1292). NSIP was located at 5460 S. Cameron #101 in Las Vegas, Nevada. The owner of NSIP was DURRCO, a Nevada corporation whose address was 4723 Desert Plains Road in Las Vegas, Nevada. The sole shareholder and officer of DURRCO was Robert Stevens. At the time of the application, NSIP indicated that it intended to serve as an institutional, correctional, and long-term care pharmacy.

3. On August 5, 1999, the Board approved a new license to NSIP (#PH1399). At that time, the owner of NSIP was still shown to be DURRCO, but the sole shareholder and officer was now Roy C. Beall. The contact person for DURRCO was shown to be William Dahlberg.

4. On August 11, 1999, Mr. Beall resigned as president of DURRCO.

5. On January 27, 2000, Ms. Kinan became the managing pharmacist at NSIP. At all times pertinent to this matter after January 27, 2000, Ms. Kinan was the managing pharmacist for NSIP until October 16, 2001, at which time Alan Hrich became the managing pharmacist.

6. On February 25, 2000, an application to change the ownership of NSIP was submitted by DURRCO. At this time, the sole officer and shareholder of DURRCO were shown to be Thomas Martino.

7. On March 7, 2000, the Board's staff notified Mr. Martino that because of Mr. Beall's resignation and various corporate irregularities, Mr. Martino's/DURRCO's February 25, 2000 application was rejected and that NSIP was immediately to cease from operating as a pharmacy until a validly licensed entity could operate it.

8. On April 3, 2000, the Board's staff notified Mr. Martino that Mr. Martino/DURRCO could again resume the operation of NSIP because of clarifications made by Mr. Martino to his February 25, 2000 application. A new license number was issued (#PH1492).

9. On April 27, 2000, Mr. Martino notified the Board's office that he had resigned as the sole officer of DURRCO and that he would not be completing his purchase of DURRCO. It appears from documents accompanying Mr. Martino's letter to the Board that Mr. Martino had been negotiating the purchase of DURRCO/NSIP from Mr. Beall and Mr. Dahlberg, although the Board had no record that Mr. Dahlberg ever had any ownership interest in DURRCO/NSIP.

10. On or about May 8, 2000, the Board office received an application for change of ownership of NSIP. The ownership of NSIP was shown to be a partnership between Ms. Kinan and Doris Chavez as equal partners.

11. On June 15, 2000, Ms. Kinan and Ms. Chavez appeared before the Board at its regular meeting in support of their application to change the ownership of NSIP. At this hearing, Ms. Kinan and Ms. Chavez were questioned extensively regarding their intentions and financing. Ms. Kinan and Ms. Chavez made representations under oath that indicated that they understood that they were not to divert their discounted drugs to wholesalers and that they intended never to engage in such conduct. As a result of Ms.

Kinan's and Ms. Chavez' testimony, the Board unanimously approved the change of ownership of NSIP to the partnership made up of Ms. Kinan and Ms. Chavez.

12. On June 19, 2000, the Board's office issued a license to NSIP, now owned by the partnership of Ms. Kinan and Ms. Chavez (#PH1511).

13. On June 29, 2000, Mr. Martino incorporated Americo International (Americo). At no time has Americo ever been licensed by the Nevada Board of Pharmacy in any capacity.

14. On August 20, 2000, Mr. Martino entered into a Sales Contract with Mr. Dahlberg whereby Mr. Martino bought from Mr. Dahlberg a corporation called Big Sky Wholesale, Inc. (Big Sky). Big Sky was a Montana corporation whose address was 6597 Maltese Ave. #4, Bozeman, Montana. The Montana Department of Commerce had issued Big Sky a pharmaceutical wholesale distributor's license, and the officer who signed the license was Mr. Beall. At no time has Mr. Martino ever appeared in the public records of Montana, either at the Secretary of State's Office or at the Board of Pharmacy, as an owner or officer of Big Sky. Aside from the Sales Contract, it is unknown whether Mr. Martino ever had any formal or legal interest in Big Sky.

15. At no time has Big Sky ever been registered with the Nevada Secretary of State to do business as a corporation in Nevada, nor has Big Sky ever been licensed by the Nevada Board of Pharmacy as an out-of-state pharmaceutical wholesaler.

16. According to Mr. Martino, he has never visited Bozeman, Montana or the offices of Big Sky. Instead, according to Mr. Martino, Big Sky was merely a "paper company." According to Mr. Martino, he operated using the name of Big Sky from his home in Las Vegas.

17. On August 30, 2000, a Partnership Agreement was signed by Ms. Kinan (purportedly on behalf of DURRCO) and Mr. Martino (purportedly on behalf of Americo). The agreement indicated that Americo would transfer 1250 shares of its stock to DURRCO for no cost. It is unknown whether any actual shares were ever issued by Americo to DURRCO, whether DURRCO ever paid any consideration for the shares, whether the board of directors of Americo or DURRCO ever approved the transaction, or whether the partnership ever conducted any business. The purported partnership between DURRCO and Americo was never publicly acknowledged or recorded in the records of any public agency in Nevada or anywhere else in the United States.

18. On October 6, 2000, the Board received an application for a pharmaceutical wholesaler license to Optia Medical (Optia) located at 3111 S. Valley View Blvd. #A121 (WH00976). The owner of Optia was shown to be Americo, and the sole shareholder and officer of Americo was shown to be Mr. Martino. Americo's corporate office was shown to be 5054 Schumann Drive in Las Vegas, Nevada, which address was also shown to be Mr. Martino's residence.

19. On December 7, 2000, the Board held a hearing regarding Optia's application. At that hearing, Mr. Martino represented that Optia would only be selling prescription drugs and medical supplies to oncology practices and independent pharmacies. Mr. Martino also represented that he would not be selling prescription drugs to other wholesalers and that he would not purchase prescription drugs from pharmacies. Based upon Mr. Martino's representations, the Board conditionally granted Optia's application. The conditions, which were confirmed in a letter from Board staff dated December 15, 2000 and were to last for 180 days, included:

1. Optia could not purchase any drugs from any pharmacy.
2. Optia could not sell any drugs to any pharmaceutical wholesaler.
3. Optia would submit a written business plan to the Board's Reno office by January 7, 2000.
4. Optia would be subject to random records and premises checks.

20. In March 2000, Ms. Kinan and Mr. Martino began a personal and sexual relationship that continued at least until February 2001.

21. In August 2000, Ms. Kinan and Mr. Martino began a business relationship by which NSIP would divert deeply discounted drugs to Mr. Martino for resale by Mr. Martino to other pharmaceutical wholesalers. The deep discounts came as a result of Ms. Kinan's, Ms. Chavez', and NSIP's representations in contractual documents that they would only use the deeply discounted drugs for the use of NSIP's institutionalized patients. Ms. Kinan provided no documents from NSIP to document the sale or transfer of prescription drugs to Mr. Martino, Big Sky, Americo, or Optia. The only documents found in NSIP's records that document the transactions were created by Mr. Martino. These documents, whether labeled "Purchase Order" or "Transfer Request," do not comply with NAC 639.709(4). In particular, the documents do not contain the title, "Statement Identifying Transfers of Drugs, Controlled Substances, Poisons, Chemicals, Devices or Appliances by Pharmacists to Wholesalers or Manufacturers," and do not show any information identifying NSIP's purchase of the drugs from Cardinal.

22. At hearing, Ms. Kinan explained that Mr. Martino would contact her by telephone or facsimile and give her a list of drug he desired her to purchase. Ms. Kinan would then order as many of the drugs as she could obtain from NSIP's primary

wholesaler, Cardinal Distribution. Ms. Kinan would then fax to Mr. Martino a confirmation list she had received from Cardinal. When the drugs arrived at NSIP, Ms. Kinan would contact Mr. Martino, and either he or his employee would arrange with Ms. Kinan to transfer the drugs. Mr. Martino would provide to Ms. Kinan a document entitled "Purchase Order" that would show NSIP as the Vendor, Big Sky as the purchaser, and Americo as the "Ship To" location. Mr. Martino would also provide to Ms. Kinan two checks, one made payable to NSIP in the full amount to pay for the drugs on the purchase order and the second made payable to Ms. Kinan. Though Ms. Kinan was not sure of the amounts of the second checks made payable to her personally, she did not dispute that the amounts may have been for approximately 10% of the amount paid to NSIP. The following table shows the transactions between Ms. Kinan and Mr. Martino that were conducted according to the above-described method:

Trans. Date	PO #	Vendor	Ship To	# of Separate Drugs	Invoice \$
8/28/00	1	NSIP	Americo (MT)	55	\$10,359.28
8/29/00	3	NSIP	Americo (MT)	45	\$11,122.75
9/6/00	4	NSIP	Americo (MT)	19	\$11,637.89
9/12/00	5	NSIP	Americo (MT)	20	\$10,231.75
9/26/00	7	NSIP	Americo (MT)	15	\$6,745.96
10/4/00	8	NSIP	Americo (MT)	17	\$7,308.45
10/11/00	9	NSIP	Americo (MT)	30	\$14,929.27
10/20/00	10	NSIP	Americo (MT)	11	\$6,909.34
10/25/00	11	NSIP	Americo (MT)	13	\$9,678.94
11/1/00	12	NSIP	Americo (MT)	31	\$14,015.18
11/9/00	13	NSIP	Americo (MT)	23	\$13,840.16
11/13/00	14	NSIP	Americo (MT)	33	\$17,747.00
11/20/00	15	NSIP	Americo (MT)	27	\$16,734.55
12/12/00	18	NSIP	Americo (MT)	30	\$20,063.36
12/19/00	19	NSIP	Americo (MT)	35	\$21,761.19
12/26/00	20	NSIP	Americo (MT)	33	\$22,227.29
1/3/01	21	NSIP	Americo (MT)	30	\$19,139.82
1/10/01	22	NSIP	Americo (MT)	40	\$23,072.61
1/17/01	23	NSIP	Americo (MT)	33	\$19,781.49
1/23/01	24	NSIP	Americo (MT)	36	\$21,003.87
1/30/01	25	NSIP	Americo (MT)	35	\$31,412.18
2/6/01	26	NSIP	Americo (MT)	39	\$25,561.82

2/12/01	27	NSIP	Americo (MT)	50	\$31,356.22
2/20/01	28	NSIP	Americo (MT)	43	\$33,644.82
2/29/01	29	NSIP	Americo (MT)	41	\$36,228.09
3/5/01	31	NSIP	Americo (MT)	32	\$31,593.95
3/20/01	33	NSIP	Americo (MT)	39	\$36,783.72
3/27/01	33	NSIP	Americo (MT)	38	\$36,754.80
4/2/01	33	NSIP	Americo (MT)	49	\$32,476.19
4/3/01	34	NSIP	Americo (MT)	41	\$40,314.06
4/16/01	35	NSIP	Americo (MT)	35	\$32,002.60
4/22/01	36	NSIP	Americo (MT)	32	\$38,777.96
4/29/01	37	NSIP	Americo (MT)	35	\$38,586.42
5/6/01	38	NSIP	Americo (MT)	45	\$48,601.41
5/8/01	39	NSIP	Americo (MT)	45	\$40,642.33
5/14/01	40	NSIP	Americo (MT)	28	\$34,534.87
5/17/01	41	NSIP	Americo (MT)	32	\$45,023.25
5/23/01	42	NSIP	Americo (MT)	27	\$43,249.90
5/29/01	43	NSIP	Americo (MT)	35	\$40,539.10
6/8/01	44	NSIP	Americo (MT)	42	\$59,075.34
6/13/01	45*	NSIP	Americo (UT)	40	\$58,419.95
6/19/01	46*	NSIP	Americo (UT)	34	\$45,895.92
6/25/01	47*	NSIP	Americo (UT)	37	\$42,183.81
7/1/01	48*	NSIP	Americo (UT)	37	\$48,115.08
7/8/01	49*	NSIP	Americo (UT)	35	\$45,757.08
7/16/01	50*	NSIP	Americo (UT)	44	\$49,950.95
7/19/01	51*	NSIP	Americo (UT)	41	\$47,367.76
7/30/01	52*	NSIP	Americo (UT)	37	\$48,445.01
8/6/01	53*	NSIP	Americo (UT)	38	\$46,237.29
8/13/01	54*	NSIP	Americo (UT)	40	\$51,630.04
8/20/01	57*	NSIP	Americo (UT)	45	\$51,384.88
8/22/01	55*	NSIP	Americo (UT)	39	\$47,610.53
8/27/01	56*	NSIP	Americo (UT)	33	\$42,256.46
9/3/01	58*	NSIP	Americo (UT)	43	\$48,058.82
9/10/01	59*	NSIP	Americo (UT)	39	\$57,450.65
9/17/01	60*	NSIP	Americo (UT)	43	\$48,258.88
9/21/01	61*	-NONE-	Americo (UT)	38	\$57,960.67
9/24/01	62*	NSIP	Americo (UT)	36	\$46,496.64
10/1/01	63*	NSIP	Americo (UT)	32	\$45,950.55
10/7/01	64*	NSIP	Americo (UT)	43	\$56,091.95
	* - entitled "Transfer Request"			2,113	\$2,040,992.10

The checks paid to NSIP by Mr. Martino were drawn on an account under the name of Big Sky Wholesale, but the address shown on the checks was 5054 Schumann Drive in Las Vegas, Nevada, not 6597 Maltese Ave #4 in Bozeman, Montana. The 5054 Schumann Drive address is believed to be Mr. Martino's residence address.



23. The sales or transfers by Ms. Kinan to Mr. Martino, Big Sky, Americo, or Optia constituted in excess of 10% of the total amount of prescription drugs purchased by NSIP during the period of August 2000 through October 2001.

24. For the period of August 2000 through February 2001, almost all of the drugs purchased by Mr. Martino from Ms. Kinan were immediately sold to RPM Marketing (RPM), a Nevada licensed wholesaler located at 1111 Mary Crest, Suite N in Henderson, Nevada. Though the addresses for Big Sky and Americo were shown on the purchase orders to be in Bozeman, Montana, the drugs never left Nevada and were, rather, simply delivered by Mr. Martino to RPM's office in Henderson. Mr. Martino worked for RPM from January 1999 through January 2000.

25. At hearing, Ms. Kinan explained that she had intended to cease dealing with Mr. Martino when either she and NSIP had banked \$100,000 as a result of the transactions or December 2001 concluded, whichever came first. Ms. Kinan admitted that she was a gambling addict and that she had spent much of the money, with the exception of the money she used to pay household expenses, to support her addiction. Though Ms. Kinan did not know exactly how much she had personally received from Mr. Martino, Ms. Kinan did not disagree with a suggested figure of between \$100,000 and \$150,000. Ms. Kinan believed that the reason Ms. Chavez called the Board's office in October 2001 to report the transactions between Ms. Kinan and Mr. Martino was that Ms. Kinan had informed Ms. Chavez that Ms. Kinan would discontinue the transactions either in December or after NSIP had banked \$100,000 from the transactions.

26. To her credit, Ms. Kinan fully admitted her involvement with Mr. Martino and his businesses, that she knew that what she was doing was wrong and illegal at the

time that she did it, and that she accepted responsibility for her actions. Under questioning from the Board, Ms. Kinan conceded that she had not abided by the representations she had made to the Board at NSIP's licensing hearing.

### **CONCLUSIONS OF LAW**

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Karen Kinan is a pharmacist licensed by the Board.
2. In engaging in the business of wholesale distribution of prescription drugs without a wholesaler's license, Ms. Kinan violated NRS 639.100(1), 639.210(4), and 639.233(1) and NAC 639.945(1)(g) and (i). Each of the 64 known wholesale transactions conducted by Ms. Kinan constituted a separate count for purposes of discipline under NRS 639.255.
3. In selling or transferring more than 10% of the total amount of prescription drugs purchased by NSIP to Mr. Martino, Big Sky, Americo, or Optia, Ms. Kinan violated NRS 639.210(4) and (12) and NAC 639.709(1)(d) and (2).
4. In failing to make and keep documents regarding the sales of prescription drugs to a wholesaler (Mr. Martino, Big Sky, Americo, or Optia), Ms. Kinan violated NRS 639.210(4) and (12) and NAC 639.709(4)(a) and (b).
5. In selling or otherwise transferring over \$2,000,000 in prescription drugs to a company or companies that are not licensed in Nevada as pharmaceutical wholesalers, Ms. Kinan violated NRS 639.210(4) and (12) and NAC 639.945(1)(g). Each of the 64 known transactions between NSIP and an unlicensed entity constituted a separate count for purposes of discipline under NRS 639.255.

6. In allowing, condoning, and participating in the misuse of NSIP's pharmacy license and in failing to make and keep accurate records regarding NSIP's transactions as the managing pharmacist for NSIP, Ms. Kinan violated NRS 639.210(4), (12), and (15) and NAC 639.945(1)(h) and (i).

### ORDER

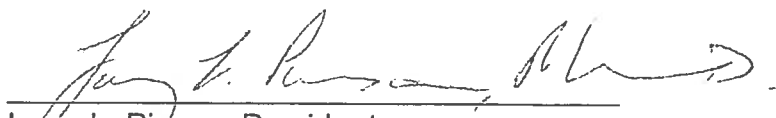
Based upon the foregoing, the Board hereby orders the following:

1. Ms. Kinan's pharmacist's license (#10421) is revoked. Ms. Kinan may not be employed in any capacity in any business or premise licensed or registered by the Board.

2. Ms. Kinan shall pay a fine of \$20,000.00 (\$250 for each of the 64 invoices under Conclusion of Law #2 plus \$1,000 for the violations of Conclusions of Law #'s 3, 4, 5, and 6) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer." If Ms. Kinan cannot pay the entire fine before she seeks reinstatement of her license with the Board, arrangements for the payment of the fine must be made with the Board before the Board will grant Ms. Kinan reinstatement of her license.

3. The Board will not consider any request for reinstatement by Ms. Kinan unless she provides evidence with the request for reinstatement that she has participated in and is successfully treating her addictive behaviors.

Signed this 20<sup>th</sup> day of March, 2002.

  
Larry L. Pinson, President  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF  
PHARMACY,

Petitioner,

v.

KAREN KINAN, R.Ph.,  
Certificate of Registration #10421,

Respondent.

**REQUEST FOR REHEARING;**  
**REQUEST FOR STAY OF EXECUTION**  
**OF ORDER PENDING REHEARING**

Case No. 01-125A-RPH-S

Respondent, Karen Kinan, by and through her attorney Louis E. Garfinkel, Esq. of the law firm of Berkley, Gordon, Levine, Goldstein & Garfinkel, LLP., pursuant to NRS 639.252, hereby respectfully requests the Board to reconsider that portion of the Findings of Fact, Conclusions of Law and Order regarding Karen Kinan dated March 20, 2002 which revokes the license of Ms. Kinan.

More specifically, in light of Ms. Kinan's personal problem, *i.e.* gambling problem and other matters that will be discussed with the Board, Ms. Kinan requests the Board to, in lieu of revocation of her license, consider permitting her to immediately practice pharmacy subject to the following conditions:

(1) Ms. Kinan shall, for a period of at least one year, practice pharmacy in a retail setting under the supervision of a Managing Pharmacist;

(2) Ms. Kinan shall, for a period of at least one year, attend counseling and/or therapy at Harmony Healthcare, for her addiction problem;

(3) Ms. Kinan shall, for a period of at least one year, submit reports on a monthly basis to the Board prepared by her employer and Harmony Healthcare addressing her employment and participation in counseling;

(4) Pay a \$20,000.00 fine pursuant to a formal payment schedule involving monthly payments;

(5) Attend any classes or continuing education required by the Board; and

(6) Participate in periodic evaluations by the Board with respect to Ms. Kinan's work and progress with counseling.

Moreover, Ms. Kinan respectfully requests the Board to permit her to immediately work as a pharmacist with Walgreen Co. under the supervision of the Managing Pharmacist pending the conclusion of the rehearing.

Respectfully Submitted this 27<sup>th</sup> day of March, 2002.

BERKLEY, GORDON, LEVINE  
GOLDSTEIN & GARFINKEL, LLP

By: 

Louis E. Garfinkel, Esq.

Nevada Bar No. 3416

2700 W. Sahara Avenue, Fifth Floor


Las Vegas, Nevada 89102

Attorney for Respondent Karen Kinan, R.Ph.

**CERTIFICATE OF SERVICE**

I hereby certify that on the 27<sup>th</sup> day of March, 2002, I deposited in the United States Mail in Las Vegas, Nevada, a true and correct copy of the REQUEST FOR REHEARING; REQUEST FOR STAY OF EXECUTION OF ORDER PENDING REHEARING enclosed in a sealed envelope upon which first class postage was paid via certified mail - return receipt requested, and also sent via facsimile addressed to the following:

Larry L. Pinson, President  
Nevada State Board of Pharmacy  
555 Double Eagle Court, Suite 1100  
Reno, Nevada 89511  
Fax: (775) 850-1444

  
An Employee of  
BERKLEY, GORDON, LEVINE  
GOLDSTEIN & GARFINKEL, LLP

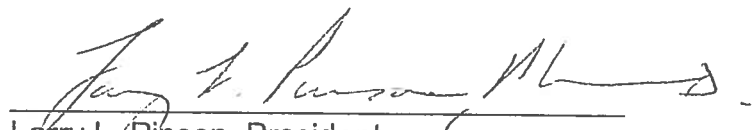


On April 24, 2002, the Board heard Ms. Kinan's request for rehearing. The Board was represented by Louis Ling, General Counsel for the Board, and Ms. Kinan was represented by Mr. Garfinkel.

Mr. Garfinkel, Ms. Kinan, and the Board engaged in a discussion of Ms. Kinan and her circumstances that would result from the revocation of her license. Mr. Garfinkel also made a presentation of proposed alternative discipline for the Board's consideration.

The Board cannot find pursuant to NRS 639.253 that the public interest would best be served by modification of the Board's Order. The willfulness, extent of, and results of Ms. Kinan's violations were egregious and deserving of the strongest types of discipline. Nothing presented at the rehearing substantially changed the evidence and admissions previously heard by the Board. Therefore, Ms. Kinan's request for reconsideration is denied.

Signed and effective this 15<sup>th</sup> day of May, 2002.

  
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Larry L. Pinson, President  
Nevada State Board of Pharmacy



On May 15, 2002, the Board issued an Order Denying Request for Reconsideration by Karen Kinan, R.Ph., denying Ms. Kinan's request that the Board reconsider and modify its March 20, 2002 Order.

On March 17, 2003, Ms. Kinan submitted a letter seeking reinstatement of her license. Pursuant to NRS 639.257, a hearing was held on Ms. Kinan's request for reinstatement on April 24, 2003.

At the hearing on April 24, 2003, Ms. Kinan appeared and represented herself. Ms. Kinan explained that she had been in treatment with Harmony Health Care for her gambling addiction and that she found the treatment very helpful. When she was terminated from her pharmacist's position as a result of the Board's March 20, 2002 Order, she could no longer afford the treatment. Ms. Kinan said that she found Gambler's Anonymous to not be useful to her, but she welcomed treatment with PRN-PRN once she could afford it. Ms. Kinan explained that if her license was reinstated, she would seek employment again as a pharmacist, at which point she would pay the fine to the Board and would also pay for treatment with PRN-PRN. Ms. Kinan appeared sincere in her expressions of remorse and in her desire to return to the practice of pharmacy.

