

NEVADA STATE  
BOARD OF PHARMACY

BOARD MEETING

December 4-5, 2019

HYATT PLACE  
1790 E PLUMB LN  
RENO, NEVADA



# Nevada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521  
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444  
 E-mail: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) • Website: [bop.nv.gov](http://bop.nv.gov)

Date Posted: November 21, 2019

## AMENDED AGENDA

### ◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, December 4, 2019 at 9:00 am. The meeting will continue, if necessary, on Thursday, December 5, 2019 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place  
 1790 E Plumb Lane  
 Reno, Nevada

#### Please Note:

**In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety and welfare of the public.**

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

**Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126. Please be aware that after the quasi-judicial board or commission has rendered a decision in the contested case and, assuming this happens before adjournment, the board or commission may entertain public comment on the proceeding at that time.**



1. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)
2. Election of President and Treasurer pursuant to NRS 639.040. **(FOR POSSIBLE ACTION)**
3. Discussion and possible action on criteria for placement of items on agenda, including without limitation, placement of action items on consent agenda. **(FOR POSSIBLE ACTION)**

**◆ CONSENT AGENDA ◆**

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

4. Approval of October 9-10, 2019, Minutes **(FOR POSSIBLE ACTION)**
5. Applications for Out-of-State Pharmacy – Non Appearance **(FOR POSSIBLE ACTION)**

- A. Cottrill's Pharmacy – Orchard Park, NY
- B. CVS/specialty #48023 – Tampa, FL
- C. CVS/specialty #48036 – Milford, MA
- D. CVS/specialty #48040 – Troy, MI
- E. CVS/specialty #48045 – Raleigh, NC
- F. Deeflat Pharmacy – Bullhead City, AZ
- G. F&M Specialty Pharmacy – Flowood, MS
- H. Gordon's Hometown Pharmacy – Pooler, GA
- I. Publix Pharmacy #3213 – Orlando, FL
- J. Tarrytown Expocare, LLC – Austin, TX
- K. vitaCare Prescription Services, Inc. – Boca Raton, FL
- L. Zeus Rx – Forney, TX

**Applications for Out-of-State Compounding Pharmacy – Non Appearance  
(FOR POSSIBLE ACTION)**

- M. Core Pharmacy – Valley View, OH
- N. Gibson's Pharmacy – Murray, UT
- O. Sincerus Florida LLC – Pompano, FL
- P. Walgreens #16569 – Lone Tree, CO

**Applications for Out-of-State Medical, Devices, Equipment and Gases – Non Appearance  
(FOR POSSIBLE ACTION)**

- Q. Cardinal Health 200, LLC – Riverside, CA
- R. Choice Medical Healthcare Inc. – Salt Lake City, UT
- S. MedSupply – Fresno, CA
- T. Northland AAC – Tempe, AZ
- U. Numotion – Sandy, UT
- V. SRW Industries Inc. – Lake Zurich, IL

**Applications for Out-of-State Wholesaler – Non Appearance  
(FOR POSSIBLE ACTION)**

- W. Acrotech Biopharma LLC – East Windsor, NJ
- X. Adhera Therapeutics, Inc. – Durham, NC
- Y. Advanced Pharmaceuticals, LLC – Ocean Springs, MS
- Z. Amneal Pharmaceuticals LLC – Glasgow, NY
- AA. Anika Therapeutics, Inc. – Bedford, MA
- BB. Array BioPharma Inc. – Boulder, CO
- CC. AuroMedics Pharma LLC – East Windsor, NJ
- DD. Avanir Pharmaceuticals, Inc. – Aliso Viejo, CA
- EE. Avion Pharmaceuticals, LLC – Alpharetta, GA
- FF. BE Pharmaceuticals, Inc. – Cary, NC
- GG. Becton, Dickinson and Company – Franklin Lakes, NJ
- HH. Bluebird Bio, Inc. – Cambridge, MA
- II. Bonita Pharmaceuticals LLC – Westland, MI
- JJ. Breckenridge Pharmaceutical, Inc. – Berlin, CT
- KK. Chewy Wholesale LLC – Louisville, KY
- LL. Cochran Wholesale Pharmaceuticals LLC – Monroe, GA
- MM. Compass Health Brands Corp. – Brookpark, OH
- NN. Collegium Pharmaceutical, Inc. – Stoughton, MA
- OO. Cypress, Macoven, Hawthorn – Morristown, NJ
- PP. DHL Supply Chain (USA) – Export, PA
- QQ. DHL Supply Chain (USA) – Manchester, PA
- RR. Durbin USA – Ocean Springs, MS
- SS. Expeditors International of Washington, Inc. – Surprise, AZ
- TT. Fisher BioServices, Inc. – Frederick, MD
- UU. Foamix Pharmaceuticals Inc. – Bridgewater, NJ
- VV. Focus Laboratories, Inc. – North Little Rock, AR
- WW. GHR Second Source Rx and OR 2SRX – Earth City, MO
- XX. Global Blood Therapeutics Inc. – South San Francisco, CA
- YY. Invicta Wholesale Supplies, LLC – Tukwila, WA
- ZZ. Kenco Logistic Services, LLC – Roswell, GA
- AAA. Lohxa, LLC – Worcester, WA
- BBB. McKesson Medical-Surgical Inc. – Bethlehem, PA
- CCC. Medline Industries, Inc. – Glen Falls, NY
- DDD. Micro Labs USA, Inc. – Basking Ridge, NJ
- EEE. Novadoz Pharmaceuticals, LLC – Piscataway, NJ
- FFF. Norbrook Inc. – Lenexa, KS
- GGG. Novo Nordisk Pharma Inc. – Plainsboro, NJ

HHH. O&M Halyard, Inc. – Southaven, MS  
 III. Patheon Manufacturing Services LLC – Greenville, NC  
 JJJ. PARI Respiratory Equipment, Inc. – Midlothian, VA  
 KKK. Perrigo Pharmaceuticals Company – Allegan, MI  
 LLL. Persion Pharmaceuticals LLC – Morristown, NJ  
 MMM. Pharmaceutical Associates, Inc. – Greenville, SC  
 NNN. Pharmsource, LLC – Brunswick, GA  
 OOO. PI Services, LLC – Erie, PA  
 PPP. Progenics Pharmaceuticals, Inc. – Somerset, NJ  
 QQQ. Quantum Rx – Redford, MI  
 RRR. QOL Medical – Vero Beach, FL  
 SSS. Republic Pharmaceuticals – Ann Arbor, MI  
 TTT. Retrophin, Inc. – San Diego, CA  
 UUU. Rising Pharma Holdings, Inc. – Somerset, NJ  
 VVV. RxCrossroads 3PL LLC – Fairdale, KY  
 WWW. RxCrossroads 3PL LLC – Louisville, KY  
 XXX. Safco Dental Supply LLC – Buffalo Grove, IL  
 YYY. Safeway Distributors Inc. – Davie, FL  
 ZZZ. Scott's Dental Supply, LLC – Fife, WA  
 AAAA. Seattle Genetics, Inc. – Bothwell, WA  
 BBBB. Spectrum Pharmaceuticals, Inc. – Irvine, CA  
 CCCC. Strides Pharma, Inc. – East Brunswick, NJ  
 DDDD. Tricida, Inc. – South San Francisco, CA  
 EEEE. Tusker Medical Inc. – Menlo Park, CA  
 FFFF. UroGen Pharma Inc. – New York, NY  
 GGGG. Viela Bio, Inc. – Gaithersburg, MD

**Application for Nevada Pharmacy – Non Appearance (FOR POSSIBLE ACTION)**

HHHH. Rx2U, LLC – Las Vegas, NV

**◆ REGULAR AGENDA ◆**

6. Disciplinary hearings pursuant to NRS 639.247 Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.  
**(FOR POSSIBLE ACTION)**

A. Markey Wilson, PA	(19-032-CS-S)
B. Simplot Western Stockmens	(19-216-WH)
C. Westminster Pharmaceuticals, LLC	(19-206-WH)
D: Order to Show Cause: Jaime Cordoba-Hernandez	(17-070-RPH-S)
E. Order to Show Cause: Clinician's Choice Dental Products Inc.	(19-158-WH)
F. Order to Show Cause: Halyard Sales, LLC	(19-170-WH)
G. Order to Show Cause: Pharmaco Technology LLC	(19-188-WH)
H. Order to Show Cause: RLC Labs, Inc.	(19-194-WH)

7. Application for Nevada Wholesaler – Appearance **(FOR POSSIBLE ACTION)**  
Hilco – North Las Vegas, NV
8. Applications for Nevada Pharmacy – Appearance **(FOR POSSIBLE ACTION)**
  - A. Atlantic Pharmacy – North Las Vegas, NV
  - B. PAM Specialty Hospital of Las Vegas – Las Vegas, NV
  - C. PAM Specialty Hospital of Sparks – Sparks, NV
9. Applications for Out-of-State Pharmacy – Appearance **(FOR POSSIBLE ACTION)**
  - A. Catalent Pharmacy Services (PHL) – Philadelphia, PA
  - B. DirectRx Pharmacy – Troy, MI
  - C. Empower Pharmacy – Houston, TX
  - D. Golden Gate Pharmacy Services – Novato, CA
10. Applications for Out-of-State Compounding Pharmacy – Appearance **(FOR POSSIBLE ACTION)**
  - A. Advanced Infusion Solutions – Dallas, TX
  - B. Omnicare of Cerritos – Cerritos, CA
11. Applications for Out-of-State Outsourcing Facility – Appearance **(FOR POSSIBLE ACTION)**
  - A. Pine Pharmaceuticals, Inc. – Tonawanda, NY
  - B. QuVa Pharma, Inc. – Bloomsbury, NJ
  - C. RXQ Compounding LLC – Albany, OH
12. Applications for Controlled Substance Registration – Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
  - A. Kristin Hestdalen, MD
  - B. Maryanne Phillips, MD
13. Application for Pharmacist Registration by Examination – Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

James R. Dexter

14. Requests for Pharmacist Applicant to Retake the NAPLEX Exam - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Jimmy Nguyen

15. Applications for Pharmacist Renewal - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

- A. Carl Black
- B. J. Patrick Kim
- C. Nayan K. Patel

16. Applications for Pharmaceutical Technician in Training - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

- A. Michael A. Brand
- B. Justin R. Ross

17. Presentation regarding continuing medical education program "Best Practices and Tools for Prescribing Controlled Substances" presented by Melissa O'Brien and Paul Snyder from UNR

18. Request to Engage in the Practice of Pharmacy at a Site Other Than a Licensed Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

KayLynn Bowman, R.Ph

19. General Counsel Report

20. Executive Secretary Report:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities:
  - 1. Meetings with Other Health Care Boards
  - 2. FDA Compounding Meeting
  - 3. Open Beds Meeting
  - 4. Interim Healthcare Committee
- D. Report to Board:
  - 1. Licensing software update
- E. Board Related News

- F. Licensing Activities Report
  - 1. PMP Integration
  - 2. Renewals

◆ WORKSHOP ◆

Thursday, December 5, 2019 – 9:00 am

- 21. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)  
**(FOR POSSIBLE ACTION):**

The purpose of the workshop is to solicit comments from interested persons on the following general topic that may be addressed in the proposed regulation:

[Authority – NRS 639.070]

**Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will add a new regulation for the Board to consider a petition for review of criminal history pursuant to AB 319.

◆ PUBLIC HEARING ◆

Thursday, December 5, 2019 – 9:00 am

- 22. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2)  
**(FOR POSSIBLE ACTION):**

- A. **Amendment of Nevada Administrative Code (NAC) 453.550: Schedule V.** The proposed amendment will add FDA approved Brivaracetam to the controlled substances listed in Schedule V. (LCB File No. R149-16)
- B. **Amendment of Nevada Administrative Code (NAC) 453.540: Schedule IV.** The proposed amendment will add FDA approved Eluxadoline to the controlled substances listed in Schedule IV. (LCB File No. R150-16)
- C. **Amendment of Nevada Administrative Code (NAC) 639: Dispensing Practitioner.** The proposed amendment would permit dispensing practitioners employed by a Federally Qualified Health Center to dispense dangerous drugs for qualified patients at a certain site other than the Health Center. (LCB File No. R004-19)
- D. **Amendment of Nevada Administrative Code (NAC) Chapter 639 to add a new section thereto and to amend NAC 453.190 regarding the payment of fees for initial registration, the biennial renewal of a registration, or any other fees charged by the Board.** (LCB File No. R033-19)

**E. Amendment of Nevada Administrative Code (NAC) Chapter 453 to add new sections thereto and to amend NAC 453.070 and NAC 453.074 relating to access to the database of the program established pursuant to NRS 453.162 by pharmacy personnel, practitioners, delegates of practitioners, and hospitals. (LCB File No. R035-19)**

**F. Amendment of Nevada Administrative Code (NAC) Chapter 639. Inactive Status**  
The proposed amendments will add a new regulation requiring that the Executive Secretary, upon notice that an occupational licensing board that licenses a practitioner has placed that license on inactive status, place any certificate of registration issued by the Board to that practitioner pursuant to NRS 453.226 on inactive status, providing for notice to the practitioner of placement on inactive status, providing for a process to petition for reinstatement of a registration to active status, and providing a process for a registrant to request a hearing before the Board to contest or appeal the placement of a registration on inactive status or the denial of a petition for reinstatement of the registration to active status. (LCB File No. R071-19)

**G. Amendment of Nevada Administrative Code (NAC) 639.240 (Requirements for registration of pharmaceutical technicians), 639.242 (Registration of pharmaceutical technician in training) and 639.7425 (Registration of dispensing technician).** The proposed amendment will amend existing requirement regarding applicants with prior criminal convictions. (LCB File No. R072-19)

**H. Amendment of Nevada Administrative Code (NAC) 639.** The proposed amendment will add a new regulation with requirements for forwarding of information between pharmacies: New prescriptions. (LCB File No. R008-19)

**I. Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will add a new regulation requiring the reporting of certain matters relating to discipline and practice without the appropriate license, certificate or permit to the National Practitioner Data Bank (LCB File No. R070-19)

23. Date and Location of Next Scheduled Board Meeting:

January 15-16, 2020 – Las Vegas, NV

24. Application for Nevada Medical, Devices, Equipment and Gases – Appearance **(FOR POSSIBLE ACTION)**

Foothill Medical Supply, LLC – Las Vegas, NV

25. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special

arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, or call Shirley Hunting at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email at [shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov) or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at [www.notice.nv.gov](http://www.notice.nv.gov) and [bop.nv.gov](http://bop.nv.gov).

Elko County Courthouse – Elko  
Washoe County Courthouse – Reno

Nevada Board of Pharmacy – Reno & Las Vegas  
Mineral County Courthouse – Hawthorne



**1**

**2**

**3**

**4**



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: [bop.nv.gov](http://bop.nv.gov)

## MINUTES

October 9-10, 2019

### BOARD MEETING

Hilton Garden Inn  
7830 S. Las Vegas Boulevard  
Las Vegas, Nevada

#### Board Members Present:

Kevin Desmond	Jade Jacobo	Wayne Mitchell
Melissa Shake	Robert Sullivan	Gener Tejero

#### Board Staff Present:

Dave Wuest	Paul Edwards	Brett Kandt	Shirley Hunting
Ken Scheuber	Luis Curras	Dena McClish	Leo Basch
Justin Taruc	Kristopher Mangosing		

Presiding Officer Desmond read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Mr. Wuest announced that Jason Penrod has resigned from his position as President of the Nevada State Board of Pharmacy and stated that Kevin Desmond would be acting as the Presiding Officer.

1. Public Comment October 9, 2019 9:00 AM

There was no public comment.

2. Approval of September 4-5, 2019, Minutes

#### Board Action:

Motion: Robert Sullivan moved to approve the September 4-5, 2019 Meeting Minutes as presented.

Second: Melissa Shake

Action: Passed unanimously

3. Applications for Out-of-State Pharmacy – Non Appearance

- A. 866 East Tremont Pharmacy LLC/Boca Pharmacy – Bronx, NY
- B. AHF Pharmacy – Fort Lauderdale, FL
- C. Berkley Pharmacy LLC – Warren, MI
- D. CVS/pharmacy #11340 – Plantation, FL
- E. CVS/specialty #48640 – Boise, ID
- F. KnippeRx Inc. – Charlestown, IN
- G. Millennium Pharmacy – Mt. Juliet, TN
- H. OptumRx – Oklahoma City, OK
- I. Rochester Health Mart Pharmacy – Rochester, PA
- J. Xpresso Pharmacy Inc. – Miramar, FL

Applications for Out-of-State Compounding Pharmacy – Non Appearance

- K. Community, A Walgreens Pharmacy #21213 – Glendale, AZ
- L. Crestview Pharmacy – Crestview, FL
- M. Family Pharmacy – Sarasota, FL
- N. Gem Drugs – Reserve, LA

Applications for Out-of-State Medical, Devices, Equipment and Gases – Non Appearance

- O. APM Medical Supplies – Rockwall, TX
- P. Bridgewater Health Supplies LLC – Oyster Bay, NY
- Q. Cala Health, Inc. – Burlingame, CA
- R. Care Concepts, Inc. – Van Nuys, CA
- S. Energy Workers Medical Services, LLC – Fork, UT
- T. Good Night Medical – Columbus, OH
- U. Prolenium US Inc. – Raleigh, NC
- V. Sawtooth Orthotics & Prosthetics, Inc. – Boise, ID
- W. TLC Medical Supplies – Los Angeles, CA

Application for Nevada Ambulatory Surgery Center – Non Appearance

- X. Visionary Surgery Center of Nevada – Reno, NV

Application for Nevada Pharmacy – Non Appearance

- Y. CVS Specialty – Las Vegas, NV

Melissa Shake recused from participation regarding Item 3K due to her employment.

Jade Jacobo recused from participation regarding Item 3H due to her employment.

Board discussion ensued regarding Item 3L's products and services provided specifically if 3L would be shipping vaccines and immunization products into Nevada.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda except for Items 3K, 3H and 3L.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved to approve Item 3H.

Second: Gener Tejero

Action: Passed unanimously

Board Action:

Motion: Jade Jacobo moved to approve Item 3K.

Second: Robert Sullivan

Action: Passed unanimously

Leo Basch, Inspector Nevada State Board of Pharmacy, appeared and was sworn by Presiding Officer Desmond prior to offering testimony or answering questions.

Mr. Basch explained that he contacted Item 3L (Crestview Pharmacy). He stated that he was unable to determine if Crestview Pharmacy was shipping vaccines and immunization products into Nevada.

Board Action:

Motion: Jade Jacobo moved to have Board Staff contact Crestview Pharmacy and determine if they are shipping vaccine and immunization products into Nevada. Board Staff is authorized to determine if Crestview Pharmacy can be brought before the Board on the Consent Agenda or for appearance.

Second: Melissa Shake

Action: Passed unanimously

4. Discipline

A.	Ravi Ramanathan, MD	15-047-CS-A-S
B.	Beraldo Vazquez-Correa, MD	15-047-CS-B-S
C.	Joshua Smith, PA	15-047-CS-C-S
D.	Yaakov Dovid Kotlarsky, PA	15-047-CS-D-S
E.	Jennifer Lauren Relph, PA	15-047-CS-E-S

Ravi Ramanathan, Beraldo Vazquez-Correa, Joshua Smith, Yaakov Kotlarsky and Jennifer Relph were not present.

Kathleen Janssen was present as counsel for Jennifer Relph.

Mr. Edwards summarized the facts of the case where in July and August 2015, Dr. Ramanathan owned and/or operated a medical clinic called Family Doctors of Green Valley. Dr. Ramanathan held a controlled substance registration and dispensing practitioner registration at that time. Dr. Vazquez-Correa and physician's assistants Smith, Kotlarsky and Relph were licensed practitioners who worked at the clinic. Vazquez-Correa, Smith, Kotlarsky and Relph each held a controlled substance registration, but none of them held a dispensing practitioner registration at the time.

Mr. Edwards explained that Dr. Ramanathan instructed and allowed Vazquez-Correa, Smith, Kotlarsky and Relph to each write prescriptions using their own name, and then fill their patients' prescriptions using Dr. Ramanathan's dispensing practitioner registration and using prescription drugs from Dr. Ramanathan's prescription drug inventory.

Mr. Edwards stated that between July 24, 2015, and August 10, 2015, Vazquez-Correa, Smith, Kotlarsky, and Relph wrote a total of 213 prescriptions for controlled substances. They dispensed prescription drugs to fill those 213 prescriptions from Dr. Ramanathan's inventory in his absence.

Mr. Edwards stated that Vazquez-Correa, Smith, Kotlarsky and Relph reported to the Prescription Monitoring Program that Dr. Ramanathan wrote and dispensed each of those 213 prescriptions.

Mr. Edwards stated that Dr. Ramanathan failed to keep record of his opening inventory of controlled substances, and could not produce that record when requested during and inspection in August 2014.

Mr. Edwards explained that during an audit of Dr. Ramanathan's controlled substance inventory by the Drug Enforcement Agency (DEA) in 2015, the DEA found a variance of 83,241 tablets/capsules between the inventory that Dr. Ramanathan purchased, and the inventory that he could account for at the time of the audit.

Mr. Edwards requested the Board withdraw the Second Cause of Action regarding Dr. Ramanathan and withdraw paragraph 7 of the Accusation.

Mr. Edwards presented a Stipulation and Order regarding Dr. Ramanathan.



Dr. Ramanathan's controlled substance registration shall be revoked for one year and the revocation stayed effective immediately. Dr. Ramanathan shall receive a Letter of Reprimand and shall dismiss any cases against the Nevada State Board of Pharmacy. Dr. Ramanathan shall pay a \$3,000 fine and a \$1,500 administrative fee. Dr. Ramanathan shall establish and put into practice policies and procedures to ensure the proper licensure of all persons employed by him or working under his supervision, to ensure that all controlled substances and dangerous drugs in his possession or control are properly stored and accessed, and to ensure that he and his staff comply with all state and federal laws. Dr. Ramanathan shall provide a copy of his policies and procedures to Board Staff within 30 days.

Board Action:

Motion: Jade Jacobo moved to accept the Stipulation and Order regarding Dr. Ramanathan with the withdrawal of the Second Cause of Action and paragraph 7.

Second: Gener Tejero

Action: Passed unanimously

Mr. Edwards presented a Stipulation and Order regarding Jennifer Relph.

Ms. Relph shall receive a Letter of Reprimand, pay a \$500 fine, pay a \$500 administrative fee, and shall dismiss any cases against the Nevada State Board of Pharmacy.

Ms. Janssen had no objections to the Stipulation and Order presented and thanked the Board and Board Staff for their time.

Board Action:

Motion: Jade Jacobo moved to accept the Stipulation and Order regarding Jennifer Relph.

Second: Melissa Shake

Action: Passed unanimously

Mr. Edwards presented a Stipulation and Order regarding Dr. Vazquez-Correa.

Dr. Vazquez-Correa shall receive a Letter of Reprimand, pay a \$500 fine, pay a \$500 administrative fee, and shall dismiss any cases against the Nevada State Board of Pharmacy.

Board Action:

Motion: Jade Jacobo moved to accept the Stipulation and Order regarding Beraldo Vazquez-Correa.

Second: Melissa Shake

Action: Passed unanimously

Mr. Edwards presented a Stipulation and Order regarding Joshua Smith.

Mr. Smith shall receive a Letter of Reprimand, pay a \$500 fine, pay a \$500 administrative fee, and shall dismiss any cases against the Nevada State Board of Pharmacy.

Board Action:

Motion: Melissa Shake moved to accept the Stipulation and Order regarding Joshua Smith.

Second: Robert Sullivan

Action: Passed unanimously

Mr. Edwards presented a Stipulation and Order regarding Yaakov Kotlarsky.

Mr. Kotlarsky shall receive a Letter of Reprimand, pay a \$500 fine, pay a \$500 administrative fee, and shall dismiss any cases against the Nevada State Board of Pharmacy.

Board Action:

Motion: Melissa Shake moved to accept the Stipulation and Order regarding Yaakov Kotlarsky.

Second: Robert Sullivan

Action: Passed unanimously

F. Orlandis L. Wells, MD

19-211-CS-S

Gener Tejero recused from participation in this matter due to his employment. Orlandis Wells is the Medical Director at Las Vegas Infusion Pharmacy.

Dr. Wells was not present.

Mr. Edwards summarized the facts of the case where Dr. Wells had surrendered his DEA Registration for cause.

Mr. Edwards presented a Stipulation and Order for the Board's consideration.

Dr. Wells agrees to surrender his Controlled Substance Registration.

Board Action:

Motion: Jade Jacobo moved to accept Dr. Well's voluntary surrender of his Controlled Substance Registration.

Second: Wayne Mitchell

Action: Passed unanimously

G. Allied 100, LLC

19-150-WH

Bridgette Kelly was present as counsel representing Allied 100, LLC.

Mr. Kandt summarized the facts of the case where Board Staff contacted Allied 100, LLC in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact Allied 100, LLC again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Ms. Kelly explained that Allied 100, LLC was VAWD accredited in 2016 and started the process of re-accrediting in May 2019. Ms. Kelly stated that Allied 100, LLC did not receive the first notice, but did receive the second notice.

Mr. Kandt moved to have Exhibit 1 admitted into the record.

Presiding Officer Desmond admitted Exhibit 1 into the record.

Mr. Kandt presented Exhibit 1 which was an email from Allied 100, LLC to Board Staff.

Board Action:

Motion: Jade Jacobo moved that the Board has jurisdiction over this matter and that the Findings of Fact (Paragraphs 1-4) are true.

Second: Melissa Shake

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved to find that the Findings of Fact (Paragraphs 1,6 and 7) are true.

Second: Jade Jacobo

Action: Passed unanimously

Mr. Kandt stated that Board Staff recommends an Order, not considered as discipline, directing the Respondent to provide a current list of officers/directors, fingerprint cards and authorization within twenty days.

Board Action:

Motion: Melissa Shake moved that Allied 100, LLC provide Board Staff with a list of current officers/directors, fingerprint cards and authorization allowing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History within twenty days. This Order is not considered discipline.

Second: Jade Jacobo

Action: Passed unanimously

H. Americares Foundation, Inc.

19-151-WH

Bridgette Kelly was present as counsel representing Americares Foundation, Inc.

Mr. Kandt summarized the facts of the case where Board Staff contacted Americares Foundation, Inc in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact Americares Foundation, again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Ms. Kelly stated that Americares Foundation, Inc received an email from Carolyn Cramer, past Board General Counsel, stating that the company was exempt from providing the list of officers/directors and fingerprint cards.

After discussion, Mr. Wuest stated that Ms. Cramer did not have authorization to exempt Americares Foundation, Inc from complying with the requirements.

Board Action:

Motion: Melissa Shake moved that the Findings of Fact (Paragraphs 1-4) are true.

Second: Wayne Mitchell

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that the Board has jurisdiction over this matter and that Findings of Fact (Paragraphs 1,6 and 7) are true.

Second: Jade Jacobo

Action: Passed unanimously

Mr. Kandt stated that Board Staff recommends an Order, not considered as discipline, directing the Respondent to provide a current list of officers/directors, fingerprint cards and authorization within twenty days.

Ms. Kelly stated that Americares Foundation Inc has 22 directors and 9 officers, and requested the Board allow for more than twenty days to comply with the Order.

Board Action:

Motion: Jade Jacobo moved that Americares Foundation Inc. shall provide Board Staff with a list of current officers/directors, fingerprint cards and authorization allowing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History within twenty days. This Order is not considered discipline.

Second: Gener Tejero

Aye: Jacobo, Mitchell, Sullivan, Tejero

Nay: Shake

Action: Motion carries

I. Bio Comp Pharma, Inc.

19-154-WH

No representative from Bio Comp Pharma, Inc. was present.

Mr. Kandt summarized the facts of the case where Board Staff contacted Bio Comp Pharma, Inc. in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact Bio Comp Pharma, Inc., again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Mr. Kandt called Shirley Hunting as a witness.

Shirley Hunting, Board Coordinator Nevada State Board of Pharmacy, appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Ms. Hunting testified that she sent Bio Comp Pharma, Inc. the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that Bio Comp Pharma, Inc. was properly served at their address of record.

Mr. Kandt moved to have Exhibit 1 admitted into the record.

Mr. Kandt presented Exhibit 1, documentation that Board Staff properly served Bio Comp Pharma, Inc.

Board Action:

Motion: Melissa Shake moved that Board Staff properly served Bio Comp Pharma, Inc. and that the Findings of Fact (Paragraphs 1-4) are true.

Second: Jade Jacobo

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Findings of Fact (Paragraphs 6-7) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Bio Comp Pharma, Inc. shall provide Board Staff with a list of current officers/directors, fingerprint cards and authorization allowing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History within twenty days. This Order is not considered discipline.

Second: Robert Sullivan

Action: Passed unanimously

J. Breg, Inc.

19-155-WH

No representative from Breg, Inc. was present.

Mr. Wuest stated that Breg, Inc. has submitted fingerprints to Board Staff, and Board Staff has forwarded the fingerprints to the Central Repository for Nevada Records of Criminal History.

Mr. Kandt requested the Board continue this matter to a future meeting.

Board Action:

Motion: Melissa Shake moved that this matter be continued to the December 2019 Board meeting.

Second: Gener Tejero

Action: Passed unanimously

K. Clinician's Choice Dental Products Inc.

19-158-WH

No representative from Clinician's Choice Dental Products Inc. was present.

Mr. Kandt summarized the facts of the case where Board Staff contacted Clinician's Choice Dental Products Inc. in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact Clinician's Choice Dental Products Inc., again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Mr. Kandt called Shirley Hunting as a witness.

Ms. Hunting testified that she sent Clinician's Choice Dental Products Inc. the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that Clinician's Choice Dental Products Inc. was properly served at their address of record.

Mr. Kandt moved to have Exhibit 1 admitted into the record.

Mr. Kandt presented Exhibit 1, documentation that Board Staff properly served Clinician's Choice Dental Products Inc.

Board Action:

Motion: Melissa Shake moved that Board Staff properly served Clinician's Choice Dental Products Inc. and that the Findings of Fact (Paragraphs 1-4) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Findings of Fact (Paragraphs 6-7) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Clinician's Choice Dental Products Inc. shall provide Board Staff with a list of current officers/directors, fingerprint cards and

authorization allowing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History within twenty days. This Order is not considered discipline.

Second: Robert Sullivan

Action: Passed unanimously

L. Dental City 19-162-WH

No representative from Dental City was present.

Mr. Kandt stated that Dental City submitted fingerprints to Board Staff, and Board Staff has forwarded the fingerprints to the Central Repository for Nevada Records of Criminal History.

Mr. Kandt requested the Board continue this matter to a future meeting.

Board Action:

Motion: Melissa Shake moved that this matter be continued to the December 2019 Board meeting.

Second: Gener Tejero

Action: Passed unanimously

M. GC Mogam, Inc. 19-166-WH

No representative from GC Mogam, Inc. was present.

Mr. Kandt summarized the facts of the case where Board Staff contacted GC Mogam, Inc. in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact GC Mogam, Inc., again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Mr. Kandt called Shirley Hunting as a witness.

Ms. Hunting testified that she sent GC Mogam, Inc. the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that GC Mogam, Inc. was properly served at their address of record.

Mr. Kandt moved to have Exhibit 1 admitted into the record.

Mr. Kandt presented Exhibit 1, documentation that Board Staff properly served GC Mogam, Inc.



Board Action:

Motion: Melissa Shake moved that Board Staff properly served GC Mogam, Inc. and that the Findings of Fact (Paragraphs 1-4) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Findings of Fact (Paragraphs 6-7) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that GC Mogam, Inc. shall provide Board Staff with a list of current officers/directors, fingerprint cards and authorization allowing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History within twenty days. This Order is not considered discipline.

Second: Robert Sullivan

Action: Passed unanimously

N. Halyard Sales, LLC

19-170-WH

No representative from Halyard Sales, LLC was present.

Mr. Kandt summarized the facts of the case where Board Staff contacted Halyard Sales, LLC in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact Halyard Sales, LLC, again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Mr. Kandt called Shirley Hunting as a witness.

Ms. Hunting testified that she sent Halyard Sales, LLC the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that Halyard Sales, LLC was properly served at their address of record.

Mr. Kandt moved to have Exhibit 1 admitted into the record.

Mr. Kandt presented Exhibit 1, documentation that Board Staff properly served Halyard Sales, LLC.

Board Action:

Motion: Melissa Shake moved that Board Staff properly served Halyard Sales, LLC and that the Findings of Fact (Paragraphs 1-4) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Findings of Fact (Paragraphs 6-7) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Halyard Sales, LLC shall provide Board Staff with a list of current officers/directors, fingerprint cards and authorization allowing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History within twenty days. This Order is not considered discipline.

Second: Robert Sullivan

Action: Passed unanimously

O. Integrated Medical Systems, Inc. 19-175-WH

No representative from Integrated Medical Systems, Inc. was present.

Mr. Kandt summarized the facts of the case where Board Staff contacted Integrated Medical Systems, Inc. in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact Integrated Medical Systems, Inc., again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Mr. Kandt called Shirley Hunting as a witness.

Ms. Hunting testified that she sent Integrated Medical Systems, Inc. the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that Integrated Medical Systems, Inc. was properly served at their address of record.

Mr. Kandt moved to have Exhibit 1 admitted into the record.

Mr. Kandt presented Exhibit 1, documentation that Board Staff properly served Integrated Medical Systems, Inc.

Board Action:

Motion: Melissa Shake moved that Board Staff properly served Integrated Medical Systems, Inc. and that the Findings of Fact (Paragraphs 1-4) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Findings of Fact (Paragraphs 6-7) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Integrated Medical Systems, Inc. shall provide Board Staff with a list of current officers/directors, fingerprint cards and authorization allowing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History within twenty days. This Order is not considered discipline.

Second: Robert Sullivan

Action: Passed unanimously

P. National Cornerstone Healthcare Services Inc. (NCHS) 19-146-WH

No representative from NCHS was present.

Mr. Kandt summarized the facts of the case where Board Staff contacted NCHS in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact

NCHS, again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Mr. Kandt called Shirley Hunting as a witness.

Ms. Hunting testified that she sent NCHS the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that NCHS was properly served at their address of record.

Mr. Kandt moved to have Exhibit 1 admitted into the record.

Mr. Kandt presented Exhibit 1, documentation that Board Staff properly served NCHS.

Board Action:

Motion: Melissa Shake moved that Board Staff properly served NCHS and that the Findings of Fact (Paragraphs 1-4) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Findings of Fact (Paragraphs 6-7) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that NCHS shall provide Board Staff with a list of current officers/directors, fingerprint cards and authorization allowing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History within twenty days. This Order is not considered discipline.

Second: Robert Sullivan

Action: Passed unanimously

Q. Pharmaco Technology LLC

19-188-WH

No representative from Pharmaco Technology LLC was present.

Mr. Kandt summarized the facts of the case where Board Staff contacted Pharmaco Technology LLC in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each

officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact Pharmaco Technology LLC, again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Mr. Kandt called Shirley Hunting as a witness.

Ms. Hunting testified that she sent Pharmaco Technology LLC the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that Pharmaco Technology LLC was properly served at their address of record.

Mr. Kandt moved to have Exhibit 1 admitted into the record.

Mr. Kandt presented Exhibit 1, documentation that Board Staff properly served Pharmaco Technology LLC.

Board Action:

Motion: Melissa Shake moved that Board Staff properly served Pharmaco Technology LLC and that the Findings of Fact (Paragraphs 1-4) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Findings of Fact (Paragraphs 6-7) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Pharmaco Technology LLC shall provide Board Staff with a list of current officers/directors, fingerprint cards and authorization allowing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History within twenty days. This Order is not considered discipline.

Second: Robert Sullivan

Action: Passed unanimously

R. RLC Labs, Inc.

19-194-WH

Gener Tejero disclosed that his pharmacy has a contract with RLC Labs, Inc. but stated that he could participate in this matter fairly and without bias.

No representative from RLC Labs, Inc. was present.

Mr. Kandt summarized the facts of the case where Board Staff contacted RLC Labs, Inc. in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact RLC Labs, Inc., again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Mr. Kandt called Shirley Hunting as a witness.

Ms. Hunting testified that she sent RLC Labs, Inc. the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that RLC Labs, Inc. LLC was properly served at their address of record.

Mr. Kandt moved to have Exhibit 1 admitted into the record.

Mr. Kandt presented Exhibit 1, documentation that Board Staff properly served RLC Labs, Inc.

Board Action:

Motion: Melissa Shake moved that Board Staff properly served RLC Labs, Inc. and that the Findings of Fact (Paragraphs 1-4) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Findings of Fact (Paragraphs 6-7) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that RLC Labs, Inc. shall provide Board Staff with a list of current officers/directors, fingerprint cards and authorization allowing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History within twenty days. This Order is not considered discipline.

Second: Robert Sullivan

Action: Passed unanimously

S. Virbac AH Inc.

19-202-WH

No representative from Virbac AH Inc. was present.

Mr. Kandt summarized the facts of the case where Board Staff contacted Virbac AH Inc. in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact Virbac AH Inc., again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Mr. Kandt called Shirley Hunting as a witness.

Ms. Hunting testified that she sent Virbac AH Inc. the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that Virbac AH Inc. was properly served at their address of record.

Mr. Kandt moved to have Exhibit 1 admitted into the record.

Mr. Kandt presented Exhibit 1, documentation that Board Staff properly served RLC Labs, Inc.

Board Action:

Motion: Melissa Shake moved that Board Staff properly served Virbac AH Inc. and that the Findings of Fact (Paragraphs 1-4) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Findings of Fact (Paragraphs 6-7) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Virbac AH Inc. shall provide Board Staff with a list of current officers/directors, fingerprint cards and authorization allowing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History within twenty days. This Order is not considered discipline.

Second: Robert Sullivan

Action: Passed unanimously

T. WBC Group., LLC

19-204-WH

No representative from WBC Group., LLC was present.

Mr. Kandt summarized the facts of the case where Board Staff contacted WBC Group., LLC in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact WBC Group., LLC, again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Mr. Kandt called Shirley Hunting as a witness.

Ms. Hunting testified that she sent WBC Group., LLC the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that WBC Group., LLC was properly served at their address of record.

Mr. Kandt moved to have Exhibit 1 admitted into the record.

Mr. Kandt presented Exhibit 1, documentation that Board Staff properly served WBC Group., LLC.

Board Action:

Motion: Melissa Shake moved that Board Staff properly served WBC Group., LLC and that the Findings of Fact (Paragraphs 1-4) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Findings of Fact (Paragraphs 6-7) are true.

Second: Robert Sullivan

Action: Passed unanimously



Board Action:

Motion: Melissa Shake moved that WBC Group., LLC shall provide Board Staff with a list of current officers/directors, fingerprint cards and authorization allowing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History within twenty days. This Order is not considered discipline.

Second: Robert Sullivan

Action: Passed unanimously

U. Westminster Pharmaceuticals, LLC 19-206-WH

No representative from Westminster Pharmaceuticals, LLC was present.

Mr. Kandt summarized the facts of the case where Board Staff contacted Westminster Pharmaceuticals, LLC in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact Westminster Pharmaceuticals, LLC, again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Mr. Kandt stated that Westminster Pharmaceutical, LLC provided an Answer and Notice of Defense on October 3, 2019 stating that the company provided a Notice of Intent to Voluntarily Surrender Certificate of Registration Number WH02154 on May 1, 2019.

Mr. Kandt requested the Board continue this matter to a future Board meeting to allow Board Staff to investigate Westminster Pharmaceutical, LLC's voluntary surrender.

Board Action:

Motion: Melissa Shake moved to continue this matter to the December 2019 Board meeting.

Second: Robert Sullivan

Action: Passed unanimously

V. X-GEN Pharmaceuticals, Inc. 19-209-WH

No representative from X-GEN Pharmaceuticals, Inc was present.

Mr. Kandt summarized the facts of the case where Board Staff contacted X-GEN Pharmaceuticals, Inc in May 2019 requesting the company to comply with requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each

officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History. Mr. Kandt stated that Board Staff attempted to contact X-GEN Pharmaceuticals, Inc, again in July 2019, but still has not received the current list of officers/directors and fingerprint cards.

Mr. Kandt called Shirley Hunting as a witness.

Ms. Hunting testified that she sent X-GEN Pharmaceuticals, Inc the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that X-GEN Pharmaceuticals, Inc was properly served at their address of record.

Mr. Kandt moved to have Exhibit 1 admitted into the record.

Mr. Kandt presented Exhibit 1, documentation that Board Staff properly served X-GEN Pharmaceuticals, Inc.

Board Action:

Motion: Melissa Shake moved that Board Staff properly served X-GEN Pharmaceuticals, Inc and that the Findings of Fact (Paragraphs 1-4) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that Findings of Fact (Paragraphs 6-7) are true.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved that X-GEN Pharmaceuticals, Inc. shall provide Board Staff with a list of current officers/directors, fingerprint cards and authorization allowing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History within twenty days. This Order is not considered discipline.

Second: Robert Sullivan

Action: Passed unanimously

5. Applications for Nevada Pharmacy – Appearance

A. Aaron Pharmacy Inc. – North Las Vegas, NV

Felix Egbase, managing pharmacist, appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Kandt explained that this matter was noticed to appear the following day on October 10, 2019.

Mr. Egbase waived his Right to Notice and requested the Board hear this matter on October 9, 2019.

Mr. Egbase stated that Aaron Pharmacy Inc. is a retail pharmacy that provides non-sterile compounding and delivery services.

Mr. Egbase answered questions to the Board's satisfaction regarding the company's products and services provided, pharmacy layout, marketing and Mr. Egbase's pharmacy experience.

Board Action:

Motion: Jade Jacobo moved to approve Aaron Pharmacy Inc.'s Application for Nevada Pharmacy License pending a positive inspection.

Second: Gener Tejero

Action: Passed unanimously

B. Evergreen Pharmacy – Las Vegas, NV

Ali Molokhia, owner, and Tae Yi, managing pharmacist, appeared and were sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Yi stated that Evergreen Pharmacy is a retail community pharmacy located near the University of Nevada Las Vegas.

Mr. Yi answered questions to the Board's satisfaction regarding Evergreen Pharmacy's products and services provided, policies and procedures, and his pharmacy experience.

Mr. Yi clarified that Evergreen Pharmacy does not provide non-sterile compounding services and requested that the Board update their application.

Board Action:

Motion: Melissa Shake moved to approve Evergreen Pharmacy's Application for Nevada Pharmacy pending a positive inspection and the modification to their application to remove non-sterile compounding services.

Second: Jade Jacobo

Action: Passed unanimously

C. Pahrump Wellness Pharmacy and Nutrition Center – Pahrump, NV

Justin Curnutt, part-owner, and Thomas Rogaski, managing pharmacist, appeared and were sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Wuest explained that Mr. Curnutt and Mr. Rogaski had appeared at a previous meeting regarding Pahrump Wellness Pharmacy and Nutrition Center. At that meeting, the Board tabled the application at Mr. Curnutt's request to allow time for Mr. Curnutt to meet with Board Staff to discuss the pharmacy layout, policies and procedures, services provided and ownership structure.

Mr. Curnutt stated that Pahrump Wellness Pharmacy and Nutrition Center will not be providing any compounding services and presented documentation regarding the pharmacy's services provided, Mr. Rogaski's pharmacy experience and his work history and pharmacy experience.

Anna Cadigan, part-owner, appeared and was sworn by Presiding Officer Desmond prior to answering questions and offering testimony.

The Board questioned Ms. Cadigan regarding her work history and past discipline.

Ms. Cadigan, Mr. Curnutt and Mr. Rogaski answered questions to the Board's satisfaction.

After discussion, the Board discussed having Board Staff inspect the pharmacy quarterly at the company's expense.

Board Action:

Motion: Jade Jacobo moved to approve Pahrump Wellness Pharmacy and Nutrition Center pending a positive inspection. Board Staff may inspect the pharmacy quarterly at the company's expense. Pahrump Wellness Pharmacy and Nutrition Center will have to appear before the Board if they choose to provide sterile or non-sterile compounding services.

Second: Melissa Shake

Action: Passed unanimously

6. Applications for Out-of-State Pharmacy – Appearance

A. Althea Pharmacy – Fort Mohave, AZ

Abdikadir Moalim, owner, appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Brian Morris was present as counsel representing Althea Pharmacy.

Mr. Wuest stated that Althea Pharmacy is applying for an Out-of-State Pharmacy License.

Mr. Morris moved to have Exhibits 1A, 1B, 1C and 1D admitted into the record.

Presiding Officer Desmond admitted Exhibits 1A, 1B, 1C and 1D into the record.

Mr. Morris presented documentation that Althea Pharmacy self-reported that the company delivered prescriptions into Nevada without proper licensure. Mr. Morris stated that Althea Pharmacy has voluntarily ceased all deliveries into Nevada when they discovered the error.

Mr. Morris stated that Althea Pharmacy provides pharmacy services to Laughlin, Nevada which is an under-served location.

Mr. Morris presented letters of support from patients requesting the Board approve Althea Pharmacy's application.

Board discussion ensued regarding the importance of providing service to the rural areas in Nevada.

Board Action:

Motion: Melissa Shake moved to approve Althea Pharmacy's Application for Out-of-State Pharmacy License.

Second: Wayne Mitchell

Action: Passed unanimously

B. Edgepark Medical Supplies – Twinsburg, OH

William Crates, VP Quality Management, appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Crates explained that Edgepark Medical Supplies will provide mail service to Nevada patients.

Mr. Crates answered questions to the Board's satisfaction regarding the company's prior discipline.

Mr. Crates summarized the facts of the case where Edgepark Medical Supplies failed to report a change of managing pharmacist in a timely manner.

Board Action:

Motion: Jade Jacobo moved to approve Edgepark Medical Supplies' Application for Out-of-State Pharmacy License.

Second: Melissa Shake

Action: Passed unanimously

C. Premier Specialty Infusion, LLC – Hoffman Estates, IL

Jennifer Otto, pharmacist, appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Leo Basch, Inspector Nevada State Board of Pharmacy, appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Basch questioned Ms. Otto regarding Premier Specialty Infusion, LLC's products and services provided, sterile compounding procedures and shipping procedures.

Ms. Otto explained that Premier Specialty Pharmacy does offer sterile compounded products, but will not be sending sterile products into Nevada.

Ms. Otto answered questions to the Board's satisfaction.

Board Action:

Motion: Gener Tejero moved to approve Premier Specialty Infusion, LLC's Application for Out-of-State Pharmacy License pending receipt of a Letter of Authorization allowing Ms. Otto to speak on behalf of the company.

Second: Jade Jacobo

Action: Passed unanimously

7. Application for Out-of-State Compounding Pharmacy – Appearance

Custom Compounding Pharmacy (DBA) – Weatherford, TX

Kendra Wright, managing pharmacist, appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Luis Curras, Inspector Nevada State Board of Pharmacy, appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Ms. Wright presented a Letter of Authorization allowing her to speak on behalf of the company.

Ms. Wright explained that Custom Compounding Pharmacy provides sterile and non-sterile compounded equine products. She stated that the pharmacy does not compound any human use products.

Mr. Curras questioned Ms. Wright regarding Custom Compounding Pharmacy's products and services, clean room specifications, product testing and staff training.

Mr. Curras requested Ms. Wright provide the Board with a copy of the company's cleaning and shipping procedure policy and a list of their BUD sterile products and validations.

Board Action:

Motion: Gener Tejero moved to approve Custom Compounding Pharmacy's Application for Out-of-State Compounding Pharmacy License pending receipt of the company's cleaning and shipping procedure policy and list of their BUD sterile products and validations.

Second: Jade Jacobo

Action: Passed unanimously

8. Request for Reinstatement of Pharmaceutical Technician Registration - Appearance

Ian Knickerbocker

Jade Jacobo disclosed that she has worked with Mr. Knickerbocker, but stated that she could participate in this matter fairly and without bias.

Ian Knickerbocker appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Knickerbocker stated that his license was revoked in March 2018. He summarized the facts of a case where he knowingly and willfully participated in fraudulent transactions by receiving and purchasing prescriptions without a lawful prescription.

The Board questioned Mr. Knickerbocker regarding why he did not appear at his hearing in March 2018 and what his work history has been since then.

Mr. Knickerbocker stated that he moved to Florida to deal with family matters during the hearing. He explained that he did not respond to Board staff because he acknowledged his mistake and knew he would likely have his license revoked.

Mr. Knickerbocker answered questions to Board's satisfaction regarding his employment history in Florida, and explained that he would like to work in pharmacy again.

Board Action:

Motion: Jade Jacobo moved to reinstate Ian Knickerbocker's Pharmaceutical Technician Registration with conditions. Mr. Knickerbocker provide a new application and fee. Mr. Knickerbocker complete 4 additional CEU on ethics. Mr. Knickerbocker shall seek Board approval prior to working in Nevada. Mr. Knickerbocker shall pay restitution to Walmart and the insurance company

billed for the fraudulent prescription, and shall disclose this matter to all employers.

Second: Melissa Shake

Action: Passed unanimously

9. Applications for Controlled Substance Registration - Appearance:

A. Alex K. Curtis, MD

Alex Curtis appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Dr. Curtis disclosed on his application he suffered an injury 25 years ago and had developed an addiction to opiates.

The Board questioned Dr. Curtis regarding his addiction, recovery and work history.

Dr. Curtis answered questions to the Board's satisfaction. He explained that due to child care issues he may not be able to move to Nevada at this time, but he wanted to appear to resolve this matter.

Board Action:

Motion: Jade Jacobo moved to approve Alex Curtis' Application for Controlled Substance Registration pending a positive evaluation with PRN-PRN.

Second: Melissa Shake

Action: Passed unanimously

B. Rafael Mirchou, MD

Melissa Shake disclosed that she fills prescriptions written by Dr. Mirchou at her pharmacy, but stated that she can participate in this matter fairly and without bias.

Rafael Mirchou appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Michael Bohn was present as counsel representing Dr. Mirchou.

Dr. Mirchou stated that he disclosed on his application that he accidentally allowed his controlled substance registration to expire in October 2018. He stated that he did prescribe both testosterone and diet medications without a valid registration.

Mr. Bohn explained that Dr. Mirchou currently has a pending Order to Show Cause with the DEA.



The Board expressed concern regarding Dr. Mirchou's pending case with DEA.

Presiding Officer Desmond offered Dr. Mirchou the option to table his application while he addresses his case with DEA.

The Board tabled Rafael Mirchou's Application for Controlled Substance Registration at his request.

C. Robert Toledo, DO (16-013-PD-S)

Gener Tejero disclosed that he has a professional relationship with Dr. Toledo, but stated that could participate in this matter fairly and without bias.

Robert Toledo appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Bridgette Kelly was present as counsel representing Dr. Toledo.

Dr. Toledo summarized the facts of the case where both his controlled substance and practitioner dispensing registrations were revoked for allowing his unlicensed staff to use his authority to obtain, access, and possess controlled substances and dangerous drugs. He also allowed his staff to prescribe controlled substances and dangerous drugs to patients using pre-signed, copied, or stamped prescriptions without a valid handwritten signature.

Dr. Toledo apologized to the Board for his errors and explained that is in compliance with his Order. He explained that he has no intention of practicing outside of his OBGYN practice.

The Board questioned Dr. Toledo regarding his restrictions with the Nevada State Board of Osteopathic Medicine and future business plans.

Dr. Toledo answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve Robert Toledo's Application for Controlled Substance Registration.

Second: Wayne Mitchell

Action: Passed unanimously

D. Michael Wassef, DDS

Michael Wassef appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Dr. Wassef disclosed past discipline in Arizona on his application.

Dr. Wassef explained that in 2002, he developed a dependency to hydrocodone.

Dr. Wassef answered questions to the Board's satisfaction regarding his addiction, recovery, past discipline and the status and conditions on his license in Arizona and Nevada.

Board Action:

Motion: Wayne Mitchell moved to approve Michael Wassef's Application for Controlled Substance Registration pending a positive evaluation from PRN-PRN. Dr. Wassef shall comply with his Stipulation and Order with the Nevada State Board of Dental Examiners and shall not prescribe controlled substances for more than a seven day supply.

Second: Gener Tejero

Action: Passed unanimously

10. Applications for Out-of-State Outsourcing Facility – Appearance

A. Complete Pharmacy and Medical Solutions, LLC – Miami Lake, FL

This matter was continued to a future meeting.

B. SterRx, LLC – Plattsburg, NY

Sue Martin, supervising pharmacist, appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Ms. Martin stated that she would provide a Letter of Authorization allowing her to speak on behalf of the company.

Ms. Martin stated that SterRx, LLC is an FDA registered outsourcing facility that provides sterile compounded products.

Mr. Curras questioned Ms. Martin regarding SterRx, LLC's past FDA inspection, and how the company addressed the observations noted by the FDA.

Ms. Martin answered questions to the Board's satisfaction.

Board Action:

Motion: Melissa Shake moved to approve SterRx, LLC's Application for Out-of-State Outsourcing Facility pending receipt of a Letter of Authorization allowing Ms. Martin to speak on behalf of the company.

Second: Jade Jacobo

Action: Passed unanimously

11. Application for Pharmacist Renewal - Appearance:

Gregory G. Gaiser

This matter was continued to a future meeting.

12. Applications for Nevada Medical, Devices, Equipment and Gases – Appearance

A. All Time Health Care – Las Vegas, NV

Dailin Carmenate-Rivas, owner, and Borlive Briones, MDEG Administrator, appeared and were sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Wuest stated that All Time Health Care appeared at a previous Board meeting. He explained that the application was tabled at the company's request to address the Board's concerns regarding their MDEG Administrators qualifications.

Ms. Briones stated that Angelica Gutierrez is no longer the MDEG Administrator and answered questions to the Board's satisfaction regarding her work history and experience in the MDEG business.

Board Action:

Motion: Jade Jacobo moved to approve All Time Health Care's Application for Nevada MDEG License pending the company update their application with the current administrator information and a positive inspection. All Time Health Care shall have quarterly inspections at the company's expense (\$500 max).

Second: Melissa Shake

Action: Passed unanimously

B. MDRX, LLC – Henderson, NV

Marc Casal, pharmacist, and Becky Zawacki, MDEG Administrator, appeared and were sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Casal stated that MDRX, LLC will be providing service to the patients of Wellcare Pharmacy.

The Board questioned Mr. Casal and Ms. Zawacki regarding the products and services provided and Ms. Zawacki's work history.

After discussion, the Board expressed concern regarding Ms. Zawacki's qualifications to be an MDEG administrator.

The Board explained that staff at MDRX would need to be certified in all products they plan to provide.

Presiding Officer Desmond offered Mr. Casal and Ms. Zawacki the option to table MDRX, LLC's application to provide time for them to address the Board's concerns.

The Board tabled MDRX, LLC's Application at Mr. Casal's request.

### 13. Applications for Intern Registration - Appearance:

#### A. David A. Bacani

David Bacani appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Bacani stated that he disclosed discipline in another state on his intern pharmacist application.

Mr. Bacani answered questions to the Board's satisfaction regarding his reckless driving charge. Mr. Bacani stated that he has paid his fines has complied with all the penalties regarding this case.

#### Board Action:

Motion: Melissa Shake moved to approve David Bacani's Application for Intern Pharmacist License pending a positive review by PRN-PRN.

Second: Jade Jacobo

Action: Passed unanimously

#### B. Austin R. Bladen

Austin Bladen appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Bladen disclosed discipline in Utah on his intern pharmacist application.

Mr. Bladen explained that he received a ticket for minor alcohol consumption when he was 19 years old.

Mr. Bladen answered questions to the Board's satisfaction regarding his past discipline.

#### Board Action:

Motion: Wayne Mitchell moved to approve Austin Bladen's Application for Intern Pharmacist License.

Second: Jade Jacobo

Aye: Jacobo, Mitchell, Sullivan, Tejero

Nay: Shake

Action: Motion carries

C. Madison J. Phuong

Madison Phuong appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Ms. Phuong disclosed discipline in California on her intern pharmacist application.

Ms. Phuong stated that she was charged with two DUI charges in 2015.

Ms. Phuong presented letters of support, grades and court documents for the Board's consideration.

Ms. Phuong answered questions to the Board's satisfaction regarding her past discipline and recovery.

Board Action:

Motion: Melissa Shake moved to approve Madison Phuong's Application for Intern Pharmacist License pending a positive evaluation by PRN-PRN.

Second: Wayne Mitchell

Action: Passed unanimously

D. Analeah A. Presbitero

Analeah Presbitero appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Ms. Presbitero disclosed discipline in California on her intern pharmacist application.

Ms. Presbitero stated that she was charged with driving under the influence in 2019.

Ms. Presbitero answered questions to the Board's satisfaction regarding her discipline, terms of her probation and recovery.

Board Action:

Motion: Jade Jacobo moved to approve Analeah Presbitero's Application for Intern Pharmacist License pending a positive evaluation by PRN-PRN and that Ms.

Presbitero shall comply with all terms of her probation. Ms. Presbitero shall notify the Board of any changes to her probation status.

Second: Wayne Mitchell

Action: Passed unanimously

E. Jaimie L. Tran

Jaimie Tran appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Ms. Tran disclosed discipline on her intern pharmacist application.

Ms. Tran stated that she was arrested for recklessly endangering another person and harassment. She explained that case was dismissed.

Ms. Tran answered questions to the Board's satisfaction.

Board Action:

Motion: Melissa Shake moved to approve Jaime Tran's Application for Intern Pharmacist License.

Second: Jade Jacobo

Action: Passed unanimously

14. Applications for Pharmaceutical Technician in Training - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

A. Miss K. Dailey

Miss Dailey and Shirleen Rotella, Cardinal Health, appeared and were sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Ms. Dailey disclosed multiple arrests on her application.

Ms. Dailey answered the Board's questions regarding her multiple arrests including traffic violations and domestic violence charges. Ms. Dailey stated that she has learned from her mistakes and requested the Board approve her registration.

Ms. Rotella spoke positively of Ms. Dailey's work performance over the last year and stated that Cardinal Health approached Ms. Dailey for the pharmaceutical technician position.

The Board expressed concern with Ms. Dailey's past law enforcement issues.

Presiding Officer Desmond offered Ms. Dailey the option to table her application while she continues to work to improve her work history and law enforcement issues.

The Board tabled Ms. Dailey's application at her request.

B. Joseph D. Repetti

Melissa Shake recused from participation in this matter due to Mr. Repetti applying to work at Walgreens.

Joseph Repetti appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Repetti disclosed past issues with law enforcement on his application.

Mr. Repetti summarized the facts of the case where he had stolen an item from his ex and pawned the item.

Mr. Repetti stated that he also attended meetings with Narcotics Anonymous for one year and still meets with his sponsor.

The Board questioned Mr. Repetti regarding his addiction, recovery, work history and his relationship with the managing pharmacist at Walgreens.

After discussion, Presiding Officer Desmond offered Mr. Repetti the option to table his application while he provides Board Staff with documentation regarding his conviction and receives an evaluation by PRN-PRN.

The Board tabled Mr. Repetti's application at his request.

C. Michelle M. Shadley

Michelle Shadley appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Ms. Shadley disclosed past law enforcement issues on her application.

Ms. Shadley explained that in August 2004, she had stolen clothing from Target. She explained that this matter was heard and she was ordered to do community services.

The Board questioned Ms. Shadley regarding her case and work history.

Ms. Shadley answered questions to the Board's satisfaction.

Board Action:

Motion: Melissa Shake moved to approve Michelle Shadley's Application for Pharmaceutical Technician in Training Registration.

Second: Wayne Mitchell

Action: Passed unanimously

15. Applications for Pharmaceutical Technician – Appearance:

A. Deborah A. Furlong

Deborah Furlong appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Ms. Furlong disclosed past issues with law enforcement on her application.

Ms. Furlong stated that in July 2003, she was arrested for driving under the influence. She explained that she has paid all fines and has taken the required courses to comply with her Order regarding this matter.

Ms. Furlong explained that she was also arrested in February 2006, on a warrant for a check she wrote in 2003 that did not clear. She explained that she has attended all classes and paid all fines regarding this matter as well.

Ms. Furlong stated that she has been a pharmaceutical technician in Arizona and would like to be licensed in Nevada.

Ms. Furlong answered questions to the Board's satisfaction regarding her past cases and work history.

Board Action:

Motion: Jade Jacobo move to approve Deborah Furlong's Application for Pharmaceutical Technician.

Second: Melissa Shake

Action: Passed unanimously

B. Danny H. Ramos

Danny Ramos appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Ramos disclosed on his application that he was charged for driving under the influence in 2013. Mr. Ramos summarized the facts of a case in 2015 that resulted in a five year probation on his pharmaceutical technician registration in California.



The Board questioned Mr. Ramos regarding his work history and the conditions on his pharmaceutical technician registration in California.

Mr. Ramos answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve Danny Ramos' Application for Pharmaceutical Technician Registration pending a positive evaluation by PRN-PRN. Mr. Ramos' Pharmaceutical Technician Registration shall be placed on probation to match the California State Board of Pharmacy's Order until July 2020.

Second: Melissa Shake

Action: Passed unanimously

16. Application for Dispensing Technician in Training - Appearance:

Cassandra Sheffey

Cassandra Sheffey appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Mr. Wuest provided background information that Ms. Sheffey had disclosed past law enforcement issues on her application for dispensing technician in training, but did not disclose this information on her previously completed pharmaceutical technician registration renewal application.

Ms. Sheffey answered questions to the Board's satisfaction regarding her 2016 DUI charge, recovery and work history.

After discussion, Ms. Sheffey disclosed that she had completed the wrong form regarding this matter.

The Board tabled this matter to allow Ms. Sheffey to complete the correct forms and to properly notice this matter for a future Board meeting.

17. Application for Pharmacist Registration by Reciprocity - Appearance:

Sheila D. Colon

Sheila Colon appeared and was sworn by Presiding Officer Desmond prior to answering questions or offering testimony.

Ms. Colon disclosed discipline in California on her application.

Ms. Colon answered questions to the Board's satisfaction regarding two cases with the California Board of Pharmacy.

Board Action:

Motion: Jade Jacobo moved to approve Sheila Colon's Application for Pharmacist Registration by Reciprocation.

Second: Wayne Mitchell

Action: Passed unanimously

18. Appearance Request: Rob Geddes, Albertsons-Safeway  
Discussion of whether, under existing law, a pharmacist may administer medications, including injectables, in a pharmacy pursuant to a valid prescription under NRS 639.0124, NRS 639.0065 or other provision(s) of Nevada law.

Mr. Wuest provided background information.

Rob Geddes, Albertsons-Safeway, appeared and discussed with the Board if pharmacists are allowed to administer medications, including injectables, in a pharmacy pursuant to a valid prescription.

Presiding Officer Desmond opened the Public Comment.

Liz MacMenamin, RAN, appeared and expressed support of pharmacists administering medications in a pharmacy pursuant to a valid prescription.

Cat O'Mara, NSMA, appeared and requested that the Board provide information to the public to clarify if pharmacists may provide this service.

Board discussion ensued regarding current practices in pharmacy regarding collaborative practice and administration of medications.

Board Action:

Motion: Gener Tejero moved to bring this matter back to Workshop with language allowing a pharmacist to administer medications in a pharmacy pursuant to a valid prescription.

Second: Jade Jacobo

Action: Passed unanimously

19. Discussion and Determination Presentation: Joint Petition for Rulemaking pursuant to NAC 639.140 from MedAvail Technologies, Inc. and CareMore Health, requesting the Board to initiate the rulemaking process to amend its regulations, including NAC 639.715 *et al.*, to

allow for dispensing from automated dispensing systems at the point of care, including in clinics and other places where healthcare services are provided.

Mr. Wuest explained that Board Staff is currently going through a financial audit and that the report would be available at the next meeting.

Ed Rickert, Seema Siddiqui, and Saeed Akhtar appeared and requested the Board consider amending the regulations to allow for dispensing from automated dispensing systems at clinics and other places where healthcare services are provided.

Ms. Siddiqui presented information regarding MedAvail Technologies, Inc.'s dispensing machine and discussed how the system is working in other states.

Board discussion ensued regarding the current regulations and statutes and how this business model relates to Nevada Law.

Ms. Siddiqui and Dr. Akhtar answered questions to the Board's satisfaction regarding the medications provided in the dispensing machine, pharmacist supervision and security.

The Board requested that Board Staff draft proposed language and bring this matter back to Workshop.

20. General Counsel Report

General Counsel had nothing further to report.

21. Executive Secretary Report:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities:
  - 1. Meetings with Other Health Care Boards
  - 2. Nevada Physician Society - Dave
  - 3. Nevada Physician Society - Darla
  - 4. FDA Compounding Meeting
  - 5. Open Beds Meeting
- D. Report to Board:
  - 1. Licensing software update
- E. Board Related News:
  - 1. NABP District Meeting – Boise
  - 2. Student Megan Flandro

Mr. Wuest introduced Megan Flandro. Ms. Flandro is a pharmacy student at Idaho State University and is doing a six week rotation with the Nevada State Board of Pharmacy.

- F. Licensing Activities Report:
  - 1. PMP Integration
  - 2. Renewals

Public Comment October 9, 2019 5:20 PM

There was no public comment.

Public Comment October 10, 2019 9:00 AM

There was no public comment.

22. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)

1. **Amendment of Nevada Administrative Code (NAC) 453.510: Schedule 1.** The proposed amendment to NAC 453.510 will add Etizolam, which is a thienodiazepine and is chemically related to benzodiazepines, to the controlled substances listed in Schedule 1.

Megan Flandro provided background information.

Ms. Flandro stated that the proposed language would add Etizolam to the list of Schedule 1 drugs.

Ms. Flandro summarized the side effects of Etizolam and the uses of Etizolam in other countries.

Presiding Officer Desmond opened the Public Comment.

There was no public comment.

Board Action:

Motion: Melissa Shake moved to adopt the proposed language and move forward to Public Hearing.

Second: Jade Jacobo

Action: Passed unanimously

2. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will add a new regulation authorizing the State Board of Pharmacy to require the holder of any certificate, license or permit issued by the Board to report a conviction of any crime, and to report any administrative action, whether completed or pending, against the holder by any professional licensing board or agency of this state or another state, to the Executive Secretary of the Board within 30 days. The proposed amendment will also authorize the Executive Secretary of the Board on behalf of the Board to require the holder of any certificate, license or permit issued by the Board who reports a conviction or an administrative action to appear personally before the Board prior to the renewal of the certificate, license or permit.

Mr. Kandt provided background information.

Presiding Officer Desmond opened the Public Comment.

Liz MacMenamin, RAN, appeared and expressed concern regarding requiring licensees to report pending administrative actions.

Board discussion ensued regarding the benefits and risks of requiring licensees to report pending administrative actions.

Ms. Shake requested a modification to Section 2, to add Federal Agencies to the list, and to remove the requirement to report pending administrative actions.

Board Action:

Motion: Melissa Shake moved to adopt the proposed language with modifications to add Federal Agencies to Section 2 and to remove the requirement to report pending administrative actions.

Second: Wayne Mitchell

Aye: Mitchell, Shake, Tejero

Nay: Jacobo, Sullivan

Presiding Officer Desmond offered an aye vote.

