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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 02716**)

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: Drug Depot, LLC d/b/a APS Pharmacy

Physical Address: 34911 Us Hwy. 19 N., Suite 600

Mailing Address: Same as physical address.

City: Palm Harbor State: Florida Zip Code: 34684

Telephone: 727-787-4137 Fax: 727-781-7361

Toll Free Number: 855-787-4137 (Required per NAC 639.708)

E-mail: info@apsmeds.com/ Website: www.apsmeds.com

nmarling@apsmeds.com

Managing Pharmacist: George Chrysakis License Number: PS36009 (PIC)

PH 20986 (Pharmacy)

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: Veterinary

****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 ☒
**Please see attached supplemental response.
- 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

Jaime Rios
Print Name of Authorized Person

Date

Page 2

Board Use Only

Date Processed: 4/20/2020

Amount: 500-

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: To be supplementedParent Company if any: See attached ownership informationMailing Address: 34911 US Hwy. 19 N., Suite 600City: Palm Harbor State: Florida Zip: 34684Telephone: 727-787-4137 Fax: 727-781-7361Contact Person: George Chrysakis, Pharmacist In Charge

For any corporation non publicly traded, disclose the following:

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

a) N/A See attached Corporate Information and Structure Chart

Name

Address

b)

Name

Address

c)

Name

Address

d)

Name

Address

2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 8:30 am 5:00 pmSaturday N/A am _____ pmSunday N/A am _____ pm24 Hours N/AA 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

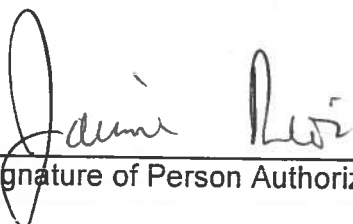
I, Jaime Rios

Responsible Person of Drug Depot, LLC d/b/a APS 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

Jaime Rios
Print Name of Authorized Person

3/23/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Ohio)
) ss.
Franklin COUNTY)

I, Jaime Rios, 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 Corporate President for Drug Depot, LLC d/b/a APS (the Pharmacy

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.

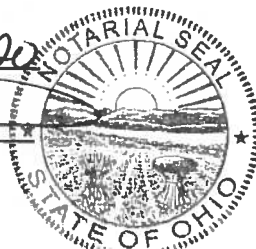
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Jaime Rios, 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
23 day of March, 2020

NOTARY PUBLIC



Name

Jaime Rios
 WILLIAM BRAUN
 Notary Public, State of Ohio
 My Commission Expires 12-22-2020

C#8637985

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/09/2018	PH 20986	104254

he PHARMACY

named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2021**

DRUG DEPOT INC

PS PHARMACY

4911 US 19 N, SUITE 600

ALM HARBOR, FL 34684

QUALIFICATION(S):

SCHEDULE II & III

COMMUNITY PHARMACY

3:1 PHARMACY TECHNICIAN RATIO APPROVED

STATE OF FLORIDA	AC#	8637985
DEPARTMENT OF HEALTH		
DIVISION OF MEDICAL QUALITY ASSURANCE		
DATE	LICENSE NO.	CONTROL NO.
11/09/2018	PH 20986	104254

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2021**

DRUG DEPOT INC



Rick Scott
GOVERNOR



Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Schedule II & III
Community Pharmacy
3:1 Pharmacy Technician Ratio Approved

EXPIRATION DATE: **FEBRUARY 28, 2021**

Your license number is PH 20986. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Registered in Our New Online Service System?" will display.
 - a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
 - b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

The Department of Health will now review
your continuing education records at the
time of license renewal.

To learn more, please visit
www.FLHealthSource.gov/AYRR

Grounds for Discipline

You should be familiar with the Grounds for
Discipline found in Section 456.072(1),
Florida Statutes, and in the practice act for
the profession in which you are licensed.
Florida Statutes can be accessed at
www.leg.state.fl.us/Statutes

AC# 8637986

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/09/2018	PH 27903	104257

The PHARMACY

named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2021**

DRUG DEPOT, INC

PS Pharmacy

4911 US HWY 19N

SUITE 600

ALM HARBOR, FL 34684

QUALIFICATION(S):

SPECIAL STERILE COMPOUNDING

3:1 PHARMACY TECHNICIAN RATIO APPROVED

STATE OF FLORIDA	AC#	8637986
DEPARTMENT OF HEALTH		
DIVISION OF MEDICAL QUALITY ASSURANCE		
DATE	LICENSE NO.	CONTROL NO.
11/09/2018	PH 27903	104257

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2021**

DRUG DEPOT, INC



Rick Scott
GOVERNOR



Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Special Sterile Compounding
3:1 Pharmacy Technician Ratio Approved

EXPIRATION DATE: **FEBRUARY 28, 2021**

Your license number is PH 27903. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Registered in Our New Online Service System?" will display.
 - a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
 - b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

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the profession in which you are licensed.

Florida Statutes can be accessed at
www.leg.state.fl.us/Statutes



Department of Health



License Verification

DRUG DEPOT INC APS PHARMACY

Printer Friendly Version

License Number: PH20986

Data As Of 2/20/2020

License Information	Secondary Locations	Discipline/Admin Action	Supervising Practitioners	Subordinate Practitioners
Profession	Pharmacy			
License	PH20986			
License Status	CLEAR/			
Qualifications	Schedule II & III Community Pharmacy			
License Expiration Date	2/28/2021			
License Original Issue Date	11/23/2004			
Address of Record	34911 US 19 N, SUITE 600 PALM HARBOR, FL 34684			
Discipline on File	Yes - <i>Click on Discipline/Admin Action tab to see more details</i>			
Public Complaint	Yes - <i>Click on Discipline/Admin Action tab to see more details</i>			

Back

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.



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Department of Health



License Verification

DRUG DEPOT, INC APS Pharmacy

Printer Friendly Version

License Number: PH27903

Data As Of 2/20/2020

License Information	Secondary Locations	Discipline/Admin Action	Supervising Practitioners
Profession	Pharmacy		
License	PH27903		
License Status	CLEAR/		
Qualifications	Special Sterile Compounding		
License Expiration Date	2/28/2021		
License Original Issue Date	03/22/2014		
Address of Record	34911 US HWY 19N SUITE 600 PALM HARBOR, FL 34684		
Discipline on File	No		
Public Complaint	No		

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For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.



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Nevada State Board of Pharmacy

Within the last five (5) years:

3) Has the corporation, any owner(s), shareholder(s), partner(s), with any interest, ever been the subject of an administrative action, board citation, site fine, or proceeding relating to the pharmaceutical industry?

First, the applicant, Drug Depot, LLC d/b/a APS Pharmacy (*"Applicant"*), wishes to clarify that, as a new entity, it has never been the subject of an administrative action, board citation, site fine or another other type of proceeding by any board or agency in any jurisdiction. Out of an abundance of caution, we have elected to disclose the below disciplinary history for the predecessor entity, Drug Depot, Inc. d/b/a APS Pharmacy (*"Predecessor Entity"*). Copies of all materials related to the below are enclosed for your reference.

We wish to note that in 2018 the Pennsylvania Board of Pharmacy granted the Predecessor Entity's renewal application, but subjected its license to an indefinite period of probation due to sister-state administrative actions from 2012-2017. The Pennsylvania Board initially chose not to list the probation on its website as a disciplinary action, nor was there language in the Proposed Order characterizing the probation as a discipline. Accordingly, the Predecessor Entity was under the impression that the Pennsylvania Board did not consider the probation to be a discipline and did not report the event as a discipline. Nevertheless, we are reporting it here out of an abundance of caution.

- **Alabama** - In September 2015, the Alabama Board of Pharmacy (*"Alabama BOP"*) entered a Consent Order directing the Predecessor Entity to pay a fine of \$500. The Predecessor Entity paid the fine and its license remains in good standing today.
- **Oklahoma** - In February 2016, the Oklahoma Board of Pharmacy (*"Oklahoma BOP"*) placed the Predecessor Entity's license on probation for three years and imposed a fine and Plan of Correction. The Oklahoma BOP released the Predecessor Entity's license from probation in February 2019 and that license remains in good standing today.
 - **Kansas (sister-state action)** - In January 2017, the Kansas Board of Pharmacy (*"Kansas BOP"*) placed the Predecessor Entity's license on probation for a period not to exceed five years as a result of the 2016 Oklahoma Consent Order. The Predecessor Entity is nevertheless permitted to dispense into the state.
 - **Michigan (sister-state action)** - In February 2017, the Michigan Board of Pharmacy (*"Michigan BOP"*) entered a Consent Order against the Predecessor Entity in a sister-state action for disciplinary actions from Iowa (2016, below) and Oklahoma (2016, above). The Predecessor Entity was ordered to pay a fine of \$2500 and its license was placed on probation for a period of six months. The Predecessor Entity paid the fine, its license is no longer under probation, and it remains in good standing today.
 - **California (sister-state action)** - In July 2017, the California Board of Pharmacy (*"California BOP"*) brought a sister-state action against the Predecessor Entity based on disciplinary actions from Iowa (2016, below) and Oklahoma (2016, above). The California BOP received a citation and issued a fine. The Predecessor Entity's California license remains in good standing today.
 - **Oregon (sister-state action)** - In March 2018, the Oregon Board of Pharmacy (*"Oregon BOP"*) entered a Consent Order that placed the Predecessor Entity's license

on probation for the duration of the Oklahoma probation. The Oregon BOP released the Predecessor Entity's license from probation in May 2019 and it remains in good standing today.

- **Oklahoma Bureau of Narcotics (sister-agency action)** – In April 2018, the Oklahoma Bureau of Narcotics assessed a fine against the Predecessor Entity's controlled substance registration as a result of the Oklahoma probation. The Predecessor Entity's controlled substance registration remains in good standing today.
- **Iowa** - In March 2016, the Iowa Board of Pharmacy ("*Iowa BOP*") issued a citation and ordered a fine against the Predecessor Entity. The Predecessor Entity's Iowa license remains in good standing today.
- **Colorado** – In October 2016, the Colorado BOP issued a Letter of Admonition for the 2015 Alabama discipline and failure to report said action.
- **Texas** - In November 2016, the Texas BOP issued a fine against the Predecessor Entity for failure to report the 2012 Colorado disciplinary action on a 2014 renewal application. The Texas BOP further initiated a sister-state action based on the Colorado (2012), Iowa (2016), and Oklahoma (2016) disciplinary actions. The Predecessor Entity's Texas license remains in good standing today.
- **Colorado** - In December 2016, Colorado BOP placed the Predecessor Entity's license on indefinite probation for the Oklahoma (2016) and Iowa (2016) disciplinary actions and for failure to timely report said actions. The Predecessor Entity's license is active and it is permitted to dispense into the state.
- **Louisiana** - In April 2017, the Louisiana Board of Pharmacy ("*Louisiana BOP*") issued a Letter of Reprimand and ordered a fine against the Predecessor Entity for failure to report disciplinary actions from Alabama (2015), Colorado (2012, 2016), and Texas (2012). The Predecessor Entity's Louisiana license remains in good standing today.
- **Michigan** - In December 2017, the Michigan BOP issued a fine and suspended the Predecessor Entity's license as a result of the 2015 Alabama disciplinary action and failure to timely report said action. The Predecessor Entity's Michigan license was reinstated in January 2018 and remains in good standing today.
- **Minnesota** - In January 2018, the Minnesota Board of Pharmacy ("*Minnesota BOP*") issued a reprimand and ordered a fine against the Predecessor Entity. The Predecessor Entity's Minnesota license remains in good standing today.
- **Alabama (sister-state action)** - In January 2018, the Alabama BOP issued a fine against the Predecessor Entity in a sister-state action for disciplinary actions from Colorado (2016), Iowa (2016), Oklahoma (2016), and Texas (2018). The Predecessor Entity's Alabama license remains in good standing today.

- **Pennsylvania (sister-state)** - In August 2018, the Pennsylvania Board of Pharmacy ("*Pennsylvania BOP*") granted the Predecessor Entity's application for a non-resident pharmacy permit, but subjected the license to an indefinite period of probation due to out-of-state disciplinary actions from 2012-2017. The Predecessor Entity's Pennsylvania license remains active and it is permitted to dispense into the state.
- **Texas** – In November 2018, the Texas BOP issued a fine against the Predecessor Entity. The Predecessor Entity's Texas license remains in good standing today.
- **Maryland** - In January 2019, the Maryland Board of Pharmacy ("*Maryland BOP*") entered an order against the Predecessor Entity for allegedly dispensing into the state without proper licensure and also initiated a sister-state action based on disciplinary actions from Michigan (2018), Oklahoma (2016), Iowa (2016), Alabama (2015), and Florida (2010). The Predecessor Entity paid a fine and its Maryland license remains in good standing today.
- **Illinois (sister-state action)** - In September 2019, the Illinois Board of Pharmacy reprimanded the Predecessor Entity in a sister-state action for disciplinary actions from Iowa (2016), Oklahoma (2016), Texas (2016), Colorado (2016), California (2017), Kansas (2017), Louisiana (2017), Michigan (2017), and Alabama (2018). The Predecessor Entity's Illinois license remains in good standing today.
- **Missouri (sister-state action)** – In February 2020, the Missouri Board of Pharmacy ("*Missouri BOP*") entered an order against the Predecessor Entity in a sister-state action based on disciplinary actions from Oklahoma (2016), Colorado (2016), Iowa (2016), Texas (2016), Kansas (2017) California (2017), Michigan (2017), Alabama (2018), Minnesota (2018), and Oregon (2018). Missouri BOP placed the Predecessor Entity's license on probation for a period of three years. The Predecessor Entity's license remains active and it is permitted to dispense into the state.

IN THE MATTER OF:)	BEFORE THE ALABAMA STATE
)	
DRUG MEDICAL INC; dba APS PHARMACY)	
Non- Resident Pharmacy)	BOARD OF PHARMACY
Permit #114007/202063)	

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against DRUG MEDICAL INC; dba APS PHARMACY (hereinafter referred to as "APS") relating to engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first receiving your permit from the Board required by Code of Alabama (1975) §34-23-30 in violation of Code of Alabama (1975), §34-23-33(7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, APS pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That APS is guilty of violating Code of Alabama (1975) §34-23-33 (7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30.
2. That APS shall pay to the Board simultaneously with the

AUG 18 2015

SEP 24 2015

execution of this Consent Order a fine in the amount of Five Hundred Dollars (\$500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and APS shall not attempt to discharge the same in any bankruptcy proceeding.

3. By execution of this Consent Order APS hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That APS expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against APS. APS further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975) §41-22-18.

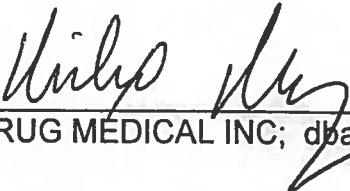
5. That APS agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

AUG 18 2015

SEP 24 2015

6. That APS acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. APS acknowledges, stipulates and agrees that they voluntarily and of their own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

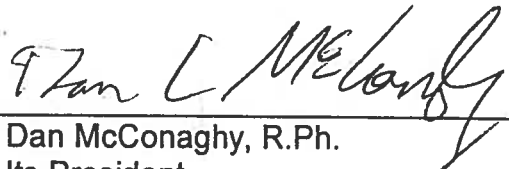
DONE this the 17 day of August, 2015.



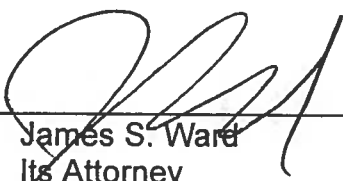
DRUG MEDICAL INC; dba APS PHARMACY

DONE this the 17 day of Sept, 2015.

ALABAMA STATE BOARD OF
PHARMACY

BY: 

Dan McConaghy, R.Ph.
Its President

BY: 

James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205)871-5404

AUG 18 2015

SEP 24 2015

**BEFORE THE STATE BOARD OF PHARMACY
STATE OF OKLAHOMA**

IN THE MATTER OF THE COMPLAINT AGAINST: APS Pharmacy (99-7398) 34911 US Highway 19 N, Ste 600 Palm Harbor, FL 34684))))))	Case No. 1390
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**AGREED FINDINGS OF FACT, CONCLUSIONS OF LAW
AND FINAL ORDER**

This matter came for hearing on February 24, 2016, before the Oklahoma State Board of Pharmacy ("Board"). Board members St. Cyr, Dudley, Spoon, Wilson, Adams, and Whitehead were present. President Spoon presided. Brinda K. White, Assistant Attorney General, served as prosecutor for the Board. Respondent was represented by legal counsel Beauchamp M. Patterson.

The Complaint in this matter is incorporated by reference into this Order.

The Board and Respondent hereby agree to the following Findings of Fact, Conclusions of Law and Final Order. Respondent has been advised of its right to contest the allegations against it, to cross-examine witnesses, and to present witnesses and evidence in its own defense. Respondent hereby knowingly and voluntarily waives these rights. In addition, Respondent understands and acknowledges that this document is a public record that must be provided to anyone requesting it.

Should this Order not be accepted by the Board, Respondent agrees that neither the presentation of the Order to the Board nor the Board's consideration of the Order will be deemed to have unfairly or illegally

prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participating in proceedings related to the matters set forth in the Order.

AGREED FINDINGS OF FACT

1. Respondent is licensed in the State of Oklahoma as a non-resident pharmacy and is located at 34911 US Highway 19 N, Ste 600, Palm Harbor, FL 34684.

2. In March of 2015, the Board received information that the Drug Enforcement Administration ("DEA"), the Oklahoma Bureau of Narcotics and Dangerous Drugs ("OBNDD"), and the Oklahoma State Board of Medical Licensure and Supervision ("Medical Board") (collectively, "The Agencies") had investigated an Oklahoma business called Enhance Spa. Based on their respective findings of fact, The Agencies determined that employees of Enhance Spa, one of whom was a nurse: (i) examined the patients and drew blood for blood chemistry tests; (ii) interpreted the lab results; (iii) made diagnoses and prescribed medication; and (iv) sent prescriptions for the patients, including CDS prescriptions with stamped signatures, to Respondent who filled and shipped the prescriptions to Enhance Spa based on their apparent content. The Agencies further determined that the nurse at Enhanced Spa implanted the pellets under the skin of the patients, and that Dr. Darnell Blackmon, whose name was on the scripts, neither saw the patients nor authorized their prescriptions.

3. The Medical Board, OBNDD, and DEA seized all of the testosterone at Enhance Spa because Dr. Blackmon was not registered with the DEA at that address. Subsequently, the Board determined that

Respondent was not permitted to mail patient-specific drugs to any address other than to the patient's home or place of employment. An audit by The Agencies showed that Enhance Spa had 24 vials of Testosterone pellets, 22 of which were labeled for specific patients.

4. On September 24, 2015, Dr. Blackmon was disciplined by the Medical Board. Dr. Blackmon's license was suspended for a period of 20 days, he was fined \$50,000, he was not permitted to dispense controlled substances for a period of 5 years and he was limited to practicing orthopedic medicine for a period of 5 years.

5. Because Respondent was not continuously licensed by the Board during the entire time in which Respondent was shipping drugs to Enhance Spa, the Board subpoenaed Respondent's dispensing records in June of 2015 for the period October 1, 2013 through May 31, 2015. The records produced by Respondent showed that during this period of time, Respondent filled and shipped 1952 prescriptions of which 1002 were for controlled substances. The majority of prescriptions filled consisted of medications that were sterile products such as testosterone or estradiol pellets and testosterone or HCG injections. During the October 1, 2013 through May 31, 2015 time frame, Respondent continued to submit CDS prescriptions to Oklahoma's Prescription Monitoring Program ("PMP").

6. Respondent's dispensing records showed that it compounded HCG injection in 11,000 units; this drug is available commercially in 10,000 units. Respondent's dispensing records showed that it compounded Cyanocobalamin Injection 1mg/ml which is available commercially in that strength. Respondent's dispensing records showed that it compounded Testosterone Cypionate 200mg/ml and Testosterone Enanthate 200mg/ml

which are both available commercially in that strength. However, Respondent did not use the same oil that is used in commercially available drugs. Respondent used sesame and grapeseed oils.

7. On August 11, 2015, the Board received a Non-Resident Pharmacy application from Respondent. The Board issued Respondent's license on August 19, 2015.

8. In Section G of the license application, Applicant History, Respondent answered "No" to Question 4:

Has any sanction or disciplinary action been taken regarding any license permit or registration issued to the applicant, officers, directors, partners or stockholders involving the practice of pharmacy? (If the applicant is a business entity, you need not include members, partners or stockholders in this question unless they currently serve as managers, officers or directors of the applicant business, or own more than twenty percent (20%) of the business entity.)

Respondent included in its application a copy of the pharmacy license it was issued by the State of Florida Department of Health Division of Medical Quality Assurance, license number PH 20986.

9. On October 30, 2015, the Board received a Parenteral Permit Application from Respondent. Respondent never received approval for the application. The application stated that John Ford, Oklahoma licensed DPh number 13183, is the PIC. Since March 20, 2015, John Delano Ford, DPh 13183, has been and still is the PIC at H & G Home Medical & Infusion (pharmacy license number 9-4296), 112 NE Washington Blvd in Bartlesville, Oklahoma. Ford is not licensed as a pharmacist in Florida; therefore, Ford could not be Respondent's PIC.

10. The State of Florida Department of Health has disciplined

Respondent. On July 2, 2009, the State of Florida Department of Health filed an Administrative Complaint in Case No. 2008-16712 against Respondent. The complaint contained 9 counts and these counts included violations for wholesaling drugs without a permit, dispensing prescription drugs without prescriptions, failing to properly maintain compounding records, purchasing prescription drugs from an unauthorized vendor, receipt of prescription drugs from a wholesaler without receipt of pedigree papers, mislabeling of drugs, having outdated drugs in the pharmaceuticals active stock, having an improper generic drug sign and improperly storing prescription drugs (the "Florida 2009 Complaint").

11. On January 7, 2010, Respondent entered into a Settlement Agreement in Case No. 2008-16712 with the State of Florida Department of Health. On May 11, 2010, the State of Florida Department of Health issued a Final Order Approving Settlement Agreement. Respondent was fined \$2500.00 in addition to administrative costs associated with the investigation and prosecution of this matter which was determined to be \$2534.31. Also, the prescription department manager was required to successfully complete a 12 hour laws and rules CE course approved by the Florida Department of Health or successfully take the MPJE within 1 year after the date the Final Order was filed (the "Florida Settlement Agreement").

12. Respondent disclosed both the Florida 2009 Complaint and the corresponding Florida Settlement Agreement to the Board in connection with Respondent's 2011 non-resident license application, which the Board granted.

AGREED CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter and over the

Respondent pursuant to 59 O.S. §§ 353.7 and 353.26.

2. Any Finding of Fact which is properly a Conclusion of Law is hereby incorporated by reference and vice versa.

3. Respondent has admitted violating 59 O.S. § 353.18(A)(1) by selling at retail, or offering for sale, dangerous drugs, medicines, chemicals or poisons for the treatment of disease, excluding agricultural chemicals and drugs or accepting prescriptions for the same, without first procuring a license from the Board for the period of October 1, 2013 through May 31, 2015, as set forth in Count 1 of the Complaint.

4. Respondent has admitted violating OAC 535:15-3-9(b)(1) by failing, as a non-resident pharmacy, to make application and receive an annual non-resident pharmacy license at a fee set by the Board for the period October 1, 2013 through May 31, 2015, as set forth in Count 2 of the Complaint.

5. Respondent neither admits nor denies violating 59 O.S. § 353.24(A)(4) by entering into an arrangement whereby prescription orders are received, or prescriptions are delivered, at a place other than the pharmacy in which they are filled, compounded or dispensed, as set forth in Count 3 of the Complaint.

6. Respondent does not dispute that the Board has found that it violated OAC 535:15-10-53(a) by compounding a drug preparation that is commercially available in the marketplace or that is essentially a copy of an available FDA-approved drug product, as set forth in Count 4 of the Complaint.

7. Respondent neither admits nor denies violating OAC 535:15-3-2(c)(4) by failing to establish and maintain effective controls against the

diversion of prescription drugs into other than legitimate medical, scientific, or industrial channels as provided by federal, state or local laws or rules, as set forth in Count 5 of the Complaint.

8. Respondent neither admits nor denies violating OAC 475:30-1-4(a) and OAC 535:10-3-1.2(1) by filling a written prescription that was not signed by the practitioner in the same manner as he/she would sign a check or legal document, as set forth in Count 6 of the Complaint.

9. Respondent neither admits nor denies violating OAC 535:15-3-13(c) by failing to ensure that the prescription drug or medication order, regardless of the means of transmission, has been issued for a legitimate medical purpose by an authorized prescriber acting in the usual course of the prescriber's professional practice, as set forth in Count 7 of the Complaint.

10. Respondent neither admits nor denies violating OAC 535:15-3-13(d) by dispensing a prescription drug knowing or should have known that the prescription was issued without a valid preexisting patient-prescriber relationship, as set forth in Count 8 of the Complaint.

11. Respondent has admitted violating OAC 535:25-9-4(1) by making or filing a report or record that the registrant knows or should have known to be false, intentionally or negligently failing to file a report or record required by federal, state or local laws or rules, willfully impeding or obstructing such filing, or inducing another person to violate this rule, as set forth in Count 9 of the Complaint. Specifically, Respondent admits that it submitted a parenteral permit application that designated a Pharmacist-in-Charge who was not licensed in the State of Florida.

12. Respondent neither admits nor denies violating OAC 535:25-9-3 by directly violating (or indirectly, through actions of another), or by assisting

or abetting in the violation of, or by conspiring to violate, any provision of the Oklahoma Pharmacy Act (59 O.S. § 353 et seq.), the Federal Food, Drug and Cosmetic Act, as amended by the Drug Quality and Security Act of 2013, the Prescription Drug Marketing Act (21 U.S.C. Sec. 331 et seq.), the Robinson-Patman Act (15 U.S.C. Sec. 13 et seq.), or federal, state and local laws and rules, as set forth in Count 10 of the Complaint.

13. Respondent has admitted violating OAC 535:25-7-3(a) by failing to conduct business at all times in conformity with all federal, state and municipal laws, as set forth in Count 11 of the Complaint.

14. Respondent neither admits nor denies violating OAC 535:25-7-3(b) by failing to conduct itself at all times in a manner that will entitle it to the respect and confidence of the community in which it practices, as set forth in Count 12 of the Complaint.

15. Respondent neither admits nor denies violating OAC 535:15-3-9(c)(1) by failing to follow Oklahoma pharmacy laws and regulations in the practice of pharmacy for the Oklahoma portion of the nonresident pharmacy's practice or operation; specifically, Respondent submitted an application including a pharmacist-in-charge who was not currently licensed as a pharmacist in Florida and in Oklahoma, as set forth in Count 13 of the Complaint.

16. Pursuant to 59 O.S. §353.7(11), for any registrant who violates any provision of the Oklahoma Pharmacy Act including the Board's rules, the Board has authority to levy fines not to exceed Three Thousand Dollars (\$3000.00) for each violation; to reprimand, place on probation or suspend or revoke the license of a licensee; to require extra hours of continuing education and to require participation in a rehabilitation program for the

impaired. The Board may also impose as part of any disciplinary action the payment of costs expended by the Board for any legal fees and costs, including, but not limited to, staff time, salary and travel expense, witness fees and attorney fees.

17. Based on the above Agreed Findings of Fact, Respondent is subject to disciplinary action pursuant to 59 O.S. §§ 353.7 and 353.26.

AGREED ORDER

1. Respondent, APS Pharmacy, holder of non-resident pharmacy license No. 99-7398, admits to guilt on Counts 1, 2, 9, and 11. Respondent does not dispute that the Board has found it violated Count 4. Respondent neither admits nor denies guilt on the remainder of the counts.

2. Respondent is hereby placed on probation for three (3) years until February 24, 2019.

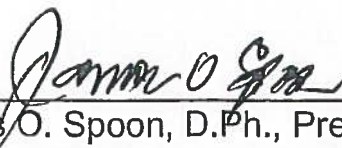
3. Respondent is hereby fined Three Thousand Dollars (\$3000.00) per count on Counts 1, 2, 4, 9 and 11 for a total fine of Fifteen Thousand Dollars (\$15,000.00). The fine is due on February 24, 2016.

4. Respondent shall develop and implement a Plan of Correction. That Plan of Correction shall be submitted on or before March 24, 2016, to the Board's Executive Director for his approval.

5. Failure of Respondent to abide by any of the terms of this Agreed Order could result in further disciplinary action as allowed by the Oklahoma Pharmacy Act or the Board's rules.

6. The Board retains jurisdiction over the instant case until all matters are finally resolved as set forth in this Order.

All participating members vote "Aye".



James O. Spoon, D.Ph., President
Oklahoma State Board of Pharmacy

State of Oklahoma)
) ss.
County of Oklahoma)

Subscribed and sworn before me on this the 24th day of February, 2016.



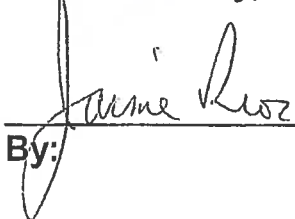
Notary Public



I am Jaime Ries of APS Pharmacy (99-7398), and, therefore, I am authorized to sign on behalf of APS Pharmacy. I have read the above Agreed Findings of Fact, Conclusions of Law and Final Order. I understand that by its terms APS Pharmacy will be waiving certain rights accorded it under Oklahoma Law. I also understand that by its terms the Oklahoma State Board of Pharmacy has placed APS Pharmacy on probation and that APS Pharmacy must comply with the terms and conditions of the Agreed Order or further discipline will be imposed on it. On behalf of APS Pharmacy, I agree to the above Agreed Order.

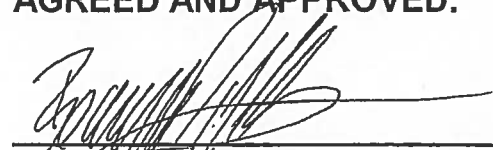
Dated this 19th day of February, 2016.

APS Pharmacy, Respondent



By:

AGREED AND APPROVED:

A handwritten signature in black ink, appearing to read 'Beauchamp M. Patterson', is written over a horizontal line.

Beauchamp M. Patterson, OBA # 19188

Patricia A. Rogers, OBA # 18353

Attorneys for Respondent



OKLAHOMA

State Board of Pharmacy

2920 N. Lincoln Blvd, Suite A • Oklahoma City, OK 73105-4211
 pharmacy@pharmacy.ok.gov • www.pharmacy.ok.gov
 Dorothy Gourley, DPh, Executive Director
 Phone: 405.521.3815 • Fax: 405.521.3758

April 30, 2019

APS Pharmacy
 34911 US Hwy 19 N, Ste. 600
 Palm Harbor, FL 34684

Re: Case No. 1390 – February 24, 2016

Dear Pharmacist:

This letter will confirm the end of the probation of the pharmacy. The completion date for the Board ordered probation of your Oklahoma pharmacy license #99-7398 was February 24, 2019. The records in the Board office will no longer show that your license is on probation.

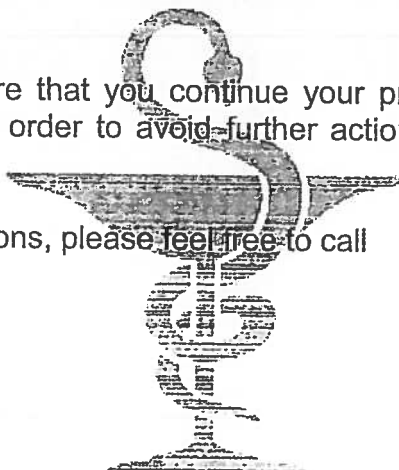
It is the Board's desire that you continue your practice in accordance with all pharmacy laws and rules in order to avoid further action against your license by the Board.

