

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 03288)
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: Marian Pharmaceuticals

Physical Address: 28691 US Hwy 98 Suite D1

Mailing Address: same as above

City: Daphne State: Alabama Zip Code: 36526

Telephone: 251-473-2222 Fax: 251-473-1064

Toll Free Number: 888-530-8088 (Required per NAC 639.708)

E-mail: christina@marianrc.com Website: none

Managing Pharmacist: Christina Bond License Number: 15657 - TX

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

10/6/02

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 ☐
previous owner
- 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.

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

Christina Bond
Print Name of Authorized Person

5/30/18
Date

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Board Use Only

Date Processed: _____

Amount: \$500.00

OWNERSHIP IS A PARTNERSHIP

Partnership Name: **Marian Respiratory Inc.**

Mailing Address: 28691 US Hwy 98 Suite D1

City: Daphne State: AL Zip Code: 36526

Telephone Number: 251-473-2222 Fax Number: 251-473-1064

Contact Person: Christina Bond

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
Attached		

Name:	Marian Respiratory Care Inc.	%:	100
Name:		%:	
Name:		%:	
Name:		%:	

Name: none %:

Name: %:

Name: %:

Monday thru Friday 8:30 am 5 pm Saturday am pm

Sunday am pm 24 Hours

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AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Alabama)
Baldwin) ss.
COUNTY)

I, Christina Bond, 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 Marion Pharmaceuticals (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.

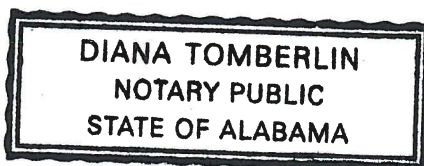
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

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

CBond
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
25 day of June, 2018.
Diana Tomberlin
NOTARY PUBLIC



STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Christina Bond
Responsible Person of Marian Pharmaceuticals
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.

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

Christina Bond 5/30/18
Print Name of Authorized Person Date

Alabama State Board of Pharmacy



2018

This is to Certify
MARIAN RESPIRATORY CARE, INC.
28691 US HIGHWAY 98
SUITE D1
DAPHNE, AL 36526

Permit No.
112253

Supervising Pharmacist
CHRISTINA SELF BOND
15657

Is duly licensed as a

Pharmacy

IN CONFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1986 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD, THIS CERTIFICATE EXPIRES ON THE LAST DAY OF **December 2018** AND MUST BE CONSPICUOUSLY DISPLAYED.

Alabama State Board of Pharmacy

This is Your Receipt For Fee Paid As Required By Law
THIS PERMIT IS NOT TRANSFERABLE

Susan F. Alverson
Secretary

Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242
Phone 205-981-2280
Fax 205-981-2330
www.albop.com

Complete application for changes of name,
ownership, address or supervising pharmacist
at our website:
www.albop.com

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE ALABAMA STATE BOARD OF PHARMACY

2018

The Controlled Substances Act of 1971 reads in part as follows:
Section 304. (Revocation and Suspension of Registration.)

- (a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant:
- (1) has furnished false or fraudulent material information in any application filed under this Act;
 - (2) has been convicted of a felony under any State or Federal law relating to any controlled substance; or
 - (3) has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances.
- (4) Has violated the provisions Act 205, 1986 Special Session of Alabama Legislature (Title 48B 297 (a)-(32) Code of Alabama 1940 (Recomp. 1986))

CONTROLLED SUBSTANCES
REGISTRATION NUMBER

112253

SCHEDULES

II IV V

THIS REGISTRATION
EXPIRES

12/31/2018

BUSINESS ACTIVITY

Pharmacy

FEE
PAID

\$300.00

DATE ISSUED

03/16/2017

MARIAN RESPIRATORY CARE, INC.
28691 US HIGHWAY 98
SUITE D1
DAPHNE, AL 36526

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES
THIS REGISTRATION IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY

Marian Ownership as of: 1/23/18

Marian Respiratory Care, Inc. dba Marian Pharmaceuticals

Mediview, LLC

Owner of 100% outstanding stock: Mediview, LLC; Democracy Dr. Suite 275, Reston, VA 20190

Owners/Officers:

Islam Abazi, Owner, President

DOB: 8/4/1951

Address: Gloucester Drive Huron, Ohio 44839

Email: info@marianrc.com

Robert Burrows, Officer, Vice President

DOB: 5/16/1972

Address: Lago Stella Pl. Ashburn, VA 20148

Email: robert.burrows@trusted.com

Michael Irizarry, Officer, Vice President

DOB: 2/24/1984

Address: Montserrat Creek Drive, Little Elm, TX 75068

Email: mirizarry@medcore.com

IN THE MATTER OF:)	BEFORE THE ALABAMA STATE
)	BOARD OF PHARMACY
MARIAN RESPIRATORY CARE d/b/a)	
MARIAN PHARMACEUTICALS, INC.)	CASE NO: 16-0170
)	
Permit No. 112253)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Marian Respiratory Care d/b/a Marian Pharmaceuticals, Inc. (hereinafter referred to as "Marian") alleging that Marian engaged in any or all of the following: assisting or enabling an unlicensed person(s) to practice pharmacy, practicing pharmacy without a permit and/or engaging in remote processing without authority to do so, allowing unauthorized individuals access to prescription information, utilizing unauthorized or invalid prescription forms, to include but not limited to listing or identifying a pharmacy without a valid permit issued by the Board on the prescription forms, receiving drugs from unauthorized source(s) and/or allowing individuals to perform functions requiring a pharmacy technician registration without first obtaining the same and/or not under the supervision of a pharmacist in violation of Code of Alabama (1975) §34-23-33(2), (6), (7), (8), (12) as a violation of Board Rule 680-X-2.39 and/or Code of Alabama (1975) 34-23-33(13) as a violation of Board Rule 680-X-2.22(2)(a), (b), (d) and/or (f).

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

1. Counsel for the Board and counsel for Marian stipulate that Marian denies for all legal purposes other than this proceeding the allegations set forth in above and stipulates that for the purposes of this proceeding the Board would introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds Marian has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set out above.

2. The permit issued to Marian shall be placed on PROBATION for a period of five (5) years conditioned on the following terms:

- a. Marian shall pay an administrative fine in the amount of One Hundred Twenty Five Thousand Dollars (\$125,000.00) within ninety (90) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Marian attempt to discharge the same.
- b. Board approval before of any supervising pharmacist prior to that individual acting as such.

3. Marian expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Marian further waives any objection to

the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.


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


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

6. Marian acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Marian acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 24 day of February, 2017.

Marian Respiratory Care d/b/a Marian
Pharmaceuticals, Inc.

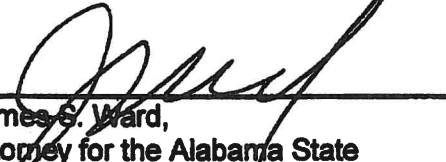
BY: 
ITS: Manager


Thomas Spina, Attorney for
Marian Respiratory Care d/b/a Marian
Pharmaceuticals, Inc.

DONE this the 13th day of March, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: 
Buddy Bunch, R.Ph., President


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

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



Marian Pharmaceuticals

Re: Marian Respiratory Care, Inc., d/b/a Marian Pharmaceuticals

To Whom It May Concern,

A response and explanation regarding the circumstances giving rise to the Alabama Board of Pharmacy action may be found below. Please note that the circumstances occurred under the previous ownership, and Marian Pharmaceuticals is under new ownership as of 1/23/18.

On March 13, 2017, Marian Respiratory Care, Inc., d/b/a Marian Pharmaceuticals (hereinafter "Marian") entered into the attached Consent Order with the Alabama Board of Pharmacy. The Alabama Board of Pharmacy inquiry surrounded Marian's contracting with a Florida pharmacy to assist Marian in handling various administrative services. For the reasons discussed below, Marian believed that its activities were compliant with the Alabama Pharmacy Practice Act and corresponding rules and regulations. In the interests of compromise and building a constructive relationship with the Alabama Board of Pharmacy, though, Marian opted to settle this matter with the Board.