Action: Motion carries

23. Date and Location of Next Scheduled Board Meeting:

December 4-5, 2019 – Reno, Nevada

Gener Tejero and Jade Jacobo were not present for this matter.

24. Public Comment October 10, 2019 3:00 PM

There was no public comment.

**5**

**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: COTTRILL'S PHARMACY, INC  
Physical Address: 4919 ELLICOTT RD. ORCHARD PARK, NY 14127  
Mailing Address: 4919 ELLICOTT RD.  
City: ORCHARD PARK State: NY Zip Code: 14127  
Telephone: 716-508-8481 Fax: 716-508-8482  
Toll Free Number: 844-268-8745 (Required per NAC 639.708)  
E-mail: PATIENTCARE@COTTRILLSPHARMACY.COM Website: WWW.COTTRILLSPHARMACY.COM  
Managing Pharmacist: ERIN STACK License Number: 060006

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

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

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,**

# 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: CVS/specialty #48023

Physical Address: 7930 Woodland Center Blvd., Ste 500, Tampa, FL 33614

Mailing Address: One CVS Dr., MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 800-869-0479 Fax: 480-860-3437

Toll Free Number: 800-869-0479 (Required per NAC 639.708)

E-mail: permitinfo@cvshealth.com Website: \_\_\_\_\_

Managing Pharmacist: Terita Peterson License Number: PS39426 Florida

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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



# 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: CVS/specialty #48036  
Physical Address: 25 Birch St., Bldg B, Ste 100, Milford, MA 01757  
Mailing Address: One CVS Dr., MC 1160  
City: Woonsocket State: RI Zip Code: 02895  
Telephone: 800-950-2688 Fax: 866-310-4099  
Toll Free Number: 800-950-2688 (Required per NAC 639.708)  
E-mail: permitinfo@cvshealth.com Website: \_\_\_\_\_  
Managing Pharmacist: Kim Morese License Number: PH22315

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

**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: CVS/specialty #48040

Physical Address: 1307-H Allen Dr., Troy, MI 48083

Mailing Address: One CVS Dr., MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 248-581-2740 Fax: 480-862-1077

Toll Free Number: 800-753-2777 (Required per NAC 639.708)

E-mail: permitinfo@cvshealth.com Website: \_\_\_\_\_

Managing Pharmacist: Anastassios Aitas License Number: 5302029267 Michigan

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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



# 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: CVS/specialty #48045  
Physical Address: 10700 World Trade Blvd., Suite 110, Raleigh, NC 27617  
Mailing Address: One CVS Dr., MC 1160  
City: Woonsocket State: RI Zip Code: 02895  
Telephone: 800-571-3991 Fax: 800-571-3922  
Toll Free Number: 800-571-3991 (Required per NAC 639.708)  
E-mail: permitinfo@cvshealth.com Website: \_\_\_\_\_  
Managing Pharmacist: Srividya Sankaranarayanan License Number: 24494 NC

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	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 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 type="checkbox"/> <input checked="" type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Mail Order</u>	<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 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,**

**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: DEEFLAT PHARMACY

Physical Address: 2580 Highway 95 - Suite 106

Mailing Address: 2580 Highway 95 - Suite 106

City: Bullhead City State: Arizona Zip Code: 86442

Telephone: 928-299-5070 Fax: 928-299-5071

Toll Free Number: 1-800-405-2435 (Required per NAC 639.708)

E-mail: deeflat@outlook.com Website: www.deeflatRX.com

Managing Pharmacist: TUAN DINH License Number: 5020258 (AZ)

**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,**

**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: F&M SPECIALTY PHARMACYPhysical Address: 117 LUCKNEY STATION RD FLOWOOD MS 39232Mailing Address: 1620 W. NORTHWEST HWY STE 100City: GRAPEVINE State: TX Zip Code: 76051Telephone: (601) 939-9353 Fax: (601) 939-6353Toll Free Number: (888) 560-0820 (Required per NAC 639.708)E-mail: Licensure@receptrx.com Website: www.fandmr.comManaging Pharmacist: TERA MCDIVITT License Number: E-010714**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,**



# 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: Quinate Pharmacy, LLC, dba Gordon's Home-town Pharmacy

Physical Address: 1557 Pooler Parkway, Ste 400

Mailing Address: same

City: Pooler State: Georgia Zip Code: 31322

Telephone: 912-988-3005 Fax: 912-988-1674

Toll Free Number: 833-878-6337 (Required per NAC 639.708)

E-mail: poolerrx@gordonsrx.com Website: www.gordonshometownpharmacy.com

Managing Pharmacist: Timmy Saxon License Number: RPH016190

### 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,

a/20

I

**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: Publix Super Markets, Inc., Publix Pharmacy #3213

Physical Address: 1950 Sand Lake Rd, Bldg 5, Orlando, FL 32809

Mailing Address: 1950 Sand Lake Rd., Bldg 5

City: Orlando State: FL Zip Code: 32809

Telephone: 855-797-8254 Fax: 863-413-5723

Toll Free Number: 855-797-8254 (Required per NAC 639.708)

E-mail: specialtypharmacy@publix.com Website: https://specialtyrx.publix.com

Managing Pharmacist: Chris Popun License Number: PS52386

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

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

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,**

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

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.

☐ 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

Managing Pharmacist: Elise Hoffman License Number: Texas 46141

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



10/8

K

**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: vitaCare Prescription Services, Inc.

Physical Address: 951 Yamato Road, Suite 160, Boca Raton, FL 33431

Mailing Address: Same as Physical Address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 561-961-1900 Fax: 800-891-4320

Toll Free Number: 800-350-3819 (Required per NAC 639.708)

E-mail: kverderber@vitacarerx.com Website: www.vitacarerx.com

Managing Pharmacist: Kristen K. Verderber License Number: PS41432 (Florida)

**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,**

# 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

LLC

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Zeus Rx

Physical Address: 743 East Hwy 80 Ste. 260

Mailing Address: 743 East Hwy 80 Ste. 260

City: Forney State: TX Zip Code: 75126

Telephone: (972) 449-5896 Fax: (972) 996-9171

Toll Free Number: 1-800-528-2038 (Required per NAC 639.708)

E-mail: Zeusrx1@gmail.com Website: N/A

Managing Pharmacist: Kristi Kubosh License Number: 48761

### 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,**

M

**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: Core Pharmacy

Physical Address: 6180 Halle Drive

Mailing Address: 6180 Halle Drive, Suite B

City: Valley View State: Ohio Zip Code: 44125

Telephone: 216-359-1600 Fax: 216-208-8617

Toll Free Number: 855-809-5077 (Required per NAC 639.708)

E-mail: tony@corecomp.com Website: www.corecompounding.com

Managing Pharmacist: Anthony Mendenhall License Number: 03318272 Ohio

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

**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.

<input checked="" type="checkbox"/> <b>New Pharmacy</b> or <input type="checkbox"/> <b>Ownership Change</b> (Provide current license number if making changes: PH _____)	
Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership – Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Gibson's Pharmacy

Physical Address: 240 E Winchester St.

Mailing Address: 240 E Winchester St.

City: Murray State: Utah Zip Code: ~~84103~~ 84107 <sup>SR</sup>

Telephone: 801 262 5526 Fax: 801 262 0125

Toll Free Number: 888 267 5128 (Required per NAC 639.708)

E-mail: gibsonspharma@gmail.com Website: gibsonsparmacyrx.com

Managing Pharmacist: Christopher Orton License Number: 8718454-1701

**TYPE OF PHARMACY      AND      SERVICES PROVIDED**

Yes/No	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 type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input checked="" type="checkbox"/> <input 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,

9/24

71

0

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7  
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

LLC

## GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sincerus Florida, LLCPhysical Address: 3265 W. McNab Road, Pompano Beach, FL 33069Mailing Address: same as above

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 800-604-5032 Fax: 954-256-5043Toll Free Number: 800-604-5032 (Required per NAC 639.708)E-mail: elicense@sincerususa.com Website: www.sincerususa.comManaging Pharmacist: Jenny Liu License Number: PS51764

## 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,**



**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: WALGREEN CO. D/B/A WALGREENS #16569

Physical Address: 10103 RIDGEGATE PKWY STE 117

Mailing Address: PO BOX 901, DEERFIELD, IL 60015

City: LONE TREE State: CO Zip Code: 80124

Telephone: (303) 729-2719 Fax: (303) 729-2720

Toll Free Number: 800-821-5223 (Required per NAC 639.708)

E-mail: LICENSEADMINISTRATION@WALGREENS.COM Website: WALGREENS.COM

Managing Pharmacist: Laura Zimmerly License Number: PHA.0013303

**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,**

Q

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____) <input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
--	---

Please check box for type of ownership and complete correct part of the application.

### FACILITY INFORMATION

Facility Name: Cardinal Health 200, LLC

Physical Address: 6275 Lance Drive, Riverside CA 92507

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal Place-QRA

City: Dublin

State: CA Zip Code: 94568

Telephone: 909-390-3430

Fax: 614-652-0674

E-mail: licensure@cardinalhealth.com

Website: www.cardinalhealth.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 24hrs to 24hrs Tue: 24hrs to 24hrs Wed: 24hrs to 24hrs Thu: 24hrs to 24hrs Fri: 24hrs to 24hrs  
 Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Adam Salazar

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Gases**<br><input type="checkbox"/> Respiratory Equipment**<br><input type="checkbox"/> Life-sustaining equipment**<br><input checked="" type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment<br><input type="checkbox"/> Parenteral and Enteral Equipment**<br><input type="checkbox"/> Orthotics and Prosthesis<br><input checked="" type="checkbox"/> Other: <u>Prescription and OTC Devices</u> |
|---|--|

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Adam Salazar

Telephone: 909-390-3430

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG 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.

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW <u>#MP01179</u> )	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Choice Medical Healthcare Inc.

Physical Address: 56 Broadway Ste #600 Salt Lake City, UT 84111

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 220 W Germantown Pike, Suite 250

City: Plymouth Meeting State: PA Zip Code: 19462

Telephone: 610-630-6357

Fax: \_\_\_\_\_

E-mail: Licensing@adapthealth.com

Website: www.choicemedco.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4

Fri: 9 to 4 Sat: Closed Sun: Closed Holidays: Closed

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Crump

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases\*\*

☒ Respiratory Equipment\*\*

☐ Life-sustaining equipment\*\*

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment\*\*

☐ Orthotics and Prosthesis

Other: CPAP Devices, & Accessories

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: David Crump

Telephone: 801-512-6245



## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

## FACILITY INFORMATION

Facility Name: MEDSUPPLY 102

Physical Address: 5105 E. DAKOTA AVE. SUITE B, FRESNO CA 93727  
(This must be a business address, we can not issue a license to a home address) 102

Mailing Address: 5105 E. DAKOTA AVENUE SUITE B, FRESNO, CA 93727

City: FRESNO CA State: CA Zip Code: 93727 Telephone: 559-292-1540

Fax: 1-888-404-7061

E-mail: adam.freicks@gomedsupply.net Website: www.gomedsupply.net

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm Fri: 8am to 5pm

Sat: on call Sun: on call Holidays: on call

## MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: ADAM FREDICKS

## TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input checked="" type="checkbox"/> Assistive Equipment       |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**   |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthetics |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>NPWT</u>  |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Plwy Suite 206, Reno, NV 89521 (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Northland AAC

Physical Address: 3110 Rural Road, Suite 105, Tempe, Arizona 85282  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Attn: Licensing, P.O. Box 9004

City: Clearwater, Florida State: Zip Code: 33758 Telephone: \_\_\_\_\_

928-779-0595 Fax: 928-556-0709

E-mail: dklemenc@lincare.com Website: \_\_\_\_\_

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 0800 to 1700 Tue: 0800 to 1700 Wed: 0800 to 1700 Thu: 0800 to 1700 Fri: \_\_\_\_\_

0800 to 1700 Sat: Closed to Sun: Closed to Holidays: Closed to

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michele Rimmel

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                        |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**         |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis                   |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Durable medical equipment - speech generating devices</u> |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

u<sup>77</sup>

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: United Seating and Mobility LLC., dba Numotion

Physical Address: 10520 S. 700 E. Ste. 209 Sandy, UT 84070

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 975 Hornet Dr. Ste. 250 Attn: Credentialing

City: Hazelwood, MO

State: Zip Code: 63042

Telephone: 314-447-7714

Fax: N/A

E-mail: credentialing@numotion.com

Website: www.numotion.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30-12 to 1:00-4:30 Tue: 8:30-12 to 1:00-4:30 Wed: 8:30-12 to 1:00-4:30 Thu: 8:30-12 to 1:00-4:30 Fri: 8:30-12 to 1:00-4:30

Sat: to Sun: to Holidays: to

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Linzee Martin

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases\*\*

☐ Respiratory Equipment\*\*

☐ Life-sustaining equipment\*\*

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment\*\*

☐ Orthotics and Prosthesis

Other: Retailer of wheelchairs and wheelchair supplies.

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A

Telephone: \_\_\_\_\_

V

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**FACILITY INFORMATION**Facility Name: SRW Industries IncPhysical Address: 500 Capital Drive Lake Zurich, IL 60047

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 500 Capital DriveCity: Lake Zurich State: IL Zip Code: 60047Telephone: 847-550-1800 Fax: 847-550-1810E-mail: srwind1@gmail.com Website: N/A**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 8:00am to 5:00pm Tue: 8:00am to 5:00pm Wed: 8:00am to 5:00pm Thu: 8:00am to 5:00pm  
 Fri: 8:00am to 5:00pm Sat: Closed to Sun: Closed to Holidays: Closed to

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Stacy Rybacki**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input checked="" type="checkbox"/> Assistive Equipment     |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: _____  |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

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

Telephone: \_\_\_\_\_

7-2

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Acrotech Biopharma LLC

Physical Address: 279 Princeton Hightstown Road, Suite 103

City: East Windsor State: NJ Zip Code: 08520 Telephone

Number: (732) 839-9400 Fax Number: (732) 355-9449

Toll Free Number: (866) 850-2876

E-mail: ACR@SLSNY.com Website: acrotechbiopharma.com

Facility Manager: Kiran K. Nagabandhi

Professional qualifications and experience of facility manager: Financial Controller at  
Acrotech Biopharma LLC

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: Biologics

manu

X

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Adhera Therapeutics, Inc.

Physical Address: 4721 Emperor Boulevard, Suite 350

City: Durham State: NC Zip Code: NC Telephone \_\_\_\_\_

Number: (919) 578-5901 Fax Number: N/A

Toll Free Number: N/A

E-mail: nphelan@adherathera.com Website: adherathera.com

Facility Manager: Nancy Phelan

Professional qualifications and experience of facility manager: Please See Attached Resume

### Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers  
☒ Other: Speciality Pharmacies and Speciality Distributors

### Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

y

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☒ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: ADVANCED PHARMACEUTICALS, LLC  
Physical Address: 998 N. HALSTEAD RD., SUITE C  
City: OCEAN SPRINGS State: MS Zip Code: 39564  
Telephone Number: 228-215-1033 Fax Number: 228-215-1048  
Toll Free Number: N/A  
E-mail: advancedpharma2011@gmail.com Website: n/a  
Facility Manager: Charles Hollis  
Professional qualifications and experience of facility manager: SEE ATTACHED

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Amneal Pharmaceuticals LLC

Physical Address: 115 Carroll Knically Drive

City: Glasgow State: KY Zip Code: 42141

Telephone Number: (908) 947-3120 Fax Number: (908) 947-3146

Toll Free Number: (908) 947-3120 24Hour

E-mail: Amneal@iqvia.com Website: www.amneal.com

Facility Manager: Anthony Hodges

Professional qualifications and experience of facility manager: Refer to the attached biography

### Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Distributors & Manufacturers

### Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☒ Other: OTC, Pseudoephedrine, Solid Dose, Injectables, Ophthalmic, Liquids (oral), Topical, Vitamins



**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership – Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Anika Therapeutics, Inc.  
 Physical Address: 32 Wiggins Avenue  
 City: Bedford State: MA Zip Code: 01730  
 Telephone Number: 781-457-9000 Fax Number: 781-305-9720  
 Toll Free Number: \_\_\_\_\_  
 E-mail: ndecker@anikatherapeutics.com Website: www.anikatherapeutics.com  
 Facility Manager: Edward S. Ahn  
 Professional qualifications and experience of facility manager: Please see attached resume.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☐ Wholesalers  
☒ Other: Wholesale Distributors

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☒ **Ownership Change** (Provide current license number if making changes: WH 02327)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Array BioPharma Inc.Physical Address: 3200 Walnut StreetCity: Boulder State: CO Zip Code: 80301 Telephone \_\_\_\_\_Number: 303.381.6600 Fax Number: N/AToll Free Number: N/AE-mail: licensing@arraybiopharma.com Website: www.arraybiopharma.comFacility Manager: Nicholas SaccomanoProfessional qualifications and experience of facility manager: See attached resume.**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

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

<input type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____) Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: AuroMedics Pharma LLC

Physical Address: 279 Princeton Hightstown Road, Suite 214

City: East Windsor State: NJ Zip Code: 08520

Telephone Number: (888) 238-7880 Fax Number: (732) 355-9449

Toll Free Number: (888) 238-7880

E-mail: AMP@SLSNY.com Website: www.auromedics.com

Facility Manager: Mark Robert Fedele

Professional qualifications and experience of facility manager: Executive with more than 25 years of commercial experience with diverse medical device and pharmaceutical companies.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies                      ☐ Practitioners                      ☐ Hospitals                      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices                      ☐ Hypodermic Devices  
☐ Poisons or Chemicals                      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Avanir Pharmaceuticals, Inc.Physical Address: 30 Enterprise, Suite 400City: Aliso Viejo State: CA Zip Code: 92656 Telephone \_\_\_\_\_Number: 949-389-6700 Fax Number: 949-643-6800Toll Free Number: N/AE-mail: RFritz@avanir.com Website: www.avanir.comFacility Manager: Richard E. Fritz, Jr.Professional qualifications and experience of facility manager: See Attachment CTypes of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers  
☒ Other: Pharmaceutical companies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____) Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,7 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Avion Pharmaceuticals, LLC

Physical Address: 1880 McFarland Parkway, Suite 105

City: Alpharetta State: GA Zip Code: 30005 Telephone \_\_\_\_\_

Number: 678-325-5341 Fax Number: 678-746-0717

Toll Free Number: 1-800-541-4802

E-mail: shalonda.moore@avionrx.com Website: www.avionrx.com

Facility Manager: Harold A. Deas, Jr

Professional qualifications and experience of facility manager: CEO. over 20 years of experience in pharmaceutical industry

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices <input type="checkbox"/> Poisons or Chemicals <input type="checkbox"/> Controlled Substances (include copy of DEA) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hypodermic Devices <input type="checkbox"/> Veterinary Legend Drugs
---	---

FF

VETERINARIAN 88

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALE 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: BE Pharmaceuticals, Inc.

Physical Address: 203 New Edition Court

City: Cary State: NC Zip Code: 27511

Telephone: (919) 545-1159 Fax Number: (919) 762-6210

Toll Free Number: \_\_\_\_\_

E-mail: BEP@SLSNY.com Website: www.biologicale.com

Facility Manager: David Kauffman Sanford

Professional qualifications and experience of facility manager: A dynamic, enthusiastic and versatile professional with over 20 years of experience in customer facing functions within the pharmaceutical industry. Responsible for maintaining national distribution centers located through-out the entire United States with shipments all over the US and internationally.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Becton, Dickinson and Company

Physical Address: 1 Becton Drive

City: Franklin Lakes State: NJ Zip Code: 07417

Telephone Number: 201-847-5497 Fax Number: 201-847-6917

Toll Free Number: 800-288-9165

E-mail: andrew\_stellon@bd.com

Website: www.bd.com

Facility Manager: Andrew Stellon

Professional qualifications and experience of facility manager: See Attachment B

### Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Repackagers, Distributors, and Clinics

### Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALE 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: bluebird bio, Inc.

Physical Address: 60 Binney Street

City: Cambridge State: MA Zip Code: 02142

Telephone Number: (339) 499-9300 Fax Number: N/A

Toll Free Number: N/A

E-mail: statelicensing@bluebirdbio.com

Website: www.bluebirdbio.com

Facility Manager: Nick Leschly

Professional qualifications and experience of facility manager: See attached resume

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_



3/25

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☒ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Bonita Pharmaceuticals LLC

Physical Address: 6380 Commerce Drive

City: Westland State: MI Zip Code: 48185

Telephone Number: 734-729-7200 Fax Number: 734-729-7288

Toll Free Number: 855-729-7200

E-mail: bonita@bonitapharma.com Website: www.bonitapharma.com

Facility Manager: Manish Patel

Professional qualifications and experience of facility manager: Registered Pharmacist with 16 years of combined experience as a pharmacist and managing wholesale operation of prescription drugs.

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Breckenridge Pharmaceutical, Inc.

Physical Address: 15 Massirio Drive, Suite 201

City: Berlin State: CT Zip Code: 06037

Telephone Number: 860-828-8140 Fax Number: 860-828-8142

Toll Free Number: 800-466-2700

E-mail: toddr@bpirx.com Website: www.bpirx.com

Facility Manager: Todd E. Ruonavaara

Professional qualifications and experience of facility manager: See Attachment C

### Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Distributors, Repackagers, Nursing Home Pharmacies and Clinics

### Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA) N/A - See Attachment B  
☒ Other: Over-the-counter drugs

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

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH_____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Partnership - Pages 1,2,3,7    X - LLC <input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Chewy Wholesale, LLC

Physical Address: 2815 Watterson Trail, Ste. B

City: Louisville State: KY Zip Code: 40299

Telephone Number: 502-340-2511 Fax Number: 502-805-0470

Toll Free Number: 877-977-3879

E-mail: dclark1@chewy.com Website: www.chewy.com

Facility Manager: Donald Patrick Clark, Jr.

Professional qualifications and experience of facility manager: See attached resume.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies                      ☒ Practitioners                      ☐ Hospitals                      ☐ Wholesalers  
☒ Other: Veterinarians and Veterinary Pharmacies

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices                      ☐ Hypodermic Devices  
☐ Poisons or Chemicals                      ☒ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Cochran Wholesale Pharmaceutical LLC

Physical Address: 1304 South Broad Street

City: Monroe State: Georgia Zip Code: 30655

Telephone Number: 770-267-7701 Fax Number: 800-421-9105

Toll Free Number: \_\_\_\_\_

E-mail: Licensing@cochranwholesale.com Website: www.cochranwholesale.com

Facility Manager: Christopher Brian Newsome

Professional qualifications and experience of facility manager: Handling day to day overall

management of the company by supporting sales reps, warehouse management team, developing and maintaining relationships with vendors and troubleshooting issues.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

635-

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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

**(non-refundable and non-transferable checks 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Compass Health Brands Corp.Physical Address: 18901 Snow Rd., Bldg 6City: Brookpark State: OH Zip Code: 44142Telephone Number: 216-553-7002

Fax Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

E-mail: qualitydept@compasshealthbrands.com Website: www.compasshealthbrands.comFacility Manager: Mike TroddenProfessional qualifications and experience of facility manager: Over 10 years of experience**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers  
☒ Other: DME Dealers

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices \* ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

(\*Devices only - no pharmaceuticals)

\*Please note: the State of Ohio does not license medical device manufacturers or wholesalers. See attached email confirmation.

NN

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Collegium Pharmaceutical, Inc.Physical Address: 100 Technology Center Drive , Suite 300City: Stoughton State: MA Zip Code: 02072 TelephoneNumber: 781-713-3699 Fax Number: 781-828-4697Toll Free Number: N/AE-mail: lrodan@newperspectives-us.com Website: www.collegiumpharma.comFacility Manager: Alison FlemingProfessional qualifications and experience of facility manager: Ph.D in Chemical Engineering  
with 15 years experience in pharmaceutical operations.Types of licensed outlets or authorized persons firm will serve:☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers☐ Other: \_\_\_\_\_Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA) Virtual Drug Manufacturer, 3PL ICS DEA included  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____) Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Currax Pharmaceuticals LLC dba Cypress, Macoven, Hawthorn

Physical Address: 10 North Park Place, Suite 201

City: Morristown State: NJ Zip Code: 07960 Telephone: 862-260-8752

Number: (800) 793-2145 Fax Number: 862-260-8752

Toll Free Number: (800) 793-2145

E-mail: mpeter@curraxpharma.com Website: www.curraxpharma.com

Facility Manager: Glenn Whaley

Professional qualifications and experience of facility manager: See attached resume

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Exel Inc. d/b/a DHL Supply Chain (USA)

Physical Address: 1003 Corporate Lane, Suite A

City: Export State: PA Zip Code: 15632

Telephone Number: 978-221-7296 Fax Number: 614-865-8867

Toll Free Number: N/A

E-mail: regulatory@dhl.com Website: www.dhl.com

Facility Manager: Daniel J. Barbash

Professional qualifications and experience of facility manager: See Attachment B

### Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Distributors

### Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 84 Zions View Rd

PA

City: Manchester

State: PA Zip Code: 17345

Telephone

Number: 570-556-7004

Fax Number: 614-865-8867

Toll Free Number: N/A

E-mail: regulatory@dhl.com

Website: www.exel.com

Facility Manager: Mark Edward Wagner

Professional qualifications and experience of facility manager: \_\_\_\_\_

Operations Manager, Bayer Packaging, 11/5/2018 to current

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)(List 1 Only)  
☒ Other: OTC Drug & Device, Costmetics, DME

RR

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 02385**)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Pharmaceutical Trade Services, Inc., DBA Durbin USA

Physical Address: 5820 Gulf Tech Drive

City: Ocean Springs

State: MS Zip Code: 39564

Telephone

Number: 228-244-1530

Fax Number: 228-244-1535

Toll Free Number: \_\_\_\_\_

E-mail: alewis@durbin-usa.com

Website: durbinglobal.com

Facility Manager: Anne F. Lewis

Professional qualifications and experience of facility manager: See attached resume

### Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Research & Development, Clinical Trials, Veterinarians, Managed Access Distribution

### Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☒ Other: API's

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Expeditors International of Washington, Inc

Physical Address: 12000 N 132nd Ave, Suite 100

City: Surprise State: AZ Zip Code: 85379 Telephone \_\_\_\_\_

Number: 602-358-0523 Fax Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: www.expeditors.com

Facility Manager: Pamela Marie Ervin

Professional qualifications and experience of facility manager: 32 years of experience

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☒ Practitioners      ☐ Hospitals      ☐ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

TT

FBS - FID #02 MV

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Fisher BioServices, Inc.

Physical Address: 4650 New Design Road, Suite F

City: Frederick State: MD Zip Code: 21703

Telephone Number: (240) 405-1060 Fax Number: (240) 405-1050

Toll Free Number: N/A

E-mail: FBS@slny.com Website: www.fisherbioservices.com

Facility Manager: Bruce Copley Simpson

Professional qualifications and experience of facility manager: Responsible for the design, build, validation, commissioning, and overall management of a state of the art, 47K ft², cryogenic focused, clinical trial and commercial drug biorepository and distribution Cryocentre.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: Biologics, over the counter drugs

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Foamix Pharmaceuticals Inc.

Physical Address: 520 US Highway 22, Suite 204

City: Bridgewater State: NJ Zip Code: 08807 Telephone: \_\_\_\_\_

Number: (800) 775-7936 Fax Number: \_\_\_\_\_

Toll Free Number: (800) 775-7936

E-mail: Matt.Wiley@foamix.com Website: http://www.foamix.com

Facility Manager: Matthew Wiley

Professional qualifications and experience of facility manager: See attached resume  
See attached

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☒ Other: Specialty Distributors

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

25 VV

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

#### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Focus Laboratories, Inc.

Physical Address: 11205 Richardson Drive

City: North Little Rock State: Arkansas Zip Code: 72113

Telephone Number: 501-753-6006 Fax Number: 501-753-6021

Toll Free Number: \_\_\_\_\_

E-mail: license@focuslaboratories.com Website: www.focuslaboratories.com

Facility Manager: Brad Winfrey

Professional qualifications and experience of facility manager: Oversees the daily functions of facility including financial reporting, inventory review, order management and employee management

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers  
☒ Other: Consumers OTC only.

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: GATEWAY HEALTH RESOURCES LLC DBA. GHR, SECOND SOURCE RX AND OR 2SRX

Physical Address: 13600 SHORELINE DRIVE SUITE 200

City: EARTH CITY, MO State: MO Zip Code: 63045 Telephone

Number: 314-455-9109 Fax Number: 888-711-0660

Toll Free Number: 844-338-2224

E-mail: GOS.MAZULLO@2SRX.COM Website: WWW.2SRX.COM

Facility Manager: AUGUST MAZULLO

Professional qualifications and experience of facility manager: CA DR # 23931

FL CDR # 8811964 20+ YRS. PHARMACEUTICAL DISTRIBUTION

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

XX

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Global Blood Therapeutics Inc.Physical Address: 171 Oyster Point Blvd, Suite 300City: South San Francisco State: CA Zip Code: 94080 Telephone \_\_\_\_\_Number: (650) 741-7700 Fax Number: N/AToll Free Number: N/AE-mail: statelicensing@gbt.com Website: www.gbt.comFacility Manager: Patricia SuvariProfessional qualifications and experience of facility manager: See Attached Resume**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers  
☒ Other: Physicians

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_



**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Invicta Wholesale Supplies, LLC

Physical Address: 1126 Industry Dr.

City: Tukwila State: WA Zip Code: 98188-4803

Telephone Number: 253-246-2098 Fax Number: 253-277-3149

Toll Free Number: N/A

E-mail: compliance.invicta@gmail.com Website: www.invictaws.com

Facility Manager: George Kosulin

Professional qualifications and experience of facility manager: Resume attached

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Kenco Logistic Services LLC.

Physical Address: 205 Hembree Park drive, suite 170

City: Roswell State: GA Zip Code: 30076 Telephone \_\_\_\_\_

Number: 678-414-1851 Fax Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

E-mail: Alfonzo.Sims@Kencogroup.com Website: www.Kencogroup.com

Facility Manager: Alfonzo J. Sims

Professional qualifications and experience of facility manager: See attached Resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Lohxa, LLC

Physical Address: 600 Main St. Ste. 110

City: Worcester State: MA Zip Code: 01608

Telephone Number: 800.641.5564 Fax Number: 866.691.4767

Toll Free Number: 800.641.5564

E-mail: nik@lohxa.com Website: www.lohxa.com

Facility Manager: Kreshnik Loxha

Professional qualifications and experience of facility manager: \_\_\_\_\_

Licensed PharmD. RPh for 5 years

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies
 ☐ Practitioners
 ☒ Hospitals
 ☒ Wholesalers

☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
 ☐ Hypodermic Devices  
☐ Poisons or Chemicals
 ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: McKesson Medical-Surgical Inc.Physical Address: 3769 Commerce Center Blvd.City: Bethlehem, PA 18015 State:            Zip Code:            TelephoneNumber: 484.456.7600 Fax Number:           Toll Free Number:           E-mail: Elaine.Stutman@McKesson.com Website: www.mckesson.comFacility Manager: Randall McCollomProfessional qualifications and experience of facility manager: see attached**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other:           

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other:

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 02307)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Medline Industries, Inc.

Physical Address: 10 Glen Falls Technical Park

City: Glen Falls State: NY Zip Code: 12801

Telephone Number: 518 742 4495 Fax Number: -

Toll Free Number: 1-800-MEDLINE

E-mail: mleonard@medline.com Website: www.medline.com

Facility Manager: David Greer

Professional qualifications and experience of facility manager: 24 Years of Drug Warehouse Experience

### Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Nursing Homes, Surgery Centers, Long Term Care

### Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☒ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: Cosmetics

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership – Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Micro Labs USA, Inc.

Physical Address: 106 Allen Road, Suite 102

City: Basking Ridge State: NJ Zip Code: 07920

Telephone Number: (908) 484-7410 Fax Number: (845) 544-2481

Toll Free Number: (855) 839-8195

E-mail: MLU@slny.com Website: www.microlabsusa.com

Facility Manager: Umesh Karpakulajayakuma

Professional qualifications and experience of facility manager: Spearhead multiple operations across long- and short-range planning, supply chain and logistics management, accounting, cost control, and office administration for newly established location in the United States.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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

**(non-refundable and non-transferable checks 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.

<input checked="" type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: <b>WH 02463</b> ) Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8	
--	--

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Novadoz Pharmaceuticals, LLC

Physical Address: 20 Duke Road, Suite A

City: Piscataway State: NJ Zip Code: 08854

Telephone Number: 908-360-1500 Fax Number: 732-902-2113

Toll Free Number: N/A

E-mail: seshu.aklua@novadozpharma.com Website: novadozpharma.com

Facility Manager: Seshu Akula

Professional qualifications and experience of facility manager: Resume attached

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

FFF

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Norbrook Inc.Physical Address: 9733 Loiret Blvd.City: Lenexa State: KS Zip Code: 66219Telephone Number: (913) 599-5777 Fax Number: (913) 599-5766Toll Free Number: (913) 599-5777E-mail: NOR@slny.comWebsite: www.norbrook.comFacility Manager: Scott Alan Egbert

Professional qualifications and experience of facility manager: Over 19 years of operations management and global logistics experience in the pharmaceutical industry. Strong background in systems development, project management, and process improvement.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: Distributors, Clinics or Institutions.

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: Veterinary Over-the-Counter Drugs



**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Novo Nordisk Pharma Inc.Physical Address: 800 Scudders Mill Road, Suite 1A108City: Plainsboro State: NJ Zip Code: 08536 Telephone \_\_\_\_\_Number: 609-786-3040 Fax Number: 609-580-2476Toll Free Number: N/AE-mail: mdub@novonordisk.com Website: PendingFacility Manager: Melissa A. Dubicki

Professional qualifications and experience of facility manager: Oversee inventory, distribution, customer service activities, and transportation.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

HHH

OMHYH - STHV - NV 116

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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

**(non-refundable and non-transferable checks 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: O&M Halyard, Inc.Physical Address: 228 Access DriveCity: Southaven State: MS Zip Code: 38671Telephone Number: 662-342-1953

Fax Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

E-mail: gm-licensing@owens-minor.comWebsite: www.halyardhealth.comFacility Manager: Randall K. HooverProfessional qualifications and experience of facility manager: See attached resume**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Manufacturers and Dentists

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and non-transferable checks 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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____)	
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Patheon Manufacturing Services LLC

Physical Address: 5900 Martin Luther King Jr. Hwy

City: Greenville State: NC Zip Code: 27834

Telephone Number: 252-758-3436 Fax Number: 252-707-4610

Toll Free Number: N/A

E-mail: Vito.Maurizzio@thermofisher.com Website: Patheon.com

Facility Manager: Vito A. Maurizzio

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Vito A. Maurizzio is the manager DEA Site Services. He has been working for the company for over 20 years.

**Types of licensed outlets or authorized persons firm will serve:**

- |  |  |                                    |                                      |
|--|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Pharmacies  | <input type="checkbox"/> Practitioners | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Wholesalers |
| <input checked="" type="checkbox"/> Other: <u>Pharmaceutical companies</u> |  |                                    |                                      |

**Type of Products to be handled or wholesaled by firm:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices | <input type="checkbox"/> Hypodermic Devices                 |
| <input type="checkbox"/> Poisons or Chemicals                                   | <input checked="" type="checkbox"/> Veterinary Legend Drugs |
| <input checked="" type="checkbox"/> Controlled Substances (include copy of DEA) |   |
| <input type="checkbox"/> Other: _____   |   |

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: PARI Respiratory Equipment, Inc.

Physical Address: 2421 PARI Way

City: Midlothian State: VA Zip Code: 23112 Telephone \_\_\_\_\_

Number: 804-253-7274 Fax Number: 804.253.0275

Toll Free Number: \_\_\_\_\_

E-mail: mike.judge@pari.com Website: www.pari.com

Facility Manager: Michael N. Judge

Professional qualifications and experience of facility manager: 20 years experience in Pharmaceutical Quality, Regulatory Affairs and Day-to-Day Operations, MBA and BA Physics

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

KKK

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Perrigo Pharmaceuticals Company

Physical Address: 515 Eastern Ave.

City: Allegan State: MI Zip Code: 49010

Telephone Number: (269) 673-8451 Fax Number: (845) 544-2481

Toll Free Number: N/A

E-mail: PPC@slny.com Website: www.perrigo.com

Facility Manager: Chad Vincent Caldarona

Professional qualifications and experience of facility manager: Distribution Manager with experience in training, safety, quality, utilization, productivity, budgets, projects, compliance and customer service.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☐ Wholesalers  
☒ Other: Distribution sites with organization, Manufacturers and Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☒ Other: Human Ophthalmic and Human OTC and OTC PSE.

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Persion Pharmaceuticals LLC

Physical Address: 10 North Park Place, Suite 201

City: Morristown State: NJ Zip Code: 07960 Telephone: \_\_\_\_\_

Number: (800) 793-2145 Fax Number: 1-862-260-8752

Toll Free Number: (800) 793-2145

E-mail: mpeter@curraxpharma.com Website: http://www.persionpharma.com/

Facility Manager: George Jones

Professional qualifications and experience of facility manager: See attached resume

### Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

### Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and non-transferable checks 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.

<input type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: <b>WH 01651</b> ) Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8	
---	--

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Pharmaceutical Associates, Inc.

Physical Address: 1700 Perimeter Road

City: Greenville State: SC Zip Code: 29666

Telephone Number: 864-277-7282 Fax Number: 864-277-8045

Toll Free Number: \_\_\_\_\_

E-mail: kbryant@paipharma.com Website: www.paipharma.com

Facility Manager: Kurt Orlofski, CEA

Professional qualifications and experience of facility manager: See attached resume.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_



NNN

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH02359)

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,7

☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6

☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Pharmsource, LLC

Physical Address: 123 Newman Dr.

City: Brunswick State: GA Zip Code: 31520 Telephone

Number: 912-235-0480 Fax Number: 877-240-5344

Toll Free Number: \_\_\_\_\_

E-mail: jpeters@pharmsourcewholesale.com Website: pharmsourcewholesale.com

Facility Manager: John B. Peters

Professional qualifications and experience of facility manager: see attached

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies

☐ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: Veterinary hospitals

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☒ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed be all types of ownership

Facility Name: PI Services, LLC

Physical Address: 2010 Filmore Avenue

City: Erie State: PA Zip Code: 16506

Telephone Number: 814-616-2502 Fax Number: 814-838-2102.3

Toll Free Number: 888-838-2103

E-mail: emilys@pharmacyinnovations.net Website: N/A

Facility Manager: Taylor Scully, PharmD

Professional qualifications and experience of facility manager: PharmD, Registered PA Pharmacist, 9+ yrs in pharmacy & inventory drug control

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

545.00

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Progenics Pharmaceuticals, Inc.Physical Address: 110 Clyde Road, Suite L.06City: Somerset State: NJ Zip Code: 08873 Telephone \_\_\_\_\_Number: 646-975-2500 Fax Number: 646-707-3626Toll Free Number: N/AE-mail: odalia@progenics.com Website: www.progenics.comFacility Manager: Shaohui Zhang

Professional qualifications and experience of facility manager: Shaohui Zhang is a doctor of organic chemistry. He has more than 3 years of experience working in building, managing, and maintaining CGMP facilities for radiopharmaceutical production and quality control.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Quantum Commerce, LLC DBA: Quantum RX  
Physical Address: 25076 W. 6 Mile Rd.  
City: Redford State: MI Zip Code: 48240  
Telephone Number: 313-387-9988 Fax Number: 313-221-9988  
Toll Free Number: n/a  
E-mail: quantumrxl@yahoo.com Website: www.quantumrx.net  
Facility Manager: Lauren Hunter

Professional qualifications and experience of facility manager: 6+ years experience, trained by retired DEA agent for compliance through third party, OCSA trained  
Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☐ Other: n/a

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: n/a

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: QOL Medical, LLC

Physical Address: 3405 Ocean Drive

City: Vero Beach State: FL Zip Code: 32963

Telephone Number: (866) 469-3773 Fax Number: (772) 365-3375

Toll Free Number: N/A

E-mail: QOL@slny.com Website: www.qolmed.com

Facility Manager: Frederick E. Cooper, Jr.

Professional qualifications and experience of facility manager: Chief Executive Officer for QOL Medical, LLC since 2010. Since 2010, he has managed daily business operations, including the sales/distribution, compliance, & financial departments.

**Types of licensed outlets or authorized persons firm will serve:**

Specialty  
☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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

**(non-refundable and non-transferable checks 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☒ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Republic PharmaceuticalsPhysical Address: 5840 Interface Dr. Ste. 200City: Ann Arbor State: MI Zip Code: 48103Telephone Number: 734-263-1290 Fax Number: 734-263-1290Toll Free Number: 800-659-6609E-mail: compliance@republicpharma.com Website: www.republicphama.comFacility Manager: Rikky Shah

Professional qualifications and experience of facility manager: Rikky Shah has 13 years experience in the pharmaceutical industry with 3 of those years as being a pharmacist.

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Retrophin, Inc

Physical Address: 3721 Valley Centre Drive, Ste 200

City: San Diego State: CA Zip Code: 92130

Telephone Number: 888-969-7879 Fax Number: 858-792-0431

Toll Free Number: \_\_\_\_\_

E-mail: legal@retrophin.com Website: www.retrophin.com

Facility Manager: Karl Odquist

Professional qualifications and experience of facility manager: See attached

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Direct to customers (through specialty pharmacy)

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

uuu

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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.

<input type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: WHO <u>02362</u> ) Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Partnership - Pages 1,2,3,7 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Rising Pharma Holdings, Inc.

Physical Address: 650 Randolph Road

City: Somerset State: NJ Zip Code: 08873 Telephone

Number: (201) 961-9000 Fax Number: (201) 961-1234

Toll Free Number: \_\_\_\_\_

E-mail: RPI@slny.com Website: \_\_\_\_\_

Facility Manager: Christopher M. Washington

Professional qualifications and experience of facility manager: Directs all policy, procedure and operational aspects of the distribution center. Ensures timely and cost efficient delivery of inventory and finished goods. Utilizes systems to monitor and track inventory through the distribution chain and identify and resolve issues.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☒ Other: Distributors and US Government

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: Human OTC



VVV

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 01837)

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,7

☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6

☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: RxCrossroads 3PL LLC

Physical Address: 1001 Cheri Way, Suite 100

City: Fairdale, KY

State:            Zip Code: 40118

Telephone                     

Number: 502-357-1310

Fax Number: 502-753-8393

Toll Free Number: N/A

E-mail: regulatory@rxcrossroads.com

Website: www.rxcrossroads.com

Facility Manager: Andrea Seadler

Professional qualifications and experience of facility manager: See attached.

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: Veterinarians, permitted clinics/surgical centers.

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☒ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☒ Other: Over the counter drugs



**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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.

<input type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: WH 00850) Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8	
---	--

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: RxCrossroads 3PL LLC

Physical Address: 5101 Jeff Commerce Drive

City: Louisville, KY State:            Zip Code: 40219 Telephone           

Number: 502-318-1200 Fax Number: 502-753-8393

Toll Free Number: N/A

E-mail: regulatory@rxcrossroads.com Website: www.rxcrossroads.com

Facility Manager: Jeffrey Phelps

Professional qualifications and experience of facility manager: See attached.

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: Veterinarians, permitted clinics/surgical centers.

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☒ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: Over the counter drugs

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 01482**)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Safco Dental Supply LLCPhysical Address: 1111 Corporate Grove DriveCity: Buffalo Grove State: Illinois Zip Code: 60089Telephone Number: 847-412-9331 Fax Number: 847-412-9367Toll Free Number: 800-621-2178E-mail: regulatory@safcodental.com Website: www.safcodental.comFacility Manager: Bradley JoergerProfessional qualifications and experience of facility manager: See attached resume of Bradley Joerger.Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: Nonprescription drugs and devices.

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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

**(non-refundable and non-transferable checks 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Safeway Distributors Inc.

Physical Address: 15851 SW 41 Street Suite 600

City: Davie State: Florida Zip Code: 33331

Telephone Number: 954-796-3338 Fax Number: 954-796-3402

Toll Free Number: \_\_\_\_\_

E-mail: mbleich@safeway954.com Website: N/A

Facility Manager: Michael Bleich

Professional qualifications and experience of facility manager: 15 Years exp.

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☐ Hospitals      ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Scott's Dental Supply, LLC

Physical Address: 7217 45th Street Ct E Ste 103

City: Fife State: WA Zip Code: 98424

Telephone Number: (800) 901-3368 Fax Number: (800) 657-0601

Toll Free Number: (800) 901-3368

E-mail: compliance.scottsds@gmail.com Website: www.scottsdental.com

Facility Manager: Scott Bigler

Professional qualifications and experience of facility manager: Scott Bigler has been president since 2002. Resume attached

### Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers  
☒ Other: Dentist

### Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Seattle Genetics, Inc.

Physical Address: 21823 30th Drive SE

City: Bothell State: WA Zip Code: 98021

Telephone Number: 425-527-4000 Fax Number: 425-527-4107

Toll Free Number: N/A

E-mail: legal@seagen.com Website: www.seattlegenetics.com

Facility Manager: John F. DeTurk

Professional qualifications and experience of facility manager: See Attachment B

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers  
☒ Other: Clinics and government agencies.

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Spectrum Pharmaceuticals, Inc.

Physical Address: 157 Technology Drive

City: Irvine State: CA Zip Code: 92618

Telephone Number: 949-788-6700 Fax Number: 949-788-6706

Toll Free Number: N/A

E-mail: malik.rafi@sppirx.com Website: http://www.sppirx.com

Facility Manager: Malik Rafi

Professional qualifications and experience of facility manager: See Attachment C

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: Distributors, physicians and clinics

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Strides Pharma, Inc.

Physical Address: 2 Tower Center Boulevard, Suite 1102

City: East Brunswick State: NJ Zip Code: 08816

Telephone Number: (609) 773-5000 Fax Number: (609) 935-0806

Toll Free Number: N/A

E-mail: SPI@slny.com Website: www.stridesarco.com

Facility Manager: Mohanram P Devineni

Professional qualifications and experience of facility manager: Senior Management executive with 35 years of experience in the pharmaceutical field, with extensive knowledge in R&D, Engineering, Strategy Implementation, quality assurance, quality control and business development.  
Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☐ Wholesalers  
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: OTC drugs



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

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Partnership - Pages 1,2,3,7 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Tricida, Inc.

Physical Address: 7000 Shoreline Court, Suite 201

City: South San Francisco State: CA Zip Code: 94080

Telephone Number: 415-429-7800 Fax Number: N/A

Toll Free Number: N/A

E-mail: pharmalicensing@tricida.com Website: www.tricida.com

Facility Manager: Susannah Cantrell

Professional qualifications and experience of facility manager: Please see attached resume

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_



**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Tusker Medical Inc.

Physical Address: 155 Jefferson Drive, Suite 200

City: Menlo Park, CA State:            Zip Code: 94025 Telephone           

Number: (650) 223-6900 Fax Number: (650) 223-6768

Toll Free Number: N/A

E-mail: CCustodio@tuskermed.com Website: http://www.tuskermed.com

Facility Manager: Cirilo Custodio

Professional qualifications and experience of facility manager: See Attachment B

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☐ Wholesalers  
☐ Other:           

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other:

FFFF

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: UroGen Pharma Inc. FFFF. UroGen Pharma Inc. – New York, NY

Physical Address: 499 Park Ave, Suite 1200

City: New York State: NY Zip Code: 10022

Telephone Number: (646) 768-9780 Fax Number: 646-542-1391

Toll Free Number: 855-535-6986

E-mail: legal@urogen.com Website: www.urogen.com

Facility Manager: Peter S. Maruszewski, VP Supply Chain

Professional qualifications and experience of facility manager: CV Attached

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Viela Bio, Inc.Physical Address: One Medimmune Way, First Floor Area 2City: Gaithersburg State: MD Zip Code: 20878 Telephone: 301-978-2100Number: (240) 558-0038 Fax Number: \_\_\_\_\_Toll Free Number: (240) 558-0038E-mail: levinl@vielabio.com Website: www.vielabio.comFacility Manager: Lee LevinProfessional qualifications and experience of facility manager: See attached resume**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers  
☐ Other: Military

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

## APPLICATION FOR NEVADA 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. \*\*If LLC use Non Public Corporation or Partnership.  
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☒ Partnership - Pages 1,2,6,10,11a&b  
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Rx2U, LLC.

Physical Address: 1701 W. Charleston Blvd #600

City: Las Vegas State: Nevada Zip Code: 89101

Telephone: 702-252-7928 Fax: 702-227-7928 Toll Free Number: N/A

E-mail: Maryam@Rx2U-LV.com

Website: www.Rx2U-LV.com

Managing Pharmacist: Maryam Rastkarder License Number: 18656

### 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: \_\_\_\_\_

**6**

### MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	\$750.00	Counseling CE + \$1000.00	Hearing
Attorney Fees and Costs	Actual	Actual	Actual
Ingested no potential harm	\$500.00	\$1000.00	Hearing
Ingested with potential harm or adverse outcomes	\$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort.			
No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance.			
With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees and costs may be added in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from \$0.00 to \$10,000 for each Cause of Action.

Updated May 2019

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RPH DC and WB did not complete required CEs.	N/A	DC: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings; complete and pass Nevada law. WB: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings.	
RPH SB failed to speak to the prescriber before, at the time or after she declined to fill a patient's prescription for clopidogrel.	N/A	Fined \$500; administrative fee of \$1,000; 4 hours of CE related to cardiology or cardiac drugs.	Fined \$1,000; an administrative fee of \$2,000; establish Board-approved policies and procedures that are consistent with Nevada law and retrain its current and future pharmacists regarding the same.
RP allowed unlicensed staff to prescribe/order dangerous drugs and use his authority to obtain, administer, access and/or possess an inventory of dangerous drugs when he was not onsite and without his direct supervision. RP did not have a bona fide therapeutic relationship with the patients. RP purchased compounded dangerous drugs from a pharmacy not licensed with the Board.	N/A	RP shall receive a public letter of reprimand; his CS registration shall be placed on probation for a period of 12 months; fined \$5,000; administrative fee of \$2,500; establish policies and procedures. RP's offices/clinics are subject to quarterly inspections for one year.	N/A
RPH NR verified a prescription for 30 chlorthalidone 25 mg. capsules which was labeled and dispensed to the wrong patient. RPH JA failed to counsel the patient. PT LP deleted the prescription from the pharmacy system. ML was the managing pharmacist.	N/A	NR shall receive a letter of reprimand; fined \$2,750; 2 additional hours of CE on error prevention. JA shall receive a letter of reprimand; fined \$750; 2 additional hours of CE on patient counseling. LP fined \$500; \$1,000 administrative fee; attend three of the Board's next four	\$1,000 fine; \$1,500 administrative fee.

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		meetings on disciplinary day. ML shall complete 4 additional hours of CE on pharmacy management.	
PT MC diverted controlled substances from her employing pharmacy.	N/A	Revocation of pharmaceutical technician registration.	N/A
RPH SB did not renew his registration and worked 244 days unlicensed. He was also the PIC.	N/A	Fined \$2,500 and \$1,000 administrative fee.	Fined \$5,000 fine and \$2,683.99 administrative fee
RPH CD verified Risperidone 2 mg. tablets in the prescription bottle as the correct product for dispensing when the physician prescribed Ropinirole 2 mg. tablets. CD failed to adequately provide counseling.	N/A	Letter of reprimand; fined \$1,000; \$1,000 administrative fee; complete 2 CEs on error prevention.	WG-NV fined \$1,000; \$1,000 administrative fee. WG-FL fined \$2,000; \$1,000 administrative fee.
RPH JS dispensed medication labeled with incorrect instructions.	N/A	Letter of reprimand; \$1,000.00 fine; \$1,000.00 administrative fee; complete two additional CEs on error prevention.	Fined \$1,000.00; \$1,000.00 administrative fee.
RPH JCH filled and dispensed a Vancomycin prescription without the necessary knowledge and proper training, accepting verbal prescriptions from non-practitioners and failing to follow the prescription written by the prescriber.	N/A	Registration revoked; the revocation is stayed with conditions: take and pass the NAPLEX and MPJE; pay a \$5,000.00 fine; pay a \$1,250.00 administrative fee. Registration shall be placed on probation for four years during which time he cannot work as a managing pharmacist in any Nevada-licensed pharmacy; cannot engage in any form of compounding; and he must attend two Board meetings each year	\$5,000.00 fine; \$1,250.00 administrative fee; subject to quarterly inspections for one year at its own expense.



FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		during the four year probationary periods.	
RPH WM was the managing pharmacist accountable for violations by personnel in his employ regarding the filling, compounding and record keeping of drug products	N/A	Letter of reprimand; \$500.00 fine; \$500.00 administrative fee.	\$1,500.00 fine; \$2,500.00 administrative fee; purchase software for tracking components used in its compounding services and the products it compounds; create new policies and procedures regarding medication management and compounding; subject to quarterly inspections at their own expense.
RPH KB verified data as correct when it was not and dispensed Prednisone 50 mg. tablets when 5 mg. tablets was prescribed.	The patient experienced a temporary negative outcome as a result of the error	\$1,000.00 fine; an administrative fee of \$500.00; complete two additional CEs related to prescription verification/error prevention and 2 CEs on to DUR warnings.	Pay an administrative fee of \$1,000.00.
PT GO dispensed a prescription drug to the wrong patient.	N/A	N/A	\$500 fine; \$750 administrative fee.
RPH SD made false adjustments to the Tramadol inventory. He voluntarily surrendered his registration as discipline. RPH MK was the managing pharmacist and did not report the Tramadol losses to the DEA or Board.	N/A	SD imposed \$600 administrative fee. May not reapply for 1 year. MK to receive letter of reprimand; \$250 fine; 2 additional CEs.	\$1,000 administrative fee; implement new policies and procedures.
APRN MC allowed non-practitioner/non-licensed staff to possess or prescribe dangerous drugs and/or to obtain, access, possess and store dangerous drugs and/or administer drugs when she was not on site at the facility, before she examined the patient and before she wrote a patient-specific order.	N/A	Public letter of reprimand; pay a \$3,000.00 fine and \$1,000.00 in attorney's fees and costs. MC shall not engage in any practice in which a substantial portion of the practice is providing injections and/or intravenous infusions of vitamins or fluids for rehydration.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RPH TS verified as accurate, when it was not, the data and final product of a prescription resulting in the pharmacy dispensing amlodipine besylate 10mg. tablets rather than the amitriptyline 10mg. tablets as prescribed and failed to adequately provide patient counseling.	None	Public letter of reprimand; pay a \$750.00 fine, and complete 4 additional hours of CE on error prevention and patient counseling	Pay a \$500.00 fine and \$750.00 in fees and costs.
PT JJ admitted to diverting of 32 Hydrocodone 10/325 mg. tablets for self-use from his employing pharmacy.	N/A	Revocation of pharmaceutical technician registration.	N/A
PT KT admitted to diverting approximately 1,000 Tylenol with Codeine #4 tablets from her employing pharmacy for self-use.	N/A	Revocation of pharmaceutical technician registration.	N/A
RE failed to timely renew his CS Registration, which expired on October 31, 2018. He wrote 189 prescriptions for controlled substances between November 1, 2018 and March 28, 2019, without a valid registration.	N/A	Pay a fine of \$1,500.00 and \$1,404.52 in attorney's fees and costs.	N/A
SL executed a plea agreement with the United States Attorney's Office for the district of Nevada relating to unprofessional and illegal conduct in prescribing dosages and amounts of Oxycodone and Hydrocodone to patients outside the usual course of his professional practice and without a legitimate medical purpose.	N/A	In lieu of appearing at a hearing, the SL voluntarily surrendered his Nevada CS registration and agreed to pay \$500.00 in attorney's fees and costs.	N/A
RPH SL served with an Accusation related to unprofessional and illegal conduct in filling approximately 380 fraudulent prescriptions for Oxycodone-Acetaminophen and	N/A	In lieu of appearing at a hearing, SL voluntarily surrendered his Nevada CS registration and agreed to pay \$750.00 in attorney's fees and costs.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
Hydrocodone-Acetaminophen.			
TG served with an Accusation related to unprofessional and illegal conduct in creating fraudulent prescriptions for Oxycodone-Acetaminophen and Hydrocodone-Acetaminophen.	N/A	In lieu of appearing at a hearing, TG voluntarily surrendered his Nevada CS registration.	N/A
CH and DR allowed non-practitioner/non-licensed staff to possess or prescribe dangerous drugs and/or to obtain, access, possess and store dangerous drugs and/or administer drugs when he was not on site at the facility, before he examined the patient and before he wrote a patient-specific order.	N/A	Public letter of reprimand; pay a \$1,500.00 fine and \$1,500.00 in attorney's fees and costs. CH shall not engage in any practice in which a substantial portion of the practice is providing injections and/or intravenous infusions of vitamins or fluids for rehydration without first obtaining authority by the Board.	
RPH EI owned and operated the pharmacy where expired medications were stored and dispensed; compounded commercially available drugs; dispensed medications with unsupported BUDs; failed to conduct required testing, counseling and maintain/produce prescription records.	N/A	Respondents shall take all necessary action for the dismissal without prejudice of the Eight Judicial District Court Case No. A-19-798928-C. EI shall complete a course in sterile compounding.	Board inspectors will conduct quarterly inspection for a period of 12 months or until the FDA issues a close-out letter.
RR aided and abetted in the unlawful dispensing of controlled substances and dangerous drugs by allowing practitioners working in his Clinic to dispense controlled substances and dangerous drugs from the Clinic without each holding his/her own Dispensing Practitioner Registration.	N/A	Respondent shall receive a public letter of reprimand. Respondent's Controlled Registration shall be revoked; the revocation is stayed subject to terms and conditions including pay a \$3,000.00 fine; \$1,500.00 administrative fee; establish and put into practice policies	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		and procedures to ensure that he and his staff are in compliance with federal and state laws regarding the possession, control and administration of controlled substances and dangerous drugs and that any and all persons employed by him and/or working under his supervision are properly licensed or registered.	
BV-C, JS, YK and JL	N/A	Respondents admitted to committing an unintentional error by dispensing prescription drugs under the medical director's dispensing practitioner's license at the clinic where they were employed, and to dispensing prescription drugs without having first obtained their own individual dispensing registration.	Respondents shall receive a letter of reprimand; pay a \$500.00 fine; \$500.00 administrative fee.
OW		Respondent surrendered his DEA Certificate of to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause), and by executing the DEA Surrender for Cause. The Board filed an Accusation alleging three causes of action against Respondent related to unlawful conduct in failing to comply with Federal	In response to the allegations in the Accusation, Respondent voluntarily surrender his Nevada Controlled Substance Certificate of Registration.

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		requirements pertaining to controlled substances.	

**6A**

FILED

NOV 4 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MARKEY WILSON, PA,  
Certificate of Registration Nos. CS12316,  
PA00655,

Respondent.

Case No. 19-032-S

NOTICE OF INTENDED ACTION  
AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

## I.

The Nevada State Board of Pharmacy (Pharmacy Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Markey Wilson (Wilson), held an expired Nevada Controlled Substance Registration, Certificate No. CS12316, and an expired Nevada Physician Assistant Prescribe Registration, Certificate No. PA00655, both issued by the Pharmacy Board.

FACTUAL ALLEGATIONS

## II.

Wilson failed to timely renew her Certificate of Registration Nos. CS12316 and PA00655, both of which expired on October 31, 2018.

## III.

Wilson wrote three-thousand one-hundred seventy-five prescriptions for controlled substances and dangerous drugs between November 1, 2018 and April 10, 2019.

## IV.

On or about March 14, 2019, Board staff ordered Wilson pursuant to NRS 639.2895(1) to cease and desist prescribing controlled substances without a valid registration. Wilson stated to Board investigators that she did not write any more prescriptions after receiving the cease and desist order dated March 14, 2019.

## V.

The Board renewed Wilson's Certificate of Registration No. CS12316 on April 11, 2019.

**APPLICABLE LAW**

## VI.

It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a); NRS 639.100(1).

## VII.

A prescription for a controlled substance may be issued only by an individual practitioner who is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 CFR § 1306.03(a)(1). Every practitioner who prescribes any controlled substance within this State shall obtain biennially a registration issued by the Board. NRS 453.226(1).

## VIII.

Failure to renew a certificate of registration by failing to submit the application for renewal is grounds for suspension or revocation of that registration by the Board. NRS 639.210(13).

## IX.

It is unlawful for any person falsely to represent himself as a practitioner entitled to write prescriptions in this State. NRS 639.2813(1).



## X.

Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

## XI.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

## XII.

The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

**FIRST CAUSE OF ACTION**

## XIII.

By failing to timely renew her Certificates of Registration Nos. CS12316 and No. PA00655, Wilson is subject to discipline pursuant to NRS 639.210(13) and NRS 639.255.

**SECOND CAUSE OF ACTION**

## XIV.

By writing three-thousand one-hundred seventy-five prescriptions for controlled substances and dangerous drugs between November 1, 2018 and April 10, 2019, without a valid registration, Wilson violated 21 CFR § 1306.03 and is subject to discipline pursuant to NRS 639.210(11) and NRS 639.255.

### **THIRD CAUSE OF ACTION**

#### XV.

By writing three-thousand one-hundred seventy-five prescriptions for controlled substances and dangerous drugs between November 1, 2018 and April 10, 2019, without a valid registration, Wilson violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.321(1)(a), NRS 639.100(1), NRS 639.2813(1) and/or 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

### **FOURTH CAUSE OF ACTION**

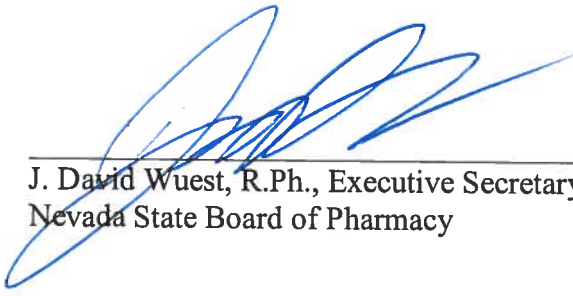
#### XVI.

By writing three-thousand one-hundred seventy-five prescriptions for controlled substances and dangerous drugs between November 1, 2018 and April 10, 2019, without a valid registration, Wilson committed an act that would render her Nevada Controlled Substance Registration No. CS12316 inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

#### XVII.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 24 day of November, 2019.

  
\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Case No. 19-032-S**

**Petitioner,**

**v.**

**MARKEY WILSON, PA,  
Certificate of Registration Nos. CS12316,  
PA00655,**

**STATEMENT TO THE RESPONDENT  
AND NOTICE OF HEARING**

**Respondent.**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, December 4, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada.**

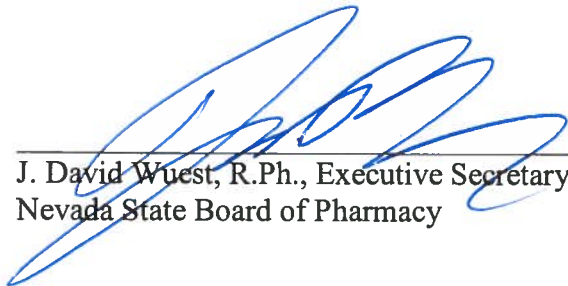
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 4<sup>th</sup> day of November, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4<sup>th</sup> day of November 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Markey Wilson, PA  
6070 S FT Apache Rd #100  
Las Vegas, NV 89148**



SHIRLEY HUNTING

AGENDA ITEM 6 A

FILED 161

NOV 21 2019

NEVADA STATE BOARD  
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case No. 19-032-S

Petitioner,

v.

MARKEY WILSON, PA,  
Certificate of Registration Nos. CS12316,  
PA00655,

ANSWER AND NOTICE  
OF DEFENSE

Respondent.

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

*Please see attached*

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

*Please see attached*

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 18<sup>th</sup> day of November, 2019.

*Markey Wilson PA-C*  
MARKEY WILSON, PA



## **ANSWER AND NOTICE OF DEFENSE**

I have been practicing medicine for over 19 years 16 years in the state of Nevada. I have never had any actions taken against me. When it was brought to my attention on 14 March 2019 that my license expired and had not been renewed in a timely manner I immediately ceased and desisted prescribing any medication on that day. During the time that my license had lapsed I did not willfully prescribe the 3,175 prescriptions. I was ignorant of the fact that my controlled substance license had not been renewed. The cost of renewing the license was not a factor in the process, it was a miscommunication between the office manager and me at my place of employment. At the time when my license was meant to be renewed I was trying to get my last name changed due to my recent marriage. The office manager had been receiving correspondence from the Pharmacy Board and took it upon herself to manage all of the practitioners' in my office renewals. I will attach the statement that I had given to show the details of the mishap. It was an oversight that will not happen again. I now have all email correspondence related to my licensing coming directly to me.

The quantity of prescriptions seems excessive. On average, As a P.A. in a very busy pain management practice I see about 30 patients a day which equates to writing about 1.4 prescriptions per patient during the time frame in question. A large part of my job is to provide pain relief to people who unfortunately have chronic pain. We treat their pain from different approaches. They are often prescribed an NSAID, a medication for nerve pain, a muscle relaxer and others in addition to a controlled medication. Interventional procedures such as epidurals are strived to use in addition to the medications.

As stated earlier, I did not willfully prescribe any medication without a valid license. It was clearly an oversight from me and my practice office manager. I am ultimately responsible for maintaining a current license and will be vigilant in the future with ensuring that a timely renewal happens. In over 19 years of practice renewing all of my licenses was complete before the deadline and the BOP license would've been in that timely renewal category had I not been in the middle of changing my last name professionally. I understand that the board must be vigilant to protect the general public and I strive to provide the best care possible for my patients.

I would also like to bring to the board's attention in your notice of intended action and accusation to me that on page 1, under Factual Allegations III, the board wrote that I wrote prescriptions between November 1. 2018 and April 10, 2019.

I just want to make it clear to the board that I did not write anymore prescriptions after I received the cease and desist order on March 14, 2019.

From: Markey D. Wilson

To: Nevada Board of Pharmacy (NV BOP)

Re: Statement to the board for not renewing my license

26 April 2019

It was never my intention to continue to write for medications without a valid license from the Nevada Board of Pharmacy. I do believe that not renewing my license in a timely manner was a result of "a perfect storm". There was a combination of events that occurred that kept me questioning why a few of my prescriptions were not being filled.