If you have any questions, please feel free to call

Sincerely,

Dorothy Gourley

Dorothy Gourley, DPh
 Executive Director



DG:rj

A Constitutional Board Established in 1907

President Kyle Whitehead, D.Ph. <i>Enid</i>	Vice-President Mark St.Cyr, .D.Ph. <i>Jones</i>	Member Greg Adams, D.Ph. <i>Clinton</i>	Member James O. Spoon D.Ph. <i>Sand Springs</i>	Member Justin Wilson, D.Ph. <i>Norman</i>	Public Member Stephen Dudley <i>Edmond</i>
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BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of)

APS Pharmacy)

Registration No. 22-12906)

Case No. 16-097

1/10/2017
 10:00 AM
 BOARD OF PHARMACY

SUMMARY ORDER

NOW on this 6 day of January, 2017, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of APS Pharmacy ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 22-12906 which entitles Respondent to function as a non-resident pharmacy in the State of Kansas ("Respondent's Registration").

2. On or about June 30, 2016, Respondent submitted a renewal application to the Board. Respondent reported disciplinary history with other states in the renewal application and submitted the S-300 Facility History form, along with a Final Order with the Oklahoma Board of Pharmacy, on July 21, 2016.

3. The Oklahoma Order included the following offenses:

Matter of APS Pharmacy, No. 16-097 (Kan. Bd. of Pharmacy)

SUMMARY ORDER

Page 1 of 5

- (1) Respondent allowed its non-resident license to lapse.
- (2) Respondent compounded a commercially available drug.
- (3) Respondent delivered patient-specific testosterone pellets to a physician's office for surgery.
- (4) Respondent allowed inconsistent signatures from a specific physician.
- (5) Before servicing any clinic, Respondent required signed paperwork explaining the practice setting to ensure proper doctor-patient relationship, however, upon investigation, it was determined that this policy had not been satisfied.
- (6) Respondent did not have a Pharmacist in Charge licensed in Oklahoma as well as the resident state where the pharmacy is located, as required by Oklahoma law.
- (7) Respondent neither admitted nor denied guilt.

4. The Oklahoma Board placed Respondent Pharmacy on probation for three years, or until February 24, 2019, imposed a fine of \$15,000, and required Respondent to develop and implement a Plan of Correction.

5. Furthermore, the Oklahoma Order stipulated that failure to abide by any of the terms of the Order would result in further disciplinary action.

6. On September 8, 2016, an investigator for the Board called and spoke to an Oklahoma Board inspector about Respondent and the Oklahoma Order, who confirmed the above statements.

CONCLUSIONS OF LAW

7. Pursuant to K.S.A. 65-1627(a)(12), the Board may place on probationary status the registration of any pharmacy upon a finding that the pharmacy has had a registration limited or censured by the proper licensing authority of any state.

8. Respondent's discipline and probation imposed by the Oklahoma Board of Pharmacy warrants the Board to place its renewal registration on probationary status in Kansas.

ORDER

Based upon the foregoing findings of fact and conclusions of law, Respondent's Renewal is GRANTED, subject to a probationary period not to exceed five years, with bi-annual reporting of (1) patient specific prescriptions sent to Kansas patient residences, Kansas physician offices and any and all other Kansas locations, (2) any and all recalls issued by Respondent, and (3) notification to the Board of any FDA inspection. Respondent is also required to comply with state and federal laws during the probationary period.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

Matter of APS Pharmacy, No. 16-097 (Kan. Bd. of Pharmacy)

SUMMARY ORDER

Page 3 of 5

3. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

11/6/17
Date



Alexandra Blasi, J.D., M.B.A.
Executive Secretary
Kansas Board of Pharmacy

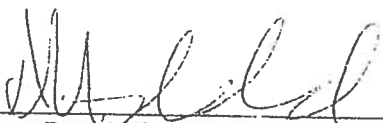
CERTIFICATE OF SERVICE

I hereby certify that I did, on the 6 day of January, 2017, deposit in the United States Mail, postage prepaid, a copy of the foregoing Summary Order, properly addressed to the following:

APS Pharmacy
34911 US Highway 19N, Ste. 600
Palm Harbor, FL 34684

and the original hand delivered to:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Ste. 1414
Topeka, KS 66612



Kansas Board of Pharmacy Staff

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

APS PHARMACY
License Number: 53-01-009652

File Number: 53-16-142843
CONSENT ORDER AND STIPULATION

CONSENT ORDER

On October 6, 2016, the Department of Licensing and Regulatory Affairs (Department) executed an Administrative Complaint (Complaint) charging APS Pharmacy (Respondent) with violating section(s) 17768(2)(d) of the Public Health Code, MCL 333.1101 et seq.

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code. The Disciplinary Subcommittee of the Michigan Board of Pharmacy (Board) has reviewed the Consent Order and Stipulation (Order) and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violation of section(s) 17768(2)(d) of the Public Health Code, supra.

Accordingly, IT IS ORDERED that for the cited violations of the Public Health Code, Respondent is placed on PROBATION for six months, commencing on the effective date of this Order. The terms of probation shall be as follows:

1. ACCREDITATION DOCUMENTATION: Respondent shall submit board-accepted verification of accreditation by a national accrediting organization that assessed Respondent for compliance with U.S. Pharmacopeial Convention (USP) standards.

Respondent shall mail the verification of accreditation documentation to the **Department of Licensing and Regulatory Affairs, Legal Affairs Division, Compliance Section, P.O. Box 30670, Lansing, MI 48909.**

2. COMPLIANCE WITH THE PUBLIC HEALTH CODE: Respondent shall comply with all applicable provisions of the Public Health Code and rules promulgated thereunder.
3. COSTS: Respondent shall be solely responsible for payment of all costs incurred in complying with the terms of this Order.

IT IS FURTHER ORDERED that Respondent shall be automatically discharged from probation at the end of the probationary period, PROVIDED Respondent has paid the fine set forth below, complied with the terms of this Order and has not violated the Public Health Code.

IT IS ORDERED that for the cited violation of the Public Health Code, Respondent is FINED \$2,500.00 to be paid to the State of Michigan within 90 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Legal Affairs Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-16-142843**.

IT IS FURTHER ORDERED that if Respondent fails to comply with the terms and conditions of this Order, Respondent's license to practice as a pharmacy shall be automatically suspended for a minimum of one day. If, within six months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

IT IS FURTHER ORDERED that if Respondent's license to practice as a pharmacy remains suspended for more than six months, Respondent must apply for reinstatement of the license. In the event Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections 16245 and 16247 of the Public Health Code, supra.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: _____

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of section 17768(2)(d) the Public Health Code, supra.
2. Respondent understands and intends that by signing this Stipulation, Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 et seq, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.
3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq; and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Patricia A. Keim, R.Ph., a member of the Michigan Board of Pharmacy, who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the Disciplinary Subcommittee in this matter.

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee. Respondent and the Department expressly reserving the right to further proceedings without prejudice should the Order be rejected.

AGREED TO BY:

Kim Gaedeke, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

Dated: _____

kp

AGREED TO BY:

Michael Marling, GM
APS Pharmacy
Respondent

Dated: _____



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 3, 2018

APS Pharmacy
34911 US Hwy 19 N #600
Palm Harbor, FL 34684

Re: File 53-16-142843

Dear Licensee :

You have complied with the terms of the Board of Pharmacy Disciplinary Subcommittee's Consent Order dated April 12, 2017. Effective January 3, 2018, you are discharged from probation, and the status of your license has been changed from suspended to full and unlimited.

Please be advised that in accordance with State law, this disciplinary action will remain a permanent part of your license history.

Bureau of Professional Licensing
Enforcement Division
Compliance Section


California State Board of Pharmacy

1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

July 28, 2017

DATED MATERIAL ENCLOSED

APS PHARMACY
 ATTN: JAIME ALBERTO RIOS, PRS
 34911 US HWY 19N STE 600
 PALM HARBOR, FL 34684

**RE: CI 2016 74158
 APS PHARMACY
 NRP 1286**

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- August 27, 2017: Unless the Citation is contested payment of fine(s) must be received by the Board.
- August 11, 2017: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- August 27, 2017: Any contest of the Citation by request for a formal Appeal must be received by the Board.

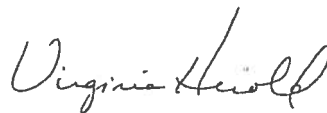
Page two
APS PHARMACY
CI 2016 74158

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Ericka Busby, Enforcement Analyst at (916) 574-7731.

Sincerely

A handwritten signature in cursive script, appearing to read "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy .

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **August 27, 2017**.
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy

Attn: Ericka Busby

1625 North Market Boulevard, Suite N219

Sacramento, CA 95834-1924

(916) 574-7731

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than August 11, 2017 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than August 27, 2017 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Jennifer Sevilla, Associate Enforcement Analyst, at (916) 574-7924.

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number	Name, License No
CI 2016 74158	APS PHARMACY, NRP 1286

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301 subd. (n)	Unprofessional Conduct - Out of state disciplinary action	\$2,500.00
Bus. & Prof. Code § 4301 subd. (n)	Unprofessional Conduct - Out of state disciplinary action	\$2,500.00

CONDUCT:

Business and Professions Code section 4301(n) authorizes the Board to take action against a licensee for the revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required. Specifically, on March 8, 2016, the Iowa Board of Pharmacy cited APS Pharmacy's Iowa license and ordered it to pay \$2,500 after the pharmacy shipped approximately 100 prescriptions into Iowa without an active pharmacy license from Jan. 1, 2014 through Sep. 7, 2014.

Business and Professions Code section 4301(n) authorizes the Board to take action against a licensee for the revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required. Specifically, on Feb. 24, 2016, the Oklahoma Board of Pharmacy (OKBP) placed APS Pharmacy's Oklahoma license on probation for three years, until Feb. 24, 2019, and fined it \$15,000. The OKBP acted after finding that APS Pharmacy was not continuously licensed from Oct. 1, 2013, to May 31, 2015, when it shipped 1,952 prescriptions to Enhance Spa, 1,002 of which were for controlled substances; mailed patient-specific drugs to addresses other than the patient's home or place of employment; and compounded medications in strengths that were already commercially available.

CITATION ISSUED ON: July 28, 2017

TOTAL AMOUNT OF FINE(S): \$5,000.00

PAYMENT OF FINE(S) DUE BY: August 27, 2017

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number	Name, License No
CI 2016 74158	APS PHARMACY, NRP 1286

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CITATION ISSUED ON: July 28, 2017

TOTAL AMOUNT OF FINE(S): \$5,000.00

PAYMENT OF FINE(S) DUE BY: August 27, 2017

California State Board of Pharmacy**DECLARATION OF SERVICE BY CERTIFIED MAIL**

Name: APS PHARMACY, NRP 1286
Citation and Fine CI 2016 74158

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On July 28, 2017, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME


APS PHARMACY
ATTN: JAIME ALBERTO RIOS, PRS
34911 US HWY 19N STE 600
PALM HARBOR, FL 34684

CERTIFIED MAIL NO

7016 2710 0000 2970 9339

I declare under penalty of perjury that the forgoing is true and correct.

Executed on July 28, 2017, at Sacramento, California.



DECLARANT

Ericka Busby
Enforcement Analyst



Oregon

Kate Brown, Governor

Board of Pharmacy

800 NE Oregon Street, Suite 150

Portland, OR 97232

Phone: (971) 673-0001

Fax: (971) 673-0002

Pharmacy.board@oregon.gov

www.oregon.gov/pharmacy

May 6, 2019

APS Pharmacy
34911 US Highway 19 N Ste 600
Palm Harbor, FL 34684-1921

Re: Case No. 2017-0372

This letter will confirm the end of your probation. The completion date for your Board ordered probation is May 6, 2019.

It is the Board's desire that you continue your practice in accordance with all pharmacy laws and rules in order to avoid further action by the Board against your license.

Should you have any questions concerning your practice in the future, you are encouraged to call the Board office for assistance.

Sincerely,

Brianne Efremoff, Pharm.D, R.Ph.
Compliance Director

CC: Oregon Board of Pharmacy Licensing Department
National Practitioner Data Bank

BE/ko

RECEIVED

MAR 09 2018

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

OREGON BOARD OF PHARMACY

In the Matter of the) Case No. 2017-0372
Drug Outlet Registration of)
)
DRUG DEPOT INC dba:) CONSENT ORDER
APS PHARMACY)
)
Registrant)

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

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

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

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

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that the registrant's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby imposes the following sanctions:

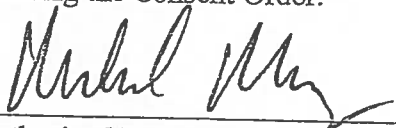
1. The respondent is placed on probation for the duration of their probation with the Oklahoma Board of Pharmacy. Terms of probation with the Oregon Board of Pharmacy:
 - a. The respondent shall comply with all terms and conditions of the Oklahoma Board of Pharmacy Agreed Findings of Fact, Conclusions of Law and Final Order in Case No. 1390 (Oklahoma Order);
 - b. Respondent shall notify the Oregon Board in writing within 15 calendar days of any action related to their Oklahoma Order, including but not limited to, the completion of their probation. Respondent shall submit said written acknowledgement to the Board office by certified mail (or other method approved by the Board in writing) within 15 calendar days and retain receipt of verification of delivery to the Board office; and
 - c. The respondent shall comply with all Oregon laws and rules regarding

pharmacy practice.

2. Failure of the respondent to comply with all the requirements of this Consent Order constitutes unprofessional conduct and is grounds for revocation or any other form of discipline or sanction authorized by law.

CONSENT

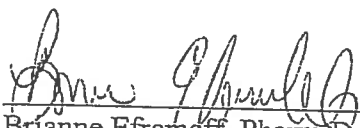
I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice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


 Authorized Representative
 DRUG DEPOT INC dba:
 APS Pharmacy
 Registrant (Registration No. RP-0002770)

3/1/18
 Date

IT IS SO ORDERED.

BOARD OF PHARMACY
 FOR THE STATE OF OREGON


 Brianne Efremoff, Pharm.D., R.Ph.,
 Compliance Director

3/12/18
 Date

BEFORE THE OKLAHOMA STATE BUREAU OF
NARCOTICS AND DANGEROUS DRUGS CONTROL
STATE OF OKLAHOMA

FILED
Oklahoma State Bureau of Narcotics
and Dangerous Drug Control

APR 26 2018

Office of the General Counsel
By *[Signature]*

STATE OF OKLAHOMA, *ex rel.*
THE OKLAHOMA STATE BUREAU OF
NARCOTICS AND DANGEROUS DRUGS
CONTROL, JOHN SCULLY, Director,

Petitioner,

v.

Case No. SCH-2018-007

APS PHARMACY,
OBN REGISTRATION #52622,

Respondent.

*CORRECTION: OBND REGISTRATION
NUMBER IS 46706

STIPULATION AND AGREED ORDER

COMES NOW the parties to the above-styled and numbered cause to present this *Stipulation and Agreed Order*. The State of Oklahoma appears by and through Oklahoma Bureau of Narcotics Deputy General Counsel Sunne Riedel Day, and the Respondent, APS Pharmacy, by and through Jaime Rios and attorney Vani Singhal. The parties hereby agree to the following:

JURISDICTION

1. That John Scully is the Director of the Oklahoma Bureau of Narcotics (OBN) and is charged with the duty of administering and enforcing the provisions of the Uniform Controlled Dangerous Substances Act of the State of Oklahoma (UCDSA), 63 O.S. §§ 2-101 *et seq.*; See also 63 O.S. § 2-106;
2. That the Director has the authority to register practitioners to dispense, prescribe, administer or use for scientific purposes controlled dangerous substances (CDS) in

Schedules II through V of the UCDSA and shall register practitioners if they are authorized to carry on their respective activities under the laws of the State of Oklahoma, 63 O.S. §2-303(C);

3. That once a practitioner is a registrant pursuant to 63 O.S. §2-303, the Director has the authority to limit, condition, deny, suspend or revoke a registration upon a finding that the registrant has violated any provision of 63 O.S. §2-304(A);
4. That in lieu of or in addition to any other remedies available to the Director, if a finding is made that a registrant has committed any act in violation of federal law relating to any controlled substance, any provision of the UCDSA, or any OBN rules, the Director is authorized to assess an administrative penalty not to exceed Two Thousand Dollars (\$2,000.00) for each act, 63 O.S. §2-304(D);
5. That before the Director takes any action on an OBN registration, the Director shall serve upon the registrant an order to show cause why registration should not be denied, revoked or suspended or why the renewal should not be refused, 63 O.S. §2-305(A);
6. That the registrant is entitled to an administrative hearing on an order of show cause, wherein the State of Oklahoma must prove by clear and convincing evidence the allegations contained within the order to show cause, 63 O.S. §2-305(A);

FINDINGS OF FACT

7. That APS Pharmacy (hereinafter – *Respondent*) is licensed by the Oklahoma State Board of Pharmacy (OSBP) as a non-resident pharmacy (license number 99-7398)

owned by Drug Depot, Inc., 34911 US Hwy 19 N, Ste. 600, Palm Harbor, FL, 34684;

8. That Respondent is an OBN registrant (OBN registration number 52622 - expiration October 31, 2018) authorized to dispense, prescribe, administer or use for scientific purposes controlled dangerous substances in Schedules II through V of the UCDSA;
9. That an *Order to Show Cause and Notice of Hearing* was filed with the Oklahoma Bureau of Narcotics in an administrative action on April 3, 2018;
10. That the *Order to Show Cause and Notice of Hearing* was served on the Respondent and Respondent submits to the jurisdiction of the Director as an OBN registrant;
11. That on or about February 24, 2016, OSBP, pursuant to an agreed order, placed Respondent on probation for three (3) years until February 24, 2019;
12. That between October 1, 2013 to May 31, 2015, Respondent sold at retail dangerous drugs without first procuring a license from OSBP;

CONCLUSIONS OF LAW

13. Upon a finding that Respondent has violated a provision of 63 O.S. §2-304, the OBNDD Director may limit, condition, deny, suspend or revoke a Respondent's registration. Based on the allegations of fact contained herein, Respondent is alleged to have violated the following statutory provisions:

- 13.1 "Has had a restriction, suspension, revocation, limitation, condition, or probation placed on his or her professional license or certificate or

practice as a result of a proceeding pursuant to the general statutes" 63

O.S. §2-304(A)(6);

- 13.2 "Has violated any federal law relating to any controlled substances, any provision of the Uniform Controlled Dangerous Substances Act, or any rules of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control" 63 *O.S. §2-304(A)(11);*

- 13.3 "Except as authorized by the Uniform Controlled Dangerous Substances Act, it shall be unlawful for any person:

1. To distribute, dispense, transport with intent to distribute or dispense, possess with intent to manufacture, distribute, or dispense, a controlled dangerous substance or to solicit the use of or use the services of a person less than eighteen (18) years of age to cultivate, distribute or dispense a controlled dangerous substance" 63 *O.S. §2-401;*

STIPULATION

The parties hereby stipulate that if State's witnesses were called and sworn, that the testimony presented would be sufficient to prove by clear and convincing evidence that Respondent, as an OBN registrant, violated provisions of the Uniform Controlled Dangerous Substances Act of the State of Oklahoma, 63 *O.S. §2-101 et seq.*, as stated in paragraphs 13.1, 13.2, and 13.3 herein. By agreement of the parties, paragraph 13.1 will account for one (1) count of having had a restriction, suspension, revocation, limitation, condition, or probation placed on his or her professional license or certificate or practice in violation of 63 *O.S. §2-304(A)(6)*. Paragraphs 13.2 and 13.3 will account for one (1) count of

having violated any provision of the Uniform Controlled Dangerous Substances Act to wit: distribute, dispense, transport with intent to distribute or dispense, possess with intent to manufacture, distribute, or dispense, a controlled dangerous substance in violation of 63 O.S. §2-304(A)(11) and 63 O.S. §2-401.

AGREED ORDER

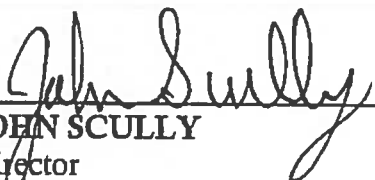
NOW on this 23rd day of April, 2018, based on the stipulations of the parties, the agreed findings of fact and conclusions of law, and under the authority of the powers granted by 63 O.S. §2-101 et. seq. as Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, I hereby find:

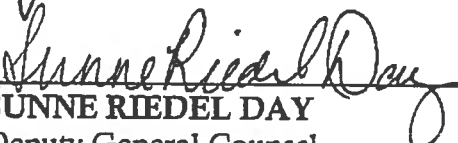
1. That APS Pharmacy, the Respondent herein, is licensed by the Oklahoma State Board of Pharmacy (OSBP) as a non-resident pharmacy (license number 99-7398) owned by Drug Depot, Inc.;
2. That Respondent is a current OBN registrant (registration number 52622) and is therefore subject to compliance with the requirements of the UCDSA and OBN rules;
3. That this administrative action is properly under the lawful jurisdiction of the Director of the Oklahoma Bureau of Narcotics;
4. That by clear and convincing evidence, Respondent has had a restriction, suspension, revocation, limitation, condition, or probation placed on his or her professional license or certificate or practice in violation of 63 O.S. §2-304(A)(6) (1 count);
5. That by clear and convincing evidence, Respondent has violated a provision of the Uniform Controlled Dangerous Substances Act to wit: distribute, dispense, transport

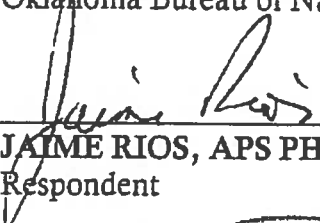
with intent to distribute or dispense, possess with intent to manufacture, distribute, or dispense, a controlled dangerous substance in violation of 63 O.S. §2-304(A)(11) and 63 O.S. §2-401 (1 count);

IT IS THEREFORE ORDERED that Respondent is hereby assessed a total administrative penalty of Three Thousand Dollars (\$3,000.00). This penalty is a cumulative assessment of One Thousand Five Hundred Dollars (\$1,500.00) for each of the counts that are the subject of this order. Respondent is ordered to pay the \$3,000 administrative penalty *instantly*.

It is the express purpose of the parties for this Order to resolve all matters currently before the Oklahoma Bureau of Narcotics associated with the investigation of this matter.


JOHN SCULLY
Director


SUNNE RIEDEL DAY
Deputy General Counsel
Oklahoma Bureau of Narcotics


JAIME RIOS, APS PHARMACY
Respondent


VANI SINGHAL
Attorney for Respondent

BEFORE THE IOWA BOARD OF PHARMACY

Re:)	CASE NO. 2013-4139
Nonresident Pharmacy License of)	
DRUG DEPOT, INC.)	SETTLEMENT AGREEMENT
d/b/a APS PHARMACY)	AND FINAL ORDER
License Nos. 4139 & 4375)	
Respondent.)	

Pursuant to Iowa Code sections 17A.12(5) and 272C.3(4) (2015), and 657 IAC 36.6, the Iowa Board of Pharmacy ("Board") and Drug Depot, Inc. d/b/a APS Pharmacy ("Respondent") enter into the following Settlement Agreement and Final Order ("Order") to settle a contested case currently pending before the Board.

The allegations contained in the Statement of Charges against Respondent shall be resolved without proceeding to hearing, as the Board and Respondent stipulate as follows:

1. The Board filed a Notice of Hearing and Statement of Charges on January 12, 2016.
2. The Board has jurisdiction over the parties and the subject matter of these proceedings.
3. Respondent admits the allegations in the Statement of Charges and acknowledges that the allegations, if proven in a contested case proceeding, would constitute grounds for the discipline agreed to in this Order.
4. Execution of this Order constitutes the resolution of a contested case. Respondent has a right to hearing before the Board on the charges, but Respondent waives the right to hearing and all attendant rights, including the right to appeal or seek judicial review of the Board's actions, by freely and voluntarily entering into this Order. Once entered, this Order shall have the force and effect of a disciplinary order entered following a contested case hearing.
5. Respondent acknowledges that it has the right to be represented by counsel on this matter.
6. Respondent agrees that the State's counsel may present this Order to the Board and may have *ex parte* communications with the Board while presenting it.
7. This Order is subject to approval by a majority of the Board. If the Board does not approve this Order, it shall be of no force or effect to either party, and shall not be admissible for any purpose in further proceedings in this matter. If the Board approves this Order, it shall be the full and final resolution of this matter.
8. This Order shall be part of Respondent's permanent record and shall be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.

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IOWA BOARD OF PHARMACY

9. This Order shall not be binding as to any new complaints received by the Board.
10. Respondent understands the Board is required by federal law to report any adverse action to the National Association of Boards of Pharmacy's Disciplinary Clearinghouse and the National Practitioner Data Bank.
11. This Order, when fully executed, is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapters 22 and 272C.
12. The Board's approval of this Order shall constitute a **FINAL ORDER** of the Board.


IT IS THEREFORE ORDERED:

13. Respondent is hereby **CITED** for providing pharmacy services to Iowa residents without an active Iowa pharmacy license violating and **WARNED** that Respondent's failure to comply with the laws and rules governing the practice of pharmacy in the future could result in further discipline.

14. Respondent shall pay a **CIVIL PENALTY** in the amount of two thousand five hundred dollars (\$2,500) within thirty (30) days of Board approval of this Order. The check shall be made payable to the "Treasurer of Iowa" and shall be deposited in the general fund. The civil penalty should be mailed to the Iowa Board of Pharmacy, Attn: Debbie Jorgenson, 400 SW Eighth Street, Suite E, Des Moines, IA 50309.

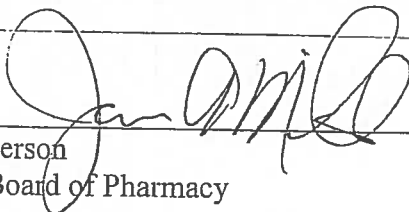
15. Should Respondent violate the terms of this Order, the Board may initiate action to impose other licensee discipline as authorized by Iowa Code chapters 147, 155A, and 272C and 657 IAC 36.

This Settlement Agreement and Final Order is voluntarily submitted by Respondent to the Board for its consideration on the 29 day of January, 2016.


 DRUG DEPOT, INC.
 APS PHARMACY
 Respondent

By this signature, Michael Marling acknowledges s/he is the General Manager for Drug Depot, Inc. d/b/a APS Pharmacy and is authorized to sign this Settlement Agreement and Final Order on behalf of Drug Depot, Inc. d/b/a APS Pharmacy.

This Settlement Agreement and Final Order is approved by the Iowa Board of Pharmacy on the
8th day of March, 2016.


Chairperson
Iowa Board of Pharmacy

Copy to:

Laura Steffensmeier
Assistant Attorney General
Licensing & Administrative Law Division
Iowa Department of Justice
Hoover Building, 2nd Floor
Des Moines, IA 50319
ATTORNEY FOR THE STATE

BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2016-835**

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF DRUG DEPOT, INC., REGISTRATION NO. OSP 5618,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Drug Depot, Inc. ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2016-835, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).
2. Respondent Pharmacy was originally registered in the State of Colorado on or about February 22, 2012, being issued registration number OSP 5618, and has been so registered at all times relevant to this disciplinary action.
3. Respondent Pharmacy's address of record with the Board and current location is 34911 US Highway 19 N, Ste. 600, Palm Harbor, FL 34684.
4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.
5. On September 17, 2015, Respondent Pharmacy entered into a Consent Order with the Alabama Board of Pharmacy for engaging in the selling, offering for sale, compounding, and dispensing of drugs during the year 2015 without first having renewed its permit.
6. Respondent Pharmacy failed to notify the Colorado Board of the Alabama disciplinary action.
7. Respondent Pharmacy's violations of Alabama law would also constitute violations of Colorado law.

8. Respondent Pharmacy admits that its conduct, as set forth above, constitutes a violation of §§12-42.5-123(1)(c)(I)-(III), (g), and (q), C.R.S., and Rule 9.00.10(b), and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet.

DISPOSITION

9. **Letter of Admonition.** This Final Agency Order shall constitute a Letter of Admonition as set forth in §12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Pharmacy for the acts and omissions described in paragraphs 5-7 above.
10. **Waiver of Right to Contest.** By entering into this Final Agency Order, Respondent Pharmacy agrees to waive the right provided by §12-42.5-124(6)(b) and (c), C.R.S., to contest this Letter of Admonition.
11. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:
- a. promptly pay all its own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.
12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.
13. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:
- a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;

c. To have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

14. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.
15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.
18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

[Signature] Pharmacist In Charge Dated: 10/18/16
 Authorized Representative / Title

Subscribed and sworn to before me in the County of Pinellas,
 State of Florida, this 18th day of October, 2016, by
Cletis Koukoulakis, in his/her capacity as
 an authorized agent of Drug Depot, Inc.



REBECCA KARUKIN
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# FF009428
 Expires 4/17/2017

[Signature]

Notary Public

My commission expires: 4/17/2017

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 19th day of October, 2016.

State Board of Pharmacy

BY: [Signature]

Chris Gassen
 Interim Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 19th day of October 2016, addressed as follows:

By electronic mail to Respondent:
Drug Depot, Inc.
Attn: Cletis Koukoulakis, PharmD
34911 US Highway 19 N, Ste. 600
Palm Harbor, FL 34684
Email: mmarling@apsmeds.com


Agent of the Board

AGREED BOARD ORDER #F-15-034

RE: IN THE MATTER OF
APS PHARMACY
(PHARMACY LICENSE #28068)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 28068 issued to APS Pharmacy (Respondent), 34911 United States Highway 19 North, Suite 600, Palm Harbor, Florida 34684.

By letter dated June 23, 2016, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.002(a)(3), (10) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and

Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2014), as alleged in the Counts below.

The conduct described in the disciplinary actions of the Oklahoma State Board of Pharmacy and the Iowa Board of Pharmacy is substantially similar to conduct described in:

Sections 560.001(b); and 565.002(a)(3) and (4) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and

Sections 291.32(a)(2)(H); 291.32(c)(1)(E); 291.131(d)(1)(D); and 291.133(d)(1)(D) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

PREVIOUS HISTORY

On or about May 8, 2012, the Texas State Board of Pharmacy entered Agreed Board Order #L-12-003 in the matter of the application for pharmacy license by APS Pharmacy. The Order was based on disciplinary action entered against the pharmacy by the Florida Board of Pharmacy on May 11, 2010, regarding various violations identified during a board inspection of the pharmacy. The Order granted the license, and imposed a reprimand.

COUNTS

- (1) On or about February 14, 2012, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order against the application for registration as a non-resident pharmacy by APS Pharmacy. The Order was based on the disciplinary action by the Florida Board of Pharmacy described above in Previous History. The Order granted the registration, subject to probation with conditions for a period of one year.