Based upon Ms. Kinan's presentation and demeanor at the hearing on April 24, 2003, we find that reinstatement of Ms. Kinan's license is in the public interest. Consequently, we hereby reinstate Ms. Kinan's pharmacist's license (#10421) subject to the following terms and conditions:

1. Ms. Kinan's registration is on probation according to the following terms and conditions:

- a. Ms. Kinan shall enter into a treatment agreement with PRN-PRN within five days from the effective date of this Order upon such terms and conditions as PRN-PRN shall deem necessary and appropriate. Ms. Kinan shall comply fully with the terms and

conditions required of her by PRN-PRN. Ms. Kinan's probation shall be for such a term as PRN-PRN determines to be necessary and appropriate. Any violation of Ms. Kinan's PRN-PRN agreement shall constitute a violation of this Order.

b. Ms. Kinan may not be employed or serve as a managing pharmacist. Ms. Kinan will not commence employment at any business or facility licensed by this Board without first receiving approval from Board staff regarding the place of employment. Ms. Kinan may not be employed at any pharmacy that primarily serves home health, long-term care, or nursing home patients.

c. Ms. Kinan shall notify any potential employers of the existence and terms of this Order and shall provide a copy of this Order to her potential employer.

d. Ms. Kinan shall provide to PRN-PRN a copy of or notification of any prescription she receives from a physician.

e. PRN-PRN shall notify the Board's office of any breach of her treatment agreement committed by Ms. Kinan. The Board's staff shall evaluate and, if it deems necessary, investigate the breach and shall take such action, including seeking additional discipline, as the Board's staff deems appropriate.

f. PRN-PRN shall notify the Board's office of Ms. Kinan's successful completion of her treatment agreement. If Ms. Kinan has otherwise complied with the terms of this Order, her probation shall terminate upon the Board office's receipt of the notification from PRN-PRN.

g. Ms. Kinan shall comply with all laws relating to the practice of pharmacy, whether state or federal, statute or regulation.

2. If Ms. Kinan intends to reside outside of Nevada, she must:

a. Notify PRN-PRN and the Board in writing at least two weeks before she departs the state;

b. Enroll in a gambling treatment program sponsored by or affiliated with the board of pharmacy in the state in which she intends to make her residence, if such a program is available. If such a program is unavailable, then Ms. Kinan shall attempt to obtain private substance abuse treatment. Ms. Kinan shall notify PRN-PRN that she has enrolled in a sister-state program or a private program within two weeks after she has moved to the new state. PRN-PRN shall correspond with the sister-state program or the private program to assure that the program will operate in a manner satisfactory to PRN-PRN. While Ms. Kinan is enrolled in a sister-state or private program, her treatment shall be monitored by PRN-PRN, and any violation of the out-of-state program shall constitute a violation of Ms. Kinan's treatment agreement with PRN-PRN and this Order.

3. If Ms. Kinan is not able to reasonably enroll in an out-of-state programs pursuant to paragraph (2) above, then she shall notify the Board office and PRN-PRN that of her inability to enroll, and this Order will thereafter be stayed until Ms. Kinan either enrolls in an out-of-state program or until Ms. Kinan again resides in Nevada and re-enrolls in the PRN-PRN program.

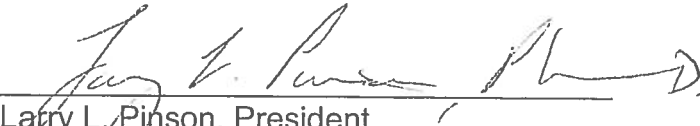
4. Ms. Kinan shall pay the fine of \$20,000.00 ordered in the Board's March 20, 2002 Order by monthly payments of \$350.00 or more to be made by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer." Each payment must be received by the Board's Reno office no later than

the 10<sup>th</sup> day of each month, commencing with the first payment due on or before August 10, 2003.

5. Ms. Kinan shall be responsible for and shall pay all fees and costs related to her substance abuse treatment pursuant to this Order. A failure to pay any of these fees or costs for treatment shall be deemed a violation of this Order.

6. Upon receipt of credible information that Ms. Kinan has failed to comply with any term of this Order, the Board's Executive Secretary shall be authorized to immediately suspend Ms. Kinan's license. The Board's Executive Secretary shall also prepare and file such documents as are necessary to allow the Board to impose further discipline, up to and including revocation of Ms. Kinan's license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 23<sup>rd</sup> day of May, 2003.

  
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Larry L. Pinson, President  
Nevada State Board of Pharmacy



Ms. Kinan had progressed satisfactorily regarding her gambling addiction, but that she continued to have chronic pain resultant from unresolved intestinal difficulties as well as occasional anxiety and sleeplessness, all of which required the occasional use of controlled substances and dangerous drugs. Ms. Kinan testified that she intended to occasionally use Xanax for anxiety and Ambien for sleeplessness. Ms. Kinan also testified to some difficulties she has had with Mr. Espadero and her compliance with the PRN-PRN program.

Ms. Kinan's testimony in the two hearings of this matter shows that she is, in fact, in violation of several conditions of her Order in Case No. 01-125A-RPH-S and the allegations made in the Notice of Intended Action and Accusation in this matter. Ms. Kinan has not participated in her PRN-PRN program. Ms. Kinan has not kept up with her payments regarding her fine. Ms. Kinan has not renewed her license. By her own testimony, Ms. Kinan has established the facts necessary to substantiate the present Notice of Intended Action and Accusation.

This Board is tasked to examine a licensee's demeanor and conduct to determine whether the public will be safely served by a particular licensee. Ms. Kinan's demeanor at the two hearings in this matter indicated that she is resistant to complying with the PRN-PRN program. She also has expressed a commitment to continue to take controlled substances that PRN-PRN has indicated may hamper its efforts to monitor Ms. Kinan's treatment. In the hearing on February 25, 2004, Ms. Kinan exhibited disillusionment, frustration, and a misguided sense of entitlement to her license that seemed based upon her personal minimization of the severity of her violations and her responsibility for those violations. In light of Ms. Kinan's extensive history with this

Board, her attitude regarding the Board and its Orders cannot be overlooked. Based upon the presentations at the two hearings in this matter, the Board finds Ms. Kinan is not yet prepared to safely serve the public as a pharmacist.

### **CONCLUSIONS OF LAW**

1. The Board has jurisdiction over this matter because Ms. Kinan is a pharmacist licensed by the Board.
2. By breaching her agreement with PRN-PRN and violating her Order in Case No. 01-125A-RPH-S, Ms. Kinan violated NRS 639.210(4) and NAC 639.945(1)(h) and (l).
3. By failing to renew her license as a pharmacist by the renewal deadline, Ms. Kinan violated NRS 639.210(13).

### **ORDER**


Based upon the foregoing, it is hereby ordered as discipline in this matter:

1. Ms. Kinan's license (#10421) is suspended for 90 days.
2. During the 90-day period of suspension, Ms. Kinan will reinstate her treatment agreement with PRN-PRN. The treatment agreement may be modified by Mr. Espadero, in his discretion, as he may feel is appropriate to address Ms. Kinan's gambling addiction, although Mr. Espadero may also continue to insist on monitoring Ms. Kinan's bodily fluids as part of Ms. Kinan's treatment agreement.
3. Also during any period of suspension under this Order, PRN-PRN shall also remain in contact with Ms. Kinan's treating professionals regarding her prognosis and progress in those courses of treatment.



4. At any time after the 90-day period of suspension has terminated, Ms. Kinan may apply in writing to the Board office to schedule a hearing before the Board at which to present evidence of her compliance with this Order and her Order in Case No. 01-125A-RPH-S. Ms. Kinan's license will remain suspended until such a hearing is held. At the time of that hearing, the Board retains full jurisdiction and authority to add terms to, remove terms from, or otherwise modify this Order as the Board deems expedient and necessary under the circumstances then presented to the Board. Such additional terms could include any form of discipline allowed in NRS 639.255.

Signed and effective this 17<sup>th</sup> day of March, 2004.

  
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Larry L. Pinson, President  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**  
**v.**

**ORDER LIFTING SUSPENSION**  
**OF LICENSE**

**KAREN KINAN, R.Ph.,**  
**Certificate of Registration #10421,**

**Case No. 03-068-RPH-S**

**Respondent.**

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THIS MATTER was originally heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 13, 2004, Nevada, at which time the Board took testimony and admissions from Ms. Kinan. At the hearing on January 13, 2004, Ms. Kinan represented herself. The Board also received testimony from Larry Espadero, PRN-PRN monitor. Because of Ms. Kinan's admissions, Board staff presented no testimony or evidence. The Board concluded the hearing on January 13, 2004 by continuing Ms. Kinan's licensure suspension and by deferring a final decision in the matter until Ms. Kinan brought herself into compliance with her Order in Case No. 01-125A-RPH-S and, in addition, renewal of her license, getting into good standing with PRN-PRN, receiving a psychiatric evaluation, and abstaining from the use of prescription controlled substances.

Pursuant to a request from Ms. Kinan, a second hearing regarding this matter was held on February 25, 2004 at which only Ms. Kinan appeared. Ms. Kinan presented letters from Dr. Matthew W. Hemstreet, a psychiatrist who performed a psychiatric evaluation of Ms. Kinan, and James Vilt, M.D. and Warren Wheatley, A.C.S.W., L.C.S.W., both from Harmony Healthcare. The gist of the letters were that

Ms. Kinan had progressed satisfactorily regarding her gambling addiction, but that she continued to have chronic pain resultant from unresolved intestinal difficulties as well as occasional anxiety and sleeplessness, all of which required the occasional use of controlled substances and dangerous drugs. Ms. Kinan testified that she intended to occasionally use Xanax for anxiety and Ambien for sleeplessness. Ms. Kinan also testified to some difficulties she has had with Mr. Espadero and her compliance with the PRN-PRN program.

As a result of the two original hearings in this matter, on March 17, 2004, the Board issued its Findings of Fact, Conclusions of Law, and Order. In the March 17, 2004 Order, the Board concluded that Ms. Kinan had violated her treatment agreement with PRN-PRN and had violated the Board's earlier Order in Case No. 01-125A-RPH-S. The Board also concluded that Ms. Kinan had not timely renewed her pharmacist's license. As a result of these conclusions, the Board ordered that Ms. Kinan's license be suspended for at least 90 days, but thereafter the suspension would not be lifted until such time as Ms. Kinan requested another hearing before the Board at which she could demonstrate compliance with the March 17, 2004 Order and the Order in Case No. 01-125A-RPH-S. The Board retained jurisdiction and authority to modify Ms. Kinan's March 17, 2004 Order as necessary based upon her presentation at the time that she asked the suspension to be lifted.

On October 25, 2004, Larry Espadero, PRN Monitor, requested that the Board hold a hearing to consider lifting the suspension of Ms. Kinan's license resultant from the March 17, 2004 Order. On January 12, 2005, the Board heard Ms. Kinan's request

(made on her behalf by Mr. Espadero). At the hearing, Ms. Kinan appeared and represented herself. Mr. Espadero also appeared and testified.

Mr. Espadero testified that in his opinion Ms. Kinan had made substantial progress in her treatment, largely because Ms. Kinan seemed finally to have taken responsibility for her actions that have resulted in her lengthy history with the Board. Mr. Espadero opined that Ms. Kinan seemed stable and responsible enough to be given a final opportunity to prove herself capable to serve the public again as a pharmacist.

Ms. Kinan explained that she had finally accepted responsibility for her actions, and she apologized to the Board for her extensive history before the Board. Ms. Kinan explained that she was finally benefiting from her treatment with PRN-PRN and that she was eager to resume her career as a pharmacist. Ms. Kinan appeared to be sincere, especially in her expressions of remorse and responsibility for her previous actions and appearances before the Board.

Based upon the testimony received and due deliberation and discussion, the Board determined that it was in the public's interest to allow Ms. Kinan to serve the public as a pharmacist. Consequently, the Board determined to lift the suspension of Ms. Kinan's license subject to certain terms and conditions.

### **ORDER**

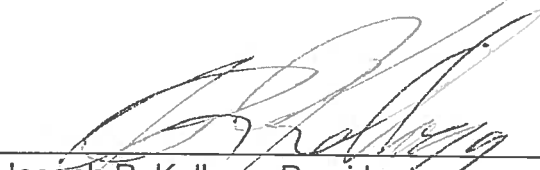
Based upon the foregoing, it is hereby ordered that the suspension of Ms. Kinan's license (#10421) in this matter is lifted and that she may resume her practice of pharmacy subject to the following terms and conditions:

1. Ms. Kinan may not commence the practice of pharmacy until she renews her license with the Board's Reno office. Ms. Kinan shall provide the Board's Reno office with proof that she has successfully completed the requisite number of continuing education hours. Ms. Kinan shall not be assessed a late fee for her renewal application.

2. Ms. Kinan shall comply with all previous orders of the Board, and especially, the Board's Order in Case No. 01-125A-RPH-S. Within ten days of the effective date of this Order, Ms. Kinan shall contact the Board's Reno office and negotiate the reestablishment of a plan by which she will pay the sums due under the Board's Order in Case No. 01-125A-RPH-S. Ms. Kinan shall also remain in compliance with her treatment agreement with PRN-PRN under such terms and conditions and for such a period of time as determined by PRN-PRN.

3. Upon receipt of credible information that Ms. Kinan has failed to comply with any term of this Order, the Board's Executive Secretary shall be authorized to immediately suspend Ms. Kinan's license. The Board's Executive Secretary shall also prepare and file such documents as are necessary to allow the Board to impose further discipline, up to and including revocation of Ms. Kinan's license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 3<sup>rd</sup> day of February, 2005.

  
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Joseph R. Kellogg, President  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,  
v.**

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW, AND  
ORDER**

**KAREN A. KINAN, R.Ph.,  
Certificate of Registration No. 10421,**

**Case No. 07-012-RPH-S**

**Respondent.**

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THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondent Karen A. Kinan appeared and represented herself. Board Staff also presented the testimony of Larry Espadero. Based upon the presentations of the parties, the Board finds the following to be the facts of the matter.

**FINDINGS OF FACT**

1. At hearing, Ms. Kinan appeared, testified, and represented herself. Board Staff presented the testimony of Larry Espadero, clinical director for PRN-PRN. Based upon the presentations and testimony of the parties, the Board finds the following to be the facts in this matter.

2. On March 20, 2002, the Board entered Findings of Fact, Conclusions of Law, and Order (Case No. 01-125A-RPH-S) regarding Ms. Kinan. In this Order, the Board revoked Ms. Kinan's pharmacist's license and fined her \$20,000.00. The discipline resulted from Ms. Kinan's ownership of a pharmacy through which she directly

participated in the diversion of discounted drugs into the secondary source pharmaceutical market.

3. On May 23, 2003, the Board entered an Order granting Ms. Kinan's request for reinstatement of her pharmacist's license. By the May 23, 2003 Order, Ms. Kinan's license was placed on probation which included the Board's standard terms and conditions regarding Ms. Kinan's treatment for gambling issues with PRN-PRN.

4. After a series of appearances and orders, one of which resulted in Ms. Kinan's suspension, on February 3, 2005, the Board issued an Order Lifting Suspension of License. One of the conditions of the Order read:

Ms. Kinan shall comply with all previous Orders of the Board, and especially, the Board's Order in Case No. 01-125A-RPH-S. Within ten days of the effective date of this Order, Ms. Kinan shall contact the Board's Reno office and negotiate the reestablishment of a plan by which she will pay the sums due under the Board's Order in Case No. 01-125A-RPH-S. Ms. Kinan shall also remain in compliance with her treatment agreement with PRN-PRN under such terms and conditions and for such a period of time as determined by PRN-PRN.

5. Per the February 3, 2005 Order, Ms. Kinan contacted Board Staff and agreed to resume payment of her fine after she became employed. Ms. Kinan made sporadic payments (9/5/03, 10/9/03, 1/22/06, 2/23/06, and 5/11/06) totaling \$1,850.00, leaving an outstanding balance of \$18,150.00.

6. After May 2006, the payments stopped. On September 12, 2006, Ms. Kinan contacted Board Staff and advised that her wages had been garnished for courts costs in a personal matter and that was the reason why she had stopped making payments in May 2006. Ms. Kinan agreed to begin making payments again, beginning with her next paycheck. As of the date of the Accusation in

March 2007, no payments had been received since May 2006. Subsequent to the Accusation, Ms. Kinan made three payments totaling \$250.00.

7. On March 26, 2007, Board Staff received notice from Gerry Primavera, Rite Aid's district manager, that Rite Aid had terminated Ms. Kinan's employment as a pharmacist. Mr. Primavera explained that Ms. Kinan had refilled a prescription for Ambien for herself that had no refills and that were not authorized by her physician at the time that she filled the prescription.

8. At hearing, Ms. Kinan expressed regret for having failed to make payments per her agreements with Board Staff. Ms. Kinan explained that she had four children and that she was recently unemployed and that her employment prior to her most recent employment was sporadic. Ms. Kinan testified that she was seeking employment as a pharmacist and that once she was employed, she intended to begin making payments again.

9. Regarding the unauthorized refill of her Ambien prescription, Ms. Kinan testified that she knew at the time that she filled the refill that she was doing so without physician authorization, but she anticipated that her physician would authorize the refill when she was able to subsequently speak to him. Ms. Kinan further testified that when she finally spoke to her physician, he did authorize the refill that she had given herself several days earlier. Nonetheless, Ms. Kinan admitted knowing that she was giving herself an unauthorized refill of her Ambien prescription. Ms. Kinan explained that she has assured that this will not happen again by not filling her prescriptions at her employing pharmacy and by having them filled at another pharmacy.



10. At hearing, Mr. Espadero expressed his concerns and reservations regarding Ms. Kinan's present mental health. Mr. Espadero explained that Ms. Kinan had been marginally compliant with her PRN-PRN agreement, but that the incident with the Ambien showed that Ms. Kinan's judgment and impulse control were inadequate. Mr. Espadero asked that the Board temporarily suspend Ms. Kinan's ability to serve the public as a pharmacist and to order Ms. Kinan to receive psychological testing and evaluation. After Mr. Espadero's presentation, Ms. Kinan concurred with his recommendation that she seek full psychological testing and analysis to determine why her judgment and impulse control remain compromised and inadequate.

11. Based upon Ms. Kinan's demeanor at hearing and the gravity of the violations in this matter, we share Mr. Espadero's concern regarding Ms. Kinan's mental health. Ms. Kinan appeared unfocused, confused, and unable to understand or explain her own actions. Her concurrence with Mr. Espadero's recommendations shows some insight by Ms. Kinan into her present impaired state, and we are hopeful that the psychological evaluation process will result in further insights toward improvement in judgment and impulse control.

#### **CONCLUSIONS OF LAW**

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

2. In breaching her agreement with Board Staff to make payments and thereby violating her previous Board Orders, Respondent Kinan violated NRS 639.210(4) and NAC 639.934(1)(h) and (l).

3. In filling a refill for a controlled substance in schedule IV, namely Ambien, for herself without prior authorization from her physician, and thereby also violating her previous Board Orders, Respondent Kinan violated NRS 639.210(4) and (12) and 639.2396 and NAC 639.945(1)(i) and (l).

### **ORDER**

Based upon the foregoing, the Board hereby orders the following:

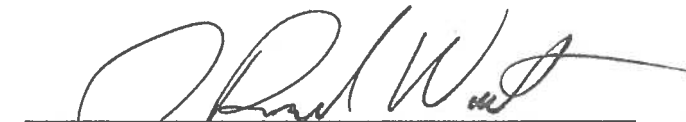
1. Ms. Kinan's license (#10421) shall be suspended effective June 6, 2007 and thereafter for a period of at least 90 days. During the period of suspension, Ms. Kinan shall participate fully and in good faith in a full psychological testing and analysis with such mental health professionals as she and Ms. Espadero can agree will best be able to address Ms. Kinan's present issues. The suspension of Ms. Kinan's license may continue beyond the initial 90 day period, depending upon the recommendations of the psychological analysis and PRN-PRN's assessment. PRN-PRN shall notify Board Staff when it believes that Ms. Kinan is prepared to resume employment as a pharmacist. Upon receipt of such a notice, Board Staff shall schedule an appearance for Mr. Espadero and Ms. Kinan (and one or more of the professionals involved in Ms. Kinan's psychological analysis, if Mr. Espadero and Ms. Kinan believe such an appearance would assist the Board) before the Board, after which appearance the Board will determine whether Ms. Kinan can again safely resume the practice of pharmacy.

2. Ms. Kinan's present probation with PRN-PRN shall be extended for five years, commencing June 6, 2007. The term of the probation may extend beyond June 6, 2012 at the discretion of PRN-PRN. The probation shall continue on the same terms and conditions as are set out in the prior Orders of the Board.

3. When Ms. Kinan commences employment of whatever kind, she shall notify the Board's staff in its Reno office of her employment. Thereafter, Ms. Kinan shall make a payment of \$250.00 by the fifteenth day of each month. Should Board staff not receive any payment by the fifteenth day of a particular month, Board staff shall suspend Ms. Kinan's license until it receives the payment.

4. The failure by Respondent Kinan to comply with any term in this order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration.

Signed and effective this 28<sup>th</sup> day of June, 2007.

  
\_\_\_\_\_  
J. David Wuest, President  
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,  
v.

FINDINGS OF FACT,  
CONCLUSIONS OF LAW, AND  
ORDER

KAREN A. KINAN, R.Ph.,  
Certificate of Registration No. 10421,

Case No. 07-078-RPH-S

Respondent.

\_\_\_\_\_/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondent Karen A. Kinan appeared and represented herself. Board Staff also presented the testimony of Larry Espadero. Based upon the presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. At hearing, Ms. Kinan appeared, testified, and represented herself. Board Staff presented the testimony of Larry Espadero, clinical director for PRN-PRN. Based upon the presentations and testimony of the parties, the Board finds the following to be the facts in this matter.

2. On June 28, 2007, the Board issued Findings of Fact, Conclusions of Law, and Order in Case No. 07-012-RPH-S. The June 28, 2007 Order resulted from a hearing in that matter that was held on June 6, 2007 at which Ms. Kinan and Mr. Espadero appeared and testified. During that hearing, Ms. Kinan's lengthy and involved history with this Board was recounted, and her recent issues involving payments that

were due and unpaid and her refilling a prescription for herself for Ambien before she had authorization from her physician for the refill. At that hearing, Mr. Espadero expressed concerns regarding Ms. Kinan's compliance with her PRN-PRN contract and her psychological state. Ms. Kinan agreed that she was experiencing some psychological difficulties, and she further agreed that she would submit to a psychological evaluation.

3. In the June 28, 2007 Order, the Board ordered Ms. Kinan's license to be suspended for 90 days effective June 6, 2007. During the period of suspension, Ms. Kinan was ordered to participate in "a full psychological testing and analysis with such mental health professionals as she and Mr. Espadero can agree will best be able to address Ms. Kinan's present issues." The June 28, 2007 Order also extended Ms. Kinan's probation for five additional years. Finally, Ms. Kinan was ordered to make a monthly payment of \$250.00 once she became employed again to fulfill her obligation from Case No. -01-125A-RPH-S.

4. On August 15, 2007, Mr. Espadero notified the Board Staff that he had terminated Ms. Kinan from her PRN-PRN program because she had not completed her psychological evaluation as ordered by the Board. Because of Mr. Espadero's notification, Board Staff did not reinstate Ms. Kinan's license in September 2007. Instead, as of the date of the hearing on October 24, 2007, Ms. Kinan's license remained in a suspended status.

5. At hearing, Ms. Kinan presented a copy of a letter from Emmanuel Nwapa that she represented to be the psychological evaluation ordered by the Board. Mr. Espadero testified that he had not seen the letter before the hearing and that he was

unaware that Ms. Kinan had engaged Emmanuel Nwapa to perform an evaluation. Mr. Espadero expressed his opinion that the letter was not a psychological evaluation and analysis and was, instead, a mere summary that would be of marginal value to him. The Board expressed agreement with Mr. Espadero that the letter from Emmanuel Nwapa was not the full psychological evaluation that the Board had sought and ordered.

