May 18, 2015

AGENDA

❖ PUBLIC NOTICE ❖

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, June 10, 2015 at 9:00 am. The meeting will continue, if necessary, on Thursday, June 11, 2015 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place
1790 E Plumb Lane
Reno, Nevada

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 April 15-16, 2015, Minutes for Possible Action

3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
   A. Clybourn Park Pharmacy LLC – Chicago, IL
   B. Cordele Pharmacy, LLC – Charlotte, NC
   C. DeliverCareRx Pharmacy, LLC – Skokie, IL
   D. Healthy Meds Pharmacy – Hallandale Beach, FL
   E. Heartland Veterinary Pharmacy – Hastings, ME
   F. Medpoint Pharmacy – Rolling Meadows, IL
   G. Medscripts Medical Pharmacy – Greenville, SC
   H. Prescription Mart – Beaumont, TX
   I. Primary Care Pharmacy – Houston, TX
   J. Rock City Pharmacy, LLC – Plymouth, MI
   K. Y Medical Associates, Inc. – Irving, TX

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

L. All About Your Health Family Pharmacy – Anderson, SC
M. All American Medical Pharmacy – Warren, MI
N. Apples Pharmacy – Canoga Park, CA
O. Athena Pharmacy – Mt. Juliet, TN
P. Bellevue Pharmacy of Florida – Tamarac, FL
Q. CHS Pharmacy – Vancouver, WA
R. Econo Pharmacy Inc. – Houston, TX
S. Ed Snell's Pharmacy Shop – Pocatello, ID
T. Gardens Pharmacy LLC – Ocean Springs, MS
U. Healthy Pharmacy Solutions – The Woodlands, TX
V. Injury Med Express Pharmacy – Daphne, AL
W. LifeWatch Pharmacy – San Antonio, TX
X. Luke's Family Pharmacy – Hailey, ID
Y. Main Avenue Pharmacy – Clifton, NJ
Z. Med-Health Solutions – Phoenix, AZ
AA. Mission Pharmacy – San Antonio, TX
BB. Opus Rx – Jackson, MS
CC. Pharmacy Depot – Arlington, TX
DD. Prescription Health Resources, LLC – Fort Worth, TX
EE. Saginaw Pharmacy – Saginaw, TX
FF. Smith Pharmacy – Perth Amboy, NJ
GG. Southern Compounding Pharmacy/Apothecary Sales Inc. – Decatur, AL
HH. Westcliff Compounding Pharmacy – Newport Beach, CA

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

II. AcariaHealth Solutions, Inc. – Houston, TX
JJ. Allied 100, LLC – Woodruff, WI
KK. Avella of Deer Valley, Inc. – Phoenix, AZ
LL. Eye Care and Cure – Tucson, AZ
MM. INO Therapeutics LLC – Coppell, TX
NN. Johnson & Johnson Health Care Systems, Inc. – Bridgewater, MA
OO. McKesson Plasma and Biologics LLC – La Vergne, TN
PP. Metro Medical Supply – Nashville, TN
QQ. Pharmaceutical Credit Company, LLC – West Columbia, SC
RR. ProPharma Distribution, LLC – Arvada, CO
SS. Top Rx, LLC – Bartlett, TN
TT. Unique Pharmaceuticals, LTD – Temple, TX
UU. Vernalis Therapeutics, Inc. – Berwyn, PA

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

VV. CHS Pharmacy – Vancouver, WA
WW. Diabetic Supply of Suncoast, Inc. – Dorado, PR
XX. Jodee, Inc. – Hollywood, FL
YY. Liberty Medical Supply 1 – Port St. Lucie, FL
ZZ. Liberty Medical Supply 2 – Port St. Lucie, FL
AAA. Owen & Minor Distribution, Inc. – Flower Mound, TX
BBB. Patient Care Medical – Irvine, CA
CCC. Philips Refurbished Systems – Highland Heights, OH
DDD. ResMed Corp. – Lithia Springs, GA
EEE. ResMed Corp. – Moreno Valley, CA
FFF. Whitley Home Medical Equipment – Hendersonville, NC

Applications for Nevada MDEG – Non Appearance for Possible Action:

GGG. MBI, Inc. – Las Vegas
HHH. Numotion – Reno

Applications for Nevada Wholesaler – Non Appearance for Possible Action:
III. MBI, Inc. – Las Vegas
JJJ. Metro Medical Supply – Reno

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

KKK. Aaron Pharmacy – Las Vegas
LLL. Great Basin Surgical Center – Elko
MMM. Horizon Specialty Hospital of Henderson – Henderson
NNN. Horizon Specialty Hospital of Las Vegas – Las Vegas
OOO. Las Vegas Infusion Pharmacy – Henderson
PPP. Rx2U, LLC – Las Vegas

REGULAR AGENDA

4. Discipline for Possible Actions: Note – The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

A. Jenae Jeppson Schroder, R.Ph (14-061-RPH-A-N)
B. Belinda E. Hubkey, R.Ph (14-061-RPH-B-N)
C. Walgreens #04788 (14-061-RPH-N)
D. Phuong Quynh Doan, R.Ph (14-076-RPH-A-N)
E. Susan Blair, R.Ph (14-076-RPH-B-N)
F. Kenny Hoa Pham, R.Ph (14-076-RPH-C-N)
G. Mailani Espiritu, R.Ph (14-076-RPH-D-N)
H. Walgreens #11227 (14-076-RPH-N)
I. Leslie Ann McLaughlin, PT (15-024-PT-N)

5. Application for Controlled Substance License – Appearance for Possible Action:

Arlyn M. Valencia, MD

6. Application for Pharmacist License by Examination – Appearance for Possible Action:

Michael T. Peters

7. Application of Out-of-State Wholesaler – Appearance for Possible Action:

Alexso Inc. – Los Angeles, CA

8. Application for Nevada Wholesaler – Appearance for Possible Action:

Terrain Pharmaceuticals – Reno

9. Application for Nevada MDEG – Appearance for Possible Action:
10. Applications for Out-of-State Compounding Pharmacy – Appearance for Possible Action:
   A. CGS Pharmacy, LLC – Rockville, MD
   B. JJ Trinity Compounding Pharmacy – Valencia, CA

11. Election of Officers for Possible Action

12. General Counsel Report for Possible Action:
    Legislative Update

13. Executive Secretary Report for Possible Action:
    A. Financial Report
    B. Temporary Licenses
    C. Staff Activities
       1. Presentations:
          a. CE:
             1. Kiwanis’s
             2. NVSHP/Renown
             3. Fallon
       2. NGA Policy Academy on Rx Drug Abuse Summit
       3. Certified Public Manager Program Graduation
    D. Reports to Board
       1. Collaborative Efforts:
          a. BOME; BON; BOVME
       2. National Governor’s Association Meeting on Rx Drug Abuse
       3. Passage of SB 459
          a. Our Role & What it Means for Pharmacists
       4. Mike’s Pharmacy; 4th Monitoring Report: Affiliated Monitors
    E. Board Related News
       1. NABP Annual Meeting Debrief
       2. Patient Safety & Medical Error Prevention for Pharmacy
    F. Activities Report

            ❁❁❁ PUBLIC HEARING ❁❁❁

   Wednesday, June 10, 2015 – 9:00 am

14. Notice of Intent to Act Upon a Regulation for Possible Action:
Amendment of Nevada Administrative Code 453.540 Schedule IV. Because of potential abuse of certain unregulated products, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule IV.

+++ WORKSHOP for Possible Action +++

Wednesday, June 10, 2015 – 9:00 am

15. 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.

Amendment of Nevada Administrative Code 639.926 Transmission of information regarding dispensing of controlled substances to certain persons. Amends the rule that presently establishes frequency of the controlled substance information transmitted to the Board. Amendment will improve the timeliness of the date to improve the quality of the data provided to practitioners and pharmacies pursuant to NRS 453.1545 and SB459.

16. Next Board Meeting:

July 22-23, 2015 – Las Vegas

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

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

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

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

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

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

Hilton Garden Inn
7830 S. Las Vegas Boulevard
Las Vegas, NV

April 15 & 16, 2015

Board Members Present:

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

Board Staff Present:

Larry Pinson  Dave Wuest  Paul Edwards  Shirley Hunting
Ray Seidlinger  Dariel Garcia  Ken Scheuber  Luis Curras
Kristopher Mangosing  Rose Marie Reynolds

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

Mr. Pinson introduced Jason Penrod, Pharm. D. as Governor Sandoval’s newest appointment to the Nevada State Board of Pharmacy for a three year term. Mr. Penrod graduated from Roseman University in 2005 and is currently employed by Wal-Mart in Northern Nevada. Mr. Penrod was a UH-60 Black Hawk Helicopter pilot in the U.S. Army and has been instrumental as pilot in command in several wildfire battles in both Nevada and Northern California.

Mr. Pinson announced that President Gandhi has been selected as the Executive Director of the Arizona State Board of Pharmacy and that this would be his last meeting presiding over the Board. The Board and Board Staff expressed gratitude for President Gandhi’s service to the state over the last six years.

1. Public Comment

Morgan McLeod and Jeremy Schmidt, representing Roadrunner Pharmacy, expressed their concerns regarding the growing need for compounded medications for veterinary
use. Mr. McLeod and Mr. Schmidt requested the Board to keep the veterinary community in mind, especially involving decisions pertaining to Outsourcing Facilities.

2. Approval of March 4, 2015, Minutes

Jason Penrod recused from participation in this matter as he was not present at the March meeting.

Kevin Desmond requested clarification on pg.7 paragraph 3.

Leo Basch requested a sentence on pg. 9 Item H to include "by President Gandhi."

Board Action:

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

Second: Kirk Wentworth

Action: Passed Unanimously

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

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

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

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. Valéry Wholesale Drug Co., LLC – Stockton, CA

Applications for Out-of-State MDEG – Non Appearance

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

AAA. Horizon View Pharmacy – Henderson
BBB. North Vista Hospital, Inc. – North Las Vegas
CCC. Precision Surgery Center – Las Vegas
President Gandhi disclosed regarding Item V. Safeway #4905 that Safeway is now owned by Albertson’s.

Leo Basch disclosed that he knows the pharmacy manager for Item AAA. Horizon View Pharmacy and stated that his participation would not be in conflict.

Board Action:

Motion: Leo Basch moved to approve the Consent Agenda.

Second: Cheryl Blomstrom

Action: Passed Unanimously

4. Request for Renewal of MDEG License and Discipline

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

A representative from Flotsol, Inc. (Flotsol) was not present.

Mr. Edwards stated that Board Staff sent Flotsol the Notice of Intended Action and Accusation, but Board Staff received no response until April 13, 2015.

Mr. Edwards stated that on April 13, 2015, Oluwole Adegboruwa (Mr. Adegboruwa), owner of Flotsol, sent an e-mail stating that no representative would be present at the April meeting, but would be available to attend the July 2015 Board meeting.

Mr. Edwards requested the e-mail be admitted as Exhibit 1A. President Gandhi accepted the Exhibit into the record.

Mr. Edwards explained that Mr. Adegboruwa was convicted of a number of felony counts involving Medicaid fraud. Based on that conviction, Flotsol was issued a summary suspension which requires the matter to be heard at the next Board Meeting. Board discussion ensued regarding moving forward with default proceedings or to postpone hearing this matter until the July 2015 meeting.

President Gandhi called for a 5 minute recess for Mr. Edwards to contact Flotsol’s attorney to get an explanation for their absence.

Mr. Edwards explained that his attempts to reach out to Flotsol’s attorney via phone and e-mail were unanswered. Mr. Edwards requested permission to move forward with the default proceedings.

President Gandhi approved.
Mr. Edwards moved to have Exhibits 1 through 3 admitted. President Gandhi accepted the Exhibits into the record.

Mr. Edwards stated that Board Staff served the Accusation to Flotsol by certified mail at the address on record with the Board Office. He presented a copy of the postal service Domestic Return Receipt (Exhibit 1) which was signed, indicating delivery and receipt by Flotsol. Mr. Edwards stated that Board Staff also sent out a Notice of Summary Suspension with a copy of the Accusation to Flotsol. He presented a copy of the postal service Domestic Return Receipt (Exhibit 2). Mr. Edwards explained that Exhibit 3 was a copy of the Notice of Summary Suspension.

Board Action:

**Motion:** Leo Basch moved to find that based on the evidence presented, Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Flotsol, Inc.

**Second:** Kevin Desmond

Ms. Blomstrom offered a friendly amendment to include the email received from Flotsol as proof that Board Staff properly attempted service.

Mr. Basch and Mr. Desmond accepted the friendly amendment.

**Action:** Passed Unanimously

Mr. Edwards reviewed the charges against Flotsol for the Board.

Board Action:

**Motion:** Cheryl Blomstrom moved that the findings of fact and guilt have been proven on all 7 Causes of Action presented by Board Staff.

**Second:** Tallie Pederson

**Action:** Passed Unanimously

Mr. Edwards recommended permanent revocation of Flotsol's MDEG license.

Board Action:

**Motion:** Cheryl Blomstrom moved to permanently revoke Flotsol, Inc.'s MDEG license.
Second: Jason Penrod

Action: Passed Unanimously

5. Request for Reconsideration of MDEG License

Medical Supplies Las Vegas Inc. – Las Vegas

Arinola Adegboruwa, owner, and Simret Amanuel, administrator, appeared and were sworn by President Gandhi before answering questions or offering testimony.

Mr. Edwards reminded the Board that during the March 2015 meeting, Medical Supplies Las Vegas’ Application for MDEG License was denied by the Board. Ms. Adegboruwa has appeared before the Board to request the Board to reconsider her application.

David Wuest, Deputy Executive Secretary of the Nevada State Board of Pharmacy, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Wuest explained to the Board that Ms. Adegboruwa contacted Board Staff regarding the application for administrator. Mr. Wuest clarified that the application for administrator in the Board book for Vivian Smith did not meet the qualifications necessary for acting as an MDEG Administrator.

Mr. Wuest presented to the Board Ms. Amanuel’s application for administrator.

The Board questioned Ms. Amanuel on her work history and training.

Ms. Amanuel explained that she has most recently worked for Lincare for about 3 years. She stated that she started as a customer service representative and promoted to supervisor. Ms. Amanuel explained that through Lincare she obtained at least 3 hours of training on each product sold.

Ms. Amanuel stated that Medical Supplies Las Vegas plans to provide canes, crutches, incontinence supplies, wheelchairs, walkers, and eventually hospital beds.

Ms. Adegboruwa and Ms. Amanuel answered questions to the Board’s satisfaction.

Board discussion ensued regarding the possibility of having Ms. Adegboruwa and Ms. Amanuel go through training programs with Affiliated Monitors or pending Board approval increasing the number of annual inspections of Medical Supplies.

Board Action:
Motion: Leo Basch moved to reconsider Medical Supplies Las Vegas’ Application for MDEG License

Second: Cheryl Blomstrom

Action: Passed Unanimously

The Board expressed concern regarding lack of proof of training for the items Medical Supplies plans to sell.

The Board stressed the importance of keeping Mr. Adegboruwa and Flotsol uninvolved in Medical Supplies Las Vegas’ business.

Board Action:

Motion: Jason Penrod moved to approve Medical Supplies Las Vegas’ Application for MDEG License pending Board Staff receiving training certificates for items Medical Supplies Las Vegas intends to sell and Ms. Amanuel’s work history and references from Lincare.

Mr. Desmond offered a friendly amendment to include completion of Affiliated Monitors Ethics Training regarding billing.

Mr. Wuest stated that Board Staff would contact Affiliated Monitors to obtain the details on the training program.

Jason Penrod withdrew the motion.

Motion: Jason Penrod moved to have Medical Supplies Las Vegas appear before the Board again pending Board Staff receiving training certificates for items Medical Supplies Las Vegas intends to sell and Ms. Amanuel’s work history and references from Lincare.

Mr. Pinson stated that Board Staff could receive and assess the training certificates. Mr. Pinson also recommended including Medical Supplies Las Vegas contacting Affiliated Monitors to get the details on the ethics training program.

Jason Penrod withdrew the motion.

Motion: Tallie Pederson moved to approve Medical Supplies Las Vegas’ Application for MDEG License pending proof of positive inspection and agreement to only sell items they are certified to sell and can provide proof of training for these items.

Second: Leo Basch
Aye: Basch, Pederson, Wentworth, Penrod, Desmond
Nay: Blomstrom

Action: Motion Carried

6. Discipline

A. Everything Medical (13-047-MP-S)

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

Mr. Edwards explained that on September 12, 2013, Board Staff received a complaint that Everything Medical was selling prescription-required compression hosiery without a prescription. A Board Investigator then posed as a store customer and was able to select and purchase the prescription-required compression hosiery without presenting a valid prescription. On September 24, 2013, Josie Gausling, office manager, sent Board Staff a copy of Everything Medical’s updated Policies and Procedures outlining the corrections to the complaint. On August 19, 2014, during an annual inspection, a Board Inspector again observed prescription-required hosiery and prescription nebulizers accessible to the public. Mr. Kelemen sent notification to Board Staff on September 1, 2014, stating that prescription merchandise was pulled from the shelf and locked in storage until a new lock box could be built.

Mr. Edwards presented a Stipulation and Order regarding Everything Medical for the Board’s consideration. Mr. Kelemen admits that evidence exists to establish a factual basis for the violations alleged in the Accusation that Everything Medical sold compression hosiery with a pressure rating of greater than 20 mm of mercury without a valid prescription, failed to provide training to patients by a person who is certified in the use, fitting, maintenance and potential problems in the use of prescription-required compression hosiery, failed to maintain prescription records, failed to secure prescription-required merchandise and allowed unauthorized public access to that merchandise.

Everything Medical shall pay a fine of $250.00 for each Cause of Action for a total fine of $1000.00. Everything Medical shall pay an administrative fee of $495.00. Everything Medical’s MDEG License will be on probation for 12 months during which they will be subject to 4 quarterly inspections.

Mr. Kelemen stated that he is in agreement with the Stipulation and Order.

Board Action:

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

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

Action: Motion Carried

B. Donna Raymond, R.Ph (13-052-RPH-S)
C. CVS/pharmacy #8807 (13-052-PH-S)

Donna Raymond, Cynthia Garcia, pharmacy technician, and Jody Lewis, CVS District Pharmacy Supervisor, appeared and were sworn by President Gandhi before answering questions or offering testimony.

Mike Dyer was present as counsel representing CVS #8807 and Donna Raymond.

Mr. Edwards presented a Stipulation and Order regarding Ms. Raymond and CVS Pharmacy for the Board’s consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that while employed by CVS Pharmacy, Ms. Raymond filled and dispensed a patient’s prescription with hydrocodone-acetaminophen 5-500 mg tablets, rather than amoxicillin 500 mg capsules as prescribed.

Ms. Raymond shall pay a fine of $1000.00, and complete a one hour CE on the topic of error prevention. CVS Pharmacy will pay an administrative fee of $495.00.

Mr. Dyer stated that he is in agreement with the Stipulation and Order.

Board discussion ensued regarding the importance of showing the medications to patients at counselling as a last opportunity to verify everything is correct.

Board Action:

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

Second: Jason Penrod

Action: Passed Unanimously

D. Nancy Quach, R.Ph (15-001-RPH-S)
E. Walgreens #06815 (15-001-PH-S)

Nancy Quach and Jaclyn Latter, District Pharmacy Supervisor, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.
Tallie Pederson recused from participation due to her employment with Walgreens.

Bill Stilling was present representing Walgreens and Ms. Quach.

Mr. Edwards presented a Stipulation and Order regarding Ms. Quach and Walgreens for the Board’s consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that while employed by Walgreens, Ms. Quach filled and dispensed a patient’s prescription with oxycodone-acetaminophen 10-325 mg tablets, rather than oxycodone-acetaminophen 7.5-325 mg as prescribed. Ms. Quach also filled and dispensed the patient’s prescription with hydrocodone-acetaminophen 7.5-325 mg tablets, rather than the oxycodone-acetaminophen 7.5-325 mg as prescribed.

Mr. Stilling stated that he is in agreement with the Stipulation and Order.

Ms. Quach apologized to the Board for her error.

Board Action:

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

Second: Leo Basch

Action: Passed Unanimously

F. Tara Hsiung, PT (14-087-PT-S)

Tara Hsiung appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards explained to the Board that in December 2014, Board Staff received notification that Ms. Hsiung was terminated from her position as Pharmacy Technician at CVS. During an interview with a CVS Loss Prevention Manager, Ms. Hsiung admitted to diverting approximately 30 tablets of Xanax 1mg and 1 tablet of Tramadol 50mg for personal use. Ms. Hsiung also admitted to stealing and consuming 8 Starbucks coffee beverages while at work.

Ms. Hsiung did not dispute the violations alleged in the Accusation.

Board Action:

Motion: Leo Basch moved to find Tara Hsiung guilty of the First Cause of Action.
Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to revoke Tara Hsiung's Pharmacy Technician's License.

Second: Tallie Pederson

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

Action: Motion Carried

7. Application for Pharmacist License by Reciprocation

Genda Zareei

Genda Zareei appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Zareei explained that she worked as a hospital pharmacist from 1991 up until her discipline by the South Carolina Board of Pharmacy in 2011. She stated that she is currently teaching at a pharmacy technology program in California.

Ms. Zareei explained that the discipline against her South Carolina Pharmacist license occurred in 2011, when a duplicate label was printed for her Tramadol prescription. The error resulted in Ms. Zareei receiving an unauthorized refill and removing the medication from the pharmacy. After discovering the unauthorized refill, Ms. Zareei reported to the Recovering Professional Program and received outpatient treatment at the South Carolina Board of Pharmacy's recommendation.

Ms. Zareei answered questions to the Board's satisfaction.

The Board expressed concern that Ms. Zareei has not practiced as a pharmacist in 4 years.

Ms. Zareei explained that she also applied for her Pharmacist license in California, which was denied based on the 2011 disciplinary action in South Carolina. She stated that she is currently in the process of appealing that decision.

Board Action:
Motion: Cheryl Blomstrom moved to approve the Application for Pharmacist License by Reciprocation for Genda Zareei pending successful completion of the PARE exam.

Mr. Wentworth offered a friendly amendment to include Ms. Zareei submitting 30 hours of CE to Board Staff.

Ms. Blomstrom accepted the friendly amendment

Mr. Pinson recommended to alter the motion from pending successful completion to pending passing the PARE exam.

Mr. Wuest recommended including the option for Ms. Zareei to pass the Naplex exam.

Ms. Blomstrom accepted Mr. Pinson's and Mr. Wuest's recommendations.

Second: Kevin Desmond

Action: Passed unanimously

8. Request for Pharmacist License by Examination – Appearance

Karen A. Kinan

Karen Kinan appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Kinan stated that she appeared before the Board to get permission to take the Naplex exam. Ms. Kinan explained that she is a recovering alcoholic and addict.

Larry Espadero, Director of PRN-PRN, was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Espadero explained that he provided a letter from the Director of PRN-PRN in Georgia.

Mr. Pinson recapped Ms. Kinan's history with the Board. He explained that she has been revoked by 4 different Board Presidents, was addicted to drugs, alcohol, and gambling, was fined $20,000.00, which remains unpaid, and was ordered to undergo psychiatric evaluation.

Ms. Kinan explained that she applied for a Pharmacist License in Georgia, but the Georgia Board of Pharmacy won't consider her application until she resolves all outstanding disciplinary action with the Nevada State Board of Pharmacy.
Mr. Espadero recommended that if the Board decides to allow Ms. Kinan to take the Naplex then they continue the same PRN-PRN contract she had in Georgia indefinitely.

The Board questioned Ms. Kinan about what she’s done for work since her last revocation.

Ms. Kinan explained that she currently works for an inn in Georgia. She stated that she is very active in her AA Community.

Corey Curtis, Ms. Kinan’s fiancé, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

The Board questioned Mr. Curtis regarding Ms. Kinan’s progress in recovery and stressed the importance of his responsibility to the public to report Ms. Kinan if she were to relapse.

Mr. Espadero expressed his reservations, but agreed to take Ms. Kinan back into PRN-PRN.

Board Action:

Motion: Jason Penrod moved to allow Karen Kinan to take the Naplex exam subject to her receiving a psychological evaluation, and resuming payments on the outstanding fine.

Second: Cheryl Blomstrom

Mr. Basch offered a friendly amendment to include Ms. Kinan contact Board Staff to set a payment plan for her fine.

The Board discussed allowing Ms. Kinan to take the Naplex exam. Pending her passing the Naplex exam, she must have her psychological evaluation and set up a payment plan with Board Staff.