On 27 December 2017 I was married. The ceremony for friends and family occurred on 31 March 2018. The changing of a woman's last name can take some time between her personal and professional lives. I had considered using my previous name for my professional life so that the change wouldn't be so overwhelming but my husband and I are traditional people so I proceeded with the in depth undertaking of changing my last name professionally. I started with the Nevada Board of Medicine to change my name which went smoothly. Next on my agenda was the DEA. I was informed by the DEA that I had to change my name with the Nevada Board of Pharmacy first. I don't have the time frame of when that actually happened but it seemed to take quite a while, at least four to six weeks. I believe I started trying to change my name in August. All correspondence from the NV BOP went to my office manager's email so I didn't see what was needed. I was told by my office manager, Eileen, that my name change went through with the NV BOP so I immediately got online and made the name change with the DEA and renewed by DEA license without any problems, or so I thought. On the application to change my name the DEA has a box asking if I wanted a new number to be issued with the name change. I chose the box marked NO. Since we did not know that the DEA had issued me a new number a few of my controlled prescriptions began to be declined

because of it. My office manager, Eileen, contacted the DEA who informed her that they had indeed issued me a new number which was standard procedure (even though there was a box on the application asking me if I wanted a new number) and that they would be sending me my new number through the mail. The DEA did send me my new number via fax the next day and the information on my prescriptions was updated. This occurred toward the beginning of October. During this time I had not received any correspondence with the NV BOP as it all went to the office manager, Eileen. I informed her that my name change went through and that I had renewed my license (I meant my DEA license update, she thought it was the NV BOP license). Off and on between October and March my prescriptions would get denied. Information needed to be updated with Medicaid before they would honor the prescriptions. That was rectified but I continued to have problems with my prescriptions. Eileen contacted the DEA who informed her that my license with them was up to date and they did not show that there was any problems with the NV BOP either. We had no idea where the problem remained. The DEA suggested that since pharmacies use a third party to verify practitioners' information that perhaps that third party did not have updated information. Eileen then started working with an extremely nice pharmacist to see if they could verify that their third party verification process was indeed up to date. That was in the February/March time frame. I then received the call from Dave Wuest and the NV BOP to cease and desist writing for any and all medications with which I immediately complied.

Ultimately it is my responsibility to renew my license. I've made the grave mistake of allowing someone else to take care of my responsibilities which was standard operating procedures for the practice. I harken back to one of my standing orders from my days in the Army "I will seek responsibilities and take responsibility for my actions." As you can see there was a multitude of actions that resulted in the miscommunication in renewing my license. All the while we were trying to determine what the problem was. It was never my intention to write for medications without a license. I believe that I have been licensed with the NV BOP since 2003 and I've

been compliant with renewing my license. In the future I will have all correspondence with the NV BOP sent directly to me and I will be one of the first practitioners to renew my license. I will talk with my office manager and convey that all correspondence will come to me and she can be my reminder to renew my license. I've already set up a new email address that will be used for all professional correspondence and am in the process of updating all of my records to include the NV Board of Medicine, the NCCPA, the NV BOP, and the DEA. Additionally in order to keep my license to prescribe controlled medications from being abused I will check my PMP on a monthly basis since I do work in pain management. Writing for dangerous drugs and controlled medications is a privilege that I do take seriously.

**6B**

OCT 31 2019

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD  
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-216-WH
	)	
Petitioner,	)	
v.	)	FIRST AMENDED
	)	NOTICE OF INTENDED ACTION
SIMPLOT WESTERN STOCKMENS	)	AND ACCUSATION
Certificate of Registration No.WH01894	)	
	)	
Respondent.	/	

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION**

## I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent SIMPLOT WESTERN STOCKMENS, held Nevada Wholesaler License No. WH01894 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and directors and a fingerprint card from each officer and director with written permission from the officer or director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

**APPLICABLE LAW**

V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:
  - (a) Natural person, that person must submit his or her fingerprints.
  - (b) Partnership, each partner must submit his or her fingerprints.
  - (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
  - (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.
2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:
  - (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
  - (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

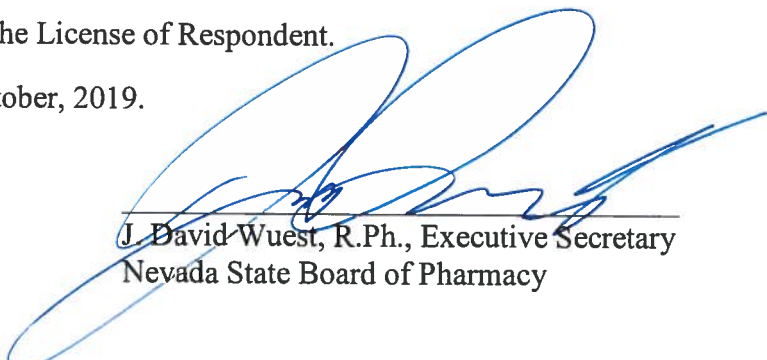
#### VII.

By failing to submit a current list of Respondent's officers and directors and a fingerprint card from each officer and director with written permission from the officer or director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the License of Respondent.

Signed this 31<sup>st</sup> day of October, 2019.

  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy



### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-216-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>SIMPLOT WESTERN STOCKMENS</b>	)	<b>AND NOTICE OF HEARING</b>
<b>Certificate of Registration No. WH01894</b>	)	
	)	
<b>Respondent.</b>	/	

---

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, December 4, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hyatt Place, 1790 E Plumb Ln., Reno, Nevada.**

## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3<sup>rd</sup> day of October, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31<sup>th</sup> day of October, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

SIMPLOT WESTERN STOCKMENS  
223 RODEO AVE  
CALDWELL, ID, 83605



SHIRLEY HUNTING

Agenda Item 6 B

FILED 175

NOV 21 2019

NEVADA STATE BOARD  
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-216-WH
	)	
Petitioner,	)	ANSWER AND NOTICE
v.	)	OF DEFENSE
	)	
SIMPLOT WESTERN STOCKMENS	)	
Certificate of Registration No. WH01894	)	
	)	
Respondent.		

The above-named Respondent, Simplot Western Stockmen's<sup>1</sup>, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, states as follows:

1. Simplot Western Stockmen's is an operating division of the J. R. Simplot Company, a Nevada corporation headquartered in Boise, Idaho. As such, Simplot Western Stockmen's is, effectively, a "dba" of the J. R. Simplot Company which is one of the largest privately held food and agribusiness companies in the United States, with domestic and international operations involving farming, ranching, turf and horticulture, livestock products, plant and animal sciences, and related businesses.

2. In November of 2012, Simplot Western Stockmen's submitted an application for an out-of-state wholesaler license to the Nevada State Board of Pharmacy ("the Board") to allow Simplot Western Stockmen's to sell over-the-counter livestock products to retailers in Nevada. Fingerprint information was not requested by the Board or provided by Simplot Western Stockmen's at that time. In or about January of 2013, the Board issued license #WH0194 to Simplot Western Stockmen's. Said license was thereafter renewed every two years, in 2014, 2016, and 2018. Since its initial licensure as a wholesaler in

<sup>1</sup> The Notice of Intended Action and Accusation incorrectly named the respondent as "Simplot Western Stockmens."

Nevada, Simplot Western Stockmen's sales in Nevada have included animal products only, and have not included any controlled substances or opioids.

3. In a letter dated May 24, 2019, the Board informed Simplot Western Stockmen's that "as the result of a recent audit, pursuant to NRS 639.500, you must submit a current list of your organization's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History." This letter further provided that "...officers include...each *officer* and *director* of each corporation that is a licensee."<sup>2</sup> As noted above, Simplot Western Stockmen's is an operating division of the J. R. Simplot Company and, therefore, does not have its own officers or directors. In response to this letter from the Board, Simplot Western Stockmen's provided the requested fingerprint cards for its two employees with direct supervision and control over wholesale pharmaceutical sales in Nevada.

4. In an email to Simplot Western Stockmen's dated June 12, 2019, the Board's former general counsel acknowledged receipt of the above-referenced fingerprint cards, and requested that Simplot Western Stockmen's also provide an updated list of officers and directors. Again, because Simplot Western Stockmen's is a "dba," it does not have its own officers or directors. This request led to the J. R. Simplot Company's engagement of the undersigned counsel to advise it on how to best address the Board's request for fingerprint information so as to remain in compliance with Nevada law and regulations, and to communicate with the Board's counsel in that regard. Also, at about this same time, while Simplot Western Stockmen's wholesale license was still active, the J. R. Simplot Company nevertheless suspended its wholesale pharmaceutical business in Nevada pending a clarification of the fingerprint card issue.

---

<sup>2</sup> Although the Notice of Intended Action and Accusation references a second letter from the Board, Respondent has no record of receiving one.

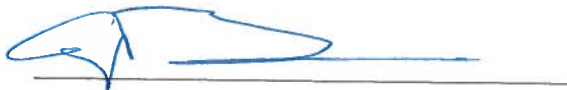
5. After several discussions between the undersigned counsel and the Board's counsel, it became clear that the Board considers the J. R. Simplot Company to be the actual holder of the wholesaler's license and, therefore, it is the officers and directors of the J. R. Simplot whose fingerprint cards are required to be provided to the Board pursuant to NRS 639.500.

6. In light of this clarification of the fingerprint issue by the Board's counsel, the J. R. Simplot Company carefully considered its options under NRS Chapter 639 and the related regulations, and concluded that because of certain practical difficulties with obtaining fingerprint cards from each of the directors of the J. R. Simplot Company, it would apply for accreditation by the National Association of Boards of Pharmacy under the Verified-Accredited Wholesale Distributors ("VAWD") program, thereby becoming exempt from the fingerprint requirements of NRS 639.500. *See* NAC 639.593(7). However, while the Company submitted its VAWD application in November of 2019, it is informed that the accreditation process could take up to one year to complete. In light of all of the above considerations, and because the J. R. Simplot Company wishes to renew its wholesale activities in Nevada before the VAWD process can be completed, the J. R. Simplot Company has decided to effect an internal reorganization which will create a new subsidiary Nevada corporation whose officers and directors will have exclusive oversight and control of J.R. Simplot Company's wholesale pharmaceutical business in Nevada. Upon the creation of this subsidiary, it will apply for a new wholesaler's license, and with that application, will provide fingerprint cards as for each of its officers and directors as required.

7. Therefore, J. R. Simplot Company respectfully requests that, pursuant to NRS 639.255(c), the Board resolve this pending matter by suspending Simplot Western Stockmen's right to use the subject wholesaler's license for a period of time sufficient to allow for the J. R. Simplot Company to obtain proof of VAWD accreditation, or, in the alternative, for a period of time sufficient to allow for the contemplated new subsidiary of the J. R. Simplot Company to obtain wholesaler's license.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 19<sup>th</sup> day of November, 2019.



Gregory A. Brower  
*Counsel for* SIMPLOT WESTERN STOCKMEN'S



**6C**

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-206-WH
	)	
Petitioner,	)	
v.	)	
	)	NOTICE OF INTENDED ACTION
WESTMINSTER PHARMACEUTICALS, LLC	)	AND ACCUSATION
Certificate of Registration No. WH02154	)	
	)	
Respondent.	/	

---

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION**

## I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent WESTMINSTER PHARMACEUTICALS, LLC, held Nevada Wholesaler License No. WH02154 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

**APPLICABLE LAW**

V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

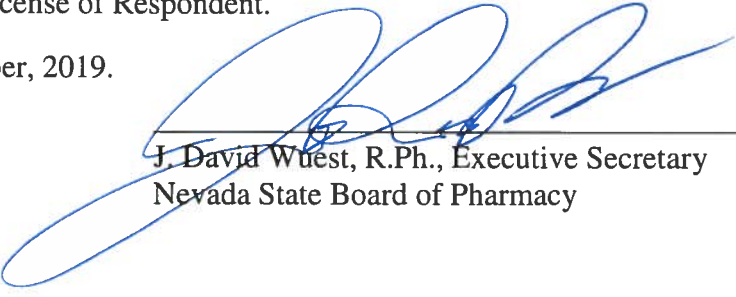
#### VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the License of Respondent.

Signed this 1<sup>st</sup> day of September, 2019.

  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-206-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>WESTMINSTER PHARMACEUTICALS, LLC</b>	)	<b>AND NOTICE OF HEARING</b>
<b>Certificate of Registration No. WH02154</b>	)	
	)	
<b>Respondent.</b>	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

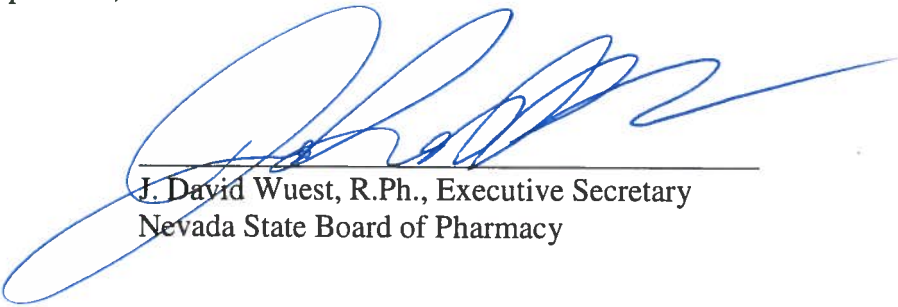
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

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



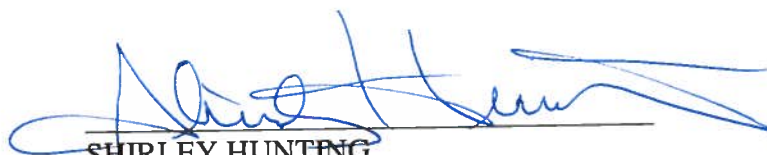
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

WESTMINSTER PHARMACEUTICALS, LLC  
154 Downing Street, Unit 1 & 2  
OLIVE BRANCH, MS, 38654



SHIRLEY HUNTING



FILED

OCT 03 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-206-WH
	)	
Petitioner,	)	ANSWER AND NOTICE
v.	)	OF DEFENSE
	)	
WESTMINSTER PHARMACEUTICALS, LLC	)	
Certificate of Registration No. WH02154	)	
	)	
Respondent.	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

**Respondent's Objection:**

1. Respondent hereby objects to the Notice of Intended Action and Accusation, stating that the factual allegations set forth are incomplete, and does not clearly state factual allegations which would constitute a violation of NRS 639.500 based upon prior correspondence with Nevada State Board of Pharmacy regarding Certificate of Registration No. WH02154.
2. That, in answer to Notice of Intended Action and Accusation, he admits, denies and alleges as follows:
  - A. Respondent denies in part of the allegations for failure to comply with N.R.S. §639.500.
  - B. On May 1, 2019, Respondent notified the Nevada Board of Pharmacy (via FedEx) in writing of Notice of Intent to voluntarily surrender Certificate of Registration Number WH02154 and was received on May 3, 2019 (see attached Exhibit 1A-1C).
  - C. Respondent markets pharmaceuticals and is considered a "Private Label Distributor" per the FDA and does not possess, store, or distribute pharmaceuticals.

- D. As of April 29, 2019, Respondent utilizes Woodfield Distribution, LLC as a 3<sup>rd</sup> Party Logistics Provider (3PL) to store and distribute products sold by Respondent.
- E. Woodfield Distribution, LLC. is properly licensed as a “Wholesaler” by the Nevada State Board of Pharmacy under License Number WH02155 (see attached Exhibit 2).
- F. The Factual Allegations set forth state that notice was sent to Respondent regarding the request to comply with N.R.S §639.500 on May 24, 2019, and July 23, 2019 respectively.
- G. The notices sent by the Nevada Board of Pharmacy were sent **AFTER** Respondent notified in writing that the Respondent was voluntarily surrendering the license due to the utilization of a 3<sup>rd</sup> Party Logistics Provider.
- H. Based upon the foregoing facts, Respondent respectfully requests no formal action be taken since the surrender of the license was done prior to being set for a contested hearing, and subject to disciplinary action under N.R.S. §639.500

**WHEREFORE**, the Respondent, **WESTMINSTER PHARMACEUTICALS, LLC** respectfully requests this Honorable Board dismiss the formal allegations in this matter based upon the foregoing facts, or in the alternative, Suspend Judgment pursuant to NRS 639.255 (a) and grant a continuance in this matter if the Board determines a personal appearance is necessary.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 2<sup>nd</sup> day of October, 2019.

Ricardo Martinez, Esq.



Authorized Representative for  
Westminster Pharmaceuticals, LLC.



To whom it may concern,

Our license number with Nevada is WH02154. This letter is to info the board that we will now be using a 3PL company, called Woodfield Distribution, LLC. This will be effective as of 4/29/2019. Therefore, we would like to surrender our license. I have attached the 3PL information to this letter for your records. Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads 'Adrienne Fink'.

Adrienne Fink

3810 Northdale Blvd, Suite 250

Tampa, FL 33624

727.300.1376

finance@wprx.com

COPY

ORIGIN ID: TPEA (901) 209-5467  
 ADRIENNE FINK  
 P. PATEL  
 3810 NORTHDALE BLVD.  
 STE 250  
 TAMPA, FL 33624  
 UNITED STATES US

SHIP DATE: 01MAY19  
 ACTWGT: 0.80 LB  
 CAD: 108219739/NET4100

BILL SENDER

TO LICENSING

BOARD OF PHARMACY  
 985 DAMONTE RANCH PKWY  
 #206

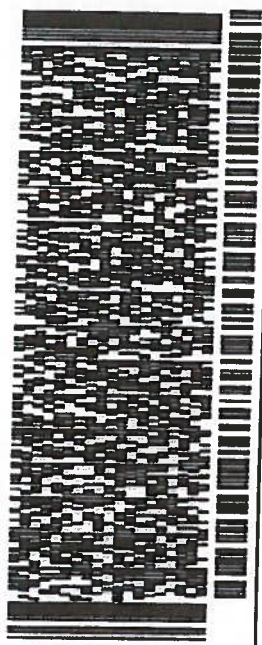
RENO NV 89521

(727) 300-1376  
 NV  
 PO

REF:

DEPT:

565J1D66C/23AD



TRK# 7751 0845 4664  
 0201

EXPRESS SAVER

MON - 06 MAY 4:30P

SH RNOA

89521  
 NV-US RNO



- After printing this label:**
1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
  2. Fold the printed page along the horizontal line.
  3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

*Shimada*



October 1, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **775108454664**.

---

**Delivery Information:**

<b>Status:</b>	Delivered	<b>Delivery location:</b>	RENO, NV
<b>Signed for by:</b>	K.MANGANING	<b>Delivery date:</b>	May 3, 2019 09:41
<b>Service type:</b>	FedEx Express Saver		
<b>Special Handling:</b>	Deliver Weekday		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

---

**Shipping Information:**

<b>Tracking number:</b>	775108454664	<b>Ship date:</b>	May 1, 2019
-------------------------	--------------	-------------------	-------------

**Recipient:**  
RENO, NV US

**Shipper:**  
TAMPA, FL US

Thank you for choosing FedEx.



# Nevada State Board of Pharmacy

Online reporting of disciplinary action is currently being updated. For current information on disciplinary actions taken against licensees please contact Board Staff at [shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov) (mailto:[shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov)) or (775) 850-1440.

## VERIFY LICENSE

Facility Name	License Number#	City	State	Country	Discipline	Action
WOODFIELD DISTRIBUTION, LLC	WH02155	SUGAR LAND	TX	United States	None	

**License Number :** WH02155

**Name :** WOODFIELD DISTRIBUTION, LLC

**License Type :** Wholesaler

**License Status :** Active

**License Date :** 12/09/2015

**Discipline :**

**Expiration Date :** 10/31/2020



Copyright © 2018 | Nevada State Board of Pharmacy (<http://bop.nv.gov/>) | All Rights Reserved



NEVADA STATE BOARD OF PHARMACY  
**OFFICE OF THE GENERAL COUNSEL**

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov) • FAX: (775) 850-1444

October 16, 2019

**VIA CERTIFIED U.S. MAIL**

9171 9690 0935 0228 7317 83

Ricardo Martinez, Esq.  
 Westminster Pharmaceuticals, LLC  
 3810 Northdale Blvd, Suite 250  
 Tampa FL 33624

**Re: Case No. 19-206-WH**

Dear Mr. Martinez:

The Nevada State Board of Pharmacy (Board) is in receipt of Westminster Pharmaceuticals, LLC's Answer and Notice of Defense in the above-referenced matter.

Please be advised that Westminster Pharmaceuticals, LLC, remains engaged in the business of furnishing drugs in Nevada and is required to maintain licensure pursuant to NRS 639.233. Therefore, Certificate of Registration No. WH02154 remains active and Westminster Pharmaceuticals, LLC, is subject to the requirements of NRS 639.500.

Pursuant to NAC 639.120(1), the October 10<sup>th</sup> hearing in the above-captioned matter was continued to the Board's next regularly-scheduled meeting on December 4<sup>th</sup>, giving Westminster Pharmaceuticals, LLC additional time to comply with Nevada law.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov).

Best regards,

Brett Kandt  
 General Counsel  
 Nevada State Board of Pharmacy

**6D**



## BEFORE THE NEVADA STATE BOARD OF PHARMACY

FILED

NOV 4 2019

NEVADA STATE BOARD  
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case Nos. 17-070-RPH-S  
17-070-PH-S

Petitioner,

v.

JAIME CORDOBA-HERNANDEZ, RPH,  
Certificate of Registration No. 17533, and

ORDER TO SHOW CAUSE

ALL CITY PHARMACY, LLC  
Certificate of Registration No. PH03609,

Respondent.

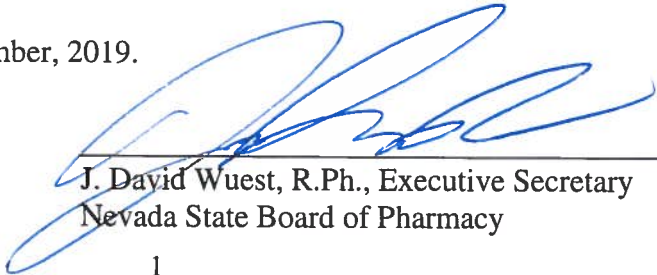
On April 10, 2019, the Nevada State Board of Pharmacy (Board) heard this matter and on April 26, 2019, entered Findings of Fact, Conclusions of Law, and Order (Order) revoking the pharmacist registration of Respondent Jaime Cordoba-Hernandez, R.Ph., Certificate of Registration No. 17533 (Cordoba-Hernandez), and staying the revocation subject to conditions.

Respondent has failed to comply with the terms of the Order, specifically paragraph 23(a)(i) requiring that Cordoba-Hernandez take and pass the NAPLEX examination within six (6) months of the effective date of the Order.

Failure to comply with an order entered by the Board may result in the issuance by the Executive Secretary of an order to show cause directing the Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. NAC 639.965.

IT IS HEREBY ORDERED that Respondent Jaime Cordoba-Hernandez, R.Ph., appear before the Board on December 4, 2019, at 9:00 a.m. at Hyatt Place, 1790 East Plumb Lane, Reno, Nevada, and show cause, if any, why Certificate of Registration No. 17533 should not be subject to revocation pursuant to NRS 639.210, NRS 639.255 and NAC 639.976.

DATED this 3<sup>rd</sup> day of November, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

## CERTIFICATE OF SERVICE

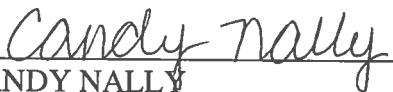
I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4<sup>th</sup> day of November 2019, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

Jaime Cordoba-Hernandez, R.Ph.  
4333Reno HWY #19  
Fallon, NV 89406

All City Pharmacy  
821 N. Lamb Blvd. #4  
Las Vegas. NV 89110

William Stilling, Esq.  
215 S. State Street – Suite 500  
Salt Lake City, UT 84111

  
CANDY NALLY

**FILED****APR 26 2019****BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD  
OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 17-070-RPH-S</b>
	)	<b>17-070-PH-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>FINDINGS OF FACT,</b>
<b>JAIME CORDOBA-HERNANDEZ, RPH,</b>	)	<b>CONCLUSIONS OF LAW,</b>
<b>Certificate of Registration No. 17533, and</b>	)	<b>AND ORDER</b>
	)	
<b>ALL CITY PHARMACY, LLC</b>	)	
<b>Certificate of Registration No. PH03609,</b>	)	
	)	
<b>Respondents.</b>	)	
	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on April 10, 2019, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of the State of Nevada, Board of Pharmacy. William J. Stilling, Esq., appeared on behalf of Respondent Jaime Cordoba-Hernandez, R.Ph., Certificate of Registration No. 17533 (Cordoba-Hernandez). Cordoba-Hernandez was also present.

Respondent All City Pharmacy, LLC, Certificate of Registration No. PH03609 (All City Pharmacy), filed a written response to the Accusation on file in the case. It did not appear at the hearing, nor did it have counsel appear on its behalf.

Based on the evidence presented, the Board enters the following Findings of Fact, Conclusions of Law, and Order.

**FINDINGS OF FACT**

Respondent Cordoba-Hernandez, through his counsel, stipulated to certain facts in writing on April 10, 2019 (Stipulated Facts).<sup>1</sup> The Board accepts those Stipulated Facts as its findings as to both Respondents as follows:

---

<sup>1</sup> All City Pharmacy did not dispute any of the facts alleged in the Board's December 13, 2018 Accusation when it filed its written Response on March 29, 2019.

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

### **Past Discipline**

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action, including in September 2012, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S, and in February 2015, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S.

### **Present Action**

3. On July 18, 2017, Dr. Dhaval Shah faxed a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that “Pharm to dose Abx” and “Vanco trough weekly.”

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription received from Dr. Shah to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in a box.

9. Without verifying that Reyes was acting on Dr. Shah’s behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Cordoba-Hernandez claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin that would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

17. Additionally, the Board finds that Board Staff incurred costs and expenses of at least two thousand five hundred dollars (\$2,500.00) to investigate and prosecute this matter.

### **CONCLUSIONS OF LAW**

18. The Board has jurisdiction over this matter and both of these Respondents because at the time of the events alleged herein, Cordoba-Hernandez and All City Pharmacy were registered or licensed with the Board.

19. Cordoba-Hernandez engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(d), (e) and (i), and violated NAC 639.690(2) as the managing pharmacist, by attempting to fill and dispense the prescription for P.L. without the necessary knowledge and proper training, by accepting verbal prescriptions from non-practitioners who were not agents of the prescribing physician, by failing to follow the prescription written by the prescribing physician and by failing to consult Dr. Shaw as the prescribing physician. For that conduct, Cordoba-Hernandez is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

20. As the pharmacy at which the foregoing violations occurred, All City Pharmacy is responsible for those violations, including those of Respondent Cordoba-Hernandez, pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2). All City Pharmacy is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

21. Board Staff withdrew the Second Cause of Action alleging inadequate counseling.

22. The Board hereby finds and concludes that the costs and attorney fees Board Staff incurred to investigate and prosecute this case are fair and reasonable, necessary and actually incurred by Board Staff in its investigation and prosecution of this case.

### **ORDER**

23. Based upon the foregoing, the BOARD HEREBY ORDERS as to Respondent Cordoba-Hernandez:

a. Cordoba-Hernandez's pharmacist registration, Certificate of Registration No. 17533, is revoked effective immediately. The revocation is stayed on the condition that Cordoba-Hernandez shall:

- i. Take and pass the NAPLEX examination within six (6) months of the effective date of this Order.
- ii. Take and pass the MPJE examination within six (6) months of the effective date of this Order.
- iii. Pay a fine of five thousand dollars (\$5,000.00).
- iv. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.

b. Cordoba-Hernandez's pharmacist registration shall be placed on probation for a period of four (4) years from the effective date of this Order. During that probationary period, Cordoba-Hernandez shall:

- i. Not work as a managing pharmacist/pharmacist in charge of any Nevada-licensed pharmacy.
- ii. Not engage in any form of compounding or specialty pharmacy. He shall limit his practice to retail pharmacy practice only.
- iii. Attend the entire day of at least two of the Board's regularly scheduled board meetings each year (a total of eight meetings over four years) on the day the Board hears disciplinary matters (typically the first day). As evidence of his attendance at each meeting, Cordoba-Hernandez must (a) sign the attendance sheet made available at the meeting, and (b) make his attendance known by introducing himself to the Executive Secretary of the Board.

24. Based upon the foregoing, the BOARD HEREBY ORDERS that All City Pharmacy shall:

- a. Pay a fine of five thousand dollars (\$5,000.00).
- b. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.
- c. All City Pharmacy shall be subject to quarterly inspections for a period of one year at its own expense, up to a limit of five hundred dollars (\$500.00) per inspection.

25. Respondents shall pay the fines ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

26. Respondents shall pay the administrative fees ordered herein by *cashier's check* or *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

[THIS AREA INTENTIONALLY LEFT BLANK]



27. Any failure by Respondents, or either of them, to comply with any term in this Order may result in additional discipline, including the possible suspension or revocation of their respective license or registration until the default is cured. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

**IT IS SO ORDERED.**

Signed and effective this 25 day of April 2019.



Jason Penrod, President  
Nevada State Board of Pharmacy



reinstated Cordoba-Hernandez's pharmacist registration subject to a two-year probation with conditions.

b. In February 2015, the Board entered another Order against Cordoba-Hernandez in *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S. In that Order, the Board found Cordoba-Hernandez guilty of unprofessional conduct for failing to fully comply with the terms and conditions of his probation set forth by the Board at the March 2014, board meeting and September 2012 Order. The Board revoked Cordoba-Hernandez's pharmacist registration, stayed the revocation, and placed his pharmacist registration on probation for two years with conditions.

### **Present Action**

3. On July 18, 2017, Dr. Dhaval Shah sent a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly".

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in the box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms.

Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Mr. Cordoba claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

**AGREED:**

Signed this 10<sup>th</sup> day of April 2019



S. Paul Edwards, Esq.  
General Counsel  
Nevada State Board of Pharmacy

Signed this 10<sup>th</sup> day of April 2019



William J. Stilling, Esq.  
Counsel for  
Respondent Jaime Cordoba-Hernandez

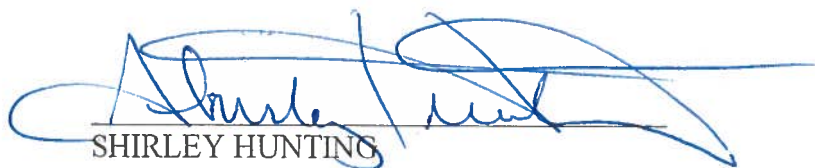
## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1<sup>st</sup> day of May 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jaime Cordoba Hernandez, RPh  
4333 Reno HWY, #19  
Fallon, NV 89406

William Stilling, Esq.  
215 S. State St., Suite 500  
Salt Lake City, Utah 84111

All City Pharmacy  
821 N. Lamb Blvd., #4  
Las Vegas, NV 89110



SHIRLEY HUNTING

**6E**

FILED

OCT 31 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CLINICIAN'S CHOICE DENTAL  
PRODUCTS INC,  
Certificate of Registration No. WH02116,

Respondent.

Case No. 19-158-WH

## ORDER TO SHOW CAUSE

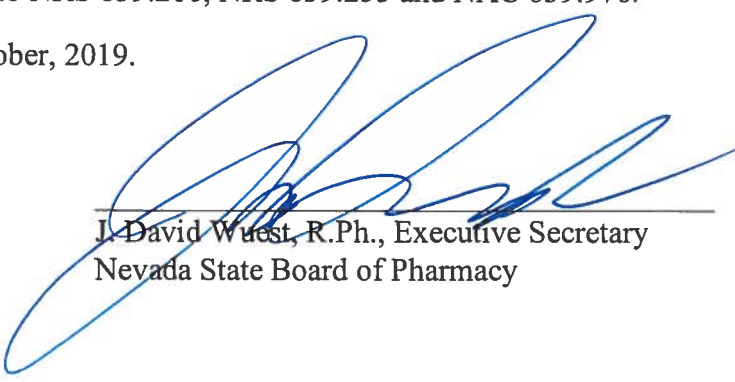
On or about September 11, 2019, Board Staff properly served the Notice of Intended Action and Accusation (Accusation) on file in this matter on Respondent.

On October 10, 2019, the Nevada State Board of Pharmacy (Board) entered an Order directing Respondent to comply with NRS 639.500 within twenty (20) days. Respondent has failed to comply with the terms of the Order.

Failure to comply with an order entered by the Board may result in the issuance by the Executive Secretary of an order to show cause directing the Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. NAC 639.965.

IT IS HEREBY ORDERED that Respondent Clinician's Choice Dental Products Inc. appear before the Board on December 4, 2019, at 9:00 a.m. at Hyatt Place, 1790 East Plumb Lane, Reno, Nevada and show cause, if any, why Certificate of Registration No. WH02116 should not be subject to suspension or revocation pursuant to NRS 639.210, NRS 639.255 and NAC 639.976.

DATED this 31<sup>st</sup> day of October, 2019.



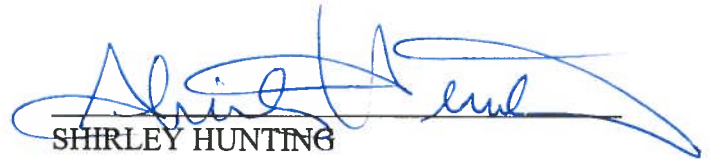
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy



## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of November 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Clinician's Choice Dental Products, Inc.  
559B Federal Road  
Brookfield, CT 06804



SHIRLEY HUNTING

FILED

OCT 10 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-158-WH
	)	
Petitioner,	)	
v.	)	ORDER
	)	
CLINICIAN'S CHOICE DENTAL PRODUCTS	)	
INC.	)	
Wholesaler License No. WH02116	)	
	/	
<u>Respondent.</u>		

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Thursday, October 10, 2019, in Las Vegas, Nevada. Brett Kandt, Esq., appeared and prosecuted the case before the Board. Respondent CLINICIAN'S CHOICE DENTAL PRODUCTS INC., Wholesaler License No. WH02116, failed to appear. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

**FINDINGS OF FACT**

The allegations against Respondent, as stated in the Accusation on file herein, and upon which Respondent is deemed to have admitted pursuant to NRS 622A.320(1) and the Board makes findings of fact, are as follows:

1. At the time of the events set forth herein, Respondent held Wholesaler License WH02116, issued by the Board.
2. On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.
3. On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

4. On or about September 11, 2019, Board Staff served the Notice of Intended Action and Accusation (Accusation) and Notice of Hearing in this matter on Respondent.

5. Respondent failed to file an Answer and Notice of Defense to the Accusation.

### **CONCLUSIONS OF LAW**

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent, because at the time of the events herein, Respondent held Wholesaler License No. WH02116, issued by the Board.

2. Respondent was served notice in compliance with NRS 622A.300 and 639.242.

3. By failing to submit a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205.

4. Violating NRS 639.500 and 21 CFR Part 205 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11) and (12).

### **ORDER**

#### **THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:**


1. Within twenty (20) days of the effective date of this Order, Respondent shall comply with NRS 639.500 and submit to the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

2. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

3. This Order is effective on the date it is executed below.

**IT IS SO ORDERED.**

Entered this 10 day of October, 2019.

  
\_\_\_\_\_  
Kevin Desmond, President Pro Tempore  
Nevada State Board of Pharmacy

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of October 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

CLINICIAN'S CHOICE DENTAL PRODUCTS INC.  
559B Federal Road  
Brookfield, CT, 06804



---

KRISTOPHER MANGOSING

**6F**

FILED

OCT 31 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

HALYARD SALES, LLC,  
Certificate of Registration No. WH01490,

Respondent.

Case No. 19-170-WH

## ORDER TO SHOW CAUSE

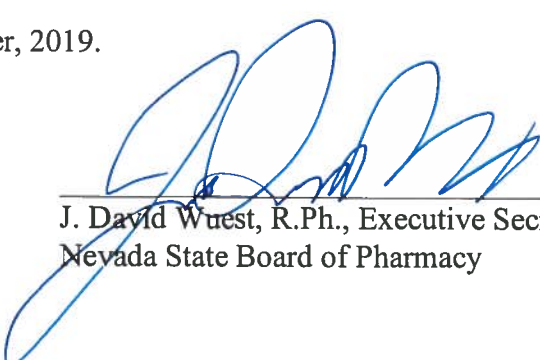
On or about September 11, 2019, Board Staff properly served the Notice of Intended Action and Accusation (Accusation) on file in this matter on Respondent.

On October 10, 2019, the Nevada State Board of Pharmacy (Board) entered an Order directing Respondent to comply with NRS 639.500 within twenty (20) days. Respondent has failed to comply with the terms of the Order.

Failure to comply with an order entered by the Board may result in the issuance by the Executive Secretary of an order to show cause directing the Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. NAC 639.965.

IT IS HEREBY ORDERED that Respondent Halyard Sales LLC appear before the Board on December 4, 2019, at 9:00 a.m. at Hyatt Place, 1790 East Plumb Lane, Reno, Nevada and show cause, if any, why Certificate of Registration No. WH01490 should not be subject to suspension or revocation pursuant to NRS 639.210, NRS 639.255 and NAC 639.976.

DATED this 31<sup>st</sup> day of October, 2019.



\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of November 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Halyard Sales, LLC  
6620 South Memorial Place  
Tucson, AZ 85756



SHIRLEY HUNTING



FILED

OCT 10 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-170-WH
	)	
Petitioner,	)	
v.	)	ORDER
	)	
HALYARD SALES, LLC	)	
Wholesaler License No. WH01490	)	
	)	
Respondent.	/	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Thursday, October 10, 2019, in Las Vegas, Nevada. Brett Kandt, Esq., appeared and prosecuted the case before the Board. Respondent HALYARD SALES, LLC, Wholesaler License No. WH01490, failed to appear. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

### FINDINGS OF FACT

The allegations against Respondent, as stated in the Accusation on file herein, and upon which Respondent is deemed to have admitted pursuant to NRS 622A.320(1) and the Board makes findings of fact, are as follows:

1. At the time of the events set forth herein, Respondent held Wholesaler License WH01490, issued by the Board.
2. On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.
3. On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

4. On or about September 11, 2019, Board Staff served the Notice of Intended Action and Accusation (Accusation) and Notice of Hearing in this matter on Respondent.

5. Respondent failed to file an Answer and Notice of Defense to the Accusation.

### **CONCLUSIONS OF LAW**

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent, because at the time of the events herein, Respondent held Wholesaler License No. WH01490, issued by the Board.

2. Respondent was served notice in compliance with NRS 622A.300 and 639.242.

3. By failing to submit a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205.

4. Violating NRS 639.500 and 21 CFR Part 205 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11) and (12).

### **ORDER**

#### **THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:**

1. Within twenty (20) days of the effective date of this Order, Respondent shall comply with NRS 639.500 and submit to the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.


2. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly-scheduled meeting for a

show cause hearing. If such a hearing results in a finding of a violation of this Order, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

3. This Order is effective on the date it is executed below.

**IT IS SO ORDERED.**

Entered this 10 day of October, 2019.

  
\_\_\_\_\_  
Kevin Desmond, President Pro Tempore  
Nevada State Board of Pharmacy

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of October 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

HALYARD SALES, LLC  
6620 South Memorial Place  
TUCSON, AZ, 85756



---

KRISTOPHER MANGOSING

**6G**

NOV 1 2019

NEVADA STATE BOARD  
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**  
**NEVADA STATE BOARD OF PHARMACY,****Case No. 19-188-WH****Petitioner,****v.****ORDER TO SHOW CAUSE****PHARMACO TECHNOLOGY LLC,**  
**Certificate of Registration No. WH02258,****Respondent.**

On or about September 11, 2019, Board Staff properly served the Notice of Intended Action and Accusation (Accusation) on file in this matter on Respondent.

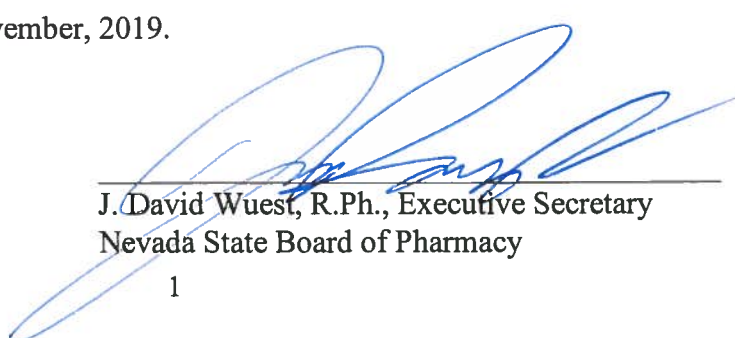
On October 10, 2019, the Nevada State Board of Pharmacy (Board) entered an Order directing Respondent to comply with NRS 639.500 within twenty (20) days. Respondent has failed to comply with the terms of the Order.

By correspondence dated October 17, 2019, Respondent unilaterally and voluntarily surrendered to the Board its Nevada Wholesaler License No. WH02258. NRS 233B.121(6) provides "The voluntary surrender of a license in a contested case shall be deemed to constitute disciplinary action against the licensee."

Failure to comply with an order entered by the Board may result in the issuance by the Executive Secretary of an order to show cause directing the Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. NAC 639.965.

IT IS HEREBY ORDERED that Respondent Pharmaco Technology LLC appear before the Board on December 4, 2019, at 9:00 a.m. at Hyatt Place – 1790 Est Plumb Lane – Reno, NV and show cause, if any, why an order of discipline should not be entered pursuant to NRS 233B.121(6) and NAC 639.976.

DATED this 1<sup>st</sup> day of November, 2019.

  
\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of November 2019, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

Pharmaco Technology, LLC  
13727 Noel Rd., Tower 11 #200  
Dallas, TX 75240

  
SHIRLEY HUNTING

FILED

OCT 10 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-188-WH
	)	
Petitioner,	)	
v.	)	ORDER
	)	
PHARMACO TECHNOLOGY LLC	)	
Wholesaler License No. WH02258	)	
	)	
Respondent.	/	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Thursday, October 10, 2019, in Las Vegas, Nevada. Brett Kandt, Esq., appeared and prosecuted the case before the Board. Respondent PHARMACO TECHNOLOGY LLC, Wholesaler License No. WH02258, failed to appear. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

**FINDINGS OF FACT**

The allegations against Respondent, as stated in the Accusation on file herein, and upon which Respondent is deemed to have admitted pursuant to NRS 622A.320(1) and the Board makes findings of fact, are as follows:

1. At the time of the events set forth herein, Respondent held Wholesaler License WH02258, issued by the Board.
2. On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.
3. On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.



4. On or about September 11, 2019, Board Staff served the Notice of Intended Action and Accusation (Accusation) and Notice of Hearing in this matter on Respondent.

5. Respondent failed to file an Answer and Notice of Defense to the Accusation.

### **CONCLUSIONS OF LAW**

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent, because at the time of the events herein, Respondent held Wholesaler License No. WH02258, issued by the Board.

2. Respondent was served notice in compliance with NRS 622A.300 and 639.242.

3. By failing to submit a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205.

4. Violating NRS 639.500 and 21 CFR Part 205 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11) and (12).

### **ORDER**

#### **THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:**

1. Within twenty (20) days of the effective date of this Order, Respondent shall comply with NRS 639.500 and submit to the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

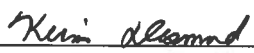
2. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly-scheduled meeting for a

show cause hearing. If such a hearing results in a finding of a violation of this Order, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

3. This Order is effective on the date it is executed below.

**IT IS SO ORDERED.**

Entered this 10 day of October, 2019.

  
\_\_\_\_\_  
Kevin Desmond, President Pro Tempore  
Nevada State Board of Pharmacy

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of October 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

PHARMACO TECHNOLOGY LLC  
13727 NOEL RD, TOWER 11 #200  
DALLAS, TX, 75240

  
\_\_\_\_\_  
KRISTOPHER MANGOSING

**6H**

FILED

OCT 31 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

RLC LABS, INC,  
Certificate of Registration No. WH01443,

Respondent.

Case No. 19-194-WH

## ORDER TO SHOW CAUSE

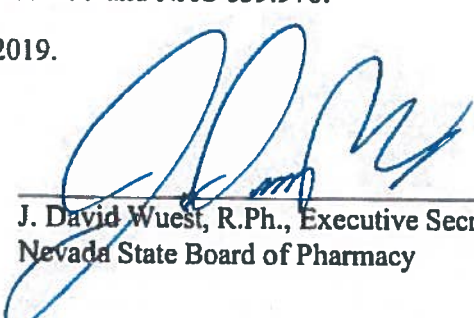
On or about September 11, 2019, Board Staff properly served the Notice of Intended Action and Accusation (Accusation) on file in this matter on Respondent.

On October 10, 2019, the Nevada State Board of Pharmacy (Board) entered an Order directing Respondent to comply with NRS 639.500 within twenty (20) days. Respondent has failed to comply with the terms of the Order.

Failure to comply with an order entered by the Board may result in the issuance by the Executive Secretary of an order to show cause directing the Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. NAC 639.965.

IT IS HEREBY ORDERED that Respondent RLC Labs, Inc. appear before the Board on December 4, 2019, at 9:00 a.m. at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada, and show cause, if any, why Certificate of Registration No. WH01443 should not be subject to suspension or revocation pursuant to NRS 639.210, NRS 639.255 and NAC 639.976.

DATED this 31<sup>st</sup> day of October, 2019.



\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of November 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

RLC Labs, Inc.  
27626 N. 44<sup>th</sup> St.  
Cave Creek, AZ 85311


  
SHIRLEY HUNTING

# RETURN OF SERVICE

STATE OF Arizona )

COUNTY OF Maricopa )  
ss.

I HEREBY certify and return that I received the within (1) Nevada State Board of Pharmacy Order in Case 19-194-WH, and (2) Nevada State Board of Pharmacy Order to Show Cause in Case 19-194-WH on the 14 day of November, 2019 and that I personally served the same upon Jake Schoenfeld, a person at least eighteen years of age, at RLC Labs, 1850 E Riverview Dr, Phoenix, on the 14 day of November, 2019. AZ 85034

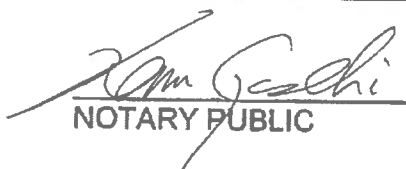
  
Signature

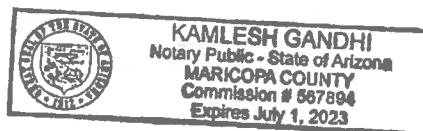
Dennis Waggoner  
Name (print)

SUBSCRIBED AND SIGNED before me

this 14 day of November, 2019

by Dennis Waggoner

  
NOTARY PUBLIC



FILED

OCT 10 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-194-WH
	)	
Petitioner,	)	
v.	)	ORDER
	)	
RLC LABS, INC.	)	
Wholesaler License No. WH01443	)	
	)	
Respondent.	/	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Thursday, October 10, 2019, in Las Vegas, Nevada. Brett Kandt, Esq., appeared and prosecuted the case before the Board. Respondent RLC LABS, INC., Wholesaler License No. WH01443, failed to appear. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

**FINDINGS OF FACT**

The allegations against Respondent, as stated in the Accusation on file herein, and upon which Respondent is deemed to have admitted pursuant to NRS 622A.320(1) and the Board makes findings of fact, are as follows:

1. At the time of the events set forth herein, Respondent held Wholesaler License WH01443, issued by the Board.
2. On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.
3. On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.



4. On or about September 11, 2019, Board Staff served the Notice of Intended Action and Accusation (Accusation) and Notice of Hearing in this matter on Respondent.
5. Respondent failed to file an Answer and Notice of Defense to the Accusation.

### **CONCLUSIONS OF LAW**

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent, because at the time of the events herein, Respondent held Wholesaler License No. WH01443, issued by the Board.
2. Respondent was served notice in compliance with NRS 622A.300 and 639.242.
3. By failing to submit a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205.
4. Violating NRS 639.500 and 21 CFR Part 205 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11) and (12).

### **ORDER**

#### **THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:**

1. Within twenty (20) days of the effective date of this Order, Respondent shall comply with NRS 639.500 and submit to the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.
2. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly-scheduled meeting for a

show cause hearing. If such a hearing results in a finding of a violation of this Order, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

3. This Order is effective on the date it is executed below.

**IT IS SO ORDERED.**

Entered this \_\_\_\_ day of October, 2019.

*Kevin Desmond*  
Kevin Desmond, President Pro Tempore  
Nevada State Board of Pharmacy

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of October 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

RLC LABS, INC.  
27626 N. 44th St.  
Cave Creek, AZ, 85331

  
KRISTOPHER MANGOSING

**7**

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA WHOLESALER 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 Wholesaler    ☐ Ownership Change    ☐ Name Change    ☐ Location Change  
 (Please provide current license number if making changes: WH\_\_\_\_\_)

☐ Publicly Traded Corporation – Page 1,2,3,4    ☐ Partnership - Page 1,2,3,6a,6b  
☒ Non Publicly Traded Corporation – Page 1,2,3,5a,5b    ☐ Sole Owner – Page 1,2,3,7  
 Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION**

Facility Name: The Hilsinger Company d/b/a/ Hilco

Physical Address: 3908 N. 5th Street, North Las Vegas, NV 89032

Mailing Address: 1751 State Route 17A, Suite 3

City: Florida    State: NY    Zip Code: 10921

Telephone: (800) 249-1058    Fax: (702) 399-4413

Toll Free Number: N/A

E-mail: HIL@slny.com    Website: www.hilco.com

Facility Manager: David Jeffrey Serrero

Professional qualifications and experience of facility manager: Helped with the start up of the Las Vegas facility.  
Assists with the design of facility layout, slotting and equipment installation. Trains, coaches and evaluates new employees.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies    ☒ Practitioners    ☒ Hospitals    ☒ Wholesalers  
☒ Other: Distributors, manufacturers, US Government

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices    ☐ Hypodermic Devices  
☐ Poisons or Chemicals    ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: Over-the-counter drugs, RX intravenous fluids not containing a drug, ophthalmic drugs

## APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?  
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?  
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) <u>No suppliers at this time.</u>	
Name	Address
Business	
2)	
Name	Address
Business	
3)	
Name	Address
Business	
4)	
Name	Address
Business	

**Within the last five (5) years:**

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

## APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 at least 10% interest or partners 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 wholesaler 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

Paul Andrew Janell

Print Name of Authorized Person

  
Date

4/5/19

Board Use Only

Received: \_\_\_\_\_

Amount: \_\_\_\_\_

## APPLICATION FOR NEVADA WHOLESALER LICENSE

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**State of Incorporation: DEParent Company if any: Hilsinger Holdings, Inc.Corporation Name: The Hilsinger Company d/b/a/ HilcoMailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3City: Florida State: NY Zip: 10921Telephone: (845) 544-2482 Fax: (845) 544-2481Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

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

a)	<u>Hilsinger Holdings, Inc., 33 West Bacon Street, Plainville, MA 02762</u>	100%
	<div style="display: flex; justify-content: space-between;"><span>Name</span><span>Address</span></div>	Sole Owner

b)	<u></u>
	<div style="display: flex; justify-content: space-between;"><span>Name</span><span>Address</span></div>

c)	<u></u>
	<div style="display: flex; justify-content: space-between;"><span>Name</span><span>Address</span></div>

d)	<u></u>
	<div style="display: flex; justify-content: space-between;"><span>Name</span><span>Address</span></div>

**NOTE:** All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation.
- n/a - sole share holder

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

- 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



# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 4/14/2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Wholesaler  
 Nature of Pharmacy or Wholesaler  
3908 N.5th Street, North Las Vegas, NV 89032  
 Name and Address of Business for Which Designated Representative Is Requested  
Hilco  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Serrero David Jeffrey  
 Last Name First Name Middle Name  
n/a

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
Cardigan Bay Street, Las Vegas, NV 89131

Present Residence Address-Street or RFD City State/Zip  
3908 N.5th Street, North Las Vegas, NV 89032

Present Business Address City State/Zip  
Plant Manager, GM

Dates 11/15/2018 - present  
 Present Position with the Pharmacy or Wholesaler

Phone: Residence (cell)  
 Business 702-399-3940 ext. 3111  
Norcross, GA

Date of Birth 45 Place of Birth (City, County, State) GA

Age 45 Social Security Number                      Sex M

Blue Brown White 160 5'9"  
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No                     

If naturalized, certificate No                      Date                     

Place                      (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial JS

## MARITAL INFORMATION-Continued

A. **Current Marriage** December 6, 2010 St Thomas, US Virgin Islands  
Date City, County and State  
 Spouse's full name (Maiden) Veronica Simone Merka S.S. No.  
 Date of Birth 11/11/72 Place of Birth Johnson City, NY  
 Resident address Cardigan Bay St Las Vegas NV 89131  
Street City State Zip  
 Telephone: Residence (cell) Business N/A  
 Spouse's employer N/A Occupation N/A  
 Address of employer N/A  
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

### 3. FAMILY INFORMATION:

#### A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>Mason Hawk Serrero</u>		<u>Greenwood, SC</u>	<u>Cardigan Bay St. Las Vegas, NV 89131</u>

#### B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial [Signature]

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name N/A  
 Address N/A  
 Contact person N/A

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father		Roberta Drive	
Isaac Nick Serrero		Hendersonville, TN 37075	Retired
Mother		Roberta Drive	
Kaye Grace Hood		Hendersonville, TN 37075	Retired
Father-in-Law		County Road 6310	
Stanislav Thomas Merka		3 West Plains, MD 65775	Physician
Mother-in-Law		County Road 6310	
Olga Hana Drorak		West Plains, MD 65775	N/A

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Christie Lynn Serrero		Roberta Drive	
Spouse		Hendersonville, TN 37075	Teacher
N/A			
Alan Nick Serrero		Maple Creek Drive	
Spouse		Loganville, GA 30052	Chemist
Tracy Lee Singletary		Maple Creek Drive	
		Loganville, GA 30052	Accountant

Spouse

Spouse

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School	Britt Elementary	Snellville, GA	1979-1985
High School	South Gwinnett	Snellville, GA	1989-1993
College University	Berry College	Rome, Georgia	1993-1997
Other			

Type of degree obtained, if any Bachelors of Science in Biology, Minor ChemistryCollege or university where obtained Berry CollegeApplicant's initial JS

**5 MILITARY INFORMATION:**

- A. Have you ever served in any armed forces? Yes ☒ No ☐

Branch US Navy Date of entry-active service 6/25/2002  
 Date of separation 9/1/2006 Type of discharge Honorable  
 Rating at separation LTJG Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☒ No ☐

County Gwinnett State GA Date registered 4/1/1992

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
----------------	-----	--------	-------------------------	-----------------	------------------

N/A

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒  
 If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒  
 If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒  
 If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

N/A

Applicant's initial JS

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

N/A

## 7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
March 2019 - present	Cardigan Bay St	Las Vegas	Nevada
November 2018 - March 2019	9145 Echelon Point Dr Unit 2002	Las Vegas	Nevada
June 2015 - November 2018	187 Coleman Rd	Readyville	Tennessee
November 2014 - May 2015	109 Crestside Court	Smyrna	Tennessee
April 2011 - November 2014	107 North Pond Court	Greenwood	South Carolina
October 2008 - April 2011	126 Mitchum Drive	Ninety Six	South Carolina
July 2007 - October 2008	20 Elm Street	Norway	Maine
December 2006 - July 2007	53 Watson Road	Norway	Maine
June 2004 - December 2006	200 Oak Grove Rd	Norfolk	Virginia
Sept 2003 - May 2004	150 Westover Ave	Norfolk	Virginia
October 1976 - September 2003	2033 Deerfield Run	Snellville	Georgia

Applicant's initial

*[Signature]*

**8. EMPLOYMENT:**

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

November 2018-Present	Hilco Vision, Las Vegas, NV	N/A
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Plant Manager, GM	Assists with the design of the facility layout, slotting, and equipment installation	Lee Black
Title	Description of Duties	Name of Supervisor
September 2014- October 2018	Haemonetics Corporation, Nashville, TN	8000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Senior Distribution Center Manger		Barry Cronin
Title	Description of Duties Managed the daily operation of two 166K square-foot Distribution Centers	Name of Supervisor
June 2008 - Sept 2014	Covidien, Greenwood, SC	N/A
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Senior Manager, Distribution Center Operations		
Title	Description of Duties Managed a 350K sq. foot medical supplies distribution center with 70+ employees	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

*[Signature]*

Page 6

# 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Jeff Hales</u>	Home	<u>Starrwood Drive</u>	<u>Starr</u>	<u>SC</u>	<u>29684</u>	<u>30 years</u>
Employer <u>Retired</u>	Business	<u>Retired School Teacher</u>				
Name <u>Glenn McKinney</u>	Home	<u>Clendenin Drive</u>	<u>Martinsburg</u>	<u>WV</u>	<u>25404</u>	<u>10 years</u>
Employer <u>Save-A-Lot</u>	Business	<u>Food Distribution</u>				
Name <u>John Augusto</u>	Home	<u>5 Crestwood Drive</u>	<u>Ideaumont</u>	<u>TX</u>	<u>77706</u>	<u>15 years</u>
Employer <u>Exxon</u>	Business	<u>Petro Chemical</u>				
Name <u>Lisa Tarr</u>	Home	<u>Hedge Forest Lane</u>	<u>Grayson</u>	<u>GA</u>	<u>30017</u>	<u>30 years</u>
Employer <u>Aveanna Healthcare</u>	Business	<u>Pediatric Home Healthcare</u>				
Name <u>Chris Hunt</u>	Home	<u>5 Barlow Lane</u>	<u>Lascassas</u>	<u>TN</u>	<u>37085</u>	<u>5 years</u>
Employer <u>Old Dominion</u>	Business	<u>Transportation / Trucking</u>				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒  
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial

JP



14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 4/12/2019

Applicant's initial [Signature]



STATE OF NEVADA

SS.

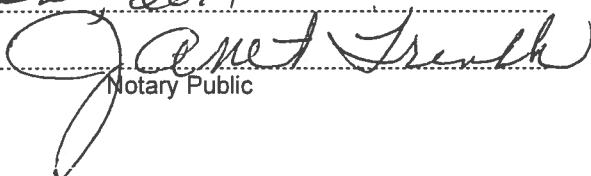
COUNTY OF CLARK

I, David J. Serrero, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

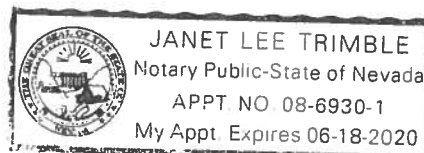
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 19 day ofApril 2019


Notary Public



(seal)

Applicant's initial DJS

Page 9

[illegible]

Applicant's initial df Page 10



# The Hilsinger Company d/b/a Hilco

Corporate Address: 33 West Bacon Street, Plainville, MA 02762 USA  
FEIN: 81-0608730  
[www.hilco.com](http://www.hilco.com)

Drug Labeler Code: N/A  
Incorporation State: DE  
Incorporation Date: 2/27/2003

## FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
NLV	3908 N.5th Street North Las Vegas, NV 89032 County: Clark	N/A	N/A - No CS	Pending	No	(800) 249-1058	(702) 399-4413

## FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
David Jeffrey Serrero	Cardigan Bay Street Las Vegas, NV 89131	Plant Manager, GM	No			

## OWNERSHIP

Name	Address	Title	Percent of Ownership	FEIN/SSN	DOB	Driver's License
Hilsinger Holdings, Inc.	33 West Bacon Street Plainville, MA 02762	N/A	100	81-068731	N/A	N/A

## LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
James Ross Brownlee	Floral Street Newton, MA 02461	CEO	No			
Paul Andrew Janell	Jackson Circle Franklin, MA 02038	COO	No			
Robert M. Rymeski	Snow Bird Ave. Weymouth, MA 02190	Vice President	No			

## REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			

JOB TITLE	NAME	DOH
Warehouse Lead	Friesz, Richard	09/01/17
Warehouse I NV	Deleon, Moises	09/01/17
Warehouse 1 NV	Sanchez, Federico	07/09/18
Warehouse Coordinator I NV	Flores, Miguel	07/09/18
Temp Warehouse NV	Soto, Azael	11/01/18
Temp Warehouse NV	Quinones, Jorge	12/12/18
Temp Warehouse NV	Ruiz, John	01/08/19
Temp Warehouse NV	Remond, David( replace by Ashley Nelon	01/28/19
Production/Warehouse Mgr	Friesz, Henry	09/01/17
Production 1 NV	Garcia, Georgina	09/01/17
Operations Manager	Friesz, Brian	09/01/17
Plant Manager, GM NV	Serrero, David Jeff	11/15/18

COPY

**VERIFICATION CERTIFICATE**Bond No.: CMS0247147

THIS IS TO CERTIFY that the above referenced Bond,

issued by RLI Insurance Company,dated May 19, 2015, in the amount of One Hundred Thousand and 00/100--- ( \$100,000.00 ) on behalf ofThe Hilsinger Company (as Principal),and in favor of State of Nevada and to the Nevada State Board of Pharmacy (as Obligee),

remains in effect, subject to all agreements, conditions and limitations.

Bond Term: May 19, 2019 to 2020

Signed, sealed and dated March 1, 2019RLI Insurance CompanyBy: *Cheryl C. May*

Cheryl C. May

Attorney-in-Fact

# POWER OF ATTORNEY

## RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615  
Phone: 800-645-2402

### Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

That **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, each an Illinois corporation, (separately and together, the "Company") do hereby make, constitute and appoint:

Mark L. Rader, Geri Patronite, Cheryl C. May, Laura W. Straub, jointly or severally

in the City of Cleveland, State of Ohio its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed Twenty Five Million Dollars (\$25,000,000.00) for any single obligation.

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon the Company as if such bond had been executed and acknowledged by the regularly elected officers of the Company.

**RLI Insurance Company and/or Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and is now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

IN WITNESS WHEREOF, the **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 7th day of November, 2018.



**RLI Insurance Company  
Contractors Bonding and Insurance Company**

By: B. W. Davis

Barton W. Davis

Vice President

State of Illinois

County of Peoria

} SS

### CERTIFICATE

On this 7th day of November, 2018, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company and/or Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

I, the undersigned officer of **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company and/or Contractors Bonding and Insurance Company** this 1st day of March, 2019.

By: Gretchen L. Johnigk

Gretchen L. Johnigk

Notary Public



**RLI Insurance Company**

**Contractors Bonding and Insurance Company**

By: Jean M. Stephenson

Jean M. Stephenson

Corporate Secretary



RLI Insurance Company  
P.O. Box 3967 Peoria IL 61612-3967  
Phone: 309-692-1000 Fax: 309-683-1610

# RLI Insurance Company

December 31, 2017

## Admitted Assets

### Investments:

Fixed maturities	\$ 726,425,539
Equity securities	909,076,741
Short-term investments	0
Real estate	30,737,849
Properties held to produce income	0
Cash on hand and on deposit	19,085,934
Other invested assets	27,547,981
Receivables for securities	701,886
Agents' balances	72,135,132
Investment income due and accrued	6,763,014
Funds held	0
Reinsurance recoverable on paid losses	5,945,781
Federal income taxes receivable	0
Net deferred tax asset	0
Guarantee funds receivable or on deposit	60,064
Electronic data processing equipment, net of depreciation	4,222,394
Receivable from affiliates	9,329,145
Other admitted assets	5,003,496

Total Admitted Assets \$ 1,817,034,956

State of Illinois

County of Peoria

## Liabilities and Surplus

### Liabilities:

Reserve for unpaid losses and loss adjustment expenses	\$ 542,522,984
Unearned premiums	240,260,847
Accrued expenses	47,884,457
Funds held	411,639
Advance premiums	6,607,102
Amounts withheld	79,749,934
Dividends declared and unpaid	21,769
Ceded reinsurance premium payable	11,642,583
Payable for securities	3,150,927
Statutory penalties	306,200
Current federal & foreign income taxes	1,158,071
Federal income tax payable	15,503,756
Borrowed money and accrued interest	61
Drafts outstanding	0
Payable to affiliate	1,057,036
Other liabilities	2,203,975
Total Liabilities	<u>\$ 952,481,321</u>

### Surplus:

Common stock	\$ 10,000,375
Additional paid-in capital	242,451,084
Unassigned surplus	612,102,176

Total Surplus \$ 864,553,635

Total Liabilities and Surplus \$ 1,817,034,956

The undersigned, being duly sworn, says: That he is the President of **RLI Insurance Company**; that said Company is a corporation duly organized, in the State of Illinois, and licensed and engaged in business in the State of \_\_\_\_\_ and has duly complied with all the requirements of the laws of said State applicable of said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress approved July 1947, 6U.S.C sec. 6-13; and that to the best of his knowledge and belief the above statement is a full, true, and correct statement of the financial condition of the said Company on the 31st day of December 2017.

### Attest:



{ Corporate  
Seal  
Affixed }

Craig Kliethermes  
Craig Kliethermes President

Cherie L. Montgomery  
Cherie L. Montgomery Assistant Secretary

Sworn to before me this 23rd day of February, 2018.



{ Notarial  
Seal  
Affixed }

Gretchen L. Johnigk  
Gretchen L. Johnigk Notary Public, State of Illinois

M0058318

**The James B. Oswald Company**

P.O. Box 853  
Westfield Center, OH 44251

**INVOICE**

<b>Customer</b>	The Hilsinger Company
<b>Acct #</b>	30854
<b>Date</b>	03/01/2019
<b>Customer Service</b>	Geri Patronite 216-367-1092 gpatronite@oswaldcompanies.com
<b>Page</b>	1 of 1

**The Hilsinger Company**  
David Nutting  
30 West Bacon Street  
Plainville, MA 02762

Payment Information	
<b>Invoice Summary</b>	\$ 1,500.00
<b>Payment Amount</b>	
<b>Payment for:</b>	Invoice#92142
CMS247147 NEVADA	

Thank You

Please detach and return with payment



Customer: The Hilsinger Company

Invoice	Effective	Transaction	Description	Amount
92142	05/19/2019	Renew policy	Policy #CMS247147 NEVADA 05/19/2019-05/19/2020 RLI Insurance Company Bonds - Renew Misc Finl Guarantee  \$100,000 NEVADA PHARMACEUTICAL WHOLESALER SURETY BOND - CONTINUOUS Misc Financial Guarantee Due Date: 5/19/2019	1,500.00
				<b>Total</b>
				\$ 1,500.00

Thank You

Please make checks payable to the company below and include your invoice number(s) on your check.