6. Ms. Kinan testified that she desired to return to the practice of pharmacy and that she felt prepared to do so. The Board questioned Ms. Kinan extensively regarding her failure to comply with the Board's past orders, including her failure to work with Mr. Espadero to obtain the full psychological examination sought and ordered by the Board in its June 28, 2007 Order. The Board found that Ms. Kinan's demeanor and testimony showed that Mr. Espadero's and the Board's concerns with Ms. Kinan's psychological state resultant from her appearance on June 6, 2007 remained unresolved at the time of her appearance before the Board on October 24, 2007.

### **CONCLUSIONS OF LAW**

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

2. In failing to have a psychological examination and analysis and by having her PRN-PRN treatment agreement terminated for non-compliance, Ms. Kinan violated NRS 639.210(4) and NAC 639.945(1)(l).

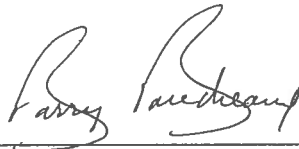
### **ORDER**

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Kinan's license (#10421) is revoked. Ms. Kinan may not be employed in any business registered by the Board in any capacity unless and until her license has been reinstated.

2. Ms. Kinan shall return to the Board's Reno office her license certificate and wallet card within 10 days of her receipt of this Order. Her failure to do so will result in a fine of \$1,000 per day until the registration certificate is received by the Board office.

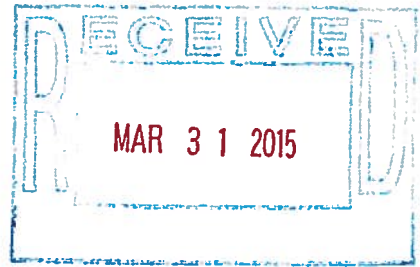
Signed and effective this 20<sup>th</sup> day of November, 2007.

A handwritten signature in cursive script, appearing to read "Barry Boudreaux", is written over a horizontal line.

Barry Boudreaux, President  
Nevada State Board of Pharmacy

March 25, 2015

NV Board of Pharmacy  
431 W. Plumb Ln  
Reno, NV 89509



To whom it may concern:

I have known Karen Kinnan for over two years now. I met her at our Celebrate Recovery program and was impressed by her humbleness and intelligence. After a few weeks, I hired her to work in my home office for my business. I found that she was working all night and then coming in to work for me.

I trusted her enough to loan her money to get a car, and she worked to pay it back after working all night long.

She took the hardest job, calling previous clients to try to reactivate them. She would faithfully work through the files, only stopping after the morning's calls were done. I saw her begin to rebuild her life, confidence and restore her relationships with family. I count her as a trustworthy person who I would leave in charge of my office, home or vehicle. I know that she has been steadfast in working on her recovery and hoping to regain her professional license. She wanted to wait until she was extremely steady and prepared to take that step with such a humble attitude... I wanted to see it happen faster but she kept listening to her advisors to continue working and preparing herself.

I know that she will be the best pharmacist she has ever been now. In her personal life and professionally, she has the tools and support to make a great professional. I am proud to call her my friend.

Sincerely,

A handwritten signature in black ink that reads "Shelly Browne".

Shelly Browne  
Owner, All-Star Chem-Dry  
3068 Wren Circle NW  
Kennesaw, GA 30144



Blank

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509

**INTERN PHARMACIST APPLICATION**

**Registration Fee: \$40.00 (non-refundable money order only, no cash)**

Complete Name (no abbreviations):

First: AMANDA Middle: ROCHELLE Last: VILLA

Home Address: 1622 SILENT MEADOWS PL SW Apt #: \_\_\_\_\_

City: ALBUQUERQUE State: NM Zip Code: 87121

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: ALBUQUERQUE, NM Sex: ☐ M ☒ F

E-mail Address: \_\_\_\_\_

Pharmacy School: ROSEMAN UNIVERSITY OF HEALTH SCIENCES

Attendance dates: SUMMER/FALL 2015

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGE certificate to this application. You also need to complete the pharmacy school information.

A licensee is not personally required to have a Nevada State Business License, however, if you have one please provide the number: \_\_\_\_\_

				Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...				<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ..				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? .....				<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & <b>provide an explanation &amp; documentation</b> : <u>PLEASE SEE ATTACHED DOCUMENTS</u>					
Board Administrative Action:	State	Date:	Case #:		
	<u>NM</u>	<u>5/29/2009</u>	<u>2009-035</u>		
Criminal Action:	State	Date:	Case #:	County	Court
	<u>/ /</u>				

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

	Yes	No
Are you the subject of a court order for the support of a child? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked <b>YES</b> to the question, above are you in compliance with the court order? .....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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.

Amanda K. Villa  
Original Signature, no copies or stamps accepted.

3/4/2015  
Date

Board Use Only Date Processed: 3/24/15 Amount: \$40.00

85098



March 9, 2015

Nevada State Board of Pharmacy  
Attn: Candy Nally  
431 W. Plumb Lane  
Reno, NV 89509

Re: Amanda R. Villa

Dear Ms. Nally:

Mrs. Amanda Villa has applied and has been conditionally admitted to the College of Pharmacy at Roseman University of Health Sciences. Based on previous substance abuse issues, she requires an appearance before the Nevada State Board of Pharmacy to determine if she is eligible to obtain an intern license once school begins. Mrs. Villa's offer of admission is contingent upon her ability to obtain and maintain an intern license from the Nevada State Board of Pharmacy.

Please note that Mrs. Villa will be contacting the Nevada State Board of Pharmacy directly to request and schedule an appearance before the Board.

Mrs. Villa has been candid and forthright regarding her past actions. Throughout the admissions process, she has demonstrated a strong sense of ownership and accountability. As part of our due diligence to ensure Mrs. Villa's success in our pharmacies and in our program, she will be subject to random drug screening tests at any time during her enrollment with our College and on an annual basis, as we do with all of our student pharmacists.

Should you have any questions, or require any further information, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Helen Park", with a long horizontal flourish extending to the right.

Helen Park, Pharm.D.  
Director of Admissions and Student Affairs  
Roseman University of Health Sciences  
College of Pharmacy  
Ph. 702-968-5248 F: 702-968-1644  
Email: Hpark1@roseman.edu

Nevada State Board of Pharmacy

431 W. Plumb Lane

Reno, Nevada 89509

Amanda R. Villa

1622 Silent Meadows Pl SW

Albuquerque, NM 87121

March 10, 2015

Dear Board Members,

Enclosed you will find my application for a Nevada Intern license, based upon my admission to Roseman University's College of Pharmacy. I have attached the necessary information regarding my stipulation on my pharmacy technician license for the state of New Mexico, where I currently reside. I do understand that it is my responsibility to appear before the Nevada Board of Pharmacy and its committee in order to be granted an intern license in Nevada. I have successfully completed my probation with the New Mexico Board of Pharmacy (as of May, 2014), and with my assigned treatment program, New Mexico Monitored Treatment Program (as of August 2014). You will find a letter from NM MTP in support of my completion of their treatment program, and after contacting the New Mexico Board of Pharmacy, it is to my knowledge that the Nevada Board can submit a request directly to them, to request the status of good-standing for my current licensure. I have also enclosed the necessary enrollment information from Roseman University College of Pharmacy, required by the Nevada Board of Pharmacy. Additionally, I have submitted letters of recommendation from various individuals. Those not signed were unfortunately unable to be relayed in person, and were sent to me via e-mail. In my support, a contact from the New Mexico Board of Pharmacy/University College of Pharmacy (Michel Disco), two former pharmacists I've worked with (Joseph Baca and Johnny Padilla), a previous supervisor (Charity Otero), my current supervisor (Jerry Ortega), a close friend/peer (Ashley Pedroncelli), and my husband have also given letters of reference for my application for a Nevada intern license.

In regards to the account of my stipulation, I would be more than happy to explain the circumstances upon which my stipulation came about. In 2009, I had an incident at my place of employment, where I fell at work. At the time of the incident, I had a substance issue with illicit drugs and alcohol. I was then terminated from that place of employment, due to a failed drug screen, and referred to the New Mexico Board of Pharmacy regarding my license. I surrendered my license upon request from the Board, and it was re-instated approximately three months later. I then made the choice that pharmacy was still the career I wanted to pursue, and was willing to do what was asked of me to keep my license, and my profession. I was then placed on probation for five years. The New Mexico Board of Pharmacy then referred me for treatment to the New Mexico Monitored Treatment Program, with whom I was to complete a five-year agreement as well. During my treatment with MTP, I was mandated to individual counseling (weekly, tapered to monthly), group therapy, attendance at a 12-step program (AA and NA), random drug screens with daily check-in (approximately 5-6 per month tapered to 1-2 a month), monthly self-reports and quarterly meetings with MTP staff. This all was necessary to prevent the unfortunate situation I found myself in from progressing further. At the time what seemed so detrimental,

was actually what saved my career, and my life. I gave all of my efforts to my recovery, and changing my life for the better. I had excelled in high school and some early college classes, and I wanted to get back to the path that I was on in my pursuit of becoming a pharmacist. During my treatment, I returned to my studies at the University of New Mexico in 2011. Despite the completion of my probation with the NM Board of Pharmacy and NM MTP, I still hold my recovery as my top priority, and incorporate it in every aspect of my life. I am proud to say that I have been clean and sober for 5 years and 7 months (August 14<sup>th</sup> is my sobriety date). I plan to apply my experience in my career with helping those in need, especially those that may find themselves in a situation similar to mine.

Thank you for your time and consideration in this matter. Please do not hesitate to contact me if further information is required.

Sincerely,

A handwritten signature in cursive script, reading "Amanda R. Villa". The signature is fluid and elegant, with the first name "Amanda" being more prominent than the last name "Villa".

Amanda R. Villa, CPhT

STATE OF NEW MEXICO  
BOARD OF PHARMACY

IN THE MATTER OF:

Amanda R. Valencia, PT

Respondent.

)  
)  
) Case No. 2009-035  
) License No. PT-3655  
)  
)

STIPULATED AGREEMENT

This matter having come before the Board of Pharmacy (hereafter "Board") on August 24, 2009 and with a quorum present and a majority voting in the affirmative, the Board finds as follows:

1. The Board has jurisdiction over this matter pursuant to NMSA 1978, Sections 61-11-1.1, 61-11-6, 61-11-11.1, and 61-11-20.
2. Ms. Valencia knows and understands that this Stipulated Agreement is made pursuant to the New Mexico Pharmacy Act, NMSA 1978, Sections 61-11-1 et seq., and hereby waives her rights under the Uniform Licensing Act, NMSA 1978, Sections 61-1-1 et seq., including her right to a hearing.
3. Ms. Valencia enters into this Stipulated Agreement after an opportunity to seek the advice of an attorney.

Ms. Valencia's registration, #PT-3655, is placed on probation according to the following terms and conditions:

1. Ms. Valencia's registration was voluntarily surrendered on May 29, 2009 and accepted by the Board on June 29, 2009.

2. Ms. Valencia's registration shall be suspended for one year, with all but three (3) months shall be held in abeyance. Therefore, suspension shall be effective from May 29, 2009 until at least August 29, 2009.
3. Ms. Valencia's probation shall be for five (5) years. The effective date of the probation shall be retroactive to the date of the voluntary surrender of her license, May 29, 2009. Therefore, probation shall be until at least May 29, 2014. If Ms. Valencia's registration changes from Registered Pharmacy Technician to Registered Intern, probation will continue under her Pharmacist Intern Registration until at least May 29, 2014.
4. Ms. Valencia shall contract with the Monitored Treatment Program (MTP), prior to re-licensure by the Board, and complete a five-year contract with MTP. Ms. Valencia shall comply fully with the terms and conditions required by MTP. Any violation of Ms. Valencia's MTP agreement shall be grounds for further disciplinary action against Ms. Valencia by the Board in accordance with the Impaired Health Care Provider Act, NMSA 1978 § 61-7-1 et seq. and/or the Uniform Licensing Act, NMSA 1978 § 61-1-1 et seq.
5. Ms. Valencia shall notify any potential employers of the existence and terms of this Agreement and shall provide a copy of this Agreement to her employer or potential employer.
6. Ms. Valencia shall comply with all laws, statutes and regulations or rules relating to the practice of pharmacy, whether local, state, or federal.

7. If Ms. Valencia intends to reside outside of New Mexico, she must notify MTP and the Board in writing at least thirty days before she departs the state, and must register with the Board of pharmacy of the state she intends to reside in and enroll in a health professionals monitoring and rehabilitation program sponsored by or affiliated with the Board of pharmacy in the state in which she intends to make her residence.
8. Ms. Valencia shall be responsible for and shall pay all fees and costs associated with the administration of this Agreement, including, but not limited to the administrative and investigative costs. The fees and costs, \$100.00, must be paid in full by December 29, 2009.
9. Ms. Valencia shall maintain a current Pharmacy Technician registration during the probation period or be enrolled in an accredited school of pharmacy. Any time during this Agreement spent without a current Pharmacy Technician registration or not enrolled in an accredited school of pharmacy will not count toward time served for her probation. Thus, time spent not registered as a Pharmacy Technician or not enrolled in an accredited school of pharmacy will extend the probation date an equivalent amount from the May 29, 2014 end date.
10. Any violation of the terms of this Agreement shall result in the summary revocation of Ms. Valencia's registration, and the Board shall commence disciplinary proceedings to take further action regarding Ms. Valencia's registration in accordance with the Impaired Health Care Provider Act,

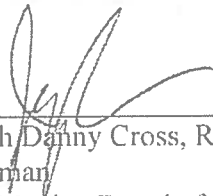


NMSA 1978 § 61-7-1 et seq. and/or the Uniform Licensing Act, NMSA  
1978 § 61-1-1 et seq.

This Agreement will be included in Ms. Valencia's permanent licensing file and is a public record open to inspection by the public. This Agreement constitutes disciplinary action against Ms. Valencia by the Board and is reportable to the Healthcare Integrity and Protection Data Bank.

\*\*\*\*. This Stipulated Agreement is effective as of the date it is signed by the Board  
Chair or his designee.

IT IS SO STIPULATED AND AGREED:

  
\_\_\_\_\_  
Joseph Danny Cross, R.Ph.  
Chairman  
New Mexico Board of Pharmacy

8-25-09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Respondent, Amanda Valencia, PT

7/29/2009  
\_\_\_\_\_  
Date

Certified Return Receipt No. \_\_\_\_\_

STATE OF NEW MEXICO  
BOARD OF PHARMACY

IN THE MATTER OF:

Amanda R. Valencia, PT

)  
)  
) Case No. 2009-035  
) License No. PT-3655  
)  
)

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**ORDER ACCEPTING VOLUNTARY SURRENDER OF PHARMACY  
TECHNICIAN REGISTRATION**

This matter having come before the Board regarding the surrender of the  
Pharmacy Technician Registration numbered above. The Board finds as follows:

Findings of fact

1. Respondent is currently registered and authorized to practice as a  
pharmacist technician pursuant to the Pharmacy Act 1978 NMSA 61-11-1 et seq. and is  
therefore subject to the jurisdiction of the Board.

2. On May 29, 2009, the Board received a signed *Voluntary Surrender of  
Pharmacy Technician Registration Form* ("Surrender Form") from Amanda Valencia.  
The Board hereby adopts and accepts the factual statements made regarding the  
Registrant's surrender stated on the Surrender Form. See attached form.

Conclusions of Law

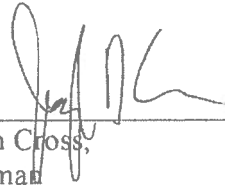
3. Ms. Valencia has surrendered her pharmacy technician registration #PT-3655  
and shall no longer be lawfully entitled to the rights and responsibilities of a Pharmacy  
Technician Registrant.

Order of the Board

The Board is therefore accepting Ms. Valencia's voluntary surrender of her Pharmacy Technician registration and ordering the current status of the Registrant be reflected in the records of the Board.

IT IS THEREFORE SO ORDERED.

Signed this 29 day of June, 2009.  
State of New Mexico  
Board of Pharmacy

  
\_\_\_\_\_  
Joseph Cross,  
Chairman  
New Mexico Board of Pharmacy

Certified Return Receipt No. \_\_\_\_\_



## The University of New Mexico Health Sciences Center

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

March 19, 2015

Re: Amanda Villa

Dear Nevada Pharmacy Board members,

I am writing in support of Amanda Villa in her request for a pharmacy intern license. I have known Ms. Villa since 2009. She appeared before the New Mexico Board of Pharmacy Examining Committee. I am a member of that committee. Ms. Villa was working as a pharmacy technician and had a positive drug screen. The committee recommended to the Board that she be evaluated by and participate in a recovery program with Monitored Treatment program here in Albuquerque.

Ms. Villa completed the requirements of the New Mexico Board and is doing very well. I have met with her personally a couple of times over the last two years to discuss how she is doing and what her future plans are. She has wanted to be a pharmacist for a long time and is continuing to pursue that dream. As you know, she has been accepted into the Pharm.D. program at Roseman in Henderson pending her getting an intern license. I would like to recommend that she be issued the license. She has worked hard and done what is necessary to get into pharmacy school. In our discussions, she has recognized her addiction and taken the steps to get and keep herself in recovery.

Thank you for your time and consideration. Please feel free to contact me with any questions.

Sincerely,

Michel Disco, RPh, MBA  
Assistant Dean for External Programs, College of Pharmacy  
HSC Director of Interprofessional Education

(505) 272-1508  
(505) 385-7296

March 18, 2015

To whom it may concern:

My name is Johnny Padilla and I am a Pharmacy Manager for Walgreens in Albuquerque, NM. I have been a pharmacist since 2003, when I graduated from the University of New Mexico College of Pharmacy. I have known Amanda since 2005 when I hired her as a pharmacy technician. She was young, yet she was very determined to learn and work hard. She proved herself by learning quickly, working hard, working well with others and most importantly, showing empathy for our patients. It was only after one year that I promoted her to senior pharmacy technician.

It is very rare for new pharmacists to possess the qualities that Amanda has shown during the time she worked for me. Amanda was always willing to learn new responsibilities and to take on new projects. She was one of the only technicians that I had who would ask for new responsibilities. She was always looking for ways to meet the needs of our patients. I believe that our patient's needs are top priority, so when I have a technician like Amanda it makes my job much easier and more enjoyable. Completing daily tasks like filling prescriptions, billing insurance and doing returns came very easy to Amanda. She was a great multi-tasker and was able to do multiple duties at one time while keeping a smile on her face. Customers were always asking for her. I believe that helping people brought her joy.

I know that Amanda will do great in a College of Pharmacy. I know how difficult the PharmD program is. Amanda is a good student and will have no problem with the course work. When she is determined to do something, she will do it. There is no doubt in my mind that Amanda will be a Pharmacist one day. Even though Amanda has not worked for me for some time, she does come into the pharmacy to talk to me. I have seen her grow, go through the hardships of life and become the person she is today. Amanda is a very strong, self-determined person! If you need any more information about Amanda, please do not hesitate to contact me. Thank you, and I hope you will consider Amanda Villa.

Johnny Padilla, PharmD

A handwritten signature in cursive script that reads "Johnny Padilla". The ink is dark and the signature is fluid, with a large loop for the 'J' and a stylized 'P'.

March 17, 2015

To Whom It May Concern,

Amanda came to work for me at Walgreens at 1201 Unser SW in Albuquerque. She was still in High School at the time and first came over as part of a class participation which examined professions for future possible careers. I was impressed with the way she carried herself, the interest she expressed and how quickly she learned how to function in the pharmacy. So I asked her to come and work for me as a pharmacy technician.

As a pharmacy technician she quickly learned all functions of the job description. I have trained many technicians and pharmacy interns and was amazed at her intelligence. Many techs require much repetitive training to learn various functions as related to pharmacy. Not so with Amanda. She learned and progressed rapidly. She has a very inquisitive mind, good common sense and excellent follow through. Her work is very accurate. She has excellent communications skills with patients and a willingness to serve. It is more than just a job to her. She loves to interact with patients. I love good attitude.

Quite frankly I thought Amanda has surpassed many pharmacy interns which left me amazed.

As a technician she expressed interest in learning the profession not just doing her job description. I could see that she is kind of individual that has the makings of an excellent pharmacist. I encouraged her to pursue a career in Pharmacy.

What amazes me that some time has gone by since she worked for me and that flame of love for the Pharmacy profession has not died out but still glows with a fierce optimism that she will get that opportunity to be the best pharmacist she can be. I hope that you will give her that opportunity as I know from all my years of experience that you will not be disappointed. I realize that she has had issues that have side tracked her and have delayed her dream. We all do at some point in our lives. But now she is very focused and in addition is very capable and will excel. I truly believe in Amanda.

Sincerely yours,

Joseph A Baca RPh

March 18, 2015

To Whom It May Concern,

During the time I spent working with Amanda Villa as a supervisor at Prime Therapeutics, in Albuquerque, New Mexico, I was able to see how quickly she was able to adapt her environment and how she strived to fully understand the performance requirements set forth by the company. Amanda was able to meet and exceed expectations as a pharmacy technician in a very short period of time after completing new hire training. I, personally, interviewed her as a candidate for the position, and felt that she would be a great asset to the company, even in light of her recent licensing situation. To say the least, I was right, and was not disappointed with my choice to hire her. A combination of her ability to quickly learn the information being presented to her, the ability to manage her time effectively to balance her personal/work life, and her ability to identify when she needed to ask questions to ensure her understanding enabled her to enter the job role with a high level of efficiency. It was an unfortunate instance when the company changed their internal policy of employing an individual with a stipulated license, and had to let Amanda go. It was known, and noted, that they let her go because of this change, and it did not reflect Amanda's performance in any way.

Amanda has the most impeccable organizational skills I have ever witnessed. I believe these skills contribute to her successfully balancing a career, school, and life. She gives 100% effort in all aspects of her life. When she has a goal, she is mindful of what is needed to achieve success and is tactful about how she is going to carry out the plan in the most effective way possible. She is able to work under extreme amounts of pressure. There were times when production required 48-52 hours per week, for several consecutive weeks and Amanda was able to answer the call to action with impressive efficiency and accuracy all while meeting commitments to her personal obligations. I now know that was the case, even in light of her early recovery responsibilities; it shows great things about what she has done to maintain her recovery.

Amanda's high attention to detail will be one of her greatest strengths in her education and career. There is no detail too small when it comes to the health of patients and Amanda does not miss the small details as she strives for perfection in everything she does. Her passion for Pharmacy and her community will ensure that she completes the PharmD or Graduate degree program at a superior level which will allow her to go on to be an admirable Pharmacist in her community. It's with this knowledge and information that I recommend, highly, that the Nevada Board of Pharmacy grant Amanda an intern license to continue her pursuit in becoming a pharmacist. Please don't hesitate to contact me with any additional questions or concerns.

Sincerely,



Charity Otero, CPhT

March 17, 2015

To Whom it May Concern:

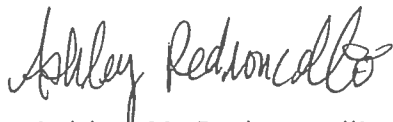
I am pleased to recommend Amanda Villa, who has been my friend for 13 years, and my coworker for the last 10 months. During that time, I have come to know her as a reliable employee and a role model for her peers, as well as a great friend.

Amanda is a rare type of woman who combines exceptional character with a willingness and eagerness to learn. Amanda is able to help her coworkers with difficult claims or benefit issues, but does so in a way that is both practical and non-condescending. Although she is a student in addition to working full time currently, Amanda is always challenging herself. She was part of the University of New Mexico's Pre-Pharmacy Society, which provides local college/university students resources, information, and opportunities to introduce students to the world of pharmacy. Since starting with the company we work for, Amanda has done everything in her power to learn all that she can about the health insurance industry, and our jobs as a whole. She is a dedicated, valuable member of our team who is always willing to learn new things or take on new tasks.

