

**20**

**20A**

**NEVADA STATE BOARD OF PHARMACY**

PH04191

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: Cardinal Health 414, LLC

Physical Address: 201 Lathrop Way, Suite D, Sacramento, CA 95815

Mailing Address: 7000 Cardinal Place, Q&R Dept. NPHS

City: Dublin State: Ohio Zip Code: 43017

Telephone: 916-648-2192 Fax: 916-648-2193

Toll Free Number: 800-888-8041 (Required per NAC 639.708)

E-mail: Eric.Siu@CardinalHealth.com Website: www.CardinalHealth.com

Managing Pharmacist: Eric Siu License Number: PHY46385

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No	AND	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral (outpatient)
<input checked="" type="checkbox"/> <input type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
 For the application to be complete

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

### APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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?  
see attached 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.

*Dawn Harmon*

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

Dawn Harmon

Print Name of Authorized Person

*1/27/2020*

Date

<b>Board Use Only</b>	Date Processed: _____	Amount: <u>500.00</u>
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## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Cardinal Health Inc

Corporation Name: Cardinal Health 414, LLC

Mailing Address: 7000 Cardinal Place

City: Dublin State: Ohio Zip: 43017

Telephone: 614-757-7570 Fax: 614-652-4203

Contact Person: Dawn Harmon

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: 06/30/2007

Registration number issued: 2007043108722

Stock Exchange: New York (CAH)

**Hours of Operation for the pharmacy:**

Monday thru Friday 11:30 pm 5:30 pm      Saturday 0:30 am 12:30 pm

Sunday 0:30 am 12:30 pm      24 Hours \_\_\_\_\_

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.

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

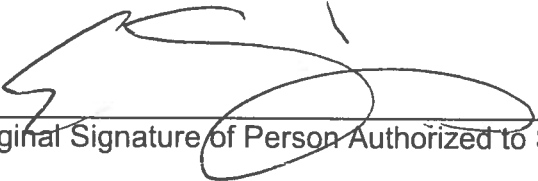
I, Eric Siu

Responsible Person of Cardinal Health 414, LLC (Sacramento, CA)

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

Eric Siu

Print Name of Authorized Person

1/16/2020

Date

### AFFIDAVIT for Out-of-State Pharmacy License

STATE OF \_\_\_\_\_ )  
 ) ss.  
\_\_\_\_\_ COUNTY )

I, Eric Siu, 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 Manager for Cardinal Health 414, LLC (Sacramento, CA) (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.

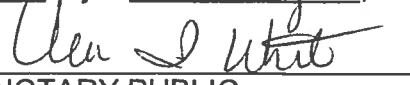
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

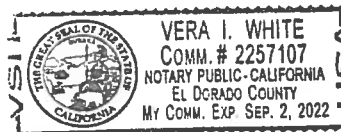
FURTHER AFFIANT SAYETH NOT.

I, Eric Siu, 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 22 day of January, 2020.

  
NOTARY PUBLIC



# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH 414, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



2073291 8300

SR# 20200272805

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202185090

Date: 01-14-20





LICENSE NO. PHY 46385  
RECEIPT NO. 00159242

# Retail Pharmacy Permit



BOARD OF PHARMACY  
1625 NORTH MARKET BLVD., SUITE N-219  
SACRAMENTO, CA 95834  
(916) 574-7900

VALID UNTIL JULY 01, 2020

CARDINAL HEALTH 414,LLC  
201 LATHROP WAY STE D  
SACRAMENTO CA 95815

05/10/19 The official status of this license can be verified at [www.dpharmacy.ca.gov](http://www.dpharmacy.ca.gov)

-----NON--TRANSFERABLE --- POST IN PUBLIC VIEW -----

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.  
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.  
This permit is valid only at the address shown.



LICENSE NO. LSC 99110  
RECEIPT NO. 00159241



# Sterile Compounding License

BOARD OF PHARMACY  
1625 NORTH MARKET BLVD., SUITE N-219  
SACRAMENTO, CA 95834  
(916) 574-7900

VALID UNTIL JULY 01, 2020

CARDINAL HEALTH\_414,LLC  
201 LATHROP WAY STE D  
SACRAMENTO CA 95815

05/23/19 The official status of this license can be verified at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

----- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.  
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge. This permit is valid only at the address shown.



Officers list

201 Lathrop Way  
Suite D  
Sacramento, California 95815

Officer Name	title
Tiffany Olson	President
Paul Gotti	Vice President-Operations
Luis E Garcia	VP Operations
David William Pellicciarini	VP Pharmacy Safety,Practice and Technical Operations NPHS

[Home](#)

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*The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.*

# BOARD OF PHARMACY

## LICENSING DETAILS FOR: LSC 99110

**NAME:** CARDINAL HEALTH\_414,LLC  
**LICENSE TYPE:** STERILE COMPOUNDING PHARMACY  
**LICENSE STATUS:** CLEAR  
**ADDRESS**  
201 LATHROP WAY STE D  
SACRAMENTO CA 95815  
SACRAMENTO COUNTY

**ISSUANCE DATE**

JULY 28, 2003

**EXPIRATION DATE**

JULY 1, 2020

**CURRENT DATE / TIME**

FEBRUARY 12, 2020  
4:08:55 PM

## LICENSE RELATIONSHIPS

**NAME:** CARDINAL HEALTH 414,LLC  
**LICENSE/REGISTRATION TYPE:** PHARMACY  
(COMMUNITY)  
**LICENSE NUMBER:** 46385 PRIMARY  
**STATUS:** CLEAR

**ADDRESS :**  
201 LATHROP WAY STE D  
SACRAMENTO CA 95815  
SACRAMENTO COUNTY



California State Board of Pharmacy  
 2720 Gateway Oaks Drive, Suite 100  
 Sacramento, CA 95833  
 Phone: (916) 518-3100 Fax: (916) 574-8618  
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency  
 Department of Consumer Affairs  
 Gavin Newsom, Governor



February 25, 2020

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

**California State Board of Pharmacy License Verification**

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

**Licensee Name:** CARDINAL HEALTH 414, LLC

**License Type:** PHARMACY

**License Number:** PHY 46385

**Status:** ACTIVE

**Issue Date:** 07/25/2003

**Expiration Date:** 07/01/2020

**Address of Record:** 201 LATHROP WAY STE D SACRAMENTO CA 95815

**Disciplinary Action:** NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren  
 Executive Officer

By

Barbera Schleicher  
 Public Inquiry Analyst

(916) 518-3081


Barbera.Schleicher@dca.ca.gov



Send to State Board of Pharmacy for Completion: A separate letter is acceptable.  
Do not return with application unless it has been completed by the licensing agency.

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

**LICENSE VERIFICATION**

Name: Cardinal Health 414, LLC pharmacy license PHY46385  
 Address: 201 Lathrop Way, Suite D  
 City: Sacramento State: CA Zip: 95815  
 I hereby authorize the California Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.  
 Signature of Applicant 

**THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE**

License Number	License Status	Date License Issued	Date License Expires

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
--	---

**USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY**

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)  Yes  No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)  Yes  No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)  Yes  No

Has applicant met all licensing requirements of your state? (If no, please explain)  Yes  No

Signature of State Official	Title	State	Date	State Seal



California State Board of Pharmacy  
1625 N. Market Blvd, N219  
Sacramento, CA 95834  
Phone: (916) 574-7900 Fax: (916) 574-8618  
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



## ORDER OF CORRECTION

Date: 5/29/2019

Permit #: LSC99110

Time of Day: 2:36 PM

Name as shown on permit: **CARDINAL HEALTH\_414,LLC**

Address: 201 LATHROP WAY STE D

City: SACRAMENTO

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. CCR 1714(b) Operational Standards and Security Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

Top plastic grill on ceiling of hood 3 was cracked. Send correction.