Agreed Board Order #F-15-034

APS Pharmacy

Page 2

- (2) On or about June 23, 2014, APS Pharmacy submitted to the Texas State Board of Pharmacy an application for renewal as a nonresident pharmacy engaged in compounding sterile preparations. On the application, it was falsely indicated that the pharmacy had not been the subject of professional disciplinary action by a regulatory authority within the last 36 months, when it was disciplined by the Colorado Board of Pharmacy on February 14, 2012, as described above in Count (1).
- (3) On or about February 24, 2016, the Oklahoma State Board of Pharmacy entered an Agreed Findings of Fact, Conclusions of Law and Final Order against the Oklahoma pharmacy license number 99-7398 held by APS Pharmacy. The Order was based on findings including that between October 1, 2013, and May 31, 2015, the pharmacy shipped 1,952 prescriptions, including controlled substances, to patients in Oklahoma without a valid pharmacy license. In addition, some of these prescriptions were for compounded drugs that were essentially a copy of commercially manufactured drugs. The Order placed the license on probation for a period of three years, imposed a \$15,000 fine, and required the pharmacy to develop and implement a Plan of Correction.
- (4) On or about March 8, 2016, the Iowa Board of Pharmacy entered a Settlement Agreement and Final Order against the Iowa pharmacy license numbers 4139 and 4375 held by APS Pharmacy. The Order was based on allegations contained in a Notice of Hearing and Statement of Charges that between January 1, 2014, and September 7, 2014, the pharmacy shipped approximately 100 prescriptions to patients in Iowa after its license became delinquent and prior to submitting a new nonresident pharmacy application. The Order cited and warned the pharmacy, and imposed a \$2,500 penalty.

An informal conference was held in the Board's office on September 6, 2016. Jaime Rios, Corporate President of Drug Depot, Inc., on behalf of Respondent, was not in attendance; however, Bruce D. Lamb, Legal Counsel for Respondent, submitted a written statement. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By signing this Order, Jaime Rios and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

Agreed Board Order #F-15-034
APS Pharmacy
Page 4

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

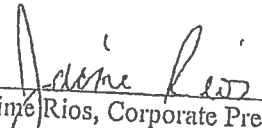
SIGNED AND ENTERED ON THIS _____ day of _____, _____.

MEMBER, TEXAS STATE BOARD OF PHARMACY

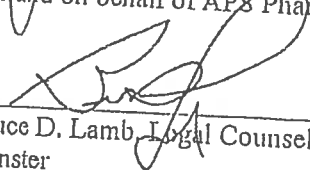
ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



Jaime Rios, Corporate President, Drug Depot, Inc.
For and on behalf of APS Pharmacy



Bruce D. Lamb, Legal Counsel for APS Pharmacy
Gunster
401 East Jackson Street, Suite 2500
Tampa, Florida 33602

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

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BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case Nos. 2016-1848 & 2016-1913

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF DRUG DEPOT, INC., REGISTRATION NO. OSP 5618,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Drug Depot, Inc. ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Numbers 2016-1848 and 2016-1913, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).
2. Respondent Pharmacy was originally registered in the State of Colorado on or about February 22, 2012, being issued registration number OSP 5618, and has been so registered at all times relevant to this disciplinary action.
3. Respondent Pharmacy's address of record with the Board and current location is 34911 US Highway 19 North, Suite 600, Palm Harbor, FL 34684-1921.
4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.
5. On or about February 24, 2016, the Oklahoma Board of Pharmacy issued a Final Order against Respondent Pharmacy for shipping approximately 1,952 prescriptions, 1,002 of which were controlled substances, into the State of Oklahoma from October 1, 2013 through May 31, 2015, without an active registration.
6. The Oklahoma Board placed Respondent's registration on probation for three (3) years, until February 24, 2019.

7. On or about January 1, 2016, Respondent Pharmacy entered into a Settlement Agreement with the Iowa Board of Pharmacy for shipping approximately 100 prescriptions into the State of Iowa from January 1 through September 7, 2014, without an active registration.
8. Respondent failed to report the Oklahoma and Iowa disciplinary actions to the Colorado Board.
9. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline. (1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs;

(g) Has had his or her license to practice pharmacy in another state revoked or suspended, or is otherwise disciplined or has committed acts in any other state that would subject him or her to disciplinary action in this state;

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-130. Nonresident prescription drug outlet - registration. (1) Any prescription drug outlet located outside this state that ships, mails, or delivers, in any manner, drugs or devices into this state is a nonresident prescription drug outlet and shall register with the board and disclose to the board the following:

- (a) The location, names, and titles of all principal entity officers and all pharmacists who are dispensing drugs or devices to the residents of this state. The nonresident prescription drug outlet shall submit a report containing this information to the board on an annual basis and within thirty days after any change of office, officer, or pharmacist.
- (b) A verification that it complies with all lawful directions and requests for information from the regulatory or licensing agency of the state in which it is licensed as well as with all requests for information made by the board pursuant to this section. The nonresident prescription drug outlet shall maintain at all times a valid, unexpired license, permit, or registration to conduct the prescription drug outlet in compliance with the laws of the state in which it is a resident. As a prerequisite to registering with the board, the nonresident prescription drug outlet shall submit a copy of the most recent inspection report resulting from an inspection conducted by the regulatory or licensing agency of the state in which it is located.
- (2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.
- (3) A nonresident prescription drug outlet doing business in this state that has not obtained a registration shall not conduct the business of selling or distributing drugs in this state without first registering as a nonresident prescription drug outlet. A nonresident prescription drug outlet shall make application for a nonresident prescription drug outlet registration on a form furnished by the board. The board may require such information as it deems necessary to carry out the purpose of this section.
- (4) (a) The board may deny, revoke, or suspend a nonresident prescription drug outlet registration for failure to comply with this section or with any rule promulgated by the board.
- (b) The board may deny, revoke, or suspend a nonresident prescription drug outlet registration if the nonresident prescription drug outlet's license or registration has been revoked or not renewed for noncompliance with the laws of the state in which it is a resident.

Pharmacy Board Rules and Regulations

9.00.10 Reporting.

- b. All licensees or registrants shall notify the Board in writing within 30 days of any disciplinary action against them in another state. Such notification shall include the following:

1. The state;
2. The jurisdiction;
3. The case name;
4. The case number;
5. A description of the matter and a copy of the indictment or charges;
6. A copy of the discipline; and
7. Proof of completion of any requirements set forth in the order, if applicable.

10. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

11. Probation. Respondent Pharmacy's registration shall be placed on indefinite probation until Respondent Pharmacy submits documentation to the Colorado Board evidencing that its pharmacy license/registration/permit is in an active and unencumbered status with all other states in which it is registered. Credit toward satisfying the period of probation shall be given only during such periods of time that Respondent Pharmacy is in total compliance with all provisions of this Final Agency Order.

Terms of Probation

12. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

- a. promptly pay all its own fees and costs associated with this Final Agency Order;
- b. comply fully with this Final Agency Order; and
- c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

13. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the

obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

14. Completion of Terms. Respondent must make a written request to the Board to end the terms and conditions of this Final Agency Order. In any request, it shall be Respondent's sole responsibility to establish, through written and other documentation, that Respondent has met all terms of this Final Agency Order. Respondent's probation shall continue until the Board or its designated authority has verified that Respondent has completed all terms of this Final Agency Order. The Board will consider Respondent's request during the ordinary course of business.

15. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

- a. To have a formal notice of hearing and charges served upon it;
- b. To respond to said formal notice of charges;
- c. To have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
- d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

16. Acknowledgments. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

17. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

18. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
19. Board Order. This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.
20. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record with the Board. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Michael Marling GM
Authorized Representative / Title

Dated: 12/14/16

Subscribed and sworn to before me in the County of Pinellas, State
of Florida, this 14th day of December, 2016, by
Michael Marling, In his/her capacity as an
authorized agent of Drug Depot, Inc.

Rebecca Karukin

Notary Public

My commission expires:

4/17/17




REBECCA KARUKIN
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF009426
Expires 4/17/2017

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 16 day of December, 2016.

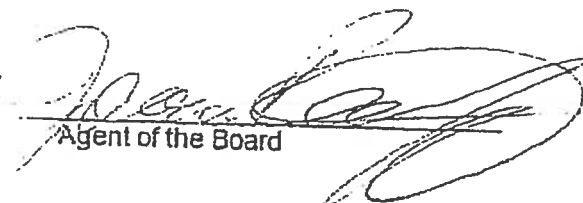
State Board of Pharmacy

BY. 
Chris Gassen
Interim Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 16th day of December 2016, addressed as follows:

Drug Depot, Inc.
Attn: Cletis Koukoulakis, PharmD
34911 US Highway 19 North, Suite 600
Palm Harbor, FL 34684-1921
Email: george@apsmeds.com and mmarling@apsmeds.com


Agent of the Board

LOUISIANA BOARD OF PHARMACY
BATON ROUGE, LOUISIANA

IN THE MATTER OF:

CONSENT ORDER

DRUG DEPOT, INC. D/B/A APS PHARMACY

LOUISIANA PHARMACY PERMIT NO. 6689

Case No. 17-0050

CONSENT AGREEMENT

WHEREAS, DRUG DEPOT, INC. D/B/A APS PHARMACY (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 6689, 34911 US Highway 19 N, Suite 600, Palm Harbor, Florida 34684, was disciplined by several Board Orders and failed to report said disciplinary action as follows:

- (1) Board Order issued by the Colorado State Board of Pharmacy on February 14, 2012 and Board Order issued by the Texas State Board of Pharmacy on May 8, 2012. Respondent failed to report these disciplinary actions to the Louisiana Board of Pharmacy ("The Board") as part of its Application for Louisiana Pharmacy Permit Located Out-of-State in 2013.
- (2) Board Order issued by the Alabama State Board of Pharmacy on September 17, 2015. Respondent failed to report this disciplinary action to the Board as part of its Application for Renewal for Year 2016.
- (3) Board Order issued by the Colorado State Board of Pharmacy on October 19, 2016. Respondent failed to report this disciplinary action to the Board as part of its Application for Renewal for Year 2017.

WHEREAS, such actions constitute a violation of the following:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1241(A)(2): Has attempted to or obtained a license by misrepresentation.

LA. R.S. 37:1241(A)(6) Has had his license, permit, certification, registration or any other designations deemed necessary to engage in the practice of pharmacy revoked or suspended, or has had other disciplinary action taken, or has had his application for licensure refused, revoked, or suspended by the proper authorities of another state, territory, or country based upon conduct by the licensee similar to conduct that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(7): Has failed to report to the board any adverse action taken by another government agency, law enforcement agency, or court that would constitute grounds for action as defined in this Section.

DRUG DEPOT, INC. D/B/A APS PHARMACY
 CONSENT AGREEMENT
 Page 2 of 4

La. R.S. 37:1241(A)(22): Has failed to furnish to the board or representatives any information legally requested by the board.

To facilitate the submission of this Consent Agreement Respondent does not admit to violating any federal or state law. Respondent understands that the Board may be able to prove a finding of those violations, because Respondent waives its right to offer a defense at a formal administrative hearing.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. Louisiana Pharmacy Permit No. 6689 belonging to DRUG DEPOT, INC. D/B/A APS PHARMACY is issued a Letter of Reprimand.
2. DRUG DEPOT, INC. D/B/A APS PHARMACY is ordered to pay a fine of \$20,000.00 and to reimburse the Board \$250.00 for administrative costs, with total payment due the Board of \$20,250.00, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to provide the Board with the following for reporting purposes to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB):

Respondent's National Provider Identifier (NPI) Number: 1548409758

Medicare Provider Number (if in the possession of one): _____

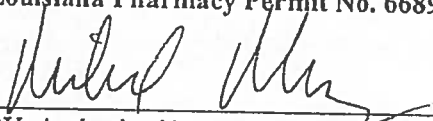
DRUG DEPOT, INC. D/B/A APS PHARMACY
 CONSENT AGREEMENT
 Page 3 of 4

I, Michael Marling, authorized to act on behalf of and acting on behalf of DRUG DEPOT, INC. D/B/A APS PHARMACY, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

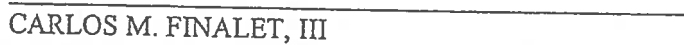
SIGNED, AGREED TO AND ENTERED ON THIS 3 DAY OF April, 2017.

DRUG DEPOT, INC. D/B/A APS PHARMACY
 Louisiana Pharmacy Permit No. 6689


 BY: Authorized Representative

JENNIFER JONES THOMAS
 Kean Miller LLP
 II City Plaza
 400 Convention Street, Suite 200
 Baton Rouge, LA 70802
 Attorney for Respondent

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:


 CARLOS M. FINALET, III
 General Counsel, Louisiana Board of Pharmacy

DRUG DEPOT, INC. D/B/A APS PHARMACY
CONSENT AGREEMENT
Page 4 of 4

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF
PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on _____, 2017, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron
President and Hearing Officer for the Board

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

APS PHARMACY
License Number: 53-01-009652

File Number: 53-16-142841
CONSENT ORDER AND STIPULATION

CONSENT ORDER

On March 9, 2017, the Department of Licensing and Regulatory Affairs (Department) executed an Administrative Complaint (Complaint) charging APS Pharmacy (Respondent) with violating section(s) 17748a(5) and 17768(2)(d) of the Public Health Code, MCL 333.1101 et seq.

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code. The Disciplinary Subcommittee of the Michigan Board of Pharmacy (Disciplinary Subcommittee) has reviewed the Consent Order and Stipulation (Order) and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violation(s) of section(s) 17748a(5) and 17768(2)(d) of the Public Health Code, supra.

Accordingly, IT IS ORDERED that for the cited violation(s) of the Public Health Code, Respondent is FINED \$250.00 to be paid to the State of Michigan within 60 days from the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Legal Affairs/Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display the file number **53-16-142841**.

IT IS FURTHER ORDERED that if Respondent fails to comply with the terms and conditions of this Order, Respondent's license shall be automatically **SUSPENDED** for a minimum of one day. If, within six months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

IT IS FURTHER ORDERED that if Respondent's license remains suspended for more than six months, Respondent must apply for reinstatement of the license. If Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections 16245 and 16247 of the Public Health Code, supra.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: _____

Chairperson, Disciplinary Subcommittee

Dated: _____

10-11-17

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of section(s) 17748a(5) and 17768(2)(d) of the Public Health Code, supra.

2. Respondent understands and intends that by signing this Stipulation Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 et seq., to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq., and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Dhafer Almaklani, R.Ph., a member of the Board who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the Disciplinary Subcommittee in this matter.

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee. Respondent and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

AGREED TO BY:

Kim Gaedeke
Kim Gaedeke, Director
Bureau of Professional Licensing

Dated: 8-7-17

AGREED TO BY:

Michael Marling
Michael Marling, General Manager
APS Pharmacy
Respondent

Dated: 7/22/17

lb

**BEFORE THE MINNESOTA
BOARD OF PHARMACY**

In the Matter of
APS Pharmacy
License No. 264531

**STIPULATION AND
CONSENT ORDER**

STIPULATION

APS Pharmacy ("Licensee") and the Minnesota Board of Pharmacy Committee on Professional Standards ("Committee") agree the above-referenced matter may be resolved without trial of any issue or fact as follows:

I.

JURISDICTION

1. The Minnesota Board of Pharmacy ("Board") is authorized pursuant to Minnesota Statutes chapter 151 to license and regulate pharmacies and to take disciplinary action as appropriate.
2. Licensee holds a pharmacy license from the Board and is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Consent Order.

II.

CONFERENCE

3. On December 13, 2017, Licensee met with the Committee to discuss the allegations described in a Notice of Conference. Board members Joseph Stanek and Samantha Schirmer comprised the Committee. Julie K. Letwat, Esq., Faegre Baker Daniels LLP, represented Licensee. Hans A. Anderson, Assistant Attorney General, represented the Committee.

III.

FACTS

4. On or about November 26, 2012, the Board licensed Licensee as a pharmacy in Minnesota. Licensee has never been licensed by the Board as a drug wholesaler.

5. On or about June 30, 2013, Licensee's Minnesota pharmacy license expired.

6. On or about July 31, 2014, Licensee submitted an Application for a Minnesota Pharmacy License. During the review process of this application, the Board advised Licensee that a Minnesota pharmacy license only allows pharmacies to compound and dispense drug products into Minnesota pursuant to valid patient-specific prescriptions. The Board required Licensee to respond in writing, acknowledging its awareness of Minnesota law, and attesting it would limit its activities to filling only patient-specific prescriptions, or that it would apply for the required manufacturer and wholesaler licenses in the event that Licensee intended to ship products into Minnesota in any other manner.

7. On or about August 4, 2014, Licensee responded, acknowledging its awareness of Minnesota law regarding the shipping of non-patient-specific drugs, and attesting it would limit its activities to filling only patient-specific prescriptions.

8. On or about August 5, 2014, the Board again licensed Licensee as a pharmacy in Minnesota.

9. On or about February 26, 2016, in response to a Board request, Licensee provided the Board with documentation showing ten separate compounded preparations Licensee shipped to Minnesota physicians for "office use" over an eleven month period in 2015. Licensee stated that its shipment of drugs into Minnesota for "office use" was an "oversight."

10. Licensee also provided the Board with documentation showing nine additional prescriptions that were shipped by Licensee directly to medical clinics in Minnesota. Six of the

nine were filled in the name of the prescribing physician, and two were filled in the name of the physician's employee, the clinic's "Director of Operations." Those same prescriptions were billed by Licensee to the clinic, and not to the patients, resulting in wholesale transactions.

11. From January 5, 2015, through June 30, 2015, 39% of the prescriptions Licensee dispensed and shipped into Minnesota were veterinary medications. Licensee had not checked the veterinary category of licensure on its application, and was thus not licensed by the Board to dispense and ship veterinary medications into Minnesota.

IV.

LAWS

12. Licensee acknowledges the conduct described in section III. above constitutes a violation of Minn. Stat. § 151.071, subd. 2(7), Minn. Stat. § 151.34(11), Minn. Stat. § 151.47, subd. 1, Minn. R. 6800.2250, subp. 1 (H); and Minn. R. 6800.0350, and warrants the disciplinary action described below.

V.

DISCIPLINARY ACTION

The parties agree the Board may take the following disciplinary action and require compliance with the following terms:

13. The Board **REPRIMANDS** Licensee and imposes a **CIVIL PENALTY** in the amount of \$2,500.00 for the conduct described in section III above. The civil penalty shall be paid by cashier's check or money order made payable to the Minnesota Board of Pharmacy, c/o Cody Wiberg, Executive Director, 2829 University Avenue S.E., Suite 530, Minneapolis, Minnesota 55414, within 60 days of the date of this Order.

VI.

CONSEQUENCES FOR NONCOMPLIANCE OR ADDITIONAL VIOLATIONS

14. If Licensee fails to comply with or violates this Stipulation and Consent Order, the Committee may, in its discretion, seek additional discipline either by initiating a contested case proceeding pursuant to Minnesota Statutes chapter 14 or by bringing the matter directly to the Board pursuant to the following procedure:

- a. The Committee shall schedule a hearing before the Board. At least 20 days before the hearing, the Committee must mail Licensee a notice of the violation(s) alleged by the Committee. In addition, the notice must designate the time and place of the hearing. Within ten days after the notice is mailed, Licensee shall submit a written response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.
- b. The Committee, in its discretion, may schedule a conference with Licensee prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.
- c. Prior to the hearing before the Board, the Committee and Licensee may submit affidavits and written argument in support of their positions. At the hearing, the Committee and Licensee may present oral argument. Argument may not refer to matters outside the record. The evidentiary record must be limited to the affidavits submitted prior to the hearing and this Stipulation and Consent Order. The Committee will have the burden of proving by a preponderance of the evidence that a violation has occurred. If Licensee has failed to submit a timely response to the allegations, Licensee may not contest the allegations, but may present argument concerning the appropriateness of additional discipline. Pursuant to this process, Licensee waives a hearing before an administrative law judge, discovery, cross-examination of

adverse witnesses, and other procedures governing hearings pursuant to Minnesota Statutes chapter 14.

d. Licensee's correction of a violation before the conference, hearing, or meeting of the Board may be taken into account by the Board but does not limit the Board's authority to impose discipline for the violation. A decision by the Committee not to seek discipline when it first learns of a violation does not waive the Committee's right to later seek discipline for that violation, either alone or in combination with other violations, at any time while Licensee's license is in a suspended status.

e. Following the hearing, the Board will deliberate confidentially. If the allegations are not proved, the Board must dismiss the allegations. If a violation is proved, the Board may impose additional discipline, including conditions or limitations on Licensee's license, a period of suspension, conditions of reinstatement, or revocation of Licensee's license.

f. Nothing herein limits the Committee's or the Board's right to temporarily suspend Licensee's license as provided in Minnesota Statutes chapters 151 and 214, based on a violation of this Stipulation and Consent Order or based on conduct of Licensee not specifically referred to herein.

VII.

ADDITIONAL INFORMATION

15. Licensee waives the contested case hearing and all other procedures before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or rules.

16. Licensee waives any claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the investigation of

the conduct herein, or the negotiation or execution of this Stipulation and Consent Order, which may otherwise be available to Licensee.

17. This Stipulation and Consent Order, the files, records, and proceedings associated with this matter shall constitute the entire record and may be reviewed by the Board in its consideration of this matter.

18. Either party may seek enforcement of this Stipulation and Consent Order in any appropriate civil court.

19. Licensee has read, understands, and agrees to this Stipulation and Consent Order and has voluntarily signed the Stipulation and Consent Order. Licensee is aware this Stipulation and Consent Order must be approved by the Board before it goes into effect. The Board may either approve the Stipulation and Consent Order as proposed, approve it subject to specified change, or reject it. If the changes are acceptable to Licensee, the Stipulation and Consent Order will take effect and the order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the Stipulation and Consent Order, it will be of no effect except as specified in the following paragraph.

20. Licensee agrees that if the Board rejects this Stipulation and Consent Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Consent Order or of any records relating to it.

21. This Stipulation and Consent Order does not limit the Board's authority to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis of any act, conduct, or admission of Licensee which constitutes grounds for disciplinary action and which is not directly related to the specific facts and circumstances set forth in this document.

VIII.

DATA PRACTICES NOTICES

22. This Stipulation and Consent Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minnesota Statutes section 13.41, subdivision 5. Data regarding this action will be provided to data banks as required by Federal law or consistent with Board policy. While this Stipulation and Consent Order is in effect, information obtained by the Board pursuant to this Order is considered active investigative data on a licensed health professional, and as such, is classified as confidential data pursuant to Minnesota Statutes section 13.41, subdivision 4.

23. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.

CONSENT:

MINNESOTA BOARD OF PHARMACY
COMMITTEE ON PROFESSIONAL STANDARDS

Jean R. Roe
 APS PHARMACY
 Licensee

Dated:

1/9/18

John B. Sika
 Board Member

Dated:

01-16-2018

ORDER

Upon consideration of the Stipulation, the Board **REPRIMANDS** Licensee, imposes a **CIVIL PENALTY** on Licensee's license, and adopts all of the terms described above on this 16TH day of January, 2018.

MINNESOTA BOARD OF PHARMACY

Cody Wiberg
 CODY WIBERG
 Executive Director

IN THE MATTER OF:

DRUG DEPOT INC. d/b/a APS
PHARMACY

Non-Resident Pharmacy
Permit Number: 114007

BEFORE THE ALABAMA STATE
BOARD OF PHARMACY

CASE NO: 16-L-0174

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Drug Depot Inc. d/b/a APS Pharmacy (Drug Depot) which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Drug Depot through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The parties stipulate that Drug Depot denies the allegations of the Statement of Charges and Notice of Hearing (SOC) and stipulates that for the purpose of this proceeding and this proceeding only the Board would meet its required burden of proof and therefore finds that Drug Depot violated the provisions of law based upon the conduct set out in Counts One, Four, Six, Seven and/or Eight. All remaining Counts shall be dismissed with prejudice.

2. Drug Depot shall pay an administrative fine in the amount of Twenty-Five Thousand Dollars (\$25,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Drug Depot attempt to discharge the

same.

3. Drug Depot expressly waive its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Drug Depot further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Drug Depot hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Drug Depot acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Drug Depot's permit, including, but not limited to revocation.

6. Drug Depot acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Drug Depot acknowledges and agrees that it voluntarily and of its own free will accepts the terms and

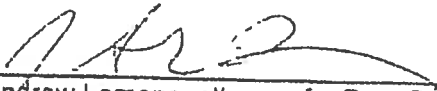
conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 5 of January, 2018.

DRUG DEPOT INC. D/B/A APS PHARMACY

BY: 

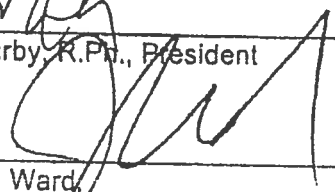
ITS: GM


J. Andrew Lemons, attorney for Drug Depot Inc.
d/b/a APS Pharmacy

DONE this the 9th of Jan, 2018.

ALABAMA STATE BOARD OF PHARMACY

By: 
David Darby, R.Ph., President

By: 
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY**

In the Matter of the Application	:	
for the Nonresident Pharmacy	:	Docket No. 0896-54-18
Registration of	:	File No. 18-54-03878
Drug Depot, Inc., d/b/a APS Pharmacy,	:	
Applicant	:	

PROPOSED ORDER

AND NOW, this 2nd day of August, 2018, upon consideration of the foregoing findings of fact, conclusions of law and discussion, it is hereby ordered that the application for nonresident pharmacy registration of Drug Depot, Inc., d/b/a APS Pharmacy ("Applicant") is **GRANTED**.

Upon the grant of a nonresident pharmacy certificate of registration ("license") to Applicant, said license **IMMEDIATELY** shall be placed on **PROBATION** for an **INDEFINITE** period of time, until such time as each and every one of Applicant's pharmacy permits, registrations, licenses, or any other authorizations to practice, in every jurisdiction in which Applicant possesses such authorizations, shall be active and unencumbered.

Said period of probation shall be subject to the following terms and conditions:

GENERAL

1. Applicant shall abide by and obey all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions and all rules and regulations and laws pertaining to the practice of the profession in this Commonwealth or any other state or jurisdiction in which Applicant holds a permit, registration, license or any other authorization to practice the profession. Summary traffic violations shall not constitute a violation of this Order.

2. Applicant shall at all times cooperate with the Bureau of Professional and Occupational Affairs and its agents and employees in the monitoring, supervision and investigation of Applicant's compliance with the terms and conditions of this Order, including requests for, and causing to be

submitted at Applicant's expense, written reports, records and verifications of actions that may be required by the Bureau of Professional and Occupational Affairs.

3. Applicant shall not falsify, misrepresent or make material omission of any information submitted pursuant to this Order.

4. Applicant shall notify the Bureau of Professional and Occupational Affairs, in writing, within five (5) days of the filing of any criminal charges against Applicant, the initiation of any legal action pertaining to Applicant's authorizations to practice of the profession, the initiation, action, restriction or limitation relating to Applicant by a professional licensing authority of any state or jurisdiction, or any violation of Applicant's term of probation imposed by any professional licensing authority of any state or jurisdiction, including but not limited to the terms of probation imposed upon Applicant by Oklahoma State Board of Pharmacy in the matter captioned *In the Matter of the Complaint Against: APS Pharmacy (99-7398), Case No 1390*, by the Agreed Findings of Fact, Conclusions of Law and Final Order dated February 24, 2016.

5. Applicant shall notify the Bureau of Professional and Occupational Affairs by telephone within 48 hours and in writing within five (5) days of any change of Applicant's business address, phone number, ownership and/or change in practice.

VIOLATION OF THIS ORDER

6. Notification of a violation of the terms or conditions of this Order shall result in the **IMMEDIATE TERMINATION** of the period of probation and **ACTIVATION** of a suspension of Applicant's license(s) to practice the profession in the Commonwealth of Pennsylvania as follows:

a. The prosecuting attorney for the Commonwealth shall present to the Board's Probable Cause Screening Committee ("Committee") a Petition that indicates that Applicant has violated any terms or conditions of this Order.

b. Upon a probable cause determination by the Committee that Applicant has violated any of the terms or conditions of this Order, the Committee shall, without holding

a formal hearing, issue a preliminary order vacating the stay of the within suspension, terminating this probation and activating the suspension of Applicant's license.

c. Applicant shall be notified of the Committee's preliminary order within three (3) business days of its issuance by certified mail and first-class mail, postage prepaid, sent to the Applicant's last registered address on file with the Board, or by personal service if necessary.

d. Within twenty (20) days of mailing of the preliminary order, Applicant may submit a written answer to the Commonwealth's Petition and request that a formal hearing be held concerning Applicant's violation of probation, in which Applicant may seek relief from the preliminary order activating the suspension. Applicant shall mail the original answer and request for hearing to the Department of State Prothonotary, 2601 North Third Street, P.O. Box 2649, Harrisburg, PA 17105, shall mail a copy to the prosecuting attorney for the Commonwealth, and shall do the same with all subsequent filings in the matter.

e. If the Applicant submits a timely answer and request for a formal hearing, the Board or a designated hearing examiner shall convene a formal hearing within forty-five (45) days from the date of the Prothonotary's receipt of Applicant's request for a formal hearing.

f. Applicant's submission of a timely answer and request for a hearing shall not stay the suspension of Applicant's license under the preliminary order. The suspension shall remain in effect unless the Board or the hearing examiner issues an order after the formal hearing staying the suspension again and reactivating the probation.

g. The facts and averments in this Order shall be deemed admitted and uncontested at this hearing.

h. If the Board or hearing examiner after the formal hearing makes a determination against Applicant, a final order will be issued sustaining the suspension of Applicant's license and imposing any additional disciplinary measures deemed appropriate.

i. If Applicant fails to timely file an answer and request for a hearing, the Board, upon motion of the prosecuting attorney, shall issue a final order affirming the suspension of Applicant's license.

j. If Applicant does not make a timely answer and request for a formal hearing and a final order affirming the suspension is issued, or the Board or the hearing examiner makes a determination against Applicant sustaining the suspension of Applicant's license, after at least one (1) year of active suspension and any additional imposed discipline, Applicant may petition the Board for reinstatement upon verification that Applicant has complied with the Board's order, abided by and obeyed all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions, and all rules and regulations pertaining to the practice of the profession in this Commonwealth.

k. Applicant's failure to fully comply with any terms of this Order may also constitute grounds for additional disciplinary action.

7. Nothing in this Order shall preclude the prosecuting attorney for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Order.

8. At such time as each and every one of Applicant's pharmacy permits, registrations, licenses, or any other authorizations to practice, in every jurisdiction in which Applicant possesses such authorizations, shall be active and unencumbered, Applicant may petition the Board to reinstate Applicant's license to unrestricted, non-probationary status upon an affirmative showing that Applicant has complied with all terms and conditions of this Order.

The State Board of Pharmacy has announced its intention to review this Proposed Report in accordance with 1 Pa. Code § 35.226(a)(2).

BY ORDER



Ruth D. Dunnewold

Hearing Examiner

For the Applicant:

Thomas J. Weber, Esquire
CALDWELL AND KEARNS, P.C.
3631 North Front Street
Harrisburg, PA 17110

For the Commonwealth:

Monty J. Batson, Esquire
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE OFFICE OF CHIEF COUNSEL
PROSECUTION DIVISION
P.O. Box 69521
Harrisburg, PA 17106-9521

Date of mailing:

8/2/18

AGREED BOARD ORDER #L-16-076

RE: IN THE MATTER OF
APS PHARMACY
(PHARMACY LICENSE #28068)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 28068 issued to APS Pharmacy (Respondent), 34911 United States Highway 19 North, Suite 600, Palm Harbor, Florida 34684.