Mr. Espadero recommended Ms. Kinan to have a psychiatric evaluation instead of a psychological evaluation.

Mr. Penrod and Ms. Blomstrom accepted the friendly amendment and recommendations.

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

Action: Motion Carried
9. Application for Intern License

Amanda R. Villa

Amanda Villa appeared and was sworn by President Gandhi before answering questions or offering testimony.

Ms. Villa stated that she was offered admission at Roseman University of Health Sciences pending her ability to obtain an Intern Pharmacy License once school begins.

Ms. Villa explained that in 2009 she had disciplinary action taken against her New Mexico Pharmacy Technician License due to a substance abuse issue with illicit drugs and alcohol. Since that time, she has completed a 5 year agreement with the New Mexico Monitored Treatment Program, as well as going through individual counselling, group therapy, attendance at a 12-step program and random drug screens as ordered in her stipulated agreement with the New Mexico Board of Pharmacy. Ms. Villa stated that she successfully completed her probation with the New Mexico Board of Pharmacy in May 2014.

Ms. Villa answered questions to the Board’s satisfaction.

**Board Action:**

**Motion:** Cheryl Blomstrom moved to approve Amanda R. Villa’s Application for Intern Pharmacist License pending an evaluation by PRN-PRN.

**Second:** Kirk Wentworth

**Action:** Passed unanimously

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

Amy Pullen

Amy Pullen and Will Sutherland appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Pullen stated that she is a certified ambulatory care pharmacist licensed in Indiana and currently practicing with the VA in Nevada. Ms. Pullen explained that she is not currently licensed as a pharmacist in Nevada, but would apply for a Nevada pharmacist license if her request to perform cognitive pharmacy services is approved by the Board.

Ms. Pullen stated that the types of services she would perform, if approved, would be medication reconciliation, overseeing self-management of medications, and monitoring
conditions. Ms. Pullen explained that she would establish relationships with patients through telephonic care as well as receiving the patient's medical records through cloud-based software.

Ms. Pullen answered questions to the Board's satisfaction.

Board Action:

Motion: Tallie Pederson moved to allow Amy Pullen to provide Cognitive Pharmacy Services in Nevada.

Second: Cheryl Blomstrom

Action: Passed Unanimously

11. Application for Nevada MDEG --

Strive Medical LLC -- Las Vegas

Monty McKellar, President and Owner, appeared and was sworn by President Gandhi prior to offering testimony and answering questions.

Mr. McKellar explained that Strive Medical ships wound care and urology products directly to patient's homes. He stated that Strive Medical is based out of Irving Texas and currently also does business in Oklahoma, Louisiana, New Mexico and Arizona.

The Board questioned Mr. McKellar regarding Tara Doran's work history and qualifications for acting as MDEG Administrator.

The Board expressed concern regarding Ms. Doran's lack of experience as an MDEG administrator and her lack of training in wound care and urology product use.

Mr. McKellar explained that training is provided at the physician's office, and any further questions could be answered by a Patient Care Coordinator at Strive Medical.

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

Board Action:

Motion: Leo Basch moved to approve Strive Medical LLC's application for Nevada MDEG License.

Second: Jason Penrod

Action: Passed Unanimously
12. Applications for Nevada Pharmacy –

A. Expedite Scripts Pharmacy – Las Vegas

Paul Brous, Pharmacy Manager, Lydia P. Veto, co-owner, and Teresita Zantha, co-owner, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards reminded the Board that Ms. Veto and Ms. Zantha had appeared during the March 2015 meeting. At that time the Board recommended Ms. Veto and Ms. Zantha meet and interview Mr. Brous, create Policies & Procedures and become familiar with Nevada Pharmacy Law.

The Board questioned Mr. Brous about his work history and experience in long term care. Mr. Brous stated that he has been semi-retired since 2008 and has only practiced pharmacy about 7 days in the last 7 years.

The Board expressed concern regarding public safety due to Mr. Brous’ lack of pharmacy experience in the last 7 years as well as the lack of written Policies & Procedures.

Board discussion ensued regarding the possibility of having Mr. Brous take the PARE exam to assess his ability to perform the duties of managing pharmacist.

**Board Action:**

**Motion:** Leo Basch moved to deny Expedite Scripts’ Application for Nevada Pharmacy.

**Second:** Kevin Desmond

**Action:** Passed Unanimously

B. MDRx – Henderson

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

Mr. Wright stated that he has been a pharmacist for 15 years. Most recently he worked as Director of Pharmacy Operations at Catamaran.

Mr. Wright explained that MDRx is a mail order pharmacy that will also act as a central fill facility for small PBMs.
Mr. Wright answered questions to the Board's satisfaction.

**Motion:** Cheryl Blomstrom moved to approve MDRx's Application for Nevada Pharmacy License.

**Second:** Kevin Desmond

**Action:** Passed Unanimously

**C. ProCare Pharmacy Care, LLC – Las Vegas**

Debbie Wolf, Terry Smith, pharmacy manager, and Michael Rose, representative, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Rose explained that ProCare Pharmacy Care, LLC (ProCare) currently has a mail order pharmacy located in Florida. He states that, pending the Board's approval, the Las Vegas location would act as a West Coast counterpart to aid with distribution.

The Board questioned Mr. Smith regarding past administrative action on his pharmacist license. Mr. Smith explained that due to travelling out of the country, he was deficient on his CE during the last renewal period.

Mr. Rose explained that the Florida location has been open for 10 years. He states that the pharmacy has passed all prior inspections and has not had any disciplinary issues with the Florida Board of Pharmacy.

Mr. Rose and Mr. Smith answered questions to the Board's satisfaction

**Motion:** Cheryl Blomstrom moved to approve ProCare Pharmacy Care, LLC's Application for Nevada Pharmacy License.

**Second:** Leo Basch

**Action:** Passed Unanimously

**D. Sonoran Pharmacy Group Inc. – Las Vegas**

Kevin Faris, part owner, and Hang Troung, pharmacy manager, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Faris explained that Sonoran Pharmacy Group Inc. is a long term care pharmacy that acquired the Wellcare Pharmacy LTC on Wagon Trail Ave. in Las Vegas.
Mr. Faris stated that he graduated from Washington State University's pharmacy program in 1996. He opened his first independent pharmacy in 2003 and currently owns 3 pharmacies including Sonoran Pharmacy Group.

Mr. Faris answered questions to the Board's satisfaction regarding the past discipline on his license in Washington.

Ms. Truong explained that she has been the pharmacy manager at Wellcare Pharmacy for 3 years. Wellcare Pharmacy primarily dispenses oral medication or manufacturer’s pre-made injections. She explained that no compounding would be performed at this location.

Ms. Truong answered questions to the Board's satisfaction regarding Sonoran Pharmacy staff's work history and training.

Board Action:

Motion: Kevin Desmond moved to approve Sonoran Pharmacy Group Inc.'s Application for Nevada Pharmacy License.

Second: Jason Penrod

Action: Passed Unanimously

E. SR Pharmacy LLC – Las Vegas

Diane Galinato, managing pharmacist, and Tanisha Porreca appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Galinato explained that SR Pharmacy is an inpatient pharmacy servicing Silver Rock Recovery Behavioral Health. She stated that SR Pharmacy's target demographic are male patients ages 19 to 25.

Ms. Galinato explained that SR Pharmacy does not dispense Methadone or any other C-II medications.

Ms. Galinato and Ms. Porreca answered questions to the Board’s satisfaction regarding SR Pharmacy's procedure.

Board Action:

Motion: Leo Basch moved to approve SR Pharmacy LLC’s Application for Nevada Pharmacy License pending proof of positive inspection.

Second: Tallie Pederson
Action: Passed Unanimously

13. Applications for Out-of-State Compounding Pharmacy

A. Consonus Pharmacy Services, LLC – Milwaukie, OR

Josh Free, managing pharmacist, and Eric Lintner, pharmacist, appeared and were sworn by President Gandhi prior to answering questions or offering testimony. Mr. Free presented a letter from Phillip Fogg, Owner, authorizing him to speak on behalf of Consonus Pharmacy Services, LLC.

Mr. Free explained that Consonus Pharmacy is a long term care pharmacy that provides mail services and sterile compounding to skilled nursing and assisted living facilities.

Mr. Lintner explained that Consonus Pharmacy primarily compounds hydration and antibiotic medications, but also provides TPN and pain medications.

Mr. Lintner answered questions to the Board’s satisfaction regarding Consonus Pharmacy’s procedure for compounding and shipping TPNs into Nevada.

Mr. Free explained that Consonus Pharmacy has had administrative action against a license due to a DUR dispute with a pharmacist on staff. Consonus Pharmacy settled with the Oregon Board of Pharmacy and is currently carrying out their discipline. Consonus Pharmacy also has a hearing scheduled with the Oregon Board of Pharmacy due to a misinterpretation of Oregon Law regarding the stocking of Emergency Kits.

Mr. Free and Mr. Lintner answered questions to the Board’s satisfaction.

Board Action:

Motion: Kevin Desmond moved to approve Consonus Pharmacy Services, LLC’s Application for Out-of-State Pharmacy License.

Second: Jason Penrod

Action: Passed Unanimously

B. Innoveix Pharmaceuticals Inc. – Addison, TX

Richard Bonhard, managing pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.
Mr. Bonhard stated that Innoveix Pharmaceuticals Inc. is a sterile compounding pharmacy that provides mail order service. Innoveix Pharmaceuticals specializes in hormone replacement therapy and is not doing any pain medications at this time.

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

**Board Action:**

**Motion:** Cheryl Blomstrom moved to approve Innoveix Pharmaceuticals Inc.'s Application for Out-of-State Pharmacy License.

**Second:** Jason Penrod

**Action:** Passed Unanimously

C. Omnicare of Southern California – Canoga Park, CA

Gary Goodman, manager, and Scott Hyun, Regional Compliance Officer, appeared and were sworn by President Gandhi prior to answering questions or offering testimony. Neither Mr. Goodman nor Mr. Hyun had a letter from the owner authorizing them to speak on behalf of the company. The Board agreed to review the application.

Mr. Goodman explained that Omnicare of Southern California is a long term care pharmacy that provides both sterile and non-sterile compounding.

President Gandhi explained that Park Compounding submitted an affidavit with the application to the Board Office attesting that they will not be shipping sterile compounded products into Nevada. Mr. Goodman clarified that Omnicare of Southern California will be shipping sterile compounds into Nevada. Mr. Goodman authorized the Board to nullify the affidavit.

The board questioned Mr. Goodman and Mr. Hyun regarding past administrative action against Omnicare.

**Board Action:**

**Motion:** Cheryl Blomstrom moved to approve Omnicare of Southern California's Application for Out-of-State Pharmacy License pending a receipt of a letter from the owner that Mr. Goodman and Mr. Hyun are authorized to speak on behalf of the company, receipt of date of ownership and evaluation of explanations of Canoga Park citations.

**Second:** Leo Basch

**Action:** Passed Unanimously
D. Oso Home Care Pharmacy – Irvine, CA

Randy Bohart, owner and pharmacy manager, and Bonnie Bohart, Nursing Director, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Bohart explained that OSO Home Care is a full service home infusion company operating in California since 1983. OSO Home Care recently acquired a number of patients located out of California and 2 of them are located in Nevada.

President Gandhi explained that OSO Home Care submitted an affidavit with the application to the Board Office attesting that they will not be shipping sterile compounded products into Nevada. Mr. Bohart clarified that Omnicare of Southern California will be shipping sterile compounds into Nevada. Mr. Bohart authorized the Board to nullify the affidavit.

The Board questioned Mr. Bohart about OSO Home Care’s past inspections and past discipline.

Mr. Bohart answered questions the Board’s satisfaction.

Board Action:

Motion: Kevin Desmond moved to approve OSO Home Care Pharmacy’s Application for Out-of-State Pharmacy License.

Second: Leo Basch

Action: Passed Unanimously

E. Park Compounding – Irvine, CA

Joseph Biderman, Senior Operations Manager at Imprimis Pharmaceuticals, and Brad Bingham, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Biderman explained that Imprimis Pharmaceuticals purchased Park Compounding. Park Compounding would primarily be compounding Tri-Moxi and Tri-Moxi-Vanc, and intravitreal injections for use in eye surgery.

Park Compounding submitted an affidavit with the application to the Board Office attesting that they will not be shipping sterile compounded products into Nevada. Mr. Biderman stated that Park Compounding will be shipping sterile compounds into Nevada. Mr. Biderman authorized the Board to nullify the affidavit.
Mr. Bideman answered questions to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve Park Compounding's Application for Out-of-State Pharmacy License.

Second: Kirk Wentworth

Action: Passed Unanimously

F. Preckshot Professional Pharmacy – Peoria Heights, IL

Jennifer Siefert, Co-owner and Pharmacist in Charge, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Siefert explained that the Application for Out-of-State Pharmacy for Preckshot Professional Pharmacy (Preckshot) came at the request of Caterpillar Tractor due to changes in their prescription benefit program.

The Board questioned Ms. Siefert about the type of sterile compounding Preckshot would be performing. Ms. Siefert explained Preckshot compounds sterile ophthalmic drops, injectable erectile dysfunction medication, pain creams and hormone therapy.

Preckshot submitted an affidavit with the application to the Board Office attesting that they will not be shipping sterile compounded products into Nevada. Ms. Siefert clarified that Preckshot will be shipping sterile compounds into Nevada, but will not be shipping high risk compounds into Nevada. Ms. Siefert authorized the Board to nullify the affidavit.

Ms. Siefert answered questions to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve Preckshot Professional Pharmacy's Application for Out-of-State Pharmacy License.

Second: Cheryl Blomstrom

Action: Passed unanimously

14. Discussion and Determination
A. Director of a Clinical Laboratory

The Board approved the concept of allowing a pharmacist to act as the director of a clinical laboratory.

B. Prescriptions for Billing Purposes

Board discussion ensued regarding the concept of allowing a prescription for billing purposes only to be generated to allow for certain insurance agencies to pay for certain over-the-counter products.

Board Action:

Motion: Cheryl Blomstrom moved to direct Board Staff to create a Board Policy related to records for billing purposes.

Second: Jason Penrod

Action: Passed Unanimously

15. 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 registration 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. Mr. Edwards stated that Dr. Phillips has appealed to the Nevada Supreme Court and Board Staff is currently in contact with Dr. Phillips' new attorney.

B. Legislative Update

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

16. 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:
   
   1. Kiwanis

   Mr. Edwards’ presentation to this group in February was very well received. He is scheduled to present again later in April.

   2. APRN

   Mr. Edwards’ presentation to this group was well received.

   3. Power-Pak

   Board Staff is coordinating with Power-Pak to schedule filming a CE Presentation.

   4. NVSHP/Renown

   Mr. Wuest is scheduled to present to this group on April 23rd.

   5. Fallon

   Mr. Pinson and Mr. Depczynski are scheduled to present to this group on April 29th.

   2. Meeting with Metro Regarding Pharmacy Robberies in Las Vegas.

   Mr. Seidlinger explained that Las Vegas Metro contacted Board Staff to discuss pharmacy robberies occurring in the Las Vegas area. He stated that the purpose of the meeting was to facilitate communication between law enforcement and pharmacies by distributing bulletins through the pharmacy network maintained by the Board Staff.

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 weekly. He stated that a drug summit involving all the stakeholders is scheduled for May 4th and 5th in Las Vegas and Reno. Mr. Pinson will be attending the national meeting in Vermont in June.

3. FDA Meeting on Compounding; FDA HQ

Mr. Pinson and Mr. Edwards attended the FDA Meeting.

F. Board Related News

1. NABP District Meeting Update – Incline Village

Mr. Pinson reported that the contract with the Hyatt Lake Tahoe has been finalized for the District 8 meeting to be held September 14 through 17, 2015. Mr. Basch is working on putting together the educational program for the meeting.

The NABP Annual Meeting will be held in New Orleans in May 2015. Ms. Pederson has volunteered to be the Nevada delegate and Mr. Desmond will be the alternate.

2. Prescription Drug Round Up

Prescription Drug Round Up will be held in Northern Nevada on April 25, 2015.

F. Activities Report

17. Public Hearing to Act Upon a Regulation

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.

President Gandhi opened the Public Hearing.

Liz MacMenamin, Retail Association of Nevada, requested clarification on Section 1.3 regarding where the employee is to record a patient's identification information.

President Gandhi closed the Public Hearing.

Board Action:

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

Second: Leo Basch

Action: Passed Unanimously
18. Proposed Regulation Amendment Workshop

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, Salpido 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.

David Goldthorp, Forensic Lab Manager, Las Vegas Metro Forensics Controlled Substance Unit, explained that the forensic laboratories requested these amendments. Mr. Goldthorp and Mr. Wuest provided information to the Board.

Board Action:

Motion: Cheryl Blomstrom moved to approve the proposed changes to NAC 453.510 and move forward to Public Hearing.

Second: Kevin Desmond

Action: Passed Unanimously

Board Action:

Motion: Cheryl Blomstrom moved to approve the proposed changes to NAC 453.540 and move forward to Public Hearing.

Second: Kevin Desmond

Action: Passed Unanimously

19. Next Board Meeting:

June 10-11, 2015 – Reno

20. Public Comment

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

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

GENERAL INFORMATION to be completed by all types of ownership  
Pharmacy Name:  Clybourn Park Pharmacy LLC  
Physical Address:  1117 W. Wisconsin St. Chicago IL 60614  
Mailing Address:  1117 W. Wisconsin St. Chicago IL 60614  
City:  Chicago  
State:  IL  
Zip Code:  60614  
Telephone:  800-266-4907  
Fax:  877-992-3831  
Toll Free Number:  800-266-4907  (Required per NAC 639.708)  
E-mail: info@clybournpark.com  
Website:  
Managing Pharmacist:  Hayra Baloch  
License Number:  051-297139  

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All boxes in this section must be checked for the application to be complete.  

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


Application for Out-of-State Pharmacy License

$500.00 fee made payable to: Nevada State Board of Pharmacy  
(Non-refundable and not transferable money order or cashier’s check only)  
Application must be printed legibly or typed  
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- [ ] Publicly Traded Corporation – Pages 1, 2, 3, 7  
- [ ] Partnership – Pages 1, 2, 5, 7  
- [ ] Sole Owner – Pages 1, 2, 6, 7

General Information to be completed by all types of ownership

| Pharmacy Name: | Code 3 Pharmacy, LLC |
| Physical Address: | 1307 Beam Rd., Ste. H |
| Mailing Address: | Same |
| City: | Charlotte |
| State: | NC |
| Zip Code: | 28217 |
| Telephone: | 704-307-4580 |
| Fax: | 704-241-9522 |
| Toll Free Number: | 844-600-5950 |
| E-mail: | pharmacy@code3pharmacy.com |
| Website: | 179 |
| License Number: | 17642 |

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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: DeliverCareRx Pharmacy, LLC
Physical Address: 8950 Gross Point Rd, Ste 600, Skokie, IL 60077
Mailing Address: 8950 Gross Point Rd, Ste 600
City: Skokie State: IL Zip Code: 60077
Telephone: 855-965-1600 Fax: 847-965-1611
Toll Free Number: 855-965-1600 (Required per NAC 639.708)
E-mail: dkrishna@delivercarerx.com Website: www.delivercarerx.com
Managing Pharmacist: Arash Raei License Number: 051.297821

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# 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. |
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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:** Healthy Meds Pharmacy

**Physical Address:** 130 W Southlake Beach Blvd.

**Mailing Address:** Same as above

**City:** Hallandale Beach  
**State:** FL  
**Zip Code:** 33009

**Telephone:** 954-404-6554  
**Fax:** 954-404-6153

**Toll Free Number:** 800-929-7147 (Required per NAC 639.708)

**E-mail:** Healthymedpharmacy@smail.com

**Website:**

**Managing Pharmacist:** Ryan Jasa  
**License Number:** PS 40388

### Type of Pharmacy and Services Provided

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

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

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☐ New Pharmacy    ☒ Ownership Change
(Please provide current license number if making changes: PH(22042.0)
☐ Publicly Traded Corporation – Pages 1,2,3,7    ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7    ☐ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Heartland Veterinary Pharmacy
Physical Address: 401 W 33rd St, Hastings NE 68901
Mailing Address: 401 W 33rd St.
City: Hastings        State: NE        Zip Code: 68901
Telephone: 402 463 2090        Fax: 402 463 2115
Toll Free Number: 870 934 9398 (Required per NAC 639.708)
E-mail: doc@heartlandvetsupply.com        Website: heartlandvetsupply.com

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

GENERAL INFORMATION to be completed by all types of ownership  
Pharmacy Name: **MEOPAINT PHARMACY**  
Physical Address: **2000 W GOLF RD SUITE B**  
Mailing Address: **SAME AS PHYSICAL**  
City: **ROLLING MEADOWS**  State: **IL**  Zip Code: **60008**  
Telephone: **888-467-9629**  Fax: **888-467-9635**  
Toll Free Number: **888-467-9629**  (Required per NAC 639.708)  
E-mail: **INFO@MYMEOPAINTEX.COM**  Website: **WWW.MYMEOPAINTEX.COM**  
Managing Pharmacist: **JESSICA SINSHEIMER**  License Number: **051-295751**  

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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: Ingwood Pharmacy Inc. DBA Medscripts Medical Pharmacy
Physical Address: 1325 Miller Road, St. K Greenville, SC 29607
Mailing Address: Same
City: Greenville State: SC Zip Code: 29607
Telephone: 864-840-4067 Fax: 864-514-8299
Toll Free Number: 864-840-4067 (Required per NAC 639.708)
E-mail: eyelton@medscriptsrx.com Website: medscriptsrx.com
Managing Pharmacist: Erica Yelton License Number: SC 011378

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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: RPH Partners LLC dba Prescription Mart
Physical Address: 6388 Folsom Dr Beaumont, TX 77706
Mailing Address: P.O. BOX 12607
City: Beaumont State: TX Zip Code: 77706
Telephone: 409-866-6271 Fax: 409-866-1317
Toll Free Number: 1-800-713-1230 (Required per NAC 639.708)
E-mail: angiea@presmartinc.com Website: www.presmartinc.com
Managing Pharmacist: Angela C. Byerly License Number: 33030 Tx

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

☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral **
☐ ☐ Parenteral (outpatient)
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☐ Publicly Traded Corporation – Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,4,7  
☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PRIMARY CARE PHARMACY
Physical Address: 6612 HORNWOOD DR SUITE C HOUSTON, TX 77074
Mailing Address: 6612 HORNWOOD DR SUITE C
City: HOUSTON  State: TEXAS  Zip Code: 77074
Telephone: (832)433-7346  Fax: (832)804-9269
Toll Free Number: 1-844-512-4830 (Required per NAC 639.708)
E-mail: pcpharmacy13@gmail.com  Website: ____________
Managing Pharmacist: CHUKWUENEM OKPALA  License Number: 524Q1

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

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MCK CITY PHARMACY, LLC

Physical Address: 47103 S Mule Road

Mailing Address:

City: PLYMOUTH State: MI Zip Code: 48170

Telephone: 734.259.2150  Fax: 734.259.2258

Toll Free Number: 844.1650 57410 (Required per NAC 639,708)

E-mail: pharmacist@mckcitypharmacy Website: n/a

Managing Pharmacist: Heather Starch License Number: 5302021813

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87439
NEVADA STATE BOARD OF PHARMACY
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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name:  Y MEDICAL ASSOCIATES, INC.
Physical Address:  8840 N. MACARTHUR BLVD., IRVING, TX 75063
Mailing Address:  8840 N. MACARTHUR BLVD.
City:  IRVING  State:  TX  Zip Code:  75063
Telephone:  800-447-7558  Fax:  855-838-6623
Toll Free Number:  800-447-7558 (Required per NAC 639.708)
E-mail:  KYU@YMEDICAL.COM  Website:  WWW.YMEDICAL.COM
Managing Pharmacist:  KEVIN Y. YU  License Number:  38290

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: All About Your Health Family Pharmacy  
Physical Address: 1704 E. Greenville Street, Suite 1D, Anderson, SC 29621  
Mailing Address: 1704 E. Greenville Street, Suite 1D  
City: Anderson  State: SC  Zip Code: 29621  
Telephone: (864) 332-8992  Fax: (864) 332-8993  
Toll Free Number: 866-407-2407  (Required per NAC 639.708)  
E-mail: info@aayh.org  Website: www.aayh.org  
Managing Pharmacist: Richard James Redden  License Number: SC - 5634