Amanda has been a wonderful friend to me since we were in high school together. She has always been there when I needed her, willing to lend a helping hand. Her dream of being a pharmacist has been part of her life for a very long time. Although she has faced some adversity in her early career, she has taken the necessary steps to get herself back on the path to the goal she set out to accomplish. She has made significant changes in her life to move forward in her pharmacy career, and I know she will maintain the same standards of recovery she has learned, as well as be an example for others with her experience. She will be an asset to any community that is lucky enough to have her as their pharmacist.

Amanda would make an excellent candidate for Roseman's pharmacy program. I recommend her without hesitation. Should you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, reading "Ashley Pedroncelli". The signature is fluid and cursive, with a stylized "A" and "P".

Ashley M. Pedroncelli

Resolution Specialist, United Healthcare



March 20, 2015

To Whom It May Concern,

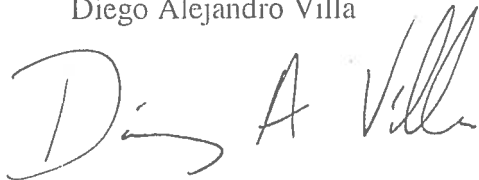
My name is Diego Villa, I write to you in regards to my wife's acceptance to College Of Pharmacy at Roseman University. As her husband, I couldn't be more proud of Amanda. I have seen first hand the challenges, hardships and uphill battles she has endured just to come this close to achieving her biggest dream/goal in life. There has never been a person more dedicated, motivated, compassionate and hardworking that I have ever met as much as she is. Amanda has come a very long way from the setbacks in her life and I am proud to stand beside her, lift her up and place her above my own life.

When we first started dating, she was upfront about her past and the mistakes she has made which she has used as fuel for accomplishing everything she has done so far. I respected her and as genuine as this young woman was, I had no right to hold her past against her. Being with this woman and seeing her grow spiritually and come this far has brought me great joy. I find a similarity with this process of her acceptance to Roseman and obtaining an intern license in Nevada; she has a past, she has paid her dues and worked hard to put it behind her, which she has greatly paid the price for and I feel it should not be held against her. I can guarantee she will honorably represent Roseman University as a student as well as the Board of Pharmacy of Nevada.

As her husband, I implore you to give her a chance, a chance to show you she is more than just the mistake of her past. She is someone that will go the extra mile, not let you down, and knows not the meaning of laziness and failure. The words that people speak of her make me proud to be her husband. As much as I support her in life, I feel that it is quite the opposite; she motivates me and inspires me to be a more dedicated person to work, life and our marriage. All I can say is Amanda Villa will not let you down. Thank you for your time and consideration.

All the best,

Diego Alejandro Villa

A handwritten signature in dark ink, reading "Diego A. Villa". The signature is fluid and cursive, with the first name "Diego" being the most prominent part, followed by "A" and "Villa".

To Whom It May Concern:

I am pleased to write this recommendation on behalf of Amanda Villa. As the Provider Services Manager, I have seen Mrs. Villa work studiously and with intelligence. She has established good relationships with her colleagues, and during her time in this company she has developed strong leadership and interpersonal skills that have been unanimously praised by colleagues.

She worked very hard and progressed steadily, revealing her passion and enthusiasm for the Healthcare industry in the process. Her duties include completing various managerial delegated tasks and projects, servicing provider benefits and eligibility inquiries, provider claim inquiries, and claim disputes. Mrs. Villa's talents were always evident in her performance. She displays strong leadership abilities, logical thinking abilities, and the ability to work well with teams. She consistently completes tasks assigned by the leadership on time and without errors. In short, she is a model member of our company. As a result of her impressive performance Mrs. Villa was relied on as a Team Lead to support provider services agents with daily tasks, calls, and coaching opportunities.

Her excellent leadership ability has been affirmed repeatedly by our customers, and this has proven an asset to our company. I am confident that Mrs. Villa will make a positive addition to the pharmacy school where she's been offered admission, and the opportunity to become licensed and continue her education will allow her to better develop her career plans and solidify her potential.

I therefore offer my recommendation of Mrs. Amanda Villa without reservation. If you have any questions or require further information, please do not hesitate to contact me.

Sincerely,

Jerry Ortega

Supervisor UHC Provider Services

Community and State, New Mexico LTC

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Microsoft Office Outlook Web Access

Type here to search This Folder

Address Book Options Log Off

Mail

Calendar

Contacts

Deleted Items (22)

Drafts

Inbox (178)

Junk E-mail

Sent Items

Click to view all folders

Board Meeting Misc

CS Addr Changes (1)

Governors Office

Larry Paul Dave

Las Vegas Office

SAVED

SS# Missing

Saved Emails

Stuff for Larry

Versa

Manage Folders...

Reply Reply to All Forward Move Delete Junk Close

**Request to board (to appear at next meeting)**

Amy Pullen

Sent: Sunday, March 22, 2015 8:31 PM

To: Pharmacy Board

Attachments: [BOP request.docx \(129 KB\)](#) [Open as Web Page]

Hello. I have attached a letter to request permission to perform cognitive pharmacy services from a non-pharmacy site. I realize this will require appearance before the board and I would like to request to appear at the next meeting.

Thank you,

--  
Amy Pullen

March 22, 2015

Amy S. Pullen, Pharm.D., BCACP  
911 River Run Parkway  
Reno, NV 89509

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

Dear Board Members,

I am a board certified ambulatory care pharmacist licensed in Indiana and residing in Nevada. I am currently practicing within the VA Healthcare System as a Clinical Pharmacy Specialist. I am considering Nevada licensure in order to provide cognitive pharmaceutical services to Nevada residents from a location other than a dispensing pharmacy or health care facility. I would like to request not only the permission, but the support of the Nevada State Board of Pharmacy to attempt to advance pharmacy practice in the way described below.

The activity that I am requesting permission to perform, once Nevada licensure is obtained, would include drug regimen reviews and care plan development, as a component of "chronic care management" or CCM services for which Medicare is newly offering payment. The position will also entail oversight of other staff members providing services.

According to the Medicare Federal Register, CCM is defined as non face-to-face management/coordination of services for beneficiaries with 2 or more chronic conditions for at least 20 minutes per calendar month. Requirements exist regarding both the provided care services as well as technology used. The care services may be provided by any member of the clinical team, including pharmacists, and are billed 'incident-to' the primary care provider. Care requirements are many and notably include the presence of an established care plan and medication reconciliation.

Establishment of care plans and performing medication reconciliation are key components of ambulatory care pharmacy practice. Pharmacist inclusion in the ambulatory care team has been difficult to establish in the private health care sector, given available reimbursement opportunity. The ability to participate in CCM services is a tremendous opportunity for clinical pharmacists to assert themselves as valuable members of the care team.

Given the many clinical and technological requirements that must be fulfilled in order to bill for these services, Medicare has allowed primary care physicians to partner with outside vendors of these services. I will be providing pharmaceutical care in conjunction with one of these vendors.

As an ambulatory care pharmacist, I am excited about the opportunity that has arisen for our profession. I ask that the Board to support my request to provide cognitive services from a non-pharmacy location and efforts to advance pharmacy practice in the state of Nevada through involvement in chronic care management services.

Kind regards,  
Amy S. Pullen Pharm.D., BCACP  
Clinical Pharmacy Specialist

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## 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: Strive Medical LLC

Physical Address: 3111 S. Valley View Blvd Ste B219 Las Vegas, NV  
(This must be a business address, we can not issue a license to a home address) 89102

Mailing Address: 8428 Sterling St Ste B.

City: Irving State: TX Zip Code: 75063

Telephone: 972-354-7300 Fax: 972-354-7311

E-mail: groseanth@strivemedical.com Website: strivemedical.com

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

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

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

#### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Tara Doran

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

☐ Medical Gases\*\*    ☐ Assistive Equipment  
☐ Respiratory Equipment\*\*    ☐ Parenteral and Enteral Equipment\*\*  
☐ Life-sustaining equipment\*\*    ☐ Orthotics and Prosthesis  
☐ Diabetic Supplies    Other: Wound Care & Catheters

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



# 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:

100036539

1023921

3008377

6683060001

194814716

201090810A

94551276

1609371

003144450A

07100237260

98441

716258

1396901047

2359819

200528190A

10026280300

7920098 1530592

422345400

102789400 0001

0M1480

- 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: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_

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

## APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

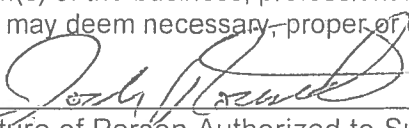
Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Josh Rosenthal  
Print Name of Authorized Person

3/20/2015  
Date

Board Use Only

Received: \_\_\_\_\_

Amount: 500-

## APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Monty McKellar  
Business Name: Strive Medical LLC  
Current Business Address: 8428 Sterling St Ste B  
City: Irving State: TX Zip: 75063  
Telephone: 972-354-7300 Fax: 972-354-7311

### SOLE OWNER

#### Include with the application for a sole owner

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

attached

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3/19/2015

## GENERAL INSTRUCTIONS

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

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

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

Application for New license for Medical Supply (DME) company  
Strive Medical 3111 S. Valley View Blvd Ste B219 Las Vegas, NV 89102  
 Nature of License  
 Name and Address of Establishment for Which License is Requested

If applicable, Name Under Which It is Now Operated

### 1. PERSONAL INFORMATION:

McKellar Monty Reuben  
 Last Name First Name Middle Name

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

1854 Broken Band Dr Westlake TX 76262  
 Present Residence Address-Street or RFD City State/Zip

320 Morrison Park Dr Suite 130 11/14- Southlake TX 76092  
 Present Business Address Dates City State/Zip

Business Owner 5/1/05-present  
 Occupation Dates  
Medical Supply Sales  
 Phone: Residence Business

45 houston, TX  
 Date of Birth Place of Birth (City, State, Country)  
Male  
 Age Sex

Hazel brown White 225 Medium 6'0  
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial RR Page 1

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) Rachel Denise Rosenthal  
 Date of Birth 4/27/1975 Place of Birth Arlington, TX  
 Resident address 1854 Broken Band Dr. Westlake, TX 76262  
 Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_  
 Spouse's employer Self Occupation Realtor  
 Address of employer N/A

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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None

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

Name	Street	City	State	Zip	Telephone
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N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

<u>Kelly</u>	<u>1/20/1995</u>	<u>Henderson, TX</u>	<u>1854 Broken Band Dr. Westlake TX, 76262</u>
<u>Luke</u>	<u>9/26/1998</u>	<u>Henderson, TX</u>	<u>1854 Broken Band Dr. Westlake TX, 76262</u>
<u>Carey</u>	<u>1/29/2000</u>	<u>Longview, TX</u>	<u>1854 Broken Band Dr. Westlake TX, 76262</u>

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 RR



**FAMILY INFORMATION-Continued**

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

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact person \_\_\_\_\_

**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Reuben Walter McKellar

192 CR 491 Carthage, TX 75633 Business owner

Mother

Kathryn Soape

142 CR 491 Carthage, TX 75633 Business owner

Father-in-Law

Mother-in-Law

**D. Brothers and Sisters:**

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Suzy McKellar

626 CR 184, Carthage, TX 75633 Homemaker

Spouse

Kabot Baker

626 CR 184, Carthage, TX 75633 Coal Mine Operator

Jill McKellar

118 Scotsdale Spur Carthage, TX 75633 School Teacher

Spouse

Roane Smith

118 Scotsdale Spur Carthage, TX 75633 Oil Field Sales

Marion McKellar

168 Scotsdale Spur Carthage, TX 75633 Homemaker

Spouse

Kie Foley

168 Scotsdale Spur Carthage, TX 75633 Business owner

Spouse

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
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Grammar

Carthage ISD

419 Davis St. 1973-1980

Yes ☒ No ☐

School

High

School

College

University

Other

Carthage ISD

1816 Log Dr. 1981-1987

Yes ☒ No ☐

Panola Junior College

1189 W. Panola 1988-1991

Yes ☐ No ☒

Stephan F. Austin

1936 North St. 1991-1995

Yes ☐ No ☒

Nacogdoches, TX

Type of degree obtained, if any

College or university where obtained

Applicant's initial

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
----------------	-----	--------	-------------------------	-----------------	------------------

6/20/2013	44	presentation in unmarked container	Keller, TX	12/8/2014	Keller PD
* narrative + dismissal are attached					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

N/A

Applicant's initial len



# ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☒ No ☐ (Other than divorces)

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Defendant	May 28, 2009	NO: 09-00977	Las Vegas, NV Clark County	Jan 12, 2010
in the U.S. District Court for the District of Nevada				

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

Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
U.S. Med, LLC	DME	May 28, 2009
* case listed above		

## 7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2/1992 - 7/1994	192 CR 491	Carthage	TX 75633
8/1994 - 12/1995	26 S. Adams St	Carthage	TX 75633
1/1996 - 3/2000	409 North St. Mary	Carthage	TX 75633
3/2000 - 8/2005	184 Candelara Dr.	Carthage	TX 75633
8/2005 - Current	1854 Broken Bend Dr.	Westlake	TX 76262

Applicant's initial

*IR*



# 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 1988 - Jan 1990	Lawn Care - Self employed	To get consistent work while attending college
Part time work Student - Self	Mowed Lawns	N/A
Feb 1990 - July 1992	SHB Construction Keatchie, LA 71046	
Oil location Roustabout - Maintained & hooked up New oil wells	Kenny Harris	
Aug 1992 - 1994	Hometown Auto Sales Carthage, TX 75633	Medical Sales Position
Sales Representative Used Car Sales	Coleen Davis	
Sept. 1994 - Dec 1995	THP Healthcare	New Medical Sales - (Higher Pay)
Sales Representative DME Sales	Bobby Baker	
Jan 1996 - Nov 1996	Bowman Healthcare	To start my own company
Sales Representative Medical DME Sales	David Bowman	
Jan 1997 - 2005	Genicare Medical, Inc	Acquired by Apria Healthcare
President Owner / Operations	N/A	
Apr 1 2005 - Present	USMED, LLC	
President Owner / Operations	N/A	
July 2008 - Present	Strive Medical, LLC	
President Owner / Operations	N/A	

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

Applicant's initial NRX Page 6

# 9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

See Attachment

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐  
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

U.S. Med, LLC 8428 Sterling St Irving, TX 75063 - OME Company  
Licensed in TX w/ Medical Device Distributors. Licensed in New Mexico for  
business license in Las Cruces & Albuquerque. Licensed in Nevada for State  
Board of Pharmacy license & business license w/ Clark County. Licensed in  
Arizona w/ State Board of Pharmacy.

Applicant's initial

Page 7

Strive Medical 8428 Sterling St Ste B. Irving, TX 75063 - has state  
Pharmacy licenses in Texas, Arkansas, Louisiana, Kentucky, Arizona, UTAH  
& Mississippi.



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.....

Applicant's initial..... *RR*.....

STATE OF Texas

ss.

COUNTY OF Tarrant

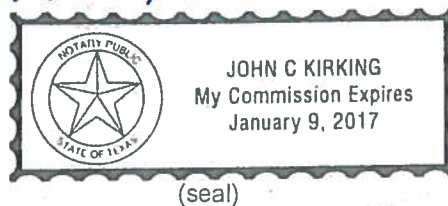
I, Monty McKellar, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation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

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

Monty McKellar  
Original Signature of Applicant

Subscribed and Sworn to before me this 19th day of March, 2015

John C. Kirking  
John C. Kirking  
Notary Public



Applicant's initial MR Page 9

### Character References

Levi McMellian- Home Address: 8900 Baltusrol Dr.  
Flower Mound, TX 75022

Work Address: 735 Plaza Blvd., Suite 100      Years Known: 7 years  
Coppell, TX 75019  
Employer: Self

Keary Turner- Home Address: 4224 Georgetown Dr.  
Flower Mound, TX 75028

Work Address: 1560 E. Southlake Blvd. #Ste. 100      Years Known: 8 years  
Southlake, TX 76092

David Soape- Home Address: 230 County Rd. #422  
Carthage, TX 75633

Work Address: 4180 Fm 1970      Years known: 40 years  
Carthage, TX 75633  
Employer: Self

Jimmy Velasco- Home Address: 1411 E. Orangewood Ave #130  
Phoenix, AZ 85020

Work Address: 4022 East Broadway Rd.      Years Known: 9 years  
Phoenix, AZ 85040  
Employer: USMED/ Strive Medical

Frank Willis- Home Address: 907 University Dr.  
Carthage, TX 75633

Work Address: 1 Bulldog Dr. Hwy 79      Years Known: 28yrs  
Carthage, TX 75633

Employer: Self

LRJ

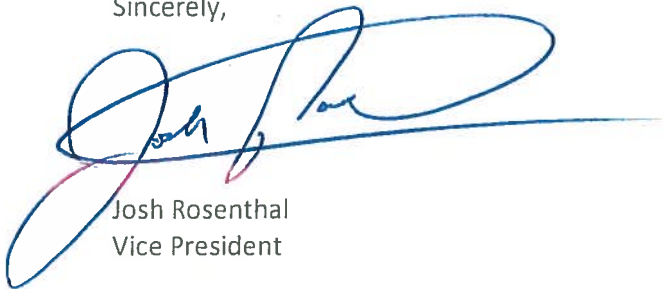
3/20/2015

RE: Due to answering "Yes" on section 6A, Arrests, Detentions, Litigations and Arbitrations

To whom it may concern,

On June 20, 2013 in Tarrant County Monty McKellar, owner and president of Strive Medical, LLC was pulled over in his vehicle for speeding and arrested for having prescription medication in an unmarked container. These charges were dismissed by the Criminal District Attorney of Tarrant County on December 8<sup>th</sup>, 2014 due to Monty McKellar providing his prescription for the medication to the court. All charges were dropped and the case was dismissed. The Motion to Dismiss document is enclosed for your reference. Texas Medicaid suspended our enrollment within their program on June 23, 2014 due to Monty's charges. Texas Medicaid reinstated Strive Medical's participation on October 10, 2014 due to the charges being resolved. Both letters are enclosed for your review.

Sincerely,



Josh Rosenthal  
Vice President

NO. 1391761

THE STATE OF TEXAS

VS

MCKELLAR, MONTY RUBEN

In the 396th Judicial

District Court of

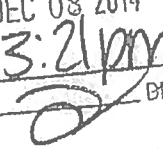
TARRANT COUNTY, TEXAS

MOTION TO DISMISS

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES the State of Texas by and through her Criminal District Attorney, and respectfully requests the Court to dismiss the above and numbered action for the reason:

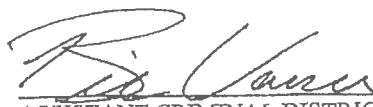
- ☐ DM01 Insufficient Evidence. Specify:
- ☐ DM02 The defendant was convicted in Cause No. on the      day of      , 20
- ☐ DM03 The complaining witness has requested dismissal - affidavit on file.
- ☐ DM04 The case has been refiled/reindicted as Cause No.
- ☐ DM05 The defendant has never been apprehended.
- ☐ DM06 The defendant is deceased - death certificate on file.
- ☐ DM07 Defendant granted immunity for testimony.
- ☒ DM08 Other. Specify: Defendant provided prescription
- ☐ DM09 Prosecution is barred by the Speedy Trial Act.
- ☐ DM10 The defendant has been placed in the deferred prosecution program.
- ☐ DM11 The defendant has completed Defensive Driving school.
- ☐ DM12 The defendant will pay Court Costs.
- ☐ DM13 The defendant has completed Deferred Adjudication.

FILED  
THOMAS A WILDER, DIST. CLERK  
TARRANT COUNTY, TEXAS  
DEC 08 2014  
3:21pm  
TIME  
BY  DEPUTY

WHEREFORE, it is prayed that the above entitled and numbered cause be dismissed

Respectfully submitted,

JOE SHANNON, JR.  
CRIMINAL DISTRICT ATTORNEY  
TARRANT COUNTY, TEXAS

  
ASSISTANT CRIMINAL DISTRICT ATTORNEY

The foregoing petition having been presented to me on this the 8th day of Dec A.D. 2014, and the same having been considered, it is therefore ORDERED, ADJUDGED and DECREED that said above entitled and numbered cause be and the same is hereby dismissed.

  
JUDGE

## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☞ Date 3/19/2015

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

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

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

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

### GENERAL INSTRUCTIONS

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

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

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

Application for tara doran  
Nature of MDEG  
Strive Medical 3111 S. Valley View Ste. B-219  
Name and Address of Business for Which MDEG Administrator Is Requested  
Strive Medical  
If applicable, Name Under Which It Is Now Operated



1. PERSONAL INFORMATION:

doran tara Lynne  
Last Name First Name Middle Name

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

8947 Fox Season Ave. Las Vegas NV. 89178  
Present Residence Address-Street or RFD City State/Zip

3111 S. Valley View Dates Ste-B-219 Las Vegas NV.  
Present Business Address City State/Zip

Medical Supply Spec. Dates July 2013 - present  
Present Position with the MDEG

Phone: 702-219-0128 Fax: \_\_\_\_\_

Email address: tdoran@strivemedical.com

\_\_\_\_\_  
Date of Birth Peoria, IL.  
Place of Birth (City, County, State)

31 ? F  
Age Social Security Number Sex

blue Brown 116.5 5'4  
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics lt-arm/wrist, chest

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No \_\_\_\_\_

If naturalized, certificate No \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

**EMPLOYMENT:**

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

Shrive medical.	- July 2013- present	3016
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
medical supply spec.		Jimmy Velasco
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

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

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

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

a) Board Administrative Action: State: \_\_\_\_\_  
b) \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

c) Criminal Action: State: \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

County: \_\_\_\_\_

Court: \_\_\_\_\_

4. Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG? Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written explanation and/or documents.

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



Date of photograph 3/4/2015

I, Lara doran, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

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



.....  
Original Signature of Applicant

Blank

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

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

Pharmacy Name: EXPEDITE SCRIPTS PHARMACY

Physical Address: 730 N. Eastern Avenue, #110 Las Vegas, NV 89101

Mailing Address: 1156 Trail Point Drive

City: Henderson State: NV Zip Code: 89074

Telephone: (702) 600-9794 Fax: N/A

Toll Free Number: N/A

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

Managing Pharmacist: PAUL BROUS License Number: 13286

**Hours of Operation:**

Monday thru Friday 9 am 5 pm      Saturday 9 am 3 pm

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

## APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

PAUL BROWN 1 26 2015  
Print Name of Authorized Person Date

Board Use Only

Received: 2-9-15 Amount: \$500.00

## APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP.** All persons listed as a partner must accurately complete a personal history record form.

List names of 4 largest partners and percentage of ownership:

Name: TERESITA C. ZANTUA %: 50

Name: LYDIA P. YITO %: 50

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Partnership Name: ZBC COMPANY, LLC

Mailing Address: 1156 Teal Point Drive

City: Henderson State: NV Zip Code: 89074

Telephone: (702) 600-9704 Fax: N/A

Contact Person: PAUL BRUNS

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

## PARTNERSHIP

### Include with the application for a partnership

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

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

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



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

I, PAUL BROUS  
Responsible Person of TERESITA ZANTUA and LYDIA VITO  
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.