By letter dated October 10, 2018, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 560.001(b); 561.002; 561.003(b); 561.0031; 561.005; and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Section 291.14 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), in that allegedly:

PREVIOUS HISTORY

- (1) On or about May 8, 2012, the Texas State Board of Pharmacy entered Agreed Board Order #L-12-003 in the matter of the application for pharmacy license by APS Pharmacy. The Order was based on disciplinary action entered against the pharmacy by the Florida Board of Pharmacy on May 11, 2010, regarding various violations identified during a board inspection of the pharmacy. The Order granted the license and imposed a reprimand.
- (2) On or about November 1, 2016, the Texas State Board of Pharmacy entered Agreed Board Order #F-15-034 in the matter of APS Pharmacy. The Order was based on a disciplinary action by the Oklahoma State Board of Pharmacy for shipping prescriptions, including compounded drugs that were essentially a copy of commercially manufactured drugs, to patients in Oklahoma without a valid license, a disciplinary action by the Iowa Board of Pharmacy for shipping to patients in Iowa with a delinquent license, and the pharmacy's failure to disclose a disciplinary action by the Colorado State Board of Pharmacy on a renewal application. The Order imposed a \$6,000 penalty.

COUNT

On or about June 1, 2016, through on or about August 28, 2016, APS Pharmacy, 34911 United States Highway 19 North, Suite 600, Palm Harbor, Florida 34684, was unlawfully operating in that the pharmacy shipped approximately 500 prescriptions into Texas with an expired license. On or about April 27, 2016, APS Pharmacy submitted a renewal application for

Agreed Board Order #L-16-076
APS Pharmacy
Page 2

a non-resident pharmacy engaged in compounding sterile preparations, but the pharmacy had not been inspected by a Texas State Board of Pharmacy approved vendor. The National Association of Boards of Pharmacy inspected the pharmacy on August 4 and 5, 2016, and the pharmacy's license was ultimately renewed on August 29, 2016.

By letter dated October 10, 2018, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Jaime Rios, Corporate President, Drug Depot, Inc., on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

- (1) Respondent shall pay an administrative penalty of one thousand dollars (\$1,000) due one hundred twenty (120) days after the entry of this Order.
- (2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018).

Agreed Board Order #L-16-076
APS Pharmacy
Page 3

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of November, 2018.



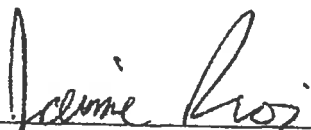
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:



Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



Jaime Rios, Corporate President, Drug Depot, Inc.
On behalf of APS Pharmacy

APPROVED AS TO FORM:



Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

IN THE MATTER OF	*	BEFORE THE
	*	
DRUG DEPOT, INC. d/b/a	*	
APS PHARMACY	*	STATE
	*	
Respondent	*	BOARD OF PHARMACY
	*	
Permit Number: P07142	*	Case Number: 18-135

* * * * *

CONSENT ORDER

Background

In March 2016, the Maryland Board of Pharmacy (the "Board") received an application for Permit from Drug Depot, Inc., d/b/a APS Pharmacy (the "Pharmacy"), Permit P07142. The Pharmacy was previously issued Permit No. P05882 on September 24, 2012, which expired on May 31, 2014 due to non-renewal. The Board issued Permit P07142 on October 21, 2016.

On January 11, 2018, the Pharmacy sent the Board a self-report notice of disciplinary action based on a Consent Order with the Michigan Board of Pharmacy. The Michigan Board of Pharmacy took action against the Pharmacy based upon similar action taken by the Oklahoma Board of Pharmacy. These actions were taken against the Pharmacy primarily for practicing pharmacy without an active permit in those jurisdictions, and as a result the Board opened an investigation into the Pharmacy and issued a subpoena for the Pharmacy's dispensing records. These records showed that the Pharmacy dispensed over 3,800 prescriptions into the State of Maryland between May 31, 2014, and October 21, 2016 while the Pharmacy was not permitted to do so.

In lieu of instituting formal proceedings against the Pharmacy, in accordance with the Maryland Pharmacy Act, Md. Code Ann., Health Occ. § 12-101 *et seq.*, the Board and Drug Depot, Inc. d/b/a APS Pharmacy agreed to resolve this matter as set forth in this Consent Order.

FINDINGS OF FACT

1. The Pharmacy was initially issued a permit to operate as a nonresident pharmacy in the State of Maryland on or about September 24, 2012, under permit number P05882. This permit expired on May 31, 2014 due to non-renewal.
2. On or about March 17, 2016, the Pharmacy submitted a new application ("the application") for Nonresident Pharmacy Permit to the Board. On October 21, 2016, a new Nonresident Pharmacy Permit was issued to the Pharmacy under permit number P07142. This permit is scheduled to expire on May 31, 2020.
3. As part of its new application, the Pharmacy attached disciplinary actions from the Boards of Pharmacy in the States of Iowa, Alabama, and Florida.
4. On or about January 11, 2018, the Board received a self-report notice of disciplinary action from the Pharmacy based on a consent order with the Michigan Board of Pharmacy ("Michigan Board.")
5. The Board then opened an investigation into the Pharmacy.
6. On or about October 6, 2016 the Michigan Board took disciplinary action against the Pharmacy, and subsequently entered into a Consent Order based upon action

taken against the Pharmacy by the Oklahoma Board of Pharmacy ("Oklahoma Board"), and the Iowa Board of Pharmacy ("Iowa Board"), respectively.

7. The Michigan Board of Pharmacy placed the Pharmacy on a six (6) month probation, and assessed a \$2,500 fine. The Stipulation and Consent Order were agreed to by the Pharmacy on or about February 7, 2017.
8. On or about February 2, 2016, the Oklahoma Board of Pharmacy ("Oklahoma Board") issued a Final Order regarding violations committed by the Pharmacy. The Oklahoma Board and the Pharmacy agreed to findings of fact including the following grounds for discipline: The Pharmacy mailed patient-specific drugs to an address other than the patient's home or place of employment; and the Pharmacy was not continuously licensed by the Oklahoma Board during the entire time in which prescriptions were being filled. In addition, on or about August 11, 2015 the Pharmacy in its license application answered "No" to the question of having been sanctioned or disciplined regarding any license permit or registration issued to the applicant. This question was answered in the negative despite Pharmacy having entered into a Settlement Agreement with the State of Florida Board of Pharmacy ("Florida Board") on or about January 7, 2010.
9. On or about February 24, 2016, the Pharmacy was placed on a three (3) year probation by the Oklahoma Board of Pharmacy, and assessed a \$15,000 fine for operating without a license, filing false reports, and unauthorized dispensing of medication from October 1, 2013, through May 31, 2015.

10. On or about May 11, 2010, the Pharmacy entered into a Final Order with the Florida Board. Pursuant to the Final Order, the Pharmacy did not dispute allegations outlined in the Administrative Complaint including but not limited to: wholesaling drugs without a permit, dispensing prescription drugs without prescriptions, purchasing prescription drugs from an unauthorized vendor, mislabeling of drugs, and improper storage of prescription drugs. The Pharmacy was ordered to pay costs of investigation and prosecution totaling \$2,534.31.
11. On or about August 17, 2015, the Pharmacy entered into a Consent Order with the Alabama Board of Pharmacy ("Alabama Board.") Pursuant to the Consent Order the Pharmacy pled guilty to "engaging in the selling, offering for sale, compounding, or dispensing of drugs during the year 2015 without first having your permit with the Board..." The Pharmacy was ordered to pay a fine in the amount of \$500.
12. On or about March 8, 2016, the Pharmacy entered a Consent Order with the Iowa Board of Pharmacy ("Iowa Board.") Pursuant to the Consent Order the Pharmacy admitted to "providing pharmacy services to Iowa residents without an active Iowa pharmacy license." The Pharmacy was ordered to pay a civil penalty of \$2,500.
13. On or about January 12, 2018, staff from the Maryland Board subpoenaed dispensing records from the Pharmacy covering the period of May 31, 2014 through October 21, 2016, during which Pharmacy's nonresident pharmacy permit was

lapsed. The dispensing records revealed that in the period of time during which the nonresident pharmacy permit was lapsed, the Pharmacy dispensed over 3,800 prescriptions into the State of Maryland.

14. The Pharmacy has since made several administrative and personnel changes to their in-house practices in the wake of the previous violations. The Pharmacy indicates that they have added a full-time quality assurance pharmacist whose dedicated responsibilities include all regulatory matters in relation to sterile and non-sterile compounding. The pharmacy has also added another position to handle all regulatory and compliance matters at both the federal and state levels. The Pharmacy believes these changes will prevent any future compliance issues from taking place.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes that the Pharmacy is subject to disciplinary action in accordance with Md. Code Ann., Health Occ. §§ 12-313(b)(24) and (25), 12-403(c)(1), (e)(1), and (g)(1).

ORDER

Based on an affirmative vote of a majority of the Board, it is this _____ day of _____, 2019, hereby:

ORDERED that Drug Depot, Inc., d/b/a APS Pharmacy, Permit No. P07142, shall be assessed a civil fine in the amount of FIVE THOUSAND

DOLLARS (\$5,000.00), payable to the Maryland Board of Pharmacy within thirty (30) days of the date of this Order, and sent to:

Wells Fargo Bank
Attn: State of Maryland – Board of Pharmacy
Lockbox 2051
7175 Columbia Gateway Drive
Columbia, Maryland 21046

(Please include the Case Number 18-135 to ensure proper assignment.);

and it is further

ORDERED that failure to pay in full the above fine within thirty (30) days of the date of this Order shall be considered a violation of this Order, and after notice and opportunity for a show cause hearing shall subject the Pharmacy to further discipline such as suspension, revocation or further fines based on the violations cited in this Order; and it is further

ORDERED that Drug Depot, Inc., d/b/a APS Pharmacy, shall practice in Maryland at all times in accordance with the Maryland Pharmacy Act; and it is further

ORDERED that in the event that Drug Depot, Inc., d/b/a APS Pharmacy violates any of the terms above, the Board, after notice and an opportunity for a hearing, and a determination of a violation, may impose any disciplinary sanction it deems appropriate, including suspension, revocation,

and fines, said violation being proven by a preponderance of the evidence; and
it is further

ORDERED that this is a formal order and as such is a public document
pursuant to Md. Code Ann., General Provisions Art. § 4-301 *et seq.*

1-28-19
Date

Deena Spights-Napata
Deena Spights-Napata
Executive Director for:

Kevin Morgan, Pharm. D.
Board President

CONSENT

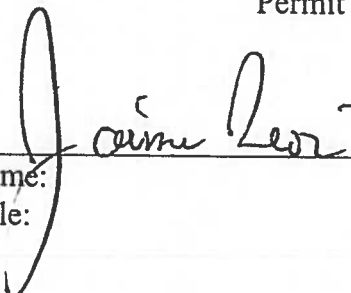
1. The Pharmacy submits to the foregoing Consent Order as a resolution of this matter in lieu of formal charges, in order to avoid the cost and uncertainty of litigation and without admitting that its conduct violated any law, code or regulation.
2. By signing this Consent, the Pharmacy waives any rights it may have had to contest the findings and determinations contained in this Consent Order.
3. The Pharmacy acknowledges that this is a formal order of the Board and as such is a public document.

4. The Pharmacy acknowledges the legal authority and the jurisdiction of the Board to enter into and enforce this Consent Order.
5. The Pharmacy signs this Consent Order freely and voluntarily and after having had the opportunity to consult with counsel. The Pharmacy fully understands the language, meaning, and effect of this Consent Order.

Drug Depot, Inc. d/b/a APS Pharmacy

Permit No. P07142

1-17-19
Date


Name:
Title:

NOTARY

STATE OF Florida
CITY/COUNTY OF Pinellas

I HEREBY CERTIFY that on this 17th day of January,
2019, before me, a Notary Public of the foregoing State and City/County
personally appeared Jaime Rios and made oath in due form
of law that signing the foregoing Consent Order was his/her voluntary act and
deed.

AS WITNESSETH my hand and notary seal.



REBECCA KARUKIN
MY COMMISSION # GG 032018
EXPIRES: April 17, 2021
Bonded Thru Budget Notary Services

Rebecca Karukin
Notary Public

My commission expires:

4/17/21

**STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION**

DEPARTMENT OF FINANCIAL AND PROFESSIONAL)	
REGULATION, DIVISION OF PROFESSIONAL REGULATION)	
of the State of Illinois,)	No. 2018-01718
v.)	
DRUG DEPOT INC.,)	
License No. 054.018831,)	
Complainant,		
Respondent.		

CONSENT ORDER

The Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation, by and through Brandon R. Thom, Enforcement Attorney of Health-Related Prosecutions, and Drug Depot Inc., Respondent, hereby agree to the following:

STIPULATIONS

Drug Depot Inc. (hereinafter "Respondent") is the holder of a pharmacy license in the State of Illinois, License No. 054.018831. Said license is currently in active status. At all times material to the matter set forth in this Consent Order, the Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation (hereinafter the "Department") has had jurisdiction over the subject matter and parties herein.

On or about March 8, 2016, Respondent entered into a Settlement Agreement and Final Order with the Iowa State Board of Pharmacy. Respondent's Iowa pharmacy license was disciplined for shipping approximately one hundred (100) prescriptions into Iowa without an active registration issued by the Iowa State Board of Pharmacy. Respondent was assessed a fine of two thousand five hundred dollars (\$2,500.00) by the Iowa Board of Pharmacy.

On or about February 19, 2016, Respondent entered into an Agreed Order with the Oklahoma State Board of Pharmacy. Respondent's Oklahoma pharmacy license was disciplined for shipping pharmaceuticals into Oklahoma without an active registration issued by the Oklahoma State Board of

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Pharmacy. Respondent was placed on probation for a period of three (3) years and was assessed a fine of fifteen thousand dollars (\$15,000.00) by the Oklahoma Board of Pharmacy.

On or about November 1, 2016, Respondent entered into an Agreed Board Order with the Texas State Board of Pharmacy. Respondent's Texas pharmacy license was disciplined for failing to disclose prior sister state discipline on an application for renewal of Respondent's Texas Pharmacy License. Respondent was assessed a fine of six thousand dollars (\$6,000.00) by the Texas Board of Pharmacy.

On or about December 14, 2016, Respondent entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy. Respondent's Colorado pharmacy license was disciplined due to adverse actions in Iowa and Oklahoma. Respondent was placed on an indefinite probation by the Colorado Board of Pharmacy. Respondent's Colorado probation has since been terminated.

On or about July 28, 2017, Respondent was disciplined by the California State Board of Pharmacy. Respondent's California pharmacy license was cited and issued a fine of five thousand dollars (\$5,000.00) due to adverse actions taken in Iowa and Oklahoma.

On or about January 6, 2017, Respondent was disciplined by the Kansas State Board of Pharmacy. Respondent's Kansas pharmacy license was disciplined due to adverse action in Oklahoma. Respondent was placed on probation by the Kansas Board of Pharmacy. Respondent's Kansas probation has since been terminated.

On or about April 3, 2017, Respondent entered into a Consent Order with the Louisiana Board of Pharmacy. Respondent's Louisiana pharmacy license was disciplined for failing to report prior sister state disciplines to the Louisiana Board of Pharmacy. Respondent was assessed a fine of twenty thousand dollars (\$20,000.00) by the Louisiana Board of Pharmacy.

On or about October 11, 2017, Respondent entered into a Consent Order with the Michigan Board of Pharmacy. Respondent's Michigan pharmacy license was disciplined for failing to report

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prior sister state complaints to the Michigan Board of Pharmacy. Respondent was assessed a fine of two hundred fifty dollars (\$250.00) by the Michigan Board of Pharmacy.

On or about January 9, 2018, Respondent entered into a Consent Order with the Alabama Board of Pharmacy. Respondent's Alabama pharmacy license was disciplined for failing to report prior sister state disciplines to the Alabama Board of Pharmacy. Respondent was assessed a fine of twenty-five thousand dollars (\$25,000.00) by the Alabama Board of Pharmacy.

The aforementioned conduct, if proven to be true, would constitute grounds for disciplinary action against Respondent's pharmacy license on the authority of 225 ILCS 85/30(a)(8).

Respondent has been advised of the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation. Respondent acknowledges that Respondent has entered into this Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person. Respondent acknowledges that the Department attorney may be requested to communicate with the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation in furtherance of the approval of this Consent Order.

Respondent and the Department have agreed that Respondent be permitted to enter into this Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in these circumstances and which are consistent with the best interest of the people of the State of Illinois.

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CONDITIONS

WHEREFORE, the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation through Brandon R. Thom, Enforcement Attorney of Health-Related Prosecutions, and Drug Depot Inc., Respondent, agree:

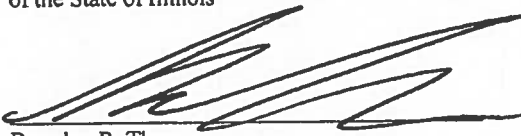
- A. Respondent's Illinois Pharmacy License, license No. 054.018831, shall be REPRIMANDED.
- B. This Consent Order is a public disciplinary action and will be reported to all applicable public indexes, including the National Association of Boards of Pharmacy. This Consent Order will be available to the general public;
- C. This Consent Order shall become effective upon signing and approval by the Director of the Division of Professional Regulation of the Department of Financial and Professional Regulation.
- D. The above-named Respondent consents to electronic service of the Final Director's Order in lieu of service by certified mail. Service shall be made upon Respondent and Respondent's Attorney's email addresses of record with the Department.
- E. A copy of any original signature(s) affixed to this Consent Order shall be given the full force and effect of an original signature(s) affixed to this Consent Order.

Signatures on the following page.

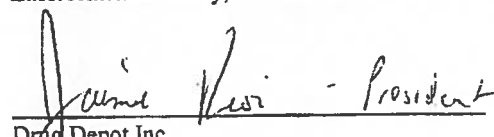
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DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

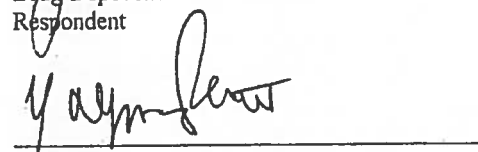
8-23-19
DATE


Brandon R. Thom
Enforcement Attorney, Health-Related Prosecutions

8/12/19
DATE


Jaime Keri - President
Drug Depot Inc.
Respondent

8/23/2019
DATE


Y. Alphonse
Member-
Illinois State Board of Pharmacy

This Consent Order is approved in full.

DATED THIS 24th DAY OF September, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN


Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2018-01718
License No. 054.018831

**STATE OF MISSOURI
MISSOURI BOARD OF PHARMACY**

IN RE:)
)
DRUG DEPOT, INC.)
d/b/a APS PHARMACY)
34911 US Highway 19 N, Ste. 600)
Palm Harbor, FL 34684)
Permit No. 2012034117)

**SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND
DRUG DEPOT, INC. d/b/a APS PHARMACY**

COME NOW Drug Depot, Inc. d/b/a APS Pharmacy ("Respondent" or the "Pharmacy") and the Missouri Board of Pharmacy ("Petitioner" or "Board") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's permit to operate as a pharmacy will be subject to discipline.

Pursuant to the terms of Section 536.060, RSMo, the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri ("AHC") and, additionally, the right to a disciplinary hearing before the Board under Section 621.110, RSMo, and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witness appearing at the hearing against it; the right to a decision upon the record by a fair and impartial Administrative Hearing Commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board, at which time it may present evidence in mitigation of

discipline; and the right to recover attorney's fees incurred in defending this action against its permit. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the AHC, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's permit.

For purposes of settling this dispute, Respondent stipulates that the factual allegations contained in this Settlement Agreement are true and further stipulates that Respondent's permit as a pharmacy, numbered 2012034117, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo.

JOINT STIPULATION OF FACTS

1. Petitioner is an agency of the State of Missouri created and established pursuant to Section 338.110, RSMo,¹ for the purpose of executing and enforcing the provisions of Chapter 338, RSMo.

2. Respondent, located at 34911 US Hwy. 19 N, Ste. 600, Palm Harbor, FL 34684, is permitted by the Board as a pharmacy under permit number 2012034117. Respondent's permit was at all times relevant herein current and active.

3. On or about July 10, 2017, Petitioner learned that the Kansas Board of Pharmacy entered a Summary Order dated January 6, 2017, placing Respondent's renewal registration on probation for a period not to exceed five (5) years ("Kansas Order"). The Kansas Order states

¹ All statutory references are to the Revised Statutes of Missouri 2016, as amended, unless otherwise stated.

that the discipline imposed by Kansas was based on discipline and probation imposed by the Oklahoma State Board of Pharmacy.

4. The Oklahoma Board of Pharmacy and Respondent entered into Agreed Findings of Fact, Conclusions of Law, and Final Order on or about February 24, 2016, placing Respondent on probation for three (3) years and imposing a fine of \$15,000.00 (Fifteen Thousand and 00/100 Dollars) (the "Oklahoma Order"). The Oklahoma probationary period has ended.

5. The Oklahoma Board alleged, among others, that Respondent violated Oklahoma law by shipping prescriptions, including controlled substance prescriptions, into the State of Oklahoma without a valid license; by compounding a commercially available drug; by dispensing prescriptions when it knew or should have known that they were issued without valid pre-existing patient-prescription relationships; and by failing to conduct its business in conformity with all federal, state and municipal laws.

6. Respondent admitted it violated Oklahoma law by shipping prescriptions, including controlled substance prescriptions, into the State of Oklahoma without a valid license and by failing to conduct its business in conformity with all federal, state and municipal laws. Respondent neither admitted nor denied that it dispensed prescriptions when it knew or should have known that they were issued without valid pre-existing patient-prescription relationships.

7. Respondent has also been disciplined in Alabama, California, Colorado, Iowa, Michigan, Minnesota, Oregon, and Texas.

8. On or about March 8, 2016, the Iowa State Board of Pharmacy and Respondent entered into a Settlement Agreement and Final Order wherein the Iowa Board imposed a

\$2,500.00 (Two Thousand Five Hundred and 00/100 Dollars) civil penalty upon Respondent for providing pharmacy services to Iowa residents without an active Iowa pharmacy license.

9. On or about November 1, 2016, the Texas State Board of Pharmacy and Respondent entered into an Agreed Board Order imposing an administrative penalty of \$6,000.00 (Six Thousand and 00/100 Dollars) on Respondent for providing false information on its nonresident pharmacy application for renewal and based for violations cited in the Oklahoma and Iowa Orders.

10. On or about December 16, 2016, the Colorado State Board of Pharmacy and Respondent entered into a Stipulation and Final Agency Order placing Respondent's registration as a non-resident prescription drug outlet on indefinite probation until it had submitted documentation to the Colorado Board showing unencumbered status in all other states in which it is registered ("Colorado Order"). Respondent admitted that its failure to report the Oklahoma and Iowa Orders to the Colorado Board constituted unprofessional conduct and violations of Colorado law, including its reporting requirements.

11. On or about April 12, 2017, the Michigan Board of Pharmacy entered a Consent Order and Stipulation placing Respondent's pharmacy license on probation for six (6) months and imposing a \$2,500.00 (Two Thousand Five Hundred and 00/100 Dollars) fine as a result of the Oklahoma and Iowa Orders.

12. On or about July 28, 2017, the California Board of Pharmacy issued a citation and imposed a fine of \$5,000.00 (Five Thousand and 00/100 Dollars) on Respondent for unprofessional conduct as a result of the discipline issued under the Oklahoma and Iowa Orders.

13. On or about January 9, 2018, the Alabama State Board of Pharmacy and Respondent entered into a Consent Order imposing a \$25,000.00 (Twenty-Five Thousand and

00/100 Dollars) administrative fine on Respondent's non-resident pharmacy permit for unprofessional conduct based on the entry of and/or certain allegations in the Oklahoma, Iowa, Colorado and California and Texas Orders.

14. On or about January 16, 2018, the Minnesota Board of Pharmacy and Respondent entered into a Stipulation reprimanding Respondent's pharmacy license and imposing a \$2,500.00 (Two Thousand Five Hundred and 00/100 Dollars) civil fine for shipping compounded preparations into Minnesota without patient-specific prescriptions under a pharmacy license, dispensing legend drugs without valid prescriptions, making wholesale transactions in Minnesota without a wholesaler license, and dispensing and shipping veterinary medications into Minnesota without the appropriate licensure, all in violation of Minnesota law.

15. On or about March 12, 2018, the Oregon Board of Pharmacy and Respondent entered into a Consent Order placing Respondent on probation for the duration of the probation imposed by the Oklahoma Board of Pharmacy for the violations contained in the Oklahoma Order which violated acceptable standards of practice and unprofessional conduct in Oregon. The Oregon probation has been completed.

16. On or about September 9, 2019, the Department of Financial and Professional Registration of the State of Illinois, Division of Professional Registration and Respondent entered into a Consent Order agreeing that Respondent's Illinois pharmacy license is reprimanded for conduct described above which would constitute grounds for disciplinary action in Illinois.

17. Respondent is subject to discipline in Missouri because Respondent has been the subject of disciplinary action in multiple states on grounds for which denial/discipline is authorized in Missouri under Section 338.055.2(8), RSMo.

JOINT CONCLUSIONS OF LAW

17. Cause exists for Petitioner to take disciplinary action against Respondent's pharmacy permit under Section 338.055.2(8) and (15), RSMo, which states, in pertinent parts:

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:

* * *

(8) Denial of licensure to an applicant or disciplinary action against an applicant or the holder of a license or other right to practice any profession regulated by this chapter granted by another state, territory, federal agency, or country whether or not voluntarily agreed to by the licensee or applicant, including, but not limited to, surrender of the license upon grounds for which denial or discipline is authorized in this state;

* * *

(15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government.

JOINT AGREED DISCIPLINARY ORDER

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the Disciplinary Order entered by the Board in this matter under the authority of Section 621.045.3, RSMo:

1. Respondent's pharmacy permit numbered 2012034117 shall be placed on **PROBATION** for a period of **THREE (3) YEARS** ("Disciplinary Period"). The terms of discipline shall be as follows:

A. Respondent shall pay all required fees for licensing to the Board and shall renew its pharmacy license prior to October 31 of each licensing year.

- B. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.
 - C. If requested, Respondent shall provide the Board a list of all licensed pharmacists employed by Respondent, and the individuals' current home addresses and telephone numbers.
 - D. If, after disciplinary sanctions have been imposed, Respondent fails to keep its pharmacy license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.
 - E. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months (due by each January 1 and July 1), beginning with whichever date occurs first after this Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of its disciplinary order.
 - F. Respondent shall not serve as an intern training facility for Missouri interns.
 - G. Respondent shall make a representative of the pharmacy available for personal interviews to be conducted by a member of the Board or the Board of Pharmacy staff. Said meetings will be at the Board's discretion and may occur periodically during the Disciplinary Period. Respondent will be notified and given sufficient time to arrange these meetings.
 - H. Respondent's failure to comply with any condition of discipline set forth herein constitutes a violation of this disciplinary Agreement.
 - I. The parties to this Agreement understand that the Board of Pharmacy will maintain this Agreement as an open record of the Board as provided in Chapters 324, 338, 610, RSMo.
2. Upon the expiration of said discipline, Respondent's license as a pharmacy in Missouri shall be fully restored if all other requirements of law have been satisfied provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement the Board may, in its discretion, after an evidentiary hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs, and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to Section 536.087, RSMo, or any claim arising under 42 U.S.C.

§1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ **REQUESTS**

_____ **X** _____ **DOES NOT REQUEST**

THE AHC TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S PERMIT TO OPERATE AS A PHARMACY.

Respondent understands that it may, either at the time the Settlement Agreement is signed by all parties, or within fifteen (15) days thereafter, submit the Settlement Agreement to the AHC for determination that the facts agreed to by the parties constitute grounds for disciplining Respondent's permit. If Respondent desires the AHC to review this Agreement, it may submit its request to: Administrative Hearing Commission, Truman State Office Building, Room 640, 301 W. High Street, P.O. Box 1557, Jefferson City, Missouri 65101.

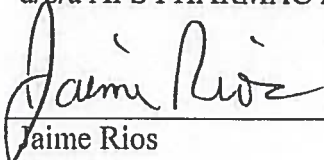
If Respondent has not requested review by the AHC, the Settlement Agreement goes into effect fifteen (15) days after the document is signed by the Board's Executive Director ("Effective Date").

[Remainder of page left blank intentionally – signature page follows]

RESPONDENT

DRUG DEPOT, INC.
d/b/a APS PHARMACY

By:


Jaime Rios

President

As Authorized Agent for
DRUG DEPOT, INC.
d/b/a APS PHARMACY

Date:

12/2/2019

PETITIONER

MISSOURI BOARD OF
PHARMACY

By:

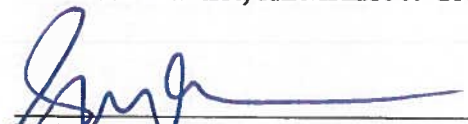

Kimberly Grinston
Executive Director

Date:

12/7/20

GREENSFELDER, HEMKER & GALE, P.C.

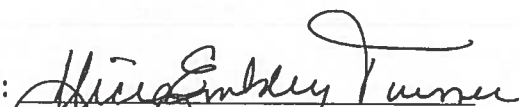
By:


Sanja Ord #67340
10 S. Broadway, Suite 2000
St. Louis, MO 63102
Telephone: (314) 345-5448
Fax: (314) 516-2693
sord@greensfelder.com

Attorneys for Drug Depot, Inc.
d/b/a APS Pharmacy

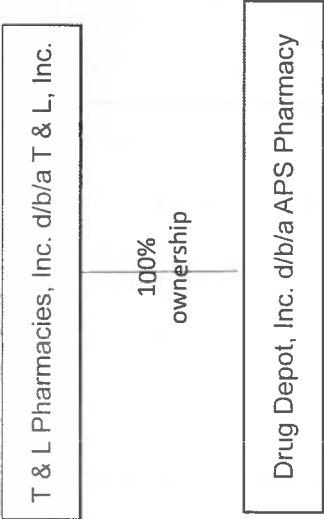
NEWMAN, COMLEY & RUTH P.C.

By:

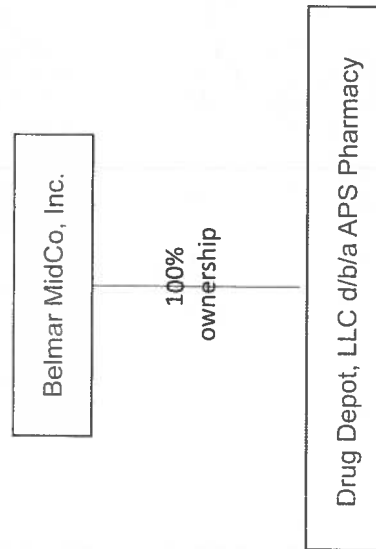

Alicia Embley Turner #48675
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: (573) 634-2266
Fax: (573) 636-3306
turnera@ncrpc.com

Attorneys for Missouri Board of
Pharmacy

Old Structure



New Post-Closing Structure



Ownership Information for Drug Depot, LLC d/b/a APS Pharmacy

Drug Depot, LLC
d/b/a APS Pharmacy
34911 US Highway 19 N, Ste. 600
Palm Harbor, FL 34684
Ph: 888-787-4137
Fx: 866-739-4750

Officers of Drug Depot, LLC:

- Jaime Rios, President
Lafferre Lane
Hilliard, OH 43026
(
- Michael A. Marling, Vice President
16 Canopy Dr.
Tampa, FL 33626
- David Malm, Secretary and Treasurer
Boylston Street, # 9009
Boston, MA 02116

Drug Depot, LLC will be wholly owned by Belmar MidCo, Inc.

Belmar MidCo, Inc.
c/o Webster Equity Partners
1000 Winter Street
Waltham, MA 02451
(781) 419-1515

Officers and Directors of Belmar MidCo, Inc.:

- David W. Hill, CEO and President
- Robert Kilgore, VP and CFO
- David P. Malm, Secretary and Treasurer; Director

Drug Depot, LLC is Manager-Managed by Belmar Holdings, Inc.