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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:  Great Lakes Medical Pharmacy, LLC (dba All American Medical Pharmacy)
Physical Address:  23247 Pinewood Street, Suite 100, Warren, MI 48091
Mailing Address:  3640 ENTERPRISE WAY
City:  MIRAMAR          State:  FL          Zip Code:  33025
Telephone:  1-866-576-5040  Fax:  1-877-448-0633
Toll-Free Number:  1-866-576-5040 (Required per NAC 639.708)
E-mail:  SKing@LiveWellHoldings.net        Website:  N/A
Managing Pharmacist:  Rami J. Lazek          License Number:  5302035148

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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: Apples pharmacy
Physical Address: 7021 canoga ave suite B
Mailing Address: same
City: Canoga park State: CA Zip Code: 91303
Telephone: (818) 914-0773 Fax: (818) 914-0776
Toll Free Number: 1-844-373-2911 (Required per NAC 639.708)
E-mail: ourapplespharmacy@gmail.com Website: under construction
Managing Pharmacist: Sara Shahram License Number: 16648

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<td>☑ Non Sterile Compounding</td>
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<tr>
<td>☑ Mail Service Sterile Compounding **</td>
<td>☑ Other Services: N/A</td>
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</tr>
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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: Paradigm Healthcare Solutions, LLC DBA: Athena Pharm.  
Physical Address: 2025 N. Mount Juliet Rd., Suite 100  
Mailing Address: 2025 N. Mount Juliet Rd., Suite 100  
Telephone: 615-298-4037  Fax: 615-298-4041  
Toll Free Number: 844-641-1616 (Required per NAC 639.708)  
E-mail: info@athenapharmacy.com  Website: pending  
Managing Pharmacist: Ashley Dick  License Number: 27442-TN

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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: Southern Rx LLC (DBA Bellevue Pharmacy of Florida)
Physical Address: 10131 W Commercial Blvd Tamarac, FL 33351
Mailing Address: 10131 W Commercial Blvd
City: Tamarac State: Florida Zip Code: 33351
Telephone: 954-721-2076 Fax: 786-965-7258
Toll Free Number: 786-965-7282 (Required per NAC 639.708)
E-mail: info@bellevuex.com Website: www.bellevuex.com
Managing Pharmacist: Son Mondis License Number: 81000

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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: CHS Pharmacy
Physical Address: 6600 NE 112th Ct. #103
Mailing Address: 6600 NE 112th Ct. #103
City: Vancouver State: WA Zip Code: 98662
Telephone: (360) 694-7377 Fax: (360) 694-1378
Toll Free Number: (888) 520-5132 (Required per NAC 639.708)
E-mail: jim waive tich@chspharmacy.com Website: www.chspharmacy.com
Managing Pharmacist: Daniel Reid Nelsen License Number: PH 0061171 (WA)

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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: Icono Pharmacy Inc.
Physical Address: 20320 Northwest Freeway Suite #300 Houston, TX 77065
Mailing Address: Same as above. 20320 Northwest Fwy #300
City: Houston State: TX Zip Code: 77065
Telephone: 281-876-5612 Fax: 888-527-2409
Toll Free Number: 888-527-3487 (Required per NAC 639.708)
E-mail: Iconopharmacy2e@emaii.com Website: N/A
Managing Pharmacist: Shouh Karsten License Number: 35344

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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: Pharmacy Shop Inc., d/b/a EdSnells Pharmacy Sa
Physical Address: 1015 E Young St.
Mailing Address: Same.
City: Parachute  State: CO  Zip Code: 81630
Telephone: 208-232-6249  Fax: 208-232-3963
Toll Free Number: 844-213-7500 (Required per NAC 639.708)
E-mail: edsnells@comcast.net  Website: edsnellspharmacy.com
Managing Pharmacist: Roger E. Murphy  License Number: PS029

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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☐ LLC

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name:  Gardens Pharmacy LLC
Physical Address:  1019 Government Street Suite E+D
Mailing Address:  
City: Ocean Springs  State: MS  Zip Code: 39564
Telephone:  228-818-5111  Fax:  228-818-5113
Toll Free Number:  877-343-5423 (Required per NAC 639.708)
E-mail: gardenspharmacyandcompounding@gregii.com  Website: mygardenspharmacy.com
Managing Pharmacist:  Dempsey H. Levi  License Number: E-041075

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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: Healthy Pharmacy Solutions

Physical Address: 8021 Research Forest Dr., Ste. D

Mailing Address: 8021 Research Forest Dr., Ste. D

City: The Woodlands State: Texas Zip Code: 77382

Telephone: 832.585.0240 Fax: 832.585.0244

Toll Free Number: 844-731-2982 (Required per NAC 639.708)

E-mail: licensing@healthypharmacy-solutions.com Website: N/A

Managing Pharmacist: Irma Cristina Johnston License Number: 51786

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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: Injury Med Express Pharmacy
Physical Address: 1410 Hwy 98 Unit #4, Daphne, AL 36526
Mailing Address: 1410 Hwy 98, Unit A
City: Daphne State: AL Zip Code: 36526
Telephone: 888-633-0747 Fax: 888-633-1747
Toll Free Number: 888-633-0747 (Required per NAC 639.708)
E-mail: ahammond@als.com Website: N/A
Managing Pharmacist: Mary Grandstaff License Number: 11882 - AL

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GENERAL-INFORMATION to be completed by all types of ownership

Pharmacy Name:  Rx LifeWatch Services, LLC (DBA - LifeWatch Pharmacy) 
Physical Address:  2523 Boardwalk Street, San Antonio, TX 78217 
Mailing Address:  One Burton Hills Blvd, Ste 215 
City:  Nashville  State:  Tennessee  Zip Code:  37215 
Telephone:  855-366-6109  Fax:  855-653-6306 
Toll Free Number:  855-366-6109 (Required per NAC 639.708) 
E-mail:  Lifewatchtx@lifewatchrx.com  Website:  
Managing Pharmacist:  Chee Hao Tsao  License Number:  34897

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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:** Luke's Family Pharmacy

**Physical Address:** 101 S. Main St.

**Mailing Address:** 101 S. Main St.

**City:** Hailey  
**State:** ID  
**Zip Code:** 83333

**Telephone:** 208-788-4970  
**Fax:** 208-788-5791

**Toll Free Number:** 1-844-851-5071  
(Required per NAC 639.708)

**E-mail:** Luke@luke'spharmacy.com  
**Website:** www.lukenpharmacy.com

**Managing Pharmacist:** Luke Snell  
**License Number:** P6248

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<td>☐ Mail Service Sterile Compounding **</td>
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<td></td>
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<td>☐ Other Services: __________</td>
</tr>
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**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,**

87900
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)
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laws of the State of Nevada.

☐ New Pharmacy   ○ 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: Main Avenue Pharmacy
Physical Address: 1094 A Main Avenue
Mailing Address: ________________________________
City: Clifton State: NJ Zip Code: 07011
Telephone: 973-928-0208 Fax: 973-928-0209
Toll Free Number: 866-923-7447 (Required per NAC 639.708)
E-mail: Administrator@mainavepharmacy.com Website: N/A
Managing Pharmacist: Alix Vincent License Number: 28R1030303C

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<td>Yes/No</td>
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85458
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: Med: Health Solutions

Physical Address: 2501 W Behrend Dr Ste 69

Mailing Address: 2501 W Behrend Dr Ste 69

City: Phoenix  State: AZ  Zip Code: 85027

Telephone: 623.466.0111  Fax: 623.466.3592

Toll Free Number: 877.549.0117 (Required per NAC 639.708)

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

Managing Pharmacist: Peter J. Sweeney  License Number: 50 14535

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<td>☑ ☑ Other: Long Term Care</td>
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<tr>
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For the application to be complete

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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: Mission Pharmacy

Physical Address: 3267 Roosevelt Ave, San Antonio, TX 78214

Mailing Address: 3267 Roosevelt Ave

City: San Antonio State: TX Zip Code: 78214

Telephone: 210-923-4389 Fax: 210-923-4380

Toll Free Number: 844-923-4389 (Required per NAC 639.708)

E-mail: dennis@missionpharm.com Website:

Managing Pharmacist: Ken Howell License Number: 25182

MANAGEMENT INFORMATION

□ Corporation (if applicable, provide below)

□ Partnership (provide name, address, phone, NPI number)

□ Sole Proprietor (provide name, address, phone)

□ Trust (provide name, address, phone)

□ Cooperatives (provide name, address, phone)

□ Other:

□ 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:

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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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☐ 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: Opus Rx
Physical Address: 350 West Woodrow Wilson Ave Suite 311
Mailing Address: 350 West Woodrow Wilson Ave Suite 311
City: Jackson State: MS Zip Code: 39213

Telephone: 601-326-5362 Fax: 601-326-5381
Toll Free Number: 800-719-1809 (Required per NAC 639.708)
E-mail: pharmacy@opusrxpharmacy.com Website: 
Managing Pharmacist: Richard Tracy Cole License Number: E07864

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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: Pharmacy Depot

Physical Address: 1119 W. Randol Mill Road Suite 104

Mailing Address: same

City: Arlington State: Texas Zip Code: 76012

Telephone: 682-323-5528 Fax: 682-323-7022

Toll Free Number: 844-218-5011 (Required per NAC 639.708)

E-mail: pharmacydepot2014@gmail.com Website: n/a

Managing Pharmacist: Thanh Nguyen License Number: TX-44498

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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: __________________

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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: PRESCRIPTION HEALTH RESOURCES, LLC
Physical Address: 7339 AIRPORT FREEWAY
Mailing Address: Same
City: FORT WORTH State: TX Zip Code: 76118
Telephone: 817-590-9599 Fax: 817-590-9499
Toll Free Number: 877-5749-4804 (Required per NAC 639.708)
E-mail: christina@pharmacy.com Website: www.pharmacy.com
Managing Pharmacist: DEBORAH BROWN License Number: 304824

TYPE OF PHARMACY AND SERVICES PROVIDED

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<th>Yes/No</th>
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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: Saginaw Pharmacy
Physical Address: 200 W J Roaz Rd Ste 100, Saginaw TX 76179
Mailing Address: 200 W J Roaz Rd Ste 100, Saginaw TX 76179
City: Saginaw State: TX Zip Code: 76179
Telephone: 817-405-3333 Fax: 817-405-3341
Toll Free Number: 1-844-225-0715 (Required per NAC 639.708)
E-mail: Saginawpharmacy@gmail.com Website: www.SaginawTX.com
Managing Pharmacist: Shiva Peddi Reddy License Number: 51090

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Smith-St Pharmacy

Physical Address: 91 Smith St, Perth Amboy, NJ 08861

Mailing Address: 91 Smith St, Perth Amboy, NJ 08861

City: Perth Amboy State: NJ Zip Code: 08861

Telephone: 732-661-6625 Fax: 732-661-6817

Toll Free Number: 800-223-1467 (Required per NAC 639.708)

E-mail: smithpharmacy91@gmail.com Website: N/A

Managing Pharmacist: Aarti Shah License Number: 28R103035600

TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked
For the application to be complete

Yes/No
☐ ☑ Off-site Cognitive Services
☐ ☑ Parenteral **
☐ ☑ Parenteral (outpatient)
☐ ☑ Outpatient/Discharge
☐ ☑ Mail Service
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☐ ☑ Sterile Compounding **
☐ ☑ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding **
☐ ☑ Other Services: ____________________

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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
☐ Partnership - Pages 1, 2, 5, 7
☐ Sole Owner – Pages 1, 2, 6, 7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Southern Compounding Pharmacy/Apothecary Sales I

Physical Address: 3200 Highway 31 South, Az

Mailing Address: P.O. Box 5694

City: December State: AL Zip Code: 35601

Telephone: 256-340-3700 Fax: 256-340-3730

Toll Free Number: 1-855-104-8748 (Required per NAC 639.708)

E-mail: alina@southerncompounding.com Website: southerncompounding.com

Managing Pharmacist: Almeda N Borden License Number: AL 14482

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431 W Plumb Lane – Reno, NV 89509

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: WESTCLIFF COMPOUNDING PHARMACY
Physical Address: 1901 WESTCLIFF AVE #3A
Mailing Address: 
City: NEVADA BEACH State: CA Zip Code: 89509
Telephone: 949-232-0775 Fax: 949-232-0778
Toll Free Number: 855-826-6786 (Required per NAC 639.708)
E-mail: info@westcliffcompounding.com Website: www.westcliffcompounding.com
Managing Pharmacist: MIKE PAULOVICH License Number: NV10179

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85738
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)
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☐ New Wholesaler  ☒ Ownership Change
(Please provide current license number if making changes: WH02018 )

☐ 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: AcariaHealth Solutions, Inc.

Physical Address: 6612 W Sam Houston Pkwy N #330, Houston, TX 77041-5183

Mailing Address: 6923 Lee Vista Blvd., Suite 300

City: Orlando State: FL Zip Code: 32822-4703

Telephone: 832-900-1317 Fax: 866-834-8523

Toll Free Number: 855-407-6610

E-mail: licensing@acariahealth.com Website: has not been developed

Facility Manager: Terry D Edwards

Professional qualifications and experience of facility manager:

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers

☐ Other:

Type of Products to be handled or wholesaled be firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) ☒ Other: Prescription drugs for humans only

Page 1

69198
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: Allied 100, LLC
Physical Address: 1800 US Hwy 51 N
Mailing Address: 1800 US Hwy 51 N
City: Woodruff  State: WI  Zip Code: 54568
Telephone: 715-358-2329  Fax: 888-364-2377
Toll Free Number: 800-544-0048
E-mail: info@aeds.com  Website: http://www.AEDSuperstore.com
Facility Manager: Jared Kassien

Professional qualifications and experience of facility manager: Employed by Allied 100, LLC for the past
four years and has managed the dispensing, distribution, and record keeping related to prescription medical devices sold by the company.

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

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Avella of Deer Valley, Inc.
Physical Address: 23620 N. 70th Dr. Ste 12 Phoenix, AZ 85085
Mailing Address: 1606 W. Whispering Wind Dr. Phoenix, AZ 85085
City: Phoenix State: AZ Zip Code: 85085
Telephone: (877) 546-5779 Fax: (877) 546-5780
Toll Free Number: (877) 546-5779
E-mail: deborah.rayburn@avella.com Website: www.avella.com
Facility Manager: Christopher Dinoffria

Professional qualifications and experience of facility manager: RPh

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☑ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: ____________________________

Type of Products to be handled or wholesaled be firm:

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

Page 1

86985
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:  EYE CARE AND CURE
Physical Address:  4646 S. Overland Drive
Mailing Address:  4646 S. Overland Drive
City:  Tucson  State:  AZ  Zip Code:  85714
Telephone: (520) 321-1262  Fax: (817) 321-1207
Toll Free Number: (800) 4860-6169
E-mail:  emaileyeareandcure.com  Website:  www.eyeareandcure.com
Facility Manager:  Angie, Chiro

Professional qualifications and experience of facility manager:  worked with company on ground floor & worked with DEA & Bureau of Pharmacy, FDA for licenses

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ❑ Practitioners  ☐ Hospitals  ☐ Wholesalers
☐ Other: __________________________________________________________________

Type of Products to be handled or wholesaled be firm:

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

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

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

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

GENERAL INFORMATION

Facility Name: INO Therapeutics LLC
Physical Address: 875 W. Sandy Lake Road, Suite 300, Coppell, TX 75019
Mailing Address: P O Box 9001 (53 Frontage Rd)
City: Hampton  State: NJ  Zip Code: 08827
Telephone: 807-238-6344  Fax: 877-508-7461
Toll Free Number: 877-466-5577 ext. 5300
E-mail: Barbara.pelletiere@ikaria.com  Website: www.inotherapy.com
Facility Manager: Robert Smith

Professional qualifications and experience of facility manager: see attached.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☐ Practitioners  ☑ Hospitals  ☐ Wholesalers  
☐ Other: ________________________________

Type of Products to be handled or wholesaled be firm:

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

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

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

[X] 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
[X] 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: Johnson & Johnson Health Care Systems Inc.
Physical Address: 50 Scotland Blvd, Bridgewater, MA 02324
Mailing Address: Same as Business Address
City: __________________ State: _______________ Zip Code: ____________
Telephone: 508-977-6868 Fax: 508-828-6171
Toll-Free Number: N/A
E-mail: araymond@its.jnj.com Website: www.jjhcs.com

Facility Manager: Arthur J. Raymond

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

[X] Other: Clinics

Type of Products to be handled or wholesaled be firm:

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

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

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

GENERAL INFORMATION

Facility Name: McKesson Plasma and Biologics LLC
Physical Address: 401 Mason Road, La Vergne, TN 37086
Mailing Address: 401 Mason Road
City: La Vergne State: TN Zip Code: 37086
Telephone: 877-625-2566 Fax: 888-752-7626
Toll Free Number: 877-625-2566
E-mail: Plasma@mckesson.com Website: www.mckesson.com
Facility Manager: Steven Bidwell
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: variety stores, grocery stores, commercial firms, consumer, intra-company, clinical-surgical centers

Type of Products to be handled or wholesaled be firm:

☐ Legend Pharmaceuticals, Supplies or Devices    ☐ Hypodermic Devices
☐ Poisons or Chemicals    ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)    ☐ Other: vitamins, serum, vaccines and similar biologics, medical cosmetics

Page 1
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

Application must be printed legibly or typed
Pending determination of cost center

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: WH00410)

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

GENERAL INFORMATION

Facility Name: Cardinal Health DBA Metro Medical Supply

Physical Address: 200 Cumberland Bend

Mailing Address: 200 Cumberland Bend

City: Nashville  State: TN  Zip Code: 37228

Telephone: (615) 312-9800  Fax: N/A

Toll Free Number: (800) 768-2002

E-mail: knagel@metromedical.com  Website: www.cardinal.com

Facility Manager: Sharon Wilson

Professional qualifications and experience of facility manager: [Blank]

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☑ Practitioners  ☐ Hospitals  ☐ Wholesalers

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices  ☑ Hypodermic Devices
☐ Poisons or Chemicals  ☐ Veterinary Legend Drugs
☑ Controlled Substances (include copy of DEA)  See Attachment #1

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Pharmaceutical Credit Company, LLC.

Physical Address: 177 Lott Court

Mailing Address: One Southern Court

City: West Columbia  State: SC  Zip Code: 29169

Telephone: 800-624-5926  Fax: 

Toll Free Number: 800-624-5926

E-mail: vbostic@sasrx.com  Website: www.pcccredit.com/ www.SASrx.com

Facility Manager: Gregg Erickson

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: Manufacturers, Veterinarians, Dentists

Type of Products to be handled or wholesaled be firm:

☐ Legend Pharmaceuticals, Supplies or Devices  ☐ Hypodermic Devices
☐ Poisons or Chemicals  ☑ Veterinary Legend Drugs
☑ Controlled Substances (include copy of DEA)  ☑ Injectable Pharmaceuticals, Topicals
☑ Other: PTC, Solid Dosage, Vitamins

Page 1
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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

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

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

GENERAL INFORMATION

Facility Name: ProPharma Distribution, LLC
Physical Address: 4488 Georgia Road, Franklin, NC 28734
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@propfarma.com Website: www.propfarma.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/Clincs

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:

86459
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane  Reno, NV  89509  (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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**CHANGE OF NAME AND OWNERSHIP, NO CHANGE TO FEIN OR ADDRESS**

☐ New Wholesaler  ☒ Ownership Change
(Provide please current license number if making changes: WH00698 )

☐ 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:  TOP RX, LLC.

Physical Address:  2950 BROTHER BLVD. BARTLETT, TN 38133

Mailing Address:  C/O STATE LICENSE SERVICING, INC. 1751 STATE RTE, 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:  TOP@SLSNY.COM  Website:  WWW.TOPRX.COM

Facility Manager:  Anne Tetreault

Professional qualifications and experience of facility manager:  23 years with Top RX

Performing facility manager duties.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies  ☐ Practitioners  ☒ Hospitals  ☒ Wholesalers
☒ Other:  MFG,DISTRIBUTORS,  

Type of Products to be handled or wholesaled be firm:

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

Page 1
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
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b
☐ Partnership - Pages 1,2,3,6
☐ 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: Unique Pharmaceuticals, LTD
Physical Address: 5920 South General Bruce Drive
Mailing Address: Same
City: Temple State: TX Zip Code: 76502
Telephone: 888-339-0874 Fax: 244-933-4445
Toll Free Number: 888-339-0874
E-mail: leeah@upisolutions.com Website: www.upisolutions.com
Facility Manager: Travis A. Leeah PLC, President

Professional qualifications and experience of facility manager: Pharmacist
20 years experience in sterile IV compounding. Expertise in VSP 795 and 797, and CGMP.
Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☐ Practitioners  ☑ Hospitals  ☐ Wholesalers

Other: Clinics

Type of Products to be handled or wholesaled be firm:

☐ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☑ Controlled Substances (include copy of DEA)
☑ Other: Sterile and Non-Sterile Compounded preparations

Hypodermic Devices
Veterinary Legend Drugs

Page 1

27442
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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☐ 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: Vernalis Therapeutics, Inc.

Physical Address: 1160 W. Swedesford Road, Suite 100

Mailing Address: 1160 W. Swedesford Road, Suite 100, Berwyn, PA 19312

City: Berwyn State: PA Zip Code: 19312

Telephone: 610-651-5971 Fax: 610-651-5976

Toll Free Number: 888-376-2547

E-mail: state.licensing@vernalis.com Website: www.vernalistherapeutics.com

Facility Manager: Donna Radzik

Professional qualifications and experience of facility manager: 30+ years executive management experience in the pharmaceuticals industry with a focus on operations, quality/compliance, regulatory affairs and supply chain. BSc, Chemistry, PhD, Analytical Chemistry

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies    ☐ Practitioners    ☐ Hospitals    ☑ Wholesalers

☐ Other: ____________________________

Type of Products to be handled or wholesaled be firm:

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

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

☐ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW MP 1062)

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

FACILITY INFORMATION
Facility Name: CHS Pharmacy
Physical Address: 6600 NE 112th Ct. #103
(Must be a business address, we cannot issue a license to a home address)
Mailing Address: 6600 NE 112th Ct. #103
City: Vancouver  State: WA  Zip Code: 98662
Telephone: (360) 694-7377  Fax: (360) 694-3738
E-mail: reid.nelson@chspharmacy.com  Website: www.chspharmacy.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 7am to 7pm  Tue: 7am to 7pm  Wed: 7am to 7pm  Thu: 7am to 7pm
Fri: 7am to 7pm  Sat: 9am to 5pm  Sun: 11am to 3pm  Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Daniel Reid Nelsen

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other: Medical Devices and Equipment
**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: ________________________________
Telephone: ________________________________
Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

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

FACILITY INFORMATION

Facility Name: Diabetic Supply of SunCoast, Inc.
Physical Address: Carr 2, Km 26.2 Bo Espinosa, Arecibo, PR 00610
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above
City: __________________________ State: __________ Zip Code: __________

Telephone: 787-270-6200  Fax: 787-270-4400
Email: diabeds@diabeds.com  Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Victoria Thuss, Owner

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

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

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

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

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

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

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

FACILITY INFORMATION

Facility Name: Jodee, Inc.

Physical Address: 3100 N. 29th Avenue, Hollywood, FL 33020
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 3100 N. 29th Avenue

City: Hollywood State: FL Zip Code: 33020

Telephone: 954-926-1900 Fax: 954-926-1926

E-mail: dlopez@jodeeinc.com Website: www.jodee.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30am to 5:00pm Tue: 8:30am to 5:00pm Wed: 8:30am to 5:00pm Thu: 8:30am to 5:00pm Fri: 8:30am to 5:00pm Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Raul Lopez

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: Post-Mastectomy Bras and External Breast Forms only

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

Name: N/A Telephone: N/A

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

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

☐ New MDEG  ☑ Ownership Change
(Please provide current license number if making changes: MP or MW)
☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☐ 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: 8883 Liberty Lane, Suite 250, Port St. Lucie, FL 34983
(May be a business address, we cannot issue a license to a home address)
Mailing Address: 8881 Liberty Lane
City: Port St. Lucie State: FL Zip Code: 34983
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 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: David Wallace

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

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☒ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthetics
Other: CPAP, Ostomy, Catheters, etc.