2. CCR 1751.7(b)(1) Sterile Compounding Quality Assurance and Process Validation. The pharmacy and each individual involved in the compounding of sterile drug preparations must successfully demonstrate competency on aseptic technique and aseptic area practices before being allowed to prepare sterile drug preparations. The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product used during sterile preparation. The validation process shall be representative of the types of manipulations, products and batch sizes the individual is expected to prepare and include a media-fill test. The validation process shall be as complicated as the most complex manipulations performed by staff and contain the same amount or greater amount of volume transferred during the compounding process. The same personnel, procedures, equipment, and materials must be used in the testing. Media used must have demonstrated the ability to support and promote growth. Completed medium samples must be incubated in a manner consistent with the manufacturer's recommendations. If microbial growth is detected, then each individual's sterile preparation process must be evaluated, corrective action taken and documented, and the validation process repeated.

BBL Trypticase soy broth was incubated at uncontrolled room temperature for sterility testing on 3/16/19 for 14 days in the restricted area per PIC. According to manufacture directions reviewed, it should be incubated at USP requirements which as 20-25C. Send revised incubation policy and procedure along with plan of correction.



California State Board of Pharmacy  
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Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor




3. BPC 4169(a)(1) Prohibited Acts. A person or entity shall not do any of the following: Purchase, trade, sell, warehouse, distribute, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler, third-party logistics provider, or pharmacy.

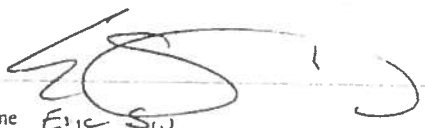
On 4/26/19, pharmacy acquired dangerous drugs such as Sestamibi and sterile water for injection from unlicensed wholesaler Cardinal Health located in 1950 Bentley Court STE 300, Glendale Heights, IL. Send plan of correction.

4. BPC 4342(a) Actions by Board to Prevent Sales of Preparations or Drugs Lacking Quality or Strength; Penalties for Knowing or Willful Violation of Regulations Governing Those Sales. The board may institute any action or actions as may be provided by law and that, in its discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopoeia or the National Formulary, or that violate any provision of the Sherman Food, Drug, and Cosmetic Law (Part 5 (commencing with Section 109875) of Division 104 of the Health and Safety Code).

Hetastartch 6% 500ml bag was stored in the refrigerator and needs to be stored between 20-25C per manufacturer labeling. Send correction.

*I have reviewed, discussed, understand and received a copy of this form.*

Inspector (sign)   
Inspector (print) Joshua Lopez  
Date 5/29/19

Signed   
Print Name Eric Siro  
Title PIC RPh

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.





California State Board of Pharmacy  
 1625 N. Market Blvd, N219  
 Sacramento, CA 95834  
 Phone: (916) 574-7900 Fax: (916) 574-8618  
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency  
 Department of Consumer Affairs  
 Gavin Newsom, Governor



## OFFICIAL RECEIPT

May 29, 2019

Receipt Number: 380331

Firm: CARDINAL HEALTH\_414,LLC

Address: 201 LATHROP WAY STE D, SACRAMENTO CA 95815

Permit #: LSC99110

Phone: (916) 648-2181

The following was obtained this date under provisions of the California Pharmacy Law (Chapter 9, Division 2, Business and Professions Code) or the Rules and Regulations adopted thereunder:

Qty	Units	Description
2	Page(s)	Incubation policy
1	Page(s)	Temperature log for March 2019
1	Page(s)	End product testing record for 3/16/19
6	Page(s)	Record of ordering/receiving drugs from Cardinal Health in Glendale Heights

Voluntarily Released for Investigation

Receipt acknowledged by: Eric Sio

PIC RPH  
 Title

Inspector: [Signature]



Cardinal Health  
 Nuclear Pharmacy Services  
 7000 Cardinal Place  
 Dublin, OH 43017  
 614-757-3174 tel  
 614-652-4816 fax

[www.cardinalhealth.com](http://www.cardinalhealth.com)

29 June 2019

Joshua Lee, RPh.  
 Inspector  
 California State Board of Pharmacy  
 1625 N. Market Blvd., Suite N219  
 Sacramento, CA 95834  
[joshua.lee@dca.ca.gov](mailto:joshua.lee@dca.ca.gov)

Dear Dr. Lee:

We are in receipt of the Pharmacy Inspection Report dated 29 May 2019 detailing the inspection of our radiopharmacy in Sacramento CA, permit # LSC99110 & PHY46385.

Cardinal Health is fully committed to complying with all applicable California Board of Pharmacy laws and regulations. We are also fully committed to dispensing quality products and to patient safety. We have endeavored to answer completely and fully the observations and areas of concern in the inspection report. Should the Board feel that Cardinal Health has not adequately addressed any of the items, we would welcome the opportunity to meet with Board staff to discuss.

The following deficiencies and alleged deficiencies were noted in the 29 May 2019 report (note that the deficiency or area of concern is listed first, followed by Cardinal Health's response):

"Order of Correction"

1. CCR 1714(b) Operational Standards and Security. Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

"top plastic grill on ceiling of hood 3 was cracked. Send correction">

**Response:** The plastic diffuser grill was removed from hood 3.

2. CCR 1751.7(b)(l) Sterile Compounding Quality Assurance and Process Validation  
 The pharmacy and each individual involved in the compounding of sterile drug preparations must successfully demonstrate competency on aseptic technique and aseptic area practices before being allowed to prepare sterile drug preparations. The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product used during sterile preparation. The validation process shall be representative of the types of manipulations, products and batch sizes the individual is expected to prepare and include a media-fill test. The validation process shall be as complicated as the most complex manipulations performed by staff and contain the same amount or greater amount of volume transferred during the compounding process. The same personnel, procedures, equipment, and materials must be used in the testing. Media used must have demonstrated the ability to support and promote growth. Completed medium samples must be incubated in a manner consistent with the

manufacturer's recommendations. If microbial growth is detected, then each individual's sterile preparation process must be evaluated, corrective action taken and documented, and the validation process repeated.

"BBL Trypticase soy broth was incubated at uncontrolled room temperature for sterility testing on 3/16/19 for 14 days in the restricted area per PIC. According to manufacturer's directions reviewed, it should be incubated at USP requirements which are as 20-25C. Send revised incubation policy and procedure along with a plan of correction."

**Response:** We do not agree that the room temperature was "uncontrolled" as it is reviewed and documented daily. It is our belief that our incubation policy does not require any changes. However, the pharmacy will acquire an additional incubator that will be set to 20-25C for incubation of Trypticase soy broth. This new incubator will be obtained prior to the next time sterility testing is performed.

3. BPC 4169(a)(l) Prohibited Acts. A person or entity shall not do any of the following: Purchase, trade, sell, warehouse, distribute, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler, third-party logistics provider, or pharmacy "On 4/24/19, pharmacy acquired dangerous drugs such as sestamibi and sterile water for injection from unlicensed wholesaler Cardinal Health located in 1950 Bentley Court STE 300, Glendale Heights, IL. Send plan of correction."