ReedSmith

Driving progress
through partnership

David T. Hartmann

Direct Phone: +1 312 207 6556

Email: dhartmann@reedsmith.com

Reed Smith LLP
10 South Wacker Drive
Chicago, IL 60606-7507
+1 312 207 1000
Fax +1 312 207 6400
reedsmith.com

April 10, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206,
Reno, NV 89521

Re: Drug Depot, LLC d/b/a APS Pharmacy [Permit#PH02716]

Dear Sir or Madam:

On behalf of the Applicant, Drug Depot, LLC d/b/a APS Pharmacy ("APS"), please accept the attached Change of Ownership Application for review and approval. Also enclosed is a cashier's check made out to Nevada State Board of Pharmacy in the amount of \$500.

By way of background, on or about **May 14, 2020**, APS will undergo a reorganization and change of ownership wherein the current licensee, Drug Depot, Inc. d/b/a APS Pharmacy, will be converted from a corporation to a limited liability company, and its equity will be contributed to a new parent entity, Belmar Midco, Inc. APS Pharmacy will, thereafter, operate as Drug Depot, LLC d/b/a APS Pharmacy. The location and operations will otherwise remain unchanged. For ease of reference, please see the pre- and post-closing organization structure charts enclosed with this application.

Please feel free to contact me at 312-207-6556, or my paralegal, Silvia Somoza, at 312-651-1620, with any questions during the application review process.

Very truly yours,

David T. Hartmann

David. T. Hartmann

11B

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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: Carolina Infusion
 Physical Address: 95 Bees Creek rd Ridgeland, SC 29936
 Mailing Address: 95 Bees Creek rd
 City: Ridgeland State: SC Zip Code: 29936
 Telephone: 843-547-1188 Fax: 843-547-1189
 Toll Free Number: 888-274-3563 (Required per NAC 639.708)
 E-mail: _____ Website: carolinainfusion.com
 Managing Pharmacist: Romeo Abangan License Number: 13439

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

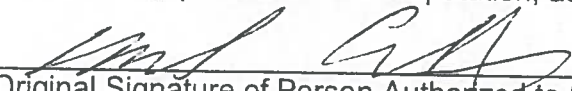
Within the last five (5) years:

- 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

Melissa Etheridge
Print Name of Authorized Person

2/26/20
Date

Page 2

Board Use Only

Date Processed: 4-6-2020

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Melissa Etheridge

Business Name: Carolina Infusion

Current Business Address: 95 Bees Creek rd

City: Ridgeland State: SC Zip Code: 29936

Telephone: 843.547.1188 Fax: 843.547.1189

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm

Saturday N/A am N/A 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: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

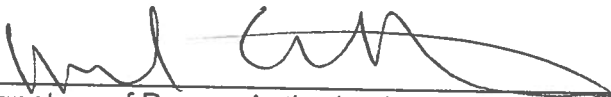
I, Melissa Etheridge

Responsible Person of Caroline Infusion

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

Melissa Etheridge
Print Name of Authorized Person

2/26/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF SC)
Jasper) ss.
 COUNTY)

I, Melissa Etheridge, 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 Owner for Carolina Infusion (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, Melissa Etheridge, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Troy M Lowther
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
27 day of February, 2020.

[Signature]
 NOTARY PUBLIC

[Print this page](#)**South Carolina Board of Pharmacy**

CAROLINA INFUSION
95 BEES CREEK RD
RIDGELAND, SC 29936

License number: 13447
License type: Pharmacy
Status: Active
First Issue Date: 08/21/2011
Expiration: 06/30/2020

Supervised By
Romeo Saclolo Abangan Jr - (PH)

Supervises
AMBER LYNN LANGLEY - (PHT)
STEVIE RAE ETHINGTON - (PHT)
LACY DANAE WOOD - (PHT)
Melissa Jennifer Etheridge - (PH)

[File a Complaint against this licensee](#)

No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

Board Public Action History:[View Orders](#)[View Other License for this Person](#)

No Orders Found

11C

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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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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.

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 Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hunt Valley Pharmacy, LLC dba Hunt Valley PharmaLAB

Physical Address: 10 Warren Road, Ste. 220, Cockeysville, MD 21030

Mailing Address: 623 Highland Colony Parkway, Ste. 100

City: Ridgeland State: MS Zip Code: 39157

Telephone: (601) 988-1700 Fax: (877) 415-4050

Toll Free Number: (888) 502-6162 (Required per NAC 639.708)

E-mail: licensingHVA@aiscaregroup.com Website: www.hvpcc.com

Managing Pharmacist: Brian Trentler License Number: 12535

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:

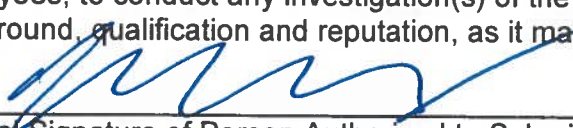
- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 ☒

See attached

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

Michael Ford, COO
Print Name of Authorized Person

3-24-2020
Date

Page 2

Board Use Only

Date Processed: 4-2-2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: MarylandParent Company if any: Advanced Infusion Solutions AcquisitionMailing Address: 623 Highland Colony Parkway, Ste. 100City: Ridgeland State: MS Zip: 39157Telephone: (601) 988-1700 Fax: (877) 415-4050Contact Person: Sarah Tew, Compliance 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) N/A
Name Addressb) N/A
Name Addressc) N/A
Name Addressd) N/A
Name Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: Anish Patel, MD%: 0%

(Dr. Patel is the chair of the medical advisory board and also services as the company's chief medical officer. Dr. Patel has ownership potential as a member of the executive leadership team but currently has no ownership value in the company. Ownership potential will not vest unless and until such time the company is liquidated)

Name: N/A%: N/A**Hours of Operation for the pharmacy:**

*Pharmacist is on-call with record access 24/7/365

Monday thru Friday 9:00 am 6:00 pmSaturday 9:00 am 12:00 pmSunday CLOSED am CLOSED pm

24 Hours _____

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

2020 CHOW Application

Dear Sir/Madame:

Out of an abundance of caution, Hunt Valley provides the following information regarding the non-disciplinary Virginia Order.

On or around July 30, 2018, Hunt Valley voluntarily surrendered its North Carolina non-residency pharmacy license solely for business reasons. Shortly after Hunt Valley voluntarily surrendered its North Carolina non-resident pharmacy license, it was inspected by FDA and the Maryland Board of Pharmacy ("Maryland Board") - Hunt Valley's home state board. The FDA and the Maryland Board did not take any disciplinary action against Hunt Valley after the inspections.

Nevertheless, on August 14, 2018, the Virginia Department of Health Professions ("Virginia DHP") issued an Order that suspended Hunt Valley's registration to conduct non-resident pharmacy dispensing in Virginia ("Virginia Order"). In support of the Virginia Order, the Virginia DHP contended that Hunt Valley voluntarily surrendered its North Carolina permit on July 30, 2018 in lieu of disciplinary action by the North Carolina Board of Pharmacy and that a suspension of its Virginia registration was required on this basis. However, prior to issuing the Virginia Order, the Virginia DHP did not communicate with Hunt Valley, or any representative of Hunt Valley regarding Hunt Valley's decision to surrender its North Carolina pharmacy permit or its reasons for doing so. Importantly, Hunt Valley surrendered its North Carolina permit solely for company business reasons, and it did not surrender its North Carolina permit in lieu of disciplinary action. As such, Hunt Valley appealed the Virginia Order soon after it was issued.

To resolve this matter, the Virginia DHP issued an order on November 30, 2018 that reinstated Hunt Valley's Virginia registration as of August 14, 2018 (the day the Virginia Order was entered) and incorporated explicit language that the Virginia Order was non-disciplinary.

As such, Hunt Valley believes that it has been in compliance with applicable state laws and regulations throughout this process.

STATE OF MARYLAND

Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HUNT VALLEY PHARMACY, LLC (W20306338), REGISTERED FEBRUARY 20, 2020, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 17, 2020.



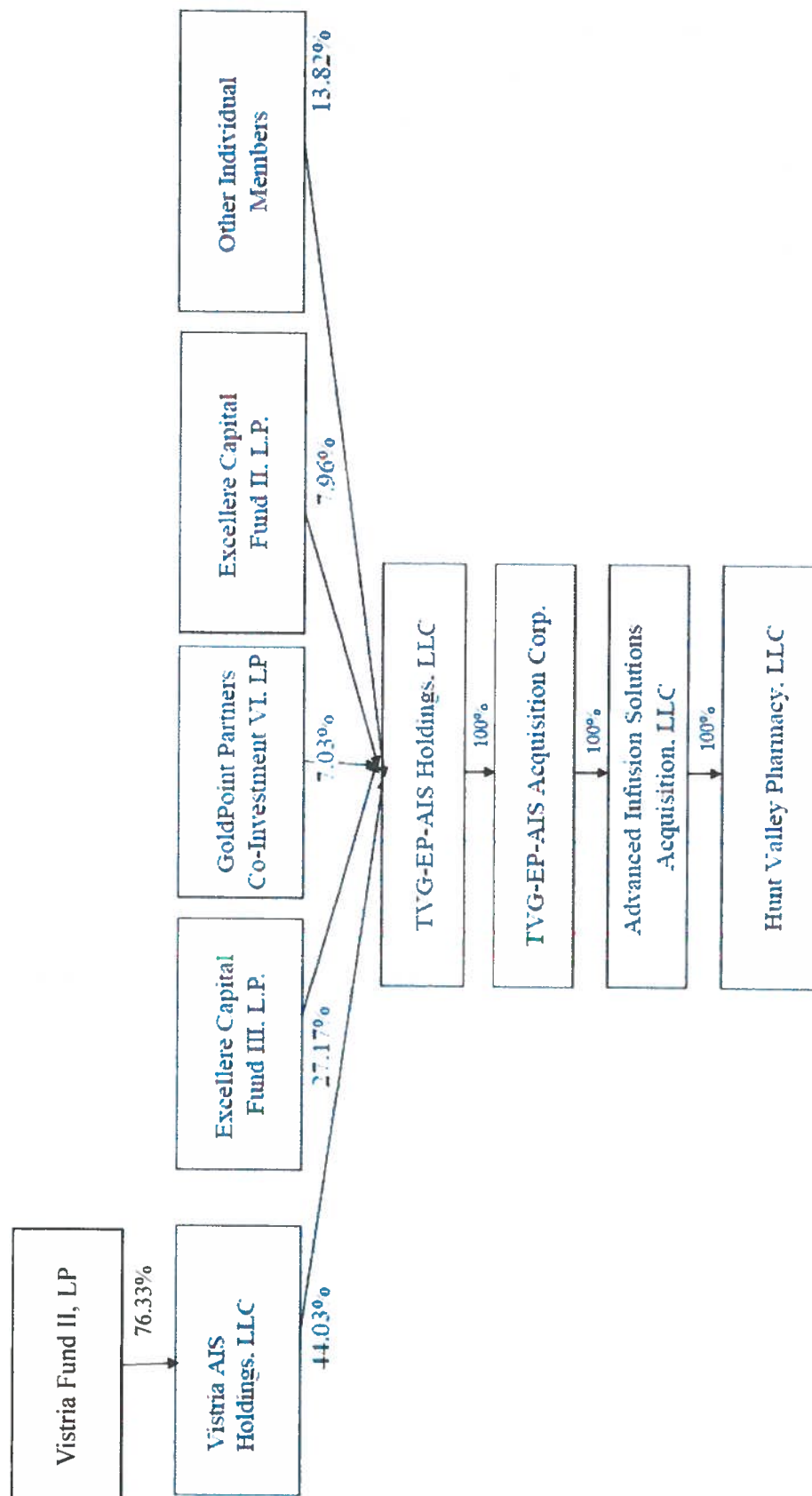
Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: 2DycnjZwxECIQyGloCJMUA
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>

Organizational Structure



Hunt Valley Pharmacy, LLC DBA Hunt Valley PharmaLAB

State of Incorporation: MD

Business Address: 10 Warren Road, Ste. 220
Cockeysville, MD 21030

Officers:

Chief Executive Officer: Simon Castellanos

Business Address: 10 Warren Road, Ste. 220
Cockeysville, MD 21030

Vice President/Asst. Secretary: Christopher Ryan Glaws

Business Address: 10 Warren Road, Ste. 220
Cockeysville, MD 21030

Vice President/Asst. Secretary: Jonathan Maschmeyer

Business Address: 10 Warren Road, Ste. 220
Cockeysville, MD 21030

Chief Financial Officer: Ross Kamm

Business Address: 10 Warren Road, Ste. 220
Cockeysville, MD 21030

President,
Ophthalmology Services:

Tim Askew

Business Address: 10 Warren Road, Ste. 220
Cockeysville, MD 21030

Senior Director of Pharmacy,
Ophthalmology Services:

Brian Trentler

Business Address: 10 Warren Road, Ste. 220
Cockeysville, MD 21030

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michael Ford

Responsible Person of Hunt Valley Pharmacy, LLC dba Hunt Valley 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

Michael Ford, COO

Print Name of Authorized Person

3-24-2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF MS)
Madison) ss. COUNTY)

I, Michael Ford, 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 COO for Hunt Valley Pharmacy, LLC ~~aka~~ Hunt Valley Pharmacy AB (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, Michael Ford, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name 

SUBSCRIBED AND SWORN TO
 before me, a notary public this
24th day of March, 2020.


 NOTARY PUBLIC



PHARMACY WAIVER REGISTRATION

STATE OF MARYLAND
DEPARTMENT OF HEALTH

103155

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Hunt Valley Pharmacy, Llc DbA Hunt Valley Pharmalab
10 Warren Road
Suite 220
COCKEYSVILLE MD 21030

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT

Hunt Valley Pharmacy, Llc DbA Hunt Valley Pharmalab

IS A REGISTERED Active

License Expiration Date

Pharmacy Waiver 05/31/2020

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE
PW0525	05/31/2020

SIGNATURE OF BEARER

State of Maryland



DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Hunt Valley Pharmacy, Llc DbA Hunt Valley Pharmalab
IS A REGISTERED Active
License Expiration Date
Pharmacy Waiver 05/31/2020

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
PW0525	05/31/2020

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Pharmacy Waiver Change of Information

A Pharmacy Waiver must report changes in their names, addresses, place of employment or other contact information in order to receive renewal notices, newsletters and other important information. A copy of a legal document, such as a Marriage Certificate, must accompany name changes.

To report changes, submit a completed Change of Information form. The form may be downloaded from the Board's website at <http://dhmh.maryland.gov/pharmacy/Pages/ChangeRequest.aspx>, or contact the Board to have the form sent to you.

Return the completed form by mail, fax or email to:

Maryland Board of Pharmacy
P.O. Box 2051
Baltimore, Maryland 21203-2051
Toll Free: (800)-542-4964 Fax: (410) 358-6207
Email: dhmh.mdbop@maryland.gov

SIGNATURE OF BEARER



Details

Demographic Information

Name: Hunt Valley Pharmacy, LLC dba Hunt Valley PharmaLAB

Address Information

Address: 10 Warren Road

Suite 220

City: COCKEYSVILLE

State: MD

Zip: 21030

Maryland License\Permit Information

Number: PW0525	Type: Pharmacy Waiver	Status: Mail Order/InternetActive
Original Issued: 2/26/2020	Date Renewed:	Expires: 5/31/2020

Specialty Information

No Speciality Information

Related Documents

Close Window

11D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 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 1,2,3,8

☐ Partnership – Pages 1,2,6,8

☒ Non Publicly Traded Corporation – Pages 1,2,4,8

☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: OPS International Inc. dba Olympia Pharmacy

Physical Address: 4600 L B McLeod Rd, Orlando, FL 32811.

Mailing Address: 6700 Conroy Rd, Ste 155

City: Orlando State: FL Zip Code: 32835

Telephone: 407-673-2222 Fax: 407-673-1234

Toll Free Number: 1-833-684-0495 (Required per NAC 639.708)

E-mail: confidence@olympiapharmacy.com Website: www.OlympiaPharmacy.com

Managing Pharmacist: Britney Baker License Number: PS54155

TYPE OF PHARMACY**AND****SERVICES PROVIDED**

Yes/No

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

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: N/A

**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

Marco Loleit

Print Name of Authorized Person

5/5/20

Date

Page 2

Board Use Only

Date Processed:

5.12.2020

Amount:

500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: FLParent Company if any: N/AMailing Address: 6700 Conroy Rd, Ste 155City: Orlando State: FL Zip: 32835Telephone: 407-673-2222 Fax: 407-673-1234Contact Person: Confidence Ekeanyanwu

For any corporation non publicly traded, disclose the following:

① 100% owner of business

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

① a) Marco Lolait 647 E Jackson St., Orlando, FL 32801
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address

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

3) What was the price paid per share? N/A

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 9:30 am 6 pmSaturday Closed am Closed pmSunday Closed am Closed pm24 Hours N/AA 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: MARCO LOLEIT
 Business Name: OPS International Inc. dba Olympia Pharmacy
 Current Business Address: 6700 Conroy Rd, Ste 155
 City: Orlando State: FL Zip Code: 32835
 Telephone: 407-673-2222 Fax: 407-673-1234

List any physician shareholders and percentage of ownership.

Name: _____ %: _____
 Name: _____ %: _____
 Name: _____ %: _____
 Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:30 am 6 pm

Saturday close am close pm

Sunday close am close 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

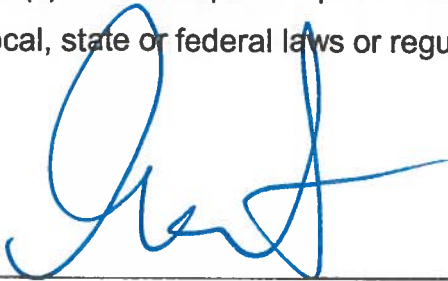
I, Marco Loleit

Responsible Person of OPS International Incorporated

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said 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

Marco Loleit

Print Name of Authorized Person

5/5/20

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF FL)
Orange) ss.
COUNTY)

I, Marco Lolait, 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 Owner for OPS International 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.

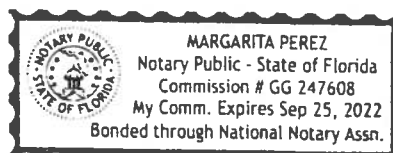
FURTHER AFFIANT SAYETH NOT.

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

Margarita Perez
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
5 day of May, 2020.

[Signature]
NOTARY PUBLIC



STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/04/2020	PH.32627	116509

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: FEBRUARY 28, 2021

OPS INTERNATIONAL INCORPORATED

OLYMPIA PHARMACY

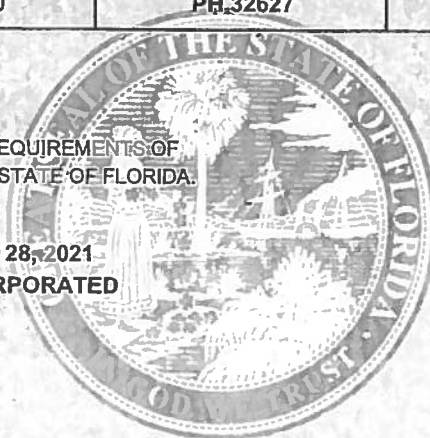
4600 LB MCLEOD ROAD

ORLANDO, FL - 32811

QUALIFICATION(S):

Schedule II & III

Community Pharmacy



Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW



Department of Health

License Number: PH32627

Data As Of 4/15/2020

Profession	Pharmacy
License	PH32627
License Status	CLEAR/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2021
License Original Issue Date	03/03/2020
Address of Record	4600 LB MCLEOD ROAD ORLANDO, FL 32811
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.



Department of Health

License Number: PH32707

Data As Of 5/1/2020

Profession	Pharmacy
License	PH32707
License Status	CLEAR/
Qualifications	Schedule II & III Special Sterile Compounding
License Expiration Date	2/28/2021
License Original Issue Date	04/23/2020
Address of Record	4600 L B MCLEOD ROAD ORLANDO, FL 32811
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

State of Florida

Department of State

I certify from the records of this office that OPS INTERNATIONAL INCORPORATED is a corporation organized under the laws of the State of Florida, filed on October 3, 2013, effective October 2, 2013.

The document number of this corporation is P13000081512.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on April 6, 2019, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twelfth day of February, 2020*



Randy R. ...
Secretary of State

Tracking Number: 9107518418CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

11E



RECEIVED
3.3.2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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: Option Care Enterprises, Inc. dba Option Care

Physical Address: 2750 Arthur St., Roseville, MN 55113

Mailing Address: 3000 Lakeside Drive, Suite 300N

City: Bannockburn State: IL Zip Code: 60015

Telephone: (651) 635-9272 Fax: (651) 305-0242

Toll Free Number: (877) 360-9272 (Required per NAC 639.708)

E-mail: oc-peandl@optioncare.com Website: optioncare.com

Managing Pharmacist: Alexandra Demello License Number: 116301

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

Clifford Berman
Print Name of Authorized Person

2/28/2020
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Option Care Infusion Services, Inc.

Corporation Name: Option Care Enterprises, Inc.

Mailing Address: 3000 Lakeside Drive, Suite 300N

City: Bannockburn State: IL Zip: 60015

Telephone: (312) 940-2500 Fax: (847) 332-0298

Contact Person: Jessica Veltum

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>8</u> am	<u>5</u> pm	Saturday	_____am	_____pm
Sunday	_____am	_____pm	24 Hours	<u>on call</u>	

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

Must be included with the application for a publicly traded corporation

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

List of officers and directors.

Michael Shapiro -- President/CFO and Treasurer

Clifford E. Berman – Secretary

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA


I, Clifford E. Berman

Responsible Person of Option Care Enterprises, 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

Clifford E. Berman

Print Name of Authorized Person

2/28/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Minnesota)
Ramsey) ss.
COUNTY)

I, Alexandra Demello, 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 Pharmacist-in-Charge for Option Care (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.

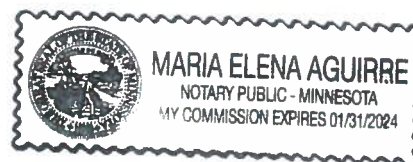
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

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


Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
23 day of January, 2020.
Maria Elena Aguirre
NOTARY PUBLIC





TEXAS
Health and Human
Services

Texas Health and Human Services Commission

Cecile Erwin Young
Acting Executive Commissioner

July 30, 2018

CERTIFIED MAIL: 7016 3010 0000 9153 4345

Sent First Class Mail: 7/30/2018

ADMINISTRATOR
OPTION CARE
PO BOX 377
DEERFIELD, IL 60015

RE: OPTION CARE ENTERPRISES INC dba OPTION CARE, License No. 004685
Proposal to Assess Administrative Penalties

Dear Administrator:

Pursuant to Texas Health and Safety Code (HSC) Chapter 142 and 40 Texas Administrative Code (TAC) Chapter 97, this is notice that the Texas Health and Human Services Commission (HHSC) proposes to assess administrative penalties in the amount of \$1,500.00 for state licensing violations identified during OPTION CARE ENTERPRISES INC dba OPTION CARE's (the agency) March 9, 2018 survey.

Your agency's violation(s) of the state licensing regulations constitutes an independent basis for the following enforcement recommendation. For specific details regarding violations cited, please refer to the March 09, 2018 state form titled "Statement of Licensing Violations and Plan of Correction" which was mailed to the agency after the survey.

State Licensing Violations

Reference the Statement of Licensing Violations, item Z409 §97.285(2) Infection Control Level B

The agency failed to enforce written policies to control infections and communicable diseases that included requirements to document infections that the client acquires while receiving services from the agency as applicable for its category of licensure. **A proposed administrative penalty in the amount of \$750.00 has been assessed.**

Reference the Statement of Licensing Violations; item Z537 §97.401(b)(2)(B) Licensed Home Health Services - Level B

The agency failed to make sure that clients receiving skilled treatment under the direction of a practitioner had formal plans of care that contained all required elements. **A proposed administrative penalty in the amount of \$750.00 has been assessed.**

Enforcement Options

As a result of the proposed enforcement action, the agency may choose one of the following options within 20 calendar days of receiving this Notice of Violation (NOV) letter:

OPTION CARE
July 30, 2018
Page 2

- Option 1 Accept, in writing, the proposed enforcement action outlined within this letter by paying an administrative penalty in the amount of \$1,500.00. Payment of the administrative penalty must be made by **cashier's check or money order** and mailed to:

**Texas Health and Human Services Commission
ARTS Mail Code 1470
P.O. Box 149055
Austin, TX 78714-9030**

The cashier's check or money order must be made payable to the Texas Health and Human Services Commission **and must include the notation: "Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code # 529201108."** Please include the attached payment coupon along with your check or money order. Should the proposed enforcement action outlined in this letter be accepted, an Order will be entered approving the determination and ordering the agency to pay the proposed penalty; **or**

- Option 2 You may appeal this enforcement action to HHSC. HHSC will docket the appeal request with the State Office of Administrative Hearings (SOAH). The request must be in writing, in the form of a petition or letter, and must state the basis of the appeal. You must include a legible copy of the letter or notice received from HHSC that specified the proposed enforcement action. The request for a hearing is not complete and will not be docketed at SOAH for hearing without a copy of the Enforcement Action letter. Your request for a hearing must be sent to HHSC at:

**Legal Services (W-615)
Office of General Counsel
Texas Health and Human Services Commission
P.O. Box 149030
Austin, TX 78714
Fax: (512) 438-5759**

If a request for a hearing is not complete within **20 days** of receipt of this letter, unless otherwise provided by statute, you will be deemed to have consented to the HHSC action and request for a hearing will be denied, and the proposed action outlined above will be taken. Specifically, an Order will be entered approving the determination and ordering that the agency pay an administrative penalty in the amount of \$1,500.00.

All submissions will be filed at SOAH and must be redacted to meet SOAH privacy requirements at 1 TAC RULE §155.101. Redaction must include all personal identifiers that are protected by law from disclosure or that are unnecessary for resolution of the case. Any documents received containing unredacted confidential information will be returned.

OPTION CARE
July 30, 2018
Page 3

If you have questions regarding the above-described procedures, please call Lydia Maese, Enforcement Specialist, at (512) 438-2409.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Cavuto", with a stylized flourish at the end.

Brian Cavuto, Manager
Provider Licensing Enforcement Unit
LTC Regulatory Services Division

OPTION CARE
July 30, 2018
Page 4

PAYMENT COUPON

**HCSSA ADMINISTRATIVE PENALTIES
Provider Licensing Enforcement Unit – (LM)**

“Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code # 529201108”

Agency License No.: **004685**

Claim Amount: \$1,500.00

Name: **OPTION CARE ENTERPRISES INC dba OPTION CARE**
Address: **9030 KIRBY DRIVE**
HOUSTON, TX 77054

Please make cashier's check or money order payable to the Texas Health and Human Services Commission **and return with this coupon** to:

**Texas Health and Human Services Commission
ARTS Mail Code 1470
P.O. Box 149055
Austin, TX 78714-9030**

AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF LAKE

Clifford Berman, Secretary of Option Care Enterprises, Inc., personally came and appeared before me, the undersigned Notary, and makes this his statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his knowledge:

The applicant pharmacy has never been disciplined by a local, state or federal licensing, enforcement or regulatory agency and no investigation or disciplinary action is pending against the applicant pharmacy.

Applicant pharmacy is one of a chain of over 75 home infusion pharmacies under common ownership, and while the licenses of all of those pharmacies are current and in good standing, some have on occasion been the subject of disciplinary action. Information about the disciplinary actions are as follows:

1. Option Care Enterprises, Inc., owns a separate pharmacy in San Antonio, TX that was disciplined on August 6, 2003. The pharmacy was reprimanded and assessed a \$1,500 administrative penalty in connection with a dispensing/compounding error.
2. Option Care Enterprises Inc. owned a separate pharmacy in Ann Arbor, MI. On July 16 2008, the Colorado Board of Pharmacy fined the pharmacy \$5,000.00 for failure to comply with the registration and data submission requirements of Colorado's Electronic Drug Monitoring Program (PDMP). Please find the Stipulation and Agreed Board Order attached hereto.
3. Option Care Enterprises, Inc. owns a separate pharmacy in Lombard, IL. On June 30, 2010, the Colorado Board of Pharmacy imposed a fine with surcharge of \$5,500 against the pharmacy for failure to comply with the registration and data submission requirements of Colorado's Electronic Drug Monitoring Program (PDMP). Please find the Stipulation and Agreed Board Order attached hereto.
4. Option Care Enterprises, Inc. owns a separate pharmacy in Eatontown, NJ. On December 21, 2010, the pharmacy was disciplined and fined \$3,500 by the New Jersey Board of Pharmacy ("Board") for various facility deficiencies. Please see the Board notice and certification attached hereto.
5. Option Care Enterprises, Inc. owns another pharmacy in Eatontown, New Jersey. On March 3, 2013, the pharmacy was disciplined and fined \$500.00 by the New Jersey Board of Pharmacy ("Board") due to a sprinkler in the ante room was not flush with ceiling. Please see the Board notice and certification attached hereto.
6. Option Care Enterprises, Inc. owns a separate pharmacy in Lombard, IL. On February 20, 2014, the pharmacy was reprimanded and assessed a \$4,500 civil penalty by the Maine Board of Pharmacy ("Board") because the notice of a change of pharmacist-in-charge was received by the Board 14 days late. Please find the consent agreement attached hereto.

7. Option Care Enterprises, Inc. owns a separate pharmacy in Irving, TX. On August 6, 2015, the facility was assessed a \$4,250 administrative penalty by the Texas Department of Aging and Disability Services for various alleged violations.
8. We also own a pharmacy in Chantilly, VA. On September 16, 2015, the Virginia Board of Pharmacy fined our pharmacy \$1,000.00 for deficiencies concerning clean room flooring and late submission of annual documentation. All requirements have since been satisfied and the case is now closed. Please find the consent order attached hereto.
9. Option Care Enterprises, Inc. owns a separate pharmacy in Overland Park, KS. The Overland Park pharmacy was disciplined on March 31, 2016 for operating for more than 30 days after a change of pharmacist-in-charge without a complete and correct application for change of PIC on file with Pharmacy Board. Attached please find the consent order.
10. Option Care Enterprises, Inc. owns a separate pharmacy located in Southborough, MA. On July 11, 2017, the Massachusetts Board of Pharmacy imposed a probation period of one year in response to a self-reported quality related event. Effective July 13, 2018 the pharmacy successfully completed its probation period and the license was restored to full, unrestricted status. Attached please find the consent order and letter confirming successful completion of probation.
11. Option Care Enterprises, Inc. also owns a separate pharmacy in Chantilly, VA. On August 24, 2017, The Virginia Board of Pharmacy fined the Chantilly pharmacy \$5,500.00 for findings during routine pharmacy inspection. Please find the order attached hereto.
12. Option Care Enterprises, Inc. also owns a separate pharmacy in Louisville, KY. On June 26, 2018, The Kentucky Board of Pharmacy fined the Louisville pharmacy \$100.00 for allowing a technician to practice for over two weeks on a non-renewed license. Please find the agreed order attached hereto.
13. Option Care Enterprises, Inc. owns a separate pharmacy in Houston, TX. On July 30, 2018, the facility was assessed a \$1,500.00 administrative penalty by the Texas Health and Human Services Commission for various alleged violations.
14. Option Care Enterprises, Inc. owns another pharmacy in Eatontown, New Jersey. On September 18, 2018, the pharmacy was disciplined and fined \$2,550.00 by the New Jersey Board of Pharmacy ("Board") for findings during a routine inspection. Please see the Board notice and certification attached hereto.
15. We also own a pharmacy in Chantilly, VA. On May 15th, 2019, the Virginia Board of Pharmacy fined our pharmacy \$2,000.00 for findings during a pharmacy inspection October 17th, 2018. All requirements have since been satisfied. Please find the consent order attached hereto.
16. Option Care Enterprises, Inc. also owns a separate pharmacy in Louisville, KY. On November 19, 2019, The Kentucky Board of Pharmacy fined the Louisville pharmacy \$500.00 for a dispensing error in which wrong medication was dispensed. Please find the consent order attached hereto.
17. Option Care Enterprises, Inc. owns another pharmacy in Englewood, Colorado. On January 28, 2020, the pharmacy was disciplined and fined \$500.00 with a surcharge of \$75.00 by the Colorado Board of Pharmacy ("Board") due to findings during a routine pharmacy inspection conducted on November 6, 2019. Please find the consent order attached hereto.