**The James B. Oswald Company**  
P.O. Box 853  
Westfield Center, OH 44251

**Date**

03/01/2019



## SECRETARY OF STATE

CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **THE HILSINGER COMPANY**, as a corporation duly organized under the laws of Delaware and existing under and by virtue of the laws of the State of Nevada since December 4, 2017, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 16, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Certified By: Paul Reyes  
Certificate Number: C20190511-0187

8

**8A**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

## APPLICATION FOR NEVADA 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. \*\*If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b

☐ Partnership - Pages 1,2,6,10,11a&b

☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b

☐ Sole Owner – Pages 1,2,8,10,11a&b

### **GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: ATLANTIC PHARMACY

Physical Address: 2815 W. LAKE MEAD BLVD, SUITE 109

City: NORTH LAS VEGAS State:        Zip Code: 89032 Telephone:       

702-241-9653 Fax: 702-346-1718 Toll Free Number:       

E-mail: atlanticpharmacylv@gmail.com

Website: www.atlanticrx.com

Managing Pharmacist: EMMANUEL KODJOE License Number: 18367

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

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds       )

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: N/A

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding

☐ ☒ Other Services: N/A

## APPLICATION FOR NEVADA 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

EMMANUEL KODJOE  
Print Name of Authorized Person

10/03/2019  
Date

<b>Board Use Only</b>	Date Processed: _____	Amount: <u>500.00</u>
-----------------------	-----------------------	-----------------------

## APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: NEVADAParent Company if any: PINNACLE ABSOLUTE CARE, LLCMailing Address: 840 CHAPARRAL DRCity: MESQUITE State: NV Zip: 89027Telephone: 702-241-9653 Fax: 702-346-1718Contact Person: EMMANUEL KODJOE

For any corporation non publicly traded, disclose the following:

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

a) N/A  
Name Business Addressb) N/A  
Name Business Addressc) N/A  
Name Business Addressd) N/A  
Name Business Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: N/AName: N/A %: N/A**Hours of Operation for the pharmacy:**Monday thru Friday 9:00 am 6:00 pm Saturday CLOSED am \_\_\_\_\_ pmSunday CLOSED am \_\_\_\_\_ pm 24 Hours N/AA Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20171449639

## APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: EMMANUEL KODJOE

Business Name: ATLANTIC PHARMACY

Current Business Address: 2815 W. LAKE MEAD BLVD, SUITE 109

City: NORTH LAS VEGAS State: NV Zip Code: 89032

Telephone: 702-241-9653 Fax: 702-346-1718

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A %: N/A

**Hours of Operation for the pharmacy:**

Monday thru Friday 9:00 am 6:00 pm Saturday CLOSED am \_\_\_\_\_ pm

Sunday CLOSED am \_\_\_\_\_ pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20171449639

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy  
FOR Corporations, Partnership or Sole Owners

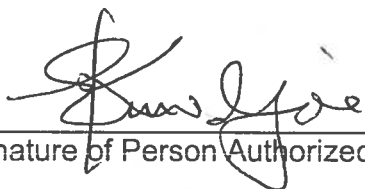
I, EMMANUEL KODJOE

Responsible Person of ATLANTIC PHARMACY

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

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

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



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

Emmanuel Kodjoe  
Print Name of Authorized Person

10/03/2019  
Date



## Managing Pharmacist

 Pharmacist Name: EMMANUEL KODJOE

 License #: 18367

 Pharmacy Name: ATLANTIC PHARMACY

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions above, please include the following information

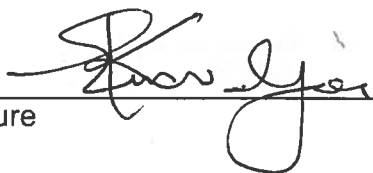
Board Administrative Action:	State: <u>N/A</u>	Date: <u>N/A</u>	Case #: <u>N/A</u>
And/or Criminal Action:	State: <u>N/A</u>	Date: <u>N/A</u>	Case #: <u>N/A</u>
County	<u>N/A</u>	Court:	<u>N/A</u>

PHARMACY MANAGER'S RESPONSIBILITIES  
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature



10/03/2019

Date

Date 10/02/2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Nevada Pharmacy License

Nature of License

PINNACLE ABSOLUTE CARE LLC, 840 CHAPARRAL DR, MESQUITE, NV 89027

Name and Address of Establishment for Which License Is Requested

Doing Business As: Atlantic Pharmacy, 2815 W. Lake Mead Blvd, Suite 109, North Las Vegas, NV 89032

If applicable, Name Under Which It Is Now Operated

## 1. PERSONAL INFORMATION:

Kodjoe

Emmanuel

Last Name

First Name

Middle Name

N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Chaparral Dr

Mesquite

NV/ 89027

Present Residence Address-Street or RFD

City

State/Zip

2815 W. Lake Mead Blvd, Suite 109

Dates N/A (yet to start)

North Las Vegas

NV/ 89032

Present Business Address

City

State/Zip

Pharmacist

Dates N/A (yet to start)

NV/89032

Occupation

Phone:

Residence N/A

Business N/A

Accra, Ghana

Date of Birth

Place of Birth (City, County, State)

46

M

Age

Social Security Number

Sex

Brown

Black

Black

177 lbs

N/A

5'07"

Color of Eyes

Color of Hair

Complexion

Weight

Build

Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Permanent Resident

Are you a citizen of the United States? Yes ☐ No ☒ If alien, registration No. USCIS #:

If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

## 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial EK

A. **Current Marriage** 12/04/1999 Accra, Ghana

Spouse's full name (Maiden) Gladys Amongo City, County and State S.S. No.

Date of Birth Place of Birth Takoradi, Ghana

Resident address Chaparral Dr Mesquite NV 89027  
Street City State Zip

Telephone: Residence N/A Business 702-345-3312

Spouse's employer Aumbria Health Occupation Physician

Address of employer 350 Falcon Ridge Pkwy, Suite 102 Mesquite NV 89027  
Street City State Zip

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A	N/A	N/A	N/A	N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A	N/A	N/A	N/A	N/A	N/A

### 3. FAMILY INFORMATION:

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Cameron Kodjoe		Accra, Ghana	Chaparral Dr, Mesquite, NV 89027

**B. Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial   EK

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Francis Kodjoe		Deceased	N/A
Mother			
Sabina Offah		Deceased	N/A
Father-in-Law			
Moses Ampong		P.O.Box 1, Accra, Ghana	Businessman (Ret.)
Mother-in-Law			
Mercy Cobbinah		P.O.Box , Dadieso, Ghana	Teacher (Ret.)

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Michael Kodjoe		Donald Rd, Croydon, UK	Chartered Accountant
Spouse			
Selasie Kodjoe		Donald Rd, Croydon, UK	Teacher
Clara Kodjoe		Deceased	N/A
Spouse			
N/A			
Harriet Kodjoe		P.O.Box , Saltpond, Ghana	Social Worker
Spouse			
N/A			
Benjamin Kodjoe		P.O.Box 1, Saltpond, Ghana	Businessman
Spouse			
N/A			

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Ideal Preparatory School	Takoradi, Ghana	1980 - 1986	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	St. Augustine's College	Cape-Coast, Ghana	1986 - 1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	University of Ghana, Legon	Accra, Ghana	1994 - 1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	Eastern New Mexico University	Portales, NM	2004 - 2006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PharmDCollege or university where obtained Roseman Univeristy of Health Sciences, Henderson, NV 2009 - 2012Applicant's initial EK

**5 MILITARY INFORMATION:**

- A. Have you ever served in any armed forces? Yes
- ☐
- No
- ☒

Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.) N/A

- B. Have you registered for the draft? Yes
- ☐
- No
- ☒

County N/A State N/A Date registered N/A**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes
- ☐
- No
- ☒
- If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒  
If yes, when? N/A city, county and state N/A
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒  
If yes when? N/A city, county and state N/A
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒  
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Applicant's initial EK

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A	N/A	N/A	N/A	N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A	N/A	N/A

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
03/2015 - Present	Chaparral Dr	Mesquite	NV
08/2014 - 03/2015	4010 Watford Way	Fayetteville	NC
08/2012 - 08/2014	2811 Powder Ridge Dr	Bismarck	ND
08/2009 - 08/2012	840 Chaparral Dr	Mesquite	NV
09/2007 - 08/2009	22900 Nicholas Ave	Euclid	OH
12/2006 - 01/2007	24350 Garden Dr, Apt 1405	Euclid	OH
01/2004 - 12/2006	ENMU 2846 1500 S. Ave K	Portales	NM
01/2002 - 01/2004	4 South Norwood	Croydon	UK
06/1980 - 01/2002	KB 455 Korle-Bu	Accra	Ghana

Applicant's initial EK

**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02/2017	Walmart Pharmacy, 6570 E. Lakemead Blvd, Las Vegas,NV	Laid off due to restructuring
Title	Description of Duties	Name of Supervisor
Floater Pharmacist	Verifying and dispensing medications,patient counseling	Johnny Lopez
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2015	Walmart Pharmacy, 1120 W. Pioneer Blvd, Mesquite,NV	Stepped down as Manager
Title	Description of Duties	Name of Supervisor
Pharmacy Manager	Managing daily operations of pharmacy/dispensing	Sean Rammell
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2014	Walmart Pharmacy, 7701 S. Raeford Rd, Fayetteville,NC	Relocation to Nevada
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Verifying and dispensing medications,patient counseling	Kim Monroe
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2014	CVS Pharmacy, 4923 Raeford Rd, Fayetteville,NC	Changed jobs for better conditions
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Verifying and dispensing medications,patient counseling	Gloria Johnson
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2014	Elbowoods Memorial Health Center, 1058 College Dr, Newtown,ND	Relocation to N. Carolina
Title	Description of Duties	Name of Supervisor
Relief Pharmacist	Verifying and dispensing medications,patient counseling	Adel Moe
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2013-05/2014	Unemployed	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2012	Sanford Health, 300N. 7th St,Bismarck,ND	Left for better paying job
Title	Description of Duties	Name of Supervisor
In-patient Staff Pharmacist	Verifying and dispensing medications,patient counseling	Gregory Fritz
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2009-11/2012	Went back to school (Roseman University)	N/A
Title	Description of Duties	Name of Supervisor
Student	N/A	N/A

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial EK



**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Alexander Odame	Home	Rock Island Rd. Apt 201, VA 22150				31
Employer N/A	Business	N/A				
Name Dr. Edward Ofori	Home	N/A				
Employer Self employed	Business	Mesquite Women's Clinic				
Name Dr. prince Ofori-Mensah	Home	1 Ave E, Langhorne PA, 19047				
Employer N/A	Business	N/A				
Name Derek Boateng	Home	N/A				
Employer Self Employed	Business	Health Matters Pharmacy				
Name Judy Boateng	Home	N/A				
Employer N/A	Business	N/A				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A	N/A	N/A	N/A

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

Applicant's initial EK

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

N/A

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

N/A

If yes to the above, state where, when and for what reason:

N/A

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

N/A

N/A

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

N/A

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

N/A

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

N/A

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A



Date of photograph 10/04/2019

Applicant's initial EK

SS.

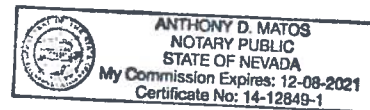
COUNTY OF Clark

I, Emmanuel Kodjoe, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 4th day ofOctober, 2019  
Notary Public

(seal)

Applicant's initial EK

## ADDITIONAL INFORMATION

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Applicant's initial PK

279

**APPLICATION TO BE THE DESIGNATED REPRESENTATIVE  
for a Pharmacy or Wholesaler located in Nevada**

Date 10/03/2019

**GENERAL INSTRUCTIONS**

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Nevada Pharmacy License

Nature of Pharmacy or Wholesaler  
Pinnacle Absolute Care LLC, 840 Chaparral Dr, Mesquite, NV, 89027

Name and Address of Business for Which Designated Representative Is Requested  
Doing Business As: Atlantic Pharmacy, 2815 W. Lake Mead Blvd, Suite 109, North Las Vegas, 89032

If applicable, Name Under Which It Is Now Operated

**1. PERSONAL INFORMATION:**

<u>Kodjoe</u>	<u>Emmanuel</u>	
Last Name	First Name	Middle Name
<u>N/A</u>		
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
<u>Chaparral Dr</u>	<u>Mesquite</u>	<u>NV/ 89027</u>
Present Residence Address-Street or RFD	City	State/Zip
<u>2815 W. Lake Mead Blvd, Suite 109</u>	<u>Dates N/A (yet to start)</u>	<u>North Las Vegas NV/ 89032</u>
Present Business Address	City	State/Zip
<u>Managing Pharmacist</u>	<u>Dates N/A (yet to start)</u>	<u>North Las Vegas NV/ 89032</u>
Present Position with the Pharmacy or Wholesaler		Phone:
		Residence <u>N/A</u>
		Business <u>702-241-9653</u>
	<u>Accra, Ghana</u>	
Date of Birth	Place of Birth (City, County, State)	
<u>46</u>		<u>M</u>
Age	Social Security Number	Sex
<u>Brown</u>	<u>Black</u>	<u>Black/Dark</u>
Color of Eyes	Color of Hair	Complexion
	<u>177 lbs</u>	<u>N/A</u>
	Weight	Build
		<u>5'07"</u>
		Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☐ No ☒ If alien, registration No. Permanent Resident USCIS #

If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

**2. MARITAL INFORMATION:**

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial EK

## MARITAL INFORMATION-Continued

A. **Current Marriage** 12-04-1999 Accra, Ghana  
 Date City, County and State  
 Spouse's full name (Maiden) Gladys Among S.S. No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth Takoradi, Ghana  
 Resident address Chaparral Dr Mesquite NV 89027  
 Street City State Zip  
 Telephone: Residence N/A Business 702-345-3312  
 Spouse's employer Aumbria Health Occupation Physician  
 Address of employer 350 Falcon Ridge Pkwy, Suite 102 Mesquite NV 89027  
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A	N/A	N/A	N/A	N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A	N/A	N/A	N/A	N/A	N/A

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Cameron Kodjoe		Accra, Ghana	Chaparral Dr, Mesquite, NV 89027

B. **Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial **EK**

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name..... N/A .....

Address..... N/A .....

Contact person..... N/A .....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Francis Kodjoe		Deceased	N/A
Mother	Sabina Offah		Deceased	N/A
Father-in-Law	Moses Ampong		P.O.Box KB Korle-Bu, Ghana	Businessman
Mother-in-Law	Mercy Cobbinah		P.O.Box , Dadieso, Ghana	Teacher (Retired)

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Michael Kodjoe		Donald Rd, Croydon, UK CRO 3EQ	Chartered Accountant
Spouse	Selasi Kodjoe		Donald Rd, Croydon, UK CRO 3EQ	Stay at home mom
	Clara Kodjoe		Deceased	N/A
Spouse	N/A	N/A	N/A	N/A
	Harriet Kodjoe		P.O.Box Saltpond, Ghana	Social Worker
Spouse	N/A	N/A	N/A	N/A
	Benjamin Kodjoe		P.O.Box 1 Saltpond, Ghana	Businessman
Spouse	N/A	N/A	N/A	N/A

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Ideal Prep. School	Takoradi, Ghana	1980-1986	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	St. Augustine's College	Cape-Coast, Ghana	1986-1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	University of Ghana	Accra, Ghana	1994-1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	Eastern New Mexico University	Portales, NM	2004-2006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Roseman University of Health Sciences	Henderson, NV	2009-2012	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... BS ( University of Ghana), MBA (International University), MS (Eastern New Mexico Univ)

College or university where obtained..... PharmD (Roseman University of Health Sciences) .....

Applicant's initial..... EK .....



**5 MILITARY INFORMATION:**

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.) N/A

- B. Have you registered for the draft? Yes ☐ No ☒

County N/A State N/A Date registered N/A

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A	N/A	N/A	N/A	N/A	N/A

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒  
If yes, when? N/A city, county and state N/A
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒  
If yes when? N/A city, county and state N/A
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒  
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A	N/A	N/A	N/A	N/A

Applicant's initial EK



- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A	N/A	N/A	N/A	N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A	N/A	N/A

## 7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
03/2015 - Present	Chaparral Dr	Mesquite	NV
08/2014 - 03/2015	4010 Watford Way	Fayetteville	NC
08/2012 - 08/2014	2811 Powder Ridge Dr	Bismarck	ND
08/2009 - 08/2012	840 Chaparral Dr	Mesquite	NV
01/2007 - 08/2009	22900 Nicholas Ave	Euclid	OH
12/2006 - 01/2007	24350 Garden Dr	Euclid	OH
01/2004 - 12/2006	ENMU 2846 1500 S. Ave K	Portales	NM
01/2002 - 01/2004	#4 South Norwood Hill	Croydon	UK
06/1980 - 01/2002	KB 455 Korle-Bu	Accra	Ghana

Applicant's initial EK Page 5

**8. EMPLOYMENT:**

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

01/2018	Mesquite Pharmacy, 114 N. Sandhill Blvd, Suite B & C	3,360 Hours
Owner/Managing Pharmacist Managing daily operations of the pharmacy plus dispensing duties.		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
02/2017	Walmart Pharmacy, 6570 E. Lakemead Blvd, Las Vegas,NV	800 Hours
Title	Description of Duties	Name of Supervisor
Floater Pharmacist	Verifying and dispensing prescriptions, patient counseling	Johnny Lopez
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
04/2015	Walmart Pharmacy, 1120 W. Pioneer Blvd, Mesquite, NV	3,360 Hours
Title	Description of Duties	Name of Supervisor
Pharmacy Manager	Managing daily operation of the pharmacy and dispensing duties as well	Sean Rammell
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
12/2014	Walmart Pharmacy, 7701 S. Raeford Rd , Fayetteville, NC	640 Hours
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Verifying and dispensing prescriptions, patient counseling	Kim Monroe
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/2014	CVS Pharmacy, 4923 Raeford Rd, Fayetteville, NC	320 Hours
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Verifying and dispensing prescriptions, patient counseling	Gloria Johnson
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
06/2014	Elbowoods Memorial Health Center, 1058 College Dr,Newtown,ND	480 Hours
Title	Description of Duties	Name of Supervisor
Relief Pharmacist	Verifying and dispensing prescriptions, patient counseling	Adel Moe
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
11/2012	Sanford Health Pharmacy, 300 N. 7th St, Bismarck,ND	2,080 Hours
Title	Description of Duties	Name of Supervisor
In-Patient Pharmacist	Verifying and dispensing prescriptions, patient counseling	Gregory Fritz
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial **EK**

# 9. CHARACTER REFERENCES:

285

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Alexander Odame	Home	4 Rock Island Rd, Apt 201,	Springfield, VA	22150,		31
Employer N/A	Business	N/A				
Name Dr. Edward Ofori	Home	N/A				8
Employer Mesquite Women's Clinic	Business	Bertha Howe Ave,	Mesquite, NV	89027		
Name Dr. Prince Ofosu-Mensah	Home	Ave E, Langhorne,	PA	19047		20
Employer N/A	Business	N/A				
Name Derek Boateng	Home	N/A				20
Employer Walgreens Pharmacy	Business	N/A				
Name Judy Boateng	Home	N/A				20
Employer N/A	Business	N/A				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real-estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

N/A

N/A

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

N/A

If yes to the above, state where, when and for what reason:

N/A

N/A

Applicant's initial EK

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A

N/A

N/A

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A



Date of photograph 10/04/2019

Applicant's initial EK

ss.

COUNTY OF Clark

I, Emmanuel Kodjoe, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

  
Original Signature of Applicant

Subscribed and Sworn to before me this 4<sup>th</sup> day of

October

2019

  
Notary Public



(seal)

Applicant's initial EK

## ADDITIONAL INFORMATION

N/A

Applicant's initial EK



# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PINNACLE ABSOLUTE CARE L.L.C.**, as a **DOMESTIC LIMITED-LIABILITY COMPANY (86)** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/17/2017, and is in good standing in this state.

I further certify that the above **DOMESTIC LIMITED-LIABILITY COMPANY (86)** has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/04/2019.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B20191004271977

You may verify this certificate  
online at <http://www.nvsos.gov>

**8B**



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

## APPLICATION FOR NEVADA 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 IB01550 (Seller's)**)  
Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership.  
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☒ Partnership - Pages 1,2,6,10,11a&b  
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: **PAM Specialty Hospital of Las Vegas LLC, d/b/a PAM Specialty Hospital of Las Vegas**

Physical Address: **2500 N. Tenaya Way**

City: **Las Vegas, NV** State: **NV** Zip Code: **89128** Telephone: **(702) 562-2021**

Fax: **(702) 562-2074** Toll Free Number: **N/A**

E-mail: **lane.cheremie@cardinalhealth.com**

Website: **www.postacutemedical.com**

Managing Pharmacist: **Lane Cheremie** License Number: **16613**

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☐ ☐ Retail  
☒ ☐ Hospital (# beds **70**)  
☐ ☐ 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: \_\_\_\_\_

**APPLICATION FOR NEVADA 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

Anthony Misitano  
Print Name of Authorized Person

10/11/2019  
Date

Board Use Only

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

Amount: \$ 500.00

## APPLICATION FOR NEVADA PHARMACY LICENSE

**Limited Liability Company**

**OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.**

Type of Partnership: General \_\_\_\_\_ Limited \_\_\_\_\_ **X** **Limited Liability Company**

List names of 4 largest partners and percentage of ownership:

Name: **Brittany Misitano, Vice President and Secretary** %: **67.5%**

Name: **Anthony Misitano, President** %: \_\_\_\_\_

Name: **Karick Stober, Vice President and Treasurer** %: \_\_\_\_\_

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

**Limited Liability Company**

Partnership Name: **PAM Specialty Hospital of Las Vegas LLC**

Mailing Address: **1828 Good Hope Road, Suite 102**

City, State Zip Code: **Enola, PA 17025**

Telephone Number: **717-731-9660** Fax Number: **717-695-0318**

Contact Person: **Erin R. Bosley, Esq.**

List any physician shareholders and percentage of ownership.

Name: **N/A** %: \_\_\_\_\_

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

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

**Hours of Operation for the pharmacy:**

Monday thru Friday **7:30** am **7:00** pm Saturday **7:30** am **5:00** pm

Sunday **7:30** am **5:00** pm 24 Hours \_\_\_\_\_

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: **NV20191582190**

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy  
FOR Corporations, Partnership or Sole Owners

I, Anthony Misitano

Responsible Person of PAM Specialty Hospital of Las Vegas 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.

X 

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

Anthony Misitano

Print Name of Authorized Person

10/11/2019

Date

## Managing Pharmacist

 Pharmacist Name: Lane Cheramie

 License #: 16613

 Pharmacy Name: PAM Specialty Hospital of Las Vegas LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: _____ Date: _____ Case #: _____		
And/or Criminal Action: State: _____ Date: _____ Case #: _____		
County: _____ Court: _____		

PHARMACY MANAGER'S RESPONSIBILITIES  
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Laure Chernice  
Signature

10/10/2019  
Date

## LATSHA DAVIS &amp; MARSHALL



ATTORNEYS AT LAW

PLEASE REPLY TO: Mechanicsburg  
 WRITER'S E-MAIL: mfournier@ldylaw.com

October 17, 2019

**Via Federal Express – Standard Overnight Delivery****#7767 4424 5297**

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

**Re: CHANGE OF OWNERSHIP – HOSPITAL PHARMACY**

Seller: New LifeCare Hospitals at Tenaya, LLC, d/b/a  
 Complex Care Hospital at Tenaya

Buyer: PAM Specialty Hospital of Las Vegas LLC, d/b/a PAM Specialty  
 Hospital of Las Vegas

Pharmacy License No.: IB01550

Our File No.: 391-19

Dear Sir/Madam:

We are writing to advise the Nevada State Board of Pharmacy, of a change of ownership of the long-term care hospital and its institutional pharmacy known as New LifeCare Hospitals at Tenaya, LLC, d/b/a Complex Care Hospital at Tenaya, located at 2500 North Tenaya Way, Las Vegas, NV 89128 (the “Facility”). A detailed description of this change of ownership is set forth below.

Hospital Acquisition LLC and certain of its affiliates (“LifeCare”), including New LifeCare Hospitals at Tenaya, LLC, filed a Chapter 11 Bankruptcy Petition in the United States Bankruptcy Court for the District of Delaware. In connection with the Bankruptcy Case, LifeCare entered into an Asset Purchase Agreement (“APA”) to sell the assets of the Facility, which was approved by the Bankruptcy Court.

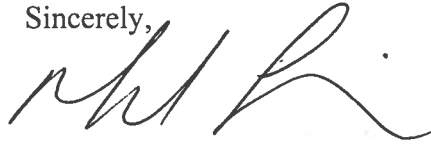
Effective September 30, 2019, New LifeCare Hospitals at Tenaya, LLC transferred the operational responsibilities for the Facility to PAM Specialty Hospital of Las Vegas LLC, which became the new operator/provider, doing business as “PAM Specialty Hospital of Las Vegas.”

To effectuate this change of ownership, enclosed please find a completed Application for Nevada Pharmacy License, along with a check in the amount of \$500.00 made payable to the Nevada State Board of Pharmacy.

Nevada State Board of Pharmacy  
October 17, 2019  
Page 2

Please contact our office immediately if you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michelle L. Fournier', with a stylized flourish at the end.

Michelle L. Fournier  
Paralegal

Enclosures

cc: Erin R. Bosley, Esq. (w/ enc.)



**8C**

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

# APPLICATION FOR NEVADA 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 1B01-150 (Seller's)**  
Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public  
Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☒ Partnership - Pages 1,2,6,10,11a&b

☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b

## GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: **PAM Specialty Hospital of Reno LLC, d/b/a PAM Specialty Hospital of Sparks**Physical Address: **2375 East Prater Way, 7th Floor**City: **Sparks, NV** State: Zip Code: **89434** Telephone: **(775) 355-5600**

Fax: (702) 562-2074 Toll Free Number: N/A

E-mail: \_\_\_\_\_

Website: [www.postacutemedical.com](http://www.postacutemedical.com)

Managing Pharmacist: **Paul Oesterman** License Number: **10109**

## TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

☐ ☐ Retail

☒ ☐ Hospital (# beds **21** )

☐ ☐ 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:

**APPLICATION FOR NEVADA 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.

X [Signature]

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

Anthony Misitano

Print Name of Authorized Person

10/11/2019

Date

Board Use Only

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

Amount: \$ 500.00

## APPLICATION FOR NEVADA PHARMACY LICENSE

**Limited Liability Company**

**OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.**

Type of Partnership: General \_\_\_\_\_ Limited \_\_\_\_\_ **X** **Limited Liability Company**

List names of 4 largest partners and percentage of ownership:

Name: **Brittany Misitano, Vice President and Secretary** %: **67.5%**

Name: **Anthony Misitano, President** %: \_\_\_\_\_

Name: **Karick Stober, Vice President and Treasurer** %: \_\_\_\_\_

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

**Limited Liability Company**

Partnership Name: **PAM Specialty Hospital of Reno LLC**

Mailing Address: **1828 Good Hope Road, Suite 102**

City, State Zip Code: **Enola, PA 17025**

Telephone Number: **717-731-9660** Fax Number: **717-695-0318**

Contact Person: **Erin R. Bosley, Esq.**

List any physician shareholders and percentage of ownership.

Name: **N/A** %: \_\_\_\_\_

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

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

**Hours of Operation for the pharmacy:**

Monday thru Friday **8:00** am **4:30** pm Saturday **CLOSED** am \_\_\_\_\_ pm

Sunday **CLOSED** am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: **NV20191582184**

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy  
FOR Corporations, Partnership or Sole Owners

I, Anthony Misitano

Responsible Person of PAM Specialty Hospital of Reno 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.

X 

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

Anthony Misitano  
Print Name of Authorized Person

10/11/2019  
Date

## Managing Pharmacist

 Pharmacist Name: Paul Oesterman

 License #: 10109

 Pharmacy Name: PAM Specialty Hospital of Reno LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

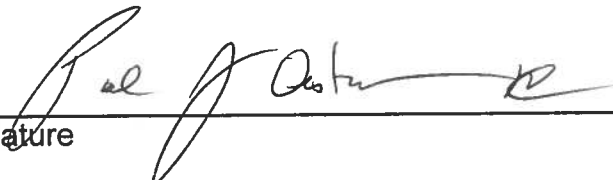
I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: _____ Date: _____ Case #: _____		
And/or Criminal Action: State: _____ Date: _____ Case #: _____		
County: _____ Court: _____		

**PHARMACY MANAGER'S RESPONSIBILITIES**  
**(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)**

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

  
 \_\_\_\_\_  
 Signature

10/14/19  
 \_\_\_\_\_  
 Date

## LATSHA DAVIS &amp; MARSHALL



ATTORNEYS AT LAW

PLEASE REPLY TO: Mechanicsburg  
 WRITER'S E-MAIL: mfournier@ldylaw.com

October 17, 2019

**Via Federal Express – Standard Overnight Delivery**

#7767 4424 5297

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

**Re: CHANGE OF OWNERSHIP – HOSPITAL PHARMACY**

Seller: New LifeCare Hospitals at Northern Nevada, LLC, d/b/a  
 Tahoe Pacific Hospitals - North

Buyer: PAM Specialty Hospital of Reno LLC, d/b/a PAM Specialty  
 Hospital of Sparks

Pharmacy License No.: IB01864

Our File No.: 391-19

Dear Sir/Madam:

We are writing to advise the Nevada State Board of Pharmacy, of a change of ownership of the long-term care hospital and its institutional pharmacy known as New LifeCare Hospitals at Northern Nevada, LLC, d/b/a Tahoe Pacific Hospitals - North, located at 2375 East Prater Way, 7<sup>th</sup> Floor, Sparks, NV 89434 (the "Facility"). A detailed description of this change of ownership is set forth below.

Hospital Acquisition LLC and certain of its affiliates ("LifeCare"), including New LifeCare Hospitals at Northern Nevada, LLC, filed a Chapter 11 Bankruptcy Petition in the United States Bankruptcy Court for the District of Delaware. In connection with the Bankruptcy Case, LifeCare entered into an Asset Purchase Agreement ("APA") to sell the assets of the Facility, which was approved by the Bankruptcy Court.

Effective September 30, 2019, New LifeCare Hospitals at Nevada, LLC transferred the operational responsibilities for the Facility to PAM Specialty Hospital of Reno LLC, which became the new operator/provider, doing business as "PAM Specialty Hospital of Sparks."

To effectuate this change of ownership, enclosed please find a completed Application for Nevada Pharmacy License, along with a check in the amount of \$500.00 made payable to the Nevada State Board of Pharmacy.



Nevada State Board of Pharmacy  
October 17, 2019  
Page 2

Please contact our office immediately if you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. L. Fournier', with a stylized flourish at the end.

Michelle L. Fournier  
Paralegal

Enclosures

cc: Erin R. Bosley, Esq. (w/ enc.)

**9**

**9A**

**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: Catalent Pharmacy Services (PHL)

Physical Address: 3031 Red Lion Road

Mailing Address: Same as Physical Address

City: Philadelphia State: PA Zip Code: 19114

Telephone: 215-613-3056 Fax: 215-253-5745

Toll Free Number: 855-573-2144 (Required per NAC 639.708)

E-mail: PHL.pharmacy@catalent.com Website: N/A

Managing Pharmacist: Michelle S. Giovannucci, R.Ph License Number: RP440876

**TYPE OF PHARMACY**

**AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Michelle Giovannucci, R.Ph.  
Original Signature of Person Authorized to Submit Application, no copies or stamps

Michelle S. Giovannucci, R.Ph.  
Print Name of Authorized Person

9-13-19  
Date

Page 2

Board Use Only

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

Amount: 500.00

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Catalent Inc. (Ultimate Parent Company)

Corporation Name: Catalent Pharma Solutions, LLC

Mailing Address: 14 Schoolhouse Road

City: Somerset State: NJ Zip: 08873

Telephone: 732-537-6200 Fax: 732-537-6480

Contact Person: Steven Fasman

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: 03/14/2007

Registration number issued: 4318008

Stock Exchange: CTLT

**Hours of Operation for the pharmacy:**

Monday thru Friday 8 am 5 pm Saturday 9 am 2 pm  
Sunday Closed am \_\_\_\_\_ pm 24 Hours N/A

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

**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, Michelle S. Giovannucci, R.Ph

Responsible Person of Catalent Pharmacy Services (PHL)

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

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

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

Michelle Giovannucci RPh

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

Michelle S. Giovannucci, RPh

Print Name of Authorized Person

9-13-19

Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF PA )  
Philadelphia ) ss. COUNTY )

I, Michelle S. Giovannucci, R.Ph, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Director/Pharmacist-in-Charge/ for Catalent Pharmacy Services (PHL) (the Authorized Signer Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

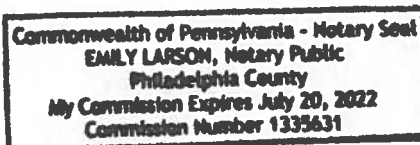
FURTHER AFFIANT SAYETH NOT.

I, Michelle S. Giovannucci, R.Ph, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Michelle Giovannucci R.Ph  
 Name

SUBSCRIBED AND SWORN TO  
 before me, a notary public this  
13 day of September, 2019.

[Signature]  
 NOTARY PUBLIC





## CATALENT PHARMA SOLUTIONS, LLC

## OFFICER'S CERTIFICATE

The undersigned, Steven L. Fasman, Secretary of Catalent Pharma Solutions, LLC, a Delaware limited liability company (the "**Company**"), hereby certifies that:

Effective immediately, the undersigned hereby delegates to Michelle Giovannucci, Director, Pharmacist in Charge the powers and authority to negotiate and execute agreements relating to the Pharmacy that is part of the Philadelphia manufacturing site, in the ordinary course of business, including without limitation applications for initial issuances of pharmacy permits together with any subsequent renewals and reinstatements thereof, in accordance with and subject to the limitations set forth in the Company's Transaction Approval Policy and Signature Authority Policy.

IN WITNESS WHEREOF, the undersigned has duly executed this certificate on this 25 day of July, 2019.

By:   
Name: Steven L. Fasman  
Title: Secretary

Please note:

*The Pennsylvania Board of Pharmacy now uses an online system, that will send an official verification directly to Nevada via email. I have attached the confirmation page for the requested verification.*

*Pennsylvania is also a primary verification state. I have attached printed copies of online verifications.*

---

**Giovannucci, Michelle**

**From:** RA-STPALSNOTIFY@pa.gov  
**Sent:** Wednesday, September 4, 2019 6:01 PM  
**To:** Giovannucci, Michelle  
**Subject:** PALS Payment Receipt - MICHELLE GIOVANNUCCI

**CAUTION:** This email originated from outside the organization.  
 Do not click or open attachments unless you recognize the sender.

**COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF STATE  
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

Dear MICHELLE GIOVANNUCCI :

This letter acknowledges receipt of your request. You can access [www.pals.pa.gov](http://www.pals.pa.gov) website and check the status of your request using the UserID and Password you have created when you submit your request.

**Payment Receipt**

RECEIPT NUMBER: PAID0001273860  
 RECEIVED DATE: Sep 4 2019 5:58PM  
 RECEIVED FROM: Michelle Giovannucci  
 RECEIVED AMOUNT: \$ 30.00  
 PAYMENT TYPE: Credit Card  
 APPLICANT NAME: MICHELLE GIOVANNUCCI

Application No / Transaction No	Fee Type	Fee Amount	Full Name
TN0012598402 (Pharmacist-RP440876)	Verification/Certification of License	15.00	MICHELLE GIOVANNUCCI
TN0012598405 (Pharmacy-PP482896)	Verification/Certification of License	15.00	MICHELLE GIOVANNUCCI

**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS****P. O. Box 2649****Harrisburg, PA 17105-2649****09/04/2019****License Information****MICHELLE S GIOVANNUCCI****Shamong, New Jersey 08088****Board/Commission: State Board of Pharmacy****Status Effective Date: 03/20/2006****LicenseType: Pharmacist****Issue Date: 03/20/2006****Specialty Type:****Expiration Date: 09/30/2020****License Number: RP440876****Last Renewal: 09/06/2018****Status: Active****Disciplinary Action Details****No disciplinary actions were found for this license.**

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.


**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**
**P. O. Box 2649**
**Harrisburg, PA 17105-2649**
**09/04/2019**
**License Information**
**CATALENT PHARMACY SERVICES (PHL)**
**3031 RED LION ROAD  
Philadelphia, Pennsylvania 19114**
**Board/Commission: State Board of Pharmacy**
**Status Effective Date: 06/03/2019**
**LicenseType: Pharmacy**
**Issue Date: 06/03/2019**
**Specialty Type:**
**Expiration Date: 08/31/2021**
**License Number: PP482896**
**Last Renewal:**
**Status: Active**
**Prerequisite Information**

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
MICHELLE S GIOVANNUCCI	Pharmacist Manager	Pharmacist	RP440876	Active	06/03/2019	09/30/2020

**Disciplinary Action Details**

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

PA State Board of Pharmacy  
PO Box 2649  
Harrisburg, PA, 17105-2649  
Phone: 717-783-7156 Fax: 717-787-7769

**FACILITY**

CATALENT PHARMACY SERVICES

3031 RED LION ROAD

Philadelphia, PA, 19114

Phone:

Owner:

**LICENSE**

License No: AA0001241780

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 06/03/2019

Inspection Result: Passed

**Remarks:** Pharmacy is compliant with current BOP regulations. Closed pharmacy. Pharmacy Permit assigned PP482896

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

BARRY BOVA

Signature of Inspector

6/3/2019 10:33:27 AM

Date/Time

Michelle Giovannucci - RP440876

Signature of Owner/Representative

PA State Board of Pharmacy  
 PO Box 2649  
 Harrisburg, PA, 17105-2649  
 Phone: 717-783-7156 Fax: 717-787-7769

**FACILITY**

CATALENT PHARMACY SERVICES

3031 RED LION ROAD

Philadelphia, PA, 19114

Phone:

Owner:

**LICENSE**

License No: AA0001241780

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 06/03/2019

Inspection Result: Passed

**Remarks:** Pharmacy is compliant with current BOP regulations. Closed pharmacy. Pharmacy Permit assigned PP482896

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statutes and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO



1160



# OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

## Pennsylvania Licensing System (PALS)

Visit our website at: [www.pals.pa.gov](http://www.pals.pa.gov) to  
renew your license, change your personal or  
license address, or order duplicate licenses.

MICHELLE S GIOVANNUCCI  
54 DELLETT COURT  
SHAMONG, NJ 08088

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania  
Department of State  
Bureau of Professional and Occupational Affairs  
PO BOX 2649 Harrisburg PA 17105-2649

19 0230212

License Type  
Pharmacist

MICHELLE S GIOVANNUCCI  
54 DELLETT COURT  
SHAMONG, NJ 08088

License Status  
Active

Initial License Date  
03/20/2006

Expiration Date  
09/30/2020

License Number  
RP440876

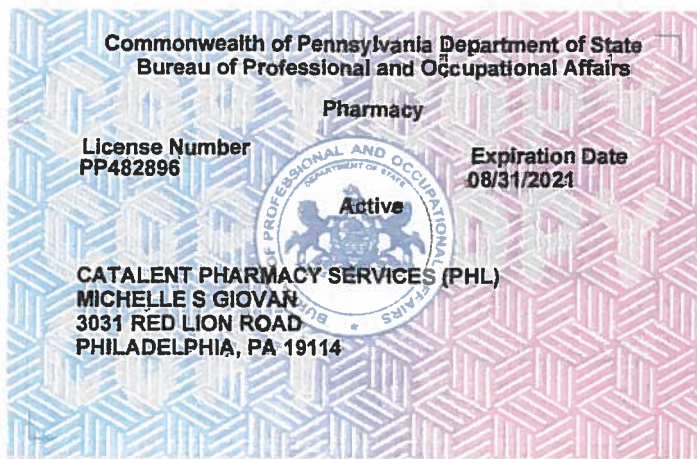
*[Signature]*  
Commissioner of Professional and Occupational Affairs

*[Signature]*  
Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 P.A.C.S. §. 4911



1385



# OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

## Pennsylvania Licensing System (PALS)

Visit our website at: [www.pals.pa.gov](http://www.pals.pa.gov) to  
renew your license, change your personal or  
license address, or order duplicate licenses.

CATALENT PHARMACY SERVICES (PHL)  
MICHELLE S GIOVAN  
3031 RED LION ROAD  
PHILADELPHIA, PA 19114







1:3  
73/656  
1. CATALENT PHARMACY SERVICES (PHL)  
3031 RED LION RD  
PHILADELPHIA, PA 19114-1123



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC8417594	08-31-2022	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	06-06-2019
CATALENT PHARMACY SERVICES (PHL) 3031 RED LION RD PHILADELPHIA, PA 19114-1123		

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC8417594	08-31-2022	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	06-06-2019
CATALENT PHARMACY SERVICES (PHL) 3031 RED LION RD PHILADELPHIA, PA 19114-1123		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**



14 Schoolhouse Road  
Somerset, NJ 08873  
catalent.com

+ 1 888 SOLUTION (76588466)

Explanations of Disciplinary Actions for Catalent Pharma Solutions, LLC and subsidiaries and affiliates.

Please note: Catalent Pharmacy Services (PHL), has no disciplinary actions.

1. Florida Department of Business & Professional Regulation – ST PETERSBURG  
Catalent Pharma Solutions, LLC, St. Petersburg, FL

In August 2014, the Catalent Pharma Solutions, LLC site in Saint Petersburg, FL, resolved alleged violations of Chapter 499 of the Florida Statutes with the Florida Department of Business & Professional Regulation pursuant to a Settlement Agreement and Final Order. The Settlement Agreement does not constitute discipline against the facility's Florida permits. See Florida Department of Business & Professional Regulation Case No. 2014-008409.

2. Alabama Board of Pharmacy – ST PETERSBURG  
Catalent Pharma Solutions, LLC, St. Petersburg, FL

On June 27, 2017, the Catalent Pharma Solutions, LLC site located in St Petersburg, FL paid a \$6,000.00 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline received from the Florida BOP. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, Florida's regulations) constitutes a violation of Alabama's regulations.

3. Alabama Board of Pharmacy – PHILADELPHIA  
Catalent Pharma Solutions, LLC, Philadelphia, PA

On July 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a \$1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

4. Alabama Board of Pharmacy – KANSAS CITY  
Catalent CTS, LLC – Kansas City, MO

On July 25, 2017, the Catalent CTS, LLC site located in Kansas City, M paid a \$1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

5. South Carolina Board of Pharmacy – PHILADELPHIA  
Catalent Pharma Solutions, LLC, Philadelphia, PA

On April 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a \$5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.



6. South Carolina Board of Pharmacy – KANSAS CITY  
Catalent CTS, LLC – Kansas City, MO

On April 25, 2017, the Catalent CTS, LLC site located in Kansas City, MO paid a \$5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.

7. South Carolina Board of Pharmacy – MALVERN  
Catalent Micron Technologies, Inc.

On September 27, 2018, Catalent Micron Technologies, Inc. paid a \$5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of drugs into South Carolina without a license.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	BOARD OF PHARMACY
CATALENT PHARMA SOLUTIONS,	)	
LLC	)	
	)	CASE NO: 17-L-0011
Manufacturer/Wholesaler/	)	
Distributor Applicant	)	

### CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent Pharma Solutions, LLC (hereinafter referred to as "Catalent") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, which is attached hereto as Exhibit "A."

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Catalent, 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. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out in the Statement; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 2725 Scherer Drive North, St. Petersburg, Florida 33716 expressly contingent upon the payment of a fine in the amount of Six Thousand and NO/100 Dollars (\$6,000.00) within thirty (30) 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 Catalent attempt to discharge the same.

2. Catalent 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 the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent 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.

3. That Catalent 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.

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

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

DONE this the 5 day of JUNE, 2017.

Catalent Pharma Solutions, LLC

BY: Scott Gunther

ITS: SR. VP Quality & Regulatory

SCOTT GUNTHER

[Signature]

Michael Whisonant, Attorney for  
Catalent Pharma Solutions, LLC

DONE this the 27th day of June, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: [Signature]

Buddy Bunch, R.Ph., President

[Signature]  
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



## EXHIBIT "A"

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	BOARD OF PHARMACY
CATALENT PHARMA SOLUTIONS,	)	
LLC	)	
	)	CASE NO: 17-L-0011
Manufacturer/Wholesaler/	)	
Distributor Applicant	)	

### STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Catalent Pharmacy Solutions, LLC  
 2725 Scherer Drive North  
 St. Petersburg, Florida 33716

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-32.1 and § 34-23-92 (12), and Code of Alabama (1975), § 41-22-12, you are hereby notified and required to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on June 27<sup>th</sup>, 2017 at 1:00 p.m., at the Board office located at 111 Village Parkway, Birmingham, Alabama 35243 and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether the 2015/2016 Manufacturer/Wholesaler/Distributor Application for New Permit should be granted based upon any or all of the following:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(1)(3) mandates the Board to consider, at a minimum, certain factors to include:

(a) The applicant's past experience in the manufacturing or distribution of drugs, including controlled substances (Board Rule 680-X-2.23(1)(3)(iii)).

(b) Compliance with licensing requirements under previously granted



licenses (680-X-2.23(3)(vi)).

- (c) Any other factors or qualifications the Board considers relevant to and consistent with public health and safety (680-X-2.23(3)(vii)).

3. Board Rule 680-X-2.23(l)(4) provides the Board reserves the right to deny a license to an applicant if it determines that the granting of such would not be in the public interest.

4. Board Rule 680-X-2.23(k)(1) provides it shall be a violation of the Rule to operate in such a manner as to endanger the public health.

5. Board Rule 680-X-2.253(k)(2) provides that a violation of the Rule may be grounds for a refusal to issue the applicable permit and/or allows the imposition of a fine not to exceed One Thousand Dollars (\$1,000.00) for each such violation.

6. Board Rule 680-X-2.23(k)(3) provides wholesale drug distributors shall operate in compliance with applicable State laws or regulations.

#### **COUNT ONE**

The Board alleges you have violated the above referenced provisions and/or it would not be in the public interest to grant you the referenced permit based upon the Final Order, Settlement Agreement and Notice of Violation attached hereto as Exhibit "A", or the purchase of an API, i.e. Tipranavir-BI from an unauthorized source located in Germany, that is a person not authorized under Florida law to distribute prescription drugs and/or including the same into a finished manufactured drug which was then shipped for distribution.

The Board alleges that each occurrence described herein is a separate and distinct violation or deficiency.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 22<sup>nd</sup> day of March, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Susan Alverson  
Secretary

EXHIBIT ASTATE OF FLORIDA  
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

<b>FILED</b>	
Department of Business and Professional Regulation	
Deputy Agency Clerk	
CLERK	Brandon Nichols
Date	9/3/2014
File #	2014-06608

DEPARTMENT OF BUSINESS &  
PROFESSIONAL REGULATION,

Petitioner,

Case No. 2014-008409

v.

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.

FINAL ORDER

The Department of Business & Professional Regulation (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Catalent Pharma Solutions, LLC (Respondent) and the Department, attached hereto and incorporated by reference. This Final Order and Settlement Agreement are to resolve alleged violations of Section 499.005(14), Florida Statutes (2013), the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that person or recipient; Section 499.005(4), Florida Statutes (2013), the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful; Section 499.006(10), Florida Statutes (2013), a drug that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law is adulterated; Section 499.0121(14), Florida Statutes (2013), each prescription drug wholesale distributor, out-of-state prescription drug wholesaler-distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distributor of controlled

substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03; Section 499.0121, Florida Statutes (2013), a wholesale distributor must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs; and Rule 61N-1.012, Florida Administrative Code, records to document the movement of drugs, devices, or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component.


This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 29<sup>th</sup> day of August, 2014, in Tallahassee, Florida.

KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL  
REGULATION

By:

  
Reginald D. Dixon  
Division Director  
Drugs, Devices and Cosmetics

Prepared by:

 Bart O. Moore, Senior Attorney  
Department of Business & Professional Regulation  
Division of Drugs, Devices and Cosmetics

**NOTICE OF RIGHT TO APPEAL**

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: counsel for Respondent, Timothy Cerio, Esquire, Gray Robinson, 301 S. Bronough Street, Suite 600, Tallahassee, Florida 32301, this 3<sup>rd</sup> day of September, 2014.

By: Brandon M. Nichols  
Agency Clerk's Office

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &  
PROFESSIONAL REGULATION,**

**Petitioner,**

**v.**

**Case No.: 2014-008409**

**CATALENT PHARMA SOLUTIONS, LLC,**

**Respondent.**

**SETTLEMENT AGREEMENT**

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (this "agreement") as disposition of the alleged violations described in the Notice of Violation case number 2014-008409 (the "allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.185 and Chapter 489, Florida Statutes.

**STIPULATED FACTS**

1. Catalent Pharma Solutions, LLC (hereafter, "Catalent" or "Respondent") is permitted by the Department as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723; and as a diethyl ether purchaser, permit number 10:1300003.

2. Catalent address of record is 2725 Scherer Drive North, St. Petersburg, Florida 33716.

3. Catalent was issued a Notice of Violation on June 13, 2014, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

#### CONCLUSIONS OF LAW

4. Catalent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Catalent admits that the allegations, if proved, would constitute violations of Chapter 499, Florida Statutes.

---

6. Catalent neither admits nor denies the allegations set forth in the Notice of Violation, but is entering into this settlement to resolve the issues raised by the Department.

#### SETTLEMENT TERMS

7. Catalent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

8. Catalent agrees to pay a settlement amount of SIX THOUSAND DOLLARS (\$6,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta



Sampson, Senior Legal Assistant. Catalent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Catalent are absolute conditions precedent to Petitioner's execution of this agreement.

9. Catalent affirms that the violations alleged in the Notice of Violation letter issued in case number 2014-008409, have been corrected.

10. The Department agrees that this agreement will not be deemed to constitute discipline against the permits within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action, or proceeding against Catalent Pharma Solutions, LLC by the Department. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida

---

Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

#### STANDARD PROVISIONS

11. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. The

final order shall operate to close case number 2014-008409. The final order shall be final disposition in this proceeding, and shall constitute final agency action with respect thereto.

13. Catalent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of this Settlement Agreement and the final order in which the agreement is incorporated.

14. Catalent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

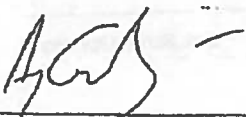
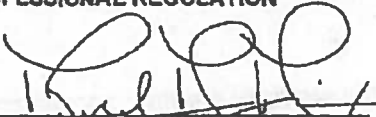
16. The parties agree that this agreement represents a fair, appropriate and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this settlement agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the settlement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

CATALENT PHARMA SOLUTIONS, LLC

FLORIDA DEPARTMENT OF BUSINESS  
& PROFESSIONAL REGULATIONBy: Name: ARIS GENNADIOSTitle: PRESIDENT, SOFTGEL TECHNOLOGIESDate: 19 AUG 2014By: Name: REGINALD D. DIXONTitle: DIVISION DIRECTORDate: AUGUST 29, 2014

Florida Department of  
Business &  
Professional  
Regulation

Drugs, Devices and Cosmetics  
1840 North Monroe Street  
Tallahassee, Florida 32399-1047  
Phone: 850.717.1660  
Fax: 850.414.8240

Ken Lawson, Secretary

Rick Scott, Governor

**CERTIFIED MAIL/RETURN RECEIPT REQUESTED**

**NOTICE OF VIOLATION**

**Case No.: 2014-008409**

July 10, 2014

Corporation Service Company, Registered Agent for  
Catalent Pharma Solutions, LLC  
1201 Hays Street  
Tallahassee, FL 32301-2525

Ms. Linda Vick, Senior Quality/Regulatory Affairs Specialist  
Catalent Pharma Solutions, LLC  
2725 Scherer Drive North  
St. Petersburg, FL 33716

Re: Department of Business & Professional Regulation v. Catalent Pharma  
Solutions, LLC, Case Number 2014-008409

Dear Sir/Madam:

On or about March 17, 2014 through March 19, 2014, the Department of Business & Business Professional Regulation, Drugs, Devices, and Cosmetics Division (hereafter "Department"), conducted an on-site inspection of Catalent Pharma Solutions, LLC (hereafter "Catalent") located 2725 Scherer Drive, St. Petersburg, Florida 33716. Catalent is permitted by the Department to operate as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723, all of which expire on November 30, 2014, and as a diethyl ether purchaser, permit number 10:1300003, which expires on September 30, 2014.

During the on-site inspection, the Department determined that Catalent is a contract manufacturer for Boehringer Ingelheim, Binger Strabe 173, 55216 Ingelheim am Rhein Germany (hereafter "BI-Germany"). Catalent received prescription drugs from BI-Germany for the manufacturing of finished dosage forms of the prescription drugs. BI-Germany is not permitted by the Department, and does not qualify for an exemption from licensure.

The Department determined that Catalent, received, shipped, manufactured and/or distributed prescription drug active pharmaceutical ingredient (API) from an

LICENSE EFFICIENTLY. REGULATE FAIRLY.  
[WWW.MYFLORIDALICENSE.COM](http://WWW.MYFLORIDALICENSE.COM)

Catalent Pharma Solutions, LLC - Notice of Violation  
2014-008409  
July 10, 2014  
Page 2

~~unauthorized source and failed to register and report the distribution of controlled substances.~~

The Department is authorized by Rule 61N-1.024(8), Florida Administrative Code, to issue a Notice of Violation for any alleged violations of Chapter 499, Florida Statutes, in order to facilitate the uncontested settlement of all issues related to a complaint or investigation. The Notice of Violation is to be done at the completion of the investigation and prior to filing of any Administrative Complaint. The Notice of Violation will advise the alleged violator of the statutory violation and provide a proposed penalty for settlement of the disciplinary matter related to a complaint.

The Department believes Catalent committed the following violations of Chapter 499, Florida Statutes and the administrative Rules promulgated pursuant thereto:

1. Section 499.005(14), Florida Statutes (2013), provides that the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that purchaser or recipient is unlawful.

During the on-site inspection, the Department obtained purchasing and receiving specification sheets for prescription drugs, and/or active pharmaceutical ingredients (API); Catalent received that identify the distributor as BI-Germany. Records show Catalent was in receipt of four shipments from BI-Germany as follows:

1. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648849, supplier/manufacture lot number 1044065, 200kg.
2. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648845, supplier/manufacture lot number 1043891, 20kg.
3. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648848, supplier/manufacture lot number 1043898, 60kg.
4. Item number OET 00309819-Tipranavir-BI, dated 9/12/13; lot number 7490105, supplier/manufacture lot number 1043891, 280kg.

Because BI-Germany manufactured the prescription drug API Tipranavir, in Germany, and distributed it to Catalent, located in Florida, without having a permit to do so, Catalent received prescription drugs from an unauthorized source in violation of Section 499.005(14), Florida Statutes (2013).

Range of Penalty per violation: An Administrative Complaint with a fine ranging from \$1000 to \$3000 per violation and up to permanent suspension or revocation of permit(s).

Fine assessed by the Department: \$6,000



Catalent Pharma Solutions, LLC - Notice of Violation  
 2014-008409  
 July 10, 2014  
 Page 3

2. Section 499.006(10), Florida Statutes, (2013), provides that a drug is adulterated ~~that has been purchased, held, sold, or distributed at any time by a person not~~ authorized under federal or state law to do so. Section 499.005(1), Florida Statute (2013), provides that the manufacture, repackaging, sale, delivery or holding or offering for sale of any drug that is adulterated or misbranded is unlawful.

Catalent informed the Department it receives the prescription drug API, Tipranavir, manufactured by the unauthorized source BI-Germany. Catalent manufactures the commercial prescription drug into a finished dosage form and ships it to Roxane Laboratories, Inc., located at 1809 Wilson Road, Columbus, Ohio 43288. Because BI-Germany, located in Germany, is not authorized to distribute prescription drugs into Florida, and Catalent manufactured the unauthorized prescription drugs, Catalent caused them to become adulterated.

Catalent violated Section 499.005(1), Florida Statutes (2013), by manufacturing the adulterated prescription drug Tipranavir, on at least four occasions, received from BI-Germany, within the meaning of Section 499.006(10), Florida Statutes (2013).

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from \$1,000 to \$3,000 per violation and up to permanent suspension or revocation of permits.**

**Fine assessed by the Department: \$3,000**

3. Section 499.006(10), Florida Statutes (2013), provides that a drug is adulterated that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law to do so. Section 499.005(4), Florida Statutes (2013), provides that the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful.

Catalent distributed the adulterated prescription drug API Tipranavir, on at least four occasions, to Roxane Laboratories, in violation of Section 499.005(4), Florida Statutes (2013), within the meaning of Section 499.006(10), Florida Statutes (2013).

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from \$1000 to \$3000 per violation and up to permanent suspension or revocation of permit(s).**

**Fine assessed by the Department: \$3,000**

4. Section 499.0121(14), Florida Statutes (2013), provides:

(14) DISTRIBUTION REPORTING.—Each prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy

Catalent Pharma Solutions, LLC - Notice of Violation  
 2014-008409  
 July 10, 2014  
 Page 4

~~wholesale distribution of controlled substances as defined in s. 893.02~~ drug wholesale distributor, manufacturer, or repackager that engages in the ~~shall submit~~ a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. ~~893.03~~. Wholesale distributor facilities located within this state shall report all transactions involving controlled substances, and wholesale distributor facilities located outside this state shall report all distributions to entities located in this state. If the prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager does not have any controlled substance distributions for the month, a report shall be sent indicating that no distributions occurred in the period. The report shall be submitted monthly by the 20th of the next month, in the electronic format used for controlled substance reporting to the Automation of Reports and Consolidated Orders System division of the federal Drug Enforcement Administration. Submission of electronic data must be made in a secured Internet environment that allows for manual or automated transmission. Upon successful transmission, an acknowledgment page must be displayed to confirm receipt. The report must contain the following information:

- (a) The federal Drug Enforcement Administration registration number of the wholesale distributing location.
- (b) The federal Drug Enforcement Administration registration number of the entity to which the drugs are distributed or from which the drugs are received.
- (c) ~~The transaction code that indicates the type of transaction.~~
- (d) The National Drug Code identifier of the product and the quantity distributed or received.
- (e) The Drug Enforcement Administration Form 222 number or Controlled Substance Ordering System Identifier on all Schedule II transactions.
- (f) The date of the transaction.

The department must share the reported data with the Department of Law Enforcement and local law enforcement agencies upon request and must monitor purchasing to identify purchasing levels that are inconsistent with the purchasing entity's clinical needs. The Department of Law Enforcement shall investigate purchases at levels that are inconsistent with the purchasing entity's clinical needs to determine whether violations of chapter 893 have occurred.

Catalent advised the Department they had registered to report controlled substances but failed to report in a timely matter since August of 2012.

Catalent violated Section 499.0121(14), Florida Statutes (2013), by failing to register and report the distribution of control substances monthly to the Department as required, from August 2012 through July 2013.

Catalent Pharma Solutions, LLC - Notice of Violation  
 2014-008409  
 July 10, 2014  
 Page 5

~~Range of Penalty per violation: An Administrative Complaint with a fine ranging from \$1000 to \$3000 per violation and up to permanent suspension or revocation of permits.~~

Fine assessed by the Department: \$3,000

5. Section 499.0121, Florida Statutes (2013), provides:

(4) **EXAMINATION OF MATERIALS AND RECORDS.**—The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.

(c) The recordkeeping requirements in subsection (6) must be followed for all incoming and outgoing prescription drugs.

(6) **RECORDKEEPING.**—The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.

(a) Wholesale distributors must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs. These records must provide a complete audit trail from receipt to sale or other disposition, be readily retrievable for inspection, and include, at a minimum, the following information:

2. The name, principal address, and state license, permit or registration number of the person authorized to purchase prescription drugs; [Emphasis supplied].

Rule 61N-1.012 provides:

(1)(a) Records to document the movement of drugs, devices or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component. A complete audit trail includes records which document each transaction or step in the receipt, manufacture, shipping, transfer, or other steps in the channel of trade of that person, whether or not physical possession or handling of the product or component occurs. At a minimum, records shall consist of invoices from the supplier or source which document acquisition of each product by the person and invoices of sale or other transfer by the person to the recipient. Retail sales transactions to the consumer of over-the-counter drugs, non-restricted devices, or cosmetics are exempt from the requirements of this rule. Additional recordkeeping is required for persons permitted by the department as further stated in this rule.

(b) A person engaged in the distribution of drugs, devices, or cosmetics is not required to maintain documentation from a common carrier that the designated recipient received the product shipped; however, the person must obtain such documentation from the common



Catalent Pharma Solutions, LLC - Notice of Violation  
 2014-008409  
 July 10, 2014  
 Page 6

carrier and make it available to the department upon specific request of the department.

(2) Any person engaged in the manufacture of prescription drugs, the wholesale distribution of prescription drugs, or otherwise receiving or distributing prescription drugs must maintain records as follows:

(a) For each step in the channel of trade, records containing the information required by Section 499.0121(6)(a), F.S., and the Florida permit or license number which authorizes the source to possess and transfer prescription drugs in or into Florida must appear on one document. If delivery of prescription drugs is made to a person other than the purchaser, the name, address or location where the prescription drugs are delivered, and the state license, permit or registration number for that location must be included also. [Emphasis supplied].

Invoices and packlists for the prescription drug API Tiplranavir provided to Catalent from BI-Germany failed to contain Catalent's Florida permit number, in violation of Section 499.0121(4)(c), Florida Statutes (2013), within the meaning of Section 499.0121(6)(a)2., Florida Statutes (2013), and Rule 61N-1.012, Florida Administrative Code.

**Range of Penalty per violation:** An Administrative Complaint with a fine ranging from \$1,000 to \$3,000 per violation and up to permanent suspension or revocation of permits.

**Fine assessed by the Department:** \$1,000

In order to resolve this matter, the Department proposes the following alternatives, either of which must be accomplished by your company within twenty-one (21) days of receipt of this letter:

1. If your company does not contest the findings in this letter, and further agrees to waive its right to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes, the Department and Catalent Pharma Solutions, LLC may resolve this matter. If you agree to a resolution, please sign and date the enclosed Settlement. Return the following items to my attention, at the address on this letterhead:

(a) The original signed Stipulation,

(b) A corporate check, cashier's check, or money order for SIXTEEN THOUSAND DOLLARS. (\$16,000.00) made payable to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Drugs, Devices and Cosmetics Division, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta Sampson, Senior Legal Assistant.

Catalent Pharma Solutions, LLC - Notice of Violation  
2014-008408  
July 10, 2014  
Page 7

Upon receipt of the above-mentioned items, a final order incorporating the terms of the Stipulation will be entered.

2. However, if you believe circumstances exist that the Department should consider before concluding this investigation, you may provide the Department your rationale and evidence to support your position within twenty-one (21) days of receipt of this letter.

If the Department does not concur, or we are unable to reach a satisfactory resolution of this matter, the Department may initiate appropriate legal action after expiration of the above referenced 21-day time period given. Appropriate legal action may include:

- (a) Filing and serving an administrative complaint for a hearing pursuant to Chapter 120, Florida Statutes (2011). This may result in the imposition of an administrative fine up to five thousand dollars (\$5,000.00) per violation per day. Each day the violation continues constitutes a separate violation, and each such separate violation is subject to a separate fine. An Administrative Complaint also becomes a matter of public record.
- (b) Revocation or suspension of the company permit.
- (c) Seizure for destruction of adulterated or misbranded products.
- (d) Seeking an Injunction in Circuit Court to obtain compliance.
- (e) Initiating any other remedy authorized by law.

If you have any questions regarding this matter, or need further assistance in this matter, please contact me at the address on this letterhead or by telephone at (850) 717-1803.

Sincerely,



Bart O. Moore  
Senior Attorney

Enclosure: Stipulation

BOM/jes

IN THE MATTER OF:	)	BEFORE THE ALABAMA
	)	
CATALENT PHARMACY SOLUTIONS	)	STATE BOARD OF PHARMACY
	)	
Manufacturer/Wholesaler/ Distributor Applicant	)	CASE NO: 17-L-0071

### CONSENT ORDER

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent Pharma Solutions, LLC (hereinafter referred to as "Catalent") relating to disciplinary action in the State of South Carolina.

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out above; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 3031 Red Lion Road, Philadelphia, PA 19114 expressly contingent upon the payment of a fine in the amount of One Thousand Five Hundred and NO/100 Dollars (\$1,500.00) within thirty (30) 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 Catalent attempt to discharge the same.

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

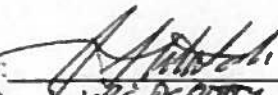
4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

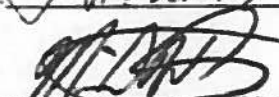
5. That Catalent agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Catalent acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 1 day of August, 2017.

CATALENT PHARMA SOLUTIONS, LLC

By:   
Its: VPE Deputy GC

  
Michael Whisonant, Attorney for Catalent  
Pharma Solutions, LLC

DONE this the \_\_\_\_\_ day of 8/8/2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch  
Buddy Bunch, R.Ph.  
President

By:   
James S. Ward  
Its Attorney

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

IN THE MATTER OF:	)	BEFORE THE ALABAMA
	)	
CATALENT CTS, LLC	)	STATE BOARD OF PHARMACY
	)	
Manufacturer/Wholesaler/ Distributor Applicant	)	CASE NO: 17-L-0072
	)	

### CONSENT ORDER

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent CTS, LLC (hereinafter referred to as "Catalent") relating to disciplinary action in the State of South Carolina.

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out above; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 10245 Hickman Mills Drive, Kansas City, MO 64137 expressly contingent upon the payment of a fine in the amount of One Thousand Five Hundred and NO/100 Dollars (\$1,500.00) within thirty (30) 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 Catalent attempt to discharge the same.

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


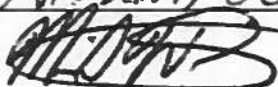
4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That Catalent agrees that any further 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.

6. That Catalent acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 1 day of August, 2017.

Catalent CTS, LLC

By:   
 Its: VPE DEPUTY GC  


Michael Whisonant, Attorney for Catalent CTS, LLC

DONE this the \_\_\_\_\_ day of \_\_\_\_\_, 8/8/2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch  
 Buddy Bunch, R.Ph.  
 President

By:   
 James S. Ward  
 Its Attorney

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



**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BEFORE THE STATE BOARD OF PHARMACY**

**In the Matter of:**

**Catalent CTS, LLC,**

**Applicant.**

**ORDER**

This matter first came before the Nonresident Permit Subcommittee ("Committee"), appointed by the State Board of Pharmacy ("Board"), on April 25, 2017, for a hearing on the application of the above-named applicant ("Applicant") for a nonresident wholesaler/distributor/manufacturer permit. The Applicant appeared before the Committee through its designated representative, Terry Jackson, as well as its Associate General Counsel for Regulatory Matters, Robert Ciolek, Esquire. Applicant was represented by Jon Wallace, Esquire. At its June 14, 2017, meeting with a quorum present, the Board considered the Committee's recommendation and the transcript of the Committee's hearing. The Board adopted the Committee's recommendation that the application be approved, and the permit be issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 (\$5,000.00) Dollars for shipping into South Carolina without a permit. Since the hearing, Applicant has tendered the fine to the Board.

Applications of this type are governed by S.C. Code §§ 40-43-83, 40-43-86, 40-43-89 (2011, as amended), and/or Reg. 99-43, as amended.

**FINDINGS OF FACT**

1. Applicant applied for a permit for its facility located in Kansas City, Missouri.
2. Applicant is a manufacturer of clinical supply materials.
3. Applicant's representative admitted that Applicant has previously shipped prescription drugs to South Carolina without first obtaining a permit from this Board.
4. Applicant otherwise meets the requirements for the Permit for which it applied.

**CONCLUSIONS OF LAW**

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (2011, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application

and to demonstrate that it is qualified for the license sought.

S.C. Code Ann. §40-43-83(I)(2011) requires a permit for the sale or distribution of legend (prescription) drugs in this state, and expressly includes manufacturers within or without the state. S.C. Code Ann. § 40-43-89 (2011) requires a facility located outside of this State that distributes prescription drugs or devices in this State to have a permit issued by the Board prior to distribution. S.C. Code Ann. § 40-43-140(A)(3) states that facilities requiring permits may not operate unless a permit has been issued by the board. Pursuant to S.C. Code Ann. § 40-43-140(A)(1)(2011), the Board may suspend, revoke, deny, or refuse to renew the permit or impose disciplinary action authorized for violations of the Pharmacy Act. Pursuant to S.C. Code Ann. §§ 40-43-140(A)(2), a person who distributes or delivers drugs or devices in this State without a required permit is subject to a fine imposed by the Board not to exceed one thousand dollars for each offense, in addition to such other disciplinary action the Board may take.

