

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: **PH02777**)

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: Pharmacy Acquisition Co, LLC ; DBA: NewEra Pharmacy, LLC

Physical Address: 1286 SE Holgate Blvd C-2

Mailing Address: same

City: Portland State: OR Zip Code: 97202

Telephone: 503-222-4822 Fax: 503-222-4868

Toll Free Number: 1-877-252-9393 (Required per NAC 639.708)

E-mail: Trehanne.Tyler@gmail.com Website: www.newerapharmacy.com

Managing Pharmacist: Tyler Trehanne License Number: RPH-0011874

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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

Print Name of Authorized Person

Date

Page 2

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Oregon

Parent Company if any: N/A

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) Tyler Treharne 2790 Lancaster St. West Linn, OR 97068
Name Address

b) Brandon Bankowski 808 SW 15th Portland, OR 97205
Name Address

c) John Hesla 808 SW 15th Portland, OR 97205
Name Address

d) Elizabeth Barbieri 808 SW 15th Portland, OR 97205
Name Address

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

3) What was the price paid per share? \$1000

4) What date did the corporation actually receive the cash assets? 7/3/2017

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

List any physician shareholders and percentage of ownership.

Name: Brandon Bankowski %: 25%

Name: John Hesla %: 25%

Elizabeth Barbieri 25%

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm

Saturday 9 am 3 pm

Sunday N/A am N/A pm

24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a non publicly traded corporation

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

List of officers and directors


Jake Thielen Director of Operations
Tyler Treharne Pharmacy Director
Brandon Bankowski Member
John Hesla Member
Elizabeth Barbieri member

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, JAKE THIELEN
Responsible Person of Pharmacy Acquisition Co, LLC DBA New Era
hereby acknowledge and understand that in addition to the corporation's, any owner(s), Pharmacy
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

JAKE THIELEN
Print Name of Authorized Person

Date

6/14/2017

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF OREGON)
) ss.
Multnomah COUNTY)

I, JAKE THIELEN, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Director of Operations for Pharmacy Acquisition Co. (the LLC Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, JAKE Thielen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
20 day of JUNE, 2017.
Michelle M. Scott
NOTARY PUBLIC

Name



OFFICIAL STAMP
MICHELLE M SCOTT
NOTARY PUBLIC-OREGON
COMMISSION NO. 949820A
MY COMMISSION EXPIRES APRIL 20, 2020

OREGON BOARD OF PHARMACY

RETAIL DRUG OUTLET REGISTRATION WITH CONTROLLED SUBSTANCE

LICENSE NUMBER: RP-0000985-CS

This license is valid from
07/03/2017-03/31/2018

ISSUED TO:

PHARMACY ACQUISITION COMPANY LLC
NEW ERA PHARMACY
1286 SE HOLGATE BLVD STE C2
PORTLAND OR 97202



Executive Director

Issuing Authority: ORS 475 & 689

DO NOT COPY - Request certified copies in writing

MUST BE POSTED IN A CONSPICUOUS PLACE - NOT TRANSFERABLE

PHARMACY ACQUISITION COMPANY LLC
NEW ERA PHARMACY
1286 SE HOLGATE BLVD STE C1
PORTLAND OR 97202

Tyler Treharne, PharmD

RPH-0011874

Explanation of Disciplinary action.

In December 2014 the head compounding pharmacist at Stroheckers Pharmacy made an error/lapse in judgement while compounding a batch of medication. The error wasn't discovered until April 2015. When the error was discovered our pharmacy initiated a recall of the medication. As a result of this error and recall there was an investigation into the error by the Oregon Board of Pharmacy (See attached consent order). The board determined the pharmacy needed to update some of policies and procedures and develop a more robust QA process. This was all completed and approved by our board. As a result of this error and investigation my individual license was also subject to disciplinary action. My license is currently in good standing with the Oregon Board and all other boards of pharmacy. Since I am licensed in multiple states my licensed faced some form of discipline in Oregon, Maryland, Texas, and Alabama. Once again I am in good standing with all other states.

This error and other disciplines has been previously reported to all states.

Please let me know if there are further questions.

Tyler Treharne

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2015-0211
Drug Outlet Registration of)
STROHECKERS PHARMACY, INC dba:) NOTICE OF PROPOSED
STROHECKERS PHARMACY) DISCIPLINARY ACTION;
Registrant) ANSWER REQUIRED

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0000985 because your employees at Stroheckers Pharmacy violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 12/1/2014, Stroheckers Pharmacy located in Portland compounded testosterone cypionate lot# T-1201S14 and inadvertently added estradiol valerate to the compound. The pharmacy dispensed the misbranded testosterone cypionate lot# T-1201S14 to 351 patients in 35 states.