18. Option Care Enterprises, Inc. also owns a separate pharmacy in Louisville, KY. On June 26, 2018, The Kentucky Board of Pharmacy fined the Louisville pharmacy \$100.00 for allowing a technician to practice for over two weeks on a non-renewed license. On August 19, 2019, the Illinois Department of Financial Regulation issued a "sister state" discipline. Please find the partially signed consent order attached hereto.

DATED this the 28 day of February, 2020.



Signature of Affiant

SWORN to be subscribed before me this 28 day of February, 2020.



Notary Public

My commission expires: 03/20/23

Option Care Enterprises, Inc., owns a separate pharmacy in San Antonio, TX that was disciplined on August 6, 2003. The pharmacy was reprimanded and assessed a \$1,500 administrative penalty in connection with a dispensing/compounding error.

AGREED BOARD ORDER #H-03-001-B

RE: IN THE MATTER OF BEFORE THE TEXAS STATE
 OPTION CARE ENTERPRISES, INC. BOARD OF PHARMACY
 (PHARMACY LICENSE #21745)

On this day came on to be considered by the Texas State Board of Pharmacy the matter of pharmacy license number 21745 issued to Option Care Enterprises, Inc., 5407 Bandera Road, Suite 102, San Antonio, Texas 78238.

By letter dated March 12, 2003, the Texas State Board of Pharmacy gave preliminary notice to Option Care Enterprises, Inc. of its intent to take disciplinary action with respect to pharmacy license number 21745 issued to Option Care Enterprises, Inc.. This action was taken as a result of an investigation which produced evidence indicating that Option Care Enterprises, Inc. may have violated:

Section 551.003(16); Section 565.001(a)(1), (2), (12), and (13); Section 565.002(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2001);

Section 281.7(a)(12) and (13); Section 291.36(b)(3) and (27); Section 291.36(c)(1)(B)(i), (ix), and (xvi); Section 291.36(c)(2)(A)(iv) and (vi); Section 291.36(c)(2)(B)(ii), (iii), and (v); Section 291.36(d)(2)(B)(iii) and (iv); and Section 295.3 of the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2002); and

Section 431.003: Section 431.021(a), (b), and (r); and Section 431.112(a)(1) of - the Texas Food Drug and Cosmetic Act, TEX. HEALTH AND SAFETY CODE ANN. (Vernon 2001), in that, allegedly:

COUNT

On or about June 24, 2002, Kenton Graham Wylie, while acting as an employee (pharmacist-in-charge) of Option Care Enterprises, Inc., 5407 Bandera Road, San Antonio, Texas 78238, incorrectly dispensed 400 meq magnesium sulfate ($MgSO_4$) in a compounded total parenteral nutrition (TPN) on a prescription drug order calling for 20 meq magnesium sulfate ($MgSO_4$). The intravenous TPN was ordered by the physician for patient C.B., a thirteen-year-old child, to be administered via "central line." The incorrect mixture contained twenty (20) times the prescribed amount of magnesium sulfate ($MgSO_4$). The prescription order was labeled as containing 20 meq magnesium sulfate.

Agreed Board Order #H-03-001-B
Option Care Enterprises, Inc.
Page 2

As a result of taking the incorrect dosage of the medication, patient C.B. was seen at the emergency room of North Central Baptist Hospital on June 26, 2002, where he was determined to have toxic levels of magnesium. He received emergency care and the TPN infusion was stopped. He was emergently transferred to Wilford Hall Medical Center for dialysis, where he went into a coma and died on June 30, 2002. The prescription was assigned prescription number 128274.

An informal conference was held in the office of the Texas State Board of Pharmacy on April 16, 2003, with Kathy Lozano, General Manager of Option Care Enterprises, Inc.; Lisa Kim Barnum, R.Ph., Pharmacist-in-Charge of Option Care Enterprises, Inc.; Kenton Graham Wylie, R.Ph.; Keith Kendall, Outside Counsel for Option Care Enterprises, Inc.; and Joseph P. Bonaccorsi, Senior Vice President/General Counsel/Secretary of Option Care Enterprises, Inc., in attendance. The Texas State Board of Pharmacy was represented by: Kerstin E. Arnold, General Counsel; Lori Tullos Barta, Assistant General Counsel; Allison Benz, R.Ph., M.S., Assistant Director of Enforcement; Joe Lewis, Chief Investigator; and W. Michael Brimberry, R.Ph., M.B.A., Board Member.

At the aforementioned conference, Joseph P. Bonaccorsi stated he was present for and on behalf of Option Care Enterprises, Inc. By their appearance at the informal conference and by their signatures on this Order, Kathy Lozano and Joseph P. Bonaccorsi agree that the Texas State Board of Pharmacy has jurisdiction in this matter and do hereby waive the right to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

After discussion of the matters previously outlined in this Order, and subsequent communications, Kathy Lozano and Joseph P. Bonaccorsi, on behalf of Option Care Enterprises, Inc., agreed to the entry of an Order disposing of the need for further disciplinary action in this matter. By their signatures on this Order, Kathy Lozano and Joseph P.

Agreed Board Order #H-03-001-B
Option Care Enterprises, Inc.
Page 3

Bonaccorsi neither admit nor deny the truth of the matters previously set out in this Order with respect to the above alleged violations.

Should this Order not be accepted by the Board, it is agreed that neither the presentation of the Order to the Board nor the Board's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participation in proceedings related to the matters set forth in the Order.

Kathy Lozano and Joseph P. Bonaccorsi, on behalf of Option Care Enterprises, Inc., understand that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

At the conclusion of the aforementioned conference, and subsequent communications, it was agreed among the parties that Option Care Enterprises, Inc. shall comply with the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy does hereby ORDER that pharmacy license number 21745 held by Option Care Enterprises, Inc. (hereinafter referred to as "Respondent") shall be, and such license is hereby reprimanded.

It is further ORDERED that Respondent shall pay an administrative penalty of one thousand five hundred dollars (\$1,500.00) for the Count previously set out in this Order. This administrative penalty is due sixty (60) days after the entry of this Order.

It is further ORDERED that Respondent shall ensure that all pharmacists at Option Care Enterprises, Inc. complete the Institute for Safe Medication Practices (ISMP®)

Agreed Board Order #H-03-001-B

Option Care Enterprises, Inc.

Page 4

Medication Safety Self AssessmentTM. The ISMP® assessment must be completed, and Respondent must submit documentation of completion, along with an action plan implementing recommendations from the ISMP® assessment, to the Texas State Board of Pharmacy, Enforcement Division, within ninety (90) days of entry of this Order.


It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas pharmacy license held by Respondent.

Agreed Board Order #H-03-001-B
 Option Care Enterprises, Inc.
 Page 5

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of August, 2003.

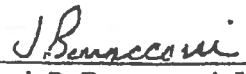

 MEMBER, TEXAS STATE BOARD OF PHARMACY

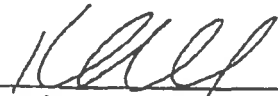
ATTEST:


 Gay Dodson, R.Ph., Executive Director/Secretary
 Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:


 Kathy Lozano, General Manager of Option Care Enterprises, Inc.


 Joseph P. Bonaccorsi, Legal Counsel for Option Care Enterprises, Inc.
 Senior Vice President, General Counsel, Secretary
 Optioncare®
 485 Half Day Road, Suite 300
 Buffalo Grove, Illinois 60089


 Kerstin E. Arnold, General Counsel
 Texas State Board of Pharmacy



To Whom It May Concern:

Option Care Enterprises Inc. owned a separate pharmacy in Ann Arbor, MI. On July 16 2008, the Colorado Board of Pharmacy fined the pharmacy \$5,000.00 for failure to comply with the registration and data submission requirements of Colorado's Electronic Drug Monitoring Program (PDMP). Please find the Stipulation and Agreed Board Order attached hereto.

If you have any questions or need additional information please feel free to contact the licensing department via email at oc-PEandL@optioncare.com.

BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO

Case No. 2008-002665

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE
NONRESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF OPTION CARE
ENTERPRISES, INC., REGISTRATION NO. 5371,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the State Board of Pharmacy ("Board") Option Care Enterprises, Inc. ("Respondent"), to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2008-002665 as follows:

1. The Board has jurisdiction over Respondent, its registration as a Nonresident Prescription Drug Outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.
2. Respondent has been registered as a prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.
3. Respondent admits to these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
4. Respondent's address of record with the Board and current location is 1143 Highland Drive, Ste D., Ann Arbor, Mi 48108.
5. On March 3, 2008, the Board initiated a complaint against Respondent, because Respondent failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program (PDMP).
6. Respondent hereby admits that the following facts are true and waives any further proof in this or any other proceeding before or initiated by the Board in this case:
 - a. On or about October 29, 2007, Board staff sent an informational letter to Respondent detailing the Board's PDMP and its expectation that all

nonresident pharmacies provide the Board with copies of their DEA registration and to begin submitting data retroactive to July 1, 2007 to the PDMP.

- b. On or about January 4, 2008, a second letter was sent to Respondent, reminding them of their obligation to comply with the PDMP requirements.
 - c. Respondent failed to timely comply with PDMP requirements, as well as submit data as required despite Board staff's repeated requests to do so.
7. Respondent admits that the conduct described above constitutes a violation of section 12-22-709, C.R.S., and that such conduct provides grounds for disciplinary action against Respondent's Nonresident Prescription Drug Outlet registration. Respondent accepts the following discipline:

DISPOSITION

\$5,000.00 Fine and Terms

8. Fine. Respondent shall remit a fine of five thousand dollars (\$5,000.00), payable to the State of Colorado. Such fine shall be due and payable at the time this Stipulation and Final Agency Order is executed by the Board's Program Director.
9. Compliance with PDMP. At all times Respondent is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP.
10. Acknowledgments. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.
11. Advisements and Waivers. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:
- a. To have formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;
 - c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
 - d. To appeal this Board order.

Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. Violations. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.
13. Integration and Severability. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.
14. Public Record. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.
15. Effective Date. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY
Authorized Agent of Respondent

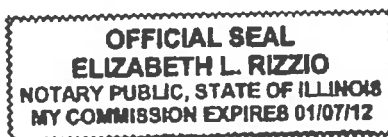

Option Care Enterprises, Inc.

Dated: 7/8/08



Subscribed and sworn to by Paul Mastrapa, in his/her
capacity as an authorized agent of Option Care Enterprises, Inc. before me in the
County of COOK, State of IL, this 7th day of
July, 2008.

Elizabeth L. Rizzio
Notary Public



My commission expires: 01/07/12

STIPULATION AND FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved,
accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 11th DAY OF July, 2008.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director



To Whom It May Concern:

Option Care Enterprises, Inc. owns a separate pharmacy in Lombard, IL. On June 30, 2010, the Colorado Board of Pharmacy imposed a fine with surcharge of \$5,500 against the pharmacy for failure to comply with the registration and data submission requirements of Colorado's Electronic Drug Monitoring Program (PDMP). Please find the Stipulation and Agreed Board Order attached hereto.

If you have any questions or need additional information please feel free to contact the licensing department via email at oc-PEandL@optioncare.com.

BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2010-002901****STIPULATION AND FINAL AGENCY ORDER**

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF OPTION CARE ENTERPRISES DBA WALGREENS SPECIALTY INFUSION PHARMACY, REGISTRATION NO. OSP 5861,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Option Care Enterprises DBA Walgreens Specialty Infusion Pharmacy ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2010-002901 as follows:

1. On December 23, 2009, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5861 ("Colorado Registration").
2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.
3. Respondent Pharmacy's address of record with the Board and current location is 2050 S. Finley Rd., Ste. 20, Lombard, IL 60148.
4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.
5. On January 5, 2010, Board staff sent Respondent Pharmacy correspondence detailing the requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") and submission of data required under the PDMP ("Correspondence"). The Correspondence set out the date by which Respondent Pharmacy was required to register with the PDMP and begin submitting the required data. The Correspondence specifically stated that Respondent Pharmacy was required by regulation to submit a "zero" report indicating no dispensing transactions of controlled substances in the State of Colorado in the event there were no dispensing transactions in Colorado during the relevant reporting period.

6. Respondent Pharmacy failed to register with the PDMP, failed to begin submitting the required data reporting dispensing transactions of controlled substances in the State of Colorado, and did not submit any "zero" reports indicating no dispensing transactions of controlled substances in the State of Colorado by the required deadlines.
7. On February 11, 2010, the Board initiated a Complaint against Respondent Pharmacy because it failed to come into compliance with the registration and/or data submission requirements of the PDMP as directed in the Correspondence.
8. Respondent Pharmacy failed to come into compliance with the registration and/or data submission requirements of the PDMP within thirty days from the due date of the response to the Complaint, and/or failed to maintain compliance for two consecutive reporting periods thereafter.
9. Respondent Pharmacy does not contest that the conduct described above constitutes a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-7.

DISPOSITION

\$5,000.00 Fine with 10% Surcharge and Terms

10. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents (\$5,000.00)**. Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents (\$5,500.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.
11. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.
12. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own

legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

- a. To have a formal notice of hearing and charges served upon it;
- b. To respond to said formal notice of charges;
- c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
- d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

13. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.
14. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.
15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
17. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

WALGREENS

Fax 630-495-2830

Jun 14 2010 02:29pm P005/006



ACCEPTED AND AGREED BY

Lori Zitek
Authorized Agent of Respondent Pharmacy

Dated: 06/15/2010

Subscribed and sworn to before me in the County of Lake, State
of Illinois, this 15th day of June, 2010 by
Lori Zitek, in his/her capacity as an authorized agent of Option Care
Enterprises DBA Walgreens Specialty Infusion Pharmacy.

My commission expires: 3/18/14

Michelle Mazzingia
Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved,
accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 15th DAY OF June, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director



To Whom It May Concern:

Option Care Enterprises, Inc. owns a separate pharmacy in Eatontown, NJ. On December 21, 2010, the pharmacy was disciplined and fined \$3,500 by the New Jersey Board of Pharmacy ("Board") for various facility deficiencies. Please see the Board notice and certification attached hereto.

If you have any questions or need additional information please contact the licensing department via email at oc-PEandL@optioncare.com.



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102



PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Acting Director

December 21, 2010

Mailing Address:

P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

By Certified and Regular Mail

Grace M. Dressner, RPIC
Walgreens Infusion Services 4647
6 Industrial Way West, Suite C
Eatontown, NJ 07724-2268

Re: Inspection Report # 8-5219-10-1264

Dear Ms. Dressner:

This letter is to advise you that the New Jersey State Board of Pharmacy (the "Board") has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the board has preliminarily found that you are responsible for the violations noted on **Attachment A**.

The Board has determined that it will first offer you an opportunity to settle this matter and thereby avoid the initiation of formal disciplinary proceedings. Should you wish to avail yourself of this opportunity, you should sign the acknowledgment below and agree to the following:

1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **\$3,500.00** (to be paid upon signing of this certification).
2. Provide to the Board a **Letter of Correction**.

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. Any disposition by way of a settlement will be a public record, and will have the same effect as an order of the Board. Any failure to comply with the terms to which you agree will be deemed a violation.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you either personally or with the assistance of an attorney will have an opportunity to respond to the charges and submit evidence and present testimony as may be necessary in order for the Board to make a final determination concerning the charges of unlawful activity.

DIVISION OF CONSUMER AFFAIRS
 BOARD OF PHARMACY
 124 HALSEY ST., 6TH FL., P.O. BOX 45013
 NEWARK, NJ 07101

CERTIFICATION

I, Grace M. Dressner, hereby acknowledge that I have read and reviewed the Board's letter regarding allegations of violations of the Board's enabling act and/or regulations.

Please check one: ☐

☒ I acknowledge the conduct which has been charged and agree to:

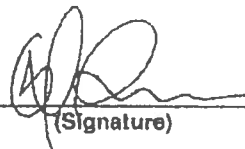
1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **\$3,500.00** (to be paid upon signing of this certification).
2. Provide to the Board a **Letter of Correction**.

I am also aware that the action taken against me by the Board here is a matter of public record, and that the Board's letter and this certification are public documents.

I hereby waive any rights I may have to a hearing in this matter in order to defend myself against any charges, but ask the Board to **consider my explanation** before rendering its final decision. I understand that the Board may order any of the terms specified in its letter and that if it does so I will be obligated to comply. I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents. Failure to comply may subject me to further disciplinary action and any failure to make a required payment will result in the filing of a certificate of debt.

I **request a formal administrative hearing** to contest the charges specified in the UPL. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents.

DIVISION OF PROFESSIONAL REGULATION
BOARD OF PHYSICIAN ASSISTANTS
124 HALSEY ST., 6TH FL., NEWARK, NJ 07102


(Signature)

02-28-2011
(Dated)

Grace M. Dressner
(Print Name)

Dated:

Ref: Grace M. Dressner, RPIC
Walgreens Infusion Services
6 Industrial Way West, Suite C
Eatontown, NJ 07724-2268
License# 28RS00684700

Inspection Report #8-5219-10-1264
Letter of Correction
12-8-10
Complaint #74289

JB/sk

You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order requiring you to reimburse certain monies, directing you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred in the matter.

Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact The Board of Pharmacy, at (973) 504-6450.

The enclosed certification should be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within fifteen (15) days, the Board's settlement offer will be withdrawn, and you will be deemed in default. The allegations against you will be deemed uncontested. The Board will then proceed to schedule the matter for final review and will enter an appropriate order. Once an order has been entered, your failure to pay any penalties may result in further action to suspend or revoke your license.

NEW JERSEY STATE
BOARD OF Pharmacy

By: _____

Joanne Boyer
Joanne Boyer, RPh
Executive Director

DIVISION OF
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., NEWARK, NJ 07102

cc: Michael J. Simko, Attorney, Corporate & Regulatory Law

JB/sk

Attachment A

WALGREENS INFUSION SERVICES (Option Care Enterprises, Inc.), 6 Industrial Way West, Suite C, Eatontown, NJ 07724-2268, Grace M. Dressner, RPIC. Bureau File# 8-5219-10-1264. Period 11-22-10.

REFERENCE: Transfer of Ownership

DETAILS:

Cite	Fine	Description
[13:39-4.15(b)1]	\$2,500.00	Entrances to the pharmacy department are not connected to a monitored security system that transmits an audible visual or electronic signal warning of intrusion.
[13:39-11.17(g)]	\$500.00	The sprinkler heads in the controlled environment are not flush with the ceiling.
[13:39-11.17(g)]	\$500.00	Controlled environment has window sills.
[13:39-11.10(a)7] [13:39-7.12(a)12]	Warning	Prescription labels do not have the phrase "Use By", instead the labels read "Discard After" 1. RxR15655, Cefazidime 25M/100ML 2. RxT15632, TPN
Total:	\$3,500.00	

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101



To Whom It May Concern:

Option Care Enterprises, Inc. owns another pharmacy in Eatontown, New Jersey. On March 3, 2013, the pharmacy was disciplined and fined \$500.00 by the New Jersey Board of Pharmacy ("Board") due to a sprinkler in the ante room was not flush with ceiling. Please see the Board notice and certification attached hereto.

If you have any questions or need additional information please contact the licensing department via email at oc-PEandL@optioncare.com.



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102



JEFFREY S. CHIESA
Attorney General

ERIC T. KANEFSKY
Acting Director

**CERTIFIED MAIL,
RETURN RECEIPT REQUESTED**

March 7, 2013

Grace M. Dressner, RPIC
Walgreens Infusion Services
6 Industrial Way West, Suite C
Eatontown, New Jersey 07724

Re: Inspection Report #8-5219-12-X
Date of Inspection: September 14, 2012

Dear Ms. Dressner:

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on **Attachment A**.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation for disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

PAY A PENALTY IN THE AMOUNT OF \$500.00 and PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION. (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., NEWARK, NJ 07102

CERTIFICATION

I, Grace M. Dressner, hereby acknowledge that I have read and reviewed the Board's letter dated March 7, 2013 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

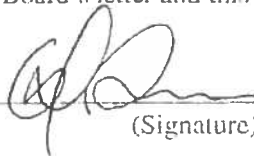
☒ I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist in engaging in the conduct alleged and pay a penalty in the amount of \$500.00** (to be paid upon signing of this certification).
2. **Send a Letter of Corrective Action**, as requested by the Board, with this certification.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents.

☐ I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

☐ I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board, testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents.



(Signature)

Dated: 03-21-2013

Grace M. Dressner

(Print Name)

Ref: Grace M. Dressner, RPIC
Walgreens Infusion Services
6 Industrial Way West, Suite C
Eatontown, New Jersey 07724
(28RS00664700)
Inspection Report #8-5219-12-X

AR/rh
(2/2013)

BOARD OF
124 HALSEY ST., 6TH FLOOR
NEWARK, NJ 07102

its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification MUST be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: 

Anthony Rubinaccio, R. Ph.
Executive Director

DIVISION 1
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., ROOM 600A
NEWARK, NJ 07101

AR/rh
(2/2013)

ATTACHMENT A

15. Walgreens Infusion Services - 6 Industrial Way West, Suite C, Eatontown, New Jersey 07724

Pharmacist-In-Charge: Grace M. Dressner

Bureau File #8-5219-12-X. Period: 9/14/12

Reference: Board of Pharmacy inspection conducted pursuant to N.J.S.A.45:14-48(a)11&12 and N.J.S.A.45:1-18.

Details

CITE	DESCRIPTION	FINE
N.J.A.C.13:39-11.17(g)	The Ante Room has a sprinkler head that is not flush with the ceiling.	\$500.00
TOTAL: \$500.00		

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101



To Whom It May Concern:

Option Care Enterprises, Inc. owns a separate pharmacy in Lombard, IL. On February 20, 2014, the pharmacy was reprimanded and assessed a \$4,500 civil penalty by the Maine Board of Pharmacy ("Board") because the notice of a change of pharmacist-in-charge was received by the Board 14 days late. Please find the consent agreement attached hereto.

If you have any questions or need additional information please contact the licensing department via email at oc-PEandL@optioncare.com.

STATE OF MAINE
BOARD OF PHARMACY

IN RE:)	
)	
WALGREENS SPECIALTY INFUSION)	CONSENT AGREEMENT
PHARMACY)	
)	

Complaint No. 2013 PHA 9590

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of Walgreens Specialty Infusion Pharmacy in the State of Maine.

The parties to this Consent Agreement are: Walgreens Specialty Infusion Pharmacy ("Walgreens"), the State of Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, Walgreens was licensed by the Board as a mail order pharmacy, license no. MO40001410, located at 2050 S. Finley Road, Suite 20, Lombard, Illinois.
2. The Board received a change in pharmacist in charge application from Walgreens on October 21, 2013, which disclosed that effective October 1, 2013, Joann Berry-Bedell was the pharmacist in charge of Walgreens.

3. Board Investigator Thomas Avery filed a complaint with the Board alleging that Walgreens failed to timely notify the Board of a change in the registered pharmacist in charge which the Board docketed as Complaint No. 2013 PHA 9590.
4. Title 32 M.R.S. § 13753 requires that change of a pharmacist in charge requires notice to the Board no later than seven (7) days after the change. Upon a change in pharmacist in charge, a mail order prescription pharmacy shall file a new application with the Board no later than seven (7) days after the change. Board Rule Chapter 11, § 3.
5. No later than October 7, 2013, Walgreens was required to file an application and notify the Board of the change in the pharmacist in charge, but it failed to do so until October 21, 2013.
6. On January 2, 2014, following a presentation of the complaint, the Board voted to offer Walgreens this Consent Agreement in order to finally resolve Complaint No. 2013 PHA 9590.
7. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Senior Consumer Assistance Specialist, 35 State House Station, Augusta, Maine 04333-0035 by February 8, 2014, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

8. Walgreens admits the facts stated above and that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. §§ 8003(5-A)(A)(4) and (5), and Board Rule Chapter 11, § 3, for its failure to notify the Board of the change in pharmacist in charge and file the required application within seven (7) days of the change.

9. Walgreens agrees to accept the following discipline:
- a. A REPRIMAND; and
 - b. A CIVIL PENALTY in the amount of four thousand five hundred dollars (\$4,500.00), payment which shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Kelly McLaughlin, Senior Consumer Assistance Specialist, Maine Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, within thirty (30) days of the execution of this Consent Agreement.
10. This Consent Agreement is not appealable and is effective until modified or rescinded by the parties hereto.
11. Violation of any of the terms or conditions of this Consent Agreement by Walgreens shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.
12. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.
13. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.
14. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.
15. Walgreens acknowledges by its authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement,

that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

WALGREENS SPECIALTY INFUSION
PHARMACY

DATED: 2/6/14

BY: Michael Felish
Authorized Representative

MICHAEL FELISH
Printed Name

DATED: 2/14/14

Joseph Bruno
JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 2/26/2014

Michael Miller
MICHAEL MILLER
Assistant Attorney General



To Whom It May Concern:

Option Care Enterprises, Inc. owns a separate pharmacy in Irving, TX. On August 6, 2015, the facility was assessed a \$4,250 administrative penalty by the Texas Department of Aging and Disability Services for various alleged violations.

If you have any questions or need additional information please feel free to contact the licensing department via email at oc-PEandL@optioncare.com.



COMMISSIONER
Jon Welzenbaum

August 6, 2015

Certified Mail: 7014 1200 0000 6226 6380

Administrator
Walgreens Infusion Services
PO Box 377
Deerfield, IL 60015

Sent First Class Mail: 08/06/15

**RE: Walgreens Infusion Services, License No. 007713
Proposal to Assess Administrative Penalties**

Dear Administrator:

Pursuant to Texas Health and Safety Code (HSC) Chapter 142 and 40 Texas Administrative Code (TAC) Chapter 97, this is notice that the Texas Department of Aging and Disability Services (DADS) proposes to assess administrative penalties in the amount of \$4,250.00.

On June 15, 2015, surveyors from DADS conducted a survey at Walgreens Infusion Services and prepared a Statement of Licensing Violations. This document was mailed to Walgreens Infusion Services on June 30, 2015.

The recommendation for the enforcement action, administrative penalties, was based on state licensing violations identified during the June 15, 2015, survey. For specific details regarding these violations, please refer to the June 15, 2015 state form titled "Statement of Licensing Violations and Plan of Correction."

State Licensing Violations

Your agency's violation of any one of the following state licensing regulations, identified in the Statement of Licensing Violations dated June 15, 2015, constitutes an independent basis for the enforcement recommendation:

40 TAC §97.243(b)(1)(F) For specific details, see item **Z-125** in the Statement of Licensing Violations. The agency administrator failed to employ or contract with qualified personnel. As a result, a proposed administrative penalty in the amount of **\$1000.00** has been assessed.

40 TAC §97.256(h)(4) For specific details, see item **Z-284** in the Statement of Licensing Violations. The agency failed to provide and discuss a written list of community disaster resources for use in the event that an emergency/disaster occurred in the agency service area including the Transportation Assistance Registry available through 2-1-1. As a result, a proposed administrative penalty in the amount of **\$750.00** has been assessed.

Walgreens Infusion Services
 August 6, 2015
 Page 2

40 TAC §97.287(a)(1) For specific details, see item **Z-400** in the Statement of Licensing Violations. The agency failed to perform an annual review of the Quality Assessment and Performance Improvement Program. As a result, a proposed administrative penalty in the amount of **\$750.00** has been assessed.

40 TAC §97.401(b)(2)(B) For specific details, see item **Z-525** in the Statement of Licensing Violations. The agency failed to ensure that the client's Plan of Care contained all necessary elements for treatments, including safety measures to prevent injury. As a result, a proposed administrative penalty in the amount of **\$750.00** has been assessed.

40 TAC §97.407(10) For specific details, see item **Z-659** in the Statement of Licensing Violations. The agency failed to ensure care coordination in order to assure continuity of care. As a result, a proposed administrative penalty in the amount of **\$1000.00** has been assessed.

Enforcement Options

As a result of the proposed enforcement action, Walgreens Infusion Services may choose one of the following options within 20 calendar days of receiving this Notice of Violation (NOV) letter:

- Option 1 Accept, in writing, the proposed enforcement action outlined within this letter by paying an administrative penalty in the amount of \$4,250.00. Payment of the administrative penalty must be made by **cashier's check or money order** and mailed to:

**Texas Department of Aging and Disability Services
 Accounts Receivable (E-411)
 P.O. Box 149030
 Austin, TX 78714-9030**

The cashier's check or money order must be made payable to the Department of Aging and Disability Services and must include the notation: **"Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code # 539200007."** Please include the attached payment coupon along with your check or money order. Should the proposed enforcement action outlined in this letter be accepted, an Order will be entered approving the determination and ordering Walgreens Infusion Services to pay the proposed penalty; or

- Option 2 You may appeal this enforcement action to DADS. DADS will docket the appeal request with the State Office of Administrative Hearings (SOAH). The request must be in writing, in the form of a petition or letter, and must state the basis of the appeal. You must include a legible copy of the letter or notice received from

Walgreens Infusion Services
August 6, 2015
Page 3

DADS that specified the proposed enforcement action. The request for a hearing is not complete and will not be docketed at SOAH for hearing without a copy of the Enforcement Action letter. Your request for a hearing must be sent to DADS at:

**Legal Services (W-615)
Office of General Counsel
Texas Department of Aging and Disability Services
P.O. Box 149030
Austin, TX 78714**

Fax: (512) 438-5759

If a request for a hearing is not complete within *20 days* of receipt of this letter, unless otherwise provided by statute, you will be deemed to have consented to the DADS action and request for a hearing will be denied, and the proposed action outlined above will be taken. Specifically, an Order will be entered approving the determination and ordering that Walgreens Infusion Services pay an administrative penalty in the amount of \$4,250.00.

All submissions will be filed at SOAH and must be redacted to meet SOAH privacy requirements at 1 TAC RULE §155.101. Redaction must include all personal identifiers that are protected by law from disclosure or that are unnecessary for resolution of the case. Any documents received containing unredacted confidential information will be returned.

If you have questions regarding the above-described procedures please call Robert Taylor, Enforcement Program Specialist, at (512) 438-4804.

Sincerely,



Susan Diamond, Manager
Provider Licensing Enforcement
Regulatory Services Division
Department of Aging and Disability Services

Walgreens Infusion Services
August 6, 2015
Page 4

(E-351) HCSSA ADMINISTRATIVE PENALTIES PAYMENT COUPON (E-351)
(E-351) Provider Licensing Enforcement Unit (E-351)- (rt)
"Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code # 539200007"

Agency License No.: 007713

Claim Amount: \$4,250.00

Name: Walgreens Infusion Services
Address: 6611 Beltline Road, Ste 100
Irving, TX 75063

Please make cashier's check or money order payable to the Department of Aging and Disability Services and return with this coupon to:

Texas Department of Aging and Disability Services
Accounts Receivable (E-411)
P.O. Box 149030
Austin, TX 78714-9030



To Whom It May Concern:

We also own a pharmacy in Chantilly, VA. On September 16, 2015, the Virginia Board of Pharmacy fined our pharmacy \$1,000.00 for deficiencies concerning clean room flooring and late submission of annual documentation. All requirements have since been satisfied and the case is now closed. Please find the consent order attached hereto.