X Paul Brous 01/22/2015  
Original Signature, no stamps or copies Date

## Statement of Responsibility

### Managing Pharmacist

Pharmacist Name: PAUL BROUS

License #: 13286

Pharmacy Name: EXPEDITE SCRIPTS PHARMACY

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

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

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

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

## PHARMACY MANAGER'S RESPONSIBILITIES

(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Pavel B. Juc                      26 15

Original Signature, no stamps or copies                      Date

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

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

Pharmacy Name: MDRX

Physical Address: 1050 Wigwam Pkwy #100, Henderson, NV 89074

Mailing Address: 1182 Azure Heights Place

City: Las Vegas State: NV Zip Code: 89110

Telephone: 702-553-2560 Fax: 702-947-4656

Toll Free Number: N/A

E-mail: Nolimits4us@icloud.com Website: N/A

Managing Pharmacist: Rory Wright License Number: 14443

**Hours of Operation:**

Monday thru Friday 9 am 5 pm      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

## APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Rory Wright  
Print Name of Authorized Person

3/10/15  
Date

Board Use Only

Received:

3/24/15

Amount:

\$500.00

## APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: Rory Wright  
Business Name: MDRx  
Current Business Address: 1050 Wigwam Pkwy #100  
City: Henderson State: NV Zip Code: 89074  
Telephone: 702-553-2560 Fax: 702-947-4656

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A  
Name: N/A %: N/A

Are you a registered pharmacist in Nevada? Yes ☒ No ☐ License #: 14443

### SOLE OWNER

#### Include with the application for a sole owner

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

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

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

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

I, Rory Wright  
Responsible Person of MDRX

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.

Rory Wright  
Original Signature, no stamps or copies

3/10/15  
Date

## Statement of Responsibility

### Managing Pharmacist

Pharmacist Name:

Rory Wright

License #:

14443

Pharmacy Name:

MDRX

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

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

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

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



Blank

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner □ Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

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

Pharmacy Name: ProCare Pharmacy Care, LLC

Physical Address: 7660 S. Dean Martin Drive, Suite 203

Mailing Address: 7660 S. Dean Martin Drive, Suite 203

City: Las Vegas State: NV Zip Code: 89139

Telephone: 800-662-0586 Fax: 800-662-0590

Toll Free Number: 800-662-0586

E-mail: mrose@procarerx.com Website: www.procarerx.com

Managing Pharmacist: Terry Smith License Number: NV 13044

**Hours of Operation:**

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

# APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Michael J. Rose

Print Name of Authorized Person

Date

3/19/2015

Board Use Only

Received: 3/24/15 Amount: \$500.00

## APPLICATION FOR NEVADA PHARMACY LICENSE

### OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida  
Parent Company if any: N/A  
Corporation Name: ProCare Pharmacy Care, LLC  
Mailing Address: 3891 Commerce Parkway  
City: Miramar State: FL Zip: 33025  
Telephone: 800-662-0586 Fax: 800-662-0590  
Contact Person: Michael J. Rose, RPh

For any corporation non publicly traded, disclose the following:

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

a)	<u>Roger Burgess, member (51%)</u>	<u>628 Coral Way, Ft. Lauderdale, FL 33301-2530</u>
	Name	Address
b)	<u>Barbara Burgess, member (49%)</u>	<u>628 Coral Way, Ft. Lauderdale, FL 33301-2530</u>
	Name	Address
c)	<u></u>	<u></u>
	Name	Address
d)	<u></u>	<u></u>
	Name	Address

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

2) Provide the number of shares issued by the corporation. N/A  
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:  %:

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

I, Michael J. Rose

Responsible Person of ProCare Pharmacy Care, LLC

hereby acknowledge and understand that in addition to the corporation, 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, 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, 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

3/19/2015  
Date

## Statement of Responsibility

## Managing Pharmacist

Pharmacist Name: Terry Smith

License #: NV 13044

Pharmacy Name: ProCare Pharmacy Care, LLC

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

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

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

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

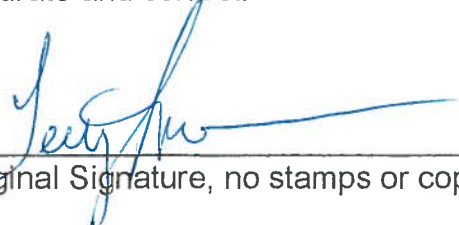
If you marked YES to any of the numbered questions above, please include the following information


Board Administrative Action:	State: <u>NV</u>	Date: <u>05/14/2014</u>	Case #: <u>N/A</u>
And/or Criminal Action:	State: _____	Date: _____	Case #: _____
County	_____	Court:	_____

**PHARMACY MANAGER'S RESPONSIBILITIES**  
**(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)**

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

  
\_\_\_\_\_  
Original Signature, no stamps or copies

  
\_\_\_\_\_  
Date

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>PH 02771</u> )	<input checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
---------------------------------------	---	---	--

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership – Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

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

Pharmacy Name: Sonoran Pharmacy Group Inc.  
Physical Address: 4101 Wagon Trail Ave Las Vegas, NV 89118  
Mailing Address: 1313 E. Maple St. Ste 150  
City: Bellingham State: WA Zip Code: 98225  
Telephone: 702-576-9545 Fax: 702-946-0353  
Toll Free Number: none  
E-mail: regulative.affairs@crxshoppe.com Website: www.mywellcarepharmacy.com  
Managing Pharmacist: Hang Nguyet Truong License Number: 16849

**Hours of Operation:**

Monday thru Friday 9 am 7 pm      Saturday 11 am 5 pm  
Sunday 11 am 5 pm      24 Hours No

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

This page must be submitted for all types of ownership.

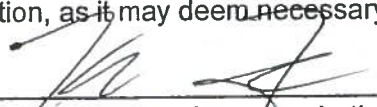
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Kevin Faris  
Print Name of Authorized Person

2015 March 17  
Date

Board Use Only

Received: \_\_\_\_\_ Amount: \$ 500.00

To Whom It May Concern:

In December 2013, I was the subject of a complaint by the Department of Health (DOH) of the State of Washington, relating to the operation of the pharmacy Scrips LTC, in Seattle. The complaint alleged that at this pharmacy, of which I was one of three co-owners, local pharmacy staff was accepting "returns" from long-term care facilities without fully complying with Washington law setting forth the requirements for such "returns".

In August 2014, the complaint was resolved by mutual agreement. The disposition did not include any charges against any other pharmacy with which I was associated; the problems were solely at Scrips LTC, which pharmacy closed in 2012. In written findings associated with that disposition, the DOH agreed that the improper actions had been committed by others, and that I had, in fact, circulated a written policy to the staff of Scrips LTC against accepting any "returns" but certain members of the staff had violated that policy.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin Faris', with a stylized flourish at the end.

Kevin Faris, R. Ph.

## APPLICATION FOR NEVADA PHARMACY LICENSE

### OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Washington  
Parent Company if any: none  
Corporation Name: Sonoran Pharmacy Group Inc.  
Mailing Address: 1313 E. Maple St. Ste 150  
City: Bellingham State: WA Zip: 98225  
Telephone: 360-685-4270 Fax: 360-685-4246  
Contact Person: Sarah Pitts

For any corporation non publicly traded, disclose the following:

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

a)	<u>Daniel Macphree</u>	<u>710 Linden Rd Bellingham, WA 98229</u>
	Name	Address
b)	<u>Kevin Faris</u>	<u>720 Cross St. Bellingham, WA 98229</u>
	Name	Address
c)	<u>Henry Schrader</u>	<u>3104 Seely St Bellingham, WA 98226</u>
	Name	Address
d)	<u>Matthew Grayson</u>	<u>1010 FM 2441 Woodshoro, TX 78393</u>
	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. 100,000
- 3) What was the price paid per share? 0
- 4) What date did the corporation actually receive the cash assets? 3/1/2015
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: none %: \_\_\_\_\_

Name: none %: \_\_\_\_\_

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

I, Kevin Faris

Responsible Person of Sonoran Pharmacy Group, Incorporated

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said 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

2015 March 17

Date

## Statement of Responsibility

### Managing Pharmacist

Pharmacist Name: Hang Truong

License #: 16849

Pharmacy Name: WellCare Pharmacy

The corporation Sonoran Pharmacy Group, Inc., will conduct the pharmacy.

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

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

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

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

PHARMACY MANAGER'S RESPONSIBILITIES  
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

  
Original Signature, no stamps or copies

3/17/15  
Date

Blank

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner □ Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

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

Pharmacy Name: SR Pharmacy LLC

Physical Address: 4011 McLeod Drive Las Vegas, NV 89121

Mailing Address: temporary: 6171 McLeod Drive Suite A

City: LAS VEGAS State: NV Zip Code: 89120

Telephone: temp (702) 994-9118 Fax: (702) 553-5714 (not active yet)

Toll Free Number: N/A

E-mail: diane.galinato@SILVERROCKRECOVERY.com Website: N/A

Managing Pharmacist: Diane C. GALINATO R.Ph. License Number: 18659

**Hours of Operation:**

Monday thru Friday 11 am 7 pm                      Saturday 11 am 7 pm

Sunday 11 am 7 pm                      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☐ Retail
- ☒ Hospital (# beds 75)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

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



## APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Tanisha Porreca  
Original Signature of Person Authorized to Submit Application, no copies or stamps  
Tanisha Porreca 3/16/15.  
Print Name of Authorized Person Date

Board Use Only

Received:

3/24/15

Amount:

\$500.00

## APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP.** All persons listed as a partner must accurately complete a personal history record form.

List names of 4 largest partners and percentage of ownership:

Name: ELIZABETH PERRY %: 50  
Name: MARK SHANDROW %: 50  
Name: \_\_\_\_\_ %: \_\_\_\_\_  
Name: \_\_\_\_\_ %: \_\_\_\_\_

Partnership Name: SR Pharmacy LLC  
Mailing Address: 4011 McLeod Drive  
City: Las Vegas State: NV Zip Code: 89121  
Telephone: (949) 467-9213 Fax: (888) 588-4998  
Contact Person: Thomas Meena Esq.

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_  
Name: \_\_\_\_\_ %: \_\_\_\_\_

## PARTNERSHIP

### Include with the application for a partnership

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

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

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

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

I, Tanisha Porreca  
Responsible Person of SR Pharmacy LLC  
hereby acknowledge and understand that in addition to the corporation's, any owner(s),  
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy  
law that may occur in a pharmacy owned or operated by said company.

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

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

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

Tanisha Porreca  
Original Signature, no stamps or copies

3/16/15  
Date

## Statement of Responsibility

### Managing Pharmacist

Pharmacist Name: Diane Cecilia Galinato

License #: 18659

Pharmacy Name: SR PHARMACY LLC

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

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

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

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

PHARMACY MANAGER'S RESPONSIBILITIES  
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

  
Original Signature, no stamps or copies

3/16/15  
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.

☒ 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: Consonus Pharmacy Services, LLC

Physical Address: 4560 SE International Way #101

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

City: Milwaukie State: OR Zip Code: 97222

Telephone: (877) 311-1499 Fax: (877) 728-8799

Toll Free Number: (877) 311-1499 (Required per NAC 639.708)

E-mail: jfree@consonushealth.com Website: www.consonushealth.com

Managing Pharmacist: JOSHUA FREE License Number: 12993 (Oregon)

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☒ Retail  
☒ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Long Term Care

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,**

85141

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

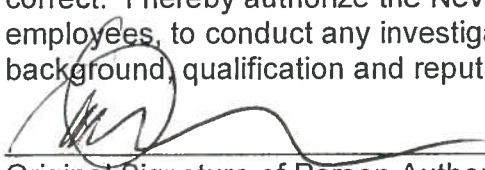
Within the last five (5) years:

- 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

Phillip C. Fogg Jr.  
Print Name of Authorized Person

12/22/14  
Date

Page 2

Board Use Only

Date Processed:

3/24/15

Amount:

\$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Oregon

Parent Company if any: Consonus Pharmacy Services LLC

Mailing Address: 4560 SE International Way #101

City: Milwaukie State: OR Zip: 97222

Telephone: 971-206-5205 Fax: 971-206-5211

Contact Person: Tami Laflen

For any <sup>LLC</sup>~~corporation non publicly traded~~, disclose the following:

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

a) \_\_\_\_\_  
Name Address

b) \_\_\_\_\_  
Name Address *see attached*

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 N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Hours of Operation for the pharmacy:

Monday thru Friday 7 am 2 <sup>am</sup> pm Saturday 8 am 2 <sup>am</sup> pm  
Sunday 8 am 2 <sup>am</sup> pm 24 Hours \_\_\_\_\_

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: (NONE)

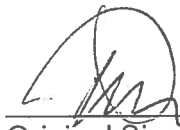


STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Phillip G Fogg Jr.  
Responsible Person of Consonus Pharmacy Services LLC  
hereby acknowledge and understand that in addition to the corporation's, any owner(s),  
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law  
that may occur in a pharmacy owned or operated by said corporation.

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

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



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

Phillip G Fogg Jr.  
Print Name of Authorized Person

12/18/14  
Date



Joshua Free  
Director of Pharmacy  
Consonus Pharmacy Services  
4560 SE International Way #101  
Milwaukie, OR 97222

3/11/2015

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

To Whom It May Concern:

Thank you for considering our application for an out of state pharmacy license. I believe you will find all of the necessary documents enclosed except for the License Verification document, which will arrive separately.

This statement is in regard to question 3 on page 2 of the application—"Has the corporation, any owner(s), shareholders...ever been the subject of an administrative action, board citation..."

I have enclosed a copy of a stipulated consent order from the Oregon Board of Pharmacy for case 2013-0542. The case had to do with drug utilization review by one of our pharmacists, and the disciplinary action originally proposed was to the pharmacist and not the drug outlet. You will see in the order that we agreed to informally resolve the matter with a civil money penalty paid by the outlet.

This case had a few complexities not discussed in the consent order, and we felt it was important to support our pharmacist. We considered the disciplinary action originally proposed against our pharmacist to be too severe given the infraction and the variables involved. The informal disposition we arrived at was mutually agreeable to all parties and was the most expeditious path to resolution. I would be happy to answer any additional questions that may come up regarding this case.

Consonus Pharmacy is currently in discussion with representatives from the Oregon Board of Pharmacy over a separate pending disciplinary action. We will soon have an opportunity to present our side of the case, and we are hopeful that it will be resolved with an outcome agreeable to both sides. As we apply for licensure in the State of Nevada, we want to be very open and forthcoming about this concern.

The pending action pertains to a procedural issue regarding processing of Emergency Drug Kits. We voluntarily amended our process to align with the current interpretation of the rules long before any disciplinary action was proposed, and have denied all charges against us. This has been pending for over a year, but we are hopeful that it will be resolved in our ongoing discussions with the board.

This issue unfortunately resulted in a proposed disciplinary action against me as the Pharmacist-in-Charge due to a perceived lack of cooperation with the investigation. I also deny this charge, with full support from our organization, and look forward to a meaningful discussion with the Compliance Director from the Oregon Board of Pharmacy to bring the matter to a close.

Please feel free to contact me at any time with questions about our application or this statement.

Sincerely,

A handwritten signature in dark ink, appearing to be 'JF', followed by a long, sweeping horizontal line that extends to the right.

Joshua Free, PharmD, MBA  
Director of Pharmacy  
Consonus Pharmacy Services, Oregon  
(o) 971.206.2068  
(c) 303.547.0987  
jfree@consonushealth.com

BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON

In the Matter of the Retail and ) Case No. 2013-0542  
Institutional Drug Outlet License of )  
)  
CONSONUS PHARMACY SERVICES ) STIPULATED CONSENT ORDER  
)  
Registrant )

The Oregon Board of Pharmacy (Board) is the state agency responsible for licensing and drug outlets in the State of Oregon and regulating the practice of pharmacy pursuant to ORS Chapter 689.

WHEREAS, the Board of Pharmacy of the State of Oregon is prepared to file a Notice of Proposed Disciplinary Action regarding the Registrant in the above-captioned matter based on the Registrant's admitted violations of Oregon Administrative Rules and Revised Statutes; and

WHEREAS, the Registrant is aware of the right to notice and a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the parties are desirous of resolving and settling those matters without further proceedings thereon; and

WHEREAS, on or about 11/26/2013, an employee of Registrant of Consonus Pharmacy Services located in Milwaukie, dispensed a female patient finasteride without questioning why this patient needed finasteride in violation of OAR 855-019-0200(2), and (3), OAR 855-019-0220(3), and OAR 855-019-0310(11) which is grounds for discipline pursuant to ORS 689.405(1)(e)(B); and

WHEREAS, the Registrant did not ensure compliance with the above referenced Oregon Revised Statutes and Administrative Rules in the above incident in violation of OAR 855-041-1010(2); and

WHEREAS, Registrant and the Board now hereby agree to resolve this matter, pursuant to ORS 183.417(3) (permitting informal disposition of contested cases), under the following agreed terms and stipulations:

1. The registrant shall be assessed a civil penalty in the amount of \$1,000, with \$500 stayed pending (\$500 imposed):

- a. Submission of a Quality Assurance Plan acceptable to the Board to correct violations as noted above. Quality Assurance Plan with a copy of this order to be submitted within ten days from the date this Consent Order becomes final;
- b. No further similar violations for three years;

c. The registrant shall pay the Board the \$500 civil penalty imposed within ten days from the date this Consent Order becomes final.

2. Failure of the registrant to comply with the sanctions of this Consent Order may, after notice and hearing, result in further disciplinary action including the reinstatement of the \$500 civil penalty stayed above.

## CONSENT

Registrant understands and agrees that he/she has read and understands the terms of this agreement and Stipulated Consent Order.

Registrant understands and agrees that this Stipulated Consent Order and all documents incorporated by reference set forth the entire agreement of the parties.

Registrant agrees to all the terms of this document including that the Board may enter this stipulation as a final order resolving this matter.

IT IS SO AGREED:

CONSONUS PHARMACY SERVICES  
Registrant (License Nos. IP-0002138 and RP-0002155)

Date \_\_\_\_\_

IT IS SO ORDERED.

BOARD OF PHARMACY  
FOR THE STATE OF OREGON

Gary Miner, R.Ph.,  
Compliance Director

Date \_\_\_\_\_

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BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON

In the Matter of the ) Case No. 2013-0472  
Drug Outlet Registration )  
)  
CONSONUS PHARMACY SERVICES LLC dba: ) NOTICE OF PROPOSED  
CONSONUS PHARMACY SERVICES ) DISCIPLINARY ACTION;  
) ANSWER REQUIRED  
Registrant )

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. IP-0002138 because Consonus Pharmacy Services violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

Prior to 10/23/2013, Consonus Pharmacy Services in Milwaukie, Oregon failed to have a pharmacist verify the contents of eKits assembled for distribution to their long term cliental and a non-pharmacist employee sealed the eKits before they reached a pharmacist for verification. Errors were identified in eKits.

In this investigation, Registrant initially reported that pharmacists were checking eKits and no errors were made.

The above conduct is unprofessional conduct as defined by OAR 855-006-0005(28)(j) and (k) and in violation of and grounds for discipline pursuant to OAR 855-001-0035, OAR 855-019-0200(2) and (3)(b), OAR 855-025-0025(4), OAR 855-041-1010(2), ORS 689.335(1), 689.405(1)(a) and (e)(B), 689.832(1) and 689.445.

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$10,000 per violation.

**HEARING RIGHTS**

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland, OR 97232  
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

48 If the corporation requests a hearing, the corporation's attorney will be notified of the time  
49 and place of the hearing. Before the commencement of the hearing, the corporation will be given  
50 information on the procedures, right of representation and other rights of parties relating to the  
51 conduct of the hearing.

52  
53 If the corporation does not request a hearing within 21 days, or if it withdraws a hearing  
54 request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at  
55 a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board  
56 issues a final order by default, it designates its file on this matter as the record.

57  
58 **ANSWER REQUIRED**  
59

60 Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you  
61 must also provide, within 21 days from the date this contested case notice was served, a written  
62 answer to the allegations set forth in this contested case notice. Your written answer must include  
63 an admission or denial of each factual matter alleged in the notice and a short and plain statement  
64 of each relevant affirmative defense you may have. Except for good cause, factual matters alleged  
65 in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular  
66 defense in the answer will be considered a waiver of such defense; new matters alleged in the  
67 answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall  
68 not be taken on any issue not raised in the notice and the answer.

69  
70 **Hearing Request and Answers:**  
71 **Consequences of Failure to Answer**  
72 **855-001-0015**

73 (1) A hearing request, and answer when required, shall be made in writing to the Board  
74 by the party or his attorney and an answer shall include the following:

- 75 (a) An admission or denial of each factual matter alleged in the notice;  
76 (b) A short and plain statement of each relevant affirmative defense the party  
77 may have.

78  
79 (2) Except for good cause;

- 80 (a) Factual matters alleged in the notice and not denied in the answer shall be  
81 presumed admitted;  
82 (b) Failure to raise a particular defense in the answer will be considered a  
83 waiver of such defense;  
84 (c) New matters alleged in the answer (affirmative defenses) shall be presumed  
85 to be denied by the agency; and  
86 (d) Evidence shall not be taken on any issue not raised in the notice and the  
87 answer.

88  
89 **BOARD OF PHARMACY**  
90 **FOR THE STATE OF OREGON**

91  
92 Gary Miner, R.Ph.,  
93 Compliance Director

6/19/14  
Date

DATE OF MAILING 6/19/2014

# 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: Innovex Pharmaceuticals Inc.  
Physical Address: 3790 Arapaho Rd. Addison TX 75001  
Mailing Address: 3790 Arapaho Rd.  
City: Addison State: TX Zip Code: 75001  
Telephone: 214-390-3371 Fax: 214-377-9558  
Toll Free Number: 1-800-370-1910 (Required per NAC 639.708)  
E-mail: sales@innovexpharma.com Website: www.innovexpharma.com  
Managing Pharmacist: Richard Eric Bonhard License Number: 55101

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

84818



## 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

Kevin Hogan

Print Name of Authorized Person

2-26-15

Date

Page 2

Board Use Only

Date Processed: 3/24/15

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Texas  
Parent Company if any: -  
Mailing Address: 3790 Arapaho Rd.  
City: Addison State: TX Zip: 75001  
Telephone: 214-390-3371 Fax: 214-377-9558  
Contact Person: Kevin Hogan

For any corporation non publicly traded, disclose the following:

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

a) Kevin Hogan 5665 Arapaho Rd #1135 Dallas TX 75248  
Name Address

b) \_\_\_\_\_  
Name Address

c) \_\_\_\_\_  
Name Address

d) \_\_\_\_\_  
Name Address

2) Provide the number of shares issued by the corporation. 3,000,000

3) What was the price paid per share? .01

4) What date did the corporation actually receive the cash assets? 04-23-14

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

List any physician shareholders and percentage of ownership.

Name: None %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 8:30 am 4:30 pm Saturday 9 am 1 pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm CLOSED 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

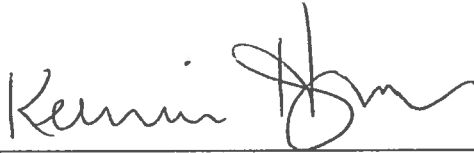
I, Kevin Hogan

Responsible Person of Innovex Pharmaceuticals 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

Kevin Hogan

Print Name of Authorized Person

2-26-15

Date



## TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.  
*President*  
*Waco*

Buford T. Abeldt, Sr., R.Ph.  
*Vice President*  
*Lufkin*

Christopher M. Dembny, R.Ph.  
*Treasurer*  
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W. Benjamin Fry, R.Ph.  
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Alice G. Mendoza, R.Ph.  
*Kingsville*

Bradley A. Miller, Ph.T.R.  
*Austin*

Phyllis A. Stine  
*Abilene*

Joyce A. Tipton, R.Ph.  
*Houston*

Charles F. Wetherbee  
*Boerne*

Dennis F. Wiesner, R.Ph.  
*Austin*

Gay Dodson, R.Ph.  
*Executive Director/Secretary*  
*Austin*

**Re:**

Innoveix Pharmaceuticals, Inc.