Registrant did not follow procedure when compounding lot# T-1201S14 and in documenting the compounding of lot# T-1201S14. Pharmacist R.H accidentally added an excess of sesame oil while compounding the testosterone and calculated and added the correct amount of what he thought was testosterone cypionate, actually estradiol valerate, needed to maintain the appropriate concentration. There is no documentation of changes to the formula and Pharmacist R.H stated that he circumvented the system and did not follow procedure.

Registrant did not follow procedure or take appropriate action after receiving the potency test result for lot# T-1201S14 and identifying that the product was not in their customary potency range.

Registrant did not take appropriate action after becoming aware of the error. Stroheckers Pharmacy was alerted to the error on 4/6/2015 by a practitioner and began a recall on 4/9/2015. Patients were not contacted in a timely manner and, in the course of the recall, Strohecker's Pharmacy did not contact every patient, did not contact every practitioner, and did not ask every patient if they had experienced any adverse events.

The above conduct is unprofessional conduct as defined by OAR 855-006-0005(28)(f) and (j) and in violation of, and grounds for discipline pursuant to, OAR 855-041-1010(2), OAR 855-019-0210(1), OAR 855-019-0310 (1) and (11), OAR 855-019-0300(6), OAR 855-041-1040(3), OAR 855-041-1105(1), OAR 855-041-1130(1)(e), OAR 855-041-1170(1), OAR 855-045-0220(4) and (5), OAR 855-045-0230, OAR 855-045-0240, OAR 855-045-0270(1) and (2), and ORS 689.405(1)(a), (b), and (e)(B).

Based on these alleged violations, the Board proposes to revoke your registration and

49 impose a \$10,000 civil penalty per violation.
50
51

52 HEARING RIGHTS 53

54 The corporation is entitled to a hearing as provided by the Administrative Procedures Act
55 (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a
56 hearing, the corporation's attorney must file a written request for hearing with the Board within 21
57 days from the date this notice was mailed. The corporation's attorney may send or deliver a request
58 for hearing to:

59
60 Oregon Board of Pharmacy
61 800 NE Oregon Street, Suite 150
62 Portland, OR 97232
63 Fax: (971) 673-0002
64

65 If a request for hearing is not received within this 21-day period, the corporation's right to a
66 hearing shall be considered waived.
67

68 If the corporation requests a hearing, the corporation's attorney will be notified of the time
69 and place of the hearing. Before the commencement of the hearing, the corporation will be given
70 information on the procedures, right of representation and other rights of parties relating to the
71 conduct of the hearing.
72

73 If the corporation does not request a hearing within 21 days, or if it withdraws a
74 hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to
75 appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If
76 the Board issues a final order by default, it designates its file on this matter as the record.
77

78 ANSWER REQUIRED 79

80 Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must
81 also provide, within 21 days from the date this contested case notice was served, a written answer to
82 the allegations set forth in this contested case notice. Your written answer must include an
83 admission or denial of each factual matter alleged in the notice and a short and plain statement of
84 each relevant affirmative defense you may have. Except for good cause, factual matters alleged in
85 the notice and not denied in the answer shall be presumed admitted; failure to raise a particular
86 defense in the answer will be considered a waiver of such defense; new matters alleged in the
87 answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not
88 be taken on any issue not raised in the notice and the answer.
89

90 **Hearing Request and Answers:** 91 **Consequences of Failure to Answer** 92 **855-001-0015** 93

94 (1) A hearing request, and answer when required, shall be made in writing to the Board
95 by the party or his attorney and an answer shall include the following:

96 (a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.,
Compliance Director

7/9/15
Date

DATE OF MAILING 7/10/2015

1 BEFORE THE BOARD OF PHARMACY
2 OF THE STATE OF OREGON
3

4 In the Matter of the)
5 Drug Outlet Registration of) Case No. 2015-0211
6)
7 STROHECKERS PHARMACY, INC. dba) CONSENT ORDER
8 STROHECKERS PHARMACY)
9)
10 Registrant)

11
12 WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed
13 Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the
14 registrant in the above-captioned matter; and
15

16 WHEREAS, the above-noted Notice was duly served on the registrant as required by law;
17 and
18

19 WHEREAS, the parties are desirous of resolving and settling those matters contained in
20 the above-noted Notice without further proceedings thereon; and
21