If you have any questions or need additional information please feel free to contact the licensing department via email at oc-PEandL@optioncare.com.



0201003388

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

Board of Pharmacy

804/367-4456

804-527-4472 (fax)

September 17, 2015

Option Care
Formally Known as Walgreen Infusion Services
Loretta D. Lombardo, Pharmacist-in-Charge
4170 Lafayette Center Drive, Suite 300
Chantilly, VA 20151

RE: Case # 158963

Dear Ms. Lombardo:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on September 16, 2015. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Board of Audiology & Speech-Language Pathology – Board of Counseling – Board of Dentistry – Board of Funeral Directors & Embalmers
Board of Long-Term Care Administrators – Board of Medicine – Board of Nursing – Board of Optometry – Board of Pharmacy
Board of Physical Therapy – Board of Psychology – Board of Social Work – Board of Veterinary Medicine
Board of Health Professions

Virginia Board of Pharmacy

9960 Mayland Drive, Suite 300

Henrico, VA 23233

804-367-4456

804-527-4472 (Fax)

pharmbd@dhp.virginia.gov

August 6, 2015

Walgreens Infusion Services

Permit Number: 0201003388

Amended Notice

After an inspection conducted on August 27, 2014 at Walgreens Infusion Services, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. (\$500) Major 26: Documentation annual (12 months) media-fill testing for persons performing low and medium-risk level compounding of sterile preparations exceeds 12 months; §54.1-3410.2
2. (\$500) Major 32: Have clean room, but not all physical standards in compliance, e.g. flooring; §54.1-3410.2

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of \$1,000 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number: 0201003388

may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Amended Consent Order

The Virginia Board of Pharmacy ("Board") and Walgreens Infusion Services ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on August 27, 2014.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of \$1,000 to the Board within 30 days of the date of the Notice.
2. Pharmacy shall submit documentation of immediate action taken to correct all violations.
3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the

DEFICIENCY NOTICE AND CONSENT ORDER

Permit Number: 0201003388

suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Loetta D. Lombardo RPh
Signature of PIC or Owner

9/1/15
Date

Loetta D. Lombardo, RPh
Printed Name of Person Signing

PIC
Position/Title

FOR THE BOARD:

Caroline D. Juran
Caroline D. Juran, Executive Director

9/1/15
Entered

Option Care Enterprises, Inc., owns a separate pharmacy in Overland Park, KS that was disciplined on March 31, 2016 for operating for more than 30 days after a change of pharmacist-in-charge without a complete and correct application for change of PIC on file with Pharmacy Board.

Summary Orders attached.

Filed

MAR 31 2016

K.
BOARD OF PHARMACY

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of)

Case No. 15-252

Option Care)

Registration No. 2-13170)SUMMARY ORDER

NOW on this 31 day of March, 2016, comes before the Kansas Board of Pharmacy (the "Board"), through its Investigation Member, the matter of Option Care ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Investigation Member enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 2-13170 which entitles Respondent to function as a pharmacy in the State of Kansas ("Respondent's Registration").

2. On or about September 15, 2015, the Board office received a notification of a pharmacist in charge ("PIC") change from Respondent indicating Imad Numair, R. Ph. would be assuming the role of pharmacist in charge ("PIC"), effective September 15, 2015.

3. On or about October 15, 2015, the Board received Respondent's written application for a Non-Resident Pharmacy Registration for Change of PIC.

Matter of Option Care, No. 15-252 (Kan. Bd. of Pharmacy)

SUMMARY ORDER

Page 1 of 5

4. Because Respondent is a resident pharmacy in the State of Kansas, on October 15, 2015 the Board electronically requested Respondent and the new PIC complete a Resident Pharmacy Registration for Change of PIC.

5. On October 16, 2015, Respondent emailed the completed application form to the Board. The application indicated that Mr. Numair had not previously been a PIC.

6. On October 16, 2015, the Board sent a PIC examination to Respondent and Mr. Numair, indicating that Mr. Numair had 30 days from the date of the previous PIC's resignation to complete the examination and return it to the Board.

7. On December 2, 2015, the Board received an email from Mr. Numair indicating he was a PIC from 2004-2005 and from 2006-2007.

8. On December 2, 2015, the Board processed the PIC change and issued the license.

CONCLUSIONS OF LAW

9. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed \$5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

10. Pursuant to K.A.R. 68-1-2a(b), each registrant required to have a PIC that operates for more than 30 days without a designated PIC shall be deemed to be in violation of K.S.A. 65-1627(e).

11. Pursuant to K.A.R. 68-1-2(a) and (c), each prospective PIC shall take a pharmacy law examination administered by the Board. However, a PIC who has already passed the examination shall not be required to retake it upon assuming the duties of a PIC.

12. Respondent notified the Board of the PIC change on September 15th and submitted a Change in PIC application on October 15th. However, Respondent failed to submit the correct application for a resident pharmacy and then provided inaccurate information regarding Mr. Numair's PIC experience.

13. Since Respondent indicated that the Change of PIC was effective on September 15th, Respondent had 30 days to have a designated PIC, or until October 15, 2015.

14. Respondent failed to submit the complete Change of PIC application to the Board until December 2nd, which was 46 days beyond the 30-day window for designating a new PIC.

15. Respondent violated K.A.R. 68-1-2a(b) when it failed to provide a completed application for a designated PIC to the Board within 30 days.

16. Though Respondent need not have completed the requested PIC examination, the failure to respond until 46 days after the expiration of the allotted time constitutes a violation.

ORDER

Based upon the foregoing findings of fact and conclusions of law, Respondent is ordered to pay a fine to the Board. A violation of K.A.R. 68-1-2a(b) warrants a base fine of \$1,000.00. Every day that Respondent is in violation of the regulation, the fine accrues \$20.00. Because Respondent was 46 days late, the fine accrued \$920.00. Respondent has 30 days from the date of this order to pay the full \$1,920.00, or until Wednesday, May 4th, 2016.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy,

Matter of Option Care, No. 15-252 (Kan. Bd. of Pharmacy)

SUMMARY ORDER

Page 3 of 5

800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order revoking the Respondent's Registration, as a pharmacy technician shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

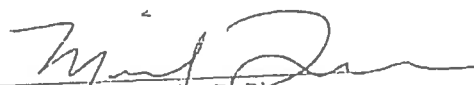
3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

3/30/16
Date


Michael Lonergan, R.Ph.
Investigation Member
Kansas Board of Pharmacy

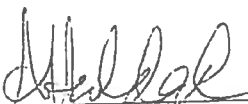
CERTIFICATE OF SERVICE

I hereby certify that I did, on the 31 day of March, 2016, deposit in the United States Mail, postage prepaid, a copy of the foregoing Summary Order, properly addressed to the following:

Option Care
8940 Nieman Rd.
Overland Park, KS 66214

and the original hand delivered to:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Ste. 1414
Topeka, KS 66612



Kansas Board of Pharmacy Staff



To Whom It May Concern:

Option Care Enterprises, Inc. owns a separate pharmacy located in Southborough, MA. On July 11, 2017, the Massachusetts Board of Pharmacy imposed a probation period of one year in response to a self-reported quality related event. Effective July 13, 2018 the pharmacy successfully completed its probation period and the license was restored to full, unrestricted status. Attached please find the consent order and letter confirming successful completion of probation.

If you have any questions or need additional information please feel free to contact the licensing department via email at oc-PEandL@optioncare.com.



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Bureau of Health Professions Licensure
 239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lieutenant Governor

Tel: 617-973-0800
 TTY : 617-973-0988
www.mass.gov/dph/boards

MARYLOU SUDDERS
 Secretary
 MONICA BHAREL, MD, MPH
 Commissioner

July 16, 2018

Option Care
 Manager of Record
 257 Turnpike Rd
 Southborough, MA 01772

RE: In the Matter of Option Care, Board of Registration in Pharmacy,
 PHA-2016-0026; License No. DS3584

NOTICE OF RESTORATION OF UNRESTRICTED LICENSURE
(SUCCESSFUL COMPLETION OF PROBATION)

Dear Manager of Record:

As you know, the pharmacy entered into a Consent Agreement for Probation, ("Agreement"), effective July 11, 2017 with the Board of Registration in Pharmacy ("Board"). A copy of the Agreement is enclosed with this letter for your records.

Please be advised that after review and as authorized by Division Policy 15-01, the Board's Executive Director and I determined that the pharmacy has now complied in full with all requirements of the Agreement and that the minimum monitoring period has been satisfied. Accordingly, I am restoring the drug store's license to full, unrestricted status, effective July 13, 2018. Please allow for up to five (5) business days from the date of this letter until the updated license status appears on the "Check a License" website.

Sincerely,

Karen L. Fishman

Karen Fishman
 Probation Department Coordinator

Enclosure
 KF/rf

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN PHARMACY

In the Matter of)
 Option Care)
 DS3584)
 Expires: December 31, 2017)

PHA-2016-0026

CONSENT AGREEMENT FOR PROBATION

The Massachusetts Board of Registration in Pharmacy ("Board") and the Option Care Pharmacy ("Pharmacy" or "Licensee"), DS3584, do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Pharmacy's record maintained by the Board:

1. The Pharmacy acknowledges that the Board opened a Complaint against its Massachusetts pharmacy license related to the conduct set forth in Paragraph 2, identified as Docket No. PHA-2016-0026.¹
2. The Board and the Pharmacy acknowledge and agree to the following facts:
 - a. On or about February 12, 2016 and February 16, 2016, Option Care improperly compounded and dispensed prescriptions written for blinatumomab 65 mcg in 280 ml 0.9 % NaCl. Specifically, the final volume of the infusion bags, as dispensed, was approximately 180 ml.
 - b. The root cause analysis indicated the repeater pump used to prepare the compounded sterile preparations was incorrectly programed or not properly calibrated, resulting in the errors.
3. The Pharmacy acknowledges that the foregoing facts warrant disciplinary action by the Board under M.G.L. c. 112, §§ 42A and 61 and under 247 CMR 10.03(1)(v).

¹ The term "license" applies to both a current license and the right to renew an expired license.

4. The Pharmacy agrees that its license shall be placed on PROBATION for one (1) year ("Probationary Period"), commencing with the date on which the Board signs this Agreement ("Effective Date").
5. During the Probationary Period, the Pharmacy further agrees that it shall comply in all material respects with all laws and regulations governing the practice of pharmacy and the United States Pharmacopeia.
6. During the Probationary Period, and within 90 days of the Effective Date, the Pharmacy agrees to submit documentation demonstrating all staff received training from an ICU Medical PharmaAssist representative on the proper use of the ICU Medical PharmaAssist Pump.
7. The Board agrees that in return for the Pharmacy's execution and successful compliance with the requirements of this Agreement it will not prosecute the Complaint.
8. If the Pharmacy has complied to the Board's satisfaction with all the requirements contained in this Agreement, the Probationary Period will terminate one (1) year after the Effective Date upon written notice to the Pharmacy from the Board².
9. If the Pharmacy does not materially comply with each requirement of this Agreement, or if the Board opens a Subsequent Complaint³ during the Probationary Period, the Pharmacy agrees to the following:
 - a. The Board may upon written notice to the Pharmacy, as warranted to protect the public health, safety, or welfare:
 - i. EXTEND the Probationary Period; and/or
 - ii. MODIFY the Probation Agreement requirements; and/or
 - iii. IMMEDIATELY SUSPEND the Pharmacy's license.

² In all instances where this Agreement specifies written notice to the Pharmacy from the Board, such notice shall be sent to the Pharmacy's address of record.

³ The term "Subsequent Complaint" applies to a complaint opened after the Effective Date concerning acts, omissions, or events occurring after the Effective Date, which (1) alleges that the Pharmacy engaged in conduct that violates Board statutes or regulations, and (2) is substantiated by evidence, as determined following the complaint investigation during which the Pharmacy shall have an opportunity to respond.

- b. If the Board suspends the Pharmacy's license pursuant to Paragraph 9(a)(iii), the suspension shall remain in effect until:
- i. the Board provides the Pharmacy written notice that the Probationary Period is to be resumed and under what terms; or
 - ii. the Board and the Pharmacy sign a subsequent agreement; or
 - iii. the Board issues a written final decision and order following adjudication of the allegations (1) of noncompliance with this Agreement, and/ or (2) contained in the Subsequent Complaint.
10. The Pharmacy agrees that if the Board suspends its license in accordance with Paragraph 9, it will immediately return its current Massachusetts license to the Board, by hand or certified mail. The Pharmacy further agrees that upon said suspension, it will no longer be authorized to operate as a pharmacy in the Commonwealth of Massachusetts and shall not in any way represent itself as a pharmacy until such time as the Board reinstates its license or right to renew such license.
11. The Pharmacy understands that it has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication it would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on its own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, M.G.L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 et seq. The Pharmacy further understands that by executing this Agreement it is knowingly and voluntarily waiving its right to a formal adjudication of the Complaints.
12. The Pharmacy acknowledges that it has been at all times free to seek and use legal counsel in connection with the Complaint and this Agreement.

13. The Pharmacy acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.
14. The Pharmacy certifies that it has read this Agreement. The Pharmacy understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal or judicial review.

Megan K. Daglund 6/30/17 [Signature] 6/30/17
 Witness (sign and date) Signature and Date
MICHAEL SHAPIRO
 Print Name

[Signature]
 David Sencabaugh, R. Ph.
 Executive Director
 Board of Registration in Pharmacy

7-11-17
 Effective Date of Probation Agreement

Fully Signed Agreement Sent to Registrant on 7/12/17 by
 Certified

Mail No. 7015 3010 0001 7080 3134



To Whom It May Concern:

Option Care Enterprises, Inc. also owns a separate pharmacy in Chantilly, VA. On August 24, 2017, The Virginia Board of Pharmacy fined the Chantilly pharmacy \$5,500.00 for findings during routine pharmacy inspection. Please find the order attached hereto.

If you have questions or need additional information please feel free to contact the licensing department via email at oc-PEandL@optioncare.com.



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Board of Pharmacy

804/367-4456
804-527-4472 (fax)

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

July 21, 2017

Loretta D. Lombardy, Pharmacist-in-Charge
Option Care
4170 LaFayette Center Drive
Suite 300
Chantilly, VA 201511254

RE: Case Number 178482

Dear Ms. Lombardy:

Enclosed is a certified true copy of the Order entered by the Virginia Board of Pharmacy ("Board") following the informal conference for Option Care.

If you object to this Order and desire a formal hearing before the Board, a written request must be received by the Board within 33 days from the date of service of the Order. If no written request is received by that time, this Order will be final.

Should you have any questions or concerns regarding this matter, please contact our office at (804) 367-4456.

Sincerely,

J. Samuel Johnson
Deputy Executive Director

Enclosure

cc: Mykl Egan, Adjudication Specialist, Administrative Proceedings Division
Edward D. Rickert, Esquire, Attorney
Nikia L. Gray, Esquire, Attorney

Board of Audiology & Speech-Language Pathology – Board of Counseling – Board of Dentistry – Board of Funeral Directors & Embalmers
Board of Long-Term Care Administrators – Board of Medicine – Board of Nursing – Board of Optometry – Board of Pharmacy
Board of Physical Therapy – Board of Psychology – Board of Social Work – Board of Veterinary Medicine
Board of Health Professions

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: OPTION CARE
Permit Number: 0201-003388
Case Number: 178482

ORDER**JURISDICTION AND PROCEDURAL HISTORY**

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee of the Virginia Board of Pharmacy ("Board") held an informal conference on June 28, 2017, in Henrico County, Virginia, to inquire into evidence that Option Care may have violated certain laws and regulations governing the conduct of a pharmacy in the Commonwealth of Virginia.

Loretta D. Lombardy, Pharmacist-in-Charge of Option Care, appeared as a representative of Option Care at this proceeding. The pharmacy was represented by Edward D. Rickert, Esquire and Nikia L. Gray, Esquire.

NOTICE

By letter dated May 26, 2017, the Board sent a Notice of Informal Conference ("Notice") to Option Care notifying it that an informal conference would be held on June 28, 2017. The Notice was sent by certified and first class mail to the legal address of record on file with the Board.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Option Care, Chantilly, Virginia, was issued Permit Number 0201-003388 to conduct a pharmacy on April 10, 1997, which is scheduled to expire on April 30, 2018. At all times relevant to the findings contained herein, said permit was current and active.
2. An unannounced inspection of Option Care on January 25, 2017, revealed the following deficiencies:

ORDER – Option Care
Page 2 of 3

a. Option Care violated Virginia Code §§ 54.1-3316(7) and 54.1-3410.2(D), (E) and (I)(1) and 18 VAC 110-20-321 and 18 VAC 110-20-355(A) of the Regulations Governing the Practice of Pharmacy (“Regulations”) in that a review of sterile compounding records for January 2017 revealed that one of the compounding records did not have a pharmacist’s verification signature indicating that the preparation of the product was supervised by a pharmacist.

b. Option Care violated Virginia Code §§ 54.1-3316(7) and 54.1-3410.2(E) and (I)(4) and 18 VAC 110-20-321 of the Regulations in that one of the two employees assigned to perform low and medium-risk compounding had not completed his gloved fingertip testing as required by the United States Pharmacopeia–National Formulary (“USP-NF”) within the required time period.

c. Option Care violated Virginia Code § 54.1-3316(7) and 18 VAC 110-20-240(A)(1) of the Regulations in that the inventory taken on April 4, 2016 and April 7, 2015 did not separate the C-III through C-V medications.

d. Option Care violated Virginia Code § 54.1-3316(7) and 18 VAC 110-20-418(B)(2)(e)(4) of the Regulations in that zero error reports were not being maintained or reported to the necessary safety organization.

3. Ms. Lombardy stated to the Committee that the errors have been corrected.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS as follows:

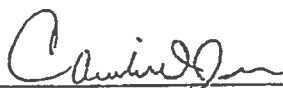
1. Option Care is assessed a MONETARY PENALTY of \$5,500.00. This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within 30 days from the date of entry of this Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

2. Option Care shall comply with all laws and regulations governing the conduct of a pharmacy in the Commonwealth of Virginia.

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the conduct of a pharmacy shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD



Caroline D. Juran, RPh, DPh
Executive Director
Virginia Board of Pharmacy

ENTERED AND MAILED: 7/21/17

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Option Care may, not later than 5:00 p.m., on August 24, 2017, notify Caroline D. Juran, Executive Director, Board of Pharmacy, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that it desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on August 24, 2017, unless a request for a formal administrative hearing is received as described above.





To Whom It May Concern:

Option Care Enterprises, Inc. also owns a separate pharmacy in Louisville, KY. On June 26, 2018, The Kentucky Board of Pharmacy fined the Louisville pharmacy \$100.00 for allowing a technician to practice for over two weeks on a non-renewed license. Please find the agreed order attached hereto.

If you have questions or need additional information please feel free to contact the licensing department via email at oc-PEandL@optioncare.com.

**COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 18-0280A**

IN RE: PHARMACY PERMIT NO. P07485 HELD BY OPTION CARE ENTERPRISES INC.

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Option Care Enterprises Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

- (1) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned permit no. P07485.
- (2)
 - (a) An investigation of Respondent's pharmacy revealed that Rakita Moore worked on various dates between March 31 – April 18, 2018, without being appropriately registered with the Board. Consequently, the Respondent was in violation of KRS 315.121(1)(g).
 - (b) The above facts subject Respondent to discipline pursuant to KRS 315.121(1)(h).
- (3) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the Board filing a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

- (A) Respondent shall be fined \$100.00 payable by June 27, 2018. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg. Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.
- (B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Cathy Hanna, President
Kentucky Board of Pharmacy

Date

 Corp. Secretary
Option Care Enterprises Inc., Respondent

June 26, 2018
Date



To Whom It May Concern:

Option Care Enterprises, Inc. owns a separate pharmacy in Houston, TX. On July 30, 2018, the facility was assessed a \$1,500.00 administrative penalty by the Texas Health and Human Services Commission for various alleged violations.

If you have any questions or need additional information please feel free to contact the licensing department via email at oc-PEandL@optioncare.com.



To Whom It May Concern:

Option Care Enterprises, Inc. owns another pharmacy in Eatontown, New Jersey. On September 18, 2018, the pharmacy was disciplined and fined \$2,550.00 by the New Jersey Board of Pharmacy ("Board") for findings during a routine inspection. Please see the Board notice and certification attached hereto.

If you have any questions or need additional information please contact the licensing department via email at oc-PEandL@optioncare.com.



PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102



GURBIR S. GREWAL
Attorney General

PAUL R. RODRIGUEZ
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

CERTIFIED MAIL RETURN RECEIPT REQUESTED

February 25, 2019

Grace Dressner, RPh.
c/o Edward D. Rickert, Esq.
Quarles & Brady LLP
300 N. LaSalle Street
Suite 4000
Chicago, IL 60654-3406

Re: Option Care, Eatontown, NJ
Inspection #8-5219-18-X
Date of Inspection: 3/1/18

Dear Ms. Dressner:

The New Jersey State Board of Pharmacy, at the January 28, 2019 meeting, reviewed correspondence submitted requesting mitigation relating to the above-referenced inspection.

The Board moved to deny this mitigation.

Please complete the attached **Certification** form, submit **\$2,550.00** for fines incurred and a **Letter of Corrective Action** to the Board within fifteen (15) days receipt of this letter.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____

Anthony Rubinaccio, RPh
Executive Director

AR/rh
(4/18)

CERTIFICATION

I, Grace M. Dressner, hereby acknowledge that I have read and reviewed the Board's letter dated February 25, 2019 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check:

☒ I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of \$2,550.00** (to be paid upon signing of this Certification).
2. **Send a Letter of Corrective Action**, as requested by the Board, with this Certification.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.



(Signature)

Dated: 03-12-19

Grace M. Dressner
(Print Name)

Ref: Grace Dressner, RPIC
Option Care, Suite C
(28RS00664700)
6 Industrial Way West, Ste. C
Eatontown, NJ 07724
Inspection #8-5219-18-X

AR/rh
(4/18)

ATTACHMENT A

Option Care – 6 Industrial Way West, Suite C, Eatontown, New Jersey 07724

Pharmacist-In-Charge: Grace Dressner

Bureau File #8-5219-18-X, Period: 3/1/18

Reference: Board of Pharmacy inspection activity conducted pursuant to N.J.S.A.45:1-18 and N.J.S.A.45:14-48(a)11&12.

Details

CITE	DESCRIPTION	FINE
N.J.A.C.13:39-3.1(c)	Per diem pharmacist, Deedar Singh, was unable to produce his wallet-sized license when asked to do so. Mr. Singh admitted to not having it on his person.	\$50.00
N.J.S.A.45:1-45(h)	The pharmacy failed to submit information regarding dispensed controlled dangerous substance (CDS) prescriptions to the NIPMP on a daily basis, including submission of zero-dispensed reports. It appears that the pharmacy did not submit zero-dispensed reports for the period beginning December 16, 2017 to January 19, 2018.	Warning
N.J.A.C.13:39-11.13(a)	Pharmacists were not observed to be providing immediate, personal supervision to technicians engaged in compounding sterile preparations in the cleanroom. The pharmacists are seated at desks next to the cleanroom window. They are seated there in order to provide supervision to technicians without having to be present in the cleanroom. During the inspection activity, there was a time when no pharmacists were seated at their desks while technicians were in the cleanroom compounding. No supervision was being provided as there was also no pharmacist present in the cleanroom.	\$2,500.00
TOTAL: \$2,550.00		

4/16/18



To Whom It May Concern:

We also own a pharmacy in Chantilly, VA. On May 15th, 2019, the Virginia Board of Pharmacy fined our pharmacy \$2,000.00 for findings during a pharmacy inspection October 17th, 2018. All requirements have since been satisfied. Please find the consent order attached hereto.

If you have any questions or need additional information please feel free to contact the licensing department via email at oc-PEandL@optioncare.com.

Virginia Board of Pharmacy

9960 Mayland Drive, Suite 300

Henrico, VA 23233

804-367-4456

804-527-4472 (Fax)

pharmbd@dhp.virginia.gov

October 17, 2018

Option Care

Permit Number: 0201003388

Notice

After an inspection conducted on October 17, 2018 at Option Care, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. (\$2,000) Deficiency 32: Have clean room, but not all physical standards in compliance; § 54.1-3410.2

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of \$2,000 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number: 0201003388

Consent Order

The Virginia Board of Pharmacy ("Board") and Option Care ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on October 17, 2018.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

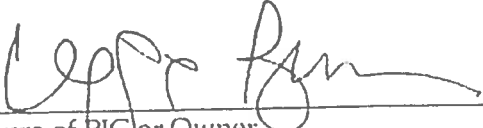
1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of \$2,000 to the Board within 30 days of the date of the Notice.
2. Pharmacy shall submit documentation of immediate action taken to correct all violations.
3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number: 0201003388

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

	May 15, 2019
Signature of PIC or Owner	Date
Clifford Berman	Corporate Secretary
Printed Name of Person Signing	Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director

Entered



To Whom It May Concern:

Option Care Enterprises, Inc. also owns a separate pharmacy in Louisville, KY. On November 19, 2019, The Kentucky Board of Pharmacy fined the Louisville pharmacy \$500.00 for a dispensing error in which wrong medication was dispensed.

If you have questions or need additional information please feel free to contact the licensing department via email at oc-PEandL@optioncare.com.

COMMONWEALTH OF KENTUCKY
Kentucky Board of Pharmacy
Case No. 19-0272A

IN RE: Option Care Enterprises Inc
d/b/a Option Care
11403 Bluegrass Parkway
Suite 400
Louisville, Kentucky 40299
Permit: P07485

AGREED ORDER

The Kentucky Board of Pharmacy ("Board") and Option Care Enterprises Inc ("Respondent"), based upon the information presented and being sufficiently advised, hereby agree to the entry of this Agreed Order to obviate a formal hearing.

STIPULATIONS OF FACT

The parties stipulate to the following factual statements that serve as the factual basis for this Agreed Order:

- (a) Respondent at all time's material hereto is a pharmacy in the Commonwealth of Kentucky, having been assigned Permit No. PO7485.
- (b) Respondent allegedly sold a misbranded drug due to a medication error. Patient was allegedly dispensed a prescription for heparin syringes that contained sodium chloride syringes.
- (c) Respondent is subject to discipline pursuant to KRS 217.065(1)
- (d) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

STIPULATED CONCLUSIONS OF LAW


The parties stipulate to the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

1. Respondent's permit to practice as a pharmacist in the Commonwealth is subject to regulation and discipline by the Kentucky Board of Pharmacy.
2. There is probable cause to believe that Respondent has violated KRSE 217.065(1).

ORDER

- (a) The Respondent is fined \$500.00 payable on or before November 14, 2019. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, Frankfort, Kentucky 40601.
 - (b) On or before November 19, 2019, Respondent shall submit a written Corrective Action Plan (CAP) detailing the measures that Respondent shall take to prevent medication errors.
 - (c) By entering into this Agreed Order, Respondent expressly acknowledges that the Respondent understands or was fully and completely informed of Respondent's right to due process by an attorney of Respondent's choosing, that the Respondent fully understands those rights, and that the Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order. By entering this Agreed Order respondent expressly agrees to assent to the jurisdiction of the Kentucky Board of Pharmacy.
3. The above information shall be reported to the National Association of Boards of Pharmacy ("NABP") and is subject to disclosure under the Kentucky Open Records Act.

 CRAIG MARTIN
 President
 Kentucky Board of Pharmacy



 OPITION CARE ENTERPRISES INC
 Respondent Clifford Berman
 Corporate Secretary

 DATE

11/19/19
 DATE



Matthew G. Bevin
Governor

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

Board Members
Peter P. Cohron, R.Ph.
Jody Forgy, Consumer
John Fuller, Pharm.D.
Craig Martin, Pharm D.
Ron Poole, R.Ph.
Jill Rhodes, Pharm.D.

Executive Director
Larry A. Hadley, R.Ph.

October 19, 2019

Option Care Enterprises, Inc.
d/b/a Option Care
11403 Bluegrass Parkway, Suite 400
Louisville, Kentucky 40299
License: P07485

RE: Case No. 19-0272A

Dear Permit Holder:

This letter follows the recent investigation by Amanda Harding, R.Ph., Pharmacy and Drug Inspector. The investigative report was reviewed by the Case Review Committee. The Committee adopted a recommendation as follows:

Attempt by Board Staff to resolve through Agreed Order.

The Committee recommendation was placed before the Board of Pharmacy. The Board accepted the recommendation. Acceptance occurred without benefit of the disclosure of the subject of the complaint or evidentiary review to prevent bias and preserve the integrity of the Board in the event a full Board hearing becomes necessary.

The purpose of this letter is to offer you an opportunity to informally resolve this matter through an Agreed Order prior to the filing of a formal Complaint. Find enclosed a proposed Agreed Order setting forth terms the Board will accept. Review the proposed Agreed Order carefully. Feel free to consult with legal counsel. If acceptable, sign and return the Agreed Order to the Board office by November 20, 2019. We will send you a copy of the Agreed Order after it is signed by the Board President.

Option Care Enterprises, Inc.

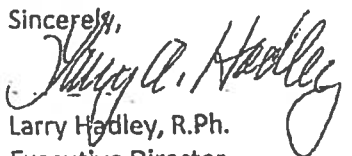
19-0272A

October 19, 2019

Page 2

Should you fail to respond by returning the proposed Agreed Order or contacting me by November 20, 2019, your case will be referred to the Office of the Attorney General to conduct an Administrative Hearing.

Sincerely,



Larry Hadley, R.Ph.
Executive Director
Kentucky Board of Pharmacy

Enclosure



To Whom It May Concern:

Option Care Enterprises, Inc. owns another pharmacy in Englewood, Colorado. On January 28, 2020, the pharmacy was disciplined and fined \$500.00 with a surcharge of \$75.00 by the Colorado Board of Pharmacy ("Board") due to findings during a routine pharmacy inspection conducted on November 6, 2019. Please find the consent order attached hereto.

If you have any questions or need additional information please contact the licensing department via email at oc-PEandL@optioncare.com.

BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2019-8031**

STIPULATION AND FINAL AGENCY ORDER

**IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION
DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF OPTION CARE,
REGISTRATION NO. PDO 178,**

Respondent Pharmacy.

**IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board
of Pharmacy ("Board") and Option Care, ("Respondent Pharmacy") to resolve all
matters pertaining to Board Case Number 2019-8031, as follows:**

FINDINGS AND CONCLUSIONS

- 1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).**
- 2. Respondent Pharmacy was originally registered in the State of Colorado on or about September 30, 2003, being issued registration #PDO 178, and has been so registered at all times relevant to this disciplinary action.**
- 3. Respondent Pharmacy's address of record with the Board and current location is 345 Inverness Dr S, Bldg A, Ste 140, Englewood, CO 80112.**
- 4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.**
- 5. In an inspection of Respondent Pharmacy conducted on November 6, 2019, a Board inspector found one repeated deficiency, over three (3) inspections on November 6, 2019, December 6, 2018, and August 8, 2017. Specifically, the failure to label compound prescriptions with the required statement.**
- 6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:**

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article 280, including commission of an act declared unlawful in section 12-280-129, or an applicable provision of article 20 or 30 of this title 12;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy or pharmacy technician practice.