**Address:**

3790 Arapaho Road  
Addison, Texas 75001

**License No.:**

29793

**Date Issued:**

February 17, 2015

**Licensure Status:**

Active

**Expiration Date:**

February 28, 2017

**Type of Pharmacy:**

Community Sterile Compounding

**Prior Disciplinary Orders:**

No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Innoveix Pharmaceuticals, Inc. (Texas Pharmacy License #29793) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

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

February 24, 2015

Date



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

Blank

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509  
**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: Omnicare of Southern California  
Physical Address: 8220 Remmet Ave  
Mailing Address: 8220 Remmet Ave  
City: Canoga Park State: CA Zip Code: 91304  
Telephone: 818-716-9800 Fax: 888-452-4809  
Toll Free Number: 888-452-4808 (Required per NAC 639.708)  
E-mail: daniel.dugan@omnicare.com Website: www.omnicare.com  
Managing Pharmacist: Daniel Dugan License Number: 67774

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Long term care

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,**

85142

## 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.

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

Jonathan Kukulski  
Print Name of Authorized Person

2/13/15  
Date

Page 2

Board Use Only

Date Processed: 3/24/15

Amount: \$500.00

Questions on this application have been answered on behalf of the applicant, which operates multiple pharmacies. The items disclosed below relate to other pharmacies that are separately licensed but that are also owned and operated by the applicant. There may be additional information pertaining to indirect owners farther up or down the corporate chain or subsidiaries that exist in corporate chains separate and distinct from the applicant. Should you determine that any item referred herein or in the corporate filings falls within the scope of the application, we are happy to provide additional documentation upon request. Some of the actions disclosed below do not constitute disciplinary actions, but are rather non-disciplinary settlement agreements between some pharmacies and government agencies. We include them in a good faith effort to make full disclosure.

Evergreen Pharmaceutical of California, Inc., dba Creekside Managed Care Pharmacy. On March 23, 2011, the California Board of Pharmacy issued a Citation for variation from a prescription.

Evergreen Pharmaceutical of California, Inc., dba Omnicare Redding, CA. On December 8, 2009, the California Board of Pharmacy issued a Citation and \$2,500 Fine for dispensing unauthorized refills of a dangerous drug.

Evergreen Pharmaceutical of California, Inc., dba Omnicare Canoga Park. On December 24, 2010, the California Board of Pharmacy issued a Letter of Admonishment regarding theft by an employee.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of Lodi. On March 26, 2010, the California Board of Pharmacy issued a Citation and \$1,000 Fine for a medication error.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of Lodi. On May 4, 2010, the California Board of Pharmacy issued a Citation and \$250 Fine for inadequate pharmacy security.

Evergreen Pharmaceutical of California, Inc., dba Omnicare Canoga Park. On November 7, 2001, the California Board of Pharmacy issued a Disciplinary Order, accepted by the pharmacy, that granted and immediately revoked a community pharmacy license, which revocation was stayed subject to a 3-year probation and a \$10,000 fine to resolve allegations that it operated without appropriate licensure, provided prescriptions to an unlicensed facility, and mislabeled prescriptions.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of Bakersfield. On January 21, 2010, the California Board of Pharmacy issued a Citation and \$1,250 Fine for variation from a prescription, failure to perform a quality assurance review, and failure to maintain a pharmacist's initial log.

Evergreen Pharmaceutical of California, Inc., dba Independent Health Care Services. On February 5, 2009, the California Board of Pharmacy issued a Citation and \$5,000 Fine for unsupervised activity by pharmacy technicians, offsite record storage, and mislabeled prescriptions.

Evergreen Pharmaceutical of California, Inc., dba Omnicare Canoga Park. On August 12, 2008, the Ohio Respiratory Care Board issued a Consent Agreement containing a reprimand to resolve allegations that the pharmacy provided HME services without a license.

Evergreen Pharmaceutical of California, Inc., dba Valley Pharmaceutical Services. On March 7, 2007, the California Board of Pharmacy issued a Citation and \$250 Fine for failure to timely file a discontinuance of business form.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of San Diego. On August 22, 2007, the California Board of Pharmacy issued a Citation and \$350 Fine for variation from a prescription and failure to document pharmacist initials.



Evergreen Pharmaceutical of California, Inc., dba Omnicare of San Diego. On August 14, 2007, the California Board of Pharmacy issued a Citation and \$2,850 Fine for exceeding the pharmacist to tech ratio, failure to establish reasonable security measures for controlled substances and to maintain clean and sanitary conditions, and allowing non-licensed personnel to perform pharmacy technician duties.

Evergreen Pharmaceutical of California, Inc., dba Independent Health Care Services. On July 16, 2009, the California Board of Pharmacy issued a Citation and \$5,000 Fine for allowing unauthorized personnel in the pharmacy, failing to have adequate security, sanitary conditions, and appropriate pharmacist to tech ratios, and for accepting and restocking returned medications without crediting patients.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of Lodi. On July 30, 2009, the California Board of Pharmacy issued a Citation and \$250 Fine for dispensing emergency supplies of a controlled substance and failing to report that emergency prescriptions for these items were not received within the appropriate time.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of Lodi. On October 28, 2009, the California Board of Pharmacy issued a Citation and \$250 Fine for failing to complete annual process validation retesting.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of San Diego. On October 15, 2009, the California Board of Pharmacy issued a Citation and \$1,250 Fine for lack of records and refills without a prescription.

Evergreen Pharmaceutical of California, Inc., dba Pharmacy Support Services-Los Angeles. On April 15, 2010, the California Board of Pharmacy issued a Citation for dispensing an uncertain prescription without contacting the prescriber for clarification.

Evergreen Pharmaceutical of California, Inc., dba Pharmacy Support Services- Los Angeles. On June 15, 2007, the California Board of Pharmacy issued a Citation and \$3,000 Fine for purchasing drugs or devices from a wholesaler that did not hold a non-resident license and for failure to retain all records on licensed premises.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of San Diego. On July 7, 2010, the California Board of Pharmacy issued a Citation and \$3,750 Fine for failure to maintain security of dangerous drugs, stocking dangerous drugs lacking quality or strength, and having an adulterated drug held at the pharmacy.

Evergreen Pharmaceutical of California, Inc., dba Pharmacy Support Services-Los Angeles. On January 16, 2008, the California Board of Pharmacy issued a Citation and \$2,000 Fine for exceeding the pharmacist to tech ratio, failing to have written policies and procedures for technicians, unsupervised activity by technicians, failing to initial labels of drugs prepared by technicians, and technicians failing to wear protective clothing when handling drugs.

Evergreen Pharmaceutical of California, Inc., dba Independent Health Care Services. On September 16, 2009, the NSC notified the pharmacy of future revocation of its supplier number due to the site being non-operational after an inspector attempted to visit on August 9, 2009. On October 18, 2010, counsel requested rescission of the revocation, as the pharmacy ceased operations on August

27, 2009, though Omnicare failed to notify the NSC of the closure and file a termination of the supplier number. On January 13, 2011, Palmetto GBA denied the pharmacy's request to terminate its Medicare enrollment because the supplier number was revoked for non-compliance with Medicare DMEPOS standards and "voluntary termination" can't be used to circumvent revocation.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of Lodi. On November 12, 2010, Nevada Medicaid denied the pharmacy's application for provider enrollment for not meeting the required criteria for out-of-state providers in that it provided information only regarding in-state facilities.

Evergreen Pharmaceutical of California, Inc., dba Independent Health Care Services. On April 1, 2008, the California Board of Pharmacy issued a Citation and \$1,500 Fine for failing to maintain the pharmacist to tech ratio.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of San Diego. On March 24, 2011, the California Board of Pharmacy issued a Citation to the pharmacy for a variation from a prescription violation.

Evergreen Pharmaceutical of California, Inc., dba Broadway LTC Pharmacy. On June 30, 2011, the California Board of Pharmacy issued a Citation and \$1,000 Fine for a variation from a prescription, failure to review patient profile prior to dispensing, and failure to maintain the original hardcopy prescription of an orally transmitted prescription.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of San Diego. On September 16, 2011, the California Board of Pharmacy issued a Citation and \$250 Fine for failure to maintain disposition records.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of Lodi. On February 1, 2011, the Utah Board of Pharmacy denied a license application submitted by the pharmacy due to concerns regarding the number of citations issued by the California Board of Pharmacy.

Evergreen Pharmaceutical of California, Inc., dba Broadway LTC Pharmacy. On December 22, 2004, the California Board of Pharmacy issued a Citation and \$500 Fine for inadequate security leading to theft by an employee.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of Canoga Park. On January 2, 2013, the California Board of Pharmacy issued a Citation and \$500 Fine for failing to maintain medication profiles by changing dispensing records.

Evergreen Pharmaceutical of California, Inc., dba Pharmacy Advantage-Los Alamitos. On May 10, 2012, the California Board of Pharmacy issued a Citation and \$2,500 Fine for accepting returned medication bubble packs to be punched out and re-used.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of Lodi. On December 24, 2013, the California Division of Occupational Safety and Health issued a Citation and Notification of Penalty containing a \$375 penalty for failure to establish, implement and maintain an effective Written Illness and Injury Prevention Program for all employees that work at this facility.

Evergreen Pharmaceutical of California, Inc. On February 4, 2002, the California Board of Pharmacy issued a Stipulated Settlement and Disciplinary Order with an unknown pharmacy owned by Evergreen Pharmaceutical of California, Inc. in lieu of license denial containing a 3-year probation

until February 3, 2005 to resolve allegations that Evergreen operated an unlicensed pharmacy. No further details are known.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of Cerritos. On July 8, 2014, the California Board of Pharmacy issued a Citation and \$1,750 Fine for incorrect expiration date label and inaccurate recordkeeping.

On August 27, 2014, the California Board of Pharmacy issued a Citation and \$1,500 Fine for dispensing violations.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of Northern California. On October 9, 2014, the California Board of Pharmacy issued a Citation and \$500 Fine for supervision of pharmacy technicians and ratio.

Evergreen Pharmaceutical of California, Inc., dba Omnicare of Southern California. On December 4, 2014, the California Board of Pharmacy issued a Citation for variation from a prescription.

  
\_\_\_\_\_  
Jonathan Kukulski, Secretary  
Authorized Person

  
\_\_\_\_\_  
Date

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: California  
Parent Company if any: Omnicare, Inc.  
Corporation Name: Evergreen Pharmaceutical of California, Inc.  
Mailing Address: 201 E. 4<sup>th</sup> St 900 Omnicare Center  
City: Cincinnati State: OH Zip: 45202-4248  
Telephone: 513-719-2600 Fax: 513-719-2635  
Contact Person: Penny Lawhern

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

Date of Incorporation: 01/15/1981  
Registration number issued: 002-72-437 Received July 1981  
Stock Exchange: OCR

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>8</u> am	<u>10</u> pm	Saturday	<u>9</u> am	<u>8</u> pm
Sunday	<u>9</u> am	<u>8</u> pm	24 Hours		

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

**Must be included with the application for a publicly traded corporation**

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

List of officers and directors.

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jonathan Kukulski

Responsible Person of Evergreen Pharmaceutical of California, 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

Jonathan Kukulski

Print Name of Authorized Person

2/13/15

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.

☒ 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: OSO Home Care Pharmacy

Physical Address: 17175 Gillette Ave.

Mailing Address: (same)

City: Irvine State: CA. Zip Code: 92614

Telephone: 949-660-7126 Fax: 949-660-7138

Toll Free Number: 800-310-6611 (Required per NAC 639.708)

E-mail: rbohert@osohomecare.com Website: www.osohomecare.com

Managing Pharmacist: Randy Bohert License Number: CA: RPH31070  
AZ: 5020242

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☒ ☐ Other: Specialty Infusion

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,**

83382

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

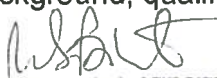
Within the last five (5) years:

- 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

Randy Bohart

Print Name of Authorized Person

2/3/15  
Date

Page 2

Board Use Only

Date Processed:

2/23/15

Amount:

\$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Randy Bohart

Business Name: OSO Home Care Pharmacy

Current Business Address: 17175 Gillette Ave.

City: Irvine State: CA. Zip Code: 92614

Telephone: 949-660-7126 Fax: 949-660-7138

List any physician shareholders and percentage of ownership.

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 8:00 am 7:00 pm

Saturday 9:00 am 5:00 pm

Sunday oncall am \_\_\_\_\_ pm

24 Hours oncall

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, Randy Bohart  
Responsible Person of OSO Home Care 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

Randy Bohart  
Print Name of Authorized Person

2/3/15  
Date



**California State Board of Pharmacy**

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

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

February 27, 2015

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

**California State Board of Pharmacy License Verification**

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

**Licensee Name:** OSO HOME CARE PHARMACY

**License Type:** PHARMACY

**License Number:** PHY 43383

**Status:** ACTIVE

**Issue Date:** 12/16/97

**Expiration Date:** 12/01/15

**Address of Record:** 17175 GILLETTE AVENUE IRVINE, CA 92614

**Disciplinary Action:** NO RECORD OF DISCIPLINARY ACTION

Virginia Herold  
Executive Officer

By

A handwritten signature in black ink, reading "Barbera Schleicher", written over a large, stylized circular flourish.

Barbera Schleicher  
Public Inquiry Analyst  
(916) 574-7922

Barbera.Schleicher@dca.ca.gov

Blank

**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: **PH02673**)  
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: PARK Compounding  
Physical Address: 9257 Research Drive  
Mailing Address: SAME AS ABOVE  
City: IRVINE State: CA Zip Code: 92618  
Telephone: 949-551-7195 Fax: 949-551-1950  
Toll Free Number: 866-551-7195 (Required per NAC 639.708)  
E-mail: info@parkrx.com Website: www.parkrx.com  
Managing Pharmacist: NADIA I BRAHIM License Number: 55603

**TYPE OF PHARMACY**

**AND**

**SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

55610

## APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☒ No ☐
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Andrew R. Bell  
Print Name of Authorized Person

1/15/15  
Date

Board Use Only

Received: 1-22-15

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: CALIFORNIA  
Parent Company if any: IMPRIMIS PHARMACEUTICALS  
Corporation Name: SOUTH COAST SPECIALTY COMPOUNDING, INC  
Mailing Address: 9257 RESEARCH DRIVE  
City: IRVINE State: CA Zip: 92618  
Telephone: 949-551-7195 Fax: 949-551-1950  
Contact Person: LINDA DETONING

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

Date of Incorporation: 1/11/2006  
Registration number issued: 333-182846  
Stock Exchange: NASDAQ

**Include with the application for a publicly traded corporation**

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

List of officers and directors.

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Andrew Boll  
Responsible Person of PAEK Compounding

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

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

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

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

Andrew B. Boll  
Print Name of Authorized Person

1/15/15  
Date





January 1, 2015

Kam Gandhi, Pharm.D.  
Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno Nevada 89509

RE: *Disciplinary History for Applicant and Officers*

Dear Respected Board Official:

Please accept this letter in response to our answer of "YES" to application questions numbers 2 and 3 on page 2. The application questions 2 & 3 on page 2 ask the following: *within the last 5 years [2] Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?; & [3] Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?*

In an effort to be completely transparent in our response, we provide the following information regarding our corporation and its corporate holdings. Since the corporate entity officers of Park Compounding Pharmacy are also officers of another pharmacy, Pharmacy Creations, we disclose disciplinary history for both entities.

Imprimis Pharmaceuticals, Inc. is the sole owner for two pharmacies. Imprimis owns Park Compounding Pharmacy at Irvine, CA and Pharmacy Creations LLC at Randolph, NJ. Although both pharmacies share a common owner and board of directors, both pharmacies are distinct and separate business entities. Imprimis is a relatively new owner of both pharmacies. Imprimis acquired Pharmacy Creations on April 1, 2014 and Park Pharmacy was acquired on January 1, 2015.

Although your application does not specifically ask that we provide a history of disciplinary actions for affiliates or subsidiaries, in the spirit of full disclosure and transparency we have chosen to provide you with the following information for both pharmacies owned by our firm. Please note however, that the disciplinary actions described herein resulted from acts that took place prior to Imprimis acquiring the pharmacies. Imprimis is steadfast in its resolve to operate its pharmacies in full compliance with all state and federal laws and is proud of our track record to date.

9257 Research Drive, Irvine, CA 92618  
T: (949) 551-7195 | F: (949) 551-1950 | E: [info@parkrx.com](mailto:info@parkrx.com)





The following is complete description of the disciplinary history for both pharmacies.

**A. Park Compounding Pharmacy**

*No board of pharmacy disciplinary orders or actions within the past 5 years.*

**B. Pharmacy Creations**

*The following is a summary of administrative actions, disciplinary actions, and licensure denials within the past 5 years.*

1. *Disciplinary Action: October 17, 2013, for Conduct Occurring Under Previous Ownership*  
*Conduct Occurred: April 2013*  
*State of Indiana Board of Pharmacy Disciplinary Order:*
  - Pharmacy Creations (Nonresident Permit No. 64001650A): Probation 16-months.

***Facts:***

In April 2013, the pharmacist in charge (PIC) of Pharmacy Creations personally appeared before the Indiana Board requesting approval of Pharmacy Creations' nonresident pharmacy permit. During the interview with the Board, the PIC disclosed that Pharmacy Creations had shipped medications to patients in Indiana without a license. Because the Board noted for the record that Pharmacy Creations is performing a valuable and needed service to Indiana patients<sup>1</sup>, the Indiana Board approved the application for a nonresident permit but placed the license on probation for at least 16 months. Upon expiration of the 16-month period, Pharmacy Creations will petition the Board to withdraw the probation.

***Corrective action:***

Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. Pharmacy Creations is in the process of becoming licensed in all states that require licensure and will not ship to any jurisdiction that does not allow shipment without a permit. Further, the PIC involved is no longer employed by the pharmacy.

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<sup>1</sup> *In the matter of Pharmacy Creations.* Cause No. 2013 IBP 0046. Indiana Board of Pharmacy, Oct. 17, 2013 at 3.



2. *Disciplinary Action: April 22, 2014, for Conduct Occurring Under Previous Ownership*  
*Conduct Occurred: 2012*  
*State of Ohio Disciplinary Order:*

- Pharmacy Creations (Terminal Distributor of Dangerous Drugs No. **NRP.022274500-03**: \$2000.00 fine and probation, 12-months.

*Facts:*

In October 2012, Pharmacy Creations applied for a nonresident Terminal Distributor of Dangerous Drugs permit (nonresident pharmacy permit). The application was delayed because the Board had evidence that Pharmacy Creations had shipped medications into Ohio without a permit prior to the application. At issue was a single shipment of an injectable compound to an ophthalmologist who returned the shipment once it was determined that Pharmacy Creations was not licensed. The adjudication process for issuance of a license took almost 18 months to complete. At the conclusion of the process, the Board of Pharmacy issued a fine of \$2000.00, granted the request for the nonresident license, and immediately placed the new license on probation for 12 months.

*Corrective action:*

The shipment of drugs into Ohio took place prior to the corrective action related to the shipment of drugs into Indiana. Nonetheless, Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. Pharmacy Creations has decided to become licensed in all states that require licensure and will not ship to any jurisdiction that does not allow shipment without a permit. Further, the PIC involved is no longer employed by the pharmacy.

3. *Administrative Action: June 23, 2014, FDA Warning Letter for Conduct that Occurred Under Previous Ownership*  
*Conduct Occurred: August 2013*

*Facts:*

In August 2013, the FDA inspected the compounding operations at Pharmacy Creations. In June 2014, Pharmacy Creations received a Warning Letter from the FDA asserting a number of violations of federal law that either did not apply to the practice of pharmacy (e.g., noncompliance with current Good Manufacturing Practices) or did not exist in August 2013 (e.g., compliance with the Drug Quality and Security Act enacted in November 2013).

9257 Research Drive, Irvine, CA 92618  
T: (949) 551-7195 | F: (949) 551-1950 | E: [info@parkrx.com](mailto:info@parkrx.com)



Pharmacy Creations has responded to each of the allegations made by the FDA and is currently awaiting a closeout response from the agency. See the attached FDA Warning Letter and Pharmacy Creations' response attached to this letter. *Exhibit A & B.*

4. *Pharmacy Creations' Nonresident Permit Placed on Probation Prior to Issuance on October 17, 2013, for Conduct Occurring Under Previous Ownership*  
*Conduct Occurred: April 2013*  
*State of Indiana Board of Pharmacy Disciplinary Order:*

- Pharmacy Creations (Nonresident Permit No. 64001650A: Probation 16-months.

*Facts:*

In April 2013, the pharmacist in charge (PIC) of Pharmacy Creations personally appeared before the Indiana Board requesting approval of Pharmacy Creations' nonresident pharmacy permit. During the interview with the Board, the PIC disclosed that Pharmacy Creations had shipped medications to patients in Indiana without a license. Because the Board noted for the record that Pharmacy Creations is performing a valuable and needed service to Indiana patients<sup>2</sup>, the Indiana Board approved the application for a nonresident permit but placed the license on probation for at least 16 months. Upon expiration of the 16-month period, Pharmacy Creations will petition the Board to withdraw the probation.

*Corrective action:*

Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. Pharmacy Creations is in the process of becoming licensed in all states that require licensure and will not ship to any jurisdiction that does not allow shipment without a permit.

5. *Pharmacy Creations' Nonresident Permit Placed on Probation Prior to Issuance on April 22, 2014, for Conduct Occurring Under Previous Ownership*  
*Conduct Occurred: 2012*  
*State of Ohio Disciplinary Order:*

- Pharmacy Creations (Terminal Distributor of Dangerous Drugs No. **NRP.022274500-03**: \$2000.00 fine and probation, 12-months.

---

<sup>2</sup> *In the matter of Pharmacy Creations.* Cause No. 2013 IBP 0046. Indiana Board of Pharmacy, Oct. 17, 2013 at 3.



*Facts:*

In October 2012, Pharmacy Creations applied for a nonresident Terminal Distributor of Dangerous Drugs permit (nonresident pharmacy permit). The application was delayed because the Board had evidence that Pharmacy Creations had shipped medications into Ohio without a permit prior to the application. At issue was a single shipment of an injectable compound to an ophthalmologist who returned the shipment once it was determined that Pharmacy Creations was not licensed. The adjudication process for issuance of a license took almost 18 months to complete. At the conclusion of the process, the Board of Pharmacy issued a fine of \$2000.00, granted the request for the nonresident license, and immediately placed the new license on probation for 12 months.

*Corrective action:*

The shipment of drugs into Ohio took place prior to the corrective action related to the shipment of drugs into Indiana. Nonetheless, Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. Pharmacy Creations has decided to become licensed in all states that require licensure and will not ship to any jurisdiction that does not allow shipment without a permit.

*6. Pharmacy Creations' New Application for Nonresident Pharmacy Permit Denied on June 5, 2014 by the North Carolina Board of Pharmacy*

*Facts:*

Pharmacy Creations' application for licensure as a nonresident pharmacy provider was denied by the State of North Carolina. The board cited serious inspection issues noted by New Jersey Board of Pharmacy inspectors in an inspection report crafted in June 2013.

*Corrective action:*

Following the June 2013 inspection, Pharmacy Creations underwent a comprehensive quality improvement program. All deficiencies noted in the June 2013 inspection report have been corrected. Further, on April 1, 2014, Pharmacy Creations was purchased by Imprimis Pharmaceuticals. Because Imprimis Pharmaceuticals is committed to providing its patients with the highest quality medications, Imprimis commissioned a comprehensive assessment of the pharmacy's compliance with pharmacy statutes and regulations including USP compounding guidelines found in USP Chapters <797>. The report created by LDT Health Solutions, validating Pharmacy Creations' full compliance with state and federal compounding requirements, is available upon request.