22 WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel
23 and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives
24 those rights; and
25

26 WHEREAS, the Parties acknowledge there is a dispute between them about the allegations
27 forming the basis of the Notice; and
28

29 WHEREAS, the registrant acknowledges that the allegations in the Notice, if proven in a
30 contested case proceeding would constitute grounds for conditions as described herein;
31

32 Based upon the above, the Board imposes the following sanctions:
33

34 1. The registrant shall pay the Board a civil penalty in the amount of \$10,000, with \$10,000
35 stayed pending no further similar violation for three years and compliance with the terms of this
36 Order.
37

38 2. Registrant shall comply with the following terms for three years from the date this Consent
39 Order is becomes final:
40

41 a. The registrant shall develop and implement a Quality Assurance Plan
42 acceptable to the Board to correct violations as noted in the Notice. The plan
43 shall address compounding procedures, documentation of compounding, batch
44 lot sizes, ingredient testing of every lot, excursion and recalls. Quality
45 Assurance Plan with a copy of this order to be submitted within ten days from
46 the date this Consent Order becomes final.

- 47 b. The Pharmacist-in-Charge shall directly supervise all compounding practices.
48 c. The registrant shall provide to the Board a list of all patients, or patient
49 representatives, that have been contacted regarding the recall within thirty (30)
50 days from the date this Order is final.
51 1) If not all patients, or patient representatives, have been contacted, the
52 registrant shall post a notice of the recall on their website.
53 d. The registrant must comply with all laws and rules regarding pharmacy
54 practice.
55

56 3. Failure of the registrant to comply with all the requirements of this Consent Order
57 constitutes unprofessional conduct and is grounds for revocation or any other form of discipline
58 or sanction authorized by law.
59

60 CONSENT
61

62 I hereby acknowledge that I am the authorized representative of registrant. On behalf of
63 the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and
64 the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order
65 with incorporated Notice is a public record and shall be available via the Board's online licensure
66 verification; is available upon written request pursuant to public disclosure laws; and shall be
67 reported to the National Practitioner Data Bank as required by federal law. I agree to the Board
68 entering the Consent Order.
69
70
71
72

73
74 _____
75 Authorized Representative
76 STROHECKERS PHARMACY, INC dba:
77 Stroheckers Pharmacy
78 Registrant (Registration No. RP-0000985)
79

11/6/2015

Date

80 IT IS SO ORDERED.
81

82 BOARD OF PHARMACY
83 FOR THE STATE OF OREGON
84
85
86

87 _____
88 Gary Miner, R.Ph.,
89 Compliance Director
90
91
92
93
94

11/12/15

Date

BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2015-0269
Pharmacist License of)
TYLER MATTHEW TREHARNE, R.P.H.) NOTICE OF PROPOSED
ANSWER REQUIRED
Discipline)

The Oregon Board of Pharmacy proposes to suspend your license and impose a civil penalty pursuant to ORS 689.445, 689.405, 689.135, and 689.145, because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as alleged below:

You were employed as Pharmacist-in-Charge and responsible for the daily operation of the pharmacy registrant, Stroheckers Pharmacy, as of 4/4/2011.

On or about 12/1/2014, while working at Stroheckers Pharmacy located in Portland, a pharmacist compounded testosterone cypionate lot# T-1201S14 and inadvertently added estradiol valerate to the compound. The pharmacy dispensed the misbranded testosterone cypionate lot# T-1201S14 to 351 patients in 35 states.

You did not ensure procedure was followed when compounding lot# T-1201S14 and in documenting the compounding of lot# T-1201S14. A pharmacist accidentally added an excess of sesame oil while compounding the testosterone and calculated and added the correct amount of what he thought was testosterone cypionate, actually estradiol valerate, needed to maintain the appropriate concentration. There is no documentation of changes to the formula and the compounding pharmacist stated that he circumvented the system and did not follow procedure.

You did not ensure procedure was followed or take appropriate action after receiving the potency test result for lot# T-1201S14 and identifying that the product was not in the customary potency range.

You did not take appropriate action after becoming aware of the error. Stroheckers Pharmacy was alerted to the error on 4/6/2015 by a practitioner and began a recall on 4/9/2015. Patients were not contacted in a timely manner and, in the course of the recall, Strohecker's Pharmacy did not contact every patient, did not contact every practitioner, and did not ask every patient if they had experienced any adverse events.