#### Response

- In November 2013, Congress passed the Drug Supply Chain Security Act ("DSCSA"). One of the purposes of the DSCSA was uniform wholesale licensing across all states. DSCSA defined a number of common licensing terms and contained a preemption provision that no state shall continue with any definitions that are inconsistent with the Federal definitions. As of November 27, 2013, the State of California may not continue with any requirements with respect to wholesale licensing that are inconsistent with the Federal law. Excerpts of DSCSA are provided here and the entire law is attached for reference.
  - 21 U.S.C.353(e)(4) *For the purposes of this subsection and subsection (d), the term 'wholesale distribution' means the distribution of a drug subject to subsection (b) to a person other than a consumer or patient, or receipt of a drug subject to subsection (b) by a person other than the consumer or patient, but does not include—*
    - (A) *intracompany distribution of any drug between members of an affiliate or within a manufacturer;*
  - 21 U.S.C. 353(e)(6) *AFFILIATE. —For purposes of this subsection, the term "affiliate" means a business entity that has a relationship with a second business entity if, directly or indirectly—*
    - (A) *one business entity controls, or has the power to control, the other business entity; or*
    - (B) *a third party controls, or has the power to control, both of the business entities.*
  - *Federal preemption language:*  
*Chapter V, Subchapter H. SEC. 205: NATIONAL STANDARDS FOR THIRD-PARTY LOGISTICS PROVIDERS; UNIFORM NATIONAL POLICY.*  
*SEC. 585. UNIFORM NATIONAL POLICY*  
*(b) WHOLESALE DISTRIBUTOR AND THIRD-PARTY LOGISTICS PROVIDER STANDARDS.—*  
*(1) IN GENERAL.—Beginning on the date of enactment of the Drug Supply Chain Security Act, no State or political subdivision of a State may establish or continue any standards, requirements, or regulations with respect to wholesale prescription drug distributor or third-party logistics provider licensure that are inconsistent with, less stringent than, directly related to, or covered by the standards and requirements applicable under section 503(e) (as amended by*

*such Act), in the case of a wholesale distributor, or section 584, in the case of a third-party logistics provider.*

- Cardinal Health believes that we were in compliance at the time of the inspection and remains so today.

4. Actions by Board to Prevent Sales of Preparation or Drugs Lacking Quality or Strength; Penalties for Knowing or Willful Violation of Regulations Governing Those Sales. The board may institute any actions as may be provided by law and that, in its discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopoeia or the National Formulary, or that violate any provision of the Sherman Food, Drug, and Cosmetic Law (Part 5 (commencing with Section 109875) of Division 104 of the Health and Safety Code).  
"Hetastarch 6% 500 ml bag was stored in the refrigerator and needs to be stored between 20-25C per manufacturer labeling. Send correction.

**Response:** The bag of Hetastarch 6% was removed from the refrigerator. We'd like to point out that USP (659) Packaging and Storage Requirements states; "An article for which storage at Controlled room temperature is directed may, alternatively, be stored and shipped in a cool place or refrigerated, unless otherwise specified in the individual monograph or on the label."

We appreciate the consultative, collaborative approach taken by the Board, and we wish to reaffirm our commitment to regulatory compliance and to providing safe and quality radiopharmaceutical care to patients in the Sacramento CA area. Should you have any questions or wish to discuss this reply, please contact me at (614) 757-3174.

Best regards,

Eric K. Siu, PharmD, RPh  
Pharmacist in Charge



Richard L. Green, BSP Pharm R.Ph. BCNP FAPhA  
Nuclear Pharmacist on NRC's Advisory Committee on the Medical Uses of Isotopes  
Member of the USP Expert Panel authoring <825> Radiopharmaceutical Compounding  
Director of Radiopharmacy Practice

cc: Michael A. Moné, BSP Pharm, J.D., FAPhA



California State Board of Pharmacy  
1625 N. Market Blvd, N219  
Sacramento, CA 95834  
Phone: (916) 574-7900 Fax: (916) 574-8618  
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



## INSPECTION REPORT

Pharmacy  Hospital Pharmacy  Clinic  Exempt Hospital  Wholesaler  Hypodermic

Date: 5/29/2019 Inspector: Joshua Lee

Firm: CARDINAL HEALTH 414,LLC Phone: (916) 648-2181

Address: 201 LATHROP WAY STE D City: SACRAMENTO Zip: 95815

Ownership: CORPORATION

Permit #: LSC99110 PHY46385 Permit Exp: 7/1/2019 DEA#:  DEA Exp:

Date of Self Assessment Form: 5/12/2019 Other Permit #: N/A Date of DEA Inventory:

Hours M-F: 2330-1730 Hours Saturday 0130-1230 Hours Sunday: 0130-1230

PIC ERIC K SIU RPH63692 Administrator

RPH Consultant

Staff	RPH Name:	License #:	Staff Name:	License #:
	<u>JAMES W KORB</u>	<u>RPH43629</u>	<u>ANDREW C FU</u>	<u>TCH23907</u>
	<u>JAMES M BRIGHT</u>	<u>RPH49335</u>	<u>ROSE M KEELER</u>	<u>TCH74031</u>
	<u>ALAN D KIM (SR. DIR OPS)</u>	<u>RPH46730</u>		
	<u>SUNGJIN CHOI (MANAGER)</u>	<u>RPH58391</u>		

### Inspector Remarks:

Annual Sterile Compounding Inspection: Chain closed door nuclear pharmacy. PIC present along with corporate officers and managers. No controlled substances on premise/DEA permit.

Acq: Cardinal Health PET manufacturing in suite D1, BWXT, Jubilant Draximage, Curium,  
RD: Stericycle  
BOP Emails: Receiving  
PDMP: Signed up

Facility: Pharmacy located in suite D. Cardinal PET manufacturing (batch FDG) located in suite D1.

Secured reception

Restroom/break room

Administrative offices/conference room

Volume: About 600 CSPs made daily

CSPs made include FDG patient units, Tc-99 based CSPs such as sestamibi, myoview, pentetate.

Restricted pharmacy room with incubator 33.5C

Sterile Compounding Area:

ISO 8 ante room with refrigerator/freezer combo unit, LOD, gowning supplies, cleaning supplies, sink with hot and cold running water

ISO 7 buffer room with 3 x vertical flow hoods, 1 x ISO 5 hot cell for PET

The following was reviewed: Compounding self-assessment, community pharmacy self-assessment, county of Sacramento medical waste inspection report, rx labeling, documentation of compounding policy review by PIC, end product testing for potency for every CSP, end product testing for sterility done quarterly in house, documentation of training and competency in sterile compounding and manufacture procedure information for incubation.

Discussion:

17I-3 (10/02)

LSC99110

380331

18 NA



California State Board of Pharmacy  
1625 N. Market Blvd, N219  
Sacramento, CA 95834  
Phone: (916) 574-7900 Fax: (916) 574-8618  
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



1. Discussed about extended BUD assignment for CSPs.
2. Pharmacy agreed to post the original pharmacy permits in public view.
3. Carabiner in hood 2 needs cleaning.
4. Licensed pharmacy staff must wear nametag with name and license status while on duty
5. Invoice for Cardinal Health PET manufacturing adjacent to pharmacy list address in D1 but the manufacturing facility is in suite D1. Possibly typo. Education provided.
6. Compounding record and master formula need to be a single document. Education provided.

For inquiries regarding the status of your sterile compounding licensure, please use the following:  
[compounding.pharmacy@dca.ca.gov](mailto:compounding.pharmacy@dca.ca.gov)

To complete the inspection, PIC to send Inspector Lee via e-mail (Email [joshua.lee@dca.ca.gov](mailto:joshua.lee@dca.ca.gov)) a response to corrections issued within 30 days

**Licensee Remarks:**

I have reviewed, discussed, understand and received a copy of this form .