Pharmacy Board Rules and Regulations

21.21.70 Labeling of CSPs.

a. Labeling of CSPs dispensed pursuant to a prescription order or LTCF chart order shall include at least the following:

(6) A clear statement that this product was compounded by the pharmacy, except for radiopharmaceuticals prepared from FDA-approved, commercially available kits and/or drug products.

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

8. Fine with Surcharge. Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of five hundred dollars (\$500.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay

a total amount of five hundred and seventy five dollars (\$575.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

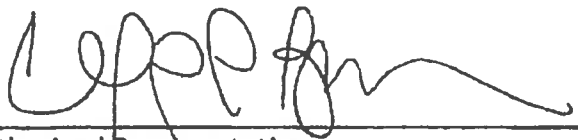
9. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:
 - a. promptly pay all its own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.
10. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.
11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:
 - a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;
 - c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and
 - d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.
13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
15. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy



Authorized Representative

Clifford Berman, Corporate Secretary

Name/ Title

Dated: 1/21/2020

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 28 day of January, 2020.

State Board of Pharmacy

BY: 

Dmitry Kunin

Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 28th day of JANUARY 2020, addressed as follows:



Agent of the Board

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION OF THE)	
ILLINOIS DEPARTMENT OF FINANCIAL)	
AND PROFESSIONAL REGULATION,)	
v.)	Case No. 2018-07504
OPTION CARE ENTERPRISES, INC.,)	
License No. 054.020423,)	
Respondent.)	

CONSENT ORDER

The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"), by attorney Paula McGee, and Respondent Option Care Enterprises, Inc., ("Respondent"), by attorney Alex Cooper of Quarles & Brady, LLP, agree to the following:

STIPULATIONS

Respondent holds Illinois pharmacy license no. 054.020423 pursuant to the Pharmacy Practice Act, 225 ILCS 85/et seq. ("Act"), which is presently in active status. On or about June 26, 2018, the Kentucky Board of Pharmacy issued a public Consent Agreement whereby Respondent agreed to pay a fine in the amount of one hundred dollars (\$100.00) due to Respondent allowing an unlicensed pharmacy technician to work from approximately March 31, 2018 to approximately April 19, 2018. For the purposes of this Consent Order, Respondent admits that an adverse action was taken against Respondent in the State of Kentucky. Respondent's actions and/or omissions constitute grounds for discipline under the Act, 225 ILCS 85/30(a)(8).

At all times material to the matter set forth in this Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Respondent has been advised of the right to have any allegation(s) reduced to written charges, to a hearing where the Department bears the burden to prove its allegations by clear and convincing evidence, the right to contest any charges brought and present mitigating evidence, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by the Board of Pharmacy ("Board") or Director. Respondent acknowledges that Respondent has entered into this Consent Order freely and of Respondent's own will without threat or coercion by the

2/12/2020
Date


Respondent Option Care Enterprises, Inc.

Date

Alex Cooper, Quarles & Brady, LLP
Attorney for Respondent

Date

Department Attorney Paula McGee

Date

Board of Pharmacy Member

The foregoing Consent Order is approved in full.

Dated this ____ day of _____, 2020.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2018-07504
License No. 054.020423



To Whom It May Concern:

Option Care Enterprises, Inc. also owns a separate pharmacy in Louisville, KY. On June 26, 2018, The Kentucky Board of Pharmacy fined the Louisville pharmacy \$100.00 for allowing a technician to practice for over two weeks on a non-renewed license. On August 19, 2019, the Illinois Department of Financial Regulation issued a "sister state" discipline. Please find the partially signed consent order attached hereto.

If you have questions or need additional information please feel free to contact the licensing department via email at oc-PEandL@optioncare.com.

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION OF THE)	
ILLINOIS DEPARTMENT OF FINANCIAL)	
AND PROFESSIONAL REGULATION,)	
v.)	Case No. 2018-07504
OPTION CARE ENTERPRISES, INC.,)	
License No. 054.020423,)	
Respondent.)	

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Respondent holds Illinois pharmacy license no. 054.020423 pursuant to the Pharmacy Practice Act, 225 ILCS 85/et seq. ("Act"), which is presently in active status. On or about June 26, 2018, the Kentucky Board of Pharmacy issued a public Consent Agreement whereby Respondent agreed to pay a fine in the amount of one hundred dollars (\$100.00) due to Respondent allowing an unlicensed pharmacy technician to work from approximately March 31, 2018 to approximately April 19, 2018. For the purposes of this Consent Order, Respondent admits that an adverse action was taken against Respondent in the State of Kentucky. Respondent's actions and/or omissions constitute grounds for discipline under the Act, 225 ILCS 85/30(a)(8).

At all times material to the matter set forth in this Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Respondent has been advised of the right to have any allegation(s) reduced to written charges, to a hearing where the Department bears the burden to prove its allegations by clear and convincing evidence, the right to contest any charges brought and present mitigating evidence, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by the Board of Pharmacy ("Board") or Director. Respondent acknowledges that Respondent has entered into this Consent Order freely and of Respondent's own will without threat or coercion by the

Department or any person and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Respondent acknowledges that the Department attorney may be requested to communicate with the Board or Director in furtherance of the approval of this Consent Order. Respondent has been informed that this Consent Order will be presented to the Director. If this Consent Order is not approved, Respondent waives any right to raise any prejudice resulting from the Director's consideration of this Consent Order. Respondent understands that this Consent Order is not effective unless and until it is adopted by the Director. A copy of any original signature(s) shall be given the full force and effect of an original signature(s) affixed to this Consent Order.

Respondent and the Department agree, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

Wherefore, the Department, by attorney Paula McGee, and Respondent, by attorney Alex Cooper of Quarles & Brady, LLP, agree:

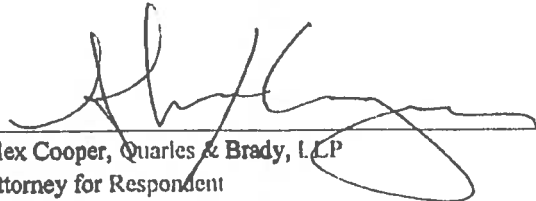
- A. Respondent's Illinois pharmacy license no. 054.020423 shall be reprimanded.
- B. This Consent Order is a public disciplinary action and will be reported to all applicable public indexes, including the National Association of Boards of Pharmacy. This Consent Order will be available to the general public.
- C. This Consent Order shall become effective upon the Director's signature, as dated below.

Signatures on the following page.

2/12/2020
Date


Respondent Option Care Enterprises, Inc.

2/12/2020
Date


Alex Cooper, Quarles & Brady, LLP
Attorney for Respondent

Date

Department Attorney Paula McGee

Date

Board of Pharmacy Member

The foregoing Consent Order is approved in full.

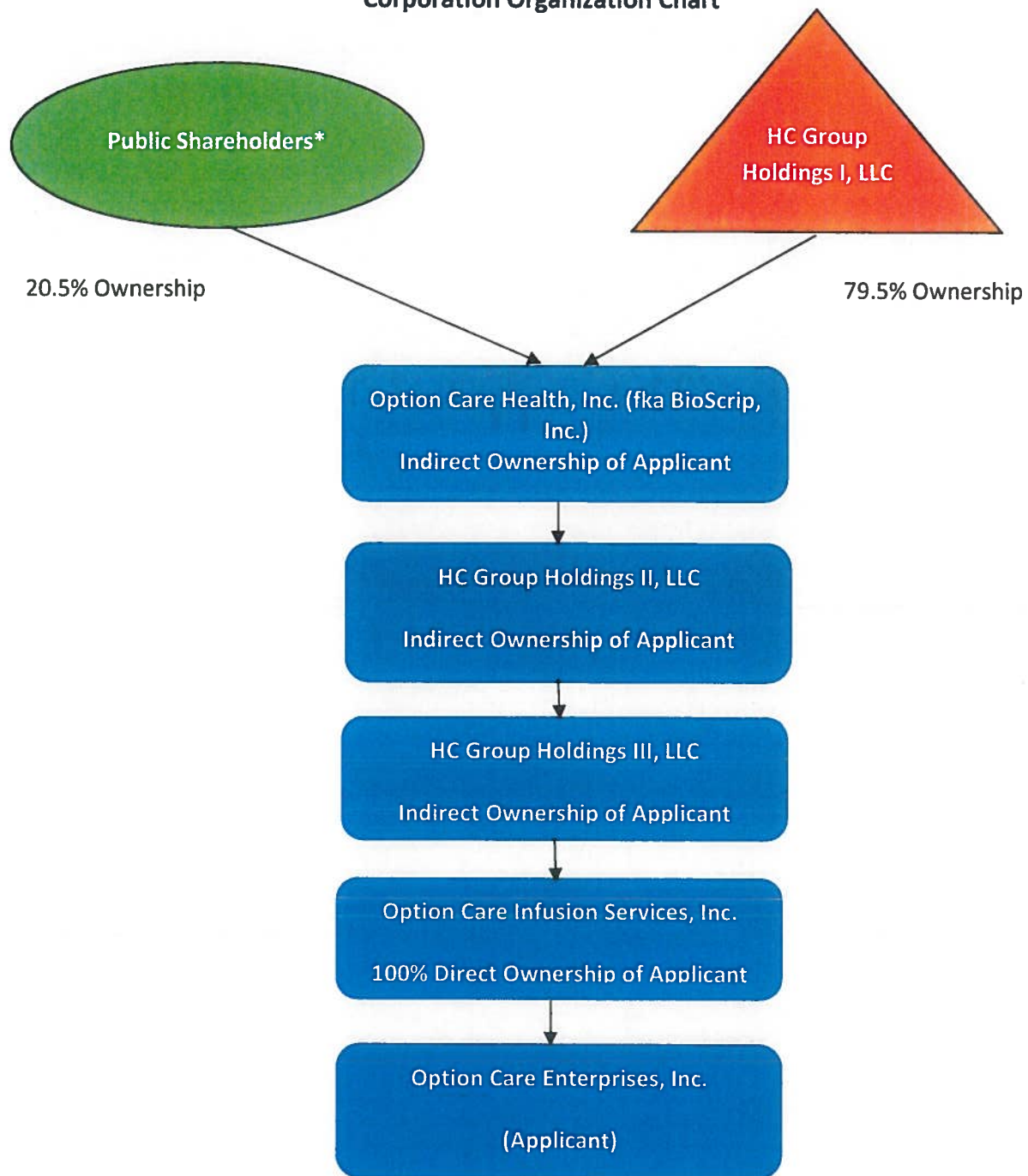
Dated this ____ day of _____, 2020.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2018-07504
License No. 054.020423

Corporation Organization Chart



**** Each legal entity owns 100% of the legal entity direct below itself on the org chart.**

*Option Care Health, Inc. (fka BioScrip, Inc.) is a publicly held company with stock traded on the NASDAQ. Public shareholders change from time to time and no shareholder owns a 10% or more interest in Option Care Health, Inc.

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 8-K

**CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d)
OF THE SECURITIES EXCHANGE ACT OF 1934**

Date of Report (Date of earliest event reported): February 3, 2020

Option Care Health, Inc.
(Exact name of registrant specified in its charter)

Delaware
(State or Other Jurisdiction
Of Incorporation)

001-11993
(Commission
File Number)

05-0489664
(I.R.S. Employer
Identification No.)

3000 Lakeside Dr. Suite 300N, Bannockburn, IL 60015
(Address of principal executive offices, including zip code)

(312) 940-2443
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Securities registered pursuant to Section 12(b) of the Act:

<u>Title of each class</u>	<u>Trading symbol(s)</u>	<u>Name of each exchange on which registered</u>
Common Stock, \$0.0001 par value per share	OPCH	Nasdaq Global Select Market

Item 3.03 Material Modification to Rights of Security Holders.

To the extent required by Item 3.03 of Form 8-K, the information regarding the reverse stock split contained in Item 5.03 and Item 8.01 of this Current Report on Form 8-K is incorporated by reference herein.

Item 5.03 Amendments to Articles of Incorporation or Bylaws; Change in Fiscal Year.

On January 30, 2020, as approved as described below under Item 8.01, Option Care Health, Inc. (the "Company") filed a certificate of amendment to its certificate of incorporation (the "Certificate of Amendment") with the Secretary of State of the State of Delaware to effect a reverse stock split of the Company's common stock at a ratio of 1-for-4, effective on February 3, 2020.

The Certificate of Amendment is filed as Exhibit 3.1 to this Current Report on Form 8-K.

Item 8.01 Other Events.

The Company's board of directors has determined to set the reverse stock split ratio at 1-for-4. The effective date of the reverse stock split is February 3, 2020. The shares began trading on a split-adjusted basis at market open on February 3, 2020.

Upon the effectiveness of the reverse stock split on February 3, 2020, every four shares of the issued and outstanding shares of the Company's common stock, par value \$0.0001 per share (the "Common Stock"), were automatically combined and reclassified into one issued and outstanding share of the Company's Common Stock. The reverse stock split does not affect any stockholder's ownership percentage of the Company's Common Stock, alter the par value of the Company's Common Stock or modify any voting rights or other terms of the Company's Common Stock.

In connection with the reverse stock split, at the market open on February 3, 2020, the Company's Common Stock began trading on the Nasdaq Global Select Market under the symbol "OPCH". The Common Stock was assigned a new CUSIP number (68404L 201) and began trading on a split-adjusted basis.

On February 3, 2020, the Company issued a press release announcing the foregoing. A copy of the press release is filed as Exhibit 99.1 to this Current Report on Form 8-K.

Item 9.01 Financial Statements and Exhibits.

(d) *Exhibits.* The following exhibits are filed as part of this Current Report on Form 8-K:

Exhibit Number	Description
<u>Exhibit 3.1</u>	<u>Certificate of Amendment of the Certificate of Incorporation, filed January 30, 2020.</u>
<u>Exhibit 99.1</u>	<u>Press Release issued by Option Care Health, Inc., dated February 3, 2020.</u>

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Dated: February 3, 2020

OPTION CARE HEALTH, INC.

By: /s/ Michael Shapiro

Name: Michael Shapiro

Title: Chief Financial Officer

CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF INCORPORATION
OF
OPTION CARE HEALTH, INC.

* * * * *

Option Care Health, Inc., a corporation duly organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "Corporation"), does hereby certify as follows:

FIRST. That the present name of the Corporation is Option Care Health, Inc. and that the Corporation was originally formed as MIM Corporation, a Delaware corporation, and filed its original Certificate of Incorporation with the Secretary of State of the State of Delaware (the "Secretary of State") on March 22, 1996. A Third Amended and Restated Certificate of Incorporation was filed with the Secretary of State on August 6, 2019 (the "Certificate of Incorporation").

SECOND. That the Certificate of Incorporation of the Corporation be, and hereby is, amended to effect a change in Article Four, Section 1 thereof, relating to the total number of shares of common stock the Corporation has authority to issue. Specifically, Article 4, Section 1 of the Certificate of Incorporation shall be deleted in its entirety and replaced with a new Article 4, Section 1 to read as follows:

ARTICLE FOUR

Section 1. Authorized Shares. The total number of shares of all classes of capital stock which the Corporation shall have the authority to issue is 262,500,000 shares, consisting of two classes as follows:

1. 12,500,000 shares of Preferred Stock, par value \$0.0001 per share (the "Preferred Stock"); and
2. 250,000,000 shares of Common Stock, par value \$0.0001 per share (the "Common Stock").

The Preferred Stock and Common Stock shall have the designations, rights, powers and preferences and the qualifications, restrictions and limitations thereof, if any, set forth below.

THIRD. That the Certificate of Incorporation of the Corporation be, and hereby is, amended to add a new Section 4 to Article Four which shall read in its entirety as follows:

Section 4. Reverse Stock Split. Upon the filing of the Certificate of Amendment to the Certificate of Incorporation of the Corporation first inserting this sentence with the Secretary of State of Delaware (the "Effective Time"), each four (4) authorized shares of Common Stock, at the Effective Time, shall, without further action by the Corporation or any holder thereof, be changed into, reclassified and converted into one (1) authorized share of Common Stock. Fractional shares of Common Stock shall not be issued as a result of the Reverse Stock Split. Stockholders who otherwise would be entitled to receive fractional share interests of Common Stock in connection with the Reverse Stock Split shall, with respect to such fractional interest, be entitled to receive cash, without interest, in lieu of fractional shares of Common Stock. Each certificate that prior to such combination represented shares of Common Stock ("Old Certificates") shall thereafter represent that number of shares of Common Stock into which the shares of Common Stock represented by the Old Certificate shall have been combined. For the avoidance of doubt, the foregoing Reverse Stock Split shall apply to all shares of Common Stock underlying any warrants, stock options, or any other rights to purchase Common Stock, in each case outstanding immediately prior to the Effective Time.

FOURTH. That the Board of Directors of the Corporation approved this Certificate of Amendment pursuant to the provisions of Section 242 of the General Corporation Law of the State of Delaware.

FIFTH. That this Certificate of Amendment shall become effective on February 3, 2020.

IN WITNESS WHEREOF, the undersigned officer of the Corporation has executed this Certificate of Amendment to the Certificate of Incorporation of the Corporation.

OPTION CARE HEALTH, INC.
a Delaware corporation

By: /s/ Clifford E. Berman

Name: Clifford E. Berman

Its: Secretary



OPTION CARE HEALTH COMPLETES REVERSE STOCK SPLIT AND TICKER SYMBOL CHANGE

BANNOCKBURN, IL., February 3, 2020 – Option Care Health, Inc. (the “Company” or “Option Care Health”) (NASDAQ: OPCH), the nation’s largest independent provider of home and alternate site infusion services, announced today that it has completed the reverse 1-for-4 stock split of its shares of common stock, as previously disclosed in the Company’s filings with the Securities and Exchange Commission. As of market open on February 3, 2020, the Company’s common stock, which was previously listed on the Nasdaq Capital Market under the symbol “BIOS”, will begin trading on a split-adjusted basis on the Nasdaq Global Select Market under the ticker symbol “OPCH” and will be assigned a new CUSIP number (68404L 201).

No other action is required by current stockholders relative to either the ticker symbol change or the reverse stock split.

About Option Care Health

Option Care Health is the nation’s largest independent provider of home and alternate site infusion services. With over 6,000 teammates, including 2,900 clinicians, we work compassionately to elevate standards of care for patients with acute and chronic conditions in all 50 states. Through our clinical leadership, expertise and national scale, Option Care Health is reimagining the infusion care experience for patients, customers and employees. To learn more, please visit our website at OptionCareHealth.com.

For Investor Inquiries:

Bob East, Asher Dewhurst, Jordan Kohnstam
Westwicke
443-213-0500
optioncarehealth@westwicke.com

State of Minnesota

BOARD OF PHARMACY
2829 UNIVERSITY AVE SE #530
MINNEAPOLIS, MN 55414-3251

HAS ISSUED

PHARMACY LICENSE NUMBER: 262204
(ACTIVE)

Sterile Product Compounding, Home Health Care

To:

OPTION CARE
2750 ARTHUR STREET
ROSEVILLE MN 55113

EFFECTIVE DATE

05/21/2019

EXPIRATION DATE

06/30/2020

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTION CARE ENTERPRISES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPTION CARE ENTERPRISES, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF JULY, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

2419872 8300

SR# 20201439137

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202464147

Date: 02-26-20



Minnesota Health Licensing Boards

Minnesota Board of Pharmacy

License/Registration Verification as of February 25, 2020

Name	Option Care
Address	2750 Arthur Street Roseville, MN 55113

License/Registration Information

Type	Pharmacy License
Category	Sterile Product Compounding, Home Health Care
Number	262204
Status	Active
Original Issue Date	07/25/2002
Date	05/21/2019
Expiration Date	06/30/2020
Disciplinary Action	No

This data is authorized to be used as primary source verification of a Minnesota License.

Disclaimer: While we believe this information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore there is no guarantee as to the accuracy, completeness, timeliness, or currency of the data listed in the individual section. The Board is not responsible for the use, or result obtained from the use, of this information.

11F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8

☐ Partnership - Pages 1,2,6,8

☐ Non Publicly Traded Corporation – Pages 1,2,4,8

☒ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pope Shenouda LLC

Physical Address: 2228 US Hwy 19, Holiday, FL 34691

Mailing Address: 2228 US Hwy 19, Holiday, FL 34691

City: Holiday State: FL Zip Code: 34691

Telephone: 727-934-1300 Fax: 727-934-1313

Toll Free Number: 844-565-5155 (Required per NAC 639.708)

E-mail: firstchoicepharmacy@yahoo.com Website: www.1stchoicepharmacy.net

Managing Pharmacist: George Hanna License Number: PS40421

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

George Hanna

Print Name of Authorized Person

4/14/2020
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: George Hanna

Business Name: Pope Shenouda LLC

Current Business Address: 2228 US Hwy 19

City: Holiday State: FL Zip Code: 34691

Telephone: 727-934-1300 Fax: 727-934-1313

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9</u> am	<u>6</u> pm	Saturday	<u>10</u> am	<u>1</u> pm
Sunday	_____am	_____pm	24 Hours	_____	

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA


I, George Hanna

Responsible Person of Pope Shenouda 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

George Hanna

Print Name of Authorized Person

4/14/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
Pasco) ss.
COUNTY)

I, George Hanna, 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 Owner for 1st Choice Pharmacy (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, George Hanna, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

George Hanna
Name



SUBSCRIBED AND SWORN TO
before me, a notary public this
10th day of April, 2020.

Laura Able *Laura Able*
NOTARY PUBLIC



Posted April 1, 2020

State of Florida

Department of State

I certify from the records of this office that POPE SHENOUDA LLC is a limited liability company organized under the laws of the State of Florida, filed on December 10, 2007, effective December 7, 2007.

The document number of this limited liability company is L07000122168.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on February 28, 2019, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Sixth day of January, 2020*



Randy R.
Secretary of State

Tracking Number: 4958032172CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

AC#8618849

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/03/2018	PH 23208	103571

THE PHARMACY

named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2021**

COPE SHENOUDA, LLC


1st Choice Pharmacy

228 US HWY 19

WALDSTADT, FL 34691

QUALIFICATION(S):
COMMUNITY PHARMACY
SCHEDULE II & III
3:1 PHARMACY TECHNICIAN RATIO APPROVED




Rick Scott
GOVERNOR


Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

11G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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: Procure Pharmaceutical Services

Physical Address: 264 Smith Township State Road, Suite 5

Mailing Address: 264 Smith Township State Road, Suite 5

City: Burgettstown State: PA Zip Code: 15021

Telephone: 724-414-1425 Fax: 855-445-4203

Toll Free Number: 855-315-1403 (Required per NAC 639.708)

E-mail: Michelle.mikus@deltacarerx.com Website: www.procurepharmacy.com

Managing Pharmacist: Michelle Mikus License Number: RP448182

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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. Attached

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.

Michelle J. Mikus
Original Signature of Person Authorized to Submit Application, no copies or stamps

Michelle J. Mikus
Print Name of Authorized Person

4-1-2020
Date

Page 2

Board Use Only

Date Processed: 4/20/2020

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Ohio
 Parent Company if any: Easy Rx Pad LLC
 Mailing Address: 4249 Sunset Blvd
 City: Steubenville State: OH Zip: 43952
 Telephone: 724-414-1425 Fax: 855-445-4203
 Contact Person: Andy Mihalyo or Michelle Mikus

For any corporation non publicly traded, disclose the following:

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

a) <u>Andrew J. Mihalyo</u> <u>51%</u>	<u>N. Federal Hwy, #</u> , <u>Ft. Lauderdale FL 33304</u>
Name	Address
b) <u>Mary G. Mihalyo</u> <u>25%</u>	<u>Whitchall Pl, Wintersville OH 43953</u>
Name	Address
c) <u>Andrew M. Mihalyo</u> <u>24%</u>	<u>Whitchall Pl, Wintersville OH 43953</u>
Name	Address
d) <u>—</u>	<u>—</u>
Name	Address

2) Provide the number of shares issued by the corporation. N/A - see above %

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? 9-25-2008

5) Provide a copy of the corporation's stock register evidencing the above information N/A.

Articles of Organization
attached.

List any physician shareholders and percentage of ownership.

Name: N/A %: —

Name: — %: —

Hours of Operation for the pharmacy:

Monday thru Friday	<u>—</u> am <u>—</u> pm	Saturday	<u>—</u> am <u>—</u> pm
Sunday	<u>—</u> am <u>—</u> pm	24 Hours	<u>✓</u>

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michelle Mikus

Responsible Person of Prower Pharmaceutical Services

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.

Michelle J. Mikus

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

Michelle J. Mikus

Print Name of Authorized Person

4-1-2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF _____)
) ss.
 _____ COUNTY)

I, Michelle J. Mikus, 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 Pharmacy Manager for Procure Pharmaceutical Services (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.

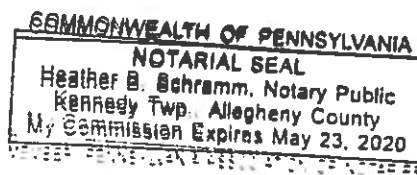
FURTHER AFFIANT SAYETH NOT.

I, Michelle J. Mikus, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

Michelle J. Mikus

SUBSCRIBED AND SWORN TO
 before me, a notary public this
14 day of April, 2020.
[Signature]
 NOTARY PUBLIC



UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show EASY RX PAD, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1808622, was organized within the State of Ohio on September 25, 2008, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 1st day of April, A.D. 2020.*

A handwritten signature in cursive script, reading "Frank LaRose".

Ohio Secretary of State

Validation Number: 202009201848

PALS Payment Receipt - MICHELLE JACQUELINE MIKUS

1 message

RA-STPALSNOTIFY@pa.gov <RA-STPALSNOTIFY@pa.gov>
To: michelle.mikus@deltacarerx.com

Wed, Apr 1, 2020 at 2:31 PM

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

Dear MICHELLE JACQUELINE MIKUS :

This letter acknowledges receipt of your request. You can access www.pals.pa.gov website and check the status of your request using the UserID and Password you have created when you submit your request.

Payment Receipt

RECEIPT NUMBER: PAID0001626304
RECEIVED DATE: Apr 1 2020 2:26PM
RECEIVED FROM: MICHELLE JACQUELINE MIKUS
RECEIVED AMOUNT: \$ 15.00
PAYMENT TYPE: Credit Card
APPLICANT NAME: MICHELLE JACQUELINE MIKUS

Application No / Transaction No	Fee Type	Fee Amount	Full Name
TN0013096135 (Pharmacy-PP482456)	Verification/Certification of License	15.00	MICHELLE JACQUELINE MIKUS

*License verification from PA
to NV requested 4-1-2020!*

633

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs

Pharmacy

License Number
PP482456

Expiration Date
08/31/2021

Active

PROCURE PHARMACEUTICAL SERVICES
MICHELLE J MIKUS
264 SMITH TWP STATE RD STE 5
BURGETTSTOWN, PA 15021

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE

- 1 SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED
- 2 DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION

Pennsylvania Licensing System (PALS)

Visit our website at: www.pals.pa.gov to
renew your license, change your personal or
license address, or order duplicate licenses.

PROCURE PHARMACEUTICAL SERVICES
MICHELLE J MIKUS
264 SMITH TWP STATE RD STE 5
BURGETTSTOWN, PA 15021

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

19 0827045

License Type
Pharmacy

PROCURE PHARMACEUTICAL SERVICES
MICHELLE J MIKUS
264 SMITH TWP STATE RD STE 5
BURGETTSTOWN, PA 15021

License Status
Active

Initial License Date
05/28/2014

Expiration Date
08/31/2021

License Number
PP482456

Acting Commissioner of Professional and Occupational Affairs

Signature

Easy Rx Pad, LLC, d/b/a Procure Pharmaceutical Services has had no disciplinary actions on its license to practice pharmacy in any other state. However, it has recently agreed to probation for a term of one year on its controlled substance registration in the State of Missouri. Please see attached a copy of the Missouri pharmacy license and controlled substance registration. The probationary term resulted from a lapse in the pharmacy's controlled substance registration that was overlooked when the Pharmacy did not receive a renewal notice and the expiration date of the Missouri controlled substance registration was not included separately from that of the Missouri pharmacy license in their internal tracking system. Upon identification of the oversight, the pharmacy immediately renewed the registration and implemented numerous interventions to prevent the possibility of this oversight occurring in the future. Because the relevant Missouri dispensary is located in a hospice facility, the Pharmacy rapidly resolved this matter with the State of Missouri to protect hospice patients from any gap in their care.



Michelle Mikus, PharmD

3-30-2020

PR Home (<https://pr.mo.gov/>) » Pharmacy Home (<https://pr.mo.gov/pharmacists.asp>) » Pharmacy Licensee Search (<https://pr.mo.gov/pharmacy-licensee-search.asp>)

Pharmacy Detail

Pharmacy Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Easy Rx Pad LLC
Profession Name:	Pharmacy
Licensee Number:	2014037464
Expiration Date:	10/31/2021
Original Issue Date:	10/21/2014
Address:	Michelle Mikus, PIC
Address Con't:	264 Smith Township State Rd Ste 5
City, State Zip:	Burgettstown, PA 15021
County:	Unknown/Out of State
Practitioner DBA Name:	Procure Pharmaceutical Services
Classification:	Class C

Current Discipline Status:	None
-----------------------------------	------

Board of Pharmacy (<https://pr.mo.gov/pharmacists>)

3605 Missouri Boulevard

P.O. Box 625

Jefferson City, MO 65102-0625

573.751.0091 Telephone

573.526.3464 Fax

800.735.2966 TTY

800.735.2466 Voice Relay

MissouriBOP@pr.mo.gov (<mailto:MissouriBOP@pr.mo.gov>)

<https://pr.mo.gov/pharmacists> (<https://pr.mo.gov/pharmacists>)


Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6321 Fax: 573-526-2569



**Bureau of Narcotics and Dangerous Drugs
Missouri Department of Health and Senior Services**

MISSOURI CONTROLLED SUBSTANCES REGISTRATION

This registration is not transferable

Registrant Name:	EASY RX PAD LLC (PROCURE PHARMACEUTICAL SERVICES)
BNDD Number:	2500041072
Description:	LTCF AUTOMATED DISP SYSTEM (LTCF ADS)
Street Address:	1000 N MASON RD
City/State/Zip:	CREVE COEUR, MO 63141.6310
Phone Number:	877-227-8718
Registration Effective:	11/25/2019
Registration Expires:	11/30/2020
BNDD Discipline:	YES
Drug Schedule Type:	2 3 4 5
Enrollment Date:	11/25/2019

Validation Date of the Registration is: 11/25/2019

Direct Inquiries to:

BNDD

PO BOX 570

Jefferson City, Missouri 65102 0570

Easy Rx Pad LLC
4249 Sunset Blvd
Steubenville OH 43952

dba Procure Pharmaceutical Services
264 Smith Township State Road Suite 5
Burgettstown PA 15021

Corporate Officers:

Andrew J Mihalyo, President

Mary G. Mihalyo, CEO

Andrew M. Mihalyo, CFO

Michelle Mikus, VP Pharmacy Services

200827000542

DATE 09/26/2008	DOCUMENT ID 200827000542	DESCRIPTION ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	FILING 125.00	EXPED .00	PENALTY .00	CERT .00	COPY .00
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Receipt

This is not a bill. Please do not remit payment.

WILLIAM F BLAKE JR
4110 SUNSET BLVD
STEUBENVILLE, OH 43952

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1808622**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

EASY RX PAD, LLC

and, that said business records show the filing and recording of:

Document(s):

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

Document No(s):

200827000542

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 25th day of September, A.D.
2008.

A handwritten signature in cursive script, appearing to read "Jennifer Brunner".

Ohio Secretary of State

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