9257 Research Drive, Irvine, CA 92618  
T: (949) 551-7195 | F: (949) 551-1950 | E: [info@parkrx.com](mailto:info@parkrx.com)



7. *Pharmacy Creations' New Application for a Nonresident Pharmacy Permit Denied by the Missouri Board of Pharmacy on September 19, 2014.*

*Facts:*

Pharmacy Creations' application for licensure as a nonresident pharmacy provider was denied by the State of Missouri. The board cited the previous disciplinary history and probationary status of the licenses in Indiana and Ohio.

*Corrective action:*

The probationary status in Indiana and Ohio both stem from the shipment of drugs into those states prior to having non-resident permit, as detailed in the above sections. Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. The shipments of medication prior to nonresident licensure occurred under Pharmacy Creations' previous ownership. Imprimis, the owner since April 2014, does not allow Pharmacy Creations' staff to ship medications into another state if a permit is required by that state. Once the probationary period has expired in Indiana and Ohio, Pharmacy Creations will reapply for nonresident licensure in the State of Missouri.

If you have any questions regarding the organizational structure of these entities, or require additional information about any statements made above, please do not hesitate to contact me with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrew Boll', written over a horizontal line.

Andrew Boll  
CFO





DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration  
New Jersey District Office  
Central Region  
Waterview Corporate Center  
10 Waterview Blvd, 3<sup>rd</sup> Floor  
Parsippany, New Jersey 07054  
Telephone: (973) 331-4900  
FAX: (973) 331-4969

**WARNING LETTER**

June 23, 2014

**VIA UNITED PARCEL SERVICE**

14-NWJ-09

Scott Karolchyk, R.Ph., MS, Pharmacist-in-Charge and Co-owner  
Bernard Covalesky, R.Ph, Co-owner  
Pharmacy Creations  
540 Route 10 West  
Randolph, NJ 07869

Dear Mr. Karolchyk and Mr. Covalesky:

From August 5, 2013 to August 19, 2013, U.S. Food and Drug Administration (FDA) investigators conducted an inspection of your facility, Pharmacy Creations, located at 540 Route 10 West, Randolph, NJ 07869. During the inspection, the investigators noted that you were not receiving valid prescriptions for individually identified patients for a portion of the drug products you were producing. It was also noted that your firm continues to make domperidone drug products, despite having received prior warnings regarding this practice in a Warning Letter issued on October 31, 2006, and in a meeting with FDA on June 11, 2008. Domperidone is not the subject of an applicable United States Pharmacopeia (USP) or National Formulary (NF) monograph, nor is it a component of an FDA-approved human drug product, nor does it appear on a list developed by the Secretary under section 503A(b)(1)(A)(i)(III) of the Federal Food Drug, and Cosmetic Act (FDCA) [21 U.S.C. § 353a]. In addition, the investigators observed serious deficiencies in your practices for producing sterile drug products, which put patients at risk. For example, your firm produces sterile injectable drug products in multiple-dose containers without a preservative added to the formulations. There is a significant risk that your formulation is unsuitable for multiple uses, and will present an increased risk of infection to patients. In addition, your firm produces lyophilized epinephrine by moving partially stoppered vials between a freezer and a vacuum chamber. Your firm has failed to demonstrate that the process does not place product at risk of microbial contamination and is capable of producing product of a consistent potency. These observations and others were noted on a Form FDA 483, issued on August 19, 2013.

Based on this inspection, it appears that you are producing drugs that violate the Federal Food, Drug, and Cosmetic Act (FDCA).

## A. Compounded Drugs Under the FDCA

At the time FDA inspected your facility, there were conflicting judicial decisions regarding the applicability of section 503A of the FDCA [21 U.S.C. § 353a], which exempts compounded drugs from several key statutory requirements if certain conditions are met.<sup>1</sup> Nevertheless, receipt of valid prescriptions for individually-identified patients prior to distribution of compounded drugs was relevant for both section 503A of the FDCA and the agency's Compliance Policy Guide 460.200 on Pharmacy Compounding (CPG) (2002), which was then in effect.<sup>2</sup> During the FDA inspection, investigators observed that your firm does not receive valid prescriptions for individually-identified patients for a portion of the drug products you produce. Based on this factor alone, those drugs were not entitled to the statutory exemptions for compounded drugs described in section 503A of the FDCA and did not qualify for the agency's exercise of enforcement discretion set forth in the CPG.<sup>3</sup>

In addition, under the CPG, when determining whether to initiate enforcement action, FDA considered whether a firm compounded finished drugs from bulk active ingredients that were not components of FDA-approved drugs without an FDA sanctioned investigational new drug application. Because domperidone was not a component of an FDA-approved human drug, your compounded drugs containing domperidone would not qualify for the exercise of enforcement discretion set forth in the CPG. Further, the exemptions provided by section 503A(a) did not apply to compounded drug products containing domperidone because domperidone was not the subject of an applicable USP or NF monograph, was not a component of an FDA-approved human drug under section 503A(b)(1)(A)(i) of the FDCA, and did not appear on a list developed by the Secretary under 503A(b)(1)(A)(i)(III).

Since FDA inspected your facility, Congress enacted and the President signed into law the Compounding Quality Act (CQA)<sup>4</sup>, which amended FDCA section 503A by eliminating the advertising restrictions that had been the basis for conflicting judicial decisions. The CQA otherwise left section 503A intact, and so clarified that the remainder of section 503A is applicable in every federal judicial circuit, including the requirement for valid prescriptions for individually identified patients, and the requirement to only compound drug products using bulk drug substances if each bulk drug substance is the subject of an applicable USP or NF monograph, is a component of an FDA-approved human drug, or appears on a list developed by the Secretary under section 503A(b)(1)(A)(i)(III). Accordingly, the drugs you compound without valid prescriptions for individually-identified patients and any drug products you compound using domperidone, which is not the subject of an applicable USP or NF monograph, not a component of an FDA-approved human drug, and did not appear on a list developed by the

<sup>1</sup> Compare *Western States Med. Ctr. v. Shalala*, 238 F.3d 1090 (9th Cir. 2001) with *Medical Ctr. Pharm. v. Mukasey*, 536 F.3d 383 (5th Cir. 2008).

<sup>2</sup> The CPG set forth a non-exhaustive list of factors that FDA considered in determining whether to take enforcement action when the scope and nature of a pharmacy's activities raised concerns. This CPG has been withdrawn in light of new legislation. See below.

<sup>3</sup> See 21 U.S.C. § 353a(a) (granting compounded drugs statutory exemptions if, among other things, "the drug product is compounded for an identified individual patient based on the . . . receipt of a valid prescription order or a notation, approved by the prescribing practitioner, on the prescription order that a compounded product is necessary for the identified patient . . ."); CPG at 2 ("FDA recognizes that pharmacists traditionally have extemporaneously compounded and manipulated reasonable quantities of human drugs upon receipt of a valid prescription for an individually-identified patient from a licensed practitioner. This traditional activity is not the subject of this guidance.").

<sup>4</sup> Drug Quality and Security Act, Public Law 113-54, 127 Stat. 587 (Nov. 27, 2013).

Secretary under section 503A(b)(1)(A)(i)(III), are not entitled to the exemptions in section 503A.<sup>5</sup>

In addition, we remind you that there are a number of other conditions that must be satisfied to qualify for the exemptions in section 503A of the FDCA.<sup>6</sup>

## **B. Violations of the FDCA**

Because both the domperidone drug products and the drug products that you manufacture and distribute without valid prescriptions for individually-identified patients are not the subject of approved applications, they are unapproved new drugs and misbranded drugs in violation of sections 505(a) and 502(f)(1) [21 U.S.C. § 355(a) and 352(f)(1)] of the FDCA, respectively.

In addition, the manufacture of those drug products is also subject to FDA's Current Good Manufacturing Practice (CGMP) regulations for Finished Pharmaceuticals, Title 21, Code of Federal Regulations (CFR), Parts 210 and 211. FDA investigators observed significant CGMP violations at your facility, causing such drug product(s) to be adulterated within the meaning of section 501(a)(2)(B) of the FDCA [21 U.S.C. § 351(a)(2)(B)].

### **Unapproved New Drug Products**

You do not have any FDA-approved applications on file for the drug products for which you have not obtained valid prescriptions for individually-identified patients.<sup>7</sup> Additionally, you produce domperidone drug products that are not the subject of an applicable USP or NF monograph, are not a component of an FDA-approved drug under section 503A(b)(1)(A)(i) of the FDCA, and do not appear on a list developed by the Secretary under 503A(b)(1)(A)(i)(III).<sup>7</sup> Under sections 301(d) and 505(a) of the FDCA [21 U.S.C. §§ 331(d) and 355(a)], a new drug may not be introduced into or delivered for introduction into interstate commerce unless an application approved by FDA under section 505 of the FDCA [21 U.S.C. § 355] is in effect for the drug. Your marketing of these products, or other applicable products without an approved application violates these provisions of the FDCA.

### **Misbranded Drug Products**

Because the domperidone drug products and the drug products for which you have not obtained valid prescriptions for individually-identified patients are intended for conditions that are not amenable to self-diagnosis and treatment by individuals who are not medical practitioners, adequate directions cannot be written for them so that a layman can use these products safely for their intended uses. Consequently, their labeling fails to bear adequate directions for their intended uses, causing them to be misbranded under section 502(f)(1) of the FDCA [21 U.S.C.

<sup>5</sup>The CQA contains a number of other provisions, including new exemptions and requirements for compounders seeking to operate as outsourcing facilities. A discussion of the CQA and the agency's plans to implement the new law may be found at

<http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/default.htm>

<sup>6</sup>For example, section 503A also addresses anticipatory compounding, which includes compounding (not distribution) before receipt of a valid prescription order for an individual patient. We are not addressing anticipatory compounding here.

<sup>7</sup>The specific products made by your firm are drugs within the meaning of section 201(g) of the Act, [21 U.S.C. § 321(g)] because they are intended for use in the diagnosis, cure, mitigation, treatment, or prevention of diseases. Further, they are "new drugs" within the meaning of section 201(p) of the FDCA [21 U.S.C. § 321(p)] because they are not generally recognized as safe and effective for their labeled uses.



§ 352(f)(1)], and they are not exempt from the requirements of section 502(f)(1) of the FDCA [see, e.g., 21 CFR § 201.115]. The introduction or delivery for introduction into interstate commerce of these products therefore violates sections 301(a) of the FDCA [21 U.S.C. § 331(a)]. It is also a prohibited act under section 301(k) of the FDCA [21 U.S.C. § 331(k)] to do any act with respect to a drug, if such act is done while the drug is held for sale after shipment in interstate commerce of the components used to make the drug and results in the drug being misbranded.

### **Adulteration Charges**

FDA investigators also noted CGMP violations at your facility, causing the drug products for which you have not obtained valid prescriptions for individually-identified patients to be adulterated under section 501(a)(2)(B) of the FDCA [21 U.S.C. § 351(a)(2)(B)]. The violations include, for example:

1. Your firm failed to establish and follow an adequate written testing program designed to assess the stability characteristics of drug products and also failed to use results of such stability testing to determine appropriate storage conditions and expiration dates (21 CFR 211.166(a)).
2. Your firm failed to establish adequate written procedures for production and process control designed to assure that the drug products you manufacture have the identity, strength, quality, and purity they purport or are represented to possess (21 CFR 211.100(a)).
3. Your firm failed to establish an adequate system for monitoring environmental conditions in aseptic processing areas (21 CFR 211.42(c)(10)(iv)).
4. Your firm failed to establish and follow appropriate written procedures that are designed to prevent microbiological contamination of drug products purporting to be sterile, and that include validation of all aseptic and sterilization processes (21 CFR 211.113(b)).
5. Your firm failed to clean and, where indicated by the nature of the drug, sterilize and process container closures to remove pyrogenic properties to assure they are suitable for their intended use (21 CFR 211.94(c)).
6. Your firm failed to test samples of each component for conformity with all appropriate written specifications for purity, strength, and quality (21 CFR 211.84(d)(2)) and your firm failed to subject each lot of a component that is liable to microbiological contamination that is objectionable in view of its intended use to microbiological tests before use (21 CFR 211.84(d)(6)).
7. Your firm did not conduct, for each batch of drug product purporting to be sterile and/or pyrogen-free, appropriate laboratory testing to determine whether each batch was sterile or pyrogen-free (21 CFR 211.167(a)).
8. Your firm did not have, for each batch of drug product, appropriate laboratory determination of satisfactory conformance to final specifications for the drug product,

including the identity and strength of each active ingredient, prior to release (21 CFR 211.165(a)).

Items 4, 6, 7, and 8 are based on repeat observations from the warning letter dated October 31, 2006.

Under section 301(a) of the FDCA [21 U.S.C. § 331(a)] the introduction or delivery for introduction into interstate commerce of any drug that is adulterated is a prohibited act. Further, it is a prohibited act under section 301(k) of the FDCA [21 U.S.C. § 331(k)] to do any act with respect to a drug, if such act is done while the drug is held for sale after shipment in interstate commerce of the components used to make the drug and results in the drug being adulterated.

### **C. Corrective Actions**

In your response dated September 3, 2013, to the Form FDA-483, you reference your purported compliance with United States Pharmacopeia (USP)-National Formulary (NF) General Chapter <797> Pharmaceutical Compounding -- Sterile Preparations. However, as discussed above, your firm has manufactured and distributed drug products without valid prescriptions for individually-identified patients, and the manufacture of such drugs is subject to FDA's drug CGMP regulations (21 CFR Parts 210 and 211). Furthermore, on August 26, 2013, you recalled two lots of products as a result of sterility failures. FDA strongly recommends that your management immediately undertake a comprehensive assessment of your operations, including facility design, procedures, personnel, processes, materials, and systems. In particular, this review should assess your aseptic processing operations and design. A third party consultant with relevant sterile drug manufacturing expertise could be useful in conducting this comprehensive evaluation. Your firm's planned corrections do not meet the minimum requirements of 21 CFR Part 211, and there is no assurance that such human drug product(s) produced by your firm conform to the basic quality standards that ensure safety, identity, strength, quality, and purity.

In addition to the issues discussed above, you should note that CGMP requires the implementation of quality oversight and controls over the manufacture of drugs, including the safety of raw materials, materials used in drug manufacturing, and finished drug products. See FDCA, as amended by the Food and Drug Administration Safety and Innovation Act (Pub.L. 112-144, Title VII, section 711). We note that you have chosen to hire contract testing laboratories to perform some of the required testing of your finished drug products. FDA inspected these laboratories in 2012 and 2013 and observed deficiencies in their practices. If you choose to contract with a laboratory to perform some functions required by CGMP, it is essential that you select a qualified contractor and that you maintain sufficient oversight of the contractor's operations to ensure that it is fully CGMP compliant. Regardless of whether you rely on a contract facility, you are responsible for assuring that drugs you introduce into interstate commerce are neither adulterated nor misbranded. See 21 CFR 210.1(b), 21 CFR 200.10(b).

In addition, you should also correct the violations of FDCA section 505(a) and 502(f)(1) noted above.

### **D. Conclusion**

The violations cited in this letter are not intended to be an all-inclusive statement of violations at your facility. You are responsible for investigating and determining the causes of the violations

identified above and for preventing their recurrence or the occurrence of other violations. It is your responsibility to ensure that your firm complies with all requirements of federal law and FDA regulations.

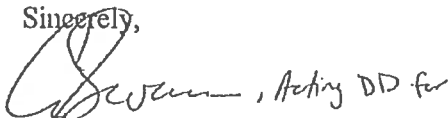
You should take prompt action to correct the violations cited in this letter. Failure to promptly correct these violations may result in legal action without further notice, including, without limitation, seizure and injunction.

Within fifteen working days of receipt of this letter, please notify this office in writing of the specific steps that you have taken to correct violations. Please include an explanation of each step being taken to prevent the recurrence of violations, as well as copies of related documentation. If you do not believe that the products discussed above are in violation of the FDCA, include your reasoning and any supporting information for our consideration. If you cannot complete corrective action within 15 working days, state the reason for the delay and the time frame within which you will complete the correction. Your written notification should be addressed to:

Erin McCaffery, Compliance Officer  
FDA New Jersey District Office  
U.S. Food and Drug Administration  
Waterview Corporate Center  
10 Waterview Blvd, 3rd Floor  
Parsippany, NJ 07054

If you have questions regarding any issues in this letter, please contact our office at 973-331-4993.

Sincerely,

A handwritten signature in dark ink, appearing to read "Diana Amador Toro", followed by the text "Acting DD for".

Diana Amador Toro  
District Director

# PHARMACY CREATIONS

540 Route 10 West, Randolph, NJ 07869

July 7, 2014

VIA OVERNIGHT DELIVERY FEDEX Tracking No. 7705-2445-1123

Erin McCaffrey, Compliance Officer  
FDA New Jersey District Office  
U.S. Food and Drug Administration  
Waterview Corporate Center  
10 Waterview Blvd, 3<sup>rd</sup> Floor  
Parsippany, New Jersey 07054

**RE: Warning Letter; Pharmacy Creations; 14-NWJ-09**

Dear Ms. McCaffrey:

This letter is Pharmacy Creations' response to the Warning Letter issued on June 23, 2014. Thank you for the opportunity to respond to the Food and Drug Administration's ("FDA") allegations following the inspection of Pharmacy Creations, which occurred almost a year ago -- from August 3 to August 19, 2013. Pharmacy Creations is committed to complying with all applicable laws and regulations while delivering the highest quality pharmaceutical care to our patients.

Pharmacy Creations received the Warning Letter over ten (10) months after the inspection of our facility by your field staff. Due to the length of time between the August 2013 inspection and the present, a number of changes have occurred at Pharmacy Creations that render inapplicable certain assertions in the Warning Letter. In addition, the ownership and control of Pharmacy Creations has changed since the August 2013 inspection. Lastly, FDA's Warning Letter is a belated attempt to apply to Pharmacy Creations a legal standard that simply did not exist at the time of the pharmacy inspection back in August 2013.

Set forth below is a description of the new ownership of the pharmacy, and Pharmacy Creations' corrective actions that are responsive to your Warning Letter.

## **I. RESPONSE TO SPECIFIC ASSERTIONS**

### **A. Unapproved New Drug Products**

#### **1. Pharmacy Creations' Corrective Action: Patient-Specific Prescription Orders Only**

The Warning Letter asserts that any compounded medication prepared without a patient-specific prescription violates FDA guidance and federal law. *Although Pharmacy Creations holds the position that*

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*preparing compounded medications for physicians' "office use" complied with state law<sup>1</sup> and was not prohibited by federal law in August 2013,<sup>2</sup> Pharmacy Creations has discontinued its practice of preparing medications for physicians' "office use" unless it is compounded pursuant to a patient-specific prescription order.*

## *a. FDA Assertion*

The Warning Letter asserts that Pharmacy Creations acted outside of its practice authority in August 2013 when it compounded medications for physician "office use" in compliance with New Jersey law, which (then and now) permits compounding for office use.<sup>3</sup> The Warning Letter states that the FDA's position is that the practice of compounding medications for "prescriber practice use" without a patient-specific prescription violates Section 503A of the FDCA.

## *b. Analysis and Corrective Action*

Contrary to FDA's assertion in its Warning Letter, Section 503A of the FDCA was not enforceable in August 2013 because the United States Supreme Court declared the law unconstitutional in the Ninth Circuit in 2002.<sup>4</sup> Pharmacy Creations recognizes the holding in *Medical Ctr. Pharm. v. Mukasey*, 536 F.3d 383 (5<sup>th</sup> Cir. 2008) severed the commercial speech restrictions of Section 503A from the rest of the law. However, the FDA has been on record as stating that the Fifth Circuit's holding was only applicable to pharmacies operating in the Fifth Circuit and the plaintiffs in *Medical Ctr. Pharm.*<sup>5</sup>

The Supreme Court's decision in *Thompson v. Western States Med. Ctr.*, 535 U.S. 357 (2002), upheld the Ninth Circuit's ruling in *Western States Med. Ctr. v. Shalala*, 238 F.3d 1090 (9<sup>th</sup> Cir. 2001), in which the Ninth Circuit declared the limitations on commercial speech to be unconstitutional and not severable from the rest of Section 503A. Therefore, at the time of the inspection of Pharmacy Creations in August 2013, Section 503A of the FDCA [21 U.S.C. § 353a] *was not enforceable* in the Third Circuit. Pharmacy Creations' position is consistent with FDA's own public assertions immediately prior to the inspection of the pharmacy in the summer of 2013. FDA Commissioner Margaret Hamburg testified that FDA's enforcement authority over compounding pharmacies was "hampered by gaps and ambiguities" in the law; the law was "unclear," "ambiguous;" "and the law is not well suited to effectively regulate this evolving industry."<sup>6</sup> Commissioner

<sup>1</sup> N.J. Admin. Code § 13:39-11.18.

<sup>2</sup> The FDA cites Section 503A of the FDCA as its authority to regulate "office use" compounding in August 2013. However, *Thompson v. Western States Med. Ctr.*, 535 U.S. 357 (2002) held Section 503A unconstitutional. Concerning FDA's reference to *Medical Ctr. Pharm. v. Mukasey*, 536 F.3d 383 (5<sup>th</sup> Cir. 2008), following the holding in *Medical Ctr. Pharm.*, the FDA went on record as applying *Medical Ctr. Pharm.* only to pharmacies operating in the Fifth Circuit (Louisiana, Mississippi, and Texas) and to the plaintiffs. See *infra* note 5.

<sup>3</sup> N.J. Admin. Code § 13:39-11.18.

<sup>4</sup> See *Thompson v. Western States Med. Ctr.*, 535 U.S. 357 (2002).

<sup>5</sup> "FDA has determined at this time that it will apply the non-advertising provisions of section 503A to entities covered by this provision that are located within the jurisdiction of the Fifth Circuit (i.e., Texas, Louisiana, and Mississippi) as well as to the plaintiffs that brought the *Medical Ctr. Pharm.* case." Warning Letter from Alonza E. Cruse, District Director, Los Angeles District, Food and Drug Administration, to Charles T. Bonner, R.Ph., President, Steven's Pharmacy (Nov. 12, 2008).

<sup>6</sup> Subcommittee on Oversight and Investigations, "A Continuing Investigation into the Fungal Meningitis Outbreak and Whether It Could Have Been Prevented," testimony of Margaret A. Hamburg, M.D., at 3, 6 (April 16, 2013).

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Hamburg publicly wrote on FDA's website in March 2013 that there were "no discernible federal standards" to regulate pharmacy compounding. Specifically, she stated, regulatory "authorities are limited and not the right fit for FDA to provide appropriate and efficient oversight of this growing industry."<sup>7</sup> Commissioner Hamburg also stated that FDA's ability to take action against compounders "has been hampered by gaps and ambiguities in the law, which has led to legal challenges to FDA's authority to inspect pharmacies and take appropriate enforcement actions."<sup>8</sup>

Thus, FDA's position in its Warning Letter that Section 503A applied at the time of the inspection conflicts with FDA's prior public statements about the degree of its enforcement authority over compounding pharmacies at the time, and the enforceability of FDCA Section 503A prior to its "clarification" upon passage of the DQSA in late November 2013. Furthermore, contrary to statements in the Warning Letter where FDA asserts that its now-withdrawn Compounding Compliance Policy Guide applied at the time of the 2013 inspection (see Warning Letter at 2), *that same Compliance Policy Guide confirms* that FDA believed at least as far back as 2002 that "presently section 503A in its entirety is invalid."<sup>9</sup>

Pharmacy Creations recognizes that the enactment of Title I of the Drug Quality and Security Act, Pub. L. No. 54-113 ("DQSA"), in late November 2013 revived Section 503A of the FDCA by striking the constitutionally objectionable provisions of the law. As such, Pharmacy Creations will only prepare compounded medications pursuant to a valid, patient-specific prescription order by an appropriately licensed prescriber.