Pharmacist (sign) \_\_\_\_\_

Pharmacist (print) \_\_\_\_\_

Inspector (sign) \_\_\_\_\_

Owner(sign) \_\_\_\_\_

Inspector (print) \_\_\_\_\_

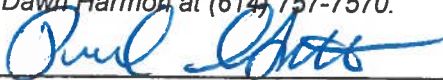
Owner(print) \_\_\_\_\_

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

*This summary is provided in response to our affirmative answer to the disciplinary history question on our Application. Please note that, based on the broadness of the application question; we are disclosing all discipline that has occurred at other Cardinal Health Nuclear Pharmacy sites within the last 5 years. None of the below citations involved the Cardinal Health Nuclear Pharmacy located in Sacramento, CA, the site to which this application pertains. The safety of the nation's pharmaceutical supply chain is among our highest priorities. We take this responsibility very seriously and work diligently to comply with all applicable laws and regulations governing pharmacy. If you have any questions specific to these matters, please contact Dawn Harmon at (614) 757-7570.*

Paul Gotti



### **2019- New York State Department of Environmental Conservation**

**Actions Taken:** Consent Order

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in Syracuse, NY

**Violation that occurred:** pharmacy did not obtain prior approval before relocating the HVAC system on the roof

**Final Disposition:** signed a consent order. An application to modify the radiation control permit to be submitted regarding the changes in the exhaust system. A Pharmacy Compliance Specialist will be hired. The qualifications, and job responsibilities must be reviewed and approved. In addition, a SOP for all New York licensed pharmacies to follow, that outlines prior approvals for changes must be submitted and approved by the New York State Department of Environmental Conservation.

**Effective date:** 10/11/2019

**Fines:** \$6000.00

### **2019-Rhode Island Board of Pharmacy**

**Actions Taken:** Consent Order

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in E Providence, RI

**Violation that occurred:** pharmacy did not require technicians who compound radiopharmaceuticals to become nationally certified.

**Final Disposition:** signed a consent order. Agreement to have specialized nuclear technicians become nationally certified in addition to their existing specialized examination.

**Effective date:** 08/15/2019

**Fines:** no fine

**2019-US Department of Transportation**

**Actions Taken:** Statement of Violation and Penalty issued

**Location Involved:** National Central Pharmacy-Abilene Nuclear LLC

**Violation that occurred:** Probable violation offered and transported in commerce a DOT specification 7A packaging containing a Class 7 hazardous material without maintaining complete documentation of tests and an engineering evaluation or comparative data

**Final Disposition:** Ticket for Noncompliance

**Effective date:** 03/04/2019

**Fines:** \$1,740.00

**Summary:** During a compliance inspection involving a shipping paper review, it was alleged as a probable violation that the pharmacy transported 7A packaging containing Class 7 hazardous material without maintaining complete documentation.

**2018-Virginia Board of Pharmacy**

**Actions Taken:** citation issued

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in Richmond, VA.

**Violation that occurred:** Wall electrical and data plates were not sealed. The flooring where it meets the wall was not sealed and parts of the wall were not smooth and free from cracks

**Final Disposition:** parties entered into a consent order

**Effective Date:** 01/08/2018

**Fines:** \$2,000

**Summary:**

*The final signed consent order was received referencing the Cardinal Health nuclear pharmacy located in Richmond, VA. Improperly sealed wall electrical and data plates as well as the space where the floor meets the wall. In addition to parts of the wall were not smooth or free from cracks. These were noticed during a Virginia BOP inspection. The issue has been corrected. The pharmacy paid an administrative fine.*



**2017-Tennessee Board of Pharmacy**

**Actions Taken:** license reprimanded

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in Algood, TN

**Violation that occurred:** during a routine inspection, inspector alleged that the pharmacy was non-compliant with some aspects of USP <797>

**Final Disposition:** parties entered into a consent order

**Effective Date:** 03/13/2017

**Fines:** \$2,674.48

**Summary:**

*On March 13, 2017, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Algood, TN. During an inspection on April 5, 2016, it was alleged that the pharmacy was non-compliant with USP <797>. The pharmacy was remodeled and was monitored by an independent consultant approved by the Executive Director of the Board of Pharmacy initially and agreed to be monitored for one year. The independent consultant will submit quarterly reports to the Executive Director of the Board of Pharmacy for one year. The pharmacy paid a fine.*

**2017-California Board of Pharmacy**

**Actions Taken:** citation issued against the pharmacy license

**Location involved:** Cardinal Health 414, LLC, radiopharmacy in Redding, CA

**Violation that occurred:**

Each individual involved in the preparation of sterile injectable products must successfully complete a validation process on technique before being allowed to prepare sterile injectable products.

Equipment used in the designated area or cleanroom must be made of a material which can be easily cleaned and disinfected/Exterior workbench surfaces and other hard surfaces in the designated area, such as walls, floors, ceilings, shelves, tables and stools, must be disinfected weekly/Operational standards and security; the pharmacy must be maintained in a sanitary condition.

**Final Disposition:** paid the fine

**Effective Date:** 03/28/2017

**Fines:** \$5,000

**Summary:**

*In December 2016, the radiopharmacy in Redding, CA received a citation from the California Board of Pharmacy, for process validation technique not being completed when pharmacists from another California licensed Cardinal Health radiopharmacy came to temporarily work at the Redding location as well as for a window in the pharmacy that had particulates. An area under one of the compounding hoods was also not free of particulates.*

**2017-Virginia Board of Pharmacy**

**Actions Taken:** citation issued

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in Charlottesville, VA

**Violation that occurred:** surfaces of walls and floors in the buffer area and blood mixing room were not smooth, impervious, or free from cracks and crevices.

**Final Disposition:** parties entered into a consent order

**Effective Date:** 01/30/2017

**Fines:** \$2,000

**Summary:**

*On January 11, 2017, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Charlottesville, VA. The surfaces of walls and floors in the buffer area and blood mixing room were not smooth, impervious, or free from cracks and crevices. The facility maintenance department was contacted and the issues corrected. The pharmacy paid an administrative fine.*

**2017-Nevada Board of Pharmacy**

**Actions Taken:** stipulation issued

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in Las Vegas, NV.

**Violation that occurred:** A pharmacy technician's registration was not timely renewed. The technician was further charged for continuing to work with an expired registration between November 1-8, 2016.

**Final Disposition:** parties agreed to a stipulation

**Effective Date:** 01/11/2017

**Fines:** \$500

**Summary:**

*On December 6, 2016, the Nevada Board of Pharmacy notified Cardinal Health of a violation of the Nevada Administrative Code when a pharmacy technician's registration was not timely renewed. The technician was further charged for continuing to work with an expired registration between November 1-8, 2016. The Pharmacist in Charge as well as the Technician Supervisor were also charged for allowing the technician to work with an expired license. Changes to the software system utilized by Cardinal Health will prevent future occurrences. The pharmacy paid a monetary penalty of \$500*

**2016-Virginia Board of Pharmacy**

**Actions Taken:** citation issued

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in Virginia Beach, VA.

**Violation that occurred:** Chipped paint on the front section of a sterile compounding hood was noticed during a Virginia BOP inspection.