The facts underlying the Alabama Board of Pharmacy's inquiry and corresponding settlement are relatively straightforward. Beginning in the fall of 2016, Marian contracted with Physician Specialty Pharmacy in Pensacola, Florida to handle some administrative services on behalf of Marian. Specifically, Physician Specialty Pharmacy assisted Marian with: (1) the initial assessment of prescriptions, including initial pharmacist review and checking of prescriptions for completeness, as well as pharmacist contact with prescriber offices in the event that a prescription was incomplete or deficient in some way; (2) patient contact to collect demographic information and insurance or other payment information; and (3) assistance with third-party billing. Importantly, at all times relevant to the Alabama Board of Pharmacy inquiry, Physician Specialty Pharmacy was licensed as a nonresident pharmacy in Alabama and the Physician Specialty Pharmacy pharmacists working on Marian matters were licensed in Alabama.

Physician Specialty Pharmacy would not fill or dispense prescriptions on behalf of Marian. Instead, Marian pharmacists would review all prescriptions, follow up with prescribers to the extent that there were questions or concerns with the prescription, consult with patients who requested consultation, and fill and dispense each prescription. The front-end work by Physician Specialty Pharmacy pharmacists resulted in increased efficiency by the Marian pharmacists and staff, as prescriptions had gone through an initial check before being addressed by Marian pharmacists.



Marian Pharmaceuticals

The Alabama Board of Pharmacy learned of the relationship between Marian and Prescription Specialty Pharmacy during a standard inspection of Marian in November 2016. The Alabama Board of Pharmacy believed that Marian should have obtained a remote processing permit before entering into its relationship with Physician Specialty Pharmacy. Marian disputed and continues to dispute this position. As to prescriptions, the processing and dispensing of prescriptions occurred at Marian. Physician Specialty Pharmacy, an Alabama licensed pharmacy with Alabama licensed pharmacists, simply served as a front-end quality control mechanism to assist Marian and its pharmacists. All other tasks performed by Physician Specialty Pharmacy, such as patient demographics collection and billing assistance, were tasks that are commonly delegated by contract without a remote processing permit or other permit. Secondly, the Alabama Board of Pharmacy complained that Marian included its facsimile number on some prescription pads. The resolution of this complaint was included in the Consent Order. Marian has initiated efforts to replace prescription pads with a facsimile number or other identifying information.

Based on the above allegations, Marian agreed to settle this inquiry with the Alabama Board of Pharmacy for a fine and probation. No other discipline was assessed by the Alabama Board of Pharmacy. As of the day following the Alabama Board of Pharmacy inspection, Marian ceased working with Physician Specialty Pharmacy on any and all prescription assessment and fulfillment tasks that the Alabama Board of Pharmacy claimed should be conducted by a pharmacist or technician at Marian. Marian has hired additional staff to handle the increased workload. Marian's pharmacist-in-charge has been approved by the Alabama Board of Pharmacy and the pharmacy continues to operate in Alabama without limitation. Marian has recently passed both a retail and <795> compounding inspection by the Alabama Board of Pharmacy on May 12, 2017, with no deficiencies reported. Marian Pharmaceuticals provides low-risk, non-sterile compounded products which account for less than 3% of the total business. We provide commercially available, topical prescription products for our patients that accounts for the bulk of our business.

Compliance with the laws and regulations within the states in which Marian dispenses medications, as well as constructive relationships with all state Boards of Pharmacy, are of the utmost importance to Marian and its staff. We would be pleased to provide additional information or answer any questions you may have. Thank you for your time and consideration.

Sincerely yours,

Christina Bond, PharmD.

Pharmacy Manager/PIC

Marian Respiratory Care, Inc.