## 2. Pharmacy Creations' Corrective Action: Domperidone

The Warning Letter asserts that compounding with the ingredient domperidone constitutes the manufacturing of an unapproved new drug in violation of Section 505 of the FDCA [21 U.S.C. § 355]. *It is the position of Pharmacy Creations that compounding with domperidone is not restricted by 21 U.S.C. § 353a or 21 C.F.R. § 216.24. Furthermore, contrary to the assertions in the Warning Letter concerning domperidone (Warning Letter at 2-3), Section 503A did not apply to Pharmacy Creations for all of the reasons stated above. However, in response to the Agency's concern about the use of this medication,*<sup>10</sup> *Pharmacy Creations will immediately discontinue the practice of compounding with domperidone unless the pharmacy compounds pursuant to an approved Investigational New Drug ("IND") application, domperidone becomes the subject of*

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<sup>7</sup> Margaret A. Hamburg, M.D., Commissioner, FDA, FDA Must Have New Authorities to Regulate Pharmacy Compounding (Mar. 22, 2013), available at <http://blogs.fda.gov/fdavoices/index.php/2013/03/fda-must-have-new-authorities-to-regulate-pharmacy-compounding>.

<sup>8</sup> The Fungal Meningitis Outbreak: Could It Have Been Prevented? Hearing Before the Subcomm. on Oversight and Investigations of the H. Comm. On Energy and Commerce 112th Cong. (Nov. 14, 2012) (testimony of Margaret A. Hamburg, M.D., Commissioner, FDA).

<sup>9</sup> FDA, Compliance Policy Guide for FDA Staff and Industry, § 460.200 (Pharmacy Compounding) (2002) (emphasis added) (withdrawn December 4, 2013, upon FDA's circulation of draft guidance concerning implementation of Section 503A after passage of the DQSA. (78 Fed. Reg. 72841 (Dec. 4, 2013)).

<sup>10</sup> FDA's IND instructions for prescribing and dispensing domperidone.

<http://www.fda.gov/drugs/developmentapprovalprocess/howdrugsaredevelopedandapproved/approvalapplications/investigationalnewdrugindapplication/ucm368736.htm>.

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*an applicable United States Pharmacopeia or National Formulary monograph, or is included on the anticipated "positive" list of bulk drug substances permitted for use in compounding pursuant to Section 503A.*

## *a. FDA Assertion*

The Warning Letter asserts that compounding with domperidone violates the prohibition on the introduction of a new drug into interstate commerce without filing a New Drug Application ("NDA").<sup>11</sup> Further, the Warning Letter states that domperidone is not on the list developed by the Secretary described in Section 503A(b)(1)(A)(i)(III).

## *b. Analysis and Corrective Action*

The fact that domperidone fails to appear on the list developed by the Secretary pursuant to 503A(b)(1)(A)(i)(III) does not support the assertion that Section 503A prohibits compounding with the medication because the list does not yet exist. As noted above, Section 503A was held unconstitutional by the Supreme Court in 2002, and per the FDA, "[a]fter the court decision, FDA suspended its efforts to develop the list of bulk drug substances that could be used in compounding,"<sup>12</sup> and the Agency never finalized the draft list. Given the passage of Title I of the DQSA and reenactment of Section 503A, Pharmacy Creations will no longer compound with domperidone unless the product is compounded in compliance with an approved IND<sup>13</sup>, *domperidone becomes the subject of an applicable United States Pharmacopeia or National Formulary monograph, or it appears on FDA's positive list for ingredients used in compounding under Section 503A(b)(1)(A)(i)(III).*

## **B. Misbranded Drug Products**

The Warning Letter describes Pharmacy Creations' domperidone drug products and all other drug products compounded without a patient-specific prescription to be misbranded under Section 502(f)(1) of the FDCA [21 U.S.C. § 352(f)(1)]. Pharmacy Creations asserts that its compounded preparations fully complied with New Jersey law and did not violate the federal law, which FDA admitted at the time was ambiguous and unenforceable. However, based on the DQSA, enacted in November 2013, Pharmacy Creations now receives patient-specific prescriptions for all of its compounded preparations. By compounding medications pursuant to a valid, patient-specific prescription order, Pharmacy Creations is exempt from the provisions of Section 502(f)(1) pursuant to Section 503A of the FDCA.<sup>14</sup>

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<sup>11</sup> See 21 U.S.C. § 355.

<sup>12</sup> List of Bulk Drug Substances That May Be Used in Pharmacy Compounding; Bulk Drug Substances That May Be Used To Compound Drug Products in Accordance With Section 503A of the Federal Food, Drug, and Cosmetic Act, 78 Fed. Reg. 72841, 72842 (December 4, 2013).

<sup>13</sup> The FDA website describes the IND process to patients as the appropriate mechanism by which to obtain domperidone. See <http://www.fda.gov/drugs/developmentapprovalprocess/howdrugsaredevelopedandapproved/approvalapplications/investigationalnewdrugindapplication/ucm368736.htm>.

<sup>14</sup> "Sections 351(a)(2)(B), 352(f)(1), and 355 of this title shall not apply to a drug product if the drug product is compounded for an identified individual patient based on the receipt of a valid prescription order or a notation, approved by the prescribing practitioner, on the prescription order that a compounded product is necessary for the identified patient, if the drug product meets the requirements of this section..." 21 U.S.C. § 353a(a).

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## C. Adulteration Charges

The Warning Letter asserts that Pharmacy Creations is not compliant with current Good Manufacturing Practices (“cGMP”).<sup>15</sup> Again, Pharmacy Creations asserts that the products compounded in August 2013 fully complied with New Jersey law and did not violate federal law enforceable at the time. Pharmacy Creations is not a drug manufacturer or an outsourcing facility. Pharmacy practice has traditionally been governed by state law, and pharmacies are not subject to the cGMP provisions required of registered manufacturers and distributors. In addition, the DQSA expressly allows Pharmacy Creations to compound medications pursuant to a patient-specific order and exempts this practice from the cGMP requirements.<sup>16</sup>

## D. Corrective Actions Requested by the FDA in the Warning Letter

The Warning Letter recommends that Pharmacy Creations immediately undertake a comprehensive assessment of its operations utilizing a third-party consultant with relevant sterile drug expertise. The Letter also comments on Pharmacy Creations' choice of contract testing laboratories.

During May and June of 2014, Pharmacy Creations engaged LDT Health Solutions to review its sterile compounding operations – including aseptic processing operations and design – and to assist in the pharmacy's compliance with aseptic compounding standards. Pharmacy Creations is fully compliant with the sterile compounding standards found at USP Chapter <797>. The LDT Health Solutions report is attached to this correspondence as Exhibit A. The review by LDT Health Solutions was prompted by a non-disciplinary agreement between Pharmacy Creations and the New Jersey Board of Pharmacy. LDT Health Solutions is the only third-party entity credentialed by the New Jersey Board of Pharmacy to review sterile compounding operations within the state. In response to the FDA's reference to contract testing laboratories, Pharmacy Creations is in the process of changing its contract testing laboratory. Pharmacy Creations reviews FDA Warning Letters and posted Form-483's (if applicable) related to its contracted laboratories. Further, it thoroughly reviews the contractor's operations by requesting access to the facility's policies and procedures and conducting an onsite inspection of the facility to ensure compliance with USP testing guidelines.

Pharmacy Creations is proud of the findings of LDT Health Solutions. LDT Health Solutions found only technical deficiencies such as non-material gaps in the pharmacy's policies and procedures. LDT did not find any deficiencies that constituted a threat to the public health and safety of the patients served by Pharmacy Creations. Pharmacy Creations will continue to work with LDT to ensure high quality and compliant aseptic practices and operations at the pharmacy.

## II. PHARMACY CREATIONS' NEW OWNERSHIP

The Warning Letter is addressed to “Scott Karolchyk, R.Ph., M.S., Pharmacist-in-Charge and Co-Owner” and “Bernard Covalsky, R.Ph., Co-Owner.” In April 2014, the publicly traded company Imprimis

<sup>15</sup> Specifically, the Warning Letter describes a failure to comply with certain subsections of 21 C.F.R. Part 211.

<sup>16</sup> Title 21 U.S.C. §§ 351(a)(2)(B) & 353a(a). [Section 351(a)(2)(B) is the provision of law that requires adherence to cGMP. Section 353a(a) exempts a pharmacy compounding from cGMP requirements.]



# PHARMACY CREATIONS

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Pharmaceuticals, Inc. purchased the pharmacy and is the sole owner of record. Scott Karolchyk, R.Ph. remains Pharmacist-in-Charge but no longer holds an ownership interest in the pharmacy. In addition, Bernard Covalesky no longer holds an ownership interest in the pharmacy, nor is Mr. Covalesky employed or affiliated with the pharmacy. Please update your records appropriately.

### III. REQUEST FOR PUBLICATION

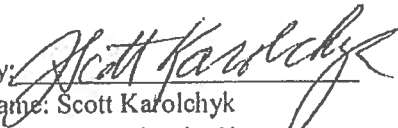
Pharmacy Creations requests that this response be posted on the FDA website with the Warning Letter.

### IV. CONCLUSION

In sum, we respectfully request that you immediately close out this matter due to the corrective actions described herein. Pharmacy Creations does not agree that it violated any federal or state law in effect in August 2013. However, due to the enactment of the DQSA and as a gesture of good will to the FDA's policy position on certain compounding activities (e.g., compounding with domperidone), Pharmacy Creations will only compound medications pursuant to a valid, patient-specific prescription order and in full compliance with USP <795> and <797> guidelines. In addition, Pharmacy Creations will cease compounding with domperidone unless Pharmacy Creations compounds in compliance with an approved IND.

Very truly yours,

PHARMACY CREATIONS, LLC

By:   
Name: Scott Karolchyk  
Title: Pharmacists in Charge

# 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: Preckshot 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: 1-855-773-2574 (Required per NAC 639.708)

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

Managing Pharmacist: Jennifer Siefert License Number: 051.036576

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

80565

## 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.

Jennifer Siefert

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

Jennifer Siefert

Print Name of Authorized Person

11-17-14

Date

Page 2

Board Use Only

Date Processed: 12/22/14

Amount: 500.-

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

Telephone: 309-679-2047 Fax: 309-679-2051

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  
Name Address 61616

b) Wade Siefert 4450 N. Prospect Rd. #7 Peoria Heights, IL  
Name Address 61616

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.

Jennifer A. Siefert  
Original Signature of Person/Authorized to Submit Application, no copies or stamps

JENNIFER A. SIEFERT  
Print Name of Authorized Person

11-17-14  
Date



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

Pat Quinn  
Governor

Manuel Flores  
Acting Secretary

Jay Stewart  
Director  
Division of Professional Regulation

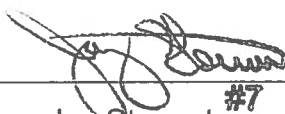
**CERTIFICATION OF LICENSURE**

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.



  
#7

Jay Stewart  
Director  
Division of Professional Regulation

 December 29, 2014  
Date

*Refer to the Department's Web Site at [www.idfpr.com](http://www.idfpr.com) to verify professional licenses via License Look-Up.*

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## **DISCUSSION AND DETERMINATION**

### **1) Director of a Clinical Laboratory**

Staff was contacted by the Division of Health regarding the subject of the director of a clinical laboratory. Currently, the director of a clinical lab must be a physician by regulation. The Division has opted to open up that regulation and propose language that would allow an APRN, a PA, an RN and possibly others to legally be able to act in that position. The Division's question to staff was "Do pharmacists want to be included?" Not certain if there is an appetite among pharmacists to act as clinical laboratory directors, we bring the question to the Board for discussion.

### **2) Prescriptions for Billing Purposes**

At our September, 2014 Board meeting, the Board moved to accept the following policy with respect to immunizations by pharmacists:

"The creation of a "prescription" (or "prescription number") for a given immunization for the purposes of record keeping and billing purposes is no more than just that, and is acceptable. The Board feels that this activity does not interfere with the intent of the law."

Interestingly, staff received the following correspondence from one of the major chains:

"TRICARE beneficiaries may receive select over-the-counter medications at no cost to them until November 30, 2016. Plan-B will be available at no cost and without a prescription to all active duty service women and female beneficiaries who can bear children, without age restriction. In order to bill Plan-B to TRICARE using our prescription processing program, (this chain) will have to process a "For Billing Purposes Only" prescription (see attached). Please advise if this prescription will be acceptable to process in your state."

Generally, the Board of Pharmacy does not get involved with insurance/billing issues, however since this involves the creation of a "prescription" by a pharmacist, who has no prescriptive authority, we bring it forth for discussion.



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# Tricare Emergency Contraceptive Billing Form

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This form is only to be used with the purpose of billing Tricare for Plan B, Plan B One-Step, and Next Choice, dual-labeled emergency contraceptive products as part of the Tricare OTC Demonstration Program. The Patient must be an active duty service woman or female Tricare beneficiary who can bear children. There is no age restriction. This is not a Prescription.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Product Name/Directions (circle one):

Plan B One Step

Next Choice

Quantity: \_\_\_\_\_

Pharmacist Name: \_\_\_\_\_

Pharmacist Signature: \_\_\_\_\_

## **BOARD POLICY 14-02**

### **Immunizations by Pharmacists**

The Nevada State Board of Pharmacy at its regularly scheduled meeting held on September 3, 2014 moved to accept the following policy with respect to immunizations by pharmacists:

The creation of a "prescription" (or "prescription number") for a given immunization for the purposes of record keeping and billing is no more than just that, and is acceptable. The Board feels that this activity does not interfere with the intent of the law.

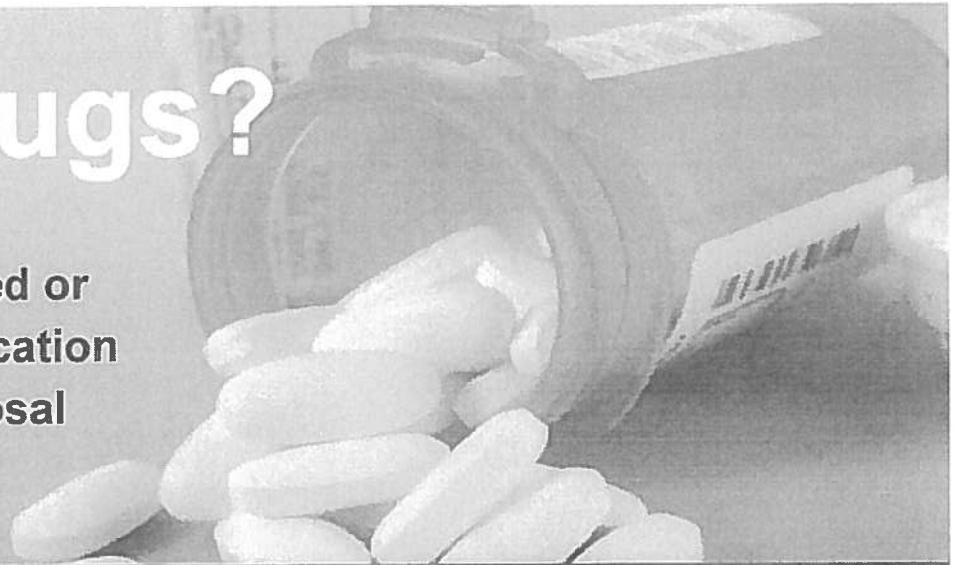
TEMPORARY LICENSES  
(Issued since last board meeting)

Walgreens

Porscha Showers

# Got drugs?

Turn in unused or  
expired medication  
for safe disposal



## Prescription Drug Round Up Saturday April 25th 10:00 AM - 2:00 PM

### Drop Off Locations

**Incline Village Community Hospital** - 880 Alder Ave., Incline Village

**Raleys** - 18144 Wedge Parkway, Reno

**Walgreens** - 10370 N. McCarran Blvd., Reno

**Walmart** - 4855 Kietzke Ln., Reno

**CVS** - 5151 Sparks Blvd., Sparks

**SaveMart** - 565 E. Prater Way, Sparks

### Acceptable Items:

- unneeded prescription drugs (in original containers with patient name marked out)
- prescription liquids
- pet medications
- sharps

### OTHER OPTIONS FOR DISPOSAL

- Crush prescription drugs in a seal-tight plastic bag. Add kitty litter or coffee grounds. Seal the bag and dispose in the trash.
- Dispose in permanent drop boxes located in the lobby of Reno Police Department, Sparks Police Department and the Washoe County Sheriff's Office.

### Sponsors





# Nevada State Board of Pharmacy

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

## NEVADA STATE BOARD OF PHARMACY

### ACTIVITIES REPORT

#### MARCH 4, 2015 BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the March, 2015 Board meeting.

#### Licensing Activity:

- 1 license was granted for an Out-of-State pharmacy, pending receipt of a favorable inspection for all compounding pharmacies residing in another state.
- 1 license was denied for a Nevada MDEG, due to unqualified MDEG administrator and her father's Medicaid fraud conviction
- 1 license was denied for Nevada pharmacy, due to two inexperienced pharmacy owners who reside in New Jersey
- 7 licenses were granted for Nevada pharmacies.
- Dr. RS will regain his controlled substance license; will follow up with him to sign up for PMP program
- 1 pharmaceutical technician license was denied due to past criminal activities

#### Disciplinary Actions:

- Pharmacy RP was fined \$250 (administrative fees) and \$1500 for three misfilled prescriptions. Pharmacist TW was fined \$750 and mandated CE on error prevention for misfilling and elements of valid prescription. Pharmacist JY was fined \$1250 and mandated CE on error prevention and elements of valid prescription.

#### 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.
- Board officer election was held.

**SECOND REVISED PROPOSED REGULATION  
OF THE STATE BOARD OF PHARMACY**

**LCB File No. R014-14**

June 24, 2014

EXPLANATION – Matter in *italics* is new, matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§1 and 2, NRS 639.070.

A REGULATION relating to pharmacy; revising provisions governing the presentation of identification by a person who picks up a controlled substance; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes the State Board of Pharmacy to adopt regulations governing the dispensing of poisons, drugs, chemicals and medicines. (NRS 639.070) Existing regulations require an employee of a pharmacy to request the person to whom a controlled substance will be dispensed pursuant to a lawful prescription to present certain identification before the employee dispenses the controlled substance. In certain circumstances, an employee is not required to request such a person to present identification. (NAC 639.748)

**Section 1** of this regulation clarifies that, under certain circumstances, identification must be requested from a person who picks up a controlled substance and that the identification presented must be a valid form of identification. **Section 1** also revises the information relating to a person who picks up a controlled substance that an employee is required to record in certain circumstances. **Section 1** also revises the circumstances in which an employee is not required to request a person who picks up a controlled substance to present identification.

**Section 1.** NAC 639.748 is hereby amended to read as follows:

639.748 1. Except as otherwise provided in this section, an employee of a pharmacy who is authorized to dispense controlled substances shall, before dispensing a controlled substance pursuant to a lawful prescription, request the person ~~[to whom]~~ *who picks up* the controlled substance ~~[will be dispensed]~~ to present a current *and valid* form of identification issued by a

federal, state or local governmental agency that contains a photograph of the person. The employee shall not dispense the controlled substance if:

- (a) That person does not present such identification; or
- (b) The employee reasonably believes that the identification presented has been altered or is

false or otherwise invalid.

2. The provisions of subsection 1 do not apply if:

- (a) ~~{The prescription is paid for, in whole or in part, by an insurer;~~

~~—(b)} The prescription is for a patient who has had a prescription ~~{for the same controlled substance}~~ previously filled by the pharmacy; ~~{or~~~~

~~—(c) The pharmacy is a part of the}~~

*(b) The prescription is for a patient who is an inpatient at a health care facility , facility for long-term care or facility for hospice care where ~~{the patient}~~ he or she is being treated ~~{,}~~ ;*

*(c) The person who picks up the controlled substance is personally known to an employee of the pharmacy; or*

*(d) The employee is dispensing the controlled substance by mail and has obtained or verified the identification of the patient through the prescription benefit plan of the patient.*

3. ~~{The}~~ *If the provisions of subsection 1 apply, the employee dispensing the controlled substance shall:*

- (a) Make a ~~{photocopy}~~ *copy* of the identification presented to the employee; or

(b) Record the full name of the person ~~{to whom}~~ *who picks up* the controlled substance , ~~{is dispensed and}~~ the identification number , *if any*, indicated on his or her identification ~~{, if any,}~~ *presented to the employee and the federal, state or local governmental agency that issued the identification. The employee shall record that information on ~~{the}~~ :*



- (1) *The* prescription ~~[-, the]~~ ;
- (2) *The* refill log ~~[-, the]~~ ;
- (3) *The* counseling log ~~[-, a]~~ ;
- (4) *A* computer record related to the patient ; or ~~[any other]~~
- (5) *A* document that is readily retrievable ~~[-]~~ *and accessible for inspection by law*

*enforcement or any member, employee, agent or designee of the Board.*

4. If a ~~[-photocopy]~~ *copy* of the identification is made pursuant to paragraph (a) of subsection 3, it must be filed with the copy of the prescription that is maintained by the pharmacy.

*5. As used in this section:*

*(a) "Facility for hospice care" has the meaning ascribed to it in NRS 449.0033.*

*(b) "Facility for long-term care" means:*

*(1) A residential facility for groups as defined in NRS 449.017; and*

*(2) A facility for skilled nursing as defined in NRS 449.0039.*

*(c) "Health care facility" has the meaning ascribed to it in NRS 449.2414.*

*(d) "Valid form of identification" does not include:*

*(1) A driver authorization card obtained in accordance with NRS 483.291; or*

*(2) A driver authorization card, driving privilege card or other similar card issued by another jurisdiction.*

Sec. 2. NAC 639.753 is hereby amended to read as follows:

639.753 1. A pharmacist may decline to fill a prescription that satisfies the requirements of this chapter and chapter 639 of NRS only if the pharmacist reasonably believes, in his or her professional judgment, that:

(a) The filling of the prescription would be unlawful;

(b) The filling of the prescription would be imminently harmful to the medical health of the patient;

(c) The prescription is fraudulent; or

(d) The prescription is not for a legitimate medical purpose.

2. If a pharmacist declines to fill a prescription pursuant to this section, the pharmacist shall speak with the prescribing practitioner in a timely manner to discuss and resolve the concerns of the pharmacist regarding the prescription. Before the pharmacist speaks with the prescribing practitioner, the pharmacist may, based on his or her professional judgment:

(a) Retain the prescription and not return the prescription to the patient;

(b) Return the prescription to the patient;

(c) Make a ~~photocopy~~ *copy* of the prescription and return the prescription to the patient; and

(d) Unless the prescription is for a controlled substance that is listed in schedule II, dispense a quantity of the drug prescribed, not to exceed a 3 days' supply, to allow a reasonable period for the pharmacist to speak with the prescribing practitioner about the concerns of the pharmacist regarding the prescription.

3. After speaking with the prescribing practitioner, the pharmacist may fill the prescription if the pharmacist reasonably believes, in his or her professional judgment, that the prescription is:

(a) Lawful;

(b) Not imminently harmful to the medical health of the patient;

(c) Not fraudulent; and

(d) For a legitimate medical purpose.

4. If, after speaking with the prescribing practitioner, the pharmacist reasonably believes, in his or her professional judgment, that the prescription does not meet one or more of the standards

set forth in subsection 3, the pharmacist shall retain the prescription and may not return the prescription to the patient.

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