**Final Disposition:** parties entered into a consent order

**Effective Date:** 08/10/2016

**Fines:** \$2,000

**Summary:**

*On February 4, 2016, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Virginia Beach, VA. Chipped paint on the front section of a sterile compounding hood was noticed during a Virginia BOP inspection. The facility maintenance department was contacted and the issue corrected. The pharmacy paid an administrative fine.*

**20B**

**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: Genoa Healthcare LLC  
 Physical Address: 915 Airway Avenue, Suite B, Kingman, AZ 86409  
 Mailing Address: 3140 Neil Armstrong Blvd., Suite 110  
 City: Eagan State: MN Zip Code: 55121  
 Telephone: 928-377-1741 Fax: 928-271-8550  
 Toll Free Number: 1-866-458-0136 (Required per NAC 639.708)  
 E-mail: licencoordinator@genoahealthcare.com Website: www.genoahealthcare.com  
 Managing Pharmacist: Courtney Miller License Number: S014257

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input checked="" type="checkbox"/> <input type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
 For the application to be complete

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

### APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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

Sarah Fenwick - VP Network Contracts  
Print Name of Authorized Person

11/21/19  
Date

<b>Board Use Only</b>	Date Processed: <u>2.11.2020</u>	Amount: <u>500.00</u>
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## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation:           Pennsylvania            
 Parent Company if any:           Specialized Pharmaceuticals, Inc.            
 Corporation Name:           Genoa Healthcare LLC            
 Mailing Address:           3140 Neil Armstrong Blvd., Suite 110            
 City:           Eagan           State:           MN           Zip:           55121            
 Telephone:           253-218-0830           Fax:           253-217-4306            
 Contact Person:           Joy Kunz - Implementing Licensing Parageal          

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:           July 15, 2009            
 Registration number issued:           27-0556097            
 Stock Exchange:           XNYS:UNH          

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>8:00</u> am	<u>5:00</u> pm	(closed for lunch 12:00 -1:00 pm)	Saturday	<u>          </u> am	<u>          </u> pm
Sunday	<u>          </u> am	<u>          </u> pm	On-call	24 Hours	<u>          </u>	<u>          </u>
	Closed --				After hours service	

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

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

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

List of officers and directors.

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: Specialized Pharmaceuticals, Inc.

Business Name: Genoa Healthcare LLC

Current Business Address: 707 Grady Way , Suite 700

City: Renton State: WA Zip Code: 98057

Telephone: 253-218-0830 Fax: 253-217-4306

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name:  %:

Name:  %:

Name:  %:

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>8:00</u> am	<u>5:00</u> pm	(Closed for lunch 12:00 - 1:00 pm)	Saturday	<u></u> am	<u></u> pm
Sunday	<u></u> am	<u></u> pm		24 Hours	<u></u>	<u></u>

Closed - On Call  
After Hours Service

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, Sarah Fenwick

Responsible Person of Genoa Healthcare 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

Sarah Fenwick - VP Network Contracts

Print Name of Authorized Person

11/21/19

Date

**AFFIDAVIT for Out-of-State Pharmacy License**

STATE OF MINNESOTA )  
 ) ss.  
DAKOTA COUNTY )

I, Courtney Miller, 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 Genoa Healthcare LLC (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, Courtney Miller, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Courtney Miller, PharmD  
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 5<sup>th</sup> day of December, 2019.

[Signature]  
NOTARY PUBLIC

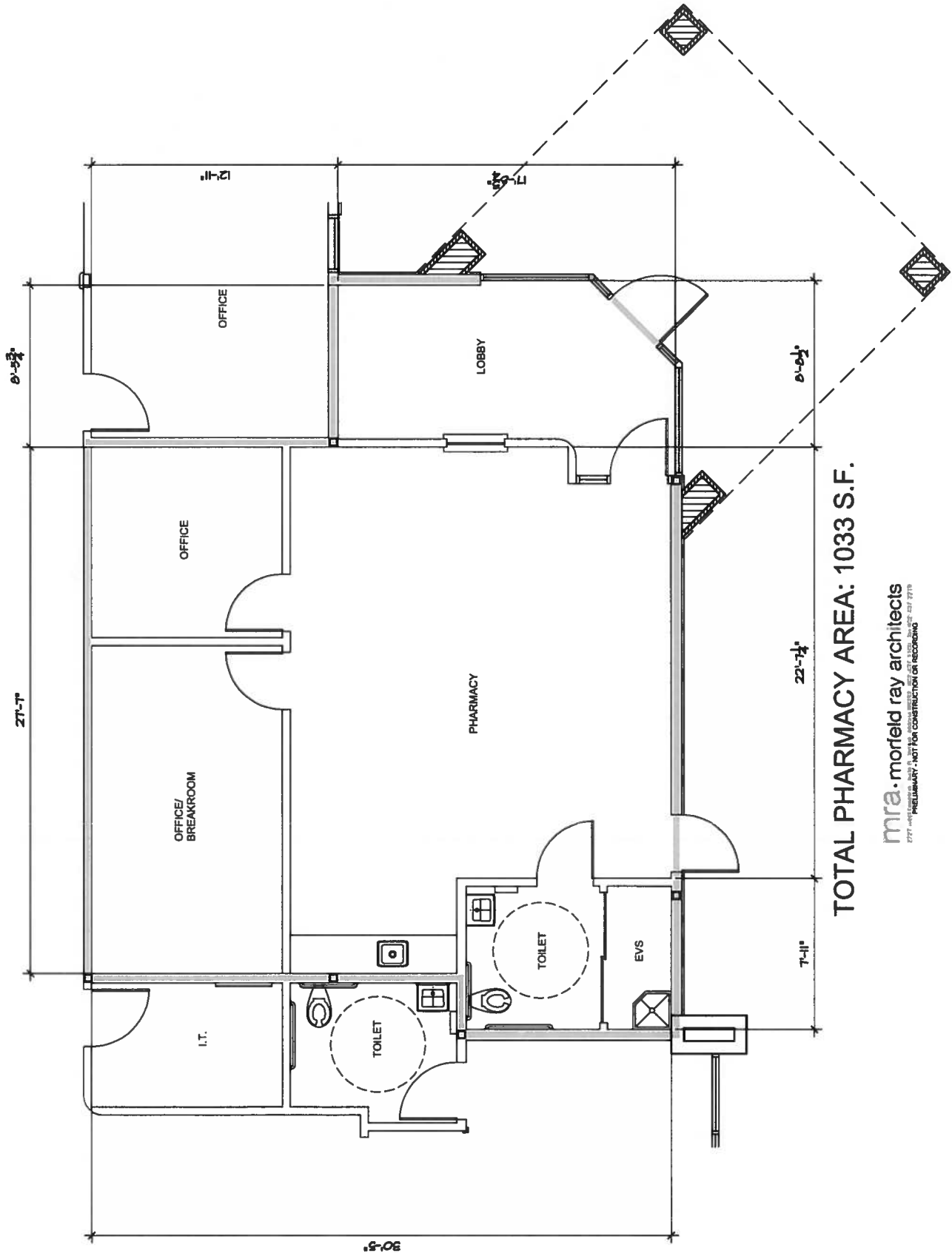


Owner	Ownership Percentage	FEIN	Address
Specialized Pharmaceuticals, Inc.	100%	25-1868213	707 S. Grady Way, Suite 700 Renton, WA 98057