**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: __________________________ Telephone: __________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(none-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

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

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

FACILITY INFORMATION

Facility Name: Liberty Medical LLC d/b/a Liberty Medical Supply
Physical Address: 8881 Liberty Lane, P.O. Box 1410, FL 34752
(Must be a business address, cannot issue a license to a home address)
Mailing Address: Same as above

City: ___________________________ State: ______ Zip Code: ______________
Telephone: 772-393-2132 Fax: 844-363-4344
E-mail: libertylicensing@libertymedical.com Website: www.libertymedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00
Fri: 8:00 to 5:00 Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David A. Wallace

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: ___________________________ Telephone: ___________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV  89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Owens * Minor Distribution, Inc.
Physical Address: 550 Lakeside Blvd, Ste 260, Flower Mound, TX 75022
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: Attn: Charles Burr, 9120 Lockwood Blvd
City: Mechanicsville  State: VA  Zip Code: 23116
Telephone: 804-723-7943  Fax: 804-723-7113
E-mail: charles.burr@owens-minor.com  Website: www.owens-minor.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7a to 7p  Tue: 7a to 7p  Wed: 7a to 7p  Thu: 7a to 7p
Fri: 7a to 7p  Sat: 7 to 7  Sun: 7 to 7  Holidays: 7 to 7

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Christopher Wroblewski

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

□ Medical Gases**  □ Assistive Equipment
□ Respiratory Equipment**  □ Parenteral and Enteral Equipment**
□ Life-sustaining equipment**  □ Orthotics and Prosthetics
□ Diabetic Supplies  Other: 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: Christopher Wroblewski
Telephone: (972) 538-5500
Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

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

dba: Patient Care Medical

FACILITY INFORMATION
Facility Name: Respiratory Solutions, LLC
Physical Address: 18 Technology Dr. # 164
(Mailing Address: Same)
City: Irvine State: CA Zip Code: 92618
Telephone: 949-398-8700 Fax: 949-398-8701
E-mail: Valleyfuoco@Rscpaop.com Website: www.patientcaremedical.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: by Appointment Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Lannette Vallefuoco

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: __________________________ Telephone: __________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

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

FACILITY INFORMATION

Facility Name: Philips Refurbished Systems, a division of Philips Electronics North America Corporation

Physical Address: 595 Miner Road, Highland Heights, OH 44143
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Connie Marchany, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: 440-483-3000 Fax: 440-483-4302

E-mail: david.rako@philips.com Website: www.usa.philips.com/healthcare

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7 am to 5 pm Tue: 7 am to 5 pm Wed: 7 am to 5 pm Thu: 7 am to 5 pm
Fri: 7 am to 5 pm Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Rako

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

□ Medical Gases** □ Assisting Equipment
□ Respiratory Equipment** □ Parenteral and Enteral Equipment**
□ Life-sustaining equipment** □ Orthotics and Prosthetics
□ Diabetic Supplies □ Other Prescription Medical Devices

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

Name: N/A Telephone: N/A

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV  89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE 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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denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

| ☑ New MDEG | ☐ Ownership Change |
| ☐ Publicly Traded Corporation – Pages 1,2,3,4 |
| ☑ Non Publicly Traded Corporation – Pages 1,2,3,5 |
| ☐ Partnership - Pages 1,2,3,6 |
| ☐ 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:  ResMed Corp.
Physical Address: 600 Riverside Parkway, Suite 100, Lithia Springs, GA 30122
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 9001 Spectrum Center Blvd.
City:  San Diego  State:  CA  Zip Code:  92133
Telephone:  858-836-6703  Fax:  858-836-5517
E-mail:  julie.hutt@resmed.com  Website:  www.resmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon:  8am to 12am  Tue:  8am to 12am  Wed:  8am to 12am  Thu:  8am to 12am
Fri:  8am to 12am  Sat:  to  Sun:  to  Holidays:  to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name:  Wanda Danielle

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name:  
Telephone:  
Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

FACILITY INFORMATION
Facility Name: ResMed Corp.
Physical Address: 23650 Brodiaea Avenue, Moreno Valley, CA 92553
(Must be a business address, we cannot issue a license to a home address)
Mailing Address: 9001 Spectrum Center Blvd.
City: San Diego State: CA Zip Code: 92123
Telephone: 858-836-6703 Fax: 858-836-5517
E-mail: julie.hutt@resmed.com Website: www.resmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9am to 6pm Tue: 9am to 6pm Wed: 9am to 6pm Thu: 9am to 6pm
Fri: 9am to 6pm Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Michael Cockrell

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies
Other: Durable medical equipment prescription required
**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: _____________________________ Telephone: _____________________________

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

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

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

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

FACILITY INFORMATION
Facility Name: Medshare, Inc. D/B/A Whitley Home Medical Equipment
Physical Address: 919 Fleming St., Hendersonville, NC 28791
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 919 Fleming St.
City: Hendersonville State: NC Zip Code: 28791
Telephone: 828-692-4760 Fax: 828-693-5307
E-mail: CSuess@allstatesmedical.com Website: N/A

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Caralyn Suess

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

□ Medical Gases** ■ Assisitive Equipment
□ Respiratory Equipment** □ Parenteral and Enteral Equipment**
□ Life-sustaining equipment** □ Orthotics and Prosthetics
□ Diabetic Supplies Other: _______________________________

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

Page 1

87842
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  mp00087)

☐ 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:  ☐ Merry X Ray – D3A, MBT, INC.

Physical Address:  1353 Arville Street, Las Vegas, NV 89102
(This must be a business address, we cannot issue a license to a home address)

Mailing Address:  8020 Tyler Blvd

City:  MENTOR State:  OH Zip Code:  44060

Telephone:  414-201-451 Fax:  414-201-1314

E-mail:  frank.taylor@merryxray.com Website:  merryxray.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon:  8 to 5  Tues:  8 to 5  Wed:  8 to 5  Thurs:  8 to 5
Fri:  8 to 5  Sat:  to  Sun:  to  Holidays:  to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name:  Scot Graham

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

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

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

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

[German for Limited Liability Company]

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: United Seating and Mobility LLC DBA Numotion
Physical Address: 280 S Rock Blvd Ste 200 Reno NV 89509
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 975 Nonnet Dr. Ste 250
City: Newport Beach  State: CA  Zip Code: 92660
Telephone: 775-433-6843  Fax: 775-300-0871
E-mail: administration@numotion.com  Website: www.numotion.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8:00 to 5pm  Tue: 8:00 to 5pm  Wed: 8:00 to 5pm  Thu: 8:00 to 5pm
Fri: 8:00 to 5pm  Sat: 9 to 2  Sun: 9 to 2  Holidays: 9 to 2

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: Renee Morris

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A  Telephone: ___________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA 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  ☑ Name Change  ☐ Location Change
(Please provide current license number if making changes: WH00531)

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

GENERAL INFORMATION

Facility Name: MERRY X-RAY DBA as MBI INC.
Physical Address: 1353 ARVILLE ST.
Mailing Address: 1353 ARVILLE ST.
City: LAS VEGAS State: NV Zip Code: 89102
Telephone: 702-259-1999 Fax: 702-259-1090

Toll Free Number: Krashec
E-mail: frank.krashec@merryxrays.com Website: MERRYXRAY.COM
Facility Manager: SCOTT GRAHAM

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☑ Practitioners  ☑ Hospitals  ☐ Wholesalers
☐ Other: ____________________________

Type of Products to be handled or wholesaled be firm:

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

Page 1
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR NEVADA 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  
Pending determination of cost center  
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the  
application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<table>
<thead>
<tr>
<th>☐ New Wholesaler</th>
<th>☑ Ownership Change</th>
<th>☐ Name Change</th>
<th>☐ Location Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Please provide current license number if making changes: WH01391)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

GENERAL INFORMATION

Facility Name: Cardinal Health dba Metro Medical Supply  
Physical Address: 6645 Echo Ave, Suite C  
Mailing Address: 6645 Echo Ave, Suite C  
City: Reno  
State: NV  
Zip Code: 89506  
Telephone: (775) 677-8514  
Fax: (775) 667-2792  
Toll Free Number: N/A  
E-mail: knagel@metromedical.com  
Website: www.cardinal.com  
Facility Manager: Luis Pacheco

Professional qualifications and experience of facility manager:  
Oversee all warehouse operations and employees to ensure safety and to process customer orders and receive and stock inventory accurately, efficiently and timely. Responsible for the maintenance, repair, cleaning, inventory, delivery, shipping, receiving and warehousing of equipment and supplies. Maintenance of company vehicles. Security of warehouse and vehicles. Comply with regulations or requirements of any licensing or regulatory agency.

Types of licensed outlets or authorized persons firm will serve:

- ☑ Pharmacies
- ☑ Practitioners
- ☐ Hospitals
- ☐ Wholesalers

Type of Products to be handled or wholesaled be firm:

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

- [x] New Pharmacy  
- [ ] Ownership Change  
- [ ] Name Change  
- [ ] Location Change  

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

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

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

GENERAL INFORMATION to be completed by all types of ownership 

Pharmacy Name: AARON PHARMACY  

Physical Address: 2800 W. SAMARIA AVENUE #6C  

Mailing Address: 2800 W. SAMARIA AVENUE #6C  

City: LAS VEGAS  

State: NV  

Zip Code: 89102  

Telephone: 702-608-1220  

Fax: 866 438 7771  

Toll Free Number: N/A  

E-mail: FELIX.EGABASE@YAHOO.COM  

Website: ____________  

Managing Pharmacist: FELIX EGABASE  

License Number: NV 17240  

Hours of Operation:  

Monday thru Friday 10 am 4 pm  

Sunday Closed am pm  

Saturday Closed am pm  

24 Hours _____  

TYPE OF PHARMACY  

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

SERVICES PROVIDED  

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

Page 1
APPLICATION FOR NEVADA PHARMACY LICENSE

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

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☐ New Pharmacy  ☐ Ownership Change  ☐ Name Change  ☐ Location Change
(Please provide current license number if making changes: PH ASC02411)

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: P-I-C-Elko, Inc. d/b/a Great Basin Surgical Center, a Service of Northeastern Nevada Regional Hospital

Physical Address: 855 Golf Course Road, Elko, NV 89801

Mailing Address: 855 Golf Course Road

City: Elko  State: NV  Zip Code: 89801

Telephone: 775-753-4700  Fax: 775-753-4703

Toll Free Number: N/A

E-mail: ann.cariker@lpnt.net  Website: nnrhospital.com

Managing Pharmacist: John Elwood  License Number: 8565

Hours of Operation:

Monday thru Friday 7:00 am  5:00 pm

Sunday  N/A am  N/A pm

24 Hours  N/A

TYPE OF PHARMACY

☐ Retail
☑ Hospital (# beds 75) (outpatient department of Northeastern Nevada Regional Hospital)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED

☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☑ Outpatient/Discharge (outpatient surgery)
☐ Mail Service
☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

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

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: HORIZON SPECIALTY HOSPITAL OF HENDERSON
Physical Address: 8550 S.EASTERN AVE
Mailing Address: SAME
City: LAS VEGAS State: NV Zip Code: 89123
Telephone: (702) 382-3155 Fax: (702) 405-1961
Toll Free Number: www.horizon specialtyhenderson.com
E-mail: lisa.espinapatdltc.com Website: 
Managing Pharmacist: NELSON MUKUNA License Number: 16311

Hours of Operation:
Monday thru Friday 7 am 5:30 pm Saturday 8:30 am 1:30 pm
Sunday 8:30 am 1:30 pm 24 Hours

TYPE OF PHARMACY
☐ Retail
☒ Hospital (# beds 39)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

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

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

☐ New Pharmacy  ☐ Ownership Change   ☐ Name Change   ☐ Location Change
(Please provide current license number if making changes:  PH1B01208)

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

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name:  HORIZON SPECIALTY HOSPITAL  of Las Vegas
Physical Address:  640 DESERT LANE
Mailing Address:  SAME
City:  LAS VEGAS  State:  NV  Zip Code:  89106
Telephone:  (702) 382-3155  Fax:  (702) 405-1941
Toll Free Number:  
E-mail:  lisa.espin@fundlhc.com  Website:  www.horizonspecialtyhosp.com
Managing Pharmacist:  JAMES PONIEWAZ  License Number:  16781

Hours of Operation:
Monday thru Friday  8 am  4:30 pm  Saturday  8:30 am  12:30 pm
Sunday  8:30 am  12:30 pm  24 Hours  

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

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership  
Pharmacy Name: GTMI Corporation  
Physical Address: 100 Whitney Ranch Drive Suite 400, #101, Carson City, NV 89701  
Mailing Address: 100 Whitney Ranch Drive Suite 400, #101, Carson City, NV 89701  
City: Carson City State: NV Zip Code: 89701  
Telephone: Pending Fax: Pending  
Toll Free Number:  
E-mail: pharmacist@ssprx.com Website:  
Managing Pharmacist: GEND  
License Number: 14104  

Hours of Operation:  
Monday thru Friday 8:30am – 6pm  
Saturday _______________am – _______________pm  
Sunday _______________am – _______________pm  
24 Hours  

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

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

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

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

Application must be printed legibly or typed

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Rx2U, LLC.

Physical Address: 1485 E. Flamingo Road, Suite B, Las Vegas, NV 89119

Mailing Address: Same as above

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

Telephone: 702-252-7928  Fax: 702-227-7928

Toll Free Number: None

E-mail: Maryam@Rx2U-LV.com  Website: www.Rx2U-LV.com

Managing Pharmacist: Maryam Rastkerdar  License Number: 18656

Hours of Operation:

Monday thru Friday 9:00 am  5:00 pm  Saturday  N/A_am  N/A_pm
Sunday  N/A_am  N/A_pm  24 Hours  N/A

TYPE OF PHARMACY

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

SERVICES PROVIDED

☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JENAE JEPSON SCHRODER, RPH
Certificate of Registration No. 18541,

BELINDA E. HUBKEY, RPH
Certificate of Registration No. 15310, and

WALGREENS PHARMACY #04788
Certificate of Registration No. PH01306,

Respondents.

CASE NO. 14-061-RPH-A-N
CASE NO. 14-061-RPH-B-N
CASE NO. 14-061-PH-N

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 accusations 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 Jena Jeppson Schroder (Ms. Schroder), Certificate of Registration No. 18541, and Respondent Belinda E. Hubkey (Ms. Hubkey), Certificate of Registration No. 15310, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #04788 (Walgreens), Certificate of Registration No. PH01306, was a pharmacy registered with the Board.

II.

On or about August 29, 2014, Jacob Vernon (Mr. Vernon) filed a complaint with the Board on behalf of his stepchild, thirteen-year-old S.G. In the complaint, Mr. Vernon alleged that Walgreens filled and dispensed a prescription for S.G. with the incorrect dosing instructions.
III.

On July 2, 2014, S.G. saw her physician who prescribed a quantity of thirty (30) Focalin XR 10 mg. capsules with instructions to take one capsule by mouth every day.

IV.

The prescription was tendered to Walgreens later that day. The following day, July 3, 2014, Walgreens filled the prescription and dispensed the medication to S.G.’s mother.

V.

During the subsequent administration of the Focalin XR to their daughter, the parents felt that the frequency of administration stated on the prescription label (one capsule four times per day) was excessive. They therefore modified the administration to one capsule two times daily.

VI.

S.G. ingested twenty-four (24) Focalin XR 10 mg. capsules over a fourteen (14) day period. Within days of the initial administration of the Focalin XR, SG became withdrawn and emotionally distraught.

VII.

On July 17, 2014, S.G.’s parents contacted the prescriber and learned that the dosing instructions on the prescription label generated by Walgreens were incorrect.

VIII.

According to pharmacy records, pharmaceutical technician Katherine Urrutia (Ms. Urrutia) scanned S.G.’s Focalin XR prescription (prescription number 1206263) into the pharmacy computer system on July 2, 2014, and sent it to a production queue for processing the next day.

IX.

On July 3, 2014, Ms. Urrutia retrieved the Focalin XR prescription from the production queue. During data entry, Ms. Urrutia inadvertently entered “QID” (four times per day) in the patient instructions rather than “QD” (once per day) as written by the prescriber.

-2-
X.

Ms. Urrutia sent the prescription data into the data entry verification queue for approval by the pharmacist prior to filling the medication.

XI.

Pharmacist Schroder performed data verification and filled the prescription. She approved the data entry, prescription label and contents of the bottle as accurate, and staged the final product for a pharmacist’s final review. Ms. Schroder failed to detect the error in the patient dosing instructions throughout the entire filling and verification process.

XII.

Ms. Schroder performed the final product verification. At the final verification, a drug utilization review (DUR) alert displayed on the computer screen indicating that the dosage entered exceeds the recommended pediatric dosage. Ms. Schroder entered an override for the DUR within (1) second after performing data verification, and approved the final product as accurate and complete. Again, Ms. Schroder failed to identify the error in the patient dosing instructions.

XIII.

On July 3, 2014, S.G.’s mother picked up the prescription from Walgreens. Pharmacist Hubkey provided counseling to S.G.’s mother. Ms. Hubkey did not detect the error in the patient dosing instructions during counseling.

**FIRST CAUSE OF ACTION**

XIV.

In failing to strictly follow the instructions of S.G.’s physician by verifying and dispensing a prescription for Focalin XR 10 mg, capsules with instructions to take four (4) capsules by mouth daily rather than take one (1) capsule by mouth daily as prescribed by S.G.’s physician, Ms. Schroder 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.

**SECOND CAUSE OF ACTION**

XV.

By failing to act upon the DUR alert displayed on the computer screen indicating that the
dosage entered exceeds the recommended pediatric dosage, Ms. Schroder violated NRS 639.210(4) and/or NAC 639.945(1)(i), which is grounds for action under NRS 639.255.

**THIRD CAUSE OF ACTION**

XVI.

By failing to detect during counseling that the dosing instructions for the prescription for Focalin XR 10 mg. capsules was incorrectly labeled with instructions to take four (4) capsules by mouth daily rather than to take one (1) capsule by mouth daily as prescribed, Ms. Hubkey 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.

**FOURTH CAUSE OF ACTION**

XVII.

As the pharmacy in which the violations alleged above occurred, Walgreens is statutorily responsible for the actions of respondents Jena Jeppson Schroder and Belinda E. Hubkey, 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 22 day of April, 2015.

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

**NOTICE TO RESPONDENT**

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

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 14-061-RPH-A-N

v. )
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JENAE JEFFSON SCHRODER, RPH ) STATEMENT TO THE
Certificate of Registration No. 18541, ) RESPONDENT NOTICE
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Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 22nd day of April, 2015.

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

NEVADA STATE BOARD OF PHARMACY, 

v. 

JENAE JEPPSON SCHRODER, RPH 
Certificate of Registration No. 18541, 

Respondent. 

CASE NO. 14-061-RPH-A-N 

Petitioner, 

ANSWER AND NOTICE 
OF DEFENSE 

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

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

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

DATED this ___ day of _____________, 2015.

JENAE JEPPSON SCHRODER, RPH
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 14-061-RPH-B-N

v. )

Petitioner, )

BELINDA E. HUBKEY, RPH )
Certificate of Registration No. 15310, )

Respondent. )

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

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

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

DATED this ___ day of ____________, 2015.

BELINDA E. HUBKEY, RPH
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
WALGREENS PHARMACY #04788

-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner,

v.

PHUONG QUYNH DOAN, RPH
Certificate of Registration No. 18605,

SUSAN BLAIR, RPH
Certificate of Registration No. 17494,

KENNY HOA PHAM, RPH
Certificate of Registration No. 17592,

MAILANI ESPIRITU, RPH
Certificate of Registration No. 17117, and

WALGREENS PHARMACY #11227
Certificate of Registration No. PHC02513,

Respondents.

CASE NO. 14-076-RPH-A-N
CASE NO. 14-076-RPH-B-N
CASE NO. 14-076-RPH-C-N
CASE NO. 14-076-RPH-D-N
CASE NO. 14-076-PH-N

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, Respondents Phuong Quynh Doan (Ms. Doan), Certificate of Registration No. 18605; Susan Blair (Ms. Blair), Certificate of Registration No. 17494; Kenny Hoa Pham (Mr. Pham) Certificate of Registration 17592; and Mailani Espiritu (Ms. Espiritu), Certificate of Registration 17117, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #11227 (Walgreens), Certificate of Registration No. PHC02513, was a pharmacy registered with the Board.

-1-
II.

On March 5, 2014, the Board entered a Stipulation and Order (Order) in the case of Respondent Susan Blair (Case No. 13-039-RPH-N), and Respondent Walgreens #11227 (Case No. 13-039-PH-N). In its Order, the Board fined Ms. Blair and Walgreens #11227 for violations related to filling a prescription not in accordance with instructions from the prescriber.

III.

On or about October 22, 2014, Deborah Campanella, RN, Northern Nevada Adult Mental Health Services, filed a complaint with the Board on behalf of patient K.Z. In the complaint, Nurse Campanella alleged that Walgreens filled and dispensed K.Z.’s prescription for Brintellix 5 mg. tablets with Brintellix 20 mg. tablets.

IV.

On August 14, 2014, K.Z. saw her physician who prescribed a quantity of thirty (30) Brintellix 5 mg. tablets with instructions to take one tablet by mouth at bedtime. The physician authorized four refills of the prescription.

V.


VI.

On October 10, 2014, K.Z. returned to Walgreens to pick up a subsequent refill of Brintellix. At that time, pharmacy staff informed K.Z. that the prescription Walgreens dispensed in August contained Brintellix 20 mg. tablets rather than the Brintellix 5 mg. tablets as prescribed.

VII.

K.Z. had ingested thirty (30) of the erred medication.

VIII.

K.Z. contacted Nurse Campanella regarding the dispensing error. In a subsequent
follow-up examination, Nurse Campanella noted that K.Z. was displaying marked symptoms of agitation and nervousness, possibly attributed to the Brinellix overdose.

IX.

According to pharmacy records, pharmaceutical technician James Wright scanned K.Z.'s Brinellix prescription (prescription number 389857) into the pharmacy computer system on August 15, 2014, and sent it to the production queue for processing.

X.

Pharmaceutical technician Delmi Zelaya (Ms. Zelaya) retrieved the Brinellix prescription from the production queue. During data entry, Ms. Zelaya inadvertently entered the Brinellix strength as 20 mg., rather than the 5 mg. as prescribed.

XI.

Ms. Zelaya sent the prescription data into the data entry verification queue for approval by the pharmacist prior to filling the medication.

XII.

Pharmacist Doan performed data verification for prescription number 389857. Mr. Doan failed to detect the error in the strength of Brinellix during the verification process. He approved the data entry and sent it to the queue for filling.

XIII.

Subsequent to data verification, the prescription went into a holding status pending resolution of insurance issues. Walgreens' prescription holding process is to file the original hard-copy prescription versus placing it in the "hold box."

XIV.

The insurance issues were resolved on August 22, 2014. The Brinellix prescription went back into production and assigned a new prescription number (391017). The Board investigation revealed that the original hard-copy prescription did not have a cancellation on the reverse side nor did it have any reference to the new prescription number. A search of the pharmacy
computer system showed no reference to the original prescription number 389857.

XV.

Per Walgreens’ policy, prescriptions brought back into production after an insurance hold will retain the original data entry information, and go through another data entry review and verification by a pharmacist. The Audit/Board of Pharmacy Report (Report) indicates that pharmaceutical technician Zelaya performed another data entry on August 22, 2014, at 12:01 p.m. This is questionable as Ms. Zelaya was not on the schedule to work on August 22, 2014. The Report gave no indication of any other data entry reviews for that date.

XVI.

The Report did indicate that pharmacist Pham entered a Drug Utilization Review (DUR) override at 12:07 p.m., six minutes after the suspect data entry. The DUR warning related to the patient’s insurance plan indicating a potential drug-drug interaction with bupropion 100 mg. tablets. Mr. Pham failed to identify the error in the strength of Brintellix during the DUR process.

XVII.

Pharmaceutical technician Mitchell Beardsley (Mr. Beardsley) retrieved prescription number 391017 from the queue at 12:34 p.m. Mr. Beardsley filled the prescription and staged the labeled prescription bottle and contents, label set and stock bottle for the pharmacist’s final product review.

XVIII.

Ms. Blair performed the final product verification. Ms. Blair failed to detect that the prescription bottle contained Brintellix 20 mg. tablets rather than the Brintellix 5 mg. tablets as prescribed. Ms. Blair approved the prescription as accurate and complete and staged the final product for customer pickup.

XIX.

The Audit/Board of Pharmacy Report indicates that Pharmacist Espiritu attempted
counseling and that K.Z. declined. This is not consistent with the screenshot of the prescription profile in the pharmacy computer system which indicates that counseling was provided. During counseling, or the attempted counseling, Ms. Espiritu did not detect the error in the strength of Brintellix 20 mg.

FIRST CAUSE OF ACTION
(Respondent Phuong Quynh Doan)

XX.

By failing to detect during data verification that Brintellix 20 mg. tablets was erroneously selected during data entry, rather than the Brintellix 5 mg. tablets prescribed, Ms. Doan 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
(Respondent Kenny Hoa Pham)

XXI.