Applicant has met the qualifications for the permit, but violated the Pharmacy Practice Act by regularly distributing prescription drugs or devices into this State without a permit. Therefore, the Board concludes that it is appropriate to issue the permit subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 (\$5,000.00) Dollars.

**NOW, THEREFORE, IT IS ORDERED THAT:**

The Application is approved, and the permit shall be issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 (\$5,000.00) Dollars, receipt of which is hereby acknowledged by the Board.

**AND IT IS SO ORDERED.**

**STATE BOARD OF PHARMACY**



**CAROLE SMALL RUSSELL, R.Ph.**  
**Board Chair**

June 16, 2017

**South Carolina Department of Labor, Licensing & Regulation**

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

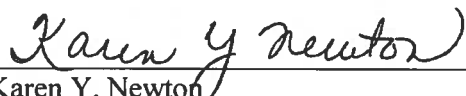
In the Matter of:

CATALENT CTS, LLC  
PY . 17233**CERTIFICATE OF SERVICE BY MAIL**

This is to certify that the undersigned has this date, June 16, 2017, served the Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CATALENT CTS, LLC  
10245 HICKMAN MILLS DR  
KANSAS CITY MO 64137

JONATHAN A. WALLACE, ESQUIRE  
715 KING STREET  
CHARLESTON, SC 29403

  
Karen Y. Newton  
Administrative Coordinator  
SC Department of Labor, Licensing  
and Regulation



Henry D. McMaster  
Governor

Emily H. Farr  
Director

South Carolina  
Department of Labor, Licensing and Regulation

Board of Pharmacy

September 27, 2018



110 Centerview Drive  
Post Office Box 11927  
Columbia, SC 29211-1927  
Phone: (803) 896-4700  
FAX: (803) 896-4596

[www.llronline.com/POL/Pharmacy](http://www.llronline.com/POL/Pharmacy)

Catalent Micron Technologies, Inc.  
333 Phoenixville Pike  
Malvern PA 19355

Dear Steven Fasman:

Your application for a South Carolina Non-Resident Pharmacy permit was reviewed by the Non-Resident Application Review Committee at its September 26, 2018, meeting. The Committee's recommendations will be presented to the Board for approval or denial of the permit applications at its 11/15/2018, board meeting.

The Committee is recommending your permit application for approval pending the following:

**Upon payment of fine \$5000 for shipments into SC in 2017 and 2018.**

Requested documents may be emailed to [chelsi.swartz@llr.sc.gov](mailto:chelsi.swartz@llr.sc.gov). Once the above conditions have been met, your permit will be issued.

Sincerely,

Traci Collier, PharmD  
Administrator and Chief Drug Inspector  
SC Board of Pharmacy

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BEFORE THE STATE BOARD OF PHARMACY**

**In the Matter of:**

**Catalent Pharma Solutions, LLC,**

**Applicant.**

**ORDER**

This matter first came before the Nonresident Permit Subcommittee ("Committee"), appointed by the State Board of Pharmacy ("Board"), on April 25, 2017, for a hearing on the application of the above-named applicant ("Applicant") for a nonresident wholesaler/distributor/manufacture permit. The Applicant appeared before the Committee through its designated representative, Terry Jackson, as well as its Associate General Counsel for Regulatory Matters, Robert Ciolek, Esquire. Applicant was represented by Jon Wallace, Esquire. At its June 14, 2017, meeting with a quorum present, the Board considered the Committee's recommendation and the transcript of the Committee's hearing. The Board adopted the Committee's recommendation that the application be approved, and the permit shall issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 (\$5,000.00) Dollars for shipping into South Carolina without a permit. Since the hearing, Applicant has tendered the fine to the Board.

Applications of this type are governed by S.C. Code §§ 40-43-83, 40-43-86, 40-43-89 (2011, as amended), and/or Reg. 99-43, as amended.

**FINDINGS OF FACT**

1. Applicant applied for a permit for its facility located in Philadelphia, PA.
2. Applicant manufactures clinical supply materials.
3. Applicant's representative admitted that Applicant has previously shipped prescription drugs to South Carolina without first obtaining a permit from this Board.
4. Applicant otherwise meets the requirements for the Permit for which it applied.

**CONCLUSIONS OF LAW**

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (2011, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application

and to demonstrate that it is qualified for the license sought.

S.C. Code Ann. §40-43-83(I)(2011) requires a permit for the sale or distribution of legend (prescription) drugs in this state, and expressly includes manufacturers within or without the state. S.C. Code Ann. § 40-43-89 (2011) requires a facility located outside of this State that distributes prescription drugs or devices in this State to have a permit issued by the Board prior to distribution. S.C. Code Ann. § 40-43-140(A)(3) states that facilities requiring permits may not operate unless a permit has been issued by the board. Pursuant to S.C. Code Ann. § 40-43-140(A)(1)(2011), the Board may suspend, revoke, deny, or refuse to renew the permit or impose disciplinary action authorized for violations of the Pharmacy Act. Pursuant to S.C. Code Ann. §§ 40-43-140(A)(2), a person who distributes or delivers drugs or devices in this State without a required permit is subject to a fine imposed by the Board not to exceed one thousand dollars for each offense, in addition to such other disciplinary action the Board may take.

Applicant has met the qualifications for the permit, but violated the Pharmacy Practice Act by regularly distributing prescription drugs or devices into this State without a permit. Therefore, the Board concludes that it is appropriate to issue the permit subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 (\$5,000.00) Dollars.

**NOW, THEREFORE, IT IS ORDERED THAT:**

The Application is approved, and the permit shall be issued subject to the payment of a civil penalty in the amount of Five Thousand and 00/100 (\$5,000.00) Dollars, receipt of which is hereby acknowledged by the Board.

**AND IT IS SO ORDERED.**

**STATE BOARD OF PHARMACY**



**CAROLE SMALL RUSSELL, R.Ph.**  
**Board Chair**

June 16, 2017

**South Carolina Department of Labor, Licensing & Regulation**

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

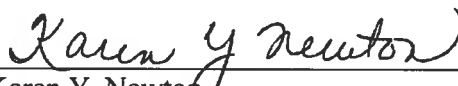
In the Matter of:

CATALENT PHARMA SOLUTIONS, LLC  
PY . 17234**CERTIFICATE OF SERVICE BY MAIL**

This is to certify that the undersigned has this date, June 16, 2017, served the Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CATALENT PHARMA SOLUTIONS, LLC  
3031 RED LION RD  
PHILADELPHIA PA 19114

JONATHAN A. WALLACE, ESQUIRE  
715 KING STREET  
CHARLESTON, SC 29403

  
Karen Y. Newton  
Administrative Coordinator  
SC Department of Labor, Licensing  
and Regulation

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

<b>FILED</b>	
Department of Business and Professional Regulation Deputy Agency Clerk	
CLERK	Brandon Nichols
Date	9/3/2014
File #	2014-06609

**DEPARTMENT OF BUSINESS &  
PROFESSIONAL REGULATION,**

**Petitioner,**

**Case No. 2014-008409**

**v.**

**CATALENT PHARMA SOLUTIONS, LLC,**

**Respondent.**

**FINAL ORDER**

The Department of Business & Professional Regulation (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Catalent Pharma Solutions, LLC (Respondent) and the Department, attached hereto and incorporated by reference. This Final Order and Settlement Agreement are to resolve alleged violations of Section 499.005(14), Florida Statutes (2013), the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that person or recipient; Section 499.005(4), Florida Statutes (2013), the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful; Section 499.006(10), Florida Statutes (2013), a drug that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law is adulterated; Section 499.0121(14), Florida Statutes (2013), each prescription drug wholesale distributor, out-of-state prescription drug wholesaler-distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distributor of controlled



substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03; Section 499.0121, Florida Statutes (2013), a wholesale distributor must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs; and Rule 61N-1.012, Florida Administrative Code, records to document the movement of drugs, devices, or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component.

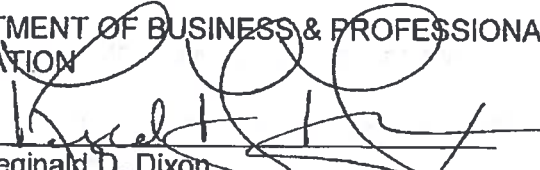
This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 29<sup>th</sup> day of August, 2014, in Tallahassee, Florida.


KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL  
REGULATION

By:

  
Reginald D. Dixon  
Division Director  
Drugs, Devices and Cosmetics

Prepared by:

  
Bart O. Moore, Senior Attorney  
Department of Business & Professional Regulation  
Division of Drugs, Devices and Cosmetics

**NOTICE OF RIGHT TO APPEAL**

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: counsel for Respondent, Timothy Cerio, Esquire, Gray Robinson, 301 S. Bronough Street, Suite 600, Tallahassee, Florida 32301, this 3<sup>rd</sup> day of September, 2014.

By: 

Agency Clerk's Office

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &  
PROFESSIONAL REGULATION,**

**Petitioner,**

**v.**

**Case No.: 2014-008409**

**CATALENT PHARMA SOLUTIONS, LLC,**

**Respondent.**

**SETTLEMENT AGREEMENT**

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (this "agreement") as disposition of the alleged violations described in the Notice of Violation case number 2014-008409 (the "allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

**STIPULATED FACTS**

1. Catalent Pharma Solutions, LLC (hereafter, "Catalent" or "Respondent") is permitted by the Department as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723; and as a diethyl ether purchaser, permit number 10:1300003.

2. Catalent address of record is 2725 Scherer Drive North, St. Petersburg, Florida 33716.

3. Catalent was issued a Notice of Violation on June 13, 2014, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

#### **CONCLUSIONS OF LAW**

4. Catalent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Catalent admits that the allegations, if proved, would constitute violations of Chapter 499, Florida Statutes.

---

6. Catalent neither admits nor denies the allegations set forth in the Notice of Violation, but is entering into this settlement to resolve the issues raised by the Department.

#### **SETTLEMENT TERMS**

7. Catalent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

8. Catalent agrees to pay a settlement amount of SIX THOUSAND DOLLARS (\$6,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta

**Sampson, Senior Legal Assistant.** Catalent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Catalent are absolute conditions precedent to Petitioner's execution of this agreement.

9. Catalent affirms that the violations alleged in the Notice of Violation letter issued in case number 2014-008409, have been corrected.

10. The Department agrees that this agreement will not be deemed to constitute discipline against the permits within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action, or proceeding against Catalent Pharma Solutions, LLC by the Department. Nothing herein shall be construed to limit, restrict or

---

otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida

---

Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

#### **STANDARD PROVISIONS**

11. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document.

The final order will contain no material terms other than those in this agreement. The

final order shall operate to close case number 2014-008409. The final order shall be final disposition in this proceeding, and shall constitute final agency action with respect thereto.

13. Catalent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of this Settlement Agreement and the final order in which the agreement is incorporated.

14. Catalent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

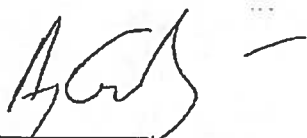
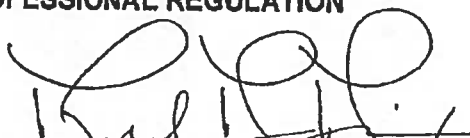
16. The parties agree that this agreement represents a fair, appropriate and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this settlement agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the settlement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

## CATALENT PHARMA SOLUTIONS, LLC

FLORIDA DEPARTMENT OF BUSINESS  
& PROFESSIONAL REGULATIONBy: Name: ARIS GENNADIOSTitle: PRESIDENT, SOFTGEL TECHNOLOGIESDate: 19 AUG 2014By: Name: REGINALD D. DIXONTitle: DIVISION DIRECTORDate: AUGUST 29, 2014



Name	Title	Home Address	Business Address	Phone Number	DOB	SS#
John Chiminski	Chairman, CEO	Spineville Road Newtown, PA 18940	14 Schoolhouse Road Somerset, NJ 08873	732-537-6401 (work) (cell)		
Alessandro Maselli	President & COO	Holcombe House Gardens, Sunningdale, Berkshire, UK SL5 0FD	14 Schoolhouse Road Somerset, NJ 08873	011-44-1793-548-298	2	N/A - Italian Citizen
Joseph, Wettney	Senior VP, Chief Financial Officer & Asst. Treasurer	Candace Lane Chatham, NJ 07928	14 Schoolhouse Road Somerset, NJ 08873	732-537-6200 (work) (home)		
Steven Fasman	Senior VP, General Counsel & Secretary	Club Pointe Dr. White Plains, NY 10605	14 Schoolhouse Road Somerset, NJ 08873	732-537-5958 (work) (cell)		
Thomas Castellano	Vice President & Treasurer	Hildebrandt Road Lebanon, NJ 08833	14 Schoolhouse Road Somerset, NJ 08873	732-537-6175 (work) (cell)		

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATALENT PHARMA SOLUTIONS, 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 FIFTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATALENT PHARMA SOLUTIONS, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2003.

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



3724407 8300

SR# 20195824826

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203160877

Date: 07-05-19

**9B**

**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: **GABECARE DIRECTRX, INC. d/b/a DIRECTRX PHARMACY**

Physical Address: **830 KIRTS BLVD. SUITE 300**

Mailing Address: **830 KIRTS BLVD. SUITE 300**

City: **TROY** State: **MI** Zip Code: **48084**

Telephone: **248-273-0474** Fax: **877-891-4007**

Toll Free Number: **855-362-3397** (Required per NAC 639.708)

E-mail: **AIVEZAJ@DIRECTRX.COM** Website: **WWW.DIRECTRX.COM**

Managing Pharmacist: **AMANDA BERISHAJ** License Number: **5302035045 [MICHIGAN]**

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: **MAIL ORDER/SPECIALTY**

All boxes must be checked

For the application to be complete

Yes/No

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

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

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐  
SEE ATTACHED
- 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

Amanda Berishaj  
Print Name of Authorized Person

10/10/2019  
Date

Page 2

Board Use Only

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

Amount: 500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: MICHIGANParent Company if any: N/AMailing Address: 830 KIRTS BLVDCity: TROY State: MI Zip: 48084Telephone: (248) 273-0474 Fax: (248) 793-9332Contact Person: ALBAN IVEZAJ

For any corporation non publicly traded, disclose the following:

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

a)	<u>AMANDA BERISHAJ</u>	<u>FERNDALE AVE. BIRMINGHAM, MI 48009</u>
	Name	Address

b)	<u>GABLAN ZAWAIDEH</u>	<u>HILLS DR. BLOOMFIELD HILLS, MI 48009</u>
	Name	Address

c)	<u>JALAL ZAWAIDEH</u>	<u>PILGRIM BIRMINGHAM, MI 48009</u>
	Name	Address

d)	<u>LOUIS ZAWAIDEH</u>	<u>VINEWOOD BIRMINGHAM, MI 48009</u>
	Name	Address

2) Provide the number of shares issued by the corporation. CLASS A: 1,000; CLASS B: 7,0133) What was the price paid per share? \$45.004) What date did the corporation actually receive the cash assets? 01/01/20185) Provide a copy of the corporation's stock register evidencing the above information **SEE ATTACHED**

List any physician shareholders and percentage of ownership.

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

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

**Hours of Operation for the pharmacy:**Monday thru Friday 9:00 am 5:30 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: \_\_\_\_\_

**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

SEE BELOW:

<u>Name</u>	<u>Title</u>
Marko Berishaj	President
Amanda Berishaj	Vice President/Shareholder
Gablan Zawaideh	Shareholder
Jalal Zawaideh	Shareholder
Louis Zawaideh	Shareholder

**STOCK REGISTER/OWNERSHIP TABLE**  
**FOR**  
**GABECARE DIRECTRX, INC.**  
**AS OF JANUARY 1, 2018**

<b><u>Shareholder</u></b>	<b><u>Class of Stock</u></b>	<b><u>Number of Shares</u></b>	<b><u>Percentage Ownership</u></b>
Amanda Berishaj	Class A (Voting)	1,000	12%
Amanda Berishaj	Class B (Non-Voting)	4,610	58%
Gablan Zawaideh	Class B (Non-Voting)	801	10%
Jalal Zawaideh	Class B (Non-Voting)	801	10%
Louis Zawaideh	Class B (Non-Voting)	801	10%
	<b>TOTAL</b>	<b>8,013</b>	<b>100%</b>





## Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**GABE CARE DIRECT RX, INC.**

*was validly incorporated on August 6, 1985 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



*Sent by electronic transmission*

Certificate Number: 19095654920

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 20th day of September, 2019.*

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

GRETCHEN WHITMER  
GOVERNOR



ORLENE HAWKS  
DIRECTOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

**VERIFICATION OF LICENSURE**  
**MICHIGAN BOARD OF PHARMACY**  
**VERIFICATION OF LICENSURE AS OF 10/02/2019**

**NAME:** Gabecare Direct Rx Inc  
**ADDRESS:** 830 Kirts Blvd Ste 300  
Troy, MI 48084

**STATUS:** Active

**LICENSE TYPE:** Pharmacy License

**ORIGINAL DATE:** 04/09/1996

**EXPIRATION DATE:** 04/09/2022

**SPECIALTY:** None

**LICENSE NUMBER:** 5301006411

**EXAM DATE**

**EXAM TYPE**

**EXAM RESULTS**

None

**OPEN FORMAL COMPLAINTS**

No

**DISCIPLINARY ACTION**

**START DATE**

**END DATE**

None

Brian DeBano, Division Director  
Bureau of Professional Licensing  
Licensing Division  
(517) 241-0199



GRETCHEN WHITHER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
PHARMACY LICENSE

GABECARE DIRECT RX INC  
830 KIRTS BLVD STE 300  
TROY, MI 48064

LICENSE NO.  
5301006411

EXPIRATION DATE  
4/9/2022

19157080648

THIS DOCUMENT IS ONLY  
ISSUED UNDER THE LAWS OF  
THE STATE OF MICHIGAN

N930268

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Michigan )  
Oakland ) ss.  
COUNTY )

I, AMANDA Bershag, 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 VP for GABRIEL RETEX, INC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

Amanda Y. Bershag  
Name

SUBSCRIBED AND SWORN TO  
before me, a notary public this  
8th day of October, 2019.

Judy A. VanOrsdal  
NOTARY PUBLIC

JUDY A. VAN ORSDAL  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF MACOMB  
MY COMMISSION EXPIRES May 24, 2020  
ACTING IN COUNTY OF Oakland

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Amanda Berishaj

Responsible Person of Gabe Care Direct Lx

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.

Amanda Berishaj

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

Amanda Berishaj

Print Name of Authorized Person

10/10/19

Date



1:4 GABECARE DIRECT RX INC  
830 KIRTS BLVD STE 300  
TROY, MI 48064-4897



40001220 2/001915-1/1-f

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BG4827765	09-30-2022	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-13-2019
GABECARE DIRECT RX INC 830 KIRTS BLVD STE 300 TROY, MI 48064-4897		

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

<b>CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE</b> <b>UNITED STATES DEPARTMENT OF JUSTICE</b> <b>DRUG ENFORCEMENT ADMINISTRATION</b> <b>WASHINGTON D.C. 20537</b>		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BG4827765	09-30-2022	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-13-2019
GABECARE DIRECT RX INC 830 KIRTS BLVD STE 300 TROY, MI 48084-4897		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.



October 10, 2019

DirectRx Pharmacy  
830 Kirts Blvd #300  
Troy, MI 48084

**Re: Administrative Fees by State Boards of Pharmacies**

DirectRx, Inc is a privately held Specialty Pharmacy that is accredited by URAC, ACHC, NABP and WBENC.

The company has a long history of dedicated delivery of care and therapy management for chronically ill patients that includes Medication Therapy Management, Medication Compliance Monitoring & Patient Education. The organization primarily focuses on specialty treatment for patients with Respiratory Conditions and Electrolyte Imbalances. DirectRx, Inc does not compound or outside the state of Michigan, fill for control substances.

DirectRx has not been subject to any license/permit revocations, suspensions or probations. Yet, to the extent that an "administrative fee" constitutes a "administrative action", DirectRx wishes to disclose the following:

**2018 Texas State Board of Pharmacy Administrative Fee**

In August 2018, DirectRx was subject to an administrative fee from the Texas State Board of Pharmacy.

Said fee was related to a Texas application for licensure where DirectRx, due to misunderstanding an application question, failed to disclose a historic administrative fee. This fee was due to an administrative error and not to delivery of care and/or treatment of patients.

DirectRx continues to be licensed as an out-of-state pharmacy in 38 states, including Texas, and maintains its accreditations with URAC, ACHC, NABP and WBENC.

Thank you.

A handwritten signature in black ink, appearing to read "Alban Ivezaj", with a long horizontal flourish extending to the right.

Alban Ivezaj

Director of Legal & Compliance

**9C**



**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: Empower Pharmacy

Physical Address: 200 Westlake Park Blvd Ste 1800, Houston, TX 77079

Mailing Address: 5980 W Sam Houston Pkwy N Ste 300

City: Houston State: TX Zip Code: 77041

Telephone: (832) 678-4417 Fax: (832) 678-4419

Toll Free Number: (877) 562-8577 (Required per NAC 639.708)

E-mail: shaunnoorian@gmail.com Website: empowerpharmacy.com

Managing Pharmacist: Kathryn Lenz License Number: 58293

**TYPE OF PHARMACY      **AND****

**SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☒ ☐ Other: Central Order Processing

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: Central Order Processing

**\*\*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

Shaun Noorian

Print Name of Authorized Person

10/25/2019

Date

Page 2

Board Use Only

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

Amount: 500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: TexasParent Company if any: Empower Clinic Services, LLCMailing Address: 5980 W Sam Houston Pkwy N Ste 300City: Houston State: TX Zip: 77041Telephone: (832) 678-4417 Fax: (832) 678-4419Contact Person: Shaun Noorian

For any corporation non publicly traded, disclose the following:

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

a) Shaun Noorian 5980 W Sam Houston Pkwy N Ste 300, Houston, TX 77041  
Name Addressb) \_\_\_\_\_  
Name Addressc) \_\_\_\_\_  
Name Addressd) \_\_\_\_\_  
Name Address2) Provide the number of shares issued by the corporation. 13) What was the price paid per share? \$25,0004) What date did the corporation actually receive the cash assets? 2009

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

List any physician shareholders and percentage of ownership.

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

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

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>7:30</u> am	<u>7:30</u> pm	Saturday	<u>Closed</u> am	<u>Closed</u> pm
Sunday	<u>Closed</u> am	<u>Closed</u> pm	24 Hours	_____	

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

**STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA**

I, Shaun Noorian

Responsible Person of Empower Pharmacy

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

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

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



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

Shaun Noorian

Print Name of Authorized Person

10/25/2019

Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas )  
 ) ss.  
Harris COUNTY )

I, Shaun Noorian, 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 Sole Officer, Owner for Empower Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

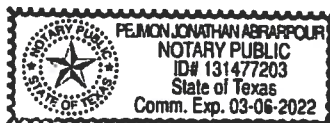
I, Shaun Noorian, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Shaun Noorian  
 Name



SUBSCRIBED AND SWORN TO  
 before me, a notary public this  
25 day of October, 2019.

[Signature]  
 NOTARY PUBLIC



**Re: List of Officers and Directors**

**Ownership Type: LLC**

**Corporate Name: Empower Clinic Services, LLC**

**Doing Business As: Empower Pharmacy**

**Name: Shaun Noorian**

**Titles: Business owner, Sole LLC officer**

**Business Address: 5980 W Sam Houston Pkwy N, Ste 300, Houston, TX 77041**

**Home Address: Kelliwood Oaks Dr, Katy, TX 77450**

**Business Phone: (832) 678-4417**

**Home Phone: (**

Re: Inspection Exemption

The Texas State Board of Pharmacy approved the issuance of our Order Processing Pharmacy Permit (TX BOP License# 32769) without requiring an initial on-site inspection due to the applicant, Shaun Noorian, currently holding an ownership interest in a compliant, Texas based Community Independent Pharmacy (TX BOP License# 26444).

Attached is a copy of the ***Texas State Board of Pharmacy Central Prescription Drug or Medication Order Processing Pharmacy (Class G) License Application Instructions*** confirming this inspection exemption, as well as the ***Pre-Inspection Checklist*** that was included along with our Texas Order Processing Pharmacy application.

We are also attaching the ***latest home state inspection of our Community Independent Pharmacy (TX BOP License# 26444)***. The Texas State Board of Pharmacy referenced this document to confirm that the level of compliance we have historically exhibited, while operating our Community Independent Pharmacy (TX BOP License# 26444), qualified our new Order Processing Pharmacy (TX BOP License# 32769) for the on-site inspection exemption.



**Texas State Board of Pharmacy License Application Instructions  
Central Prescription Drug or Medication Order Processing Pharmacy (Class G)**

- **Submit this checklist as a cover sheet and include each and every item listed below.** Documents submitted with a separate or similar application previously will not be retrieved for completion of this application. **Official review does not begin until all required items are received.**
- Applicants will be notified of any items missing from the application within **4 to 6 weeks**. Allow a minimum of 90 days from the time your application packet is complete (all missing items received), for review and final license issuance.
- Applications are considered withdrawn if missing items are not submitted to complete an application within a year of the date initially received at TSBP.
- **NOTICE: the application will be cancelled and a new application packet, including application fee, must be submitted, if a change in officer, owner, or location occurs while the application is under review by TSBP.**

- ☒ 1. **Pharmacy License Application – Submit Form LIC-Class G**  
The name of the pharmacy in Box 1 of this form should match the name on the prescription label.
- ☒ 2. **Ownership Information:**
- If owned by Partnership or Individual – Submit Form LIC-006; or
  - If owned by Corporation or Limited Liability Company – Submit Form LIC-007 and attach the following documents:
    - ☒ Articles of Incorporation (for Corporation); or Articles of Organization (for LLC) or Certificate of Formation.
    - ☒ Current Texas Franchise Tax Status. (If the Corp/LLC is registered w/TX Secretary of State)
  - If owned by Government – Submit Form LIC-008.
  - If a closely-held corporation, a list of all owners.
  - If a publicly-held corporation, a copy of the corporation's 10K Filing with the Security and Exchange Commission.
- ☒ 3. **Managing Officer – Submit Form LIC-021** which provides information and questions regarding the "background" to be submitted by each of the top four Managing Officers. Attach a copy of a current driver's license or state issued identification card and a copy of the social security card for each individual owner(s), managing officer(s) or partners that are not a Texas licensed pharmacist.
- ☒ 4. **Lease Agreement/Property Ownership** - Attach a copy of lease agreement between the owner of the pharmacy and the owner of the building in which the pharmacy is located. The pharmacy address listed on the lease agreement must match the pharmacy address listed on all required forms. The tenant listed on the lease agreement must match the name of the pharmacy owner listed on all required forms. If you are subleasing the space, submit a copy of the sublease agreement along with the master lease agreement.
- ☒ 5. **New Pharmacy Checklist – Submit Form LIC-018** lists the minimum infrastructure requirements needed to apply for a new pharmacy license and must be submitted with a New Pharmacy Application.
- I/A ☐ 6. **Credit Worthiness Document:** Provide a letter from a primary wholesaler with proof of credit worthiness.

**Prior to the issuance of a license for a pharmacy located in Texas, the board shall conduct an on-site inspection of the pharmacy in the presence of the pharmacist-in-charge and owner or representative of the owner, to ensure that the pharmacist-in-charge and owner can meet the requirements of the Texas Pharmacy Act and Board Rules**

- ☒ 7. **COMPLETE AND SUBMIT** the Pre-Inspection Checklist (form # LIC-000A) to indicate the pharmacy is ready for an on-site inspection. **Note:** The on-site pre-inspection may not be required if the prospective owner has an ownership interest in any other pharmacy in Texas at the time of application. This exemption applies only to the pre-inspection requirement.

**SUBMIT THIS CHECKLIST AS A COVER SHEET WITH ALL ITEMS LISTED – KEEP COPIES FOR YOUR RECORDS**





# TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Ste. 3-500 ★ Austin, Texas 78701  
512-305-8021 ★ 512-305-8082 (fax) ★ www.pharmacy.texas.gov

## PHARMACY CHECKLIST

(Submit this form only after all the items on this checklist are complete)

### PHARMACY NAME & LOCATION ADDRESS (Street, City, ZIP)

Empower Pharmacy

200 Westlake Park Boulevard Ste 1800

Houston, TX 77079

- ☒ A building with space adequate for the size and scope of pharmaceutical services provided by the pharmacy.
- ☒ An area dedicated for the prescription department, including an area suitable for confidential patient counseling if the pharmacy serves the general public.
- ☒ Water supply exists.
- ☒ Electrical supply exists
- ☒ Fixtures (i.e. shelving, counter tops, etc.) for storage of drugs, equipment and supplies, necessary to operate a pharmacy have been ordered.

Does the prospective owner currently have ownership interest in any other pharmacy in Texas? ☒ YES ☐ NO

If yes, please provide the name, address, and license number of the pharmacy(s):

Empower Pharmacy (License: 26444)

5980 W Sam Houston Pkwy N Ste 300, Houston, TX 77041

X

Signature of Owner / Managing Officer

6/3/2019

Date Signed



# TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Ste. 3-600 ★ Box 21 ★ Austin, Texas 78701  
512-305-8021 ★ 512-305-8082 (fax) ★ www.tsbp.state.tx.us

## PRE-INSPECTION CHECKLIST

- ☒ 1. The prescription department has space adequate for the size and scope of pharmaceutical services provided by the pharmacy.
- ☒ 2. Fixtures (i.e., shelving, counter tops, etc.) for storage of drugs, equipment and supplies, necessary to operate a pharmacy are installed.
- ☒ 3. A sink with hot and cold running water available exclusive of the restroom facilities.
- ☒ 4. Pharmacy arranged in an orderly fashion and kept clean.
- ☒ 5. The prescription department is complete and contains the following required equipment and supplies including, but not limited to:
  - ☒ a. data processing system including a printer or comparable equipment;
  - ☒ b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration;
  - ☒ c. adequate supply of child-resistant, light-resistant, tight, and if applicable, glass containers;
  - ☒ d. adequate supply of prescription labels with name, address, and telephone number of pharmacy;
  - ☒ e. appropriate equipment necessary for the proper preparation of prescription drug orders;
  - ☒ f. metric-apothecary weight and measure conversion charts;
  - ☒ g. if the pharmacy serves the public, the word "pharmacy" or a similar word or symbol as determined by the board, is displayed in a prominent place on the front of the pharmacy.
- ☒ 6. A reference library is on site and current:
  - ☒ a. Texas Pharmacy Laws and Regulations (publication year 2019 )
  - ☒ b. Drug Interactions Reference (publication year 2019 )
  - ☒ c. General Information Reference (publication year 2019 )
  - ☒ d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if pharmacy is compounding non-sterile preparations)
  - ☒ e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions)
  - ☒ f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center.
- ☐ N/A 7. If the pharmacy is compounding sterile preparations the following references are also required:
  - ☒ a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding-Sterile Preparations
  - ☒ b. Chapter 71 of the USP/ NF concerning Sterility Tests
  - ☒ c. Chapter 85 of the USP/ NF concerning Bacterial Endotoxins Test
  - ☒ d. Chapter 1163 of the USP/ NF concerning Quality Assurance in Pharmaceutical Compounding
  - ☒ e. Handbook on Injectable Drugs (publication year       )
  - ☒ f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g. if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)
- ☒ 8. Security requirements can be met to assure the pharmacy will be locked by key, combination or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.
- ☒ 9. Pharmacy has basic alarm system with off-site monitoring and perimeter and motion sensors. (Alarm must be activated)  
\*If your city requires an alarm permit, please attach a copy of the alarm permit.
- ☒ 10. Written policies and procedures for the pharmacy's security that meet the requirements of rule 291.33(b)(2)(E).
- ☐ N/A 11. An area suitable for confidential patient counseling if pharmacy serves the general public.
- ☐ N/A 12. If compounding sterile preparations, the pharmacy has a controlled area that meets the

- requirements in rule 291.133 (d)(6)(A) if the pharmacy is compounding low- and medium-risk preparations or rule 291.133 (d)(6)(B) if high-risk preparations are being compounded.
- ☐ N/A 13. Certified primary engineering control device (e.g. laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators).
- ☐ N/A 14. Certified clean room(s) (e.g. ante area, buffer area).

**Submit this form only after all items on this check-list are complete.**

A TSBP Inspector will contact you regarding the required pre-inspection, only after the inspector receives a completed pre-inspection checklist. Please provide all contact information below for the owner or owner's representative and Pharmacist-in-charge:

Empower Pharmacy 200 Westlake Park Boulevard Ste 1800, Houston, TX 77079  
Pharmacy Name Pharmacy Address

Arta Shaun Noorian   
Name of Owner or Owner's Representative Signature of Owner or Owner's Representative

\_\_\_\_\_ Home

\_\_\_\_\_ Cell

(832) 678-4417 Work

Contact Telephone Numbers (8:00a.m.-5:00p.m./Mon.-Fri.)

Ha Wong   
Name of Pharmacist-In-Charge Signature of Pharmacist-In-Charge

\_\_\_\_\_ Home

\_\_\_\_\_ Cell

(832) 678-4417 Work

Contact Telephone Numbers (8:00a.m.-5:00p.m./Mon.-Fri.)

For TSBP Use Only—Date Pre-inspection Completed

## TEXAS STATE BOARD OF PHARMACY INSPECTION REPORT

CLASS: A (A-S) B C C-S (BEDS\_\_\_\_) D Other\_\_\_\_\_

Name of Pharmacy

EM Power Pharmacy

Pharmacist in Charge

Souchi Nanthavongkham

Personnel

TSBP License #

26444Lic 42524

Exp

4/30/20

Lic

Exp

Lic

Exp

Lic

Exp

Lic

Exp

KEY: Circled items need improvement, ✓ items in Column One Refer to Legal Division (R/L) for review and possible discipline.

✓ items in Column Two receive a Warning Notice (W/N).

For an explanation of specific violations noted, refer to remarks section of inspection report.

R/L	W/N	
1		Licenses not posted
2		Insufficient Equipment
3		Orderly/Clean
4	✓	Balance Failed
5		Equipment Inspection <u>21 Balances</u>
6		Inadequate Library
7		Improper security
8		Environment
9		Delinquent licenses/certifications
36		No notification of substitution
90		No complaint notification
38		Area for non sterile compounding
43		Records for non sterile compounding
47		Out of date/mislabeled drug stock
48		Improper drug storage
53		Illegal possession of C/S
57		Corresponding Responsibility
59		Improper drug destruction
61		Improper supervision of supportive personnel
62		Aiding and abetting
65		Improper registration procedures
66		Grey Market diversion/ Samples
76		No PIC
34		Notification Violation
79		Nametags
60		Improper documentation of training
92		Improper automated dispensing procedures

R/L	W/N	
		Date of last inventory <u>5-11-18 only</u>
15		No PIC inventory
69		No annual inventory
68		No change of ownership inventory
31		Closed Phcy/Change of owner improper
17		Incomplete inventory
18		Records not available
46		Improper distribution
54		Improper prepackaging procedures
24		Theft/Loss not reported <u>N/A</u>
30		Invoices not dated/initialed
86		Absence of RPh pick up records
19		Rx lacks proper information
25		No documentation of refill authorization
32		Rx label is incorrect
40		Non emergency C-II Rx
26		C II Rx noncompliance
37		Illegal dispensing
45		Improper dispensing/ labeling
44		Refill CIII-V over 5x/6mo
55		Refill prn past one year
78		Counseling area
80		No counseling by RPh
56		Improper transfer of Rx
50		Out of state verbal Rx for C/S
49		Substitution noncompliance
33		Rx records not in numerical order

R/L	W/N	
10		Rxs not separated
35		Invoices not separated
67		No written information
21		Computer records incomplete
22		Computer system noncompliance
82		PMR Incomplete
83		PMR Absent
84		No drug regimen review
16		No perpetual inventory
27		Improper inpatient records
51		Improper ER dispensing
75		Improper absence of RPh procedures
70		No P&P manual
71		Incomplete P&P manual
72		Improper procedures for IV preparation
81		Area for preparation of sterile products
85		Patient Care Guidelines incomplete
87		Quality Control/Assurance
88		Cytotoxic/Biohazardous Procedures
89		Refrigerator Temperature Log
28		No provision log
29		Incomplete provision log
52		Improper provision/ dispensing in Class D
63		Prohibited drugs in Class D pharmacy
64		Violation of limited formulary
91		RPh visits/contact documentation
73		Formulary not complete



## Remarks

Advised to update written security P's & P's

It appears that the three broken balances were removed from operation to be sent for repair.

## Action Taken

- (1) ☒ Inspection  
 (2) ☐ Pre-Inspection  
 (3) ☐ Partial Inspection  
 (4) ☐ Visit  
 (5) ☐ Other \_\_\_\_\_

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted. Items marked in Column One will be referred to the Legal Division for review and possible disciplinary action. Items marked in Column Two are conditions that have resulted in the issuance of a Warning Notice and must be corrected to ensure compliance with the laws and rules governing the practice of pharmacy. Circled items need improvement.

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

  
 Agent of the Texas State Board of Pharmacy

  
 Authorized Individual for the Pharmacy

April 17, 2019  
 Date Time of Exit

Soukhinda Nanthavongdounay, PIC, 42524  
 Printed Name and Title of Authorized Individual

# Texas State Board of Pharmacy

## Inspection Report for Pharmacies Compounding Sterile Preparations

Name of Pharmacy Em Power Pharmacy Circle One: Class A-S Class B Class C-S

TSBP License # 26444

Deficiency key: Circled items need improvement (N/I); Refer to Legal Division (R/L) for review and possible discipline; and Warning Notices (W/N) require corrective action within a designated timeframe. For an explanation of specific violations noted, refer to remarks section of inspection report. Note: "M" = Multiple Codes

R/L Code W/N

Environment	
M	Is cleanroom clean/free of objects that shed particles? (109) Contain only appropriate supplies? (119) Used only for sterile preps? (110)
M	Does ante-area provide at least ISO Class 8 under dynamic conditions? (101) Contain a hands-free sink with hot/cold running water? (115)
M	Does buffer area provide at least ISO Class 7 under dynamic conditions? (102) Area free from sources of water (e.g., sink/floor drains)? (106)
108	Is there hands-free access to the buffer area?
113	Are floors, walls, ceilings & fixtures smooth/impervious and free from cracks & crevices? Does floor covering enable regular disinfection (112)?
118	Are supplies stored above the floor to permit adequate floor cleaning?
127	Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area/room and ante-area/room and between the ante-area/room and the general environment? Pressure between ISO 7 & general environment shall not be less than 0.02" water column.
M	Are temperature and humidity monitored (documented) and within required range? (116) Thermometer available for cleanroom and refrigerator? (167)
Primary Engineering Control (PEC) Device - i.e., Laminar Air Flow Hood, BSC, CAI, or CACI	
126	Is the Laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02-0.05" water?
121	Is the PEC able to maintain at least ISO Class 5 conditions, while compounding sterile preparations?
M	Are hazardous drugs prepared in a Class II or III vertical flow BSC or CACI located in an ISO 7 area physically separated from other areas? (246) Does the BSC or CACI have not less than 0.01" negative pressure adjacent to the positive pressure ISO 7 environment? (247)
M	Does the CAI provide unidirectional flow? (105) If the CAI or CACI is used for high risk compounded sterile preparations, then is the CAI/CACI placed in an ISO 8 environment? (104)
122	If the CAI is not required to be placed in an ISO 7 environment, does the pharmacy maintain documentation from the manufacturer?
M	PEC certified by independent contractor every 6 months & when relocated? (124) Are prefilters inspected periodically & replaced as needed? (125)
128	Are differential pressures monitored and documented at least every work shift (minimum daily) or by a continuous recording device?
Equipment and Supplies	
M	Does the pharmacy have disposable needles, syringes, and other required or applicable supplies? (174) Does the pharmacy have lint-free towels or wipes? (177) Does the pharmacy have masks, caps, gowns with tight cuffs, shoe covers, and beard covers? (180)
M	Does pharmacy have handwashing agents w/ bactericidal action? (176) Disinfectant cleaning solutions and dedicated cleaning supplies? (175)
M	Does the pharmacy have hazardous spill kits, if applicable (179)? Appropriate disposal containers for needles and syringes? (171)
170	Does the pharmacy have sterile IPA, sterile gloves, and waterless alcohol-based surgical hand scrub?
178	Does the pharmacy have appropriate filters and filtration equipment?
181	If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy on a daily basis-Is it documented?
172	Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?
High-Risk Sterile Preparations (CSPs)	
103	If high-risk CSPs are compounded, does buffer area provide physical separation from other compounding areas?
M	Is sterility testing performed under the following conditions: CSPs prepared in groups > 25? (231); MDV prepared for multiple pts or when exposed > 12 hrs at 2-8°C before sterilized? (232); Exposed > 6 hrs at warmer than 8° C before sterilized? (233)
237	Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with sterile, pyrogen free water, and then thoroughly drained or dried immediately before use for high-risk compounding?
238	Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2 micron filter to remove particulate matter? Sterilization by filtration shall be performed with a sterile 0.2 micrometer or 0.22 micrometer pore size filter within an ISO Class 5 environment or better.
165	Are filter integrity tests being performed and documented (e.g., bubble point)?
239	Are pre-sterilization procedures (weighing & mixing) completed in an ISO Class 8 environment or better?
Library	
M	Does the pharmacy have: Reference on injectable drugs (154), Specialty Reference (155), Applicable USP Chapters (156)?

R/L Code W/N



## Hazardous Sterile Preparations

M	Do personnel wear protective apparel (242); use safety/containment techniques (243); dispose of waste appropriately (244); affix proper label (245)?
248	If using a BSC or CACI, does pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?
249	Does pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment?
250	Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?

## Personnel Cleansing, Garbing and Hand Hygiene

M	Does hand sanitizing and gowning occur in the ante-area (outside the buffer area)? (202) Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around wrist and enclosed at the neck. Is the order of garbing appropriate? (180)
M	Do personnel remove: cosmetics (194); hand, wrist, and body jewelry or piercings (195); Are natural nails kept neat and trim (no artificial nails)? (196) Do personnel remove debris underneath fingernails using nail cleaner under warm water? (200)
192	Are personnel with apparent illness or open lesions compounding sterile preparations?
241	When personnel temporarily exit the ISO 7 environment, are re-donning procedures properly followed?
M	Do personnel engage in proper hand hygiene? (201) Do personnel dry hands and forearms using lint-free disposable towels or hand-dryer? (203)
204	Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside buffer area & prior to donning sterile gloves?
206	Is sterile IPA applied to gloves throughout the day & when non-sterile surfaces are touched?

## Cleaning and Disinfection Procedures

182	Does pharmacy have written procedures regarding cleaning & disinfecting (e.g., beginning of shift; every 30 minutes; before each batch; & spills)?
230	Is cleaning performed by trained personnel using approved agents (described in written SOPs)?
228	Are supplies and equipment that are removed from shipping cartons wiped with a disinfecting agent - such as sterile 70% IPA?
M	Are all areas properly cleaned? Daily (floors, DCA)? (226) Weekly, Monthly (walls, ceilings, shelving)? (227) Does pharmacy maintain documentation of cleaning procedures [i.e., date/time of cleaning, type of cleaning, and name(s) of person(s) carrying out the cleaning]? (229)

## Environmental Sampling

M	Is surface sampling conducted in all ISO classified areas on a periodic basis? Are these results evaluated and addressed? (270) i.e. Action Levels followed? (271)
M	Is viable air sampling performed? (272) And documented by properly trained individuals for all risk levels every 6 months? (273)

## Records of Compounded Sterile Preparations

252	Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?
M	Do records include: date (253); formula (254); who prepared (255); who checked (256); quantity (257); container used and number of units prepared (258); criteria for BUD (259); and documentation of performance of quality control procedures? (260) Other?
M	Are batch compounding records complete? (261) Are master worksheets developed and approved by RPh (262)?

## General Operational Requirements

166	Is RPh available at all times (24/7)?
M	Are written SOPs followed to ensure accountability, accuracy, quality, safety, and uniformity? (187) Does pharmacy have all required written procedures (e.g., pharmaceutical care services, viable air sampling plan, and recalls)? Does pharmacy follow recall procedures? (188)
158	If pharmacy compounds commercially available products, does pharmacy meet requirements for such compounding?
275	Does pharmacy dispense prescriptions to patients in other states without proper licensure in those states?

## Office Use Compounding/Distribution

163	Does pharmacy have written agreement with prescriber? Does written agreement meet all requirements?
162	If pharmacy is distributing compounded sterile preparations to another pharmacy, does pharmacy meet requirements for such distribution?

## Quality Control and Verification of Compounding Accuracy

M	Does a RPh review all compounding records for accuracy and perform final check? (207) Are periodic in-process checks defined in written procedures? (185)
191	Are all drug components manufactured in an FDA-registered facility? Are Certificates of Analysis available, if applicable?

## Label

M	Is CSP properly labeled to include: generic name (209); compounded by pharmacy (210); BUD (211) If prepared in batch, do labels contain: unique lot# (213); quantity (214); cautionary statements (215); and device-specific instructions, if applicable (216)?
220	Are CSPs assigned a beyond-use-date that is based upon the specified labeling for the drug, appropriate literature sources, and/or direct testing?

## Training and Competency Testing

129	Has each pharmacist completed the required education and training prior to engaging in sterile compounding?
130	Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?
142	Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation and testing (e.g., media fill testing, gloved fingertip/thumb testing)? Does pharmacy have an on-the-job training program?
144	Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel?

**Texas State Board of Pharmacy**  
 333 Guadalupe Street, Suite 3-500  
 Austin, Texas 78701  
 (512) 305-8000

**WARNING NOTICE OF VIOLATION(S) REQUIRING CORRECTION**

Name of Pharmacy <u>Empower Pharmacy</u>	
Pharmacy License Number <u>26444</u>	Date of Inspection <u>April 17, 2019</u>

Notice is hereby given that you are not in compliance with the following laws and rules governing the practice of pharmacy. Unless the conditions noted below are corrected, disciplinary action may be instituted against the pharmacy license and the license of the pharmacist-in-charge.

I hereby acknowledge that the laws and/or rules cited in the Warning Notice below have been explained to me by the Board of Pharmacy Officer/Inspector.

Signed: [Signature] Date: 4/17/2019

1. Law/Rule: 291.10(c)(2) Code: 4

Explanation of Violation and Correction Needed:

Failure to properly maintain prescription balances properly. Either remove, replace, or have replaced by an authorized person, immediately.

Due Date for Completed Correction: May 17, 2019

2. Law/Rule: \_\_\_\_\_ Code: \_\_\_\_\_

Explanation of Violation and Correction Needed:

---

---

---

---

---

---

---

---

Due Date for Completed Correction: \_\_\_\_\_



CERTIFICATE No. 00

ISSUED TO

RECEIVED CERTIFICATE No. \_\_\_\_\_ NAME \_\_\_\_\_

DATED Jan 14, 2009

FOR 100 PERCENTAGE INTEREST ADDRESS \_\_\_\_\_

ON \_\_\_\_\_

00	ORGANIZED UNDER THE LAWS OF THE STATE OF TEXAS	PERCENTAGE INTEREST 100
<i>Percentage Interest</i>		
Empower Clinic Services, L.L.C.		
A LIMITED LIABILITY COMPANY		
<p>This Certifies That <u>Shaun Norman</u> is the owner of <u>100</u> Percentage Interest of the above Limited Liability Company transferable only on the books of the Limited Liability Company by the holder hereof in person or by duly authorized attorney upon surrender of this Certificate properly endorsed, and is entitled to the full benefits and privileges of such membership subject to the duties and obligations, as more fully set forth in the Company's Certificate of Formation/Operating Agreement/Regulations for this Limited Liability Company. Transfer of this Percentage Interest is subject to restrictions in the books of the Limited Liability Company.</p> <p>In Witness Whereof, The said Limited Liability Company has caused this Certificate to be executed by its duly authorized Member(s)/Manager(s) and its Limited Liability Company Seal to be hereunto affixed, this <u>14th</u> day of <u>Jan</u>, <u>2009</u> A.D., <u>Shaun Norman</u></p>		

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Ruth R. Hughes  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Empower Clinic Services, L.L.C. (file number 801062724), a Domestic Limited Liability Company (LLC), was filed in this office on December 12, 2008.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 08, 2019.



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes  
Secretary of State





This certifies that the pharmacy named below is hereby licensed to operate as a Class **G** pharmacy.

License No. **32769**

Expiration Date: **8/31/2021**

Balances: **0**

**EMPOWER PHARMACY**  
**200 WESTLAKE PARK BLVD STE 1800**  
**HOUSTON TX 77079**



Allison Vordenbaumen Benz, R.Ph., M.S.  
 Executive Director/Secretary

**MUST BE DISPLAYED IN FULL PUBLIC VIEW**



## TEXAS STATE BOARD OF PHARMACY

---

**Re:** Empower Pharmacy

**Address:** 200 Westlake Park Boulevard Suite 1800  
Houston, Texas 77079

**License No.:** 32769

**Date Issued:** August 2, 2019

**Licensure Status:** Active

**Expiration Date:** August 31, 2021

**Type of Pharmacy:** Central Processing Pharmacy – Class G

**Prior Disciplinary Orders:** No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Empower Pharmacy (Texas Pharmacy License #32769) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

A handwritten signature in black ink that reads "Megan G. Holloway".

Megan G. Holloway  
Assistant General Counsel  
Texas State Board of Pharmacy

September 20, 2019  
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.



## TEXAS STATE BOARD OF PHARMACY

### Pharmacist-in-Charge Attestation:

I hereby attest the following statements are true and accurate (*initial each statement below*):

SN I am the Pharmacist-in-Charge (PIC) of Empower Pharmacy pharmacy license  
(Name of Pharmacy)  
 number 26444 and I ☒ was / ☐ was not present during a Compliance  
(Pharmacy License Number)  
 Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on  
April 17, 2019 :  
(Date of Inspection)

SN I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable)  
 issued by the Compliance Officer/Inspector;

SN I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies  
YOU MIGHT BE A PILL MILL IF (on the reverse side of this attestation);

SN If applicable, the Warning Notice issued contains 1 deficiencies which may require  
 corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the  
 Warning Notice;

SN I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within  
 7 days of the date of the inspection:

Texas State Board of Pharmacy  
 Attn: Compliance Division  
 333 Guadalupe St., Suite 3-500  
 Austin, Texas 78701  
 Email: [inspections@pharmacy.texas.gov](mailto:inspections@pharmacy.texas.gov)  
 Fax: 512-305-8082

Signed: [Signature]  
(Signature of PIC)

Date: 4/17/2019

Printed Name: Suchinda Nanthavongdourngsy License No.: 42524

### Notification of Agreed Order

Empower Pharmacy entered into an Agreed Order with the Oklahoma State Board of Pharmacy regarding allegations involving the compounding of what the Oklahoma State Board of Pharmacy considered essential copies under Oklahoma law. Please note that our home state Board, the Texas State Board of Pharmacy, did not consider these compounds essential copies (see attached). FDA also did not consider these compounds essential copies by their final guidance issued in January 2018 (see attached) and evidenced through FDA's most recent inspection of Empower Pharmacy in January 2018.

In the attached Agreed Order with Oklahoma, Empower did not admit or deny violating any law or the Board's rules. The Agreed Order also does not constitute a restriction on Empower's pharmacy license, and, most importantly, the Informal Disposition is not considered discipline in Oklahoma. The Oklahoma State Board of Pharmacy also refrained from taking administrative or other action against Empower for the alleged conduct. Although the agreement with the Oklahoma State Board of Pharmacy is not considered discipline or a restriction on Empower's license we hereby inform you, out of an abundance of caution given diverse reporting requirements of state boards, of the attached Agreed Order.



## TEXAS STATE BOARD OF PHARMACY

---

December 19, 2018

Empower Pharmacy  
c/o Souchinda Nanthavongdouangsy, R.Ph.  
Pharmacist-in-Charge  
5980 W Sam Houston Pkwy N, Ste 300  
Houston, TX 77041

**RE: Empower Pharmacy, License #26444  
Complaint #2019-00426**

The Texas State Board of Pharmacy (Board) received a copy of the Agreed Findings of Fact, Conclusions of Law and Final Order of the Oklahoma State Board of Pharmacy entered June 13, 2018, which imposed a non-disciplinary deferral of probation against the license and a \$37,200 fine. The Order of the Oklahoma State Board of Pharmacy references allegations the pharmacy compounded commercially available medication and medication that was essentially a copy of a commercially available product. This violation is addressed in Section 565.002(a)(3) of the Texas Pharmacy Act, Tex. Occ. Code Ann., Title 3, Subtitle J; and Section 291.133(d)(1)(C) and (D) of the Texas Pharmacy Board Rules, 22. Tex. Admin. Code.

Following Board staff's review of this matter, this complaint was closed with this letter specifically notifying you of applicable Texas pharmacy law and rules. A copy of the referenced pharmacy laws and rules are attached for your review. Board staff encourages you to develop and implement policies and procedures to ensure compliance with pharmacy compounding requirements. If additional information indicates you may have violated Texas laws, the laws of another state, or the United States, you may be subject to further review and action by the Board.

A reply to this letter is not required. If you choose to reply, please include the complaint number listed above in your written reply.

Sincerely,

David Meryman  
Compliance Analyst

DM/hh

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

**IN THE MATTER OF THE  
COMPLAINT AGAINST:**

**Empower Pharmacy (99-7594)  
5980 W. Sam Houston Pkwy, Ste 300  
Houston, TX 77041**

)  
)  
)  
)  
)  
)

**Case No. 1510**

**AGREED FINDINGS OF FACT, CONCLUSIONS OF LAW  
AND FINAL ORDER**

This matter came for hearing on June 13, 2018, before the Oklahoma State Board of Pharmacy ("Board"). Board members St. Cyr, Dudley, Spoon, Wilson, Adams, and Whitehead were present. President Whitehead presided. John M. Settle, Assistant Attorney General, served as prosecutor for the Board. Respondent appeared and was represented by legal counsel, Doug Rice of Derryberry & Naifeh, LLP.

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

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



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

### **AGREED FINDINGS OF FACT**

1. Respondent is licensed as a non-resident pharmacy in the State of Oklahoma and is located at 5980 W. Sam Houston Pkwy, Ste 300, Houston, TX 77041. Souchinda Nanthavongdouangsy, D.Ph. #15854, is Respondent's pharmacist-in-charge.

2. Respondent compounded the following products that the Board alleges are commercially available or essentially copies of commercially available FDA-approved drug products under Oklahoma law:

HCG 11,000 units/vial & units/vial kits #287 prescriptions

HCG 5,000 units/vial & units/vial kits #85 prescriptions

HCG injection in 5,000 units per vial is commercially available. HCG injection in 11,000 units per vial is essentially a copy of the HCG 10,000 units/vial.

### **AGREED CONCLUSIONS OF LAW**

1. The Board has jurisdiction over this matter and over the Respondent pursuant to 59 O.S. §§ 353.7 and 353.26.
2. Any Finding of Fact which is properly a Conclusion of Law is hereby incorporated by reference and vice versa.
3. Respondent has neither admitted nor denied violating OAC 535:15-10-53(a) by compounding a drug preparation that is commercially available in the marketplace or that is essentially a copy of an available FDA-approved drug product, as set forth in Counts 1 through 372 of the First Amended Complaint.
4. Pursuant to 59 O.S. §353.7(12), for any registrant who violates any provision of the Oklahoma Pharmacy Act including the Board's rules, the Board has authority to levy fines not to exceed Three Thousand Dollars (\$3000.00) for each violation; to reprimand, place on probation or suspend or revoke the license of a licensee; to require extra hours of continuing education and to require participation in a rehabilitation program for the impaired. The Board may also impose as part of any disciplinary action the payment of costs expended by the Board for any legal fees and costs, including, but not limited to, staff time, salary and travel expense, witness fees and attorney fees.

### **AGREED ORDER**

1. Respondent, Empower Pharmacy, a non-resident pharmacy in the State of Oklahoma and holder of non-resident pharmacy license number 99-7594, neither admits nor denies guilt on all Three Hundred Seventy-two (372) Counts. In order to resolve this dispute outside of a hearing on the merits, however, Respondent agrees as follows:

2. Respondent is hereby fined One Hundred and no/100 Dollars (\$100.00) for each Count 1 through 372 of the Complaint for a total fine on said Counts 1 through 372 of Thirty-seven Thousand Two Hundred and no/1 00 Dollars (\$37,200.00).

3. The total amount of fines due from Respondent is Thirty-seven Thousand Two Hundred and no/1 00 Dollars (\$37,200.00). This fine is due on June 13, 2018.

4. This Agreed Order is not considered "discipline" by the Board, but instead is a deferral of the same pending a probationary period of two years. After a period of two years, any discipline by the Board shall be suspended unless Respondent has violated this Agreed Order, or any Oklahoma Board of Pharmacy rule. This deferred penalty is intended to ensure continued compliance with the Oklahoma Board of Pharmacy rules.

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

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

All participating members vote "Aye".



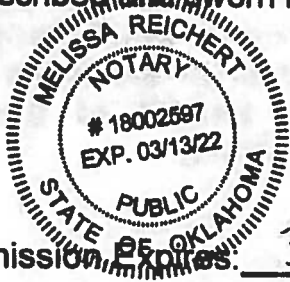
---

Kyle Whitehead, D.Ph., President  
Oklahoma State Board of Pharmacy

State of Oklahoma                     )  
   ) ss.  
 County of Oklahoma                 )

Subscribed and sworn before me on this the 13<sup>th</sup> day of June,  
 2018.

[SEAL]



Melissa Reichert  
 Notary Public

My Commission Expires 3/13/22

Commission No: 18002597

I, Shaun Noorian, Founder and Chief Executive Officer, of Empower Pharmacy, have read the above Agreed Findings of Fact, Conclusions of Law and Agreed Order. I understand that by its terms Empower Pharmacy, will be waiving certain rights accorded under Oklahoma Law. I also understand that Empower Pharmacy, must comply with the terms and conditions of the Agreed Order or discipline will be imposed on Empower Pharmacy. On behalf of Empower Pharmacy, LLC., I agree to the above Agreed Order.

Dated this 11 day of June, 2018.

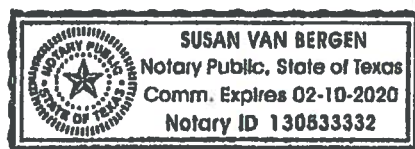
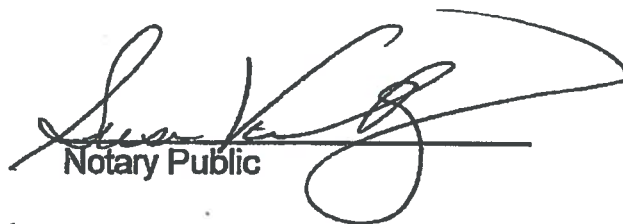


**Shaun Noorian**  
**Founder & Chief Executive Officer**  
**Empower Pharmacy Respondent**

State of Texas )  
 ) ss.  
 County of Harris )

Subscribed and sworn before me on this the 11 day of June, 2018.

[SEAL]


  
 Notary Public

My Commission Expires: 02-10-2020

Commission No: 130833332

**AGREED AND APPROVED:**

---

**Douglas A. Rice, OBA #16927**  
**DERRYBERRY & NAIFEH, LLP**  
**4800 North Lincoln Boulevard**  
**Oklahoma City, OK 73105**  
**Telephone: (405) 528-6569**  
**Facsimile: (405) 528-6462**  
**Attorney for Respondent**

### Notification of Stipulation and Consent Order for Informal Disposition

Empower Pharmacy entered into a Stipulation and Consent Order for Informal Disposition with the Idaho State Board of Pharmacy regarding allegations involving Empower Pharmacy's filling of prescriptions for three patients from an out-of-state prescriber that allegedly did not attain appropriate licensure from the Idaho Medical Board as defined in the Idaho Telehealth Access Act, and allegedly did not have the requisite prescriber-patient relationship prior to issuing a prescription.

In the attached Stipulation and Consent Order for Informal Disposition with Idaho, Empower did not admit or deny violating any law or the Board's rules. The Informal Disposition also does not constitute a restriction on Empower's pharmacy license, and, most importantly, the Informal Disposition is not considered discipline in Idaho. The Idaho State Board of Pharmacy also refrained from taking administrative or other action against Empower for the alleged conduct. Although the disposition with the Idaho State Board of Pharmacy is not considered discipline or a restriction on Empower's license we hereby inform you, out of an abundance of caution given diverse reporting requirements of state boards, of the attached Informal Disposition.



# BEFORE THE BOARD OF PHARMACY

## STATE OF IDAHO

In the Matter of the License of:	)	
	)	Case No. BOP 18-053
EMPOWER PHARMACY,	)	
Mail Service Pharmacy License No. 36411MS,	)	<b>STIPULATION AND</b>
	)	<b>CONSENT ORDER FOR</b>
Respondent.	)	<b>INFORMAL DISPOSITION:</b>
	)	<b>I.C. § 67-5241(1) ("Stipulation")</b>
	)	

WHEREAS, information has been received by the Idaho Board of Pharmacy ("Board") that could constitute grounds for the initiation of an administrative case against Empower Pharmacy ("Respondent"); and,

WHEREAS, the Parties wish to expeditiously settle this matter of possible administrative violations relating to non-resident pharmacies dispensing controlled substances to Idaho residents, by Informal Disposition pursuant to Idaho Code § 67-5241(1);

NOW, THEREFORE, IT IS HEREBY STIPULATED AND AGREED between the undersigned Parties that this matter shall be settled and resolved upon the following terms:

### A. JURISDICTION OF THE BOARD

1. The Board may regulate the practice of pharmacy in the state of Idaho in accordance with title 54, chapter 17, Idaho Code. The Board is further empowered by title 37, chapter 27, Idaho Code, to administer the regulating provisions of the Uniform Controlled Substances Act in the state of Idaho.

2. Respondent is a licensee of the Board and holds Mail Service Pharmacy License No. 36411MS. Respondent's license is subject to the provisions of title 54, chapter 17, Idaho

Code, title 37, chapter 27, Idaho Code, and the Board's rules promulgated at IDAPA 27.01.01, *et seq.*

## **B. STIPULATED FACTS**

1. Board staff's review of the PMP reports and records provided by Respondent revealed the following:

A. Idaho resident D.B. received from Respondent delivery of four (4) prescriptions fills for testosterone, a Schedule III controlled substance, which were issued in December 2016 through October 2017, by prescriber, J.S., located in Tampa, Florida.

B. Idaho resident J.S. received delivery of four (4) prescription fills for testosterone from Respondent, which were issued in October 2016 through September 2017 by prescriber, J.S., located in Tampa, Florida.

C. Idaho resident J.H. received delivery of six (6) prescription fills for testosterone from Respondent, which were issued in December 2016 through February 2018 by prescriber, J.S., located in Tampa, Florida.

2. Allegations arose from concerns of the Board that Respondent issued prescription drugs, including Schedule III controlled substances, to the above three (3) patients, based upon prescriptions which may have been invalid, the patients not having been seen in a face-to-face encounter by prescriber, J.S., in accordance with 21 U.S.C. § 829(e) prior to prescribing, and the prescriber not having been in compliance with the Idaho Telehealth Access Act, Title 54, Chapter 56, Idaho Code. Specifically, Idaho Code § 54-5703(4) requires telehealth providers to be licensed in the state of Idaho; Idaho Code § 54-5707(1) requires telehealth providers to have an established provider-patient relationship in order to issue prescription drug orders; and Idaho Code § 54-5705 requires two-way audio and visual interaction between the provider and patient.

In addition, 21 U.S.C. § 802(54) states that if telemedicine is being practiced, the patient must be in the presence of an onsite practitioner who possesses a valid DEA controlled substance registration and state license, and Idaho Code § 37-2716(a) requires the distant provider to hold a state controlled substance registration in the state where the patient is located.

3. Respondent asserts that the prescriber, J.S., advised Respondent that he had seen these three (3) patients in Florida, prior to prescribing for them, in accordance with 21 U.S.C. § 829(e).

4. Respondent admits that its business practices are subject to the following statutes and rules: Idaho Code §§ 54-1726(1)(f) and (2), 54-1728(1)(f) and (2), 37-2718(a)(4), 37-2719(c), 37-2722(c), 37-2723, 37-2730A(2), 37-2733(a)(1); and IDAPA 27.01.01.110 and 27.01.01.501.

5. Without Respondent admitting or denying that facts support a basis for discipline, and in lieu thereof, the Parties agree to an Informal Disposition pursuant to Idaho Code § 67-5241(1), as settlement and compromise, which shall not be deemed admitting to any acts or omissions which may be alleged, and Respondent agrees, the Board may enter its final Order as set forth in Section C below.

### **C. STIPULATED, AGREED SETTLEMENT**

1. Respondent shall pay a monetary sum of fifteen thousand dollars (\$15,000).

2. This monetary sum shall become payable after the Board approves and executes its Order approving this Settlement, to be paid to the Board within 180 days of the date the Order is executed.

3. Commencing the date the Stipulation is executed by the Board, Respondent shall verify that all prescribers issuing prescriptions to Idaho residents to be filled by Respondent shall

have the required prescriber licenses and controlled substance registrations which allow the prescribers to issue prescriptions to Idaho residents. Documentation of such verifications shall be retained by Respondent for two years from the date they are obtained and shall be provided to the Board upon its written request.

4. Further, Respondent shall designate a representative of its management to whom the Board may direct its communications and inquiries and who shall be responsible for responding to such inquiries. This representative shall be designated in writing within thirty (30) days of the date the Order incorporating this Stipulation is executed.

5. Failure to comply with any of the terms of this Stipulation may result in administrative action being taken against Respondent's mail service pharmacy license.

6. All costs associated with Respondent's compliance with the terms of this Stipulation shall be borne solely by Respondent. Nothing relating to this Stipulation shall be considered a restriction of Respondent's licensure.

#### **D. COMPLIANCE WITH STIPULATION**

1. The Board has authority to enforce compliance with the terms and conditions of this Stipulation. By signing this Stipulation, Respondent waives its ability to challenge the Board's lack of authority of its Order upon appeal to a district court. Thereafter, if there shall be reason to believe Respondent may have violated any terms or conditions of this Stipulation, the Executive Director of the Board may file an administrative complaint, setting forth the allegations of non-compliance and notifying Respondent that Respondent may request a hearing regarding the allegations of non-compliance. If Respondent does not request a hearing on such administrative complaint, any allegations of non-compliance may be deemed admitted.

2. If Respondent fails to comply with this Stipulation, Respondent's license may

then be subject to discipline, up to and including suspension or revocation. Accordingly, the Board retains jurisdiction over this proceeding, until all matters are finally resolved, as set forth in this Stipulation.