**Officers and Directors of the Board**  
**FEIN: 27-0556097**

Name	Title	Business Address & Phone	% Interest	Professional License Type; Number; State Issued
Mark James Peterson	Manager	3140 Neil Armstrong Blvd, Ste 110 Eagan, MN 55121 253-218-0830	0	Pharmacist, 115262, MN
Thomas Mullin (NMN)	Manager	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	N/A
Mark James Peterson	CEO	3140 Neil Armstrong Blvd, Ste 110 Eagan, MN 55121 253-218-0830	0	Pharmacist, 115262, MN
Andrew Phillip Voss	CFO	707 S. Grady Way Ste 700 Renton, WA 98057 253-218-0830	0	N/A
William Robert Guptail	COO	3140 Neil Armstrong Blvd, Ste 110 Eagan, MN 55121 253-218-0830	0	N/A
Karen Elizabeth Peterson	Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Pharmacist, 051293213, IL Attorney, 6323320, IL Attorney, 4102158, NY Attorney, 19229, IA - inactive Pharmacist, 0202011356, VA - inactive Pharmacist, RPH-0008879, OR - inactive Pharmacist, 045653, NY - inactive
Kirsten Colleen Hines	Assistant Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Attorney, 6203446, IL
Heather Anastasia Lang	Assistant Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Attorney, 033151X, MN Attorney, 34220, CO - inactive
Peter Marshall Gill	Treasurer	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Residential Real Estate Salesperson, 545646, MN NASD Series 7 & 63 Unknown; DC NASD Series 24 Unknown; DC

\* Officers have 0% ownership in Genoa Healthcare, LLC



TOTAL PHARMACY AREA: 1033 S.F.

mra · morfeld ray architects  
PRELIMINARY - NOT FOR CONSTRUCTION OR RECORDING

(QUESTION 3)

Within the last five (5) years:

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

*Genoa has been subject to the following Disciplinary Action:*

**Oregon Board of Pharmacy (2018) – Salem, Oregon (Case No. 2017-0523):** Disciplinary action alleging an apparent failure to have a PIC at the Salem, OR pharmacy site for a period of six weeks in 2017. Although the site did have a PIC in place at all time, a requisite form documenting a change in PIC was not timely filed by the temporary PIC, creating a gap in Board of Pharmacy online filings. A Consent Order was received by the Oregon Board of Pharmacy on July 30, 2018 and a \$6,000 fine was paid.

**Arizona State Board of Pharmacy (2019)—Gilbert, Arizona (Case No. 2018-0080):** Disciplinary action alleging a failure of not complying with the Arizona state regulations regarding “shared” after-hours pharmacy service following a routine pharmacy inspection on March 5, 2018. In particular, the appropriate notice to customers as to the after-hours pharmacy service Genoa was using there was not sufficient policies and procedures regarding such service. There was no allegation that patient care was impacted. A new after-hours vendor was put in place and we have educated our pharmacies to ensure that patients are aware that their after-hour needs are being met by another pharmacy service that has compliant policies and procedures regarding “shared services”. A Consent Order was received by the Arizona State Board of Pharmacy in March 2019 and a \$500 fine was paid.



**Arizona State Board of Pharmacy**

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007  
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005  
P) 602-771-2727 F) 602-771-2749 www.azpharmacy.gov

April 11, 2019

Genoa Healthcare, LLC  
Attn: Ms. Kathleen McGuan  
18300 Cascade Ave S Suite 251  
Tukwila, WA 98188

Re: Consent Agreement for Civil Penalty – Board Case No. 18-0080

Dear Ms. McGuan,

Please find enclosed a copy of the Consent Agreement for Civil Penalty in Board Case No. 18-0080. After the Consent Agreement was signed, staff discovered a typographical error. Specifically, the permit number on page 1, line 13 was incorrect. Staff corrected the error and replaced page 1 of the document. The corrected permit number was the only change made to the document.

If you have any questions regarding this matter, please contact this office.

Sincerely,

Kamlesh Gandhi  
Executive Director

KG/jcm

Enclosure

7018 2290 0001 9383 4973

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<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	

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Genoa Healthcare, LLC  
Attn: Ms. Kathleen McGuan  
18300 Cascade Ave S Suite 251  
Tukwila, WA 98188

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

1 MARK BRNOVICH  
Attorney General  
2 (Firm State Bar No. 14000)

3 JEANNE M. GALVIN  
Assistant Attorney General  
4 State Bar No. 015072  
2005 North Central Ave. SGD/LES  
5 Phoenix, Arizona 85004  
Tel: (602) 542-7983  
6 Fax: (602) 364-3202

7 Attorneys for the Arizona State Board of Pharmacy

8

**BEFORE THE ARIZONA STATE BOARD OF PHARMACY**

9

10 In the Matter of

11

Board Case No. 18-0080

12 **Genoa Healthcare, LLC, #20120,**

**CONSENT AGREEMENT  
FOR CIVIL PENALTY**

13 Permit No. Y007067  
As a Licensed Pharmacy  
14 In the State of Arizona

15

16 In the interest of a prompt and judicious settlement of this case, consistent with the  
17 public interest, statutory requirements and the responsibilities of the Arizona State Board  
18 of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Genoa Healthcare, LLC,  
19 #20120 ("Respondent"), holder of permit no. Y007067 as a licensed pharmacy in the  
20 State of Arizona and the Board enter into the following Recitals, Findings of Fact,  
21 Conclusions of Law and Order ("Consent Agreement") as a final disposition of this  
22 matter.

23

**RECITALS**

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1           1.     Respondent has read and understands this Consent Agreement and has had  
2 the opportunity to discuss this Consent Agreement with an attorney, or has waived the  
3 opportunity to discuss this Consent Agreement with an attorney.

4           2.     Respondent understands that it has a right to a public administrative hearing  
5 concerning this matter at which hearing it could present evidence and cross examine  
6 witnesses. By entering into this Consent Agreement, Respondent knowingly and  
7 voluntarily relinquishes all right to such an administrative hearing, as well as rights of  
8 rehearing, review, reconsideration, appeal, judicial review or any other administrative  
9 and/or judicial action, concerning the matters set forth herein.

10          3.     Respondent affirmatively agrees that this Consent Agreement shall be  
11 irrevocable.

12          4.     Respondent understands that this Consent Agreement or any part of the  
13 agreement may be considered in any future disciplinary action by the Board against it.

14          5.     Respondent understands this Consent Agreement deals with Board  
15 Complaint No. 18-0080 involving allegations of unprofessional conduct against  
16 Respondent. The investigation into these allegations against Respondent shall be  
17 concluded upon the Board's adoption of this Consent Agreement.

18          6.     Respondent understands that this Consent Agreement does not constitute a  
19 dismissal or resolution of any other matters currently pending before the Board, if any,  
20 and does not constitute any waiver, express or implied, of the Board's statutory authority  
21 or jurisdiction regarding any other pending or future investigation, action or proceeding.

22          7.     Respondent also understands that acceptance of this Consent Agreement  
23 does not preclude any other agency, subdivision, or officer of this State from instituting  
24 any other civil or criminal proceedings with respect to the conduct that is the subject of  
25 this Consent Agreement.

26



1           8.     Respondent acknowledges and agrees that, upon signing this Consent  
2 Agreement and returning this document to the Board's Executive Director, it may not  
3 revoke acceptance of the Consent Agreement or make any modifications to the document  
4 regardless of whether the Consent Agreement has been signed by the Executive Director.  
5 Any modification to this original document is ineffective and void unless mutually agreed  
6 by the parties in writing.

7           9.     This Consent Agreement is subject to the approval of the Board and is  
8 effective only when accepted by the Board and signed by the Executive Director. In the  
9 event that the Board does not approve this Consent Agreement, it is withdrawn and shall  
10 be of no evidentiary value and shall not be relied upon nor introduced in any action by  
11 any party, except that the parties agree that should the Board reject this Consent  
12 Agreement and this case proceeds to hearing, Respondent shall assert no claim that the  
13 Board was prejudiced by its review and discussion of this document or any records  
14 relating thereto.

15          10.    If a court of competent jurisdiction rules that any part of this Consent  
16 Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement  
17 shall remain in full force and effect.