In failing to identify during the drug utilization review process that Brintellix 20 mg. tablets had been substituted for the Brintellix 5 mg. tablets prescribed, Mr. Pham 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
(Respondent Susan Blair)

XXII.

In failing to strictly follow the instructions of K.Z.’s physician by verifying and dispensing a prescription for Brintellix 20 mg. tablets rather than the Brintellix 5 mg. tablets prescribed, Ms. Blair 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.

FOURTH CAUSE OF ACTION
(Respondent Mailani Espiritu)

XXIII.

In failing to provide adequate counseling on K.Z.’s new prescription, Ms. Espiritu
violated 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.

**FOURTH CAUSE OF ACTION**
(Respondent Walgreens Pharmacy #11227)

XXVI.

As the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Walgreens is statutorily responsible for the actions 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 639.266(1) and/or 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 22\textsuperscript{nd} day of April, 2015.

\begin{center}
Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy
\end{center}

**NOTICE TO RESPONDENT**

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

NEVADA STATE BOARD OF PHARMACY, )
 ) CASE NO. 14-076-RPH-A-N
 )
 v. )
 ) STATEMENT TO THE
 ) RESPONDENT NOTICE
 ) OF INTENDED ACTION
 ) AND ACCUSATION
 ) RIGHT TO HEARING

PHUONG QUYNH DOAN, RPH
Certificate of Registration No. 18605,

Respondent.

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

I.

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

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. 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, June 10, 2015, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.
IV.

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

DATED this 22nd day of April, 2015.

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

NEVADA STATE BOARD OF PHARMACY, Petitioner,
v.
PHUONG QUYNH DOAN, RPH Certificate of Registration No. 18605,
Respondent.

CASE NO. 14-076-RPH-A-N

NOTICE OF INTENDED ACTION AND ACCUSATION

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.

__________________________
PHUONG QUYNH DOAN, RPH
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 14-076-RPH-B-N

Petitioner, )

v. ) ANSWER AND NOTICE

SUSAN BLAIR, RPH ) OF DEFENSE

Certificate of Registration No. 17494,

Respondent.

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

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

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

DATED this ___ day of ______________, 2015.

SUSAN BLAIR, RPH

-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )                          ) CASE NO. 14-076-RPH-C-N
)                          )
) Petitioner, )
) )
) v. ) ANSWER AND NOTICE )
) ) OF DEFENSE )
) ) )
) KENNY HOA PHAM, RPH )
) Certificate of Registration No. 17592, )
) )
) )
) ) Respondent. 

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

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

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

DATED this ___ day of _____, 2015.

KENNY HOA PHAM, RPH
-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner,

v.

MAILANI ESPIRITU, RPH
Certificate of Registration No. 17117,

Respondent.

CASE NO. 14-076-RPH-D-N

ANSWER AND NOTICE OF DEFENSE

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

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

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

DATED this ___ day of _____________, 2015.

MAILANI ESPRITU, RPH

-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 14-076-PH-N
Petitioner, )

v. ) ANSWER AND NOTICE
) OF DEFENSE
WALGREENS PHARMACY #11227, )
Certificate of Registration No. PHC02513, )

Respondent. /

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

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

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

DATED this ___ day of ______________, 2015.

Authorized Representative for
WALGREENS PHARMACY #11227
-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, 

Petitioner,

v.

LESLIE ANN MCLAUGHLIN, PT 
Certificate of Registration No. PT10570

Respondent.

CASE NO. 15-024-PT-N
NOTICE OF INTENDED ACTION 
AND ACCUSATION

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because respondent Leslie Ann McLaughlin, PT. (Ms. McLaughlin), Certificate of Registration No. PT10570, was a registered pharmacy technician with the Board at the time of the events alleged herein.

II.

On or about May 6, 2015, Board Staff received notification from Renown Regional Medical Center's Pharmacy Clinical Manager notifying the Board that during a random drug screen on April, 17, 2015, Ms. McLaughlin tested positive for cocaine metabolite. Renown provided Board Staff a copy of Ms. McLaughlin's positive test result.
FIRST CAUSE OF ACTION

III.

By using cocaine and testing positive for cocaine use during a random drug screen, respondent Leslie Ann McLaughlin violated Federal and State law regarding a controlled substance and is subject to discipline by the Board pursuant to Nevada Revised Statute (NRS) 639.210(1), (3), (4), (5), (11) and/or (12), as well as Nevada Administrative Code (NAC) 639.945 (1)(i).

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

Signed this 7th day of May, 2015.

J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

NOTICE TO RESPONDENT

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

NEVADA STATE BOARD OF PHARMACY,

v.

LESLIE ANN MCLAUGHLIN, PT
Certificate of Registration No. PT10570

Respondent.

) CASE NO. 15-024-PT-N
) STATEMENT TO THE RESPONDENT
) NOTICE OF INTENDED ACTION
) AND ACCUSATION
) RIGHT TO HEARING

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

I.

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

II.

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

The Board has reserved Wednesday, June 10, 2015, as the date for a hearing on this matter at the Hyatt Place, 1790 E Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 7th day of May, 2015.

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LESLIE ANN MCLAUGHLIN, PT
Certificate of Registration No. PT10570

Respondent.

CASE NO. 15-024-PT-N

ANSWER AND NOTICE
OF DEFENSE

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

1. That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, 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.

______________________________
LESLIE ANN MCLAUGHLIN, PT
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: $80.00 (non-refundable money order only, no cash)

(This application can not be used by PA's or APRN's)

First: Arivyn             Middle: M             Last: Valencia             Degree: MD

Practice Name (if any): N/A

Nevada Address: 645 N Arlington

PO Box: ______

E-mail: ______

City: Reno             State: NV             Zip Code: 89509

Work Telephone: ______

Fax: ______

Practitioner License Number: 10340

Sex:  □ M or □ F

Specialty: Neurology

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

- [ ] Yes
- [ ] No

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

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

2. Been the subject of a board citation or an administrative action whether completed or pending in any state?...

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

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

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<th>State</th>
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<th>Case #:</th>
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<td>3-17-2015</td>
<td>14-26487-1</td>
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<td></td>
<td>Clark</td>
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It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

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

Signature: Arivyn M. Valencia

Date: 4-23-15

Original Signature, no copies or stamps accepted.

Board Use Only: Date Processed: _______________ Amount: $80.00
Explanations to questions

My medical license was temporarily suspended pending treatment for dependence on Fioricet (Butalbital/Caffeine/Acetaminophen tablets) dependence for my migraine headaches and neck and back pains arising from burst fractures of lumbar and thoracic vertebrae and cervical disc disease, and finish the Chronic Pain Treatment program at Las Vegas Recovery Center. I completed one month of inpatient program and 8 weeks of outpatient program, from 8-24-2014 to 12-5-2014 and have been compliant with the Nevada Professionals Assistance Program (NPAP) under the directorship of Dr. Peter Mansky. My license was reinstated in March 2015.

[Signature]

Alex M. Valencia
BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of the Investigation of

ARLYN M. VALENCEA, M.D.,

License No. 10340

Case No. 14-26427-1

FILED
MAR -9 2015
NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: ____________

SETTLEMENT AGREEMENT

THIS AGREEMENT is hereby entered into by and between the Investigative Committee
(IC) of the Nevada State Board of Medical Examiners (Board), composed of Theodore B. Berndt,
M.D., Valerie J. Clark, BSN, RHU, LUTCF, and Michael J. Fischer, M.D., in the above-captioned
matter, by and through Erin L. Albright, Esq., Board General Counsel and attorney for the IC, and
Arlyn M. Valencia, M.D. (Respondent), as follows:

WHEREAS, on August 21, 2014, the Board’s IC filed an Order of Summary Suspension
in the above-captioned matter after reviewing evidence and information which demonstrated that
Respondent presented an imminent risk to the health, safety and welfare of the public. On
September 23, 2014, the parties agreed, by stipulation, that Respondent’s license to practice
medicine in the state of Nevada shall remain indefinitely suspended; and

WHEREAS, Respondent received a copy of the Order of Summary Suspension, reviewed
it, understands it, and has had the opportunity to consult with competent counsel concerning the
nature and significance of the Order of Summary Suspension. Respondent is fully advised
concerning her rights and defenses to the Order of Summary Suspension, as well as the possible
sanctions that may be imposed if the Board finds and concludes that she violated one or more
provisions of the Nevada Medical Practice Act (MPA), i.e., Nevada Revised Statutes (NRS)
Chapter 630 and Nevada Administrative Code Chapter 630; and


WHEREAS, Respondent understands and agrees that she has certain rights under the United States Constitution and the Constitution of the state of Nevada, as well as under the MPA and the Nevada Administrative Procedures Act (NRS Chapter 233B), including, but not limited to, the right to a formal hearing on the allegations against her, the right to representation by counsel in the preparation and presentation of her defense, the right to confront and cross-examine the witnesses against her, the right to written findings, conclusions and an order regarding a final decision by the Board, and the right to judicial review of any final decision by the Board that is adverse to her; and

WHEREAS, Respondent understands and agrees that this Settlement Agreement (Agreement) is entered into by and between Respondent and the Board’s IC, and not with the Board, but that the IC will present this Agreement to the Board for consideration in open session at a meeting duly noticed and scheduled. Respondent understands that the IC shall advocate approval of this Agreement by the Board, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement; and

WHEREAS, Respondent understands and agrees that if the Board approves the terms, covenants and conditions of this Agreement, then the terms, covenants and conditions enumerated below shall be binding and enforceable upon her.

NOW THEREFORE, in order to resolve this matter and all charges, if any, alleged by the Board’s IC in the above-captioned matter, Respondent and the IC hereby agree to the following terms, covenants and conditions:

1. **Jurisdiction.** Respondent is, and at all times mentioned in the Order of Summary Suspension filed in the above-captioned matter was, a physician licensed to practice medicine in the state of Nevada subject to the jurisdiction of the Board to hear and adjudicate charges of violations of the MPA, and to impose sanctions as provided by the MPA.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.**

   Respondent acknowledges that she is not represented by counsel and wishes to proceed towards a resolution of this matter, as set forth in this Agreement, without counsel. Respondent understands and acknowledges that she may retain and consult counsel prior to entering into this
Agreement. Respondent agrees that if counsel is retained for representation in this matter prior to entering into this Agreement, that counsel for the IC will be informed of such representation prior to Respondent executing this Agreement. Respondent covenants and agrees that she knowingly, willingly and intelligently enters into this Agreement.

3. **Waiver of Rights.** In connection with this Agreement, and the terms, covenants and conditions contained herein, Respondent knowingly, willingly and intelligently waives all rights in connection with this Agreement, and the terms, covenants and conditions contained herein, and with the understanding that Respondent knowingly, willingly and intelligently waives all rights arising under or pursuant to the United States Constitution, the constitution of the state of Nevada, the MPA, NRS Chapter 233B, and any other statutory rights that may be available to her or that may apply to her in connection with the proceedings on the Summary Suspension filed herein, the defense of said Summary Suspension, the adjudication of the charges in said Summary Suspension, and the imposition of sanctions.

Respondent agrees that the matter of the Complaint herein may be settled and resolved in accordance with this Agreement without a hearing or any further proceedings, and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed.** Respondent covenants and agrees that the Board’s IC has a reasonable basis to believe that Respondent engaged in one or more instances of conduct that is grounds for discipline pursuant to the provisions of the MPA.

5. **Consent to Entry of Order.** In order to resolve the matter of the summary suspension currently in place against her without incurring any further costs and expense of providing a defense to the Order of Summary Suspension: Respondent agrees to allow her license to practice medicine in the state of Nevada to be revoked, with said revocation stayed and Respondent placed on probation for a period of sixty (60) months from the date of the Board’s acceptance, adoption and approval of this Agreement, with an obligation to comply with the following terms and conditions:

///

///
a. The summary suspension of Respondent’s license to practice medicine in the state of Nevada shall be lifted on March 6, 2015 and Respondent’s licensure status shall be reinstated to the appropriate licensing status;

b. Respondent is currently enrolled in the Nevada Professionals Assistance Program (NPAP) and shall remain enrolled in said program for the duration of her probation;

c. Within fourteen (14) days the Board’s adoption and approval of this Agreement, Respondent shall execute a HIPAA compliant release in favor of the Board to allow NPAP to directly provide the Board’s Compliance Officer with status reports regarding Respondent’s program;

d. Respondent shall remain in compliance with all terms of her participation contracts with NPAP during the term her probation;

e. Respondent shall complete in full any participation contract entered into with NPAP;

f. Respondent shall continue her trauma therapy with Dr. Shioide for the duration of her probation;

g. Within fourteen (14) days the Board’s adoption and approval of this Agreement, Respondent shall execute a HIPAA compliant release in favor of the Board to allow Dr. Shioide to directly provide the Board’s Compliance Officer with status reports regarding Respondent’s therapy;

h. Respondent shall submit to random hair and urine alcohol and drug screens at her own expense when requested by an employee of the Board. Any test that is positive for alcohol, controlled substances or dangerous drugs, other than prescribed by a treating physician or dentist, shall be considered a violation of this Agreement. Failure to comply with any such request shall be deemed to be an automatic positive test;

i. Should Respondent be prescribed any controlled substances or dangerous drugs as defined in NRS 453.3615, by a treating physician or dentist, Respondent shall provide documentation from the treating physician or dentist to the Board’s Compliance
Officer with seventy-two (72) hours of the prescription or within ninety-six (96) hours should the prescription be provided on a weekend;

j. For the duration of her probation, Respondent shall attend a 12-step meeting at least one time per week. On the fifth day of every month, Respondent shall submit proof of her prior month’s attendance at the 12-step meetings directly to the Board’s Compliance Officer;

k. Within fourteen (14) days of the Board’s acceptance, adoption and approval of this Agreement, Respondent shall select and actively work with a 12-step sponsor to support her endeavors at sobriety;

l. Respondent shall attend a Caduceus meeting at least one time per month. On the fifth day of every month, Respondent shall submit proof of her prior month’s attendance at the Caduceus meetings directly to the Board’s Compliance Officer;

m. Respondent shall inform any and all employers of the terms of this Agreement during the term of her probation;

n. Respondent shall provide to the Board’s Compliance Officer the best method to contact her and shall maintain a current address and phone number with the Compliance Officer;

o. Respondent shall not violate any laws or regulations of the state of Nevada during the period of her probation and Respondent shall remain in compliance with all federal laws pertaining to the practice of medicine and the prescribing, administering or dispensing of any dangerous drug or controlled substance during the term of her probation;

p. Respondent shall abstain from any and all mood altering/addictive substances during the term of his probation, with the exception of mood altering/addictive substances prescribed by a treating physician or dentist;

q. Respondent shall be solely responsible for any costs and fees associated with her compliance with all terms and conditions of this Agreement;

r. Pursuant to NRS 622.400, Respondent shall reimburse to the Board the sum of One Thousand Nineteen and 14/100 Dollars ($1,019.14), the current amount of the costs
incurred by the Board to investigate and prosecute this matter, along with the costs to conclude the matter, if any. The costs shall be paid to the Board within twelve (12) months of the Board’s acceptance, adoption and approval of this Agreement;

s. The formal Complaint filed in this matter shall be dismissed without prejudice and shall only be re-filed if Respondent fails to comply with the terms and conditions of her probation; and

i. If the IC finds that Respondent has violated any terms or conditions of this Agreement, it may immediately summarily suspend Respondent’s license to practice medicine in Nevada and shall set a date for a hearing to be held within forty-five (45) days to determine whether the summary suspension of Respondent’s license to practice medicine in the state of Nevada shall remain in effect.

6. **Release From Liability.** In execution of this Agreement, the Respondent, for herself, her executors, successors and assigns, hereby releases and forever discharges the state of Nevada, the Board, the Nevada Attorney General, and each of their members, agents and employees in their representative capacities, and in their individual capacities, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons or entities named in this paragraph arising out of or by reason of this investigation, this Agreement or its administration.

7. **Procedure for Adoption of Agreement.** The IC and counsel for the IC shall recommend approval and adoption of the terms, covenants and conditions contained herein by the Board in resolution of the Order of Summary Suspension pending herein against Respondent. In the course of seeking Board approval, adoption and/or acceptance of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communication may be made or conducted ex parte, without notice or opportunity to be heard on her part or on the part of her counsel, if any, until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but not be limited to, matters concerning this
Agreement, the Order of Summary Suspension, and any and all information of every nature
whatsoever related to the Order of Summary Suspension or the proceedings herein against
Respondent. The IC and its counsel agree that Respondent and/or her counsel, if any, may appear
at the Board meeting where this Agreement is discussed, and if requested, respond to any
questions that may be addressed to the IC or its counsel.

8. **Effect of Acceptance of Agreement by Board.** In the event the Board approves,
accepts and adopts the terms, covenants and conditions set out in this Agreement, counsel for the
IC will cause the Board’s order accepting, adopting and approving this Agreement to be entered
herein, ordering full compliance with the terms herein and ordering that this case be closed,
subject to the provisions in Paragraph 5.

9. **Effect of Rejection of Agreement by Board.** In the event the Board does not
accept, approve and adopt the terms, covenants and conditions set out in this Agreement, this
Agreement shall be null, void, and of no further force and effect except as to the following
covenant and agreement regarding disqualification of adjudicating Board panel members.
Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing
contained herein and nothing that occurs pursuant to efforts of the IC or its counsel to seek
acceptance and adoption of this Agreement by the Board shall disqualify any member of the
adjudicating panel of the Board from considering the charges, if any, against Respondent and
participating in the disciplinary proceedings in any role, including adjudication of the case.
Respondent further agrees that he shall not seek to disqualify any such member absent evidence of
bad faith.

10. **Binding Effect.** If this Agreement is approved by the Board, Respondent
covenants and agrees that this Agreement is a binding and enforceable contract upon Respondent
and the Board’s IC, which contract may be enforced in a court or tribunal having jurisdiction.

11. **Forum Selection Clause.** Respondent covenants and agrees that in the event
either party is required to seek enforcement of this Agreement in the district court, she consents to
such jurisdiction, and covenants and agrees that exclusive jurisdiction shall be in the
Second Judicial District Court of the state of Nevada in and for the county of Washoe.
12. **Attorneys' Fees and Costs.** Respondent covenants and agrees that in the event an action is commenced in the district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover costs and reasonable attorneys' fees.

13. **Failure to Comply With Terms.** Failure to comply with the terms recited herein may result in additional disciplinary action being initiated against Respondent for a violation of an order of the Board in accordance with NRS 630.3065(2)(a). Moreover, the failure of Respondent to reimburse the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

Dated this 15th day of February, 2015.

By: [Signature]

Brin L. Albright/Esq.
Attorney for the Investigative Committee

Dated this 17th day of February, 2015.

By: [Signature]

Ariyn M. Valencia, Esq., M.D.
Respondent

STATE OF NEVADA )
COUNTY OF CLARK ) ss.
SUBSCRIBED and SWORN to before me

This 17th day of February, 2015.

[Signature]
Notary Public
IT IS HEREBY ORDERED that the foregoing Settlement Agreement is approved and accepted by the
Nevada State Board of Medical Examiners on the 6th day of March 2015, with the final total amount of
costs due of $1,019.14.

[Signature]
Michael J. Fischer, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS
Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509

Dear Sirs:
Thank you to Mr. S. Paul Edwards for helping to clarify some questions pertaining to my application to sit for the Nevada Pharmacy Examination. My California Pharmacist License was revoked and I have forwarded the pertinent information concerning this matter to the Nevada Pharmacy Board to review. I therefore request to be added to the Docket at the next full Pharmacy Board meeting to discuss the opportunity of my sitting for the Pharmacy Examination.

Thank You!

Sincerely,

[Signature]

Michael T. Peters
February 25, 2014

Michael Todd Peters
7302 Larkspur Lane
Stockton, CA 95207

Re: Application to Sit for Pharmacy Examination

Dear Mr. Peters:

The Nevada State Board of Pharmacy received your recent Application by Examination as a Pharmacist, by which you request authority to sit for the NAPLEX and MPJE. On your application, you answered “yes” to the question regarding whether you have “[b]een the subject of an administrative action whether completed or pending in any state?” You further indicated that the case you were involved in was California Administrative Case No. 4334.

Please provide the Board with additional information and documentation regarding that discipline. Your submission should include an explanation of the allegations against you, the resolution of those allegations, and copies of any Accusation, Proposed Decision and/or Decision and Order filed in that matter.

If you have any questions, please contact me.

Best regards,

S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

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

Dear Sirs:

Thank you for your request for additional information pertaining to the revocation of my Pharmacist License with the California Board of Pharmacy and not just dismissing this unfortunate incident. I will provide you with my interpretation of the facts and arguments that occurred in Administrative Hearing #4334 which led to the revocation of my license.

SYNOPSIS

I was the owner of Country Club Drug Store in Valley Springs California, a rural community of about 5,000 residents located 40 miles east of Stockton, CA. The pharmacy was successful, however after 3 years of operating an Independent Pharmacy as the sole Pharmacist, the increasing stress of success and deterioration of my health were not a complementary arrangement. I had made the decision to sell the operation to a Pharmacy Chain. After several interviews and negotiations, a deal for the acquisition of Country Club Drug by a suitable chain had been reached and the necessary paperwork submitted to the State Board of Pharmacy notifying them of this arrangement and that the last day of operation was December 3, 2011. On this date of closure while my staff and I are packing up files and saying goodbye to great clients, two inspectors from the Board of Pharmacy arrived for a ‘surprise’ inspection. They were aware that the pharmacy was closing, but insisted on performing their inspection regardless. My staff and I did our best to accommodate the inspectors, however this produced a very chaotic environment due to the fact that the closure of the pharmacy was on a strict timeline established by the purchase agreement with the chain and this timeline had to be met. After the inspectors completed their inspection, we said goodbye to the last of our clients and each other and officially closed the pharmacy. The acquiring pharmacy then came in and performed a closing inventory and removed all records, files computers, etc. to their place of business pursuant to the Asset Purchase Agreement. After this day, I had no communication with the State Board of Pharmacy, with the exception of license renewal, until I was served a Subpoena in June/July 2012. The State Board claimed I deliberately and directly subverted a board investigation, failed to follow Board instruction, and failure to maintain accountability of dangerous drugs.

ACCUSATION #1 Failure to Follow the Instructions of the State Board.

The State Board claims that established closing procedures were not followed, specifically the willful and deliberate failure to submit ANY required documentation. The State Inspector claims to have had no contact/correspondence with myself prior to my receipt of the subpoena.
RESPONSE #1

Any and all documents pertaining to the closure of Country Club Drug Store were filed at the appropriate times and submitted to the proper agency, Board of Pharmacy or DEA, as legally required. To clarify, there was no discrepancy with the DEA, only the State Board of Pharmacy.

The State Board claims I willfully and deliberately failed to submit the “Notice of Intent to Close” document to them. If we recall the State Inspectors surprise visit to Country Club Drug, the inspectors were aware that the pharmacy was closing that day. How would they know this if the Intent to Close paperwork was not filed? Not only was the paperwork filed, but these Inspectors must have already examined this document prior to inspecting the pharmacy. Shockingly, during the Administrative Hearing, the Assistant District Attorney introduced this exact document as evidence that it had not been filed. We had the Assistant DA confirm the information on the document was for Country Club Drug and verify the date the document was filed was within the legally established parameters. All information was timely and correct. This brings to question the qualifications and agenda of those pursuing this case. One would assume that someone of authority or expertise would have to review charges presented by a State Inspector, but I am skeptical. How many different sets of eyes observed this document in question as evidence. I think none. A competent Inspector or representative would have recognized that they were entering as physical evidence the very document they claim does not exist!

ACCUSATION #2 The State Board claims that I willfully and deliberately refused to submit any and all post closure documents.

RESPONSE #2

All post closure documents were sent to the California State Board of Pharmacy and the San Francisco branch of the DEA within the legally allotted time via US Postal Service Certified Mail. Each agency had a duly assigned representative sign for and assume responsibility for these critical documents. The Return Receipt from the Post Office clearly shows a representatives signature and date that each agency received the documents in question. What happened to these critical documents after this point is unknown. What is known, however, is that the State Board of Pharmacy acknowledged receipt of and assumed responsibility for the security of these documents. For the State Board to lose, misplace or destroy these documents is an understandable outcome. Accidents happen, learn and move on. What is not acceptable is for the State Board to lose accountability of these critical documents, then attempt to avert responsibility and shift blame. To me this is simple, a State Board representative signed for and assumed responsibility of these documents.

