

# 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: Avera McKennan dba Avera ePharmacy

Physical Address: 4500 N. Lewis Ave

Mailing Address: 4500 N. Lewis Ave

City: Sioux Falls State: SD Zip Code: 57104

Telephone: 605-322-8541 Fax: 605-322-8460

Toll Free Number: 855-283-7279 (Required per NAC 639.708)

E-mail: andrea.darr@avera.org Website: www.averacare.org

Managing Pharmacist: Andrea Darr, PharmD License Number: Application pending

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds \_\_\_\_\_)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: off-site Cognitive Services

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,**

96089

# APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

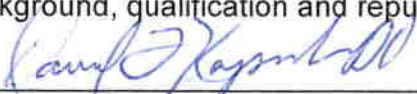
Within the last five (5) years:

- 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

DAVID L. KAPASICA DO

Print Name of Authorized Person

03/08/2018

Date

Board Use Only

Date Processed: \_\_\_\_\_

Amount: \$500.00



# Avera@CARE™

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**eHelm**

4500 N Lewis Avenue  
Sioux Falls, SD 57104  
(605) 322-4767  
Fax (605) 322-2091

[www.Avera.org/eCARE](http://www.Avera.org/eCARE)

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

Nevada Board of Pharmacy Staff:

Enclosed please find a completed application for an Out-of-State Pharmacy License along with the \$500 application fee.

Avera McKennan dba Avera ePharmacy is a provider of off-site cognitive services as identified in the application. I included our DBA application for clarity. Our services are available to contracted hospitals and our pharmacy is staffed by pharmacists 24 hours per day, 7 days per week including weekends and holidays. Each pharmacist who will provide service in Nevada will obtain a license in Nevada. That process is underway.

Avera McKennan is a 501(c)(3) nonprofit corporation organized in the state of South Dakota. The Board of Directors manages the organization. As a 501(c)(3) nonprofit corporation, there are no shareholders or owners of the corporation. Thus, the responses on page 4 of the application concerning shareholders and percent ownership were intentionally left blank.

Avera ePharmacy does not purchase, stock, store, prepare, or ship any drug products from our pharmacy. We are not engaged in sterile compounding, nor do we hold a DEA Registration.

Only Nevada licensed pharmacists are granted access to work with Nevada facilities. Avera ePharmacy contracts with health care facilities to provide remote pharmacist review of medication orders as well as clinical services such as pharmacokinetic dosing, renal dose adjustment, and therapeutic drug monitoring. We provide both operational and quality data to our contracted facilities on a monthly basis. In addition, each facility has 24/7 real-time access to our order management software so that the local staff has the ability to view Avera ePharmacy's actions on transmitted orders.

We connect with facilities using encrypted virtual private networks (VPN) to access the hospital's electronic medical record (EMR). We review and evaluate patient medical records as part of our medication verification process. The orders we receive can be electronically generated, as with CPOE orders, or handwritten orders that are received by scan or fax. When the orders are verified and approved within the EMR, they then become accessible through the automated dispensing equipment (such as Omnicell or Pyxis machines).

Our pharmacists enhance the safety of the medication use process in hospitals by providing prospective review and intervention, if necessary, on non-emergent medication orders. Pharmacist-initiated interventions are documented and reported on a monthly basis. We follow the ASHP Guidelines on Remote Medication Order Processing. We assure the availability of pharmacist access to nursing staff, medical staff, pharmacists and patients at any time of day.

Avera ePharmacy has an extensive implementation process that incorporates the contracted facility's medication-related policies and procedures into our order management software for real-time access while a pharmacist is processing orders. We follow local policies as they relate to high-risk medication practices, formulary substitutions, standard drip concentrations, medication administration times, and other clinical protocols.

Any complaints, concerns, or errors noted by the facility staff undergo a two-part review. This review includes one review to immediately remedy the problem, and the second, to address any system adjustments that could prevent the situation from occurring in the future.

Please contact me using the information below should you have any questions regarding our application.

Best Regards,

*Andrea Darr, PharmD*

Andrea Darr, PharmD, BCPS  
Avera eCARE Pharmacy Officer  
4500 N. Lewis Avenue  
Sioux Falls, SD 57104  
Office: 605.322.8358  
Fax: 605.322.8460  
[andrea.darr@avera.org](mailto:andrea.darr@avera.org)

*3/8/17*

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, David Kapaska, D.O.  
Responsible Person of Avera McKennan dba Avera ePharmacy  
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

DAVID L. KAPASKA D.O.

Print Name of Authorized Person

03/08/2017

Date