18          11.    Respondent understands that this Consent Agreement is a public record that  
19 may be publicly disseminated as a formal action of the Board and may be reported as  
20 required by law to the National Practitioner Data Bank and the Healthcare Integrity and  
21 Protection Data Bank.

22          12.    Respondent understands that any violation of this Consent Agreement  
23 constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-  
24 1901.01(A)(19) and A.R.S. §32 – 1927.02(A) (1).

25

26







DATED this 11<sup>th</sup> day of April, 2019.

ARIZONA STATE BOARD OF PHARMACY

(Seal)

By:   
KAMLESH GANDHI, PharmD  
Executive Director

ORIGINAL OF THE FORGOING FILED  
this 11<sup>th</sup> day of April, 2019, with:

Arizona State Board of Pharmacy  
1616 W. Adams Street  
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED  
BY CERTIFIED MAIL  
this 11<sup>th</sup> day of April, 2019, to:

Genoa Healthcare, LLC  
Attn: Ms. Kathleen McGuan  
18300 Cascade Ave. S., Ste. 251  
Tukwila, WA 98188

EXECUTED COPY OF THE FOREGOING MAILED  
this 11<sup>th</sup> day of April, 2019, to:

Jeanne M. Galvin  
Assistant Attorney General  
2005 North Central Ave., SGD/LES  
Phoenix, Arizona 85004  
Attorneys for the Board

  
Doc #7078160

RECEIVED

JUL 30 2013

OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON

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In the Matter of the ) Case No. 2017-0523  
Drug Outlet Registration of )  
GENOA HEALTHCARE, LLC ) CONSENT ORDER  
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 while they did not have a pharmacist-in-charge registered with the Board as required during the timeframe in the Notice, they did have a pharmacist completing the responsibilities of a pharmacist-in-charge;

WHEREAS, the registrant admits that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty 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:

1. The registrant shall pay the Board a civil penalty in the amount of \$6,000, said payment to be made within ten days from the date this Consent Order becomes final.

41 2. Failure of the registrant to pay the civil penalty as required under this Consent Order  
42 may, after notice and hearing, result in further disciplinary action.

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CONSENT

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

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*Kathleen McMan*

*7-27-2018*

Authorized Representative  
GENOA Healthcare, LLC  
Registrant (Reg. No. RP-0002461)

Date

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IT IS SO ORDERED.

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BOARD OF PHARMACY  
FOR THE STATE OF OREGON

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*Brianne Efremoff*

*7/31/18*

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

Date

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BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON

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In the Matter of the ) Case No. 2017-0523  
Drug Outlet Registration of )  
GENOA HEALTHCARE, LLC ) NOTICE OF PROPOSED  
 ) DISCIPLINARY ACTION;  
 ) ANSWER REQUIRED  
Registrant )

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0002461 because Genoa Healthcare, LLC violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

Genoa Healthcare, LLC, located at 3180 NE Center St Ste 3360 in Salem, OR did not have a pharmacist-in-charge from on or about June 10, 2017 through July 31, 2017, in violation of OAR 855-041-1010(1) and OAR 855-019-0300(1), which is grounds for discipline and imposition of a civil penalty pursuant to ORS 689.335(1), 689.405(1)(e)(B), 689.832(1) and 689.445(1)(d).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$1,000 per violation.

**HEARING RIGHTS**

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

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland, OR 97232  
Fax: (971) 673-0002

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

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

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the



49 Board issues a final order by default, it designates its file on this matter as the record.  
50

51 **ANSWER REQUIRED**  
52

53 Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you  
54 must also provide, within 21 days from the date this contested case notice was served, a written  
55 answer to the allegations set forth in this contested case notice. Your written answer must include  
56 an admission or denial of each factual matter alleged in the notice and a short and plain statement  
57 of each relevant affirmative defense you may have. Except for good cause, factual matters  
58 alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a  
59 particular defense in the answer will be considered a waiver of such defense; new matters alleged  
60 in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence  
61 shall not be taken on any issue not raised in the notice and the answer.  
62

63 **Hearing Request and Answers:**  
64 **Consequences of Failure to Answer**  
65 **855-001-0015**

- 66 (1) A hearing request, and answer when required, shall be made in writing to the  
67 Board by the party or his attorney and an answer shall include the following:  
68 (a) An admission or denial of each factual matter alleged in the notice;  
69 (b) A short and plain statement of each relevant affirmative defense the party  
70 may have.  
71  
72 (2) Except for good cause;  
73 (a) Factual matters alleged in the notice and not denied in the answer shall be  
74 presumed admitted;  
75 (b) Failure to raise a particular defense in the answer will be considered a  
76 waiver of such defense;  
77 (c) New matters alleged in the answer (affirmative defenses) shall be  
78 presumed to be denied by the agency; and  
79 (d) Evidence shall not be taken on any issue not raised in the notice and the  
80 answer.  
81  
82

83 BOARD OF PHARMACY  
84 FOR THE STATE OF OREGON

85   
86

87  
88 Brianne Efremoff, Pharm.D, R.Ph.,  
89 Compliance Director  
90

91  
92  
93 2/15/18  
Date

DATE OF MAILING 2-16-2018

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

11/21/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Genoa Healthcare LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Katly Bookman*

Secretary of the Commonwealth

Certification Number: TSC191121121127-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



## Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

(P): 602-771-2727 (F): 602-771-2749 [www.azpharmacy.gov](http://www.azpharmacy.gov)

### CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

**This document is not a license/permit but serves as the primary source of verification.**

<b>Name :</b>	Genoa Healthcare LLC
<b>Address :</b>	915 Airway Ave Suite B Kingman AZ 86409
<b>License No :</b>	Y007796
<b>Permit Type :</b>	Pharmacy
<b>Sub Type :</b>	Chain
<b>Date Issued :</b>	10/25/2018
<b>Expiration Date :</b>	10/31/2021
<b>Status :</b>	OPEN
<b>Discipline :</b>	No

A handwritten signature in black ink that reads "Kam Gardlin".

**Kam Gandhi**

Executive Director  
Arizona State Board of Pharmacy

Date: 12/16/2019



ARIZONA STATE BOARD OF PHARMACY  
 P.O. Box 18520 Phoenix, AZ 85005  
 602-771-ASBP (2727)  
 FAX: 602-771-2749  
<http://www.azpharmacy.gov>

Receipt Date: 09/30/2019  
 Receipt Number: 201969776  
 Receipt Amount \$: 480.00

# Pharmacy - Chain

Closed Door, Long Term Care, Retail

PERMIT NO  
 Y007796

EXPIRES  
 10/31/2021

Issued to :

Genoa Healthcare LLC  
 Genoa Healthcare LLC  
 3140 NEIL ARMSTRONG BLVD. SUITE 110  
 EAGAN, MN 55121

Genoa Healthcare LLC  
 915 AIRWAY AVE SUITE B  
 KINGMAN, AZ 86409

*Sam Gardlin*  
 EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY  
 P.O. Box 18520  
 Phoenix, AZ 85005  
 602-771-ASBP (2727)  
 FAX: 602-771-2749



## WALLET CARD

NAME : Genoa Healthcare LLC  
 LICENSE NUMBER : Y007796  
 EXPIRES : 10/31/2021

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

## Important Information

### LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C. R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

You are required by law to notify the Board of any home address and/or employment change within 10 business days

### PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-001 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.

Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

**20C**

**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: ScriptHero Pharmacy LLC

Physical Address: 2 Miranova Pl 10th Fl, Columbus, OH 43215

Mailing Address: 2 Miranova Pl 10th Fl

City: Columbus State: OH Zip Code: 43215

Telephone: 866-747-4276 Fax: 614-232-8850

Toll Free Number: 866-747-4276 (Required per NAC 639.708)