3. Any additional costs and/or attorney fees incurred by the Board in any future enforcement action based upon any allegation of this Stipulation shall be borne solely by Respondent.

#### **E. ACKNOWLEDGMENTS AND WAIVER OF RIGHTS**

Respondent, by signature of its authorized representative hereto, hereby acknowledges the following:

1. The Board has jurisdiction to proceed in this matter.
2. Respondent has read the above Stipulation fully and has had the opportunity to review it with legal counsel. Respondent understands and acknowledges that, by its terms, it is waiving certain rights provided under Idaho law.
3. Respondent acknowledges that, should the Board have brought a formal complaint in this matter, Respondent would have had certain rights, including but not limited to: the right to a full and complete hearing, pursuant to the Idaho Administrative Procedure Act; the right to confront and to cross examine witnesses; the right to present evidence, to call witnesses and to testify on its own behalf; the right to administrative reconsideration; the right to appeal any findings to the district court; and, any and other rights provided pursuant to the Idaho Administrative Procedure Act, statutes and rules governing the practice of pharmacy in Idaho, and otherwise as may be applicable pursuant to law. By entering into this Stipulation, Respondent agrees to forgo such rights and process and to waive same as part of the resolution of any allegations which may obtain.

4. Respondent understands that in signing this Stipulation, it agrees to the above terms without further process.

5. Respondent understands that, if approved as proposed, the Board shall execute and issue this Stipulation and Consent Order for Informal Disposition: I.C. § 67-5241(1) ("Stipulation"), according to the aforementioned terms, and Respondent agrees to the above Stipulation for settlement of all allegations, which allegations are contested and which Respondent denies. If the Board approves this Stipulation subject to changes, and those changes are acceptable to Respondent, Respondent acknowledges the Stipulation shall take effect, and an order modifying the terms of the Stipulation shall be issued. If the changes are unacceptable, or the Board rejects this Stipulation, this Stipulation shall be of no force or effect. Admissions in this Stipulation and negotiations preceding the signing of this Stipulation shall not be admissible at any subsequent administrative hearing.

6. In the event this Stipulation is rejected by the Board, or any changes proposed by the Board are not accepted, Respondent waives any right it may have to challenge the Board's impartiality to hear the allegations in any subsequent administrative proceedings, based on that the Board had considered and rejected this Stipulation.

7. Respondent understands the Board shall have the right to make full disclosure of this Stipulation to any state, agency or individual requesting information subject to any applicable provisions of the Idaho Public Records Act, title 9, chapter 3, Idaho Code.

8. Respondent understands this Stipulation and Consent Order is the resolution of a contested case and is a **public record**.

9. This Stipulation contains the entire agreement between the Parties, and Respondent is not relying on any other agreement or representation of any kind, verbal or

otherwise.

10. This Stipulation shall be presented by the Executive Director of the Board and the Deputy Attorney General responsible for this matter to the Board with a recommendation for approval at the next regularly scheduled meeting of the Board.

11. Except for Paragraph E.6., which becomes effective when Respondent signs this Stipulation, this Stipulation shall not become effective, until it has been approved by a majority of the Board, and a Board member signs the attached Order.

12. Each Party shall bear its own costs and fees associated with this matter.

DATED this 2nd day of July, 2019.

EMPOWER PHARMACY

By: 

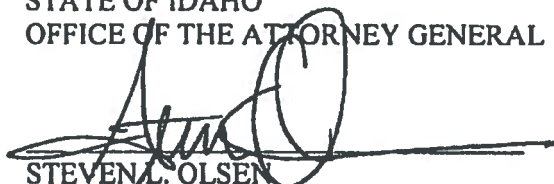
Printed: Shaun Noorian

Its: CEO  
Authorized Representative for Respondent

I concur in this Stipulation and Consent Order for Informal Disposition: I.C. § 67-5241(1) ("Stipulation") and recommend that the Board adopt the same by its Order.

DATED this 3 day of July, 2019.

STATE OF IDAHO  
OFFICE OF THE ATTORNEY GENERAL



STEVEN L. OLSEN  
Deputy Attorney General

I also concur in this Stipulation and Consent Order for Informal Disposition: I.C. § 67-5241(1) ("Stipulation") and recommend the Board adopt the same by its Order.

DATED this 9<sup>th</sup> day of July, 2019.

IDAHO BOARD OF PHARMACY

By: Nicole Chopski  
Nicole Chopski, PharmD  
Executive Director



**ORDER**

Pursuant to Idaho Code § 54-1728 and § 37-2718, the Idaho Board of Pharmacy hereby accepts the terms and conditions of the foregoing Stipulation and Consent Order for Informal Disposition: I.C. § 67-5241(1) ("Stipulation"), and it is hereby Ordered that the Parties shall comply with said terms and conditions.

DATED this 15 day of August, 2019.

  
\_\_\_\_\_  
Holly Henggeler, PharmD  
Board Chair

# **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on this 16<sup>th</sup> day of Aug, 2019, I caused to be served a true and correct copy of the foregoing STIPULATION AND CONSENT ORDER FOR INFORMAL DISPOSITION: I.C. § 67-5241(1) ("Stipulation") by the following method to:

Ms. Souchinda Nanthavongdouangay  
Empower Pharmacy  
5980 W. Sam Houston Pkwy N, Suite 300  
Houston, TX 77041

- ☒ U.S. Mail  
☐ Hand Delivery  
☒ Certified Mail, Return Receipt Requested  
☐ Overnight Mail  
☐ Facsimile:

Steven L. Olsen  
Deputy Attorney General  
Civil Litigation Division  
P. O. Box 83720  
Boise, ID 83720-0010

- ☐ U.S. Mail  
☐ Hand Delivery  
☐ Overnight Mail  
☐ Facsimile:  
☒ Email: steven.olsen@ag.idaho.gov  
colleen.funk@ag.idaho.gov



Ellen Mitchell  
Investigations Support Coordinator

**9D**

**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: Golden Gate Pharmacy Services

Physical Address: 8 Digital Drive Suite 200, Novato, CA 94949

Mailing Address: 8 Digital Drive Suite 200

City: Novato State: CA Zip Code: 94949

Telephone: 415-455-9042 Fax: 415-455-9318

Toll Free Number: 1-888-308-4650 (Required per NAC 639.708)

E-mail: nicole.lofholm@ggprx.com Website: www.ggprx.com

Managing Pharmacist: Nicole Clausen License Number: CA 60056

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

# APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

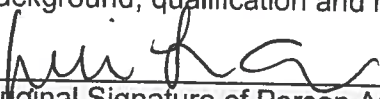
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



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

Nicole Lofholm Clausen

Print Name of Authorized Person

10/15/2019  
Date

Page 2

Board Use Only

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

Amount:

\$ 500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: CAParent Company if any: Golden Gate Pharmacy Services, Inc.Mailing Address: 8 Digital Drive Suite 200City: Novato State: CA Zip: 94949Telephone: 415-455-9042 Fax: 415-455-9318Contact Person: Nicole Lofholm Clausen

For any corporation non publicly traded, disclose the following:

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

a) Golden Gate Pharmacy Holdings, Inc, 8 Digital Drive Suite 200 Novato, CA 94949  
Name Addressb) \_\_\_\_\_  
Name Addressc) \_\_\_\_\_  
Name Addressd) \_\_\_\_\_  
Name Address2) Provide the number of shares issued by the corporation. 3,000,0003) What was the price paid per share? \$14) 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: None %: \_\_\_\_\_

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

**Hours of Operation for the pharmacy:**Monday thru Friday 9 am 5 pm Saturday \_\_\_\_\_ am \_\_\_\_\_ pmSunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours XA 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, Nicole Lofholm Clausen

Responsible Person of Golden Gate Pharmacy Services

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

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

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



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

Nicole Lofholm Clausen

Print Name of Authorized Person

10/10/19

Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California )  
Marin ) ss.  
COUNTY )

I, Nicole Lofholm Clausen, 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 Secretary for Golden Gate Pharmacy Services (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

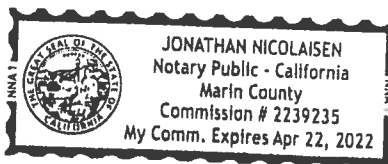
FURTHER AFFIANT SAYETH NOT.

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

Nicole Lofholm Clausen  
Name

SUBSCRIBED AND SWORN TO  
before me, a notary public this  
15th day of October, 2019.

Jonathan Nicolaisen  
NOTARY PUBLIC







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

# Retail Pharmacy Permit

LICENSE NO. PHY 56170  
RECEIPT NO. 91680029

VALID UNTIL AUGUST 01, 2020

GOLDEN GATE PHARMACY SERVICES  
8 DIGITAL DR STE 200  
NOVATO CA 94949

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.

18/15

18/15 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 -----

FORM WPHPHY (12/31/05) PH

Rebecca Lofholm  
President  
Ralston Lane  
Newcastle, CA 95658

Paul Lofholm  
Vice President  
Ralston Lane  
Newcastle, CA 95658

Nicole Clausen  
Secretary  
Zandra Place  
Novato, CA 94945

Erik Clausen  
Chief Financial Officer  
Zandra Place  
Novato, CA 94945

[illegible]





74/339 1:6 GOLDEN GATE PHARMACY  
8 DIGITAL DR STE 200  
NOVATO, CA 94949-8705



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BG4451251	09-30-2022	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-19-2019
<b>GOLDEN GATE PHARMACY</b> <b>8 DIGITAL DR STE 200</b> <b>NOVATO, CA 94949-8705</b>		

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
**UNITED STATES DEPARTMENT OF JUSTICE**  
**DRUG ENFORCEMENT ADMINISTRATION**  
**WASHINGTON D.C. 20537**

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
**UNITED STATES DEPARTMENT OF JUSTICE**  
**DRUG ENFORCEMENT ADMINISTRATION**  
**WASHINGTON D.C. 20537**

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BG4451251	09-30-2022	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-19-2019
<b>GOLDEN GATE PHARMACY</b> <b>8 DIGITAL DR STE 200</b> <b>NOVATO, CA 94949-8705</b>		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**



**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](http://www.pharmacy.ca.gov)

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



October 3, 2019

GOLDEN GATE PHARMACY SERVICES  
8 DIGITAL DR STE 200  
NOVATO CA 94949

**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:** GOLDEN GATE PHARMACY SERVICES

**License Type:** PHARMACY

**License Number:** PHY 56170

**Status:** ACTIVE

**Issue Date:** 08/18/18

**Expiration Date:** 08/01/20

**Address of Record:** 8 DIGITAL DR STE 200 NOVATO CA 94949

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

Anne Sodergren  
Interim Executive Officer

By

Barbera Schleicher  
Public Inquiry Analyst  
(916) 518-3081  
[Barbera.Schleicher@dca.ca.gov](mailto:Barbera.Schleicher@dca.ca.gov)



Visit our website at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

GOLDEN GATE PHARMACY SERVICES, INC.

FILE NUMBER: C1919883  
FORMATION DATE: 01/03/1995  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of October 02, 2019.

ALEX PADILLA  
Secretary of State

TAW



**GOLDEN GATE**  
PHARMACY SERVICES

phone 415.455.9042

fax 415-455-9318

8 Digital Dr Suite 200, Novato, CA 94949

10/09/2009

Nevada Board of Pharmacy

**Re: Golden Gate Pharmacy Services – CA Permit PHY 56170  
Application for Out-of-State Pharmacy Permit/License**

Dear Sir or Madam:

Please accept this letter as additional information related to Golden Gate Pharmacy Services application for out-of-state pharmacy license in the state of Nevada. Specifically, as it relates to the inquiry whether the pharmacy or its owners and corporate officers entered into a settlement agreement with any government regulatory agency or whether the owners or corporate officers were subject to any administrative or disciplinary action by licensing agency within the last five (5) years.

On or about March 31, 2017, the owners of Golden Gate Pharmacy Holdings, Inc., the parent company of Golden Gate Pharmacy Services, entered into a Settlement Agreement (hereinafter "Agreement") with the United States of America for the purpose of resolving allegations of record keeping deficiencies that occurred at facilities held under the corporate umbrella of Golden Gate Pharmacy Holdings, Inc.

The Agreement was entered into by all parties without any admission of wrongdoing and solely for the purpose of expedient resolution of the matter.

Subsequently, shareholders Rebecca Lofholm and Nicole Lofholm-Clausen were cited by the California State Board of Pharmacy in February of 2018 for the same deficiencies that gave rise to the aforementioned settlement. Please note that Citation or Citation & Fine are not disciplinary actions in the State of California. Attached hereto, please find copies of the aforementioned Agreement and citations.

Please feel free to contact me with any questions or concerns related to this matter.

Sincerely,

Nicole Lofholm Clausen  
Chief Executive Officer and Secretary  
Pharmacist-in-Charge





*United States Attorney  
Northern District of California*

9<sup>th</sup> Floor, Federal Building  
450 Golden Gate Ave., Box 36055  
San Francisco, CA 94102-3495

(415) 436-7200  
FAX: (415) 436-6748

August 11, 2016

**VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

Erik M. Clausen  
Golden Gate Pharmacy Holdings, Inc.  
1525 Francisco Boulevard East, Suite 2-C  
San Rafael, CA 94901

Dear Mr. Clausen:

The Drug Enforcement Administration (“DEA”) has advised the United States Attorney’s Office that it believes Golden Gate Pharmacy Holdings, Inc. (“GGP”) has violated certain provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (also known as the Controlled Substances Act or “CSA”), 21 U.S.C. § 801 *et seq.*

The CSA creates a closed system of distribution for those authorized to handle controlled substances and listed chemicals and is designed to prevent diversion of controlled substances by, among other things, requiring DEA registrants to create, keep and maintain certain records. The CSA’s provisions require DEA registrants to, among other things: (1) take and record an accurate physical biennial inventory; (2) maintain accurate and complete receiving, manufacturing, and distribution records; (3) retain records with the complete names and number of units or volumes of the controlled substances’ finished forms; (4) maintain records of the quantities and strength of controlled substances acquired from suppliers; (5) maintain records documenting the customer’s DEA registration number and registered location for outbound shipments; (6) maintain properly completed DEA Form 222s; (7) maintain complete and accurate records of commercial or bulk containers shipped to purchasers; and (8) maintain complete and accurate records of commercial or bulk containers received from suppliers. When registrants fail to discharge these obligations under the CSA, there is an increased risk of diversion of controlled substances.

On September 4, 2014, the DEA initiated an investigation of GGP in accordance with the Diversion Scheduled Investigation Work Plan for Fiscal Year 2014. DEA diversion investigators conducted the investigation at GGP until November 21, 2014. As a result of its on-

site investigation, the DEA identified approximately 4,750 recordkeeping and other violations of the CSA by GGP. The DEA identified violations of the CSA in each of the areas described above; the violations show systemic and pervasive recordkeeping deficiencies.

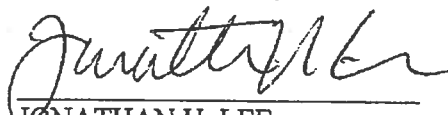
A brief summary of the violations that DEA found in the 2014 investigation follows: GGP engaged in the unauthorized manufacture of controlled substances and medicinal doses to supply practitioners with stock for office-based dispensing, failed to complete a biennial inventory that accurately accounted for all controlled substances on hand, failed to maintain records documenting manufacture of controlled substances, failed to maintain a record of the date controlled substances were received, failed to maintain a record of the number of units or volume of finished form of controlled substances it compounded, failed to maintain a record of the number of units of finished form of controlled substances it distributed, failed to maintain records of customers' return of controlled substances, failed to maintain a record of the DEA registration number of the registrant to whom it distributed controlled substances, failed to record information required for Form 222 records, failed to execute Form 222 records, failed to maintain purchaser or supplier copies of Form 222 records, filled prescriptions issued for the purpose of obtaining controlled substances for general office dispensing, filled prescriptions issued by an unauthorized person, and filled improperly executed prescriptions, among other violations.

The CSA and its regulations prohibit a person from distributing controlled substances except pursuant to a written order "made on a form to be issued by the Attorney General," *i.e.*, DEA Form 222. 21 U.S.C. § 828(a). 21 U.S.C. § 842(a)(5) provides that it is unlawful for a person to "refuse or negligently fail to make, keep, or furnish any record, report, notification, declaration, order or order form, statement, invoice, or information required under this subchapter or subchapter II" of the CSA. A person or entity who violates the CSA shall be subject to civil penalties of \$10,000 or \$25,000 per violation, depending on the type of violation. As discussed above, in the 2014 investigation, the DEA found approximately 4,750 violations by GGP of the CSA.

We are considering filing a complaint against GGP in U.S. District Court to recover the civil penalties resulting from these apparent violations. If GGP is interested in resolving this matter prior to the commencement of litigation, please contact the undersigned within 14 days of receipt of this letter. If GGP has an attorney to represent it in this matter, please have your attorney contact the undersigned instead.

Very truly yours,

BRIAN STRETCH  
United States Attorney

  
JONATHAN U. LEE  
Assistant United States Attorney

## SETTLEMENT AGREEMENT

### I. PARTIES

This Settlement Agreement ("Agreement") is entered into by and between the United States of America ("United States"), acting through the United States Attorney's Office for the Northern District of California, Civil Division ("USAO") (collectively the "United States"), and Golden Gate Pharmacy Holdings, Inc.; Golden Gate Pharmacy Services, Inc.; Ross Valley Compounding Pharmacy, Inc.; Paul W. Lofholm, and Rebecca E. Lofholm (collectively the "Lofholm Parties"), through their authorized representatives. All parties to the Agreement are collectively referred to as "the Parties."

### II. RECITALS

The Parties agree to the following recitals:

1. The Drug Enforcement Administration ("DEA") is the component agency of the United States Department of Justice primarily responsible for administering the Controlled Substances Act, 21 U.S.C. § 801 *et seq.* ("the Act"), and is vested with the responsibility for investigating violations of the Act.

2. Golden Gate Pharmacy Services, Inc. and Ross Valley Compounding Pharmacy ("Ross Valley Pharmacy") are wholly-owned subsidiaries of Golden Gate Pharmacy Holdings, Inc. Golden Gate Pharmacy Services, Inc., d/b/a Golden Gate Pharmacy ("Golden Gate Pharmacy") is registered as a retail pharmacy with the DEA, under registration number BG4451251, with current authorization to handle Schedules II, III, IIIN, IV, and V controlled substances, and are subject to periodic audits and inspections.

3. Ross Valley Compounding Pharmacy, Inc. ("Ross Valley Pharmacy") is registered as a retail pharmacy with the DEA, under registration number FR5051216<sup>1</sup>, with current authorization to handle Schedules II, III, IIIN, IV, and V controlled substances, and is subject to periodic audits and inspections. Ross Valley Pharmacy currently identifies as a compounding-only pharmacy, following the sale of its retail pharmacy operation in June 2013.

4. Golden Gate Pharmacy and Ross Valley Pharmacy are each required to operate in accordance with the statutory provisions of the Act and its implementing regulations.

5. The Attorney General, through the United States Attorney's Office, has primary authority to bring civil actions to enforce the Act. *See* 21 U.S.C. § 871 and 28 C.F.R. § 0.55(c).

6. The Act creates a closed system of distribution for those authorized to handle controlled substances and listed chemicals. The Act is designed to prevent diversion of controlled substances by, among other things, requiring DEA registrants to maintain and keep certain records.

7. The Act provides that it is unlawful for a person to "refuse or negligently fail to make, keep, or furnish any record, report, notification, declaration, order or order form, statement, invoice, or information required under this subchapter or subchapter II of this chapter" of the Act. 21 U.S.C. § 842(a)(5). By creating this closed system of distribution and the attendant recordkeeping requirements and imposing penalties for recordkeeping violations, the Act seeks to prevent harm to the general public and threats to the public safety created by

---

<sup>1</sup> At the time of the Scheduled Investigation, Ross Valley's DEA registration number was BG3090848.

diversion of controlled substances from the Act's permitted distribution scheme to prohibited uses of the controlled substances.

8. A registrant may not distribute to locations other than DEA-registered locations. 21 C.F.R. § 1301.12(a). A registrant may not engage in unauthorized manufacture of controlled substances to supply practitioners with stock for office-based dispensing. 21 C.F.R. § 1301.13(e). A registrant may not include Schedule III controlled substances on Schedule II inventory. 21 C.F.R. § 1304.04(h)(1). A registrant must account for all controlled substances on hand when the inventory is taken. 21 C.F.R. § 1304.11(a). A registrant must take inventory of a controlled substance on the effective date classifying it as a controlled substance. 21 C.F.R. § 1304.11(d). A registrant must include the finished form of each controlled substance on the biennial inventory. 21 C.F.R. § 1304.11(e)(1)(iii)(B). A registrant must include the number of units or volume of each finished form of controlled substance in each container on the biennial inventory. 21 C.F.R. § 1304.11(e)(1)(iii)(C). A registrant must include the number of commercial containers of each finished form of controlled substances on the biennial inventory. 21 C.F.R. § 1304.11(e)(1)(iii)(D). A registrant must include accurate weights on bulk forms. 21 C.F.R. § 1304.11(e)(1)(iv)(B). A registrant must include reasons for expired controlled substances being maintained and whether substances could be used in manufacture in biennial inventory. 21 C.F.R. § 1304.11(e)(1)(iv)(C).

9. A registrant must keep records documenting the receipt, manufacture, or distribution of controlled substances. 21 C.F.R. § 1304.21(a). A registrant must keep records including the number of units or volume of finished form of any controlled substances; acquisition records including the number of units, date, name, address and registration number;

and distribution records including the number of units, date, name, address and registration number. 21 C.F.R. §§ 1304.22(a)(2)(ii), 1304.22(a)(2)(iv), 1304.22(a)(2)(vii).

10. A registrant must keep records of the date shipped and number of packages shipped on the DEA Form 222; must complete and execute accurate DEA Form 222s; must retain the Purchaser Copy of the executed DEA Form 222; must retain the Supplier Copy of the DEA Form 222; must retain the Purchaser Copy of the executed electronic DEA Form 222; and must not distribute a Schedule II controlled substance without the requisite DEA 222 Form at the time of distribution. 21 C.F.R. §§ 1305.13(b), 1305.15(a), 1305.17(a), 1305.17(b), 1305.27(a), 1305.03.

11. A registrant must not fill a prescription issued for the purpose of obtaining controlled substances for general office dispensing, must not fill prescriptions signed by an individual without prescribing authority and must not fill improperly executed prescriptions. 21 C.F.R. §§ 1306.04(a), 1306.05(f).

12. A registrant must take and record a biennial inventory and must keep accurate and complete records of power of attorney designations matching the name of the person who signed the application for re-registration. 21 C.F.R. §§ 1304.11(c), 1305.05(d).

13. On September 4, 2014, the DEA initiated a Scheduled Investigation of Golden Gate Pharmacy and Ross Valley Pharmacy (the "Scheduled Investigation"). In the Scheduled Inspection, DEA reviewed the records of Golden Gate Pharmacy and Ross Valley Pharmacy covering a two year period from September 4, 2012 through September 4, 2014. The Scheduled Investigation revealed alleged record-keeping violations of the Act, which are described in the following paragraphs as the conduct covered by this Agreement.

14. The United States alleges that, between September 4, 2012 through September 4, 2014, Golden Gate Pharmacy and Ross Valley Pharmacy failed to keep and maintain adequate records pertaining to controlled substances, as required by 21 C.F.R. § 1304, *et seq.*

15. The United States alleges at least 4,777 violations by Golden Gate Pharmacy of the Act's recordkeeping requirements for the period in question – September 4, 2012 through September 4, 2014. For example, the United States alleges that, in at least 3,271 instances between September 4, 2012 and September 4, 2014, Golden Gate Pharmacy failed to keep records documenting the manufacture of controlled substances, in violation of 21 C.F.R. § 1304.21(a). The United States further alleges that, in at least 369 instances between September 4, 2012 through September 4, 2014, Golden Gate Pharmacy engaged in the unauthorized manufacture of controlled substances to supply practitioners with stock for office-based dispensing, in violation of 21 C.F.R. § 1301.13(e). By way of further example, the United States alleges that in at least 355 instances between September 4, 2012 through September 4, 2014, Golden Gate Pharmacy failed to keep distribution records including the number of units, date, and name, address and registration number of the recipient, in violation of 21 C.F.R. § 1304.22(a)(2)(vii). The United States also alleges that in at least 347 instances between September 4, 2012 through September 4, 2014, Golden Gate Pharmacy failed to keep records including the number of units or volume of finished form, in violation of 21 C.F.R. § 1304.22(a)(2)(ii). In addition, the United States alleges that a Golden Gate Pharmacy janitorial employee pilfered approximately 8,000 Oxycodone tablets during 2014-2015.

16. The United States alleges at least 384 violations by Ross Valley Pharmacy of the Act's recordkeeping requirements for the period in question – September 4, 2012 through

September 4, 2014. For example, the United States alleges that, in at least 151 instances between September 4, 2012 through September 4, 2014, Ross Valley Pharmacy filled improperly executed prescriptions in violation of 21 C.F.R. § 1306.05(f). The United States further alleges that, in at least 108 instances, Ross Valley Pharmacy failed to include reasons for expired controlled substances being maintained and whether substances could be used in manufacture in its biennial inventory, in violation of 21 C.F.R. § 1304.11(e)(1)(iv)(C). By way of further example, the United States alleges that Ross Valley Pharmacy, in at least 53 instances, failed to keep records documenting the manufacture of controlled substances, in violation of 21 C.F.R. § 1304.21(a).

17. For the purposes of this Agreement, "Covered Conduct" shall mean the violations alleged in paragraphs 13 through 16 above.

18. At all times relevant to the Covered Conduct, the Act authorizes the imposition of a civil penalty of as much as \$10,000 or as much as \$25,000 for each violation of 21 U.S.C. § 842(a), depending on the category of violation, and a civil penalty of as much as \$25,000 for each violation of 21 U.S.C. § 842(b)(1).

19. This Agreement is neither an admission by any of the Lofholm Parties of liability for any allegations made by the United States nor a concession by the United States that its claims are not well founded.

20. In consideration of the mutual promises, covenants, and obligations set forth in this Agreement, the Parties reach a full and final settlement pursuant to the Terms and Conditions below.



### TERMS AND CONDITIONS

In reliance on the recitals and representations contained herein, and in consideration of the mutual promises, covenants, and obligations set forth below, and intending to be legally bound hereby, the Parties agree as follows:

21. The Lofholm Parties shall pay to the United States Seven Hundred Seventeen Thousand Two Hundred Fifty Dollars (\$717,250.00) (hereafter, the "Settlement Amount"), by electronic funds transfer, pursuant to written instructions to be provided by the Office of the United States Attorney for the Northern District of California upon execution of this Agreement, according to the schedule in Paragraph 22.

22. The Settlement Amount described in Paragraph 21 above shall be made by the Lofholm parties as follows:

a. the Lofholm Parties shall pay Three Hundred Thousand Dollars (\$300,000.00) according to the terms of Paragraph 21 on or before May 31, 2017;

and

b. the Lofholm Parties shall pay Four Hundred Seventeen Thousand Two Hundred Fifty Dollars (\$417,250) according to the terms of Paragraph 21 on or before June 30, 2017.

23. In consideration of the payment of the Settlement Amount described in Paragraphs 21 and 22 above in full, the United States agrees to settle and relinquish all claims for civil penalties it may have against the Lofholm Parties, including Golden Gate Pharmacy Holdings, Inc., Golden Gate Pharmacy, Ross Valley Pharmacy and any officers, directors,

agents, and employees of either Golden Gate or Ross Valley Pharmacies for possible violations of the Act, and the regulations promulgated thereunder, based on the Covered Conduct.

24. Nothing in this Agreement shall prevent, preclude, limit, or prejudice the United States' right to enforce compliance with any other requirements under the Act and regulations promulgated thereunder by commencing a civil or administrative action against one or more of the Lofholm Parties or any officers, directors, agents or employees of either Golden Gate or Ross Valley Pharmacies for violations of the Act that occurred or may occur subsequent to the period of the Covered Conduct described in this Agreement. In the event of such violations under the Act or the regulations promulgated thereunder, DEA will not be precluded from alleging and proving this Agreement and the evidence of the violations that led to this Agreement in any future actions taken against the Lofholm Parties, Golden Gate Pharmacy's DEA registrations, or Ross Valley Pharmacy's DEA registrations under 21 U.S.C. §§ 823 and 824.

25. The Lofholm Parties fully and finally release the United States, its agencies, employees, servants, and agents from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) which have been asserted, could have been asserted, or may be asserted in the future against the United States, its agencies, employees, servants, and agents, related to the investigation, prosecution and settlement of this matter.

26. Notwithstanding any term of this Agreement, specifically reserved and excluded from its scope and intent as to any entity or person are the following:

- a. Any potential criminal liability;
- b. Any criminal, civil, or administrative claims arising under Title 26 of the United States Code (Internal Revenue Code);

c. Any liability to the United States for any conduct other than the Covered Conduct; and

d. Any claims based on such obligations as are created by this Agreement.

27. The Lofholm Parties and each of them waives and shall not assert any defenses any of the Lofholm Parties may have to any criminal prosecution or administrative action relating to the Covered Conduct that may be based in whole or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this Agreement bars a remedy sought in such criminal prosecution or administrative action. Nothing in this paragraph or any other provision of this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue laws, Title 26 of the United States Code.

28. This Agreement is not intended by the Parties, and shall not be interpreted to constitute, a release of any person or entity not identified or referred to herein.

29. This Agreement shall be governed by the laws of the United States. Exclusive jurisdiction and venue for any dispute arising under this Agreement shall be the United States District Court for the Northern District of California.

30. This Agreement constitutes the entire agreement between the Parties, and cannot be amended, except in writing and signed by all the Parties to this Agreement.

31. Each of the signatories below represent that this Agreement is freely and voluntarily entered into without any degree of duress or compulsion whatsoever. For purposes of construction, this Agreement shall be deemed to have been drafted by all Parties to this

Agreement and shall not, therefore, be construed against any party for that reason in any subsequent dispute.

32. All parties to this Agreement understand that it will be a matter of public record and consent to the United States' disclosure of this Agreement and information about this Agreement to the public.

33. Each person who signs this Agreement in a representative capacity warrants that he or she is fully authorized to do so.

34. This Agreement is binding on the Lofholm Parties' successors, transferees, heirs, and assigns.

35. The parties agree that the Lofholm Parties are jointly and severally liable for any failure by any one of them to satisfy the terms and conditions of this settlement agreement, including but not limited to the payment of the Settlement Amount described in Paragraph 21 or the schedule of payments described in Paragraph 22.

36. The Parties agree that in the event the Lofholm Parties do not make the payments described in Paragraphs 21 and 22 in full, the United States shall have the option of (a) filing suit to enforce this Agreement, or (b) rescinding this Agreement and seeking any and all available remedies against the Lofholm Parties arising from the Scheduled Investigation, including but not limited to the imposition of civil fines and penalties in the full amounts provided by the Controlled Substances Act and the pertinent regulations. Should the United States choose to rescind the agreement and pursue remedies under subsection (b) of this Paragraph, the Lofholm Parties agree not to plead, argue, or otherwise raise any defenses under the theories of statute of limitations, laches, estoppel, or similar theories, to any civil or administrative claims that are

filed by the United States by July 31, 2017, except to the extent such defenses were available on the Effective Date of this Agreement.

37. The Parties further agree that in the event the Lofholm Parties fail to make either payment described in Paragraph 22 as provided, the Lofholm Parties shall be liable for interest calculated from the Effective Date of this Agreement, at a rate of 1.0% per annum.


38. If the Lofholm Parties' obligations under this Agreement are avoided for any reason, including, but not limited to, through the exercise of a trustee's avoidance powers under the Bankruptcy Code, the United States, at its sole option, may rescind the releases in this Agreement and bring any civil and/or administrative claim, action, or proceeding against the Lofholm Parties for the claims that would otherwise be covered by the releases in this Agreement. The Lofholm Parties agree that (i) any such claims, actions, or proceedings brought by the United States are not subject to an "automatic stay" pursuant to 11 U.S.C. § 362(a) and the Lofholm Parties shall not argue or otherwise contend that the United States' claims, actions, or proceedings are subject to an automatic stay; (ii) the Lofholm Parties shall not plead, argue, or otherwise raise any defenses under the theories of statute of limitations, laches, estoppel, or similar theories, to any such civil or administrative claims, actions, or proceeding that are brought by the United States within 30 calendar days of written notification to the Lofholm Parties that the releases have been rescinded pursuant to this Paragraph, except to the extent such defenses were available on the Effective Date of this Agreement; and (iii) the United States has valid claims against the Lofholm Parties for the full amount under relevant statutory and regulatory authority for each of the violations identified in the Scheduled Investigation.

39. This Agreement shall be effective on the date of signing by the last signatory to this Agreement ("Effective Date"). It may be executed in counterparts, each of which shall constitute an original and all of which shall constitute one and the same agreement. Facsimiles of signatures shall have the same effect as originals.

**On behalf of the United States:**

BRIAN J. STRETCH  
United States Attorney  
Northern District of California

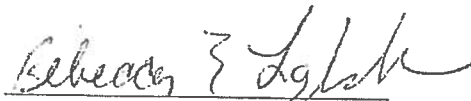
DATED: April 3, 2017

  
JONATHAN U. LEE  
Assistant U.S. Attorney  
Attorneys for the United States

**On behalf of the Lofholm Parties:**

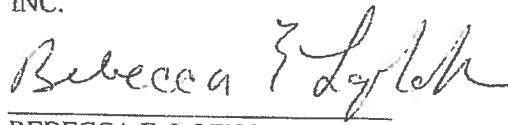
GOLDEN GATE PHARMACY HOLDINGS,  
INC.

DATED: 3-31-2017

  
REBECCA E. LOFHOLM  
President


GOLDEN GATE PHARMACY SERVICES,  
INC.

DATED: 3-31-2017

  
REBECCA E. LOFHOLM  
President

ROSS VALLEY COMPOUNDING  
PHARMACY, INC.

DATED: 3-31-2017

  
REBECCA E. LOFHOLM  
President

DATED: 3-31-2017


  
REBECCA E. LOFHOLM

DATED: 3-31-2017

  
PAUL W. LOFHOLM

CALIFORNIA PHARMACY LAWYERS

DATED: April 2, 2017

  
IVAN PETRZELKA, ESQ.  
Attorneys for the Lofholm Parties


**California State Board of Pharmacy**

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

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

**February 21, 2018**

**DATED MATERIAL ENCLOSED**

GOLDEN GATE PHARMACY  
 1525 EAST FRANCISCO BLVD #2  
 SAN RAFAEL, CA 94901

GOLDEN GATE PHARMACY  
 C/O REBECCA LOFHOLM, PRES  
 9 MADRONE WAY  
 KENTFIELD, CA 94904

**RE: CI 2015 67462  
 GOLDEN GATE PHARMACY  
 PHY 40742 (cancelled)**

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

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

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

- March 23, 2018: Unless the Citation is contested payment of fine(s) must be received by the Board.
- March 07, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- March 23, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.



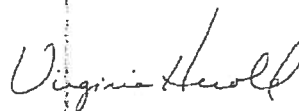
Page two  
GOLDEN GATE PHARMACY  
CI 2015 67462

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

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

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely



Virginia Herold  
Executive Officer  
Board of Pharmacy

Attachments

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

## CITATION AND FINE

<b>Citation Number</b> CI 2015 67462	<b>Name, License No.</b> GOLDEN GATE PHARMACY, PHY 40742 (cancelled)
---	---

<b>JURISDICTION:</b> Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4300.1 Bus. & Prof. Code § 4301, subd. (o)		
<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMOUNT OF FINE</b>
CCR, Title 16, § 1714 subd. (b)	Operational Standards and Security; pharmacy responsible for pharmacy security	\$2,500.00
Bus. & Prof. Code § 4081 subd. (a)/CCR, Title 16, § 1718	Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory/Current Inventory Defined	\$2,500.00

### CONDUCT:

California Code of Regulations Section 1714 subdivision (b) states, in pertinent parts, 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. Specifically, between 9/22/2014 and 9/14/2015, Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 did not secure the controlled substance cabinet resulting in the following loss:

- 287 tablets of oxycodone 5mg
- 826 tablets of oxycodone 10mg
- 6453 tablets of oxycodone/apap 10/325mg
- 291 tablets of Oxycontin 10mg

Failure to secure the controlled substance cabinet which resulted in the loss of 7857 tablets of controlled substances is a violation of California Code of Regulations Section 1714 subdivision (b).

Business and Professions Code Section 4081 subdivision (a) states all records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 1200) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices. California Code of Regulations Section 1718 states "Current Inventory" as used in Section 4081 and 4332 of the

Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332. Specifically, between 9/22/2014 and 9/14/2015, Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 failed to maintain a current inventory resulting in the loss of 7,857 tablets of controlled substance.

Drug Name	Variance
Oxycodone 5mg	287
Oxycodone 10mg	826
Oxy/APAP10/325mg	6,453
Oxycontin 10mg	291
<b>Total Tablets</b>	<b>7,857</b>

Not maintaining a current inventory of controlled substances is a violation of Business and Professions Code Section 4081(a).

**CITATION ISSUED ON: February 21, 2018**

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

**PAYMENT OF FINE(S) DUE BY March 23, 2018**

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

**CITATION AND FINE**

<b>Citation Number</b> CI 2015 67462	<b>Name, License No.</b> GOLDEN GATE PHARMACY, PHY 40742 (cancelled)
---	---

<b>JURISDICTION:</b> Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4300.1 Bus. & Prof. Code § 4301, subd. (o)		
<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMOUNT OF FINE</b>
CCR, Title 16, § 1714 subd. (b)	Operational Standards and Security; pharmacy responsible for pharmacy security	\$2,500.00
Bus. & Prof. Code § 4081 subd. (a)/CCR, Title 16, § 1718	Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory/Current Inventory Defined	\$2,500.00

**CONDUCT:**

California Code of Regulations Section 1714 subdivision (b) states, in pertinent parts, 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. Specifically, between 9/22/2014 and 9/14/2015, Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 did not secure the controlled substance cabinet resulting in the following loss:

- 287 tablets of oxycodone 5mg
- 826 tablets of oxycodone 10mg
- 6453 tablets of oxycodone/apap 10/325mg
- 291 tablets of Oxycontin 10mg

Failure to secure the controlled substance cabinet which resulted in the loss of 7857 tablets of controlled substances is a violation of California Code of Regulations Section 1714 subdivision (b).

Business and Professions Code Section 4081 subdivision (a) states all records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 1200) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices. California Code of Regulations Section 1718 states "Current Inventory" as used in Section 4081 and 4332 of the

Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332. Specifically, between 9/22/2014 and 9/14/2015, Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 failed to maintain a current inventory resulting in the loss of 7,857 tablets of controlled substance.

Drug Name	Variance
Oxycodone 5mg	287
Oxycodone 10mg	826
Oxy/APAP 10/325mg	6,453
Oxycontin 10mg	291
<b>Total Tablets</b>	<b>7,857</b>

Not maintaining a current inventory of controlled substances is a violation of Business and Professions Code Section 4081(a).

CITATION ISSUED ON: February 21, 2018

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

PAYMENT OF FINE(S) DUE BY: March 23, 2018

# California State Board of Pharmacy

## DECLARATION OF SERVICE BY CERTIFIED MAIL

**Name: GOLDEN GATE PHARMACY, PHY 40742 (cancelled)**  
**Citation and Fine CI 2015 67462**

I declare:

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

On February 21, 2018, I served the attached:

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

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

NAME

CERTIFIED MAIL NO

GOLDEN GATE PHARMACY  
 1525 EAST FRANCISCO BLVD #2  
 SAN RAFAEL, CA 94901

7017 0530 0001 1516 5934

GOLDEN GATE PHARMACY  
 C/O REBECCA LOFHOLM, PRES  
 9 MADRONE WAY  
 KENTFIELD, CA 94904

7017 0530 0001 1516 5941

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

Executed on February 21, 2018, at Sacramento, California.



DECLARANT

Christina Metzen

Associate Enforcement Analyst


**California State Board of Pharmacy**

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

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

**February 21, 2018**

**DATED MATERIAL ENCLOSED**

NICOLE MARIE LOFHOLM CLAUSEN  
 1525 E FRANCISCO BLVD SUITE 2  
 SAN RAFAEL, CA 94901

**RE: CI 2017 78781  
 NICOLE MARIE LOFHOLM CLAUSEN  
 RPH 60056**

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

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation and indicates, within the Order of Abatement, information and/or material to be submitted to the Board.

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

- March 23, 2018: Unless the Citation is contested, Proof of Abatement and payment of fine(s) must be received by the Board.
- March 07, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- March 23, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

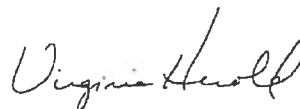
Page two  
NICOLE MARIE LOFHOLM CLAUSEN  
CI 2017 78781

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), timely payment of any fine(s) and the submission of Proof of Abatement shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations title 16 section 1775).

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

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely



Virginia Herold  
Executive Officer  
Board of Pharmacy

Attachments



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

**CITATION AND FINE  
ORDER OF ABATEMENT**

<b>Citation Number</b> CI 2017 78781	<b>Name, License No.</b> NICOLE MARIE LOFHOLM CLAUSEN, RPH 60056
---	---

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)		
VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
Bus. & Prof. Code § 4081 subd. (a)	Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory	\$2,500.00
Bus. & Prof. Code § 4113 subd. (c) /CCR, Title 16, § 1714 subd. (b)	Pharmacist in Charge shall be responsible for compliance with all state and federal laws pertaining to the practice of pharmacy/Operational Standards and Security; pharmacy responsible for pharmacy security	\$2,500.00

**CONDUCT:**

Business and Professions Code Section 4113(c) states the pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy. California Code of Regulations Section 1714 subdivision (b) states, in pertinent parts, 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. Specifically, between 9/22/2014 and 9/14/2015, Nicole Lofholm Clausen (RPH 60056), as pharmacist-in-charge, was responsible when Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 did not secure the controlled substance cabinet resulting in the following loss:

- 287 tablets of oxycodone 5mg
- 826 tablets of oxycodone 10mg
- 6453 tablets of oxycodone/apap 10/325mg
- 291 tablets of Oxycontin 10mg

Failure to secure the controlled substance cabinet which resulted in the loss of 7857 tablets of controlled substances is a violation of California Code of Regulations Section 1714 subdivision (b).

Business and Professions Code Section 4081 subdivision (a) states all records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept

by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 1200) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices. California Code of Regulations Section 1718 states "Current Inventory" as used in Section 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332. Specifically, between 9/22/2014 and 9/14/2015, when Nicole Lofholm-Clausen, RPH 60056, was the pharmacist-in-charge, Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 failed to maintain a current inventory resulting is the loss of 7,857 tablets of controlled substance.

Drug Name	Variance
Oxycodone 5mg	287
Oxycodone 10mg	826
Oxy/APAP10/325mg	6,453
Oxycontin 10mg	291
<b>Total Tablets</b>	<b>7,857</b>

Not maintaining a current inventory of controlled substances is a violation of Business and Professions Code Section 4081(a).

### ORDER OF ABATEMENT

By the abatement date submit to the Board the following:

Either (1) full payment (\$5,000.00) of the assessed fine(s), or (2) \$4,000.00 and written notice to the Board of Pharmacy that you will be attending a Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training within the next 12 months.

If Nicole Lofholm-Clausen chooses option (2), Nicole Lofholm-Clausen shall submit proof of attendance at the Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training within 12 months of the date of this citation. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If Nicole Lofholm-Clausen timely attends the Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training within 12 months, the fine(s) levied by this citation shall be reduced to \$4,000.00 and completion of the Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training shall be considered satisfactory abatement of the citation. If Nicole Lofholm-Clausen fails to timely submit proof of attendance at the Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training, the stay shall be lifted and the fine(s) shall be due and owing from Nicole Lofholm-Clausen within thirty (30) days of any such failure.

**CITATION ISSUED ON February 21, 2018**

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

**PAYMENT OF FINE(S) DUE BY March 23, 2018**

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

**CITATION AND FINE  
ORDER OF ABATEMENT**

<b>Citation Number</b> CI 2017 78781	<b>Name, License No.</b> NICOLE MARIE LOFHOLM CLAUSEN, RPH 60056
---	---

<b>JURISDICTION: Bus. &amp; Prof. Code § 4314; CCR, title 16, § 1775; Bus. &amp; Prof. Code § 4113 subd. (c)</b>		
<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMOUNT OF FINE</b>
Bus. & Prof. Code § 4081 subd. (a)	Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory	\$2,500.00
Bus. & Prof. Code § 4113 subd. (c) /CCR, Title 16, § 1714 subd. (b)	Pharmacist in Charge shall be responsible for compliance with all state and federal laws pertaining to the practice of pharmacy/Operational Standards and Security; pharmacy responsible for pharmacy security	\$2,500.00

**CONDUCT:**

Business and Professions Code Section 4113(c) states the pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy. California Code of Regulations Section 1714 subdivision (b) states, in pertinent parts, 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. Specifically, between 9/22/2014 and 9/14/2015, Nicole Lofholm Clausen (RPH 60056), as pharmacist-in-charge, was responsible when Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 did not secure the controlled substance cabinet resulting in the following loss:

- 287 tablets of oxycodone 5mg
- 826 tablets of oxycodone 10mg
- 6453 tablets of oxycodone/apap 10/325mg
- 291 tablets of Oxycontin 10mg

Failure to secure the controlled substance cabinet which resulted in the loss of 7857 tablets of controlled substances is a violation of California Code of Regulations Section 1714 subdivision (b).

Business and Professions Code Section 4081 subdivision (a) states all records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept

by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 1200) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices. California Code of Regulations Section 1718 states "Current Inventory" as used in Section 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332. Specifically, between 9/22/2014 and 9/14/2015, when Nicole Lofholm-Clausen, RPH 60056, was the pharmacist-in-charge, Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 failed to maintain a current inventory resulting in the loss of 7,857 tablets of controlled substance.

Drug Name	Variance
Oxycodone 5mg	287
Oxycodone 10mg	826
Oxy/APAP10/325mg	6,453
Oxycontin 10mg	291
<b>Total Tablets</b>	<b>7,857</b>

Not maintaining a current inventory of controlled substances is a violation of Business and Professions Code Section 4081(a).

### ORDER OF ABATEMENT

By the abatement date submit to the Board the following:

Either (1) full payment (\$5,000.00) of the assessed fine(s), or (2) \$4,000.00 and written notice to the Board of Pharmacy that you will be attending a Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training within the next 12 months.

If Nicole Lofholm-Clausen chooses option (2), Nicole Lofholm-Clausen shall submit proof of attendance at the Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training within 12 months of the date of this citation. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If Nicole Lofholm-Clausen timely attends the Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training within 12 months, the fine(s) levied by this citation shall be reduced to \$4,000.00 and completion of the Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training shall be considered satisfactory abatement of the citation. If Nicole Lofholm-Clausen fails to timely submit proof of attendance at the Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training, the stay shall be lifted and the fine(s) shall be due and owing from Nicole Lofholm-Clausen within thirty (30) days of any such failure.

**CITATION ISSUED ON February 21, 2018**

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

**PAYMENT OF FINE(S) DUE BY March 23, 2018**

**California State Board of Pharmacy****DECLARATION OF SERVICE BY CERTIFIED MAIL****Name: NICOLE MARIE LOFHOLM CLAUSEN , RPH 60056****Citation and Fine CI 2017 78781**

I declare:

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

On February 21, 2018, I served the attached:

**Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Order of Abatement, ~~Proof of Abatement~~, Request for Office Conference, Request for Appeal.**

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

**NAME**

NICOLE MARIE LOFHOLM CLAUSEN  
1525 E FRANCISCO BLVD SUITE 2  
SAN RAFAEL, CA 94901

**CERTIFIED MAIL NO**

7017 0530 0001 1516 6382

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

Executed on February 21, 2018, at Sacramento, California.

**DECLARANT**

Christina Metzen  
Associate Enforcement Analyst

**California State Board of Pharmacy**

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

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

**February 21, 2018**

**DATED MATERIAL ENCLOSED**

REBECCA ELLEN LOFHOLM  
1525 E FRANCISCO BLVD #2  
SAN RAFAEL, CA 94901

**RE: CI 2017 78783  
REBECCA ELLEN LOFHOLM  
RPH 33497**

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

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

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

- March 23, 2018: Unless the Citation is contested payment of fine(s) must be received by the Board.
- March 07, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- March 23, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

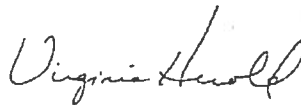
Page two  
REBECCA ELLEN LOFHOLM  
CI 2017 78783

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

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

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely



Virginia Herold  
Executive Officer  
Board of Pharmacy

Attachments

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

**CITATION AND FINE**

<b>Citation Number</b> CI 2017 78783	<b>Name, License No.</b> REBECCA ELLEN LOFHOLM, RPH 33497
---	--

<b>JURISDICTION: Bus. &amp; Prof. Code § 4314; CCR, title 16, § 1775; Bus. &amp; Prof. Code § 4301, subd. (o)</b>		
<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMOUNT OF FINE</b>
<b>CCR, Title 16, § 1714 subd. (b)</b>	<b>Operational Standards and Security; pharmacy responsible for pharmacy security</b>	<b>\$2,500.00</b>
<b>Bus. &amp; Prof. Code § 4081 subd. (a) &amp; (b)/CCR, Title 16, § 1718</b>	<b>Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory/Current Inventory Defined</b>	<b>\$2,500.00</b>

**CONDUCT:**

California Code of Regulations Section 1714 subdivision (b) states, in pertinent parts, 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. Specifically, between 9/22/2014 and 9/14/2015, Rebecca Lofholm (RPH33497), as a pharmacist owner, was responsible when Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 did not secure the controlled substance cabinet resulting in the following loss:

- 287 tablets of oxycodone 5mg
- 826 tablets of oxycodone 10mg
- 6453 tablets of oxycodone/apap 10/325mg
- 291 tablets of Oxycontin 10mg

Failure to secure the controlled substance cabinet which resulted in the loss of 7857 tablets of controlled substances is a violation of California Code of Regulations Section 1714 subdivision (b).

Business and Professions Code Section 4081 subdivision (a) states all records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 1200) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices. California Code of Regulations Section 1718 states "Current Inventory" as used in Section 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all



dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332. Business and Professions Code Section 4081(b) states the owner, officer, and partner of a pharmacy, wholesaler, third-party logistics provider, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge, responsible manager, or designated representative-in-charge, for maintaining the records and inventory described in this section. Specifically, between 9/22/2014 and 9/14/2015, when Rebecca Lofholm, RPH 33497, was the pharmacist owner, Golden Gate Pharmacy (PHY 40742) located at 1525 E. Francisco Blvd Suite#2, San Rafael, CA 94901 failed to maintain a current inventory resulting in the loss of 7,857 tablets of controlled substance.

Drug Name	Variance
Oxycodone 5mg	287
Oxycodone 10mg	826
Oxy/APAP10/325mg	6,453
Oxycontin 10mg	291
<b>Total Tablets</b>	<b>7,857</b>

Not maintaining a current inventory of controlled substances is a violation of Business and Professions Code Section 4081(a).

**CITATION ISSUED ON: February 21, 2018**

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

**PAYMENT OF FINE(S) DUE BY: March 23, 2018**



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

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

**March 26, 2018**

**CERTIFIED MAIL**

NICOLE MARIE LOFHOLM CLAUSEN  
 1525 E FRANCISCO BLVD SUITE 2  
 SAN RAFAEL, CA 94901

California Pharmacy Lawyers  
 Ivan Petrzeka, Attorney at Law  
 49 Discovery, Suite 240  
 Irvine, CA 92618-6713

**RE: CI 2017 78781**  
**NICOLE MARIE LOFHOLM CLAUSEN**  
**RPH 60056**

This is to acknowledge your request for an office conference regarding the above-referenced citation, as allowed by California Code of Regulations, title 16, section 1775.4, subdivision (b).

Please be advised that the office conference is not a hearing. It is an opportunity for you to discuss the events that took place, and to present new information and mitigating factors pertaining to the citation that you would like considered. There is no discovery available in this process. The conference is not open to the public. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant. Legal counsel or an authorized representative may accompany you to the meeting.

After your office conference, the citation and/or fine may be affirmed, modified or dismissed. You will be advised of the outcome within 14 calendar days from the date of the conference. If the citation, including any administrative fine levied or order of abatement, is modified, the citation originally issued shall be considered withdrawn and a new citation issued. This modified decision shall be deemed to be a final order including any administrative fine levied and/or an order of abatement. You may appeal this decision pursuant to California Code of Regulations title 16, section 1775.4, subdivision (d).

The office conference you requested is scheduled for **Thursday, April 26, 2018**.  
**Please arrive at 9:00 A.M.** The meeting will be held at:

**Department of Consumer Affairs**  
**Board of Pharmacy**  
**1625 N. Market Boulevard**  
**Santa Cruz Room, Suite N 214**  
**Sacramento, CA 95834-1924**

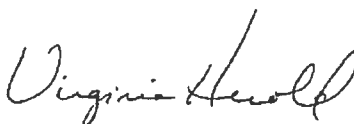
CI 2017 78781  
NICOLE MARIE LOFHOLM CLAUSEN  
RPH 60056

Page Two

**\*\*Important\*\***

When you arrive to the Office Conference Location, please sign in (for the Sacramento Office) at the First Floor Guard Station AND at the Board of Pharmacy's (Reception Desk in Suite N-219 ) OR (for the Van Nuys Office) sign in at Meeting Location outside the Auditorium / OR outside of Suite #315) OR (for the San Diego Office) sign in at the meeting location outside of Suite #101.

Your meeting will be heard on a first-come basis, according to the order of sign in. Upon receipt of this letter, please contact Jennifer Sevilla at (916) 574-7925, to confirm your attendance for this meeting. For good cause, you may request that the office conference be rescheduled. The board will allow only one request for a postponement. Once a matter has been rescheduled it will be heard and a decision will be made. Thank you for your cooperation in this matter.



Virginia Herold  
Executive Officer  
Board of Pharmacy

by

Jennifer Sevilla  
Associate Enforcement Analyst

**DECLARATION OF SERVICE BY CERTIFIED MAIL****RE: CONTESTED CITATION OFFICE CONFERENCE CI 2017 78781**

I declare:

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

On March 26, 2018, I served the attached:

Letter of Acknowledgement and Notice of Office Conference

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

**NAME****CERTIFIED MAIL NO**

NICOLE MARIE LOFHOLM CLAUSEN  
1525 E FRANCISCO BLVD SUITE 2  
SAN RAFAEL, CA 94901

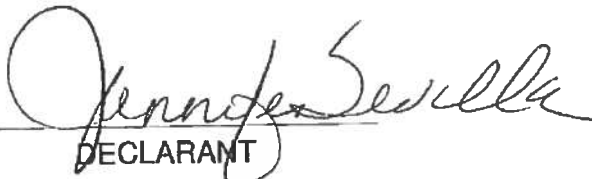
7017 0530 0001 1516 4449

California Pharmacy Lawyers  
Ivan Petrzela, Attorney at Law  
49 Discovery, Suite 240  
Irvine, CA 92618-6713

7017 0530 0001 1516 4456

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

Executed on March 26, 2018, at Sacramento, California.

  
**DECLARANT**  
Jennifer Sevilla  
Associate Enforcement Analyst

**California State Board of Pharmacy**

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

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

**March 26, 2018****CERTIFIED MAIL**

GOLDEN GATE PHARMACY  
ATTN: C/O REBECCA LOFHOLM, PRS  
1525 EAST FRANCISCO BLVD #2  
SAN RAFAEL, CA 94901

California Pharmacy Lawyers  
Ivan Petrzeka, Attorney at Law  
49 Discovery, Suite 240  
Irvine, CA 92618-6713

**RE: CI 2015 67462**  
**GOLDEN GATE PHARMACY**  
**PHY 40742 (cancelled)**

This is to acknowledge your request for an office conference regarding the above-referenced citation, as allowed by California Code of Regulations, title 16, section 1775.4, subdivision (b).

Please be advised that the office conference is not a hearing. It is an opportunity for you to discuss the events that took place, and to present new information and mitigating factors pertaining to the citation that you would like considered. There is no discovery available in this process. The conference is not open to the public. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant. Legal counsel or an authorized representative may accompany you to the meeting.

After your office conference, the citation and/or fine may be affirmed, modified or dismissed. You will be advised of the outcome within 14 calendar days from the date of the conference. If the citation, including any administrative fine levied or order of abatement, is modified, the citation originally issued shall be considered withdrawn and a new citation issued. This modified decision shall be deemed to be a final order including any administrative fine levied and/or an order of abatement. You may appeal this decision pursuant to California Code of Regulations title 16, section 1775.4, subdivision (d).

The office conference you requested is scheduled for **Thursday, April 26, 2018.**

**Please arrive at 9:00 A.M.** The meeting will be held at:

**Department of Consumer Affairs**  
**Board of Pharmacy**  
**1625 N. Market Boulevard**  
**Santa Cruz Room, Suite N 214**  
**Sacramento, CA 95834-1924**

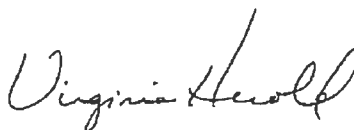
CI 2015 67462  
GOLDEN GATE PHARMACY  
PHY 40742 (cancelled)

Page Two

**\*\*Important\*\***

When you arrive to the Office Conference Location, please sign in (for the Sacramento Office) at the First Floor Guard Station AND at the Board of Pharmacy's (Reception Desk in Suite N-219 ) OR (for the Van Nuys Office) sign in at Meeting Location outside the Auditorium / OR outside of Suite #315) OR (for the San Diego Office) sign in at the meeting location outside of Suite #101.

Your meeting will be heard on a first-come basis, according to the order of sign in. Upon receipt of this letter, please contact Jennifer Sevilla at (916) 574-7925, to confirm your attendance for this meeting. For good cause, you may request that the office conference be rescheduled. The board will allow only one request for a postponement. Once a matter has been rescheduled it will be heard and a decision will be made. Thank you for your cooperation in this matter.



Virginia Herold  
Executive Officer  
Board of Pharmacy

by

Jennifer Sevilla  
Associate Enforcement Analyst

**DECLARATION OF SERVICE BY CERTIFIED MAIL****RE: CONTESTED CITATION OFFICE CONFERENCE CI 2015 67462**

I declare:

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

On March 26, 2018, I served the attached:

Letter of Acknowledgement and Notice of Office Conference

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

**NAME****CERTIFIED MAIL NO**

GOLDEN GATE PHARMACY  
ATTN: C/O REBECCA LOFHOLM, PRS  
1525 EAST FRANCISCO BLVD #2  
SAN RAFAEL, CA 94901

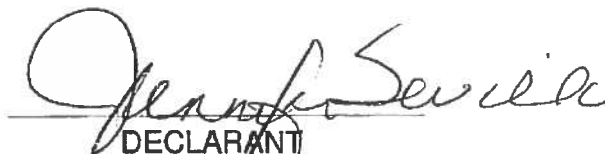
7017 0530 0001 1516 4401

California Pharmacy Lawyers  
Ivan Petrzeka, Attorney at Law  
49 Discovery, Suite 240  
Irvine, CA 92618-6713

7017 0530 0001 1516 4418

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

Executed on March 26, 2018, at Sacramento, California.

  
DECLARANT  
Jennifer Sevilla  
Associate Enforcement Analyst

**California State Board of Pharmacy**

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

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

**March 26, 2018**

**CERTIFIED MAIL**

REBECCA ELLEN LOFHOLM  
1525 E FRANCISCO BLVD #2  
SAN RAFAEL, CA 94901

California Pharmacy Lawyers  
Ivan Petrzeka, Attorney at Law  
49 Discovery, Suite 240  
Irvine, CA 92618-6713

**RE: CI 2017 78783  
REBECCA ELLEN LOFHOLM  
RPH 33497**

This is to acknowledge your request for an office conference regarding the above-referenced citation, as allowed by California Code of Regulations, title 16, section 1775.4, subdivision (b).

Please be advised that the office conference is not a hearing. It is an opportunity for you to discuss the events that took place, and to present new information and mitigating factors pertaining to the citation that you would like considered. There is no discovery available in this process. The conference is not open to the public. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant. Legal counsel or an authorized representative may accompany you to the meeting.

After your office conference, the citation and/or fine may be affirmed, modified or dismissed. You will be advised of the outcome within 14 calendar days from the date of the conference. If the citation, including any administrative fine levied or order of abatement, is modified, the citation originally issued shall be considered withdrawn and a new citation issued. This modified decision shall be deemed to be a final order including any administrative fine levied and/or an order of abatement. You may appeal this decision pursuant to California Code of Regulations title 16, section 1775.4, subdivision (d).

The office conference you requested is scheduled for **Thursday, April 26, 2018**.  
**Please arrive at 9:00 A.M.** The meeting will be held at:

**Department of Consumer Affairs  
Board of Pharmacy  
1625 N. Market Boulevard  
Santa Cruz Room, Suite N 214  
Sacramento, CA 95834-1924**



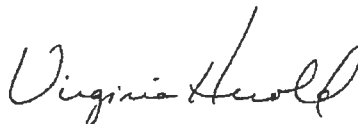
CI 2017 78783  
REBECCA ELLEN LOFHOLM  
RPH 33497

Page Two

**\*\*Important\*\***

When you arrive to the Office Conference Location, please sign in (for the Sacramento Office) at the First Floor Guard Station AND at the Board of Pharmacy's (Reception Desk in Suite N-219 ) OR (for the Van Nuys Office) sign in at Meeting Location outside the Auditorium / OR outside of Suite #315) OR (for the San Diego Office) sign in at the meeting location outside of Suite #101.

Your meeting will be heard on a first-come basis, according to the order of sign in. Upon receipt of this letter, please contact Jennifer Sevilla at (916) 574-7925, to confirm your attendance for this meeting. For good cause, you may request that the office conference be rescheduled. The board will allow only one request for a postponement. Once a matter has been rescheduled it will be heard and a decision will be made. Thank you for your cooperation in this matter.



Virginia Herold  
Executive Officer  
Board of Pharmacy

by

Jennifer Sevilla  
Associate Enforcement Analyst

**DECLARATION OF SERVICE BY CERTIFIED MAIL****RE: CONTESTED CITATION OFFICE CONFERENCE CI 2017 78783**

I declare:

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

On March 26, 2018, I served the attached:

Letter of Acknowledgement and Notice of Office Conference

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

**NAME**

REBECCA ELLEN LOFHOLM  
1525 E FRANCISCO BLVD #2  
SAN RAFAEL, CA 94901

**CERTIFIED MAIL NO**

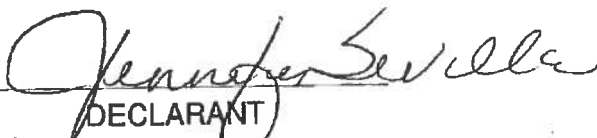
7017 0530 0001 1516 4425

California Pharmacy Lawyers  
Ivan Petrzela, Attorney at Law  
49 Discovery, Suite 240  
Irvine, CA 92618-6713

7017 0530 0001 1516 4432

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

Executed on March 26, 2018, at Sacramento, California.

  
(DECLARANT)  
Jennifer Sevilla  
Associate Enforcement Analyst

**California State Board of Pharmacy**

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

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

October 03, 2018

NICOLE MARIE LOFHOLM CLAUSEN  
1525 E FRANCISCO BLVD #2  
SAN RAFAEL, CA 94901

California Pharmacy Lawyers  
Ivan Petrzeka, Attorney at Law  
49 Discovery, Suite 240  
Irvine, CA 92618-6713

**RE: CI 2017 78781**  
**NICOLE MARIE LOFHOLM CLAUSEN**  
**RPH 60056**

The Board is in receipt of the Statement of Continuing Education Credit, indicating you attended a Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training course.

Since you successfully completed the required training, the fine levied by this citation has been reduced to zero.

The documentation has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Associate Enforcement Analyst, Jennifer Sevilla at (916) 574-7925.

Sincerely

A handwritten signature in cursive script, reading "Virginia Herold".

Virginia Herold  
Executive Officer  
Board of Pharmacy

October 9, 2019

To: Whom it May Concern

Response to Affirmative Answers on Arrest History Question:

The incident occurred in November of 1999 in Bozeman, Montana. I was 20 years old at the time. I was a passenger in a car that was pulled over. All passengers were given a breathalyzer test, of which I failed. I was charged with Minor in Possession of Alcohol, which is a misdemeanor. I plead guilty to the charge and was assessed a fine of \$80.

If The Board needs any further details of the incident, or has any questions, I can be contacted on my cell phone, which is , or by email at [erik.clausen@ggprx.com](mailto:erik.clausen@ggprx.com).

Regards,



Erik Matthew Clausen  
Chief Operating Officer  
Golden Gate Pharmacy Services  
8 Digital Drive, Suite 200  
Novato, CA 94949

Date: 6/13/2019  
 Time: 11:11 AM  
 Page 1 of 1

**Bozeman Municipal Court**  
 Party Detail Summary  
 Criminal and Civil Cases

User: JNELSON

**Clausen, Erik M**

Balance due court: 0.00

<b>Case: TK-115-1999-35918</b>	<b>Defendant</b>	<b>Closed</b>				
Judge: Karl P Seel	Filing Date: 11/21/1999					
<u>Charge</u>	<u>Degree</u>	<u>Disposed</u>	<u>Plea</u>	<u>Finding</u>	<u>Citation</u>	
Possessing Beer Or Liquor While Under Age (	11/22/1999	Guilty	Guilty		145222	
Issued: 11/21/1999	Fines/Fees:	80.00	Paid:	80.00	Balance:	0.00
	<b>Case Total:</b>	<b>80.00</b>	<b>Paid:</b>	<b>80.00</b>	<b>Balance:</b>	<b>0.00</b>

I, Jamie Nelson, hereby certify that this is a true and correct copy of the original as the same appears in the files and records of the office of the Municipal Court of the City of Bozeman, County of Gallatin, State of Montana.

Dated the 14th day of June, 2019

Jamie Nelson  
 Bozeman Municipal Court Clerk

## NOTICE TO APPEAR AND COMPLAINT

ISSUED BY BOZEMAN POLICE DEPARTMENT

012A 145222

STATE OF MONTANA / CITY OF BOZEMAN

DEFENDANT NAME  
FIRST MIDDLE LAST  
ERIK M. CLAUSEN

STREET

CITY

SEX

WT

HT

EYES

HAIR

DOB

MONTH

DAY

YEAR

DL NO.

HOME PHONE

EMPLOYER

LVL STATE

DL EXP YEAR

BUSINESS PHONE

VEHICLE LICENSE NO.