This brings up another topic. What happens to the mail/correspondence at the Board of Pharmacy. The Board Inspector claims to have mailed correspondence to my residence using general postal delivery. I had expressed that I had never received any correspondence from the State Board other than license renewal and the aforementioned subpoena. Upon questioning of the inspector at the Administrative hearing, he revealed that Board Inspectors are not permitted to directly send or directly receive correspondence. How then, can he claim with absolute certainty that his correspondence
was indeed mailed out if he himself did not send it? If this correspondence was so important, why was certified mail not used. Ironically, the inspector claimed that I must have received this correspondence because it was not returned to him by the postal service. If certified mail is lost or misplaced within State Board offices, why should I hope for any better with general bulk mail. Why would the inspector not use telephone or e-mail just to make contact. All this contact information is available to the inspector, but he chose to ignore it. He did however, have extensive communication with the chain pharmacy that acquired Country Club Drug. There were documented e-mail, fax, and telephone correspondence with this chain (this chain also had all my contact information). Simply put, if the Inspector wanted to correspond with me, he could have. I had no way of knowing that there were outstanding issues. I received the receipts of the Certified Mail sent to the State Board and DEA. At that point, I felt all obligations pertaining to the closure of Country Club Drug were fulfilled. No e-mails, faxes, telephone calls, certified mail, fed-ex, etc. were made upon me. These are verifiable forms of communication that the State Board could have utilized to contact me. Instead, they claim that maybe a document was mailed via general mail and possibly, it was returned!

ACCUSATION #3  Attempt to Subvert an Investigation

RESPONSE #3

There was never a willful and deliberate attempt to subvert an investigation by myself. As has been presented before, the proper notice of intent to close was filed, the proper post closure documents were sent, the State Board signed receipts of Certified Mail were returned, and no contact from the State Board or Acquiring Pharmacy was received. I was never notified of any investigation? When, exactly, did the State begin this investigation? I have assisted law enforcement and DEA agents with investigations and they always involve an examination of records, files, etc. As specified in the Asset Purchase Agreement of Country Club Drug effective December 4, 2011, all records, computers, invoices, etc., became the property and responsibility of that Chain Pharmacy. I had no access to any Country Club Drug information except those post closure documents that were mailed to the State Board and DEA. If the State Board was indeed “investigating” they should have known to contact the acquiring pharmacy to examine any records. In fact, the Board Inspector did contact the acquiring pharmacy. When the State Board misplaced the post closure documents they received from me by certified mail, the Board Inspector contacted the chain pharmacy several times in an effort to obtain the very documents they misplaced. In summary, to imply that I deliberately tried to interfere or overturn a State Board Investigation is absurd and unwarranted. The evidence demonstrates that the Board Inspector and Assistant District Attorney either lacked a basic fundamental understanding of their accusations, or were pursuing a different agenda.

ACCUSATION #4  Failure to Maintain Accountability for Dangerous Drugs

RESPONSE #4

Investigation can be defined as careful examination or research to discover facts
and information. The Board Inspector claims to have conducted an investigation into the accountability of dangerous drugs at Country Club Drug Store. I'm not so sure ‘investigation’ is the appropriate term for what transpired.

In this particular situation, the Board Inspector makes the inflammatory claim that Country Club Drug was unable to account for over 120,000 tablets of controlled substances in a little over a year. If that is accurate how could this occur? I can think of 3 possible ways this could occur. First the pharmacy diverts about 10,000 tablets per month over the time period. Fortunately in California, the DEA and State Board track controlled substance purchases and dispensing. At that time, the program was called CURES and involved weekly computer uploads to the DEA and State Board and was performed by all pharmacies and wholesalers in an effort to identify questionable prescribing habits and pharmacy inaccuracies. If a pharmacy were deficient 10,000 units each month over a sustained period, a DEA visit would be in order, however no such visit ever occurred. Another scenario is that the pharmacy orders all 120,000 in 1 or 2 months to try to outsmart DEA agents. Again, wholesaler records and CURES data do not support such a spike in inventory purchases. The third possibility is simply an accounting error by investigators. During the Administrative hearing, the Board Inspector announced that this was his first case as a Board Inspector and that he did not request guidance or assistance from any fellow staff members or outside experts in this case. He also was unfamiliar with Country Club Drugs computer system and software, but stated they are all similar. Nothing could be farther from the truth. He also stated, to my surprise, that the Board of Pharmacy has no established protocol or policy that must be followed when dealing with accounting and audits. The Inspector claimed that they can create mathematical formulas and calculation at will. Fuzzy Math is apparently allowed. I don’t really believe that, but let's move on. The accounting formula referenced for this purpose is:

\[(\text{Starting inventory} + \text{wholesale purchase}) - \text{Rx dispensed} = \text{Closing Inventory}\]

The starting inventory was established as 0 (began after robbery) and the wholesale purchase was provided by wholesalers and is comprised of numerous NDC numbers. The other variable we have is the Closing Inventory which is established by the Audit immediately after the pharmacy closed. The remaining variable to determine is the Rx dispensed. This value can only be determined by examining the pharmacy computer software. Here comes the interesting part. Once Country Club Drug was acquired in December of 2011, the computer and software were removed by the acquiring pharmacy. Upon receipt of my subpoena from the State Board, my attorney then issued a subpoena to the acquiring chain pharmacy for Country Club Drugs invoices, records, computers, etc. in an effort to support our defense. The response from the chain pharmacy was unexpected. Apparently the store was remodeled since the acquisition and all materials related to Country Club Drug were ‘accidentally’ discarded. My attorney relayed this information to the State Board in hopes of generating further investigating into this blatant violation of numerous laws. My hopes fell on deaf ears. The State Board declined any involvement or investigation into the matter. Still, that raises the question, how was the RX dispensed quantity arrived at. The Inspector did not have access to Country Club
Drugs computer system so how could he create values? Turns out he used data that was obtained from the surprise inspection on closing day. The other inspector, who was not present at the administrative hearing, requested that he be faxed some drug usage reports. It was a vague request and not clarified what the purpose was for, but I had worked with him on several occasions and always complied with his requests. This turned out to be the source for the Inspector's fuzzy math. During the Administrative Hearing, it was demonstrated that the Board Inspector omitted numerous NDC numbers from his fuzzy math calculation but claimed he “had enough” to make an accurate calculation. This is truly astounding. Other NDC numbers accounted for thousands of tablets. In the hydrocodeone / APAP category, each strength had at least 2 primary manufacturers (Watson and Qualitest) as well as several secondary manufacturers (Mallinckrodt, Mylan, etc). Eliminating a primary manufacturer from the accounting calculation would result in a degree of error possibly exceeding 50,000 tablets per drug strength, possibly more in 5/500 and 10/325 category. How can the Inspector claim any degree of accuracy if all NDC numbers are not factored into the equation. If the State Board cannot present an audit of Country Club Drug’s computerized drug use records comprising all the NDC numbers presented by the wholesalers, then the claim is wildly inaccurate and should be dismissed.

Another topic resulting in inventory variance on a smaller scale is the furnishing of controlled substances to Medical and Dental clinics. The Board Inspector declared that “there is no need for this”. Unfortunately that is opinion and not pharmacy law. On a previous inspection, Board Inspector Hokana stated pharmacies were allowed to furnish professionals providing that proper procedures were followed which included the generation of an invoice similar to those used by wholesalers. The recipient professional was to sign for receipt of the items and keep a copy for their records while the original was returned to the pharmacy and kept with wholesale invoices. That was the protocol that Country Club Drug followed.

Additionally, Board Inspector Hokana assisted Country Club Drug after a “Smash and Grab” type break in occurred during closed hours. He suggested, in moving forward, that Country Club Drug develop some inventory audit protocols to help minimize inventory confusion in the event of another robbery. To that, Country Club Drug implemented a perpetual inventory for all Schedule II medications and a weekly audit form for Schedules III-V. The reports were kept in binders next to wholesaler invoices. These were examined by Inspector Hokana during the surprise visit on the last day of business. Unfortunately, that was the last they were seen. Once Country Club Drug closed that night, the purchasing pharmacy removed them to their store and lost them as well as all other records, invoices, etc.

ACCUSATION #5 Illegally operating a “Take Back” program for clients attempting to discard syringes and unwanted medications.

RESPONSE #5 This is true. I was not aware the special permitting was required for this. I now know the proper way to handle these types of situations.
In Summary, the California State Board presented numerous accusations against Michael Peters and Country Club Drug. With the exception of the Take Back program, I completely and categorically deny any guilt or wrongdoing of any type. I believe the evidence and testimony presented by the State shows a significant lapse of knowledge and protocol on the State Boards part. They possessed a critical document they claimed was never submitted. They lost/misplaced a significant number of sensitive documents after signing for responsibility of said documents. Communication protocols are questionable at best. Inventory and drug auditing protocols are non-existent according to the Inspector.

The fact that there are so many glaring deficiencies with the State Boards handling of this ‘investigation’ I felt the Administrative Judge had no choice but to rule in my favor. Incredulously, the Judge agreed with the State Board. Punishment was not suspension or probation, but a large fine and license revocation. This was not warranted. The subsequent decline of my family coupled with my own depression and crippling anxiety caused a very dark period in my life. With Mental Health counseling and refocusing on a career as an Educator, I am improving. That being said, I was a very good pharmacist. Hopefully, after reading this and examining the online transcripts of the administrative hearing, one can see the truth I speak. I am not seeking any special favors. I simply request to begin my career over outside California at square 1. Grant permission so I can begin the licensing process again and look forward to that profession where I helped so many and restore my family’s faith in me.

Thank You!

Sincerely;

Michael T. Peters
CA Rph#48263
APPLICATION BY EXAMINATION AS A PHARMACIST
If you are requesting examination eligibility for initial licensure
(i.e. you have never been licensed as a pharmacist in any state and need to take the
NAPLEX and 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 only made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):
First: Michael
Middle: Todd
Last: Peters

Mailing Address: 7302 Larkspur Lane
City: Stockton
State: CA
Zip Code: 95207

Telephone: E-mail Address:

Date of Birth: Place of Birth: Reading, PA

Social Security Number: Sex: ☑ M or ☐ F

College of Pharmacy Information

Graduation Date: 6/95
Degree Received: ☑ PharmD ☐ BS in Pharmacy ☐ Other (check one)
Name of Pharmacy School: University of the Pacific
Location of School: Stockton, CA

If you are a foreign graduate you must attach a copy of your FPGEA certificate to THIS APPLICATION.
You also need to complete the college of pharmacy information

If Board Use Only
Received: 2/27/14 Amount: $330.00 Entity #: 65834
Laws ☐ NAPLEX ☐ MPJE ☐
Other states where you are (or were) licensed as a pharmacist or print “none”

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**Attach separate sheet if needed**

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<th>Yes</th>
<th>No</th>
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Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? ☐ ☑

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

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

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

If you marked YES to any of the numbered questions (1-3) above, please include the following information and provide an expiration or documents:

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**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? ☐ ☑

4a. If you marked Yes, to the question 4, are you in compliance with the court order? ☐ ☑

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, its 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, its members, servants or employees because or by reason of the use of this authorization.

[Signature]

Original Signature, no copies or stamps accepted

Date: 12/10/2013

Page 2 of 2
BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

MICHAEL TODD PETERS
7302 Larkspur Lane
Stockton, CA 95207

Pharmacist License No. RPH 48263

Respondent.

Case No. 4334
OAH 2012110523

DECISION AND ORDER

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter. This decision shall become effective on December 20, 2013.

It is so ORDERED on November 20, 2013.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By

STAN C. WEISSER
Board President
BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

MICHAEL TODD PETERS
Stockton, CA 95207
Pharmacist License No. RPH 48263
Respondent.

Case No. 4334
OAH No. 2012110523

PROPOSED DECISION

This matter was heard on September 9 and 10, 2013, before Marcie Larson, Administrative Law Judge, Office of Administrative Hearings, State of California, in Sacramento, California.

Complainant, Virginia K. Herold (complainant), Executive Officer, Board of Pharmacy, Department of Consumer Affairs, State of California, was represented by Leslie Burgermyer, Deputy Attorney General, with the Office of the Attorney General.

Respondent Michael Todd Peters (respondent) was present and represented by Albert Ellis, Attorney at Law.

Evidence was received, the record was closed, and the matter was submitted for decision on September 10, 2013.

FACTUAL FINDINGS

1. On August 21, 1995, the Board of Pharmacy (Board) issued Pharmacist License number RPH 48263 (license) to respondent. The license was in full force and effect at all times relevant to this proceeding.

2. On July 17, 2008, the Board issued Pharmacy License number PHY 49019 to Country Club Drug Store (Country Club), located at 1919 Vista Del Lago, Suite 6, Valley Springs, California. At all relevant times to this proceeding, respondent was the owner and pharmacist-in-charge (PIC) of Country Club.
3. On September 25, 2012, complainant, in her official capacity, signed and thereafter filed the Accusation against respondent.

4. Respondent timely filed a Notice of Defense to the Accusation, pursuant Government Code sections 11505 and 11509. The matter was set for an evidentiary hearing before an Administrative Law Judge with the Office of Administrative Hearings, an independent adjudicative agency of the State of California, pursuant to Government Code section 11500, et. seq.

Background

5. As a result of an anonymous complaint submitted to the Board in March 2011, the Board initiated an investigation to determine if Country Club and respondent were in compliance with the Pharmacy laws and regulations. Supervising Inspector William Yung and Inspector Lin Hokana, both employed by the Board, were assigned to investigate the complaint and to conduct an inspection of Country Club. Inspector Young testified at the hearing in this matter.

6. Inspector Young has been employed as a supervising inspector with the Board since May 2011. Inspector Young became a licensed pharmacist in 1994. Prior to working for the Board, Inspector Young worked as an intern, pharmacist, pharmacy manager, and district manager for Walmart, for approximately eight years. Inspector Young also worked for Rite Aid as a pharmacy manager, for the Target Stores Pharmacy Division, and at Kaiser Permanente Pharmacy Division for eight years. As a pharmacist and manager, Inspector Young participated in approximately 30 drug inventory audits. As a supervising inspector for the Board, Inspector Young leads a team of inspectors who investigate and inspect pharmacies, hospitals, clinics, and investigate consumer complaints made against licensees. Inspector Young also conducts inspections and investigations.

7. Prior to the inspection of Country Club, the inspectors identified the following commonly abused and diverted drugs (audit drugs) to audit as part of the investigation:

<table>
<thead>
<tr>
<th>Generic Name and Dosages</th>
<th>Brand Names</th>
<th>Controlled Substance Per Health &amp; Saf. Code¹</th>
<th>Indications for Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxycodone with acetaminophen (10mg/325mg; 5mg/325mg)</td>
<td>Percocet, Endocet, Roxicet</td>
<td>Schedule II per Health &amp; Saf. Code § 11055, subd. (b)</td>
<td>Pain</td>
</tr>
<tr>
<td>hydrocodone with acetaminophen (10mg/325mg; 10mg/500mg; 5mg/500mg)</td>
<td>Lortab, Norco, Vicodin</td>
<td>Schedule III per Health &amp; Saf. Code § 11056, subd. (e)(4)</td>
<td>Pain</td>
</tr>
<tr>
<td>alprazolam (1 mg)</td>
<td>Xanax</td>
<td>Schedule IV per Health &amp; Saf.</td>
<td>Anxiety</td>
</tr>
</tbody>
</table>

¹The drugs selected for the audit are dangerous drugs that are classified by the California Health and Safety Code and Business and Professions Code, section 4022.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Schedule</th>
<th>Code § 11057, subd. (d)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>diazepam (10 mg)</td>
<td>Valium</td>
<td>Schedule IV per Health &amp; Saf.</td>
<td>Anxiety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Code § 11057, subd. (d)</td>
<td></td>
</tr>
</tbody>
</table>

8. The audit period for the audit drugs was from March 15, 2010, through December 1, 2011 (audit period). The investigators selected March 15, 2010, as the start date of the audit period because Country Club was burglarized on that date. Respondent reported the burglary to the Board. At hearing, respondent testified that the majority of the controlled substances were stolen during the burglary, in addition to all of the paperwork that documented the amount of controlled substances received by Country Club. Therefore, March 15, 2010, served as the zero drug inventory date for the investigation.

Investigation and Inspection of Country Club

9. On December 1, 2011, Inspector Young and Inspector Hokana conducted an unannounced inspection of Country Club. When the inspectors arrived, respondent informed them that he was closing the business at the end of the day and that he sold his pharmacy inventory to CVS Pharmacy (CVS). Respondent informed the inspectors that CVS was scheduled to conduct a drug inventory the next day on December 2, 2011, and that CVS would move the drug inventory along with the pharmacy files.

10. Respondent also informed the inspectors that he sent a letter to the Board that stated Country Club would close on December 1, 2011. At the time of the inspection, the inspectors had not seen the letter and were not aware that respondent planned to close Country Club. Respondent provided the inspectors a copy of a November 18, 2011, letter he sent to the Board concerning the planned closure of Country Club and the sale of the drug inventory to CVS in Valley Springs. The letter states that “[w]ithin 30 days of closing, the State license, discontinuance of business form, and [sic] copy of CII through CV closing inventory will be returned...” At hearing, respondent testified that CVS prepared the letter which he signed and sent it to the Board. After the inspection, Mr. Young confirmed that on November 30, 2011, the Board received respondent’s letter.

11. During the inspection, Inspector Young informed respondent that within 30 days of the closure of Country Club, he was required to file with the Board a Discontinuance of Business form. The purpose of the form is to provide information to the Board concerning the closing pharmacy, where the pharmacy drug inventory will be transferred to, and where records of drug acquisition and disposition will be maintained after the pharmacy closure.

Returns to Stock and Take-Back Drugs

12. The December 1, 2011, inspection took place from approximately 9:30 a.m. until after 3:30 p.m. During the inspection, Inspector Young observed next to respondent’s work station, a bin of dangerous drugs in amber prescription bottles with patient specific information on the bottles. Respondent informed the inspectors that the drugs were “returns
to stock” which were prescriptions that were not picked up by the customers. Respondent informed the inspectors that the returns to stock had not been reversed in the computer system and placed back into the drug inventory. Inspector Hokana informed respondent that he needed to process all the returns to stock before the end of the day. The purpose of returning the drugs to stock was to ensure that Country Club’s drug inventory was accurate. Respondent informed the inspectors that CVS was not purchasing many of the bottles of returns to stock and that he hoped that CVS would give him the name of a reverse distributor that would take the drugs. Respondent had no plan on how he would dispose of the drugs.

13. The inspectors also observed in the back room of Country Club, a box containing patient prescription containers, including two prescriptions of Cymbalta and one prescription of morphine sulfate. Respondent informed the inspectors that the prescriptions were returned by patients. At hearing, Inspector Young referred to the returned prescriptions as “take-back” drugs. Respondent had no record of how he acquired the take-back drugs and Country Club did not participate in a sanctioned take-back drug program. The inspectors informed respondent that it was illegal to take-back drugs from customers. Respondent told the inspectors that he was not aware that it was illegal to take-back drugs and that he was providing a service to his customers who were unsure of how to dispose of unused pills.

14. At the end of the inspection, the inspectors prepared on-site at Country Club, an Inspection Report, which the inspectors discussed with respondent. The Inspection Report listed the deficiencies identified by the inspectors and directives for respondent to follow. One directive required respondent to send Inspector Young a detailed copy of the drug inventory he was required to send to a reverse distributor for the destruction of drugs not acquired by CVS. Respondent reviewed, signed, and was given a copy of the Inspection Report.

15. At hearing, respondent testified that CVS did not acquire any pharmaceuticals in prescription bottles. Respondent explained that after the inspection, the pharmaceuticals that were not acquired by CVS were shipped to EXP Pharmaceuticals for disposal. Respondent does not know how many pills he sent to EXP Pharmaceuticals, because he did not look closely at the paperwork. Respondent admitted that he did not send Inspector Young a copy of the drug inventory sent to EXP Pharmaceuticals. Respondent did not keep any records of the returns to stock or take-back drugs he claimed he sent to EXP Pharmaceuticals.

DISCREPANCIES IN THE DRUG INVENTORY

16. During the inspection, the inspectors asked respondent to provide a copy of Country Club’s last controlled drug inventory. However, the inventory was not available for

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2 Cymbalta and morphine sulfate are classified as dangerous drugs pursuant to Business and Professions Code, section 4022. Morphine sulfate is also classified as a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subsection (b)(1)(m).
inspection. At hearing, respondent testified that he was not able to locate the drug inventory, which was performed by California Inventory Specialist. Respondent testified that California Inventory Specialist performed an audit of the drug inventory after the March 15, 2010, burglary and in July 2011. Respondent explained that he provided the inspectors a billing receipt for the cost of the inventory, but the inspectors did not want the receipt. Inspector Young denied that respondent provided a receipt for the inventory.

17. As detailed in the Inspection Report, respondent was directed to send Inspector Young: (1) a copy of the physical inventory, including controlled substances; (2) an “end of day” report for December 1, 2011; and (3) Drug Usage Reports for the audit period, listing the date, prescription number, patient name, drug and quantity of audit drugs sold by Country Club. Respondent was instructed to send the requested documents to Inspector Young by the end of the day on December 2, 2012.

18. In the evening of December 1, 2011, respondent faxed to Inspector Young the “end of day” dispensing summary report for December 1, 2011. The end of day report consists of six pages, which summarizes all prescriptions dispensed by Country Club for that day. At hearing, respondent admitted that the end of day report would have shown credits to the inventory from returns to stock, had the returns been entered into the computer system. However, there were no returns to stock credits listed on the end of day report. Respondent testified that returns to stock had previously been entered in the computer system, so on the evening of December 1, 2011, he prepared a handwritten document listing the returns to stock with the drug name and pill count. Respondent stated that only a few of the returns to stock were the audit drugs. Respondent’s testimony was inconsistent with his statement to the inspectors that as of December 1, 2011, the returns to stock had not been entered in the computer system. Respondent also testified that he then faxed the handwritten document to Inspector Young. However, Inspector Young did not receive any records from respondent listing the returns to stock.

19. On December 2, 2011, respondent faxed to Inspector Young, seven pages of Drug Usage Reports. The Drug Usage Reports included the quantity of each of the audit drugs sold by County Club during the audit period and the names of the manufacturers of the audit drugs.

20. Respondent testified that on December 1, 2011, he faxed approximately 60 to 100 pages of documents to Inspector Young, including Drug Usage Reports and on December 2, 2011, he faxed another 15 pages of documents. Respondent explained that the Drug Usage Reports he faxed listed additional manufacturers of the audit drugs sold by Country Club during the audit period. Respondent contends the additional 60 to 100 pages of documents would demonstrate that Country Club sold more quantities of the audit drugs than the drug quantities listed on the seven pages of Drug Usage Reports. Inspector Young relied upon in his investigation. Respondent did not keep a copy of the documents he faxed to Inspector Young. Respondent testified that he is not sure if CVS took the documents he faxed to Inspector Young. Respondent explained that he shredded any documents left at Country Club at the end of the day on December 2, 2011.
21. Respondent's testimony that he faxed additional documents to Inspector Young is not credible. At hearing, Inspector Young denied that he received any documents from respondent other than those he included as attachments to his Investigation Report. Inspector Young explained that his Board office is located in his home and he has a Board issued fax machine. Inspector Young explained that if there were any documents faxed by respondent that did not print, an error message would have printed from the fax machine, which would have listed the reason for any type of transmission failure. Inspector Young did not receive any error message with the faxes sent by respondent.

22. On December 2, 2011, Ly Smith, a pharmacy supervisor for CVS, performed a controlled substance inventory of the drugs acquired from Country Club. Respondent was present during the inventory. Nancy Morita, a licensed pharmacist employed by CVS testified at the hearing in this matter. Ms. Morita authenticated a copy of the "Controlled Substances Inventory" form and supporting documents which lists the names and amounts of controlled substances counted at Country Club by CVS on December 2, 2011. Respondent does not dispute the controlled substances inventory amounts.

23. Respondent was required to send Inspector Young a copy of the controlled substances inventory by the end of the day on December 2, 2011. Respondent failed to do so. On December 9, 2011, at Inspector Young's request, Ms. Smith emailed him a copy of the controlled substances inventory. Thereafter, by email, Inspector Young confirmed with Ms. Smith the amount of audit drugs listed on the controlled substances inventory.

24. The inspectors determined that Valley Wholesale Drug Company and Anda, Inc. supplied Country Club with the audit drugs during the audit period. On December 5, 2011, Valley Wholesale Drug Company sent Inspector Hokana, at his request, a summary sales report listing the quantity of audit drugs sold to Country Club during the audit period.

25. On December 27, 2011, Anda Inc. sent Inspector Young, at his request, a summary sales report listing the quantity of audit drugs sold to Country Club during the audit period.