E-mail: kdresbach@covermymeds.com Website: www.ScriptHero.com/pharmacy

Managing Pharmacist: Kyle Dresbach License Number: OHIO - 03234033

**TYPE OF PHARMACY AND SERVICES PROVIDED**

<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Internet</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Community</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>consulting</u> non-dispensing pharmacy</p> <p>All boxes must be checked For the application to be complete</p>	<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other Services: <u>Digital Pharmacy Services</u></p>
--	--

**\*\*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. Please see Attachment 5.

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

Thomas Gilbert Traylor, III  
Print Name of Authorized Person

2/7/20  
Date

Board Use Only	Date Processed: FEB 13 2020	Amount: 500.00
----------------	-----------------------------	----------------



APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: ScriptHero Pharmacy Holdings LLC

Mailing Address: 2 Miranova Pl 10th Fl

City: Columbus State: OH Zip: 43215

Telephone: 866-747-4276 Fax: 614-232-8850

Contact Person: Kyle Dresbach

For any corporation non publicly traded, disclose the following:

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

a) No individual owners. ScriptHero Pharmacy Holdings LLC is the sole owner.

Name Address

b) \_\_\_\_\_

Name Address

c) \_\_\_\_\_

Name Address

d) \_\_\_\_\_

Name Address

2) Provide the number of shares issued by the corporation. n/a

3) What was the price paid per share? n/a

4) What date did the corporation actually receive the cash assets? n/a

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

List any physician shareholders and percentage of ownership.

Name: n/a %: \_\_\_\_\_

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

**Hours of Operation for the pharmacy:**

Monday thru Friday 9:00AM am 5:00 PM pm Saturday \_\_\_\_\_ am \_\_\_\_\_ 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: n/a

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

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

**List of officers and directors**

The senior officer of ScriptHero Pharmacy LLC is:

Thomas Gilbert Traylor, III, Senior Vice President, Strategic Initiatives

ScriptHero Pharmacy LLC is a member managed limited liability company and therefore has no directors.

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

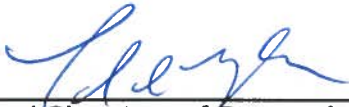
I, Thomas Gilbert Traylor, III

Responsible Person of ScriptHero Pharmacy LLC

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

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

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



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

Thomas Gilbert Traylor, III  
Print Name of Authorized Person

2/7/20  
Date

**AFFIDAVIT for Out-of-State Pharmacy License**

STATE OF Olive )  
 ) ss.  
Franklin COUNTY )

I, Kyle Dresbach, 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 ScriptHero Pharmacy LLC (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.

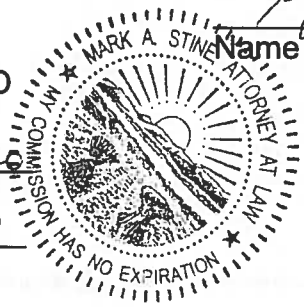
FURTHER AFFIANT SAYETH NOT.

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

[Signature]  
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 21 day of January, 2020

[Signature]  
NOTARY PUBLIC



# License Look Up

1/10/2020 2:18 PM

## ScriptHero Pharmacy LLC

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Terminal - Pharmacy - LIMITED Category 2
License Number	0234000008
License Issue Date	05/24/2019
License Expiration Date	03/31/2021
License Effective Date	05/24/2019
Street Address	2 Miranova Pl 10th Fl
City	Columbus
State	OH
Zipcode	43215-5078
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
KYLE DRESBACH		Active	Mon May 13 00:00:00 GMT 2019	

Current date & time: 1/10/2020 2:18 PM

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCRIPTHERO PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCRIPTHERO PHARMACY LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7176487 8300

SR# 20200545792

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202260065

Date: 01-27-20



**STATE OF**  
**OHIO**  
BOARD OF PHARMACY

## VERIFICATION OF LICENSURE

BUSINESS NAME: ScriptHero Pharmacy LLC

DBA: ScriptHero Pharmacy

LOCATION: 2 Miranova Pl 10th Fl  
Columbus, OH 43215-5078

LICENSE NUMBER: 0234000008

TYPE OF LICENSE: Terminal - Pharmacy - LIMITED Category 2

ORIGINAL LICENSURE DATE: May 24, 2019

EXPIRATION DATE: March 31, 2021

CURRENT LICENSE STATUS: Active

CURRENT LICENSE SUB STATUS: N/A

BOARD ACTION: No  
(If Board Action is "Yes", you may find more information at [elicense.ohio.gov](http://elicense.ohio.gov))

DATE OF VERIFICATION: 1/30/2020

*Karrie Southard*

Karrie Southard  
Director of Licensing  
State of Ohio Board of Pharmacy

**State of Ohio Board of Pharmacy**  
77 South High Street, 17th Floor, Columbus, Ohio 43215  
T: 614/466-4143 | F: 614/752-4836 | [licensing@pharmacy.ohio.gov](mailto:licensing@pharmacy.ohio.gov)



**STATE OF  
OHIO**  
BOARD OF PHARMACY

## LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2021.

**ScriptHero Pharmacy LLC**

**ScriptHero Pharmacy**

**2 Miranova Pl 10th Fl**

**Columbus, OH 43215-5078**

**License Number: 0234000008**

**Terminal - Pharmacy - LIMITED Category 2**

**Expiration Date: March 31, 2021**

CLASS: Terminal - Pharmacy - LIMITED Category 2  
BUSINESS TYPE: CR - Consulting Pharmacy Only

**Responsible Person** - Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)

**KYLE DRESBACH RPH**

Signature of Responsible Person

A handwritten signature in black ink, appearing to read "K. Dresbach".

*Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard -*

*[https://elicense.ohio.gov/oh\\_homepage](https://elicense.ohio.gov/oh_homepage).*

**State of Ohio Board of Pharmacy**

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: 614/466-4143 | F: 614/752-4836 | [licensing@pharmacy.ohio.gov](mailto:licensing@pharmacy.ohio.gov)



## ATTACHMENT 5

**Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.**

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. *The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines*

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately \$2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a \$15,000 fine in June 2015.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a \$500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid \$400 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay \$150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to

January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson's** Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson's** distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of \$45,000, with an additional surcharge of 15%, totaling \$51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board \$250.00 for administrative costs. No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of \$2,000.00. No other suspensions or fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as

disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of \$10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation's** distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson's** distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid \$1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns

with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of \$10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio, Aurora, Colorado and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars (\$15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Repeval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to the Washington Court House, Ohio distribution center. Subject to the terms of the settlement, McKesson was issued a public letter of Repeval, agreed to pay \$4,000 in investigative fees.

On August 29, 2019 McKesson received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 McKesson entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of \$1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

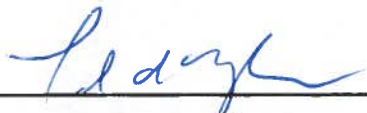
#### Pending Actions

The Indiana Board of Pharmacy issued a complaint and **McKesson Corporation** responded but have not had further communication with the Board.

The Georgia Board of Pharmacy issued a proposed consent order and **McKesson Corporation** is responding but have not finalized any agreement with the state.

The Delaware Board of Pharmacy issued a proposed consent order and **McKesson Corporation** is responding but have not finalized any agreement with the state.

The Illinois Department of Financial and Professional Regulation informed **McKesson Corporation** that the state would be seeking disciplinary action against Illinois licensed facilities. Please note that for the above-referenced pending actions, no final action has been taken and all



Thomas Gilbert Traylor, III

2/7/20

Date