The above conduct is unprofessional conduct as defined by OAR 855-006-0005(28)(f) and (j) and in violation of, and grounds for discipline pursuant to, OAR 855-041-1010(1), OAR 855-019-0210(1), OAR 855-019-0310 (1) and (11), OAR 855-019-0300(6), OAR 855-041-1105(1), OAR 855-041-1130(1)(e), OAR 855-045-0220(4) and (5), OAR 855-045-0230, OAR 855-045-0240, OAR 855-045-0270(1) and (2), and ORS 689.405(1)(a), (b), and (c)(B).

49 Based on these alleged violations, the Board proposes to suspend your pharmacist license
50 and impose a \$1,000 civil penalty per violation.
51

52 HEARING RIGHTS

53
54 You are entitled to a hearing as provided by the Administrative Procedures Act (ORS
55 chapter 183). If you wish to have a hearing, you must file a written request for hearing with the
56 Board within 21 days from the date this notice was mailed. You may send or deliver a request for
57 hearing to:

58
59 Oregon Board of Pharmacy
60 800 NE Oregon Street, Suite 150
61 Portland, OR 97232
62 Fax (971) 673-0002
63

64 If a request for hearing is not received within this 21-day period, your right to a hearing shall
65 be considered waived.
66

67 If you request a hearing, you will be notified of the time and place of the hearing. Before the
68 commencement of the hearing, you will be given information on the procedures, right of
69 representation and other rights of parties relating to the conduct of the hearing. You may be
70 represented by legal counsel.
71

72 If you do not request a hearing within 21 days, or if you withdraw a hearing request, notify
73 the Board or Administrative Law Judge that you will not appear, or fail to appear at a scheduled
74 hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final
75 order by default, it designates its file on this matter as the record.
76

77 **Notice to Active Duty Servicemembers:** Active duty servicemembers have a right to stay
78 these proceedings under the federal Servicemembers Civil Relief Act. For more information
79 contact the Oregon State Bar at 1-800-452-8260, the Oregon Military Department at 1-800-452-
80 7500 or the nearest United States Armed Forces Legal Assistance Office through
81 <http://legalassistance.law.af.mil>.
82

83 ANSWER REQUIRED

84
85 Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must
86 also provide, within 21 days from the date this document was served, a written answer to the
87 allegations set forth in this document. Your written answer must include an admission or denial of
88 each factual matter alleged in the notice. Except for good cause, factual matters alleged in this
89 document and not denied in your answer will be presumed admitted.
90

91 **Hearing Request and Answers:**
92 **Consequences of Failure to Answer**
93 **855-001-0015**
94

95 (1) A hearing request, and answer when required, shall be made in writing to the Board
96 by the party or his attorney and an answer shall include the following:

- 97 (a) An admission or denial of each factual matter alleged in the notice;
98 (b) A short and plain statement of each relevant affirmative defense the party
99 may have.

100
101 (2) Except for good cause;

- 102 (a) Factual matters alleged in the notice and not denied in the answer shall be
103 presumed admitted;
104 (b) Failure to raise a particular defense in the answer will be considered a waiver
105 of such defense;
106 (c) New matters alleged in the answer (affirmative defenses) shall be presumed
107 to be denied by the agency; and
108 (d) Evidence shall not be taken on any issue not raised in the notice and the
109 answer.
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113 BOARD OF PHARMACY
114 FOR THE STATE OF OREGON
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117
118 Gary Miner, R.Ph.⁹
119 Compliance Director
120

2/9/15
Date

121 DATE OF MAILING 7/10/2015
122

1 BEFORE THE BOARD OF PHARMACY
2 OF THE STATE OF OREGON
3

4 In the Matter of the)
5 Pharmacist License of) Case No. 2015-0269
6)
7 TYLER MATTHEW TREHARNE) CONSENT ORDER
8)
9 Licensee)

10
11 WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed
12 Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the
13 licensee in the above-captioned matter; and
14

15 WHEREAS, the above-noted Notice was duly served on the licensee as required by law;
16 and
17

18 WHEREAS, the Parties are desirous of resolving and settling those matters contained in
19 the above-noted Notice without further proceedings thereon; and
20

21 WHEREAS, the Parties acknowledge there is a dispute between them about the allegations
22 forming the basis of the Notice; and
23

24 WHEREAS, the licensee acknowledges that the allegations in the Notice, if proven in a
25 contested case proceeding would constitute grounds for disciplinary action as described herein;
26 and
27