LIC STATE MONTH YEAR

VEHICLE YEAR VEHICLE COLOR

VEHICLE MAKE

VEHICLE TYPE

☐ CAR ☐ TRUCK  
☐ PICKUP ☐ TRAILER  
☐ MOTORCYCLE

UNIFORM VIOLATION CODE

0021-0

DOCKET / 99 / 35918

THE DEFENDANT IS HEREBY GIVEN  
NOTICE TO APPEAR IN
☐ JUSTICE Rm 168 ☒ CITY Rm 123 ☐ YOUTH Rm 100

 RT OF CARLSON DEPT#  
 NITY OF GALLATIN

 ATED AT 615 SOUTH 16TH (DOWNSTAIRS)  
BOZEMAN MONTANA ON OR BEFORE

 I AM MONDAY, WEDNESDAY OR THURSDAY  
22 DAY OF NOV 99

ANSWER THIS CHARGE

 HIS 22 DAY OF NOV 99  
 COMPLAINT WAS PRESENTED TO ME AND THE OFFICER  
 SIGNED WHOSE THAT THE CHARGES ARE TRUE

Signature of Judge or Notary

 CLERK FOR THE STATE OF MONTANA  
 SIGNED AT BOZEMAN, MONTANA  
 COMMISSION EXPIRES SEP 23-2000

 FAILURE TO APPEAR MAY RESULT IN A  
 SUSPENSION OF YOUR DRIVER'S LICENSE  
 OR PRIVILEGE TO DRIVE

THE ABOVE NAMED DEFENDANT IS CHARGED WITH VIOLATING

☒ MONTANA CODE ☐ CITY CODE ☐ COUNTY ORDINANCE

 ON THE 21 DAY OF NOV SECTION # 45-5-024  
99 AT 0335

 IN THAT SAID DEFENDANT DID PURPOSELY OR KNOWINGLY OR NEGLIGENTLY  
MILK IN POSSESSION OF ALCOHOL (2ND)

PBT #10 .020 B.A.C

NAMES AT (LOCATION) D.W. COLLIER
 IF CHECKED ☒ PERSONAL APPEARANCE IN COURT REQUIRED  
☐ BRING A PARENT
☒ B.A. TEST GIVEN☐ ACCIDENT

RADAR

UNIT NO.

BADGE NO

BADGE NO

RECEIVED

\$ NONE

AS APPEARANCE BOND

SIGNATURE OF OFFICER

 I, Jamie Nelson, hereby certify that this is a  
 true and correct copy of the original as the same appears in the  
 files and records of the office of the Municipal Court of the City  
 of Bozeman, County of Gallatin, State of Montana.
Dated the 14th day of June, 2019

Bozeman Municipal Court Clerk

STATE OF MONTANA,

CITY COURT OF THE CITY OF BOZEMAN  
COUNTY OF GALLATIN, STATE OF MONTANA

Plaintiff,

SENTENCING ORDER/ORDER OF COMMITMENTv.  
Erik Clausen Defendant.

WHEREAS, on 11-22, 1999 the above Defendant was ( ☒ arraigned in open Court  
( ) video arraignment ( ☒ pled guilty ( ) convicted by jury ( ) convicted by judge, as set forth below, it  
is ORDERED that you, said Sheriff of Gallatin County take and receive the Defendant:

Cause No: 99-35918-MIP 24/18Bond: \$ \_\_\_\_\_ cash / surety ☐ Defendant not to be released until bond paid ☐ Release immediately.

Sentence imposed:

☒ \_\_\_\_\_ months / year suspended/deferred sentence all but \_\_\_\_\_ hours / days incarceration to be served;

- ☐ Ineligible Work Program -- Unless indicated, defendant eligible for consideration for Work Program  
☐ Credit for time served  
☐ Incarceration immediate ☐ Incarceration in lieu of fines/costs/assessments of \_\_\_\_\_ days to serve in detention  
☒ Fine of \$ 50 + \$5 and \$15 administrative fees ☐ "No contact" Order entered by Court  
☐ Witness/administrative fees/other court costs 70+10-80  
☐ Community Service: Weekend hours, must complete by \_\_\_\_\_ ☐ Time Pay  
☐ ACT (alcohol) 1st 2nd 3rd ☐ ACT (drugs) 1st 2nd 3rd ☐ MIP (alcohol) 1st 2nd 3rd  
☐ Probationary Driver's License is recommended by the Court.  
☒ Other Book + release

\*\*\*\*\*  
AS A PART OF YOUR SENTENCE, YOU SHALL:

- ☒ Obey all laws. ☐ Complete MIP Program. ☒ Notify Court of change of address/telephone number.  
☒ Complete the Act/Drug Counseling Program & comply with recommendations of counselors.  
☐ Complete minimum 25 hours Domestic Abuse Counseling within 6 months.  
☐ Not drive until legally licensed to do so.  
☐ Driver's license: ☐ Surrendered ☐ Lost per defendant ☐ taken at Detention Center.  
☐ License plates & registration suspended \_\_\_\_\_ Days.  
☐ Surrender license plates & registration by \_\_\_\_\_.  
☐ Re-enroll ACT/MIP/DRUG/Domestic Abuse/Additional Treatment/Community Service by \_\_\_\_\_.  
☐ SHALL NOT consume alcohol or frequent any place whose primary purpose is to serve alcoholic beverages.  
☐ SHALL NOT enter or be on the grounds of \_\_\_\_\_ for a period of \_\_\_\_\_ Months.  
☒ COMPLY WITH COURT ORDERS. FAILURE TO APPEAR/PAY FINES/COMPLY MAY RESULT IN THE  
ISSUANCE OF A SUMMONS, ARREST WARRANT AND/OR SUSPENSION OF YOUR DRIVER'S LICENSE.

DONE AND ORDERED 11-22, 1999.Patricia Kyle Carlson  
PATRICIA KYLE CARLSON, Bozeman City Court Judge

I acknowledge that I will report to Detention Center by 4:00 pm on day of sentencing to make arrangements for jail sentence, and that I am to serve my time on 11-22, 1999. I may not report while under the influence of alcohol.

Defendant's signature & date: [Signature] 11-22, 1999.cc: ☐ Detention Center (original) ☐ Court ☐ Defendant ☐ Assistant City Attorney ☐ CONTINUED ON PAGE 2





**10**

**10A**

# 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: Bond Pharmacy, Inc. dba Advanced Infusion Solutions

Physical Address: 18451 Dallas PKWY STE 125, Dallas, Texas 75287-5202

Mailing Address: 623 Highland Colony Pkwy, Suite 100

City: Ridgeland State: Mississippi Zip Code: 39157

Telephone: 877-443-4006 Fax: 888-298-2220

Toll Free Number: 877-443-4006 (Required per NAC 639.708)

E-mail: licensing@aiscaregroup.com Website: aiscaregroup.com

Managing Pharmacist: Jonathan Hamer License Number: Texas-49333

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Close door sterile compounding pharmacy

All boxes must be checked

For the application to be complete

Yes/No

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

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

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.


Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐  
See attached letter regarding our sister pharmacy that shares the same tax ID. This information was previously provided.
- 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

Michael Ford

Print Name of Authorized Person

10-17-19  
Date

Page 2

Board Use Only

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

Amount: \$500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: MississippiParent Company if any: See Attachment #1Mailing Address: 623 Highland Colony Pkwy., Ste. 100City: Ridgeland State: MS Zip: 39157Telephone: 877-443-4006 Fax: 877-415-4050Contact Person: Sarah Tew

For any corporation non publicly traded, disclose the following:

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

a) N/A  
Name Addressb) N/A  
Name Addressc) N/A  
Name Addressd) N/A  
Name AddressN/A

- 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: N/A %: **Hours of Operation for the pharmacy:**Monday thru Friday 8:30 am 5:00 pm Saturday See\* am See\* pm  
Sunday See\* am See\* pm 24 Hours See\*

\* Pharmacist is available 24/7/365

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 Attachment #2 - Organizational Chart

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Ruth R. Hughs  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Registration for Bond Pharmacy, Inc. (file number 801233019), a MISSISSIPPI, USA, Foreign For-Profit Corporation, was filed in this office on February 18, 2010.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate NATIONAL REGISTERED AGENTS, INC. as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1999 BRYAN ST., STE. 900

DALLAS, TX - 75201 3136 USA

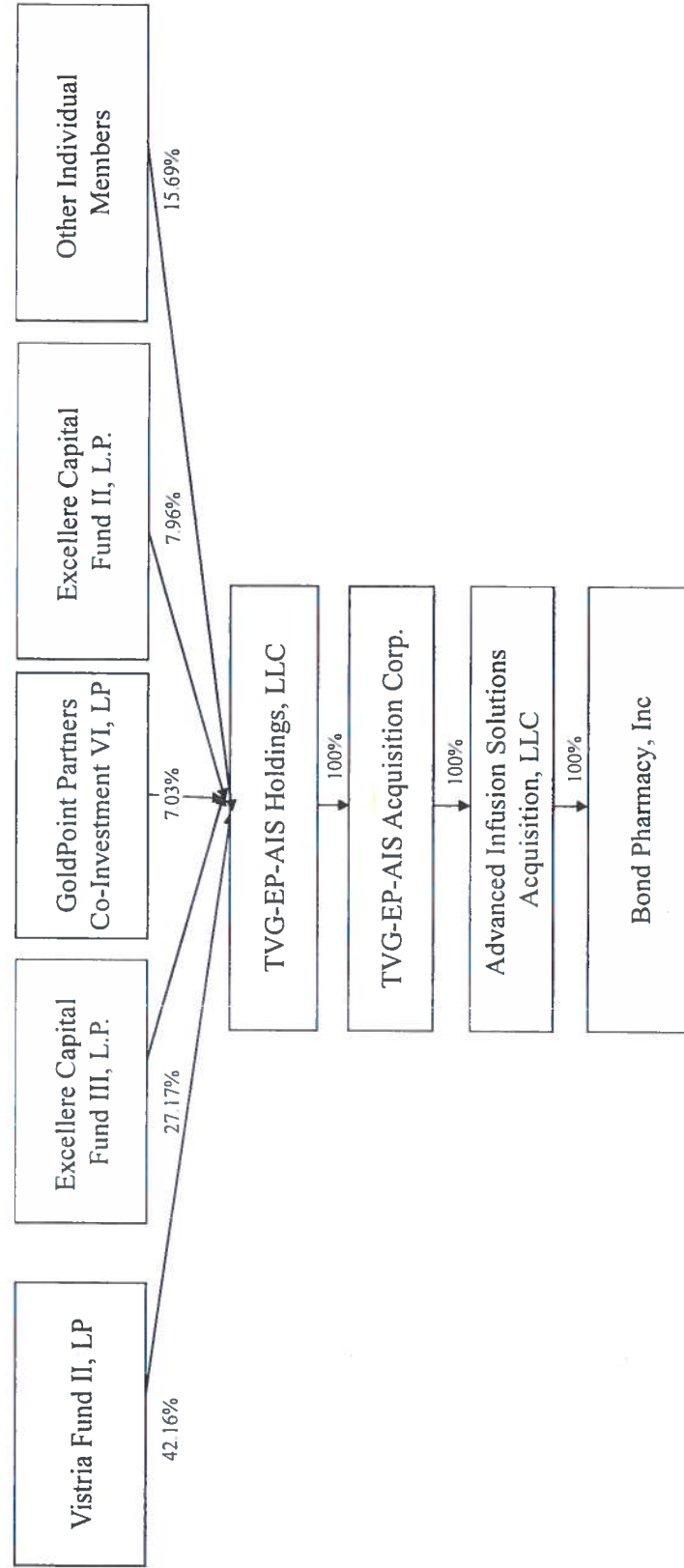
In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 23, 2019.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs  
Secretary of State

# Organizational Structure







HealthCare™

*Patient. Care. Trust.*

October 11, 2019

Nevada State Board of Pharmacy  
985 Damonte Ranch Parkway, Ste. 206  
Reno, NV 8921

Dear Nevada State Board of Pharmacy,

Bond Pharmacy, Inc. dba Advanced Infusion Solutions in Dallas, Texas ("AIS") has had no disciplinary action taken against the pharmacy. AIS also has a sister pharmacy in Ridgeland, MS. Both pharmacies share the same tax identification number. Therefore, we are disclosing the information below.

In April of 2018, our sister pharmacy in Ridgeland, Mississippi entered into a settlement agreement with the Maine Board of Pharmacy ("Maine Board") for an administrative action based upon their delay in reporting a change in pharmacist-in-charge ("PIC"). As part of the settlement, the Maine Board issued a warning and imposed a civil penalty of \$250 because the PIC change was reported within seven business days rather than seven calendar days. Please note this issue has nothing to do with the quality of the compounded preparations or the compounding operations of the Ridgeland, Mississippi location.

If you have any questions or need additional information, please let us know.

Sincerely,

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

Simon Castellanos  
Chief Executive Officer



18451 North Dallas Parkway, Suite 150  
Dallas, TX 75287

P: 601.988.1700 | 877.443.4006  
F: 601.988.1701 | 888.298.2220

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

Bond Pharmacy, Inc. dba Advanced Infusion Solutions Officers/Directors:

State of Incorporation: MS

Business Address: 18451 Dallas Parkway,  
Ste. 125  
Dallas, TX 75287

Officers:

Chief Executive Officer: Simon Castellanos  
Home Address: North Houston Street, Apt. 406  
Dallas, TX 75219

Vice President/Asst. Secretary: Christopher Ryan Glaws\*  
Home Address: Hudson Street  
Denver, CO 80220

Vice President/Asst. Secretary: Jonathan Maschmeyer\*  
Home Address: W. Wolfram Street  
Chicago, IL 60657

Chief Financial Officer: Ross Kamm  
Home Address: 1 Dyer Way  
Broomfield, CO 80023

Signing Authority Granted to:

Chief Operations Officer: Michael E. Ford  
Home Address: 3 N. Old Canton Rd  
Canton, MS 39046

\* = Director

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michael Ford

Responsible Person of Bond Pharmacy, Inc. dba Advanced Infusion Solutions

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

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

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



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

Michael Ford, Chief Operating Officer

Print Name of Authorized Person

10-17-19

Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF MS )  
Madison ) ss. COUNTY )

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

1. I am the Chief Operating Officer for Bond Pharmacy, Inc. dba Advanced Infusion Solutions (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

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

  
 Name

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

  
 NOTARY PUBLIC



TEXAS STATE BOARD OF PHARMACY  
333 GUADALUPE ST STE 3 500  
AUSTIN TX 78701

ADVANCED INFUSION SOLUTIONS  
18451 DALLAS PKWY STE 125  
DALLAS TX 75287



This certifies that the pharmacy named below is hereby licensed to operate as a  
Class **AS** pharmacy.

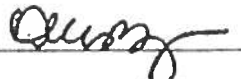
License No. **32500**

Expiration Date: **3/31/2021**

Balances: **3**

ADVANCED INFUSION SOLUTIONS  
18451 DALLAS PKWY STE 125  
DALLAS TX 75287



  
Allison Vordenbaumen Benz, R.Ph., M.S.  
Executive Director/Secretary

**MUST BE DISPLAYED IN FULL PUBLIC VIEW**



## TEXAS STATE BOARD OF PHARMACY

---

**Re:** Advanced Infusion Solutions

**Address:** 18451 Dallas Parkway Suite 125  
Dallas, Texas 75287

**License No.:** 32500

**Date Issued:** March 6, 2019

**Licensure Status:** Active

**Expiration Date:** March 31, 2021

**Type of Pharmacy:** Community Sterile Compounding

**Prior Disciplinary Orders:** No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Advanced Infusion Solutions (Texas Pharmacy License #32500) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

A handwritten signature in cursive script that reads 'Megan G. Holloway'.

Megan G. Holloway  
Assistant General Counsel  
Texas State Board of Pharmacy

June 21, 2019  
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.



1:3  
401/645  
ADVANCED INFUSION SOLUTIONS  
623 HIGHLAND COLONY PKWY STE 100  
RIDGELAND, MS 39157-6077



10032412.2/001058-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA8291560	06-30-2022	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	04-22-2019

ADVANCED INFUSION SOLUTIONS  
BOND PHARMACY INC  
18451 DALLAS PKWY STE 125  
DALLAS, TX 75287-5202

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA8291560	06-30-2022	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	04-22-2019

ADVANCED INFUSION SOLUTIONS  
BOND PHARMACY INC  
18451 DALLAS PKWY STE 125  
DALLAS, TX 75287-5202

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223 (9/2016)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>FA8291560</td> <td>06-30-2022</td> <td>\$731</td> </tr> </table>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	FA8291560	06-30-2022	\$731	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>2,2N, 3,3N,4,5</td> <td>RETAIL PHARMACY</td> <td>04-22-2019</td> </tr> </table>	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	2,2N, 3,3N,4,5	RETAIL PHARMACY	04-22-2019	<p style="text-align: center;"><b>CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE</b> UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537</p> <p>Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p> <p><b>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.</b></p>
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID												
FA8291560	06-30-2022	\$731												
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE												
2,2N, 3,3N,4,5	RETAIL PHARMACY	04-22-2019												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> ADVANCED INFUSION SOLUTIONS BOND PHARMACY INC 18451 DALLAS PKWY STE 125 DALLAS, TX 75287-5202 </td> </tr> </table>		ADVANCED INFUSION SOLUTIONS BOND PHARMACY INC 18451 DALLAS PKWY STE 125 DALLAS, TX 75287-5202			<p style="text-align: center;"><b>REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE</b></p> <p>To request a change to your registered name, address, the drug schedule or the drug codes you handle, please</p> <ol style="list-style-type: none"> <li>1. visit our web site at <a href="http://deadiversion.usdoj.gov">deadiversion.usdoj.gov</a> - or</li> <li>2. call our customer Service Center at 1-(800) 882-9539 - or</li> <li>3. submit your change(s) in writing to:  Drug Enforcement Administration  P.O. Box 2639  Springfield, VA 22152-2639 </li> </ol> <p>See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.</p>									
ADVANCED INFUSION SOLUTIONS BOND PHARMACY INC 18451 DALLAS PKWY STE 125 DALLAS, TX 75287-5202														

Form DEA-223/511 (9/2016)

**REPORT**

**CHANGES**

**PROMPTLY**

----- You have been registered to handle the following chemical/drug codes: -----



**10B**

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

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH\_\_\_\_)  
 Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos

Physical Address: 13825 Cerritos Corporate Drive, Ste A, Cerritos, CA 90703

Mailing Address: One CVS Drive, MC 1160, Woonsocket, RI 02895

City: Cerritos State: CA Zip Code: 90703

Telephone: 562-229-3500 Fax: 562-229-3590

Toll Free Number: 888-678-0505 (Required per NAC 639.708)

E-mail: PermitInfo@CVSHealth.com

Website: \_\_\_\_\_

Managing Pharmacist: Katrina Nguyen License Number: RPH59998

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

# APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

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

Kimberley M. DeSousa

Print Name of Authorized Person

Date

10/16/19

Page 2

Board Use Only

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

Amount: 500.00

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

## OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: Omnicare Holding Company

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 401-770-6431 Fax: 401-216-0381

Contact Person: Kimberley Desousa

For any corporation non publicly traded, disclose the following:

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

a) N/A - Omnicare Holding Company - 100% owner

Name

Address

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

Name

Address

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

Name

Address

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

Name \_\_\_\_\_

## Address

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

- 3) What was the price paid per share? .01

- 4) What date did the corporation actually receive the cash assets? 1/27/1998

- 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 \_\_\_\_\_am \_\_\_\_\_pm      Saturday \_\_\_\_\_am \_\_\_\_\_pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm

24 Hours X

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 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



STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Kimberley M. DeSousa

Responsible Person of Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos

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

Kimberley M. DeSousa, Assistant Secretary

Print Name of Authorized Person

10/16/15  
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California )  
Los Angeles ) ss.  
COUNTY )

I, Katrina Nguyen, 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 Omnicare of Cerritos (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, Katrina Nguyen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO  
 before me, a notary public this  
 \_\_\_ day of \_\_\_, 20\_\_.

NOTARY PUBLIC

Name

Katrina  
KATRINA NGUYEN

Please see attached for  
 CA Gov't Code 8202  
 compliant jurat.

# JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 8th day of October,

20 19 by Katrina Nguyen

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature [Signature] (Seal)



## OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit for out of state

(Title or description of attached document)

Pharmacy license

(Title or description of attached document continued)

Number of Pages 01 Document Date —

Unnicare of Caritas

Additional information

## INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.





Renewal Certificate

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

# Retail Pharmacy Permit

LICENSE NO. PHY 54226  
RECEIPT NO. 00159874

VALID UNTIL AUGUST 01, 2020

OMNICARE OF CERRITOS  
13825 A & A2 CERRITOS CORP. DR  
CERRITOS CA 90703

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.

06/06/19  
06/06/19

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 -----

FORM WPHPHY (12/31/05) PHA

EVERGREEN PHARMACEUTICAL OF CALIFORNIA  
13825 A & A2 CERRITOS CORP DR  
CERRITOS, CA 90703-0000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BE9471652	10-31-2021	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	CHAIN PHARMACY	08-15-2017
EVERGREEN PHARMACEUTICAL OF CALIFORNIA OMNICARE OF CERRITOS 13825 A & A2 CERRITOS CORP DR CERRITOS, CA 90703-0000		

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BE9471652	10-31-2021	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	CHAIN PHARMACY	08-15-2017
EVERGREEN PHARMACEUTICAL OF CALIFORNIA OMNICARE OF CERRITOS 13825 A & A2 CERRITOS CORP DR CERRITOS, CA 90703-0000		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223 (9/2016)

**Entity Name** Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos

**Corporate Officers**

Management Name	Title	% of Ownership	Business Address	Telephone
Moffatt, Thomas S.	President/Treasurer	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
DeNale, Carol A.	SVP and Treasurer	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Temple Cecilia	Secretary	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Beaulieu, Sheelagh	Assistant Treasurer	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Clark, Jeffrey E.	Assistant Treasurer	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Buchanan-Wood, Carrie	Assistant Treasurer	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Cimbron, Linda M.	Assistant Secretary	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
DeSousa, Kimberley M.	Assistant Secretary	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Luker, Melanie K.	Assistant Secretary	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500



BOARD OF PHARMACY

ISSUANCE DATE  
AUGUST 5, 2016  
EXPIRATION DATE  
AUGUST 1, 2020  
CURRENT DATE / TIME  
OCTOBER 4, 2019  
7:24:26 AM

LICENSING DETAILS FOR: PHY 54226

NAME: OMNICARE OF CERRITOS  
LICENSE TYPE: PHARMACY (COMMUNITY)  
LICENSE STATUS: CLEAR

ADDRESS  
13025 A & A2 CERRITOS CORP DR  
CERRITOS CA 90703  
LOS ANGELES COUNTY

LICENSE RELATIONSHIPS

NAME: OMNICARE OF CERRITOS  
LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY  
LICENSE NUMBER: 100935 PRIMARY STATUS: CLEAR

ADDRESS:  
13025 A & A2 CERRITOS CORPORATE DR  
CERRITOS CA 90703  
LOS ANGELES COUNTY

NAME: NGUYEN, KATRINA KLEIN  
LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST  
LICENSE NUMBER: 59998 PRIMARY STATUS: CLEAR

ADDRESS NOT DISCLOSED

**State of California**  
**Secretary of State**  
CERTIFICATE OF STATUS

## ENTITY NAME:

EVERGREEN PHARMACEUTICAL OF CALIFORNIA, INC.

FILE NUMBER: C2067811  
FORMATION DATE: 01/27/1998  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of October 03, 2019.

ALEX PADILLA  
Secretary of State

DLS

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

**CITATION AND FINE**

<b>Citation Number</b> CI 2014 63230	<b>Name, License No.</b> OMNICARE OF CERRITOS, PHY 46722 (Cancelled)
---	---

<b>JURISDICTION:</b> Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4300.1 Bus. & Prof. Code § 4301, subd. (o)		
<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMOUNT OF FINE</b>
CCR, Title 16, § 1793.7 subd. (f)	Requirements for pharmacies employing pharmacy technicians; pharmacist to technician ratio	\$5,000.00

**CONDUCT:**

California Code of Regulations section 1793.7 subsection (f) states for the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency, the ratio shall not be less than one pharmacist on duty for a total of two pharmacy technicians on duty. Omnicare of Cerritos, PHY 46722 was non-compliant. Specifically, during an inspection conducted on 5/2/2016, Omnicare of Cerritos, PHY 46722 located at 13825 A & A2 Cerritos Corp Dr., Cerritos CA, had nine technicians performing job duties of a technician under the supervision of three pharmacists as seen in highlighted portions of table below. The ratio was less than one pharmacist on duty for a total of two technicians on duty. This is a violation of pharmacy law.

Table showing employee location and activity as observed by Inspector Patell between 2 pm and 3.30 pm on 5/2/2016:

NAME OF EMPLOYEE	LICENSE NUMBER	AREA OBSERVED IN	TASKS BEING PERFORMED
Alvyda Bobineine	TCH83997	PV2	Pouring liquid into labeled bottle
Caridad Arrogante	TCH15507	PV2	Bubble packing
Christopher Cortez	TCH104873	IV order entry	Stocking pumps
Dante Bautista	TCH59833	PV2	Placing order for drugs/supplies
Desiree Gutierrez	Externship trainee	PV2	Putting away order
Gricelda Valencia Morales	TCH131814	PV2	Bubble packing
Hung Hsien Lin	TCH128081	IV order entry	Inputting in computer
Juan C Carrillo	TCH37504	IV preparation	Staging drugs and supplies for patient-specific compounding
Jung Kang	Externship trainee	PV2	Putting away order
Lida Datamalchi	TCH58012	PV2	At computer, doing returns
Linh K Hua	TCH57651	PV2	Labeling e-kits and



			logging them out to go to facilities
Manuel Santana Gijon	TCH143390	IV order entry	Inputting in computer
Matthew L Mena	TCH143390	IV preparation	Staging drugs and supplies for patient-specific compounding and later, in garbed and in ISO 7 IV room
Ngoc T Le	TCH89886	PV2	Bubble packing
Phoemsuk N To	TCH127767	PV2	Bubble packing
Saul Mendoza	TCH60126	PV2	Bubble packing
Shannon M Dunn	TCH44408	PV2	Labeling bubble packs- filling

**CITATION ISSUED ON: November 22, 2016**

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

**PAYMENT OF FINE(S) DUE BY: December 22, 2016**

2068C

## OMNICARE PHARMACY OF PUEBLO, L

Page 1 of 1

CHECK NO. 10884069

PO VEND	INVOICE NO.	INV. DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
2068C	CI201570758	01-30-2018	3,000.00	0.00	3,000.00
20 TOTALS >					\$3,000.00

## Remittance Advice

Checks cleared through Positive Pay

**CVS**  
**CORPORATION**

 OMNICARE PHARMACY OF PUEBLO, L  
 1 CVS Drive, Woonsocket, RI 02895

Three thousand and 00/100 Dollars

 PAY TO THE  
 ORDER OF  
 KeyBank National Association  
 Portland, ME

**CALIFORNIA STATE BOARD OF PHARMACY (L)**

 1825 N MARKET BLVD  
 STE N219  
 SACRAMENTO, CA  
 95834

 Date  
 02-14-2018

 Corp. Vendor  
 2068C

 10884069  
 Check Amount  
 .....\$3,000.00  
 Not Valid Over 180 Days



⑈10884069⑈ ⑆011200608⑆ 190991900456⑈



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

**CITATION AND FINE**

Citation Number	Name, License No
CI 2015 70758	OMNICARE OF CERRITOS, PHY 46722 (CANCELLED)

**JURISDICTION:** Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4300.1 Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1714 subd. (b)	Operational Standards and Security; pharmacy responsible for pharmacy security	\$2,000.00
Bus. & Prof. Code § 4081 subd. (a)/Bus. & Prof. Code § 4105 subd. (a)	Records of dangerous drugs kept open for inspection/Retaining Records of Dangerous Drugs and Devices on Licensed Premises	\$1,000.00

**CONDUCT:**

California Code of Regulations 1714(b) states 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. Omnicare PHY46722, located at 13825 A & A2 Cerritos Corp. Dr., Cerritos, CA 90703 was not compliant. Specifically, an audit of Omnicare PHY46722 between 10/15/15-5/28/16 revealed the loss of 2,400 tablets of hydrocodone/acetaminophen 10/325mg and 60,875 ml's of promethazine with codeine. An unlicensed employee admitted to the theft of hydrocodone/acetaminophen 10/325mg and promethazine with codeine. This was a violation of California Code of Regulations 1714(b) for failing to maintain adequate security of controlled substances.

Business and Professions Code 4081(a) states all records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices. Business and Professions Code 4105(a) states all records or other documentation of the acquisition and disposition of dangerous drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form. Omnicare PHY46722, located at 13825 A & A2 Cerritos Corp. Dr., Cerritos, CA 90703 was not compliant. Specifically, an audit of Omnicare PHY46722 between 10/15/15-5/28/16 revealed the loss of 2,400 tablets of hydrocodone/acetaminophen 10/325mg and 60,875 ml's of promethazine with codeine. An unlicensed employee admitted to theft of hydrocodone/acetaminophen 10/325mg and promethazine with codeine. This was a violation of Business and Professions Codes 4105(a) and 4081(a) for failing to maintain a current inventory and records of disposition.

CITATION ISSUED ON: January 30, 2018

TOTAL AMOUNT OF FINE(S): \$3,000.00

PAYMENT OF FINE(S) DUE BY: March 01, 2018

020002068C

CVS PHARMACY, INC

Page 1 of 1

CHECK NO. 50059005

PO VEND	INVOICE NO.	INV. DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
02000206	201880991	10-16-18	500.00	0.00	500.00
1 TOTALS >					\$500.00

## Remittance Advice

Checks cleared through Positive Pay



CVS 48211

62-20  
311

Date Corp. Vendor  
06-25-2019 020002068C

50059005

Check Amount  
\*\*\*\*\*\$500.00

Not Valid Over 180 Days

CVS PHARMACY, INC  
1 CVS Drive, Woonsocket, RI 02895

Five hundred and 00/100 Dollars

PAY TO THE  
ORDER OF

CITIBANK, N.A.  
One Penn's Way  
19720

CALIFORNIA STATE BOARD OF PHARMACY

1625 N MARKET BLVD  
STE N219  
SACRAMENTO, CA  
95834

⑈ 50059005⑈ ⑆031100209⑆ 38258306⑈

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

**CITATION AND FINE**

<b>Citation Number</b>	<b>Name, License No</b>
CI 2018 80991	OMNICARE OF CERRITOS, PHY 54226

**JURISDICTION:** Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMT OF FINE</b>
Bus. & Prof. Code § 4201 subd. (f)	Pharmacy license shall authorize the holder to conduct a pharmacy. Renewed annually and shall not be transferable	\$500.00
Bus. & Prof. Code § 4201 subd. (j)	Any change in the proposed beneficial ownership interest shall be reported to the board within 30 days thereafter upon a form to be furnished by the board.	Citation without a fine
CCR, Title 16, § 1709 subd. (a)	Names of Owners and Pharmacist in Charge; Each permit to operate a pharmacy shall show the name and address of the pharmacy, the form of ownership, the pharmacist in charge and the names of all owners and the names of the corporate officers (if a corporation). Any changes must be reported to the Board in writing within 30 days	Citation without a fine
CCR, Title 16, § 1709 subd. (b)	Any transfer, in a single transaction or in a series of transactions, of 10 percent or more of the beneficial interest in a business entity... Shall require written notification to the board within 30 days	Citation without a fine
CCR, Title 16, § 1709 subd. (c)	The following shall constitute a transfer of permit and require application for a change of ownership: any transfer of beneficial interest in a business entity licensed by the board...	Citation without a fine

**CONDUCT:**

Business and Professions Code section 4201(f) states that pharmacy licenses shall be renewed annually and are not transferable. Specifically, Evergreen Pharmaceutical of California, d/b/a Omnicare of Cerritos changed ownership and operated with a nontransferable license between August 18, 2015 and August 5, 2016 (approximately 353 days).

Business and Professions Code section 4201(j) requires pharmacy licenses to report any change in beneficial ownership within 30 days. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

California Code of Regulations section 1709(a) requires any changes in the pharmacist-in-charge, or owners, or corporate officers to be reported to the Board within 30 days. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

California Code of Regulations section 1709(b) requires any transfer of 10 percent or more of the beneficial interest in a business entity licensed by the Board, to a person or entity who did not have a beneficial interest at the time the original license was issued, to be reported to the Board within 30 days. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

California Code of Regulations section 1709(c) requires any transfer of ownership resulting in the transferee's holding 50% or more of the beneficial interest in the licensed entity to be reported to the Board on a change of ownership application. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

CITATION ISSUED ON: October 16, 2018

TOTAL AMOUNT OF FINE(S) \$500.00

PAYMENT OF FINE(S) DUE BY: November 15, 2018

**11**

**11A**

1/23

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 Outsourcing Facility  
☐ Ownership Change (Provide current license number if making changes:) OUT \_\_\_\_\_  
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

- ☐ Publicly Traded Corporation – Pages 1-3 & 4      ☒ Partnership - Pages 1-3 & 6  
☐ Non Publicly Traded Corporation – Pages 1-3 & 5      ☐ Sole Owner – Pages 1-3 & 7

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Pine Pharmaceuticals LLC

Physical Address: 355 Riverwalk Pkwy

City: Tonawanda State: NY Zip Code: 14150

Telephone: 716-248-1025 Fax: 716-768-3948

Toll Free Number: 844-218-4138 (Required per NAC 639.708)

E-mail: ajmuto@pinepharmaceuticals.com Website: www.pinepharmaceuticals.com

Supervising Pharmacist: Adam Lindell Nevada License #: 20308

✓ node sc  
exp 21

**SERVICES PROVIDED**

Yes/No

- ☒ ☐ Parenteral  
☒ ☐ Sterile Compounding  
☒ ☐ Non Sterile Compounding  
☒ ☐ Mail Service Sterile Compounding  
☒ ☐ Other Services: Sterile Repackaging

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only      Date Processed: \_\_\_\_\_      Amount: 500.00



**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY****Page 2**FEI Number (From FDA application): 3010943533Please provide the name of the facility as registered with the FDA and the registration number:  
Pine Pharmaceuticals LLCPlease provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.  
\_\_\_\_\_

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Adam Lindell Nevada License Number: 20308

A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: \_\_\_\_\_

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, cite 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.

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3**

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 Outsourcing Facility 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

Alfonse J. Muto

Print Name of Authorized Person

09/05/2019

Date

## OWNERSHIP IS A PARTNERSHIP

General \_\_\_\_\_

Limited \_\_\_\_\_

Partnership Name: Pine Pharmaceuticals LLC

Mailing Address: 355 Riverwalk Pkwy

City: Tonawanda State: NY Zip Code: 14150

Telephone Number: 716-248-1025 Fax Number: 716-768-3948

Contact Person: Alfonse J. Muto

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership  
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
Alfonse Muto, Managing Member		1%
Alfonse J. Muto, Member		1%

List names of 4 largest partners and percentage of ownership:

Name: Riverpoint LP %: 98

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

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

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

List any physician shareholders and percentage of ownership.

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

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

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

THE UNIVERSITY OF THE STATE OF NEW YORK  
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR  
ALLISON GENTILE



2017-20

THIS IS TO CERTIFY

PINE PHARMACEUTICALS LLC.  
355 RIVERWALK PARKWAY  
TONAWANDA, NY 14150

is duly recorded as a

REGISTERED OUTSOURCING FACILITY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF OCTOBER, 2017.  
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF SEPTEMBER, 2020.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

033021



STATE BOARD OF  
PHARMACY



1: 3 PINE PHARMACEUTICALS  
2/640 355 RIVERWALK PARKWAY  
TONAWANDA, NY 14150-0000



10031793 2/000650-1/1-R

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0546018	03-31-2020	\$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,5,L1	MANUFACTURER	03-12-2019

PINE PHARMACEUTICALS  
355 RIVERWALK PARKWAY  
TONAWANDA, NY 14150-0000

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0546018	03-31-2020	\$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,5,L1	MANUFACTURER	03-12-2019

PINE PHARMACEUTICALS  
355 RIVERWALK PARKWAY  
TONAWANDA, NY 14150-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223 (9/2016)



<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>RP0546018</td> <td>03-31-2020</td> <td>\$3047</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>2, 3.3N.4.5.L1</td> <td>MANUFACTURER</td> <td>03-12-2019</td> </tr> </table> <p>PINE PHARMACEUTICALS 355 RIVERWALK PARKWAY TONAWANDA, NY 14150-0000</p>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	RP0546018	03-31-2020	\$3047	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	2, 3.3N.4.5.L1	MANUFACTURER	03-12-2019	<p style="text-align: center;"><b>CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE</b> UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537</p> <p>Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p> <p><b>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.</b></p>
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID											
RP0546018	03-31-2020	\$3047											
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE											
2, 3.3N.4.5.L1	MANUFACTURER	03-12-2019											

<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 10px;">Form DEA-223/511 (9/2016)</div> <div style="text-align: center;"> <p style="font-size: large; margin: 0;"><b>REPORT CHANGES PROMPTLY</b></p> </div> </div>	<p style="text-align: center;"><b>REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE</b></p> <p>To request a change to your registered name, address, the drug schedule or the drug codes you handle, please</p> <ol style="list-style-type: none"> <li>1. visit our web site at <a href="http://deaddiversion.usdoj.gov">deaddiversion.usdoj.gov</a> - or</li> <li>2. call our customer Service Center at 1-(800) 882-9539 - or</li> <li>3. submit your change(s) in writing to:  <div style="margin-left: 40px;"> Drug Enforcement Administration  P.O. Box 2639  Springfield, VA 22152-2639 </div> </li> </ol> <p>See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.</p>
--	--

----- You have been registered to handle the following chemical/drug codes: -----

7285, 8113, 9150, 9300, 9739, 9801

# Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/04/2019

Amount:

License #: 20308

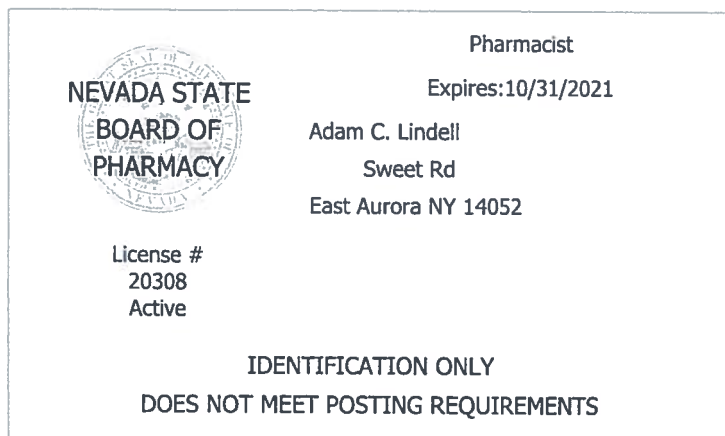
Adam C. Lindell

Sweet Rd

East Aurora NY 14052

(ID Card)

Trim ID Card to fit your wallet



Cut Here

License Type: Pharmacist

License #: 20308

NEVADA  
STATE BOARD OF PHARMACY  
Pharmacist

Expires: 10/31/2021

STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Adam C. Lindell

Sweet Rd

East Aurora NY 14052

**NONTRANSFERABLE**

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE



### **Statement of Explanation**

#### **Question 5.**

Similarly, to the case here in Nevada, as states create license categories for Outsourcing Facilities, Pine Pharmaceuticals will let lapse the previously required license categories (e.g. Wholesaler, manufacturer, pharmacy). Pine Pharmaceuticals has also surrendered licenses for its relocation on 03/12/2018 as required by individual states.



**NEVADA STATE BOARD OF PHARMACY**  
**APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE**

**STATEMENT OF EXPLANATION**

**Applicant: Pine Pharmaceuticals LLC (“Pine”)**

Alabama. On February 4, 2016, the Alabama State Board of Pharmacy (ALBOP) approved Pine’s application for a Manufacturer/Wholesaler/Distributor permit (the “New Permit”) via a Final Order, a copy of which is attached here as Exhibit A (the “ALBOP Final Order”). Concurrent with its issuance of the New Permit, however, ALBOP placed Pine on probation for 24 months and assessed an administrative fine of \$2,000.

ALBOP’s decision to place Pine on probation and issue an administrative fine was difficult to understand or defend for several reasons:

1. ALBOP’s determination was based on alleged infractions of ALBOP rules that occurred *before* Pine was licensed to operate in Alabama;
2. ALBOP based its determination in part on FDA observations reported on an FDA Form 483 relating to a separate entity, “Pine Pharmacy and Home Care Products Center, Inc.”; and
3. ALBOP claimed that any “observation” reported on a FDA Form 483 constitutes a separate and independent violation of ALBOP rules.<sup>1</sup>

FDA Warning Letter. On November 7, 2016, the FDA issued a warning letter to Pine in response to its October 2015 on-site inspection of Pine’s former facility located at 100 Colvin Woods Parkway, Suite 300, Tonawanda, New York (“Former Facility”); copies of the warning letter and Pine’s responses to the letter are attached here as Exhibit B. Effective March 12, 2018, Pine moved its operations from the Former Facility to a new facility located at 355 Riverwalk Parkway, Tonawanda, New York (“New Facility”).

Missouri. On October 13, 2017, the Missouri Board of Pharmacy (MOBOP) issued an administrative letter of warning to Pine but took no disciplinary action. MOBOP issued the letter in response to its review of the warning letter issued to Pine by the FDA. A copy of the MOBOP administrative letter of warning is attached here as Exhibit C.

Michigan. Pursuant to a Consent Order and Stipulation dated December 13, 2017 and effective January 12, 2018, the Michigan Board of Pharmacy imposed a \$250 fine on Pine’s Michigan Manufacturer/Wholesaler license (the “Michigan Order”). The Michigan Order may be fairly characterized as a “reciprocity fine” since there were no separate grounds for discipline specific to Pine’s activities in Michigan; rather, the Michigan Order was based on the ALBOP Final Order. A copy of the Michigan Order is attached here as Exhibit D.

By a letter dated March 20, 2018, the State of Michigan Department of Licensing and Regulatory Affairs (LARA) notified Pine that its Michigan Manufacturer/Wholesaler license had been suspended for failure to timely pay the \$250 fine that was imposed under the Michigan Order (the “Michigan Notice”). A copy of the Michigan Notice is attached here as Exhibit E. Pine’s Michigan Manufacturer/Wholesaler license

---

<sup>1</sup> FDA observations on a Form 483 following an FDA inspection are routine and expected. Each observation represents preliminary thoughts of the FDA investigator on the subject of the observation. The Form 483, once completed, is shared by the FDA with the facility’s management with the understanding and expectation that the facility will voluntarily take action to address the noted concerns.

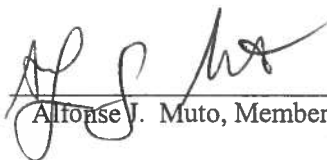
was inactive at the time of suspension. The license had been permanently closed at the Pine's request due to the voluntary closure of the Former Facility in connection with Pine's relocation to the New Facility.

Pine had timely forwarded the payment required by the Michigan Order by check dated November 6, 2017, but LARA never received the payment. Pine's records confirmed that the check had not been cashed. Upon receiving the Michigan Notice, Pine immediately arranged for a duplicate payment to be delivered to LARA via overnight delivery. Pine's compliance with the Michigan Order is effective as of April 3, 2018.

Maine. Pursuant to a Consent Agreement, effective November 1, 2018 ("Maine Consent Agreement"), executed by and among Pine, the Maine Board of Pharmacy ("Maine BOP"), and the Maine Office of the Attorney General, Pine accepted discipline against its Maine mail order pharmacy license consisting of: (i) a warning; and (ii) a \$250 fine. The parties entered into the Maine Consent Agreement to resolve a complaint filed by a Maine BOP representative alleging that Pine did not report out-of-state disciplinary action to Maine BOP within 10 days as required under Maine law (Case No: 2018-PHA-14448). A copy of the Maine Consent Agreement is attached here as Exhibit F.

Respectfully submitted,

**PINE PHARMACEUTICALS LLC**

By:   
Alfonse J. Muto, Member

Date: 09/12/2019

Exhibit A

**ALBOP Final Order**

See attached.

IN THE MATTER OF:	}	BEFORE THE ALABAMA STATE
PINE PHARMACEUTICALS, LLC	}	BOARD OF PHARMACY
Manufacturer/Wholesaler/ Distributor Permit Applicant	}	

### **FINAL ORDER**

On January 19, 2016 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Pine Pharmaceuticals, LLC (hereinafter also referred to as the "Respondent"), in relation to its application for a manufacturer/wholesaler/ distributor permit. Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

#### **Findings of Fact**

1. The Respondent is an applicant for manufacturer/wholesaler/distributor permit in an application dated November 5, 2014 indicating Alphonse J. Muto as the owner and contact person. (Board's Exhibit One "2", Respondent's Exhibits One, Two and Three)
  
2. The Respondent was notified of the charges as amended; the Respondent was represented by counsel, Mr. Thomas Kendrick, Esq. at the hearing. Corporate representative Mr. Alfonse J. Muto, Jr. attended and participated in the hearing. (Board's Exhibit One) The matter was initially set for June 16, 2015 and continued to August 25, 2015 on the request of the Respondent. The matter was continued to November 17, 2015 on the Motion of the Board then again continued to January 19, 2016 on the Motion of the Respondent.
  
3. The Respondent made no objection to the timeliness of the Notice of Hearing.
  
4. In its application for a permit, the Respondent answered "yes" to the question "Has

any applicant, officer, member or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic violations?" and the Respondent provided documentation of a 1979 arrest and conviction of Alphonse Muto for carrying a concealed weapon in Fort Lauderdale, Florida. (Respondent's Exhibit Three).

5. In its application for a permit, the Respondent answered "yes" to the question "Has any applicant, officer, member or partner ever owned a pharmacy, manufacturer, wholesaler or distributor?" Adding, "Pine Pharmacy." Alfonse J. Muto, Sr. was listed as owner.

6. From July 16, 2013 through July 19, 2013 Pine Pharmacy and Home Care Products (Pine Pharmacy) in Williamsville, New York was inspected by the Food and Drug Administration wherein seven deficiencies were observed including, but not limited to, lacking adequate environmental monitoring data, inappropriate personnel clothing, inadequate sterile product procedures and inadequate facility and equipment systems. (Board's Exhibit One "A", Respondent's Exhibit Three)

7. From December 10, 2013 through December 16, 2013 Pine Pharmacy and Home Care Products (Pine Pharmacy) in Williamsville, New York was inspected by the Food and Drug Administration wherein nine deficiencies were observed including, but not limited to, improper equipment for the use intended, inappropriate personnel clothing, inadequate sterile product procedures, deficient product separation areas, inadequate facility and equipment systems, improper laboratory testing procedures, insufficient batch numbers tested, personal training lacking and determination of expiration dates inadequate. (Board's Exhibit One "A") On February 13, 2015 the Food and Drug Administration issued Pine Pharmacy and Home Care Products a warning letter based on the July, 2013 inspection deficiencies, refusal to provide requested documentation and not receiving valid prescriptions observed in the December, 2013 inspection. (Board's Exhibit One "C")

8. From October 5, 2015 through October 9, 2015 the Respondent (Pine

Pharmaceuticals) in Towanda, New York was inspected by the Food and Drug Administration wherein five deficiencies were observed including, but not limited to, failure to thoroughly review the failure of a batch or any of its components to meet any of its specifications whether or not the batch had already been distributed, aseptic processing procedures, appropriate laboratory determinations, labeling content and inadequate submitted reports to FDA. One deficiency related to the injectable drugs vancomycin and bevacizumab. (Board's Exhibit One and Respondent's Exhibit Four) Alfonse J. Muto, Jr. was shown as co-owner of the Respondent.

9. The Respondent reported the Food and Drug Administration its response of the October 2015 inspection observed deficiencies, the corrective measures taken by the Respondent for each deficiency. (Respondent's Exhibit Four)

#### **Conclusions of Law**

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12) and § 41-22-12.

2. The Respondent was properly notified of the charges; the Respondent was represented by counsel.

3. The Respondent made no objection to the timeliness of the Notice of Hearing

4. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 (k) (3) based upon the FDA 483 Inspection of Pine Pharmacy and Home Care Products Center, Inc., listing Alfonse J. Muto, Jr. as pharmacist, covering the period of July 16, 2013 through July 19, 2013. Each and every deficiency noted or described in the above referenced inspection as set out on the FDA 483 is a separate and distinct violation.

5. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 (k) (3) based upon the FDA 483 Inspection of Pine Pharmacy and Home Care Products Center, Inc., listing Alfonse J. Muto, Sr. as owner, covering the period of December 10, 2013 through December 16, 2013. Each and every deficiency noted or described in the above referenced inspection as set out on the FDA 483 is a separate and distinct violation.

6. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 based upon a Warning Letter issued by the FDA dated February 13, 2015 to Alfonse J. Muto, Sr. at Pine Pharmacy and Home Care Products Center, Inc. Each and every deficiency set out in the referenced Warning Letter is a separate and distinct violation.

7. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 (k) (3) based upon the FDA 483 Inspection of Pine Pharmaceuticals, LLC, listing Alfonse J. Muto, Jr. as co-owner, covering the period of October 5 – 7 and 9, 2015.

### **ORDER**

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent's application for a permit as a manufacturer/wholesaler/distributor is GRANTED and placed on PROBATION for a period of twenty-four (24) months from the date

of this Final Order; and

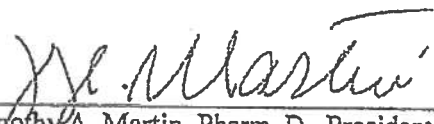
2. The Respondent shall provide the Board all copies of any and all reports of inspections made by the Food and Drug Administration and the New York Board of Pharmacy; and

3. The Respondent is found NOT GUILTY of Count Five of the Board's Amended Statement of Charges; and

4. The Respondent is also ORDERED to pay to the Board an administrative fine of Two Thousand (\$2,000.00) Dollars; said fine shall be paid within ninety (90) days of the date of this ORDER; and

5. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 4<sup>th</sup> day of February 2016.

  
Timothy A. Martin, Pharm. D., President  
Alabama State Board of Pharmacy

Copies to:  
Mr. Thomas Kendrick, Esq.  
Ms. Mitzi Ellenburg, Director of Operations  
Ms. Patty Wright, Case Coordinator  
Mr. James S. Ward, Esq.  
Mr. Vance L. Alexander, Esq.



**11B**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 OUTSOURCING FACILITY

☐ Ownership Change (Provide current license number if making changes:) OUT \_\_\_\_\_

☐ 503a OR ☒ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4

☐ Partnership – Pages 1-3 & 6

☒ Non Publicly Traded Corporation – Pages 1-3 & 5

☐ Sole Owner – Pages 1-3 & 7

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: QuVa Pharma, Inc.

Physical Address: 519 State Route 173

City: Bloomsbury State: New Jersey Zip Code: 08804

Telephone: 888-339-0874 Fax: \_\_\_\_\_

Toll Free Number: 888-339-0874 (Required per NAC 639.708)

E-mail: michelle.kostroun@quvapharma.com Website: www.quvapharma.com

Supervising Pharmacist: Andrea Tremblay Nevada License #: 20316

✓ no disc  
exp 21

### SERVICES PROVIDED

Yes/No

☐ ☒ Parenteral

☒ ☐ Sterile Compounding

☒ ☐ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding

☐ ☒ Other Services: \_\_\_\_\_

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only

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

Amount: \$500.00

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY****Page 2**FEI Number (From FDA application): 3013931875

Please provide the name of the facility as registered with the FDA and the registration number:

QuVa Pharma, Inc. /036662848

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

N/A

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Andrea TremblayNevada License Number: 20316

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: \_\_\_\_\_

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, cite 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.

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3**

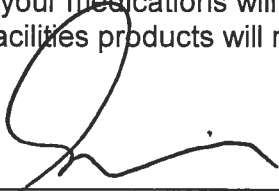
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

Scott Weiss

\_\_\_\_\_  
Print Name of Authorized Person

10/20/19

\_\_\_\_\_  
Date

## APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 5

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: DelawareParent Company if any: QuVa Pharma Holdings, Inc.Address: 3 Sugar Creek Center Blvd. Ste. 250City: Sugar Land State: Texas Zip: 77478Telephone: 888-339-0874

Fax: \_\_\_\_\_

Contact Person: Scott Weiss

For any corporation non publicly traded, disclose the following:

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

a) 100% of the shares are owned by QuVa Pharma Holdings

Name

Address

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

Name

Address

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

Name

Address

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

Name

Address

2) Provide the number of shares issued by the corporation. 10003) What was the price paid per share? No par value4) What date did the corporation actually receive the cash assets? N/A5) Provide a copy of the corporation's stock register evidencing the above information N/A**Include 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

Stuart Hirschen CEO

Peter Jenkins CDO (Chief Development Officer)

## ***State Of Delaware***

### Entity Details

9/6/2019 3:24:52PM

File Number: 5755668

Incorporation Date / Formation Date: 5/28/2015

Entity Name: QUVA PHARMA, INC.

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 3/18/2016

### **Registered Agent Information**

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401

## Department of State: Division of Corporations

[Allowable Characters](#)**HOME**

[About Agency](#)  
[Secretary's Letter](#)  
[Newsroom](#)  
[Frequent Questions](#)  
[Related Links](#)  
[Contact Us](#)  
[Office Location](#)

**SERVICES**

[Pay Taxes](#)  
[File UCC's](#)  
[Delaware Laws Online](#)  
[Name Reservation](#)  
[Entity Search](#)  
[Status](#)  
[Validate Certificate](#)  
[Customer Service Survey](#)  
[Loading...](#)

[View Search Results](#)

## Entity Details

**[File Number:](#)** 5755668      **[Incorporation Date / Formation Date:](#)** 5/28/2015 (mm/dd/yyyy)  
**[Entity Name:](#)** QUVA PHARMA, INC.  
**[Entity Kind:](#)** Corporation      **[Entity Type:](#)** General  
**[Residency:](#)** Domestic      **[State:](#)** State:  
**[Status:](#)** **Good Standing**      **[Status Date:](#)** 3/18/2016

**[TAX INFORMATION](#)**

**[Last Annual Report Filed:](#)** 2018      **Tax Due:** \$ 0  
**[Annual Tax Assessment:](#)** \$ 175      **[Total Authorized Shares:](#)** 1000

**[REGISTERED AGENT INFORMATION](#)**

**Name:** CORPORATION SERVICE COMPANY  
**Address:** 251 LITTLE FALLS DRIVE  
**City:** WILMINGTON      **County:** New Castle  
**State:** DE      **Postal Code:** 19808  
**Phone:** 302-636-5401

**[FILING HISTORY \(Last 5 Filings\)](#)**

<a href="#">Seq</a>	<a href="#">Description</a>	<a href="#">No. of pages</a>	<a href="#">Filing Date</a> (mm/dd/yyyy)	<a href="#">Filing Time</a>	<a href="#">Effective Date</a> (mm/dd/yyyy)
1	Amendment QUVA, INC.	1	7/13/2015	5:06 PM	7/13/2015
2	Stock Corporation	2	5/28/2015	4:34 PM	5/28/2015

[Back to Entity Search](#)[Email Status](#)

For help on a particular field click on the Field Tag to take you to the help area.

[site map](#) | [privacy](#) | [about this site](#) | [contact us](#) | [translate](#) | [delaware.gov](#)

New Jersey Department of Health  
P.O. Box 369, Trenton, New Jersey 08625-0369  
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 10/28/2019

**Registration Number:** 5004816    **Registered as:** Manufacturer and Wholesale

**Parent Company Name:** QUVA PHARMA, INC.

**Trade Name:**

**Original Issue Date:** 10/21/2015    **Expiration Date:** 01/31/2020

**Current Issue Date:** 12/24/2018

**Disciplines:** No





**NEW JERSEY DEPARTMENT OF HEALTH  
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

**0733881**

**DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION**

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:  
1075 W PARK ONE DRIVE, SUITE 100 SUGAR LAND, TX 77478-  
5920 S GENERAL BRUCE DR TEMPLE, TX 76502-  
519 ROUTE 173 BLOOMSBURY, NJ 08804-

Reg. No.  
5004816

QUVA PHARMA, INC.  
ATTN: VARSHA GAITONDE RPH  
1075 W PARK ONE DRIVE, SUITE 100  
SUGAR LAND, TX 77478-

ISSUED PURSUANT TO

N.J.S.A. 24:6B

EXPIRES: January 31, 2020

**Establishment Copy**

**11C**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 OUTSOURCING FACILITY

- ☐ Ownership Change (Provide current license number if making changes:) OUT \_\_\_\_\_  
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

- ☐ Publicly Traded Corporation – Pages 1-3 & 4 ☐ Partnership – Pages 1-3 & 6  
☒ Non Publicly Traded Corporation – Pages 1-3 & 5 ☐ Sole Owner – Pages 1-3 & 7

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: RX Compounding LLC

Physical Address: 2364 Blizzard Lane

City: Albany State: OH Zip Code: 45710

Telephone: 866-280-0031 Fax: 740-854-1029

Toll Free Number: 866-280-0031 (Required per NAC 639.708)

E-mail: edzatta@rxcompounding.com Website: rxcompounding.com

Supervising Pharmacist: Michael L. Miller Nevada License #: 20344

✓ no disc  
exp 21

### SERVICES PROVIDED

Yes/No

- ☐ ☒ Parenteral  
☒ ☐ Sterile Compounding  
☒ ☐ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding  
☐ ☒ Other Services: \_\_\_\_\_

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 10-1-19 Amount: 500.00

FEI Number (From FDA application): 47-1235128

Please provide the name of the facility as registered with the FDA and the registration number:

RxCo Compounding LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

RxCo Compounding

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Michael L. Miller Nevada License Number: 20344

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

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, cite 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.

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3**

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 OUTSOURCING FACILITY 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

Michael L. Miller

Print Name of Authorized Person

09/23/2019

Date

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Ohio  
 Parent Company if any: -  
 Address: 2364 Blizzard Lane  
 City: Albany State: OH Zip: 45710  
 Telephone: 866-280-0031 Fax: 740-854-1029  
 Contact Person: Edward J. Zatta, CEO

For any corporation non publicly traded, disclose the following:

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

a)	<u>Edward J. Zatta</u>	<u>US Route 33, Athens, OH 45701</u>
	Name	Address
b)	<u>Brendan Ford</u>	<u>Tweed Court, Worthington, OH 43085</u>
	Name	Address
c)	<u>David Zatta</u>	<u>Hamilton Place, Steubenville, OH 43952</u>
	Name	Address
d)	<u>Christopher T. Noglia</u>	<u>2nd Ave, Pomeroy, OH 45769</u>
	Name	Address

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

3) What was the price paid per share? \_\_\_\_\_

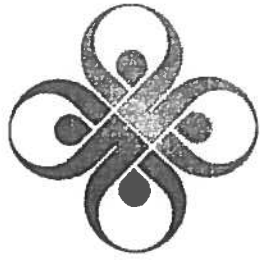
4) What date did the corporation actually receive the cash assets? \_\_\_\_\_

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

**Include 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



**RXQ COMPOUNDING**  
**FDA 503B OUTSOURCING**  
**FACILITY**

2364 Blizzard Lane

Albany, OH 45710

Phone: 1-866-280-0031

Fax : 740-854-1029

**HOME STATE LICENSE**





**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 June 30, 2021.

**RXQ COMPOUNDING, LLC**

**RXQ Compounding LLC**

**2364 Blizzard Ln**

**Albany, OH 45710-9569**

**License Number: 012485200**


**Outsourcer - Category 3**

**Expiration Date: June 30, 2021**

CLASS: Outsourcer - Category 3

BUSINESS TYPE: OSC - Outsourcer/Sterile Compounding

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

Responsible Person Name (Print)  <b>MICHAEL LEE MILLER RPH</b>	Signature of Responsible Person 
--	---

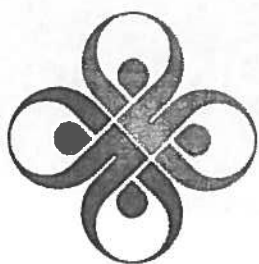
*Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - [https://elicense.ohio.gov/oh\\_homepage](https://elicense.ohio.gov/oh_homepage).*

**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)





**RXQ COMPOUNDING**  
**FDA 503B OUTSOURCING**  
**FACILITY**

2364 Blizzard Lane

Albany, OH 45710

Phone: 1-866-280-0031

Fax : 740-854-1029

**DEA CONFIRMATION OF LOCATION CHANGE**



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION  
**DIVERSION CONTROL DIVISION**

Registration Update Request Successfully Submitted.

Your Request has been successfully submitted.  
 Tue Jul 30 13:08:28 EDT 2019

Internet Tracking number: 8467368  
 Registration Control Number is: RR0489395

-Confirmation #

It is recommended that you use your browser's print function to print a copy of this page for your records.