26. Inspector Young used the summary of sales reports from Valley Wholesale Drug Company and Anda Inc. to determine the total acquisition of audit drugs purchased by Country Club during the audit period. Inspector Young subtracted from the acquisition totals the dispositions of audit drugs by Country Club during the audit period. The disposition refers to the amount of audit drugs sold by Country Club. Inspector Young obtained the total disposition amount by adding the audit drug disposition numbers from the seven pages of Drug Usage Reports provided by respondent, to the total amount of audit drugs sold to CVS which were documented on the controlled substances inventory performed by CVS on December 2, 2011. By subtracting the disposition totals from the acquisition totals, Inspector

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3 The form lists the inventory date as December 2, 2012. Ms. Morita testified that the date should be listed as December 2, 2011.
Young determined that for the audit period respondent could not account for the following variance, or inventory shortage of audit drugs:

<table>
<thead>
<tr>
<th>Generic Name and Dosages</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxycodone with acetaminophen (5mg/325mg)</td>
<td>1,366</td>
</tr>
<tr>
<td>oxycodone with acetaminophen (10mg/325mg)</td>
<td>17,780</td>
</tr>
<tr>
<td>hydrocodone with acetaminophen (5mg/500mg)</td>
<td>21,885</td>
</tr>
<tr>
<td>hydrocodone with acetaminophen (10mg/325mg)</td>
<td>81,538</td>
</tr>
<tr>
<td>hydrocodone with acetaminophen (10mg/500mg)</td>
<td>19,974</td>
</tr>
<tr>
<td>alprazolam (1 mg)</td>
<td>1,997</td>
</tr>
<tr>
<td>diazepam (10 mg)</td>
<td>1,680</td>
</tr>
<tr>
<td><strong>Total shortage of audit drugs</strong></td>
<td><strong>146,220</strong></td>
</tr>
</tbody>
</table>

**FAILURE TO PROVIDE DOCUMENTS TO THE BOARD**

27. On January 4, 2012, Debbie Anderson, a Licensing Manager for the Board, sent respondent a letter to his home address, which acknowledged receipt of respondent’s November 18, 2011, letter informing the Board of the impending closure of Country Club. The letter from Ms. Anderson instructed respondent to submit within 15 days, the Discontinuance of Business form, the inventory of controlled substances, and the original wall/renewal license. The letter was sent regular mail and was not returned to the Board as undeliverable. Respondent did not respond to the January 4, 2012, letter, and he did not submit the requested documents to the Board.

28. Respondent testified that he did not receive the January 4, 2012, letter from Ms. Anderson. Respondent acknowledged that the letter was sent to his home address. However, respondent explained that he and his wife were “traveling quite a bit” around the time the letter was sent. Respondent denied that he failed to submit the requested information. Respondent testified that he submitted the required documents to the Board on January 3, 2012. Respondent stated that he sent to the Board by certified mail, a packet of information prepared by CVS to assist with the closure of Country Club, which contained all of the required paperwork, including the Discontinuance of Business form, the inventory paperwork and his wall license. Respondent did not keep a copy of any of the documents he claimed he mailed to the Board. At hearing, respondent submitted a certified mail receipt addressed to the Board.5 There is no information on the receipt concerning what documents were mailed to the Board. The return receipt was signed on January 4, 2012. However, the signature is unintelligible.

4 At hearing, Inspector Young explained that the “variance” in the audit drugs in this matter means the amount of missing audit drugs.

5 On October 16, 2012, along with the Accusation, respondent was served a Request for Discovery, which demanded any documents relevant to the hearing in this matter. Respondent did not produce the certified return receipt until the first day of hearing in this matter. Respondent testified that he had recently located the receipt.
29. On February 2, 2012, Inspector Young mailed to respondent a written notice of non-compliance (notice). In the notice, Inspector Young instructed respondent to provide information concerning the status of the dangerous drugs CVS did not acquire and the status of the returns to stock drugs. The notice also detailed the significant discrepancy between the acquisitions and dispositions of the audit drugs. Respondent was instructed to provide a written explanation for the discrepancy. Finally, the notice referenced the January 4, 2012, letter sent to respondent which instructed him to submit the Discontinuance of Business form, the inventory of controlled substances, and the original wall/renewal license. Inspector Young instructed respondent to submit all of the requested information by February 15, 2012. Respondent failed to respond to the notice and did not submit the requested information. The notice was sent regular mail and was not returned to the Board as undeliverable.

30. Respondent testified that he did not receive the February 2, 2012 notice and he did not learn about the notice until he was served with the Accusation in this matter by certified mail. Respondent was served with the Accusation on October 16, 2012.

Factors in Justification, Mitigation, and Rehabilitation

31. Respondent is 48 years old. After respondent obtained his pharmacist license in 1995, he worked for Longs, Rite Aid and several hospitals. In approximately 2003 respondent owned and was the PIC of Park Woods Drugstore in Stockton, California. He sold Park Woods to Safeway in 2007. In 2008 he opened Country Club. Respondent testified that he opened Country Club in Valley Springs, because CVS was the only pharmacy in Valley Springs, which is located in a remote area. Respondent wanted to give the community another pharmacy option. Respondent testified that he provided valuable services to his customers. Respondent did not submit any letters of reference and no witnesses testified on his behalf.

32. Respondent testified that when he decided to sell Country Club, in October 2011, he contacted CVS. As part of the purchase agreement with CVS, respondent agreed not to compete with CVS. Respondent is not employed and has not worked as a pharmacist since Country Club closed. However, respondent would like to work as a pharmacist and eventually own a pharmacy again.

33. Respondent denies that he used, sold, or diverted the missing audit drugs. Respondent was the only pharmacist at Country Club. He employed three or four staff. He does not believe his staff used, sold, or diverted the missing audit drugs.

34. Respondent testified that he does not know what happened to the missing audit drugs. However, he provided several justifications for the shortage. First, respondent claimed that Inspector Young miscounted the audit drugs inventory because he failed to count the disposition of audit drugs listed in the over 60 pages of additional Drug Usage Reports respondent claimed he faxed. Respondent stated that all of the physical files and computer files were taken by CVS. However, he provided inconsistent testimony concerning
the documents he allegedly faxed to Inspector Young. He does not know if CVS took those
documents. He testified that he shredded any documents left at Country Club on December
2, 2011. Respondent did not acknowledge that it was improper to shred the documents and
took no responsibility for the loss of the documents.

Second, respondent testified that when he trained Country Club staff, they would
create “dummy” prescriptions using fictitious names. Respondent explained that the
prescriptions were not filled. Respondent claimed that the fictitious entries could account for
some of the shortage. Respondent did not inform the inspectors during the December 1,
2011 inspection, about the staff computer training. Inspector Young testified that if
respondent had informed him that he was training staff by creating “dummy” prescriptions,
he would have recalled the conversation and documented it in the Inspection Report.
Inspector Young explained that such information would have been significant because it is
illegal to alter a permanent record involving drug inventory.

Third, respondent testified that he sold audit drugs to doctors, which were not entered
in the computer. The sales were documented on paper invoices. Respondent did not provide
any estimate of how many sales were made to doctors and he did not keep records of the
pharmaceuticals he sold. He claims that CVS acquired the invoices. Respondent testified
that after he was served with the Accusation in this matter, he contacted CVS three times to
inquire about obtaining copies of Country Club documents, but he received no response.
Inspector Young testified that during the inspection, respondent did not provide any
information or documents evidencing sales to doctors. Inspector Young explained that a
pharmacy is permitted to sell drugs to physicians for office use. However, he explained, it
would be rare for a physician to purchase any of the audit drugs from a pharmacy, because a
physician would typically write a prescription for a patient, rather than supply the patient a
controlled substance.

Factors in Aggravation

35. On November 3, 2010, the Board issued respondent a Modified Citation and
fined respondent $750.00, for the following violations:

a. From June 15, 2009 through April 20, 2010, respondent failed to report
CURES data for Schedule II, III, and IV controlled substances and
dispensed an unknown number of those drugs. (Health & Saf. Code §
11165, subd. (d).)

b. On July 6, 2009, respondent made a drug dispensing error, the customer
was not informed of the error and a quality assurance evaluation was not
performed. (Bus. & Prof. Code § 4125; Cal. Code Regs., tit. 16, § 1771.)

c. Respondent failed to have written polices and procedures regarding an
impaired licensed employee or theft of dangerous drugs by a licensed
employee. (Bus. & Prof. Code § 4104, subd. (b).)
d. On April 10, 2010, failed to follow the pharmacy technician ratio which allows only one pharmacy technician to perform technician duties when only one pharmacist is on duty. Respondent allowed pharmacy technician Vick Sturdevant to fill prescriptions and pharmacy technician Kelly Peters to compound ointments and creams while respondent was the only pharmacist on duty. (Bus. & Prof. Code § 4115, subd. (f)(1).)


f. On April 15, 2010, respondent knowingly signed a false DEA 106 Theft or Loss Report, estimating the amount of controlled substances stolen from Country Club on March 15, 2010. (Bus. & Prof. Code § 4301, subd. (g).)

Discussion

36. Pursuant to California Code of Regulations, title 16, section 1760, the Board has adopted Disciplinary Guidelines (Guidelines). The Guidelines provide that when determining the penalty to be imposed in a given case, the following applicable factors should be considered:

1. actual or potential harm to the public

2. actual or potential harm to any consumer

3. prior disciplinary record, including level of compliance with disciplinary order(s)

4. prior warning(s), including but not limited to citation(s) and fine(s), letter(s) of admonishment, and/or correction notice(s)

5. number and/or variety of current violations

6. nature and severity of the act(s), offense(s) or crime(s) under consideration

7. aggravating evidence

8. mitigating evidence

9. rehabilitation evidence

10. time passed since the act(s) or offense(s)
11. whether the conduct was intentional or negligent, demonstrated incompetence, or, if the respondent is being held to account for conduct committed by another, the respondent had knowledge of or knowingly participated in such conduct

12. financial benefit to the respondent from the misconduct

No single one or combination of the above factors is required to justify the minimum and/or maximum penalty in a given case, as opposed to an intermediate one.

37. Applying the Guideline factors, the potential harm to the public created by respondent's failure to account for over 146,000 controlled substances is substantial. As the PIC and owner of Country Club, respondent was required to exercise care and good judgment in the accounting of his drug inventory and adherence to Pharmacy laws and regulations. Respondent failed to do so. Respondent failed to provide the Board with the documents demanded during the investigation, despite repeated requests. Respondent shredded documents and failed to keep copies of numerous vital documents that were relevant to the investigation. Respondent also improperly engaged in the take-back of drugs for which he had no records of acquisition. Furthermore, respondent was previously cited by the Board for failing to comply with Pharmacy laws and regulations. Respondent submitted no evidence of rehabilitation and took no responsibility for his failure to comply with the Pharmacy laws and regulations at issue in this matter. Rather, respondent had numerous excuses and baseless justifications for his conduct and his lack of accounting. It is unclear whether respondent's conduct was intentional or negligent. Regardless, his conduct created an inexcusable harm to the public.

The purpose of an administrative proceeding seeking the revocation or suspension of a professional license is not to punish the individual; the purpose is to protect the public from dishonest, immoral, disreputable or incompetent practitioners. (Ettinger v. Board of Medical Quality Assurance (1982) 135 Cal.App.3d 853, 856.) When all the evidence presented in this case is weighed and balanced, protection of the public can only be achieved through revocation of respondent's license.

Costs of Investigation and Enforcement

38. Pursuant to Business and Professions Code section 125.3, a licensee found to have violated the licensing act may be ordered to pay the reasonable costs of investigation and prosecution of a case. As of September 6, 2013, the Board incurred $6,205 in attorney charges in connection with the prosecution of this case. The Deputy Attorney General assigned to the matter submitted a certification of prosecution costs at hearing. Additionally, as of August 30, 2013, the Board incurred $4,488 in investigation costs. At hearing, the Board submitted declarations and statements of prosecution and investigation costs. As set
forth in Legal Conclusion 13, the costs of prosecution, investigation, and enforcement totaling $10,693, are reasonable.

LEGAL CONCLUSIONS

1. A profession is a vocation or occupation requiring special and advanced education and skill predominately of an intellectual nature. The practice of pharmacy, like the practice of medicine, is a profession. (Vermont & 110th Medical Arts Pharmacy v. Board of Pharmacy (1981) 125 Cal.App.3d 19.)

2. The standard of proof in an administrative disciplinary action seeking the suspension or revocation of a professional license is "clear and convincing evidence." (Ettinger v. Board of Medical Quality Assurance (1982) 135 Cal.App.3d 853, 856.) "Clear and convincing evidence" requires a high probability of the existence of the disputed fact, greater than proof by a preponderance of the evidence. Evidence of a charge is clear and convincing as long as there is a high probability that the charge is true. (People v. Mabini (2001) 92 Cal.App.4th 654, 662.)

3. Business and Professions Code section 4300, provides that the Board may suspend or revoke any certificate, license, permit, registration, or exemption, and may suspend the right to practice or place the licensee on probation.

Failure to Maintain Complete Accountability of Dangerous Drugs

4. Business and Professions Code section 4301, subdivisions (j) and (o) provides that the Board shall take action against any holder of a license who is guilty of unprofessional conduct, including:

(j) The violation of any of the statutes of this state, or of any other state, or of the United States regulating controlled substances and dangerous drugs.

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

5. Business and Professions Code section 4081, subdivision (a), provides:

(a) All records of manufacture and of sale, acquisition, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours
open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

6. California Code of Regulations, title 16, section 1718, provides that:

“Current Inventory” as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

The controlled substances inventories required by Title 21, CFR, Section 1304 shall be available for inspection upon request for at least 3 years after the date of the inventory.

7. Business and Professions Code section 4105, subdivision (a), provides:

(a) All records or other documentation of the acquisition and disposition of dangerous drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form.

8. It was established by clear and convincing evidence that respondent is subject to discipline under Business and Professions Code sections 4300 and 4301, subdivisions (j) and (o), in conjunction with California Code of Regulations, title 16, section 1718, in that respondent failed to comply with Business and Professions Code section 4081, subdivision (a) and section 4105, subdivision (a), independently and collectively due to his failure to account for 146,200 controlled substances and his possession of “take-back” prescription drugs, with no record of acquisition of the take-back drugs, as set forth in Factual Findings 7, 8, and 12 through 29.

Subversion of Board Investigation

9. Business and Professions Code section 4301, subdivision (q) provides that the Board shall take action against any holder of a license who is guilty of unprofessional conduct, including:

(q) Engaging in any conduct that subverts or attempts to subvert an investigation of the board.
10. It was established by clear and convincing evidence that respondent is subject to discipline under Business and Professions Code sections 4300 and 4301, subdivision (q), in that respondent failed to comply with the Board's instructions to submit to the Board copies of records of disposition of dangerous drugs, as set forth in Factual Findings 12, 14, 15, 18, and 29.

**Failure to Follow Board Instructions**

11. California Code of Regulations, title 16, section 1708.2 provides that:

   Any permit holder shall contact the board prior to transferring or selling any dangerous drugs, devices or hypodermics inventory as a result of termination of business or bankruptcy proceedings and shall follow official instructions given by the board applicable to the transaction.

12. It was established by clear and convincing evidence that respondent is subject to discipline under Business and Professions Code sections 4300 and 4301, subdivision (o), in conjunction with California Code of Regulations, title 16, section 1708.2, in that respondent failed to comply with the Boards' instruction to submit to the Board the Discontinuance of Business form, a copy of the closing controlled substances inventory report, and the original wall/renewal license, as set forth in Factual Findings 11, 27 through 29.

**Costs of Investigation and Enforcement**

13. The Board may request the administrative law judge to direct a licensee found to have committed a violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case. (Bus. & Prof. Code, § 125.3.)

In *Zuckerman v. State Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, the California Supreme Court set forth guidelines for determining whether the costs should be assessed in the particular circumstances of each case. Respondent did not establish a basis to reduce or eliminate the costs in this matter. In the absence of evidence to the contrary, costs, in the amount of $10,693, as set forth in Factual Finding 38, are reasonable.

**Conclusion**

14. When considering the Factual Findings and Legal Conclusions as a whole, it would be contrary to the public interest to allow respondent to retain his pharmacist license.

**ORDER**

1. Pharmacist License number RPH 48263, issued to Michael Todd Peters is REVOKED.
2. Michael Todd Peters is ordered to pay the Board of Pharmacy $10,693, within 30 days of the effective date of this Decision, or in accordance with a payment schedule as agreed to between respondent and the Board.

Dated: October 8, 2013

[Signature]
MARCIE LARSON
Administrative Law Judge
Office of Administrative Hearings
BEFORE THE
BOARD OF PHARMACY
-DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

MICHAEL TODD PETERS
7302 Larkspur Lane
Stockton, CA 95207
Pharmacist License No. RPH 48263
Respondent.

Case No. 4334

ACCUSATION

Complainant alleges:

PARTIES

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

2. On or about August 21, 1995, the Board of Pharmacy ("Board") issued Pharmacist License Number RPH 48263 to Michael Todd Peters ("Respondent"). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2013, unless renewed. Respondent was the Pharmacist-In-Charge of Country Club Drug Store, located in Valley Springs, California, Pharmacy License Number PHY 49019, at all times relevant to the charges brought herein.

///

///
JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code ("Code") unless otherwise indicated.

4. Section 4300 of the Code authorizes the Board to suspend or revoke any license issued by the Board or to take any other action in relation to disciplining the licensee as the Board in its discretion may deem proper.

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

STATUTORY PROVISIONS

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

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

   (j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

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

   (q) Engaging in any conduct that subverts or attempts to subvert an investigation of the board.

7. Section 4081 of the Code states, in pertinent part:

   (a) All records of manufacture and of sale, acquisition, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 19200) of the Health and Safety Code, or other laws.
16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

8. Section 4105 of the Code states, in pertinent part:

(a) All records or other documentation of the acquisition and disposition of dangerous drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form.

9. Section 4113 of the Code states, in pertinent part:

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

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

10. Section 4332 of the Code states:

Any person who fails, neglects, or refuses to maintain the records required by Section 4081 or who, when called upon by an authorized officer or a member of the board, fails, neglects, or refuses to produce or provide the records within reasonable time, or who willfully produces or furnishes records that are false, is guilty of a misdemeanor.

11. Section 4022 of the Code states, in pertinent part:

“Dangerous drug”... means any drug... unsafe for self-use in humans or animals, and includes the following:

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

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

REGULATORY PROVISION

12. California Code of Regulations, title 16, section 1708.2 provides:

Any permit holder shall contact the board prior to transferring or selling any dangerous drugs, devices or hypodermics inventory as a result of termination of business or bankruptcy proceedings and shall follow official instructions given by the board applicable to the transaction.

13. California Code of Regulations, title 16, section 1718, states:

‘Current Inventory’ as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.
The controlled substances inventories required by Title 21, CFR, Section 1304 shall be available for inspection upon request for at least 3 years after the date of inventory.

14. DRUGS

<table>
<thead>
<tr>
<th>BRAND NAME</th>
<th>GENERIC NAME</th>
<th>DANGEROUS DRUG PER CODE SEC. 4022</th>
<th>CONTROLLED SUBSTANCE PER HEALTH &amp; SAFETY CODE SEC.</th>
<th>INDICATIONS FOR USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xanax</td>
<td>alprazolam</td>
<td>Yes</td>
<td>HSC 11057(d) – Schedule IV</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Nirvam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valium</td>
<td>diazepam</td>
<td>Yes</td>
<td>HSC 11057(d) – Schedule IV</td>
<td>Anxiety</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lortab</td>
<td>hydrocodone with acetaminophen</td>
<td>Yes</td>
<td>HSC 11056(e)(4) – Schedule III</td>
<td>Pain</td>
</tr>
<tr>
<td>Norco</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vicodin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percocet</td>
<td>oxycodone with acetaminophen</td>
<td>Yes</td>
<td>HSC 11055(b) – Schedule II</td>
<td>Pain</td>
</tr>
<tr>
<td>Endocet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roxicet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COST RECOVERY

15. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

FIRST CAUSE FOR DISCIPLINE

(Failure to Maintain Complete Accountability of Dangerous Drugs)

16. Respondent is subject to disciplinary action under Code sections 4300 and 4301, subdivision (j) and (o), on the grounds of unprofessional conduct, and in conjunction with California Code of Regulations, title 16, section 1718, in that Respondent failed to comply with Code sections 4081, subdivision (a), and 4105, subdivision (a). The circumstances are as follows:

a. A Board audit for the period of March 15, 2010, to December 1, 2011, at Country Club Drug Store, while Respondent was the pharmacist-in-charge, determined an inventory shortage (acquisitions greater than dispositions) of dangerous drugs as follows: (i) 1,997 alprazolam 1mg tablets; (ii) 1,680 diazepam 10mg tablets; (iii) 17,780 oxycodone with acetaminophen 10/325mg tablets; (iv) 1,366 oxycodone with acetaminophen 5/325mg tablets;

Accusation
(v) 81,538 hydrocodone with acetaminophen 10/325 tablets; (vi) 19,974 hydrocodone with acetaminophen 10/500mg tablets; and, (vii) 21,885 hydrocodone with acetaminophen 5/500mg tablets; for a total of 146,220 tablets unaccounted for.

b. During a December 1, 2011, Board inspection of Country Club Drug Store, while Respondent was the pharmacist-in-charge, Respondent had in his possession a box of “take back” prescription drugs which patients of the pharmacy provided to the store to discard on their behalf. Respondent had no records of acquisition to account for the “take back” inventory and had no records to account for the destruction of those drugs.

SECOND CAUSE FOR DISCIPLINE
(Subverted or Attempted to Subvert Board Investigation)

17. Respondent is subject to disciplinary action under Code sections 4300 and 4301, subdivision (q), on the grounds of unprofessional conduct, in that Respondent engaged in conduct that subverted or attempted to subvert a Board investigation. The circumstances are as follows:

a. Respondent failed to comply with the Board’s official instructions to provide copies of records of disposition for the dangerous drugs in prescription bottles for return to stock (which had not been acquired by the successor company purchasing Country Club Drug Store). The records were relevant to the Board’s audit and inspection of December 2, 2011.

THIRD CAUSE FOR DISCIPLINE
(Failure to Follow Board’s Instructions – Dangerous Drugs)

18. Respondent is subject to disciplinary action under Code sections 4300 and 4301, subdivision (o), on the grounds of unprofessional conduct, in conjunction with California Code of Regulations, title 16, section 1708.2. The circumstances are as follows:

a. Respondent failed to comply with the Board’s official instructions to submit to the Board, the Discontinuance of Business form, a copy of the closing controlled substances inventory report, and the original wall/renewal license.

DISCIPLINARY CONSIDERATIONS

19. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges:
a. On or about September 1, 2010, the Board issued Citation Number CL-2010-45568 to Respondent for the following violations: Health and Safety Code ("HSC") section 11165, subdivision (d) ($750.00 fine); Business and Professions Code ("Code") section 4125 and California Code of Regulations ("CCR") title 16, section 1771 ($250.00 fine); CCR section 1793.7, subdivision (e) ($250.00 fine); Code section 4104, subdivision (b) ($250.00 fine); Code section 4115, subdivision (f)(1) ($500.00 fine); Code section 4076, subdivision (a)(5) (cited without a fine); Code section 4059, subdivision (a) ($250.00 fine); Code sections 4081, subdivision (a), and 4105 ($1,000.00 fine); and, Code section 4060 and HSC section 11158, subdivision (a) ($1,000.00 fine); and, Code section 4301, subdivision (g) ("$500.00 fine).

Respondent appealed the Citation.

On or about November 3, 2010, the Board issued Modified Citation and Fine Citation Number CL-2010-45568 as follows: HSC section 11165, subdivision (d) (cited without a fine); Code section 4125 and CCR section 1711 (cited without a fine); Code section 4104, subdivision (b), ($250.00 fine); Code section 4115, subdivision (f)(1) ($250.00 fine); Code section 4060 and Health and Safety Code section 11158, subdivision (a) ($250.00 fine); and Code section 4301, subdivision (g) (citation without a fine). The Board notified Respondent that the total amount of the modified fines was $750.00 and payment was due by December 1, 2010. Respondent timely paid the fines.