28 WHEREAS, the licensee consents to the conditions as set forth herein:
29

30 Based upon the above, the Board imposes the following sanctions:
31

32 1. The Licensee shall pay the Board a civil penalty in the amount of \$20,000, with \$13,000
33 stayed pending compliance with the terms of this consent Order and no further similar violations
34 for three years. \$7,000 civil penalty payment to be made within ten days from the date this Consent
35 Order becomes final.
36

37 2. For a period of three (3) years from the date this order is signed by the Board, Licensee
38 shall comply with the following terms:
39

- 40 a. Licensee shall complete and submit the Pharmacist-in-Charge compounding
41 self-inspection report to the Board on a quarterly basis. Due dates for this report
42 shall be determined once the Order is final.
43 b. Licensee shall bi-annually submit an evaluation of each compounding
44 pharmacist's work. Due dates for this evaluation shall be determined once the
45 Order is final.

- 46 c. The Licensee must report all citations, arrests or conviction to the Board Office
47 in writing within 10 days from the date of occurrence with a copy of citation,
48 police report, and court documents. Licensee shall submit said information to
49 the Board office by certified mail (or other method approved by the Board in
50 writing) and retain receipt if verification of delivery to the Board office.
51 d. Licensee must comply with all laws and rules.
52

53 3. Failure of the licensee to comply with any requirement of the order in this matter is grounds
54 for revocation and any other form of discipline or sanction authorized by law.
55

56 CONSENT
57

58 I hereby acknowledge that I have read and understand the above-noted Notice and the terms
59 of the Consent Order. I hereby acknowledge that I understand that the Consent Order with
60 incorporated Notice is a public record and shall be available via the Board's online licensure
61 verification; is available upon written request pursuant to public disclosure laws; and shall be
62 reported to the National practitioner Data Bank as required by federal law. I agree to the Board
63 entering the Consent Order.
64
65
66
67

68
69 Tyler Matthew Treharne
70 Licensee (License No. RPH-0011874)
71
72

11.6.15

Date

73 IT IS SO ORDERED.
74

75 BOARD OF PHARMACY
76 FOR THE STATE OF OREGON
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80
81 Gary Miner, R.Ph.,
82 Compliance Director
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93

11/12/15
Date

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: **PH02913**)

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: Triad Rx, Inc.

Physical Address: 26258 Pollard Rd, Daphne, AL 36526

Mailing Address: PO Box 1530

City: Daphne State: AL Zip Code: 36526

Telephone: 251-380-7630 Fax: 251-621-9914

Toll Free Number: 855-288-0134 (Required per NAC 639.708)

E-mail: rob@triadrx.com Website: www.triadrx.com

Managing Pharmacist: Robert K. Roberts III License Number: 12683

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

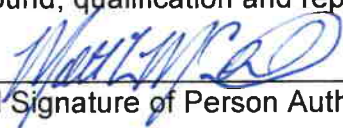
Within the last five (5) years:

- 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

MATT L. McDONALD
Print Name of Authorized Person

Date

6/28/17

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Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Alabama
Parent Company if any: None
Mailing Address: PO Box 1530
City: Daphne State: AL Zip: 36526
Telephone: 251-380-7630 Fax: 251-621-9914
Contact Person: Robert R. Roberts III

For any corporation non publicly traded, disclose the following:

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

a) Matthew L. McDonald 1915 Old County Rd, Daphne, AL 36526
Name Address

b) _____
Name Address

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? 2-8-12

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:00 pm

Saturday closed am closed pm

Sunday closed am closed pm

24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Matthew L. McDonald
Business Name: Triad Rx, Inc.
Current Business Address: 26258 Pollard Rd.
City: Daphne State: AL Zip Code: 36526
Telephone: 257-380-7630 Fax: 251-621-9914

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
Name: N/A %: _____
Name: N/A %: _____
Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:00 pm
Sunday closed am closed pm

Saturday closed am closed pm
24 Hours N/A

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, MATTHEW L. McDONALD
Responsible Person of TRIAD RX, INC.
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.

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

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


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

MATT L. McDONALD
Print Name of Authorized Person

6/28/17
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Alabama)
Baldwin) ss.
COUNTY)

I, Robert R Roberts III, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Supervising Pharmacist for Triad Rx, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Robert R Roberts III, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Robert R Roberts III
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
7th day of July, 2017.
Joire Lynne Smith
NOTARY PUBLIC

My Commission Expires
July 17, 2018