**PRAYER**

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

1. Revoking or suspending Pharmacist License Number RPH 48263 issued to Michael Todd Peters;

2. Ordering Michael Todd Peters to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 25.3; and

///

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

DATED: 9/25/12

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

<table>
<thead>
<tr>
<th>☑ New Wholesaler</th>
<th>☐ Ownership Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please provide current license number if making changes: WH___ )</td>
<td></td>
</tr>
</tbody>
</table>

| ☐ 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: Alexso Inc.
Physical Address: 2317 Cotner Avenue 2nd Fl.
Mailing Address: (same)
City: Los Angeles State: CA Zip Code: 90064
Telephone: 480-253-9761 Fax: 888-502-1669
Toll Free Number: 888-495-6078
E-mail: troy@alexso.com Website: www.alexso.com
Facility Manager: Hootan Melamed

Professional qualifications and experience of facility manager: More than 10 years' experience in pharmacies. Attained his Doctorate of Pharmacy in 2003. Supervised patient record keeping, tracked inventory, managed community pharmacies and supervised other pharmacists in compounding and dispensing.

Types of licensed outlets or authorized persons firm will serve:

| ☑ Pharmacies | ☐ Practitioners | ☑ Hospitals | ☑ Wholesalers |

| ☐ Other: |

Type of Products to be handled or wholesaled be firm:

| ☑ Legend Pharmaceuticals, Supplies or Devices | ☐ Hypodermic Devices |
| ☐ Poisons or Chemicals | ☐ Veterinary Legend Drugs |
| ☐ Controlled Substances (include copy of DEA) | |
| ☐ Other: | |
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of the FDA registration)

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 ☐

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) Medisca, Inc., 661 Route 3, Unit C, Plattsburgh, NY 12901
   Name ___________________________ Address ___________________________
   Contract Manufacturer
   Business ___________________________

2) ________________________________________________________________
   Name ___________________________ Address ___________________________
   Business ___________________________

3) ________________________________________________________________
   Name ___________________________ Address ___________________________
   Business ___________________________

4) ________________________________________________________________
   Name ___________________________ Address ___________________________
   Business ___________________________

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 at least 10% interest or partners 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 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

Troy Farahmand
Print Name of Authorized Person

Date

Board Use Only

Received: 4/13/15
Amount: $590.00
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: California
Parent Company if any: None
Corporation Name: Alexso Inc.
Mailing Address: 2317 Cotner Avenue
City: Los Angeles State: CA Zip: 90064
Telephone: 480-253-9761 Fax: 888-502-1669
Contact Person: Troy Farahmand

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?
   a) Hootan Melamed
      Name
      Address 11756 Wetherby Lane, Los Angeles, CA 90077
   b) Troy Farahmand
      Name
      Address 11807 Folkstone Lane, Los Angeles, CA 90077
   c)
      Name
      Address
   d)
      Name
      Address

2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? 5/1/10

5) Provide a copy of the corporation’s stock register evidencing the above information
Attachment to Alexso Inc.'s Application for Out-of-State Wholesaler License (Nevada State Board of Pharmacy)

Alexso Inc. Corporate Officers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hootan Melamed</td>
<td>President</td>
<td>75%</td>
</tr>
<tr>
<td>Troy Farahmand</td>
<td>Vice President</td>
<td>25%</td>
</tr>
</tbody>
</table>

Alexso, Inc. Employees Handling Drugs on Daily Basis
Ernesto Flores, Accounts Liaison, Inventory Management
Shoshana Robello, Accounts Liaison, Inventory Management

Interest Ownership/Management in any Type of Business or Facility Licensed by the State of Nevada
Hootan Melamed is the CEO of Concierge Compounding Pharmaceuticals in Henderson, NV.

Statement of Explanation - Questions 2 – 3
2. Denial of Pharmacy Permit - Concierge Compounding Pharmaceuticals, Inc.
South Carolina Board of Pharmacy, 8/15/13: application denied (see attached Order)

3. Administrative Actions - Concierge Compounding Pharmaceuticals, Inc.
Oregon Board of Pharmacy, Case No. 2013-0196: civil penalty (see attached Consent Order)
Texas Board of Pharmacy, Order #L-13-019: one-year suspension and probation fee (see attached Agreed Board Order)

[Signature]
Hootan Melamed
February 18, 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:** ALEXSO INC  
**License Type:** WHOLESALER  
**License Number:** WLS 6466  
**Status:** ACTIVE  
**Issue Date:** 01/12/15  
**Expiration Date:** 01/01/16  
**Address of Record:** 2317 COTNER AVE LOS ANGELES CA 90064  
**Disciplinary Action:** NO RECORD OF DISCIPLINARY ACTION

By  
Barbera Schleicher  
Public Inquiry Analyst  
(916) 574-7922  
Barbera.Schleicher@dca.ca.gov
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA 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  □ Name Change  □ Location Change
(Please provide current license number if making changes: WH______)

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

GENERAL INFORMATION
Facility Name: TERRAIN PHARMACEUTICALS
Physical Address: 200 S. VIRGINIA ST. 8TH FLOOR
Mailing Address: 200 S. VIRGINIA ST. 8TH FLOOR
City: RENO  State: NV  Zip Code: 89501
Telephone: 775-856-9904  Fax: 877-985-8371
Toll Free Number: 1-877-985-8377
E-mail: NICK@TERRAINRX.COM  Website: WWW.TERRAINRX.COM
Facility Manager: NICHOLAS NADING

Professional qualifications and experience of facility manager: 8 years of operational management in pharmaceutical industry, last 4 years as DR for MD logistics in Reno, NV.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  □ Practitioners  □ Hospitals  ☐ Wholesalers
☐ Other:______________________________

Type of Products to be handled or wholesaled be firm:

☑ Legend Pharmaceuticals, Supplies or Devices  ☐ Hypodermic Devices
☐ Poisons or Chemicals  ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)  ☐ Other:__________________________
APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate.)
Yes ☐ No ☑

Licensed as a Manufacturer by the FDA? (If yes, provide a copy of the FDA registration)
Yes ☐ No ☑

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 ☑

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) PDG 13902 DALE MABEY HWY #230 TAMPA, FL 33614
   Name
   Address
   Pharmaceutical Development Group
   Business

2) MD LOGISTICS INC. 1301 PEREY RD. PLAINFIELD, IN 46168
   Name
   Address
   Pharmaceutical Distribution
   Business

3) WESTWOOD LABORATORY 710 AYON ST. AZUSA, CA 91702
   Name
   Address
   Pharmaceutical Manufacturing
   Business

4) JSN PACKAGING 9700 JERONIMO RD. IRVINE, CA 92618
   Name
   Address
   Cosmetics/Tube Packaging
   Business

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑
APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 at least 10% interest or partners 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 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

[NICOLAS NAIDING]
Print Name of Authorized Person  5/6/15  
Date

Board Use Only  Received: 5/11/15  Amount: $500.00

Page 3
APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP.

List names of 4 largest partners and percentage of ownership:

Name: JAMES MAHER %: 33.3333
Name: JEFF AZEVEDO %: 33.3333
Name: KATI GAINOUS %: 33.3333
Name: N/A %: N/A

Partnership Name: TERRAIN PHARMACEUTICALS LLC.

Mailing Address: 200 S. VIRGINIA ST. 8TH FLOOR

City: RENO State: NV Zip: 89501

Telephone: 1-877-985-8377 Fax: 877-985-8377

Contact Person: NICHOLAS NADING

Include with the application for a partnership

Complete personal history record for each stockholder. 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 stamp.

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 VAWD certified by NABP, fingerprints, list of employees and bond are not required. Provide a copy of your VAWD certification.

*If you are a manufacturer and FDA approved, fingerprints, list of employees and bond are not required. Include a copy of the FDA registration.

Complete two (2) sets of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for its report. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only. Each officer and director of the corporation must submit fingerprints. Please send an email request to pharmacy@pharmacy.nv.gov for fingerprint cards. If needed. We accept standard fingerprint cards.
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: GraEagle Construction

Physical Address: Visiile Ave
(This must be a business address, we can not issue a license to a home address)

Mailing Address: ____________________________

City: Las Vegas State: NV Zip Code: 89115

Telephone: 702-248-0170 Fax: 702-248-7093
E-mail: Vickie@Geespass.com Website: Geespass.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30am to 4:30pm  Tue: 7:30am to 4:30pm  Wed: 7:30am to 4:30pm  Thu: 7:30am to 4:30pm
Fri: 7:30am to 4:30pm  Sat: ____ to ____  Sun: ____ to ____  Holidays: ____ to ____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Jerry Pasquale

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Jerry Pasquale  Telephone: 702-248-0170
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:

1982760971

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  Name: ______________________________
☐ Physician's Assistant  Name: ______________________________
☐ Physical Therapist  Name: ______________________________
☐ Occupational Therapist  Name: ______________________________
☐ Registered Nurse  Name: ______________________________
☐ Respiratory Therapist  Name: ______________________________

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.
APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

[Signature]

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

[Print Name of Authorized Person]  [Date]

Board Use Only

Received: 6-4-15  Amount: $500.00

Page 3
APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Gerardo Pasquale
Business Name: GraEagle Construction
Current Business Address: 5110 Cecile Ave
City: Las Vegas State: NV Zip: 89115
Telephone: 702-248-0170 Fax: 702-248-7098

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.
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 02947
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: CGS Pharmacy, LLC

Physical Address: 1701 Rockville Pike, #A12, Rockville, MD 20852

Mailing Address: SAME AS ABOVE

City: ___________________________ State: ________________ Zip Code: ________________

Telephone: (240) 430-2501 Fax: (240) 430-2504
Toll Free Number: (888)-773-2449 (Required per NAC 639.708)

E-mail: cgsmain@cgsrx.com Website: http://www.cgsrx.com

Managing Pharmacist: Carl J. Isenberg License Number: 19848 (MD)

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

All boxes must be checked
For the application to be complete

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

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

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

Sawsan Salman Al Janabe
Print Name of Authorized Person

Board Use Only Date Processed: 4/9/15 Amount: $500.00
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION (LLC)

State of Incorporation: Maryland
Parent Company if any: N/A
Mailing Address: 1701 Rockville Pike, #A12
City: Rockville State: Maryland Zip: 20852
Telephone: (240) 430-2501 Fax: (240) 430-2504
Contact Person: Sean Dunning, Consulting Manager

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) Sawsan Salman Al Janabe 1519 York Rd, Lutherville, MD 21093
      Name Address
   b) 
      Name Address
   c) 
      Name Address
   d) 
      Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation’s stock register evidencing the above information N/A

List any physician shareholders and percentage of ownership.
Name: N/A %: N/A
Name: %:

Hours of Operation for the pharmacy:
Monday thru Friday 7 am 2:30 pm Saturday 9 am 12 pm
Sunday CL am CL pm 24 Hours Toll Free #

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A
STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Sawsan Salman Al Janabe
Responsible Person of CGS 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 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

Sawsan Salman Al Janabe
Print Name of Authorized Person

3/31/15
Date

JEANNINE F. GAFFIGAN
Notary Public
Carroll County
Maryland
My Commission Expires Feb 4, 2017

3/31/15
Send to State Board of Pharmacy for Completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

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

LICENSE VERIFICATION

Name: CGS Pharmacy, LLC
Address: 1701 Rockville Pike, #A12
City: Rockville State: MD Zip: 20852

I hereby authorize the Maryland Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

<table>
<thead>
<tr>
<th>License Number</th>
<th>License Status</th>
<th>Date License Issued</th>
<th>Date License Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>PW0458</td>
<td>Active</td>
<td>05/15/2014</td>
<td>05/31/2016</td>
</tr>
</tbody>
</table>

Has this license been encumbered in any way? □ Yes X No

Type of Encumbrance: (if any)
□ Revoked □ Surrendered □ Limited
□ Suspended □ Restricted □ Probation

Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) □ Yes X No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (If yes, please explain) □ Yes X No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) □ Yes X No

Has applicant met all licensing requirements of your state? (If no, please explain) □ Yes X No

Signature of State Official

[Signature]

<table>
<thead>
<tr>
<th>Title</th>
<th>State</th>
<th>Date</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensing</td>
<td>MD</td>
<td>3/25/15</td>
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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: JJ Trinity Compounding Pharmacy
Physical Address: 23838 Valencia Blvd Ste 105
Mailing Address: 23838 Valencia Blvd Ste 105, Valencia, CA 91355
City: Valencia State: CA Zip Code: 91355
Telephone: 661-287-9610 Fax: 661-287-9615
Toll Free Number: 811-287-9610 (Required per NAC 639.708)
E-mail: pharmacy@jjtrinitypharmacy.com Website: www.jjtrinitypharmacy.com
Managing Pharmacist: Doni Ayala License Number: 54857

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>AND</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ☐ Retail</td>
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<td>☑ Off-site Cognitive Services</td>
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<tr>
<td>☐ ☐ Hospital (# beds ___)</td>
<td>☐</td>
<td>☑ Parenteral **</td>
</tr>
<tr>
<td>☐ ☑ Internet</td>
<td>☐</td>
<td>☑ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☑ ☑ Nuclear</td>
<td>☐</td>
<td>☑ Outpatient/Discharge</td>
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<td>☑ Sterile Compounding **</td>
</tr>
<tr>
<td>All boxes must be checked</td>
<td>☐</td>
<td>☐ Non Sterile Compounding</td>
</tr>
<tr>
<td>For the application to be complete</td>
<td>☑</td>
<td>☑ Mail Service Sterile Compounding **</td>
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**If you check “yes” on any of these types of services, you will be required to make an
appearance at the board meeting,
APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

[Signature]

Print Name of Authorized Person

[Print Name]

Date

[Date]

Page 2
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: ____________________________

Parent Company if any: ____________________________

Mailing Address: ____________

City: ____________ State: ____________ Zip: ____________

Telephone: ____________ Fax: ____________

Contact Person: ____________________________

For any 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 ____________________________

   c) ____________________________
      Name ____________________________
      Address ____________________________

   d) ____________________________
      Name ____________________________
      Address ____________________________

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

3) What was the price paid per share? $__________

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

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

List any physician shareholders and percentage of ownership.

Name: ____________________________ %: ____________

Name: ____________________________ %: ____________

Hours of Operation for the pharmacy:

Monday thru Friday ___ am ___ pm
   Sunday ___ am ___ pm
   24 Hours ___

Saturday ___ am ___ pm

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: ____________
I, Dina Atalla - Mikhail
Responsible Person of J J Trinity Compounding 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

Print Name of Authorized Person  Date

3/24/15
STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Dina Atalla-Mikhail
Responsible Person of JJ Trinity Compounding 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

Dina Atalla-Mikhail
Print Name of Authorized Person

3/20/15
Date
Blanks
Dear Larry Pinson,

First, I want you to know that I have very much appreciated and enjoyed the opportunity of serving the citizens of Nevada as a member/President of the Board of Pharmacy.

I regret to inform you that after serving nearly 7 years with Nevada Board of Pharmacy, I would like to tender my resignation letter as the President/Member of the Board of Pharmacy effective April 30th, 2015.

It has been a privilege to work for a GREAT organization and it will be truly missed. However, the opportunity presented to me was one I could not pass up.

If there is anything I can do to help make this transition easier please let me know.

Sincerely,

Kam Gandhi
TEMPORARY LICENSES
(Issued since last board meeting)

Banner Churchill Community Hospital

Amy Cozza
Rene Lomeli
Michelle Williams

Northeastern Nevada Regional Hospital Pharmacy

M. Jane Huff

Mesa View Regional Hospital

Robert Mabry
Patricia O'Neal
Jana Vander Leest
Tuesday, April 21, 2015

Larry L. Pinson
Executive Secretary-Nevada Board of Pharmacy

Dear Larry,

Patient Safety & Medication Error Prevention for Pharmacy, is Oregon State University College of Pharmacy’s newest on-line CE course for pharmacists. We look forward to our presentation at NABP’s Educational Poster Session, Sunday, May 17, 2015, in New Orleans.

Boards of Pharmacy in Arizona, the District of Columbia, Idaho, Iowa, and Kansas already have pharmacists registered for this course, as part of the disciplinary action against the pharmacist.

If possible, please provide me the names of those individuals who will represent your Board? I will make sure I visit with them in New Orleans about the course?

Thanks,
Ken

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

APRIL 15-16, 2015 BOARD MEETING HELD IN LAS VEGAS, 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 April, 2015 Board meeting.

Licensing Activity:

- 19 licenses were granted for Out-of-State MDED (Medical Devices, Equipment and Gases) companies.
- 31 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies.
- 8 licenses were granted for Out-of-State wholesalers.
- 1 license was granted for a Nevada MDED, and one denied for Medicaid & Medicare fraud convictions.
- 7 licenses were granted for Nevada pharmacies, and one denied for lack of qualified personnel.
- Pharmacist KK will be allowed to sit for the licensing exam, but will report back to the Board if successfully completed for probation considerations.
- Pharmacist GZ must take and pass either NAPlex or PARE prior to licensure due to past administrative actions in another state.
- Intern AV will be allowed to register as an intern after answering questions regarding past drug and alcohol abuse and recovery.

Disciplinary Actions:

- MDED EM was fined $1000 plus administrative costs and put on probation for 12 months for selling prescription items to the public without a prescription.
- Pharmacist DR was fined $1K and pharmacy CV was charged administrative fees for misfilling an amoxicillin prescription with hydrocodone causing patient harm.
- Pharmacist NQ was fined $1500 & ordered completion of 4 hours of extra CE for misfilling two prescriptions for the same patient within a six month period. Pharmacy WG was ordered to pay administrative costs.
• Pharmaceutical technician TH was revoked for diverting Xanax and Tramadol for personal use.

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.
- Pharmacist Amy Pullen was granted approval to provide cognitive pharmacy services as part of chronic care management services from a site other than a pharmacy.
- The Board approved the concept of allowing a pharmacist to act as the director of a clinical laboratory (as asked by the Division of Health) and approved the concept of allowing a "prescription for billing purposes only" to be generated to allow for certain insurance agencies to pay for certain OTC products.

Public Hearing:

• 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:

• 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.

• 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.
PROPOSED REGULATION OF THE STATE BOARD OF

PHARMACY

LCB File No. R004-15

May 1, 2015

EXPLANATION – Matter in italics is new; matter in brackets [deleted material] is material to be omitted.

AUTHORITY: §1, NRS 453.146.

A REGULATION relating to controlled substances; revising the list of substances contained in Schedule IV; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:
Existing law authorizes the State Board of Pharmacy to add substances to or delete or reschedule all controlled substances enumerated in schedules I, II, III, IV and V by regulation. (NRS 453.146) Existing regulations set forth the drugs and substances that are enumerated in schedule IV. (NAC 453.540) This regulation adds suvorexant to the list of drugs and substances contained in schedule IV.

Section 1. NAC 453.540 is hereby amended to read as follows:

453.540 1. Schedule IV consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs, including, without limitation, their salts, calculated as the free anhydrous base of alkaloid, is hereby enumerated on schedule IV, in quantities:
(a) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit; or

(b) Dextropropoxyphene (alpha-(-)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxybutane).

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

- Alprazolam;
- Barbital;
- Bromazepam;
- Butorphanol;
- Camazepam;
- Carisoprodol;
- Chlortal betaine;
- Chlortal hydrate;
- Chlordiazepoxide;
- Clobazam;
- Clonazepam;
- Clorazepate;
Clotiazepam;
Cloxazolam;
Delorazepam;
Diazepam;
Dichloralphenazone;
Estazolam;
Ethchlorvynol;
Ethinamate;
Ethyl loflazepate;
Fludiazepam;
Flunitrazepam;
Flurazepam;
Halazepam;
Haloxazolam;
Ketazolam;
Loprazolam;
Lorazepam;
Lormetazepam;
Mebutamate;
Medazepam;
Meprobamate;
Methohexital;
Methylphenobarbital (mephobarbital);
Midazolam;
Nimetazepam;
Nitrazepam;
Nordiazepam;
Oxazepam;
Oxazolam;
Paraldehyde;
Pentachloral;
Phenobarbital;
Pimozepam;
Prazepam;
Quazepam;
Suvorexant;
Temazepam;
Tetrazepam;
Triazolam;
Zaleplon;
Zolpidem; or
Zopiclone.
4. Any material, compound, mixture or preparation which contains any quantity of fenfluramine, including, without limitation, its salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible, is hereby enumerated on schedule IV. For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV:

   Cathine ((+)-norpseudoephedrine);
   Diethylpropion;
   Fencamfamin;
   Fenproporex;
   Mazindol;
   Mefenorex;
   Modafinil;
   Pemoline (including organometallic complexes and chelates thereof);
   Phentermine;
   Pipradrol;
   Sibutramine; or
   SPA ((-)dimethylamino-1,2-diphenylethane).
6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pentazocine, including, without limitation, its salts, is hereby enumerated on schedule IV.
NAC 639.926 Transmission of information regarding dispensing of controlled substances to certain persons. (NRS 639.070)

1. Each pharmacy that uses a computerized system to record information concerning prescriptions and that dispenses a controlled substance that is listed in schedule II, III or IV to a person who is not an inpatient of a hospital, correctional institution or nursing facility shall transmit to the Board or its agent the following information, as applicable, set forth in the 2011 ASAP Version 4.2 Standard for Prescription Monitoring Programs published by the American Society for Automation in Pharmacy. The following Segments and the accompanying Data Elements of the Implementation Guide for the 2011 ASAP Version 4.2 Standard for Prescription Monitoring Programs are hereby adopted by reference, which is hereby adopted by reference:

(a) The Segment entitled “TH Transaction Header” and the following Data Elements:
   (1) Version Number;
   (2) Transaction Control Number;
   (3) Transaction Type;
   (4) Response ID;
   (5) Creation Date;
   (6) Creation Time;
   (7) File Type; and
   (8) Segment Terminator Character;

(b) The Segment entitled “IS Information Source” and the following Data Elements:
   (1) Unique Information Source ID;
   (2) Information Source Entity Name; and
   (3) Message;

(c) The Segment entitled “PHA Pharmacy Header” and the following Data Elements:
   (1) National Provider Identifier (NPI);
   (2) DEA Number;
   (3) Pharmacy or Dispensing Prescriber Name;
   (4) Phone Number;
   (5) Contact Name; and
   (6) Chain Site ID;

(d) The Segment entitled “PAT Patient Information” and the following Data Elements:
   (1) Last Name;
   (2) First Name;
   (3) Address Information – 1;
   (4) City Address;
   (5) State Address;
   (6) ZIP Code Address;
   (7) Phone Number;
   (8) Date of Birth; and
   (9) Gender Code;

(e) The Segment entitled “DSP Dispensing Record” and the following Data Elements:
   (1) Reporting Status;
   (2) Prescription Number;
   (3) Date Written;
   (4) Refills Authorized;
   (5) Date Filled;
   (6) Refill Number;
   (7) Product ID Qualifier;
(8) Product ID;
(9) Quantity Dispensed;
(10) Days Supply;
(11) Transmission Form of Rx Origin Code;
(12) Classification Code for Payment Type; and
(13) Date Sold;

(f) The Segment entitled “PRE Prescriber Information” and the following Data Elements:
   (1) National Provider Identifier (NPI);
   (2) DEA Number;
   (3) DEA Number Suffix;
   (4) Last Name;
   (5) First Name; and
   (6) Phone Number;

(g) The Segment entitled “CDI Compound Drug Ingredient Detail” and the following Data Elements:
   (1) Compound Drug Ingredient Sequence Number;
   (2) Product ID Qualifier;
   (3) Product ID;
   (4) Component Ingredient Quantity; and
   (5) Compound Drug Dosage Units Code;

(h) The Segment entitled “TP Pharmacy Trailer” and the Data Element Detail Segment Count; and

(i) The Segment entitled “IT Transaction Trailer” and the following Data Elements:
   (1) Transaction Control Number; and
   (2) Segment Count.

2. A copy of the publication may be obtained from the American Society for Automation in Pharmacy at the Internet address http://www.asapnet.org, or by telephone at (610) 825-7783, for the price of $175 for members and $770 for nonmembers.

3. The pharmacy shall transmit the information required pursuant to this section not later than each Wednesday for the prescriptions filled from the immediately preceding Sunday through Saturday. If a Wednesday falls on a legal holiday, then the information must be reported on the next business day that is not a legal holiday the end of the next business day after dispensing a controlled substance that is listed in schedule II, III or IV. A pharmacy that does not dispense a controlled substance that is listed in schedule II, III or IV shall transmit to the Board or its agent a zero report.

4. The information must be transmitted by means of a:
   (a) Form of electronic data transmission approved by the Board, including, without limitation, a computer modem that can transmit information at the rate of 2400 baud or more Secure FTP;
   (b) Computer disc, or Web portal upload;
   (c) Magnetic tape of the kind that is used to transmit information between computerized systems. Manual entry; or
   (d) Zero report.

(Added to NAC by Bd. of Pharmacy, eff. 8-27-96; A by R157-04, 10-22-2004, eff. 1-1-2005; R044-07, 10-31-2007)