First Name, MI: ,  
 Last Name: RXQ COMPOUNDING LLC  
 Address: 2364 BLIZZARD LN  
 City: ALBANY  
 State: OH  
 Zip: 45710  
 Business Phone: 866 280 0031  
 POC Name: MIKE MILLER  
 POC Email: MIKE.MILLER@RXQCOMPOUNDING.COM  
 POC Cell Phone: 765 404 9275  
 Drug Schedules: 2 2N 3 3N 4 5 L1

MANUFACTURERS CATEGORIES	Schedules							
		2	2N	3	3N	4	5	L1
Bulk, Synthesizer - Extractor								
Dosage Form								
Repacker - Relabeler								
Non-Human Consumption								

State License: Number: 012485200  
 State: OH  
 Expires: 06 - 30 - 2021

State Controlled Substance License: Number:  
 Expires: - -

Drug Codes Selected Drug Codes

7285 7460 8113 9050 9143 9150 9193 9230 9250 9300 9652 9740 9801

Drug Codes (Bulk Manufacture Selected)



Chandler  
 From  
 DEA

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0489395	04-30-2020	\$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5,L1	MANUFACTURER	03-20-2019

RXQ COMPOUNDING LLC 340 W. STATE ST. UNIT 9 ATHENS, OH 45701 4570
--

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0489395	04-30-2020	\$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5,L1	MANUFACTURER	03-20-2019

RXQ COMPOUNDING LLC 340 W. STATE ST. UNIT 9 ATHENS, OH 45701 4570
--

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**



RXQ COMPOUNDING  
FDA 503B OUTSOURCING  
FACILITY

GOOD STANDING LETTER

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RXQ COMPOUNDING, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2307427, was organized within the State of Ohio on June 30, 2014, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 4th day of September, A.D. 2019.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201924703524



MICHAEL MILLER  
NEVADA PHARMACIST LICENSE

THIS STUB IS YOUR RECEIPT

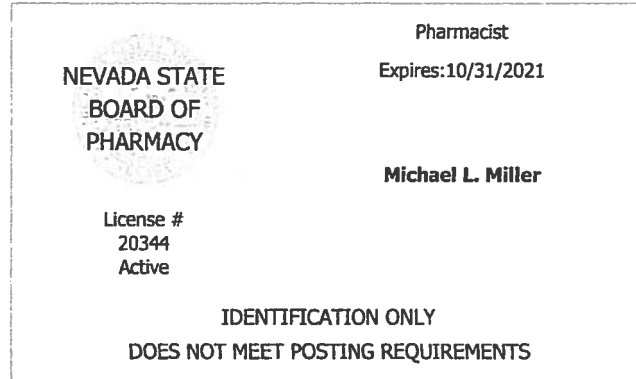
Michael L. Miller

Date: 09/17/2019

Amount:

License #: 20344

(ID Card)



Trim ID Card to fit your wallet

Call Here

License Type: Pharmacist  
License #: 20344

NEVADA  
STATE BOARD OF PHARMACY  
Pharmacist

Expires: 10/31/2021  
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Michael L. Miller

**NONTRANSFERABLE**

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE



**RXQ COMPOUNDING**  
FDA 503B OUTSOURCING  
FACILITY

2364 Blizzard Lane

Albany, OH 45710

Phone: 1-866-280-0031

Fax : 740-854-1029

## **STATE LIST OF LICENSE PERMITS**





# RXQ COMPOUNDING

## FDA 503B OUTSOURCING FACILITY

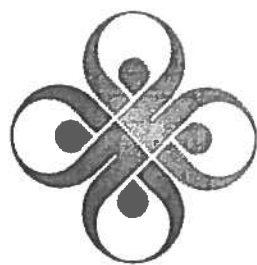
2364 Blizzard Lane  
Albany, OH 45710

Ph. 866-280-0031  
Fax. 740-854-1029

State	License Number	Type	Date issued	Expiration date
Ohio	WMOF 012485200-03	Outsourcer-category 3	2015	06/30/2021
Ohio DEA Lic	RR0489395	Manufacturer	04/19/2016	04/30/2020
West Virginia	MI0000892	Wholesale	05/23/16	06/30/2020
Arizona	M000728	Manufacturer	07/14/2015	10/31/2020
Washington State w/ Controls	PHWH.FX.60581285	Wholesaler	10/01/2016	09/30/2019
Kentucky	W03582	Wholesaler	09/16/2015	09/30/2019
Tennessee	000000440	Outsourcers	09/20/15	09/30/2019
Michigan	5306004527	Manufacturer & wholesaler	09/2015	06/30/2020
Michigan DEA Lic	5315073431	Manufacturer & Wholesaler	9/2015	06/30/2020
Iowa	9004	Outsourcing facility	12/20/2017	12/31/2019
Iowa Controls	2500001	controls	12/20/2017	12/31/2019
North Dakota w/ Controls	Whol1664	Outsourcing	11/25/2015	06/30/2020
South Dakota	600-2508	Wholesale & other Drug Distributors	12/01/2016	12/31/2019
South Dakota DEA Lic	RR0489395	Manufacturer	12/09/2015	04/30/2020
Connecticut w/ Controls	CSW 0003647	Wholesaler	07/01/2016	06/30/2020
Illinois	004 004148	Wholesaler	12/01/2016	12/31/2019
ILLINOIS CONTROLS				12/31/2020
Colorado w Controls	WHO 0008149	Wholesaler	11/01/2016	10/31/2020

Idaho w/ Controls	OSF40797	Outsourcing	07/01/2016	12/31/2019
New Jersey	5004867	Manufacturer & wholesaler	01/04/2016	01/31/2020
Louisiana	8457	Distributor	01/04/2016	12/31/2019
Louisiana Control Lic	CDS.047539-DIS	Distributor	01/04/2016	01/15/2020
Oregon with Controls	M-0002779	Manufacturer	01/14/2016	09/30/2019
Utah	9608350-1710	Manufacturer & Wholesaler	01/19/2016	09/30/2019
Utah DEA Lic	9608350-8913	Manufacturer & Wholesaler	01/19/2016	09/30/2019
Indiana	letter stating we do not need LIC. in their state			
Pennsylvania	1000003702	Manufacturer	01/14/2016	01/31/2020
Texas	1001848	Wholesale Distributor	01/27/2016	10/12/2019
Florida	NSC174	Nonresident Sterile Compounding	02/12/16	02/28/2021
Minnesota	364217	Wholesale	06/03/2019	05/31/2020
Minnesota	461580	Manufacturer	06/03/2019	05/31/2020
South Carolina	1661	NON-RESIDENT OUTSOURCING FACILITY	005/20/2016	06/30/2020
South Carolina	1662	NON-RESIDENT WHOLESALER/DIST/MANUF	05/20/16	06/30/2020
Georgia	PHMA	Manufacturing	08/26/2016	06/30/2021
New Mexico	OF00000002	Nonresident	08/03/2016	12/31/2020
Hawaii	Letter stating we do not need Lic in their state			
Hawaii Controls			E13069	04/30/2020
Massachusetts	No00039	Non-resident Outsourcing Facility	05/09/2017	12/31/2019
Alaska	Letter stating we can ship license not required			
Massachusetts	NO00039	Non-resident Outsourcing Facility	05/09/2017	12/31/2019
North Carolina	1405	Outsourcing		12/31/2019
North Carolina Controls				
Washington DC	DM1700116	Non- Resident Manufacturing	07/15/2017	07/31/2019**
Washington DC Controls	CF1700047		07/25/2017	07/25/2019**
Kansas	5-103530	Wholesale	08/22/2017	06/30/2020
Rhode Island	No License Required at this time	See letter		
Delaware	A4-0002461	Wholesale	11/16/2017	09/30/2020
Delaware	AD-0000047	Outsourcing Facility Distributor	11/16/2017	09/30/2020

Delaware	DM-0012687	Distributor/Manufacturer CSR	11/16/2017	06/30/2021
Montana	PHA-WDD-LIC-49966	Wholesale		11/30/2019
New Hampshire	9050	Bulk Compounding/Outsourcing		06/30/2020
Maryland	D06173	Distributor	02/21/2018	05/31/2021
Vermont	039.0134174	Wholesale Drug Outlet special Outsourcing	03/26/2018	07/31/2019
Missouri	2018011920	Drug Distributor	04/08/2018	10/31/2019
Maine	WH70002881	Wholesaler	07/31/2018	12/31/2019
Wisconsin	2958-45	Wholesaler	09/29/2018	05/31/2020
Mississippi	CS-17621	CONTROL REG	06/03/2019	12/31/2019
Mississippi	17621	Outsourcer	06/03/2019	12/31/2021



**RXQ COMPOUNDING**  
FDA 503B OUTSOURCING  
FACILITY

2364 Blizzard Lane

Albany, OH 45710

Phone: 1-866-280-0031

Fax : 740-854-1029

## **OWNERSHIP INFORMATION**



# RXQ COMPOUNDING

## IDA 503B OUTSOURCING FACILITY

NAME	ADDRESS	PHONE	TITLE	Percentage Owned
EDWARD ZATTA ed.zatta@rxqcompounding.com	4835 US ROUTE 33 ATHENS, OH 45701	740-359-4513	CEO	42.0005
DAVID M. ZATTA dmzatta@macrecpa.com	1802 HAMILTON PLACE STEUBENVILLE, OH 43952	740-283-1040	Secretary, Treasurer, member	7.4727
LAURA PAIGE HERMAN (N.K.A. MELVAN) lauramelvin@yahoo.com	547 WASHINGTON ST TRAVERSE CITY, MI 49686	1-231-313-5236	MEMBER	7.5470
CHRISTOPHER TENOGLIA tenlaw@suddenlinkmail.com	200 E. 2ND ST POMEROY, OH 45769	740-992-6368	GENERAL COUNSEL, VICE PRESIDENT	7.1445
DIANA MARIA TEREZIS REVOCABLE TRUST c/o NICHOLAS E TEREZIS & MARIA M. TEREZIS nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH, PA 15215	740-282-5198	MEMBER	1.8229
NICHOLAS EMANUEL TEREZIS LIVING TRUST UA c/o NICHOLAS TEREZIS nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH, PA 15215	740-282-5198	MEMBER	1.6860
MARIA MAHFOOD TEREZIS LIVING TRUST UA c/o MARIA TEREZIS nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH, PA 15215	740-282-5196	MEMBER	1.4696
DR. RICHARD A MAHFOOD & OR/ ANGELA S MAHFOOD ramtooth@comcast.net	420 BRAEBARTON BLVD STEUBENVILLE, OH 43952	740-264-7007	MEMBER	0.4442

VINCENT J. FATH & KRISTEN Z. FATH vjfath@gmail.com	<del>828 SURREY DRIVE</del> LOWER GWYNEDD, PA 19002	215-859-6565	MEMBER	0.4291
MR. JEROME WONG jerome_wong@yahoo.com	94 BROWN ROAD SCARSDALE, NY 10583	914-217-0879	MEMBER	0.6696
MARK MOLTON drsmoulton@msn.com	480 W. CIRCLE DR NORTH MUSKEGON, MI 49445	231-719-2731	MEMBER	1.0000
JON FIELDS jon.fields@rxqcompounding.com	7688 HEATHERSTONE DRIVE ATHENS, OH 45701	740-593-0202	MEMBER	0.4655
BRENDAN FORD bford@talismancp.com	798 TWEED COURT WORTHINGTON, OH 43085	614-551-1684	MEMBER	12.1169
IRA SERVICES TRUST COMPANY CFBO JEREOME WONG	94 BROWN ROAD SCARSDALE, NY 10583	914-217-0879	MEMBER	1.0732
EDWARD C. ZATTA zattas@comcast.net	1020 C OSS LANE WELLSBURG, WV 16070	304-670-0161	MEMBER	0.4025
HELENE CYNTHIA TEREZIS REV LIVING TR DTD nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH PA 15215	740-282-5198	MEMBER	0.2683
IRA SERVICES TRUST COMPANY CFBO MARIA M. TEREZIS nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH, PA 15215	740-282-5198	MEMBER	0.1342

IRA SERVICES TRUST COMPANY CFBO NICHOLAS E. TEREZIS nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH, PA 15215	740-282-5198	MEMBER	0.1342
SAMUEL E. CROSS II secrossii@gmail.com	PO BOX 266 FORD CITY, PA 16226	989-621-0599	MEMBER	0.1342
TERESA TEREZIS KLEMES TRUST DTD c/o NICHOLAS E. TEREZIA & TERESA TEREZIS KLEMES nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH, PA 15215	740-282-5198	MEMBER	0.1342
OHIO INNOVATION FUND, LLC c/o BILL BAUMEL	629 NORTH HIGH ST. 4TH FLOOR COLUMBUS, OH 43215		MEMBER	5.6338
ADVANTAGE CAPITAL COMMUNITY DEVELOPMENT c/o CHRISTOPHER HARRIS	3 LEBANON STREET HANOVER, NH 03755	603-676-7156	MEMBER	2.8169
INCENTIVE INTEREST-OPTION POOL				5.000

**12**



**12A**

**CONTROLLED SUBSTANCE REGISTRATION APPLICATION**

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

**Registration Fee: \$80.00** (non-refundable money order or cashier's check only)

(This application cannot be used by PA's or APRN's)

(This is for reinstatement)

First: Kristin Middle: Adele Last: Hestdalen Degree: M.D.

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Practice Name (if any): Kristin Hestdalen, M.D.

Nevada Address: 5421 Kietake Lane, Suite 101 Suite #: \_\_\_\_\_

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Reno State: NV Zip Code: 89511

E-mail: Krishestdalenmd@gmail.com Contact E-mail: Krishestdalenmd@gmail.com

PA Work Telephone: (775) 386 8125 cell # Fax: (775) TBA

Practitioner License Number: NV10215 Specialty: child + adolescent psychiatry

Sex: ☐ M or ☒ F

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

				Yes	No
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....</b>				<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in any state? .....				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in any state? ...				<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state? .....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
(See explanation)					
<b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b>					
Board Administrative Action:		State	Date:	Case #:	
			/ /		
Criminal Action:	State	Date:	Case #:	County	Court

**It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.**

**I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.**

Kristin Hestdalen

Original Signature, no copies or stamps accepted.

3/31/19  
Date

Board Use Only: Date Processed: \_\_\_\_\_ Amount: 80.00

Explanation for Affirmative Answer to Question #1 -CS Renewal Application

On November 21, 2018, I was involved in an automobile accident to which law enforcement responded. I was required to submit to a field sobriety test. I was arrested for driving under the influence after failing the nystagmus test. Subsequently I was found to have cocaine metabolite in my blood and was charged with a misdemeanor charge of driving under the influence and failure to reduce speed and exercise due care. A copy of the Amended Criminal Complaint is attached. I am entering into a ninety day in-patient professionals program through Talbott Recovery on April 10, 2019 and the pending criminal matter will be continued until after my return from Talbott Recovery.

6/16/19

\* Addendum: I am currently at Talbott Recovery and do not have the Amended Criminal Complaint with me. It basically says what the above explanation does - That I have been charged with a misdemeanor DUI and failure to use due care. The DUI is for having a positive nystagmus test and a cocaine metabolite in my blood test.

Kristin Hesthaven M.D.

Kristin Hestdalen, M.D.  
5421 Kietzke Lane, Suite 101  
Reno, Nevada. 89521

March 31, 2019

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

To Whom It May Concern:

I am a board-certified child and adolescent psychiatrist licensed to practice medicine in the state of Nevada for 18 years. I was the victim of domestic violence in June, 2017. My ex-partner was finally convicted of domestic battery in June, 2018. I have been receiving treatment for a diagnosis of PTSD with a local psychiatrist and psychologist. During that time I was on the benzodiazepine, clonazepam, for sleep and anxiety. I was charged with a misdemeanor DUI on November 21, 2018, while on clonazepam, although, the roadside breathalyzer test was zero. The resolution of this is still pending. I voluntarily decided to get treatment for my anxiety and substance use at a residential treatment facility and completed the 30 day program on January, 2019. I continue to receive treatment on an outpatient basis.

In an abundance of caution and on the advice of my psychiatrist, I am going to a 90 day program at Talbott Recovery (physician track). Please contact me if you have any concerns or questions.

Sincerely,

*K Hestdalen*

Kristin A. Hestdalen, MD



## NEVADA STATE BOARD OF MEDICAL EXAMINERS

[Search](#)

### Licensee Details

#### Person Information

Name: Kristin Adele  
HESTDALEN  
Sierra Mental  
Address: Health  
Associates  
691 Sierra  
Rose Drive,  
Suite B  
Reno NV  
89511  
Phone: 7758252503

#### License Information

License Type: Medical Doctor  
License Number: 10215 Status: Active  
Issue Date: 7/1/2002 Expiration Date: 6/30/2019

### Scope of Practice

Scope of Practice: Child Psychiatry

Scope of Practice: Psychiatry

### Education & Training

School: Loma Linda University / Loma Linda, CA  
Medical  
Degree\Certificate: Doctor  
Degree  
Date Enrolled:  
Date Graduated: 5/28/1995  
Scope of Practice:

School: Oregon Health Sciences Univ / Portland, OR  
Degree\Certificate: Residency  
Date Enrolled: 7/1/1995  
Date Graduated: 6/30/1998  
Scope of Practice: Psychiatry

School: Stanford University / Stanford, CA  
Degree\Certificate: Fellowship  
Date Enrolled: 11/15/1998

Date Graduated: 11/15/2000
Scope of Practice: Child Psychiatry

School: Psychiatry and Neurology
Degree\Certificate: American Board

Date Enrolled:
Date Graduated: 1/7/2002
Scope of Practice: Psychiatry

<b>CURRENT EMPLOYMENT STATUS/CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION</b>
---

NONE
------

<b>Board Actions</b>
----------------------

NONE
------

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window
--------------

**12B**

**CONTROLLED SUBSTANCE REGISTRATION APPLICATION**

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

**Registration Fee: \$80.00 (non-refundable money order or cashier's check only)**  
(This application cannot be used by PA's or APRN's)

First: Maryanne Middle: \_\_\_\_\_ Last: Phillips Degree: MD

SS#: \_\_\_\_\_ Date of Birth: ( )

Practice Name (if any): Precision Surgery Center

Nevada Address: 1701 Wellness Way Suite #: 202

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Las Vegas State: Nevada Zip Code: 89102

E-mail: MaryannPhillipsMD@outlook.com Contact E-mail: \_\_\_\_\_

Work Telephone: (702) 310-9110 Fax: (702) 310-9114

Practitioner License Number: 7635 Specialty: Anesthesiology

Sex: ☐ M or ☒ F

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

				Yes	No
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....</b>					
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....				<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & <b>provide an explanation and documentation:</b>					
Board Administrative Action:		State	Date:	Case #:	
			/ /	See Attachments	
Criminal Action:	State	Date:	Case #:	County	Court
NONE					

**It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.**

**I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.**

Original Signature, no copies or stamps accepted.

November 4th, 2019

Date

Board Use Only: Date Processed: \_\_\_\_\_ Amount: 80.00



Maryanne Phillips, MD - Controlled Substance Registration Application  
Explanation of Disciplinary actions.

Board Administrative Action:	State	Date:	Case#:
	CA	2004	09-04-161866

Summary: A Pharmacist Shelton Borrison, working in a Savon Pharmacy, located in an Albertsons Market in Palm Desert CA, was investigated for insurance fraud.<sup>1</sup> I had a working relationship with this pharmacy because they were a "Target Pharmacy" for a medication we were prescribing. Per the pharmacy rep from Cephalon Pharmaceuticals, we were to use this pharmacy for our patients taking this medication. Without my knowledge, Mr. Borrison was under investigation for insurance fraud by Aetna Insurance company, for excessive billing.<sup>2</sup> It is alleged that Mr. Borrison billed over two hundred thousand dollars (\$200,000.00) for prescriptions for a new drug over 18 months for two patients. These patients were my employer's (Dr. Reinhart's) who was the contracted physician to Aetna. I was not a contracted physician with Aetna.<sup>1 2 3</sup>

Aetna filed the initial complaint against pharmacist Borrison, for overbilling. Mr. Borrison's & Savon's council denied the charges of over dispensing of unauthorized prescriptions. It was discovered that Mr. Borrison would call a specific staff member in Dr. Reinhart's office to retrieve a "replacement prescription," alleging the original prescription for these two patients was lost or incorrect. Mr. Borrison would fill both the legal prescription and the replacement prescriptions, keeping one and dispensing one to the patient as prescribed. Mr. Borrison billed for those double prescriptions every month for eighteen months. I was unaware that the staff member and Mr. Borrison had been using the legitimate prescriptions I had written to further their scheme.

During this time, I finished my 1-year contract with Dr. Reinhart and returned to Nevada to practice. I later discovered that the Attorney General for the State of California (there was no pharmacy board in place at this time to adjudicate the charges) requested the patient files from Dr. Reinhart.<sup>4</sup>

---

<sup>1</sup>See Attachment #1 09/28/04 Fax from Dept of Insurance, from Brian S, Fraud Division, to Vickie Welch Re: case of fraud.

<sup>2</sup>See Attachment #2 Medical Board of California, Enforcement Program Attorney Diary Re: Case closed due to insufficient evidence.

<sup>3</sup>See Attachment #3 National Practitioners Data Bank, Healthcare Integrity and Protection Data Bank RE: Correcting factual inaccuracies in the reporting of actions against Maryanne Phillips, MD. No adverse outcomes. Basis for correction, inaccuracies in the basis of action.

<sup>4</sup>See Attachment #4 Letter from the Attorneys for Maryanne Phillips, MD request for records from Roland Reinhardt's, MD office.

Additionally, after the California Attorney General's office contacted me regarding my alleged medical negligence, I learned that Dr. Reinhart's staff only provided one side of the two-sided patient documents. When this came to my attention, I was able to provide the complete patient files<sup>5</sup> and, along with a handwriting expert<sup>6</sup>, provide evidence that I did not write the improper prescriptions.<sup>7</sup>

## Conclusion

As a result of the California Attorney General's investigation, Deputy Attorney General Samuel Hammond placed me on probation.<sup>8</sup> Regardless of my innocence, [counsel/the council] recommended that I comply with the state of California's 2008 probation order.

See Attachment #8 Patients (Fraud Victims) Letter to Maryanne Phillips, MD exonerating her of any wrongdoing. This is a letter from the patients where the pharmacist double billed for their prescriptions. they sent this letter apologizing for the issue and notifying MP that the pharmacist made up allegations about her.

---

Board Administrative Action: NV Medical Board	State  NV	Date:  2009	Case#:  DO YOU KNOW THE CASE NO?
---	-----------------	-------------------	--

In 2009, while renewing my Nevada License online, I called my counsel to inquire how to answer question #3 of the licensure application, "Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?" My legal counsel stated that my case was still pending and "not to mark any box revealing" this information. I now realize that I should have disclosed this information.

Summary: Although the State of California stated that the case against me for excessive narcotics prescription was closed due to insufficient evidence,<sup>9</sup> the Nevada Medical Board took action against me for "failing to notify them of disciplinary actions in another state (CA)." Nevada placed me on reciprocal probation until 2012.<sup>10</sup> At the time, I did not realize that I should have informed Nevada of the action against my license at the inception of the California case.

---

<sup>5</sup> See Attachment #5 Askew Law Firm representing Maryanne Phillips, MD requesting the missing 600 pages of discovery.

<sup>6</sup> See Attachment #5 Handwriting Expert Certification.

<sup>7</sup> See footnote 3, *supra*.

<sup>8</sup> See Attachment #6 Unsigned CA Probation stipulation.

<sup>9</sup> See footnote 2, *supra*.

<sup>10</sup> See Attachment #7 NV State Board Medical Examiners, Letter to Maryanne Phillips, MD acknowledging her compliance with probation and the stating the case was satisfied.

**CONCLUSION**

Nevada placed me on reciprocal probation until 2012. I am no longer on probation with the CA Attorney General.<sup>11</sup>

---

Las Vegas Metropolitan Police Department	State	Date:	Case#:
	NV	2010	DO YOU KNOW THE CASE NO?

Summary: In 2010 without my knowledge, a patient stole my prescription pad, and prescriptions for narcotics with my forged signature were circulated to local pharmacies. I contacted law enforcement when I learned of the incident.<sup>12</sup> The suspect patient had made representations to the investigator that I was providing these prescriptions; he also alleged that we had a personal relationship and that "we partied together." The patient also alleged that he had witnessed me ingest narcotics. Based on this information, the investigator demanded a urine and hair drug test, which proved negative. Also, during the investigation, I was summoned by a Medical Board investigator to produce my signature to compare to the signature on the prescriptions. After fourteen different tests, it was apparent that the signatures and handwriting were not my own and were forged by persons unknown.<sup>9</sup>

Additionally,

I immediately reported this incident to the DEA, and they advised me to "voluntarily" change my DEA number to counteract any further fraud.

**CONCLUSION**

I complied with both the law enforcement and Medical Board investigations and voluntarily changed my DEA number. No further action was necessary.

---



---

<sup>11</sup> See Attachment # 10 State of CA revocation of CA probation.

<sup>12</sup> See Attachment #9 LV Metro Police Reports regarding stolen prescription pads.

Board Administrative Action: NV Medical Board	State	Date:	Case#:
	NV	2011-2013	Unknown: Awaiting documentation.

Summary: In 2011, two patients complained to my employer, Dr. A. Nagy that they were erroneously billed for neurosurgery that had not occurred. A medical board investigator presented to the clinic demanding their charts for review. I provided those charts and notes indicating that I had neither charged nor billed for a surgery that did not happen.

Additionally, the medical board investigator alleged there was illegal activity occurring in the shared parking lot. The investigator filed a complaint of illegal activity in the parking lot of my office. Upon notification, I called the Las Vegas Metro Police to investigate the allegations. Nothing further came of this investigation.

### **CONCLUSION**

I have no other knowledge as to the disposition of this allegation.

---

Board Administrative Action: NM Medical Board	State	Date:	Case#:
	NM	2013	12-10032-1

In 2013 allegations from the medical board investigator accused me of patient abandonment. The patient in question, presented with a fractured ankle and was treated by me with medication and referred to physical therapy for follow-up treatment.

Following the office visit with me and obtaining a prescription of narcotics, the patient presented to yet another physician for narcotics. Based on this information, I discharged the patient for non-compliance and violation of her narcotics agreement. Upon discharge, she ran out of my office into the parking lot, screaming that "she is not giving me my medication." The Med Board Investigator was in my parking lot and observed this patient screaming and came to investigate.

### **CONCLUSION**

The allegations of patient abandonment were later dismissed.

---

In 2013, based on the California allegations, the New Mexico Board of Medical Examiners revoked my inactive license.<sup>13</sup>

---

Board Administrative Action: NV Pharmacy Board	State	Date:	Case#:
	NV	March/2014	14-OC-00064 1B

Summary: In 2014, based on the California allegations, the Nevada Pharmacy Board, deactivated my license.<sup>14 15</sup>

---

Board Administrative Action: NV Medical Board	State	Date:	Case#:
	NV	Nov/2014	12-10032-1

On May 27, 2015, the supreme Court of State of Nevada, case number 67538 ruled that the Medical Board Claims be dismissed and ordered the Nevada Pharmacy Board's general counsel to grant unrestricted Controlled substance registration for anesthesiology.

Subsequently in June of 2015, my NV Medical Board License was reissued without restriction until September 9, 2016.<sup>16</sup>

On September 9, 2016, my attorney, Mr. Hunt notified me that the Medical Board put me back on probation without explanation and restricted me from practicing outpatient pain management. However, at the time of this decision, I was not working in the medical field.

On December 1, 2017, the Nevada Medical Board granted cessation of probation. The restriction for outpatient pain management continued.

In 2017, following the end of my probation, a complaint was brought by the Nevada Medical Board, alleging that I was the medical director of a pain clinic. A Medical Board Investigator had sent a request to see the files in question. I sent an email to him, stating that I did not have access to those files and could not supply them.

---

<sup>13</sup> ORDER FROM NM SHOULD GO HERE.

<sup>14</sup> But see attachment #11 May 23, 2013 Faxed letter from Deputy General Council, Nevada State Board of Medical Examiners to Kenneth Hogan, Maryanne Phillips, MD council stating revocation was improper.

<sup>15</sup> But see attachment #12 Maryanne Phillips council, Dallas Horton's Letter to NV State Medical Board. Summary of California case.

<sup>16</sup> See attachment #13 Board of NV State Board of Medical Examiners.

The Medical Board Investigator alleged that I refused to provide charts and records that I did not have. I was not the custodian of records and did not have access to those files. I was not practicing medicine at the time. The office that I was working had continued to use my name for billing and had erroneously left my name on computer-generated patient charts as a treating physician. It was determined through the EMR system that I was not on site, nor did I see or charge the patients in question.

### **Conclusion**

Following a Medical Board Hearing on this, it was determined that I did not treat those patients, nor did I have access to the medical records in question.

---

### **Events Summary**

In conclusion, without any factual basis, my license was revoked in California. Based on that erroneous information, a chain of events occurred that resulted in my loss or restriction of my Medical License in California, New Mexico, and Nevada.

In all instances I was found innocent of any allegations against my character, integrity and ethics. The superior Court of the State of California County of San Diego, case # 37-2014-00026553-CU-WM-CTL orders the reinstatement of my license without restriction in California. I am currently working with council to have my California license returned unrestricted. I have also been cooperating with the state of New Mexico and my license is currently pending reissue. I am taking classes and working as an anesthesiologist to keep current on procedures and protocols to recapture my licenses and certifications. However, I am also being more cautious to protect my name, licenses, and prescriptions so that they will not be used without my knowledge or permission.

This information is provided to the best of my knowledge. I am in contact with the relevant California and New Mexico licensing boards for a complete set of documentation.

**13**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

## APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocity.

**Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)**

Money Order or Cashier's Check only made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: James Middle: Robert Last: Dexter

Mailing Address: 13377 Carson Hwy

City: Fallon State: NV Zip Code: 89406

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Porterville, CA

Social Security Number: \_\_\_\_\_ Sex: ☒ M or ☐ F  
(Full Number Required)

### College of Pharmacy Information

Graduation Date: 05.27.18  
(mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Loma Linda University

Location of School: Loma Linda, CA

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

### Board Use Only

Processed: 9-11-19 Amount: 330.00 Entity #: \_\_\_\_\_  
Email: \_\_\_\_\_ NAPLEX: \_\_\_\_\_ MPJE: \_\_\_\_\_



Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
<u>NONE</u>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

\*\*Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch: \_\_\_\_\_

Military Occupation/Specialty: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: \_\_\_\_\_

					Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?..... <input checked="" type="checkbox"/> ... <input type="checkbox"/>						
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... <input checked="" type="checkbox"/> ... <input type="checkbox"/>						
2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?..... <input checked="" type="checkbox"/> ... <input type="checkbox"/>						
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.... <input checked="" type="checkbox"/> ... <input type="checkbox"/>						
If you marked <b>YES</b> to any of the numbered questions (1-3) above, include the following information & provide an explanation and/or documentation: <i>Attached</i>						
Board Administrative Action:		State	Date:		Case #:	
			/ /			
Criminal Action:	State	Date:	Case #:	County	Court	
		/ /				

### **FEDERALLY MANDATED REQUIREMENTS**

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☒  
**4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐**

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 my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



Original Signature, no copies or stamps accepted

08.20.19

Date

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

Dear Board of Pharmacy,

Attached is a copy of the legal issues I have faced. They have all been due to addiction to alcohol. For the first time I am in professional treatment. I have not touched alcohol since December 8, 2018. I am committed to not drinking and improving myself. My next goal is to get my pharmacy license in Nevada and be a positive impact on the community.

My counselor, Carol Schaye, said to have you call her anytime and that she would be willing to come in and speak on my behalf.

Carols Schaye  
Carols Counseling  
1000 Bible Way #41  
Reno, NV 89509

Phone:

I appreciate your consideration.

James Dexter

## Pharmacy Board Action

Board Administrative Action:	State	Date	Case #
Revoke	California	3/30/2018	6374

## Cases

Criminal Action	State	Date	Case #	County	Court
DUI	NV	5/11/2011	11CR00343	Humboldt	Humboldt County Justice Court

Criminal Action	State	Date	Case #	County	Court
DUI	CA	8/31/2017	LM111739A	Kern	Superior Court of Kern County

Criminal Action	State	Date	Case #	County	Court
DUI	CA	5/6/2018	RIM1807687	Riverside	Superior Court of California, County of Riverside

Criminal Action	State	Date	Case #	County	Court
DUI	NV	12/8/2018	18SCR1930	Washoe	Sparks Justice Court

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

In the Matter of the Accusation Against:

**JAMES ROBERT DEXTER**  
26072 Gardner St.  
Loma Linda, CA 92354

**Intern Pharmacist Registration No.  
INT 35161**

Respondent.

Case No. 6374

**DEFAULT DECISION AND ORDER**

[Gov. Code, §11520]

**FINDINGS OF FACT**

1. On or about March 30, 2018, Complainant Virginia Herold, in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs, filed Accusation No. 6374 against James Robert Dexter (Respondent) before the Board of Pharmacy. (Accusation attached as Exhibit A.)

2. On or about December 17, 2014, the Board of Pharmacy (Board) issued Intern Pharmacist Registration No. INT 35161 to Respondent. The Intern Pharmacist Registration was in full force and effect at all times relevant to the charges brought in Accusation No. 6374 and will expire on May 31, 2019, unless renewed.

3. On or about April 11, 2018, Respondent was served by Certified and First Class Mail copies of the Accusation No. 6374, Statement to Respondent, Notice of Defense, Request for

1 Discovery, and Discovery Statutes (Government Code sections 11507.5, 11507.6, and 11507.7) at  
2 Respondent's address of record which, pursuant to Business and Professions Code section 4100,  
3 is required to be reported and maintained with the Board. Respondent's address of record was  
4 and is: 26072 Gardner St., Loma Linda, CA 92354.

5 4. Government Code section 11506(c) states, in pertinent part:

6 (c) The respondent shall be entitled to a hearing on the merits if the respondent  
7 files a notice of defense . . . and the notice shall be deemed a specific denial of all  
8 parts of the accusation . . . not expressly admitted. Failure to file a notice of defense  
9 . . . shall constitute a waiver of respondent's right to a hearing, but the agency in its  
10 discretion may nevertheless grant a hearing.

11 5. The Board takes official notice of its records and the fact that Respondent failed to  
12 file a Notice of Defense within 15 days after service upon him of the Accusation, and therefore  
13 waived his right to a hearing on the merits of Accusation No. 6374.

14 6. California Government Code section 11520(a) states, in pertinent part:

15 (a) If the respondent either fails to file a notice of defense . . . or to appear at  
16 the hearing, the agency may take action based upon the respondent's express  
17 admissions or upon other evidence and affidavits may be used as evidence without  
18 any notice to respondent . . . .

19 7. Pursuant to its authority under Government Code section 11520, the Board finds  
20 Respondent is in default. The Board will take action without further hearing and, based on the  
21 relevant evidence contained in the Default Decision Evidence Packet in this matter, as well as  
22 taking official notice of all the investigatory reports, exhibits and statements contained therein on  
23 file at the Board's offices regarding the allegations contained in Accusation No. 6374, finds that  
24 the charges and allegations in Accusation No. 6374, are separately and severally, found to be true  
25 and correct by clear and convincing evidence.

26 8. The Board finds that the actual costs for Investigation and Enforcement are \$44.61 as  
27 of May 10, 2018. The California Department of Justice, Office of the Attorney General find that  
28 the actual costs for prosecution are \$945.00 as of May 10, 2018.

///

///

///

**DETERMINATION OF ISSUES**

1. Based on the foregoing findings of fact, Respondent James Robert Dexter has subjected his Intern Pharmacist Registration No. INT 35161 to discipline.

2. The agency has jurisdiction to adjudicate this case by default.

3. The Board of Pharmacy is authorized to revoke Respondent's Intern Pharmacist Registration based upon the following violations alleged in the Accusation which are supported by the evidence contained in the Default Decision Evidence Packet in this case:

a. Business and Professions Code sections 490 and 4301, subdivision (l), in conjunction with California Code of Regulations, title 16, section 1770, on the grounds of unprofessional conduct, in that Respondent was convicted of a substantially related crime as follows:

i. On or about December 21, 2017, Respondent, after pleading nolo contendere, was convicted of one misdemeanor count of violating Vehicle Code section 23152(b) [driving with a BAC of .08% or more] in the criminal proceeding entitled *The People of the State of California v. James Robert Dexter* (Super. Ct. Kern County, 2017, No. LM111739A).

b. Business and Professions Code section 4301, subdivision (h), on the grounds of unprofessional conduct, in that on or about July 29, 2017, Respondent used alcoholic beverages to the extent or in a manner as to be dangerous or injurious to himself or others when he drove a vehicle under the influence of alcohol.

///

///

///

///

///

///

///

///

///

///

**ORDER**

IT IS SO ORDERED that Intern Pharmacist Registration No. INT 35161, issued to Respondent James Robert Dexter, is revoked.

Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a written motion requesting that the Decision be vacated and stating the grounds relied on within seven (7) days after service of the Decision on Respondent. The agency in its discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective at 5:00 p.m. on July 10, 2018.

It is so ORDERED on June 11, 2018.

BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA



By

Victor Law, R.Ph.  
Board President

62820476.DOC  
DOJ Matter ID: LA2018500580

Attachment:  
Exhibit A: Accusation



# Exhibit A

Accusation

(JAMES ROBERT DEXTER)

1 XAVIER BECERRA  
 Attorney General of California  
 2 LINDA K. SCHNEIDER  
 Senior Assistant Attorney General  
 3 ARMANDO ZAMBRANO  
 Supervising Deputy Attorney General  
 4 State Bar No. 225325  
 300 So. Spring Street, Suite 1702  
 5 Los Angeles, CA 90013  
 Telephone: (213) 269-6322  
 6 Facsimile: (213) 897-2804  
*Attorneys for Complainant*  
 7

8 **BEFORE THE**  
 9 **BOARD OF PHARMACY**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
 10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 6374

12 **JAMES ROBERT DEXTER**  
 26072 Gardner St.  
 13 Loma Linda, CA 92354

**A C C U S A T I O N**

14 **Intern Pharmacist Registration No. INT**  
 15 **35161**

Respondent.

16  
 17 Complainant alleges:

18 **PARTIES**

19 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity  
 20 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

21 2. On or about December 17, 2014, the Board of Pharmacy issued Intern Pharmacist  
 22 Registration Number INT 35161 to James Robert Dexter (Respondent). The Intern Pharmacist  
 23 Registration was in full force and effect at all times relevant to the charges brought herein and  
 24 will expire on May 31, 2019, unless renewed.

25 **JURISDICTION**

26 3. This Accusation is brought before the Board of Pharmacy (Board), Department of  
 27 Consumer Affairs, under the authority of the following laws. All section references are to the  
 28 Business and Professions Code unless otherwise indicated.

1       4.    Section 4300, subdivision (a), of the Code states, in pertinent part, that "[e]very  
2 license issued may be suspended or revoked."

3       5.    Section 4300.1 of the Code states:

4       "The expiration, cancellation, forfeiture, or suspension of a board-issued license by  
5 operation of law or by order or decision of the board or a court of law, the placement of a license  
6 on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board  
7 of jurisdiction to commence or proceed with any investigation of, or action or disciplinary  
8 proceeding against, the licensee or to render a decision suspending or revoking the license."

9                               STATUTORY PROVISIONS

10       6.    Section 490 of the Code provides, in pertinent part, that a board may suspend or  
11 revoke a license on the ground that the licensee has been convicted of a crime substantially related  
12 to the qualifications, functions, or duties of the business or profession for which the license was  
13 issued.

14       7.    Section 4301 of the Code states:

15       "The board shall take action against any holder of a license who is guilty of unprofessional  
16 conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is  
17 not limited to, any of the following:

18       ....

19       "(h) The administering to oneself, of any controlled substance, or the use of any dangerous  
20 drug or of alcoholic beverages to the extent or in a manner as to be dangerous or injurious to  
21 oneself, to a person holding a license under this chapter, or to any other person or to the public, or  
22 to the extent that the use impairs the ability of the person to conduct with safety to the public the  
23 practice authorized by the license.

24       ....

25       "(k) The conviction of more than one misdemeanor or any felony involving the use,  
26 consumption, or self-administration of any dangerous drug or alcoholic beverage, or any  
27 combination of those substances.

28       ///

“(l) The conviction of a crime substantially related to the qualifications, functions, and duties of a licensee under this chapter. The record of conviction of a violation of Chapter 13 (commencing with Section 801) of Title 21 of the United States Code regulating controlled substances or of a violation of the statutes of this state regulating controlled substances or dangerous drugs shall be conclusive evidence of unprofessional conduct. In all other cases, the record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime, in order to fix the degree of discipline or, in the case of a conviction not involving controlled substances or dangerous drugs, to determine if the conviction is of an offense substantially related to the qualifications, functions, and duties of a licensee under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this provision. The board may take action when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

....

“(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

“(p) Actions or conduct that would have warranted denial of a license.”

### **REGULATORY PROVISIONS**

8. California Code of Regulations, title 16, section 1770, states:

“For the purpose of denial, suspension, or revocation of a personal or facility license pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a crime or act shall be considered substantially related to the qualifications, functions or duties of a

licensee or registrant if to a substantial degree it evidences present or potential unfitness of a licensee or registrant to perform the functions authorized by his license or registration in a manner consistent with the public health, safety, or welfare.”

#### **COST RECOVERY**

9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

#### **FIRST CAUSE FOR DISCIPLINE**

##### **(Conviction of a Substantially Related Crime)**

10. Respondent is subject to disciplinary action under Code sections 490 and 4301, subdivision (l), in conjunction with California Code of Regulations, title 16, section 1770, in that Respondent was convicted of a crime substantially related to qualifications, functions, or duties of a licensed intern pharmacist which to a substantial degree evidences his present or potential unfitness to practice in a manner consistent with the public health, safety, or welfare as follows:

a. On or about December 21, 2017, Respondent, after pleading nolo contendere, was convicted of one misdemeanor count of violating Vehicle Code section 23152(b) [driving with a BAC of .08% or more] in the criminal proceeding entitled *The People of the State of California v. James Robert Dexter* (Super. Ct. Kern County, 2017, No. LM111739A). The court sentenced Respondent to serve four (4) days in jail, placed Respondent on three (3) years probation, and ordered Respondent to complete a licensed alcohol education program.

b. The circumstances underlying the conviction are that on or about July 29, 2017, law enforcement officers responded to a call regarding a reckless driver traveling at a high rate of speed. When the officers contacted Respondent, he appeared to exhibit signs of a person under the influence of alcohol, including unsteady balance, nystagmus, and an odor of alcohol emitting from his breath and person. Respondent denied he had consumed alcohol that evening and refused consent to a chemical breath test. After arrest, Respondent submitted to a blood alcohol test resulting in a BAC of .18%.

**SECOND CAUSE FOR DISCIPLINE**

**(Dangerous Use of Alcohol)**

11. Respondent is subject to disciplinary action under Code section 4301, subdivision (h), on the grounds of unprofessional conduct, in that on or about July 29, 2017, Respondent used alcoholic beverages to the extent or in a manner as to be dangerous or injurious to himself or others when he drove a vehicle under the influence of alcohol. Complainant refers to, and by this reference incorporates, the allegations set forth in paragraph 10, inclusive, as though set forth fully.

**THIRD CAUSE FOR DISCIPLINE**

**(Convictions Involving Alcohol)**

12. Respondent is subject to disciplinary action under Code section 4301, subdivision (k), on the grounds of unprofessional conduct, in that Respondent has sustained more than one misdemeanor criminal conviction involving the consumption of alcoholic beverages. Complainant refers to and by this references incorporates, the allegations set forth in paragraphs 10 and 14, inclusive, as though set forth fully.

**FOURTH CAUSE FOR DISCIPLINE**

**(Violate Pharmacy Law / Acts Warranting Denial of Licensure)**

13. Respondent is subject to disciplinary action under Code section 4301, subdivisions (o) and (p), on the grounds of unprofessional conduct, in that Respondent violated provisions of the Pharmacy Law and committed acts that would have warranted denial of a license. Complainant refers to, and by this reference incorporates, the allegations set forth in paragraphs 10 through 12, inclusive, as though set forth fully.

**DISCIPLINE CONSIDERATIONS**

14. To determine the degree of discipline, Complainant alleges that:

a. On or about August 24, 2011, Respondent, after pleading nolo contendere, was convicted of one misdemeanor count of violating Nevada Revised Statute section 484C.110 [driving under the influence of alcohol; first offense] in the criminal proceeding entitled *County of Humboldt v. James Robert Dexter* (Justice Ct. Humboldt County, 2011, No. 11CR00343). The

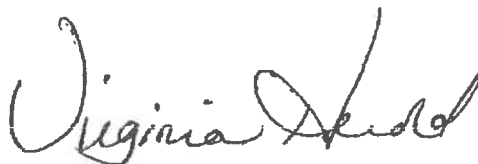
1 circumstances underlying the conviction are that on or about May 11, 2011, Respondent was  
2 pulled over by law enforcement officers for driving at a high rate of speed in Orovada, Nevada.  
3 When officers contacted respondent, he appeared to exhibit signs of a person under the influence  
4 of alcohol, including bloodshot and watery eyes, slurred speech, and an odor of alcohol emitting  
5 from his person. Respondent submitted to a chemical breath test resulting in a BAC of .179% and  
6 .171%.

7 PRAYER

8 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
9 and that following the hearing, the Board of Pharmacy issue a decision:

- 10 1. Revoking or suspending Intern Pharmacist Registration Number INT 35161, issued to  
11 James Robert Dexter;  
12 2. Ordering James Robert Dexter to pay the Board of Pharmacy the reasonable costs of  
13 the investigation and enforcement of this case, pursuant to Business and Professions Code section  
14 125.3; and,  
15 3. Taking such other and further action as deemed necessary and proper.

16  
17  
18  
19 DATED: 3/30/18



VIRGINIA HEROLD  
Executive Officer  
Board of Pharmacy  
Department of Consumer Affairs  
State of California  
Complainant

20  
21  
22  
23  
24 LA2018500580  
52844770.docx

**14**





Jimmy Nguyen  
Onslow Way,  
San Jose, CA 95132

25 September, 2019

To Whom It May Concern,

I am writing to you regarding my NAPLEX registration. I am embarrassed to admit that I have attempted the NAPLEX five times and are now requesting your permission for another opportunity.

I have no good excuses for my poor performance on previous attempts; I foolishly underestimated the difficulty of the exam initially, rushed to reattempt the subsequent times, and neglected good test taking practices and my own health by choosing to cram more at the last minute instead of getting proper rest. In an attempt to cut down costs, I tried to rely on looking at guidelines alone and elected not to purchase the most recent copies of RxPrep; I then found myself going into the test with outdated information that cost me the handful of points that I needed to pass. Instead of asking my colleagues for help, I tried to hide my shameful performance and kept trying to push harder on my old approaches instead of putting focus into better ones.

Going forward, I am committed to a renewed test taking strategy that will prioritize proper pacing and rectifying my mistake of not investing in the most up to date resources. I understand that the decision to grant my request will not be made lightly and I want to express my sincerest appreciation for you taking time out of your busy schedule to give consideration to this letter and my request. If there is anything further that I can do to prove my seriousness and desire to redeem myself, please let me know. Thank you.

Respectfully,

A blue ink handwritten signature of Jimmy Nguyen, consisting of stylized cursive letters.

Jimmy Nguyen

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocity.

**Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)**

Money Order or Cashier's Check only made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Jimmy Middle: Huy Last: Nguyen

Mailing Address: Onslow Way

City: San Jose State: CA Zip Code: 95132

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: San Jose, CA

Social Security Number: \_\_\_\_\_ Sex: ☒ M or ☐ F  
(Full Number Required)

### College of Pharmacy Information

Graduation Date: 5/31/17  
(mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Roseman University

Location of School: Henderson, NV

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

### **Board Use Only**

Processed: 6/22/17 Amount: \$330.00 Entity #: 71951  
Email: 6/22 NAPLEX: 6/15 MPJE: 6/15

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
<del>NV</del> none		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

\*\*Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch: \_\_\_\_\_

Military Occupation/Specialty: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: \_\_\_\_\_

				Yes	No	
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....					<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....					<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?.....					<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?....					<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked <b>YES</b> to any of the numbered questions (1-3) above, include the following information & <b>provide an explanation and/or documentation:</b>						
Board Administrative Action:		State	Date:	Case #:		
			/ /			
Criminal Action:	State	Date:	Case #:	County	Court	
		/ /				

### **FEDERALLY MANDATED REQUIREMENTS**

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☒


**4a. If you marked Yes, to the question 4,** are you in compliance with the court order?.....Yes ☐ No ☐

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 my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

  
Original Signature, no copies or stamps accepted

6/8/17  
Date

**15**

**15A**



# Nevada State Board of Pharmacy

[Home](#)
[Individual](#)
[Renewal](#)
[Reports](#)
[Administration](#)
[Company](#)
[Inspection](#)

## License Renewal

[Add](#)

Search By Name :

License # : 19543

SS # : XXX-XX-XXXX

Last Name :

First Name :

Email :

Status : Select

[Search](#)
[Cancel](#)

[Show All](#)



<input type="checkbox"/>	<u>License#</u>	<u>License Type</u>	<u>First Name</u>	<u>Last Name</u>	<u>Submitted Date</u>	<u>Approved Date</u>	<u>Status</u>	<u>Action</u>
<input checked="" type="checkbox"/>	19543	Pharmacist	CARL	BLACK	10/08/2019		Submitted	

### Renewal Application Pharmacist

Application Fee : \$180.00  
 Convenience Fee : \$10.00  
 License Number : 19543  
 License Type : Pharmacist  
 New Expiration Date : 10/31/2021

#### Personal Information

First Name : \* CARL

Middle (initial only) : ROBERT

Last Name : \* BLACK

License # : 19543

**If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.**

#### Practice Address :

Name/Practice Name/DBA : OptumRx

Military Address : ☐

Street : \* 6800 W. 115th St.

Country : \* United States

City : \* OVERLAND PARK

State : \* Kansas

Zip : \* 66211

Practice Phone : (913) 253-0687

Practice Fax : (XXX) XXX-XXXX

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

#### Home Address :

Military Address : ☐

Street : \* TAYLOR DR

Country : \* United States

City : \* OVERLAND PARK

State : \* Kansas

Zip : \* 66212

Home Phone : (XXX) XXX-XXXX

Cell Phone : ( )

Email Address : \*

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

## Nevada Business License Information - Check appropriate answer

- ☒ I DO NOT have a Nevada Business license number.
- ☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending
- ☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License

Business License #

## Child Support Information – Check appropriate answer

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

## Military Service Information

Have you ever served in the military : \* ☐ Yes ☒ No

## Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? \* ☐ Yes ☒ No
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? \* ☐ Yes ☒ No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? \* ☒ Yes ☐ No

Information attached: Fined by Michigan BOP for infraction sustained by Oregon BOP the prior year

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
Carl Black_Michigan BOP Disclosure	Legal - Question 3	10/07/2019	(OL)		<a href="#">Document Details</a>	

Document Name :

Document Type : -Select DocumentType

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete Upload](#)[Cancel](#)



## Board Administrative Action :

Date : 10/31/2018

State : Michigan

Case # : 53-18-148992

## Criminal Action :

Date : MM/DD/YYYY

State : Select

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? \*

☐ Yes \* ☐ No

## CE Hours

## Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : \* Carl Black

Date Of Application : \* 10/08/2019

Please type only the First and Last Name that are listed at the top of the page

## Fee Detail(s)

The fees for license renewal are **NON REFUNDABLE**. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	\$180.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	<b>Total :</b>	<b>\$190.00</b>

## Fee and Payment

Payment Method : \* Credit / Debit Card

Override :

Application Fees : \* 180

Convenience Fee : \* 10

Late Fees : \* 0

Total Fees : \* 190

Reference Number : 61953233755

InvoiceDate : 10/08/2019

Paid



First () Previous ()  Next () Last ()



**To:** Board of Pharmacy  
**From:** Carl Black, RPh  
**Re:** Disciplinary Action Notification  
**Date:**

Board of Pharmacy,

I am submitting the following incident details via this communication as full disclosure of action being taken by the Michigan Board of Pharmacy on my Michigan Pharmacist License with attached Consent Order and Stipulation form dated Oct. 31, 2018.

Notification was submitted to this office of action taken by the Oregon BOP for erroneously checking an incorrect box on my reciprocity application, to include all supporting documentation and evidence. Oregon awarded licensure upon completion of fine/CE terms which were met.

Notification of this action was additionally disclosed to the 19 states I am currently licensed in. In response to this action taken by the Oregon BOP so finalized on 10/23/17, the Michigan BOP has subsequently filed said case that conveys violation of the Oregon BOP rules and regulations constitutes violation(s) of the Michigan Public Health Code. I have agreed to the terms and conditions of this order and remitted payment of \$250 to satisfy requirements of the imposed fine.

Sincerely,



Carl Black, RPH  
Taylor Drive  
Overland Park, KS 66212

**15B**



# Nevada State Board of Pharmacy

- Home
- Individual
- Renewal
- Reports
- Administration
- Company
- Inspection
- Compliance

## License Renewal

Add

Search By Name :

License # : 08156

SS # : XXX-XX-XXXX

Last Name :

First Name :

Email :

Status : Select

Search

Cancel

Show All



<input type="checkbox"/>	License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
<input checked="" type="checkbox"/>	08156	Pharmacist	J.	Kim	10/01/2019		Submitted	

## Renewal Application Pharmacist

Application Fee : \$180.00  
 Convenience Fee : \$10.00  
 License Number : 08156  
 License Type : Pharmacist  
 New Expiration Date : 10/31/2021

### Personal Information

First Name : \* J.  
 Middle (initial only) : Patrick  
 Last Name : \* Kim  
 License # : 08156

**If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.**

### Practice Address :

Name/Practice Name/DBA :

Military Address : ☐

Street : \* TANNENBAUM WAY

Country : \* United States

City : \* RENO

State : \* Nevada

Zip : \* 89509

Practice Phone : (XXX) XXX-XXXX

Practice Fax : (XXX) XXX-XXXX

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

### Home Address :

Military Address : ☐

Street : \* TANNENBAUM WAY

Country : \* United States

City : \* RENO

State : \* Nevada

Zip : \* 89509

Home Phone :

Cell Phone :

Email Address : \*

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

## Nevada Business License Information - Check appropriate answer

☐ I DO NOT have a Nevada Business license number.☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License :

Business License # :

## Child Support Information – Check appropriate answer

☐ I am NOT SUBJECT to a court order for the support of a child.☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

## Military Service Information

Have you ever served in the military : \* Yes ☐ No ☒

## Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? \*

Yes ☐ No ☒

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? \*

☒ Yes ☐ No

misdemeanor domestic battery- 200.485-1 on 11/20/17

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
---------------	---------------	------	-------------	--------------	------	--------

No Record Found

Document Name :

Document Type : -Select DocumentType-

Document

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete Upload](#) [Cancel](#)

Board Administrative Action :

State : Select

Date : MM/DD/YYYY

Case # :

Criminal Action :

State :

Select

Date :

MM/DD/YYYY

Case # :

Court :

County :

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? \*

Yes

\*

No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? \*

Yes

\*

No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B 220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : \* J. Kim

Date Of Application : \* 10/01/2019

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	\$180.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$190.00

Save

Fee and Payment

Payment Method : \* Credit / Debit Card

Override : \*

Application Fees : \* 180

Convenience Fee : \* 10

Late Fees : \* 0

Total Fees : \* 190

Reference Number : 61941812690

Invoice Date : 10/01/2019

Paid

Approve Close





**15C**



# Nevada State Board of Pharmacy

Home Individual Renewal Reports Administration Company Inspection  
Compliance

## License Renewal

[Add](#)

Search By Name :

License # :

SS # : XXX-XX-XXXX

Last Name : patel

First Name : nayan

Email :

Status : Select

[Search](#)[Cancel](#)[Show All](#)

<input type="checkbox"/>	<u>License#</u>	<u>License Type</u>	<u>First Name</u>	<u>Last Name</u>	<u>Submitted Date</u>	<u>Approved Date</u>	<u>Status</u>	<u>Action</u>
<input checked="" type="checkbox"/>	13383	Pharmacist	NAYAN	PATEL	10/07/2019		Submitted	

## Renewal Application Pharmacist

Application Fee : \$180.00

Convenience Fee : \$10.00

License Number : 13383

License Type : Pharmacist

New Expiration Date : 10/31/2021

### Personal Information

First Name : \* NAYAN

Middle (initial only) : K.

Last Name : \* PATEL

License # : 13383

**If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.**

### Practice Address :

Name/Practice Name/DBA :

Military Address : ☐

Street : \* 520 W LA HABRA BLVD

Country : \* United States

City : \* LA HABRA

State : \* California

Zip : \* 90631

Practice Phone : (562) 691-6754

Practice Fax : (562) 694-3869

☒ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

### Home Address :

Military Address : ☐

Street : \* orchard place

Country : \* United States

City : \* cerritos

State : \* California

Zip : \* 90703

Home Phone : (

Cell Phone :

Email Address : \*

Fax : (XXX) XXX-XXXX

☐ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

## Nevada Business License Information - Check appropriate answer

- ☒ I DO NOT have a Nevada Business license number
- ☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending
- ☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License :

Business License # :

## Child Support Information – Check appropriate answer

- ☒ I am NOT SUBJECT to a court order for the support of a child
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

## Military Service Information

Have you ever served in the military : \* ☐ Yes ☒ No

## Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? \* ☐ Yes ☒ No
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? \* ☐ Yes ☒ No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? \* ☒ Yes ☐ No

Effective September 3, 2018, CA Pharmacist license was placed on probation for 5 years by the CA BOP. The disciplinary action was based on operational and recordkeeping deficiencies that occurred at Central Drugs more than 3 years ago. Please see attached.

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
Orders	Legal - Question 3	10/07/2019	(OL)		<a href="#">Document Details</a>	
Orders	Legal - Question 3	10/07/2019	(OL)		<a href="#">Document Details</a>	
Orders	Legal - Question 3	10/07/2019	(OL)		<a href="#">Document Details</a>	

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete Upload](#)

Cancel

## Board Administrative Action :

State : California

Date : 08/21/2018

Case # : 5865

## Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? \*

☒ Yes ☐ No

Effective September 3, 2018, CA Pharmacist license was placed on probation for 5 years by the CA BOP. The disciplinary action was based on operational and recordkeeping deficiencies that occurred at Central Drugs more than 3 years ago. Please see attached.

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
Orders	Legal - Question 4	10/07/2019	(OL)		<a href="#">Document Details</a>	
Orders	Legal - Question 4	10/07/2019	(OL)		<a href="#">Document Details</a>	
Orders	Legal - Question 4	10/07/2019	(OL)		<a href="#">Document Details</a>	

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete Upload](#)

Cancel

## Board Administrative Action :

State : California

Date : 08/21/2018

Case # : 5865

## Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

## CE Hours

## Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B 220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : \* NAYAN PATEL

Date Of Application : \* 10/07/2019

Please type only the First and Last Name that are listed at the top of the page

## Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	\$180.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$190.00

Save

## Fee and Payment

Payment Method : \* Credit / Debit Card

Override :

Application Fees : \* 180

Convenience Fee : \* 10

Late Fees : \* 0

Total Fees : \* 190

Reference Number : 61951576643

InvoiceDate : 10/07/2019

Paid

Approve

Close

First () Previous () 1 () Next () Last ()



www.CentralDrugsRX.com | P: 562.691.6754 | F: 562.694.3869 | 520 W. La Habra Blvd., La Habra, CA 90631

**VIA CERTIFIED MAIL** 7018 2290 0002 2572 4210 10/3/19

October 2, 2019

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

**Re: NOTICE OF DISCIPLINARY ACTION - VA Reinstatement Case No. 197737  
CENTRAL DRUGS - RPH 48867 [NV Pharmacist License # RPH- 13383]**

To whom it may concern:

Through this letter, Nayan Patel, Pharm. D, is providing notice of the attached Consent Order dated September 25, 2019, received on October 1, 2019, issued by the Virginia Board of Pharmacy resolving an ongoing matter in that state. Dr. Patel was issued **License Number 0202-209826** to practice pharmacy on May 3, 2010. The Director of the Department of Health Professions entered a mandatory order of suspension of that license on April 19, 2019. As described in the attached Consent Order, the Department entered that mandatory order as a reciprocal action based on an order from the California Board of Pharmacy establishing a probationary period of five years related to Dr. Patel's license in that state. Dr. Patel submitted an application for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia on July 18, 2019. Under the Consent Agreement with Virginia, Dr. Patel has agreed to a period of probation in the Commonwealth consistent with the terms of the California Order.

Dr. Patel is committed to complying with all state laws and regulations and to providing regulators with complete and accurate information.

If you have any questions, please do not hesitate to contact me at [nayan@centraldrugsrx.com](mailto:nayan@centraldrugsrx.com) or telephone number 562-691-6754.

Sincerely,

NAYAN PATEL, PharmD  
President

Enclosure

Received  
VA Board of Pharmacy

**BEFORE THE VIRGINIA BOARD OF PHARMACY**

**IN RE: NAYAN PATEL, Pharm. D.**  
**PHARMACIST REINSTATEMENT APPLICANT**  
**License Number: 0202-209826**  
**Case Number: 197737**

---

**CONSENT ORDER**

---

**JURISDICTION AND PROCEDURAL HISTORY**

The Virginia Board of Pharmacy ("Board") and Nayan Patel, Pharm. D., as evidenced by their signatures hereto, in lieu of proceeding to a formal administrative proceeding, enter into the following Consent Order affecting Dr. Patel's application for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia.

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

1. Nayan Patel, Pharm. D., was issued License Number 0202-209826 to practice pharmacy on May 3, 2010. Said license was mandatorily suspended by Order of the Director of the Department of Health Professions on April 19, 2019. Dr. Patel submitted an application for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia on July 18, 2019.
2. Dr. Patel violated Virginia Code § 54.1-3316(6) and (7) in that during the course of his employment as the Pharmacist-in-Charge of Central Drugs Pharmacy, La Habra, California, he allowed an unlicensed individual to practice as a pharmacy technician.
3. Dr. Patel violated Virginia Code §§ 54.1-3316(2) and (7) and 54.1-3410.2(E) and 18 VAC 110-20-25(8) and 18 VAC 110-20-321(A) of the Regulations Governing the Practice of Pharmacy in that he failed to perform testing for sterility and pyrogen for batch compounded drug products compounded from one or more non-sterile products.

**Nayan Patel, Pharmacist Reinstatement Applicant**  
**CONSENT ORDER**  
**Page 2 of 4**

4. Dr. Patel violated Virginia Code § 54.1-3316(7) and (10) in that his license to practice pharmacy in other states was subjected to disciplinary action. Specifically:

a. Dr. Patel was issued License No. 48867 to practice pharmacy in the State of California on August 14, 1996. By Order of the California Board of Pharmacy effective September 3, 2018, said license was revoked, but the revocation was stayed and the license was placed on probation for five years subject to terms and conditions. This Order was based on the findings described in Findings of Fact Nos. 2 and 3, above.

b. Dr. Patel was issued License No. RPH-0011705 to practice pharmacy in the State of Oregon on July 1, 2009. By Order of the Oregon Board of Pharmacy entered on February 12, 2019, said license was placed on probation subject to terms and conditions. This Order was based on the disciplinary action against Dr. Patel's California pharmacist license.

5. Dr. Patel otherwise meets the requirements for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia.

**CONSENT**

Nayan Patel, by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document and am represented by Karla L. Palmer, Esq.;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to a formal administrative hearing before the Board; and the right to representation by counsel;

4. I waive my right to a formal hearing;



**Nayan Patel, Pharmacist Reinstatement Applicant**  
**CONSENT ORDER**  
**Page 3 of 4**

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice pharmacy in the Commonwealth of Virginia.

**ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law and with the consent of Nayan Patel, Pharm. D., the Virginia Board of Pharmacy hereby ORDERS as follows:

1. By an affirmative vote of at least three-fourths of the members of the Board at the proceeding, effective upon entry of this Order, the license issued to Nayan Patel, Pharm. D., to practice pharmacy in the Commonwealth of Virginia is REINSTATED contingent upon the following terms and conditions:

a. Dr. Patel shall comply with the terms and conditions of the Order of the California Board of Pharmacy effective September 3, 2018. Dr. Patel shall advise this Board in writing of any change in that Order or in his status with the California Board of Pharmacy within ten calendar days of such change. Dr. Patel shall authorize free communication between this Board and the California Board of Pharmacy.

b. Dr. Patel shall comply with all laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia.

2. The Executive Director of the Board is authorized to issue an Order or letter acknowledging satisfactory completion of the foregoing conditions or to refer the matter to an administrative proceeding for review of Dr. Patel's compliance with the foregoing conditions.

Nayan Patel, Pharmacist Reinstatement Applicant  
**CONSENT ORDER**  
 Page 4 of 4

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of pharmacy shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

*Caroline D. Juran*

Caroline D. Juran, Executive Director  
 Virginia Board of Pharmacy

ENTERED: 9/25/19

SEEN AND AGREED TO:

*Nayan Patel*

Nayan Patel, Pharm. D.

COMMONWEALTH OF VIRGINIA  
 COUNTY/CITY OF \_\_\_\_\_, TO WIT:

Subscribed and sworn to before me, a notary public in and for the Commonwealth of Virginia at large,  
 on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

My commission expires: \_\_\_\_\_

Registration No.: \_\_\_\_\_

SEE ATTACHED

CERTIFIED TRUE COPY

BY: *[Signature]*  
 VIRGINIA BOARD OF PHARMACY

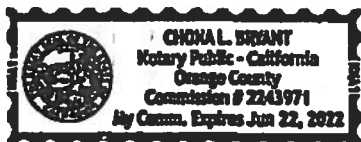
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on this 14<sup>th</sup> day of SEPTEMBER,

2019, by Nayan Patel, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature

Chona L. Bryant



www.CentralDrugsRX.com | P: 562.691.6754 | F: 562.694.3869 | 520 W. La Habra Blvd., La Habra, CA 90631

August 22, 2018

VIA CERTIFIED MAIL - 7018 0680 0001 7647

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

**RE: NOTICE OF DISCIPLINARY ACTION**  
**NAYAN PATEL – RPH 48867 [NV Pharmacist License 13383]**

To whom it may concern:

Please accept this letter as formal notification of a disciplinary action taken by the California State Board of Pharmacy against the above-named individual.

Effective September 3, 2018, the California Pharmacist License issued to Nayan Patel was placed on probation for five (5) years by the California State Board of Pharmacy. The disciplinary action was based on operational and recordkeeping deficiencies that occurred at Central Drugs Pharmacy more than three (3) years ago, all of which have been promptly corrected. No injuries resulted from the deficiencies that led to the discipline and no defective drugs have been dispensed by the pharmacy.

Patient safety and satisfaction as well as regulatory compliance are the prime concerns of the owners of Central Drugs Pharmacy. The entire pharmacy team is continuously engaged in efforts to provide the best healthcare experience to our patients in a safe and responsible manner. Central Drugs Pharmacy operates in full compliance with all applicable state and federal laws and regulations.

Please feel free to contact me should you have any further questions or concerns regarding this matter or if I may be of any assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Nayan Patel".

Nayan Patel, Pharm.D.  
President  
Central Drugs Pharmacy  
Tel: 562 691 6754  
e-mail : nayan@centraldrugsrx.com

RECEIVED

FEB 11 2019

BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON

OREGON BOARD OF PHARMACY

In the Matter of the  
Pharmacist License of

NAYAN PATEL

Licensee

Case No. 2018-0636

CONSENT ORDER

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 licensee in the above-captioned matter; and

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

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

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

1. The licensee is placed on probation for the duration of their probation with the California Board of Pharmacy. Terms of probation with the Oregon Board of Pharmacy:

- a. The licensee shall comply with all terms and conditions of the California Board of Pharmacy Decision after Rejection in Case No. 5865 (California Order);
- b. Licensee shall notify the Oregon Board in writing within 15 calendar days of any action related to their California Order, including but not limited to, the completion of their probation. Licensee shall submit said written acknowledgement to the Board office by certified mail (or other method approved by the Board in writing) within 15 calendar days and retain receipt of verification of delivery to the Board office; and
- c. The licensee shall comply with all Oregon laws and rules regarding pharmacy practice.

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

50  
51 CONSENT

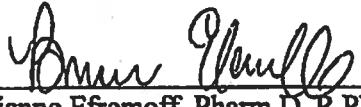
52  
53 I hereby acknowledge that I have read and understand the above-noted Notice and the terms  
54 of the Consent Order. I hereby acknowledge that I understand that the Consent Order with  
55 incorporated Notice is a public record and shall be available via the Board's online licensure  
56 verification; is available upon written request pursuant to public disclosure laws; and shall be  
57 reported to the National Practitioner Data Bank as required by federal law. I agree to the Board  
58 entering the Consent Order.

59  
60  
61   
62 \_\_\_\_\_  
63 Nayan Patel  
64 Licensee (License No. RPH-0011705)

02/05/19  
\_\_\_\_\_  
Date

65  
66 IT IS SO ORDERED.

67  
68 BOARD OF PHARMACY  
69 FOR THE STATE OF OREGON

70  
71   
72 \_\_\_\_\_  
73 Brianne Efremoff, Pharm.D, R.Ph.,  
74 Compliance Director

2/12/19  
\_\_\_\_\_  
Date



www.CentralDrugsRX.com | P: 562.691.6754 | F: 562.694.3869 | 520 W. La Habra Blvd., La Habra, CA 90631

VIA CERTIFIED MAIL

October 2, 2019

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



**Re: NOTICE OF DISCIPLINARY ACTION - VA Reinstatement Case No. 197737  
CENTRAL DRUGS - RPH 48867 [NV Pharmacist License # RPH- 13383]**

To whom it may concern:

Through this letter, Nayan Patel, Pharm. D, is providing notice of the attached Consent Order dated September 25, 2019, received on October 1, 2019, issued by the Virginia Board of Pharmacy resolving an ongoing matter in that state. Dr. Patel was issued **License Number 0202-209826** to practice pharmacy on May 3, 2010. The Director of the Department of Health Professions entered a mandatory order of suspension of that license on April 19, 2019. As described in the attached Consent Order, the Department entered that mandatory order as a reciprocal action based on an order from the California Board of Pharmacy establishing a probationary period of five years related to Dr. Patel's license in that state. Dr. Patel submitted an application for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia on July 18, 2019. Under the Consent Agreement with Virginia, Dr. Patel has agreed to a period of probation in the Commonwealth consistent with the terms of the California Order.

Dr. Patel is committed to complying with all state laws and regulations and to providing regulators with complete and accurate information.

If you have any questions, please do not hesitate to contact me at [nayan@centraldrugsrx.com](mailto:nayan@centraldrugsrx.com) or telephone number 562-691-6754.

Sincerely,

NAYAN PATEL, PharmD  
President

Enclosure

Received  
VA Board of Pharmacy

**BEFORE THE VIRGINIA BOARD OF PHARMACY**

**IN RE: NAYAN PATEL, Pharm. D.**  
**PHARMACIST REINSTATEMENT APPLICANT**  
**License Number: 0202-209826**  
**Case Number: 197737**

---

**CONSENT ORDER**

---

**JURISDICTION AND PROCEDURAL HISTORY**

The Virginia Board of Pharmacy ("Board") and Nayan Patel, Pharm. D., as evidenced by their signatures hereto, in lieu of proceeding to a formal administrative proceeding, enter into the following Consent Order affecting Dr. Patel's application for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia.

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

1. Nayan Patel, Pharm. D., was issued License Number 0202-209826 to practice pharmacy on May 3, 2010. Said license was mandatorily suspended by Order of the Director of the Department of Health Professions on April 19, 2019. Dr. Patel submitted an application for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia on July 18, 2019.
2. Dr. Patel violated Virginia Code § 54.1-3316(6) and (7) in that during the course of his employment as the Pharmacist-in-Charge of Central Drugs Pharmacy, La Habra, California, he allowed an unlicensed individual to practice as a pharmacy technician.
3. Dr. Patel violated Virginia Code §§ 54.1-3316(2) and (7) and 54.1-3410.2(E) and 18 VAC 110-20-25(8) and 18 VAC 110-20-321(A) of the Regulations Governing the Practice of Pharmacy in that he failed to perform testing for sterility and pyrogen for batch compounded drug products compounded from one or more non-sterile products.



**Nayan Patel, Pharmacist Reinstatement Applicant**  
**CONSENT ORDER**  
**Page 2 of 4**

4. Dr. Patel violated Virginia Code § 54.1-3316(7) and (10) in that his license to practice pharmacy in other states was subjected to disciplinary action. Specifically:

a. Dr. Patel was issued License No. 48867 to practice pharmacy in the State of California on August 14, 1996. By Order of the California Board of Pharmacy effective September 3, 2018, said license was revoked, but the revocation was stayed and the license was placed on probation for five years subject to terms and conditions. This Order was based on the findings described in Findings of Fact Nos. 2 and 3, above.

b. Dr. Patel was issued License No. RPH-0011705 to practice pharmacy in the State of Oregon on July 1, 2009. By Order of the Oregon Board of Pharmacy entered on February 12, 2019, said license was placed on probation subject to terms and conditions. This Order was based on the disciplinary action against Dr. Patel's California pharmacist license.

5. Dr. Patel otherwise meets the requirements for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia.

**CONSENT**

Nayan Patel, by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document and am represented by Karla L. Palmer, Esq.;
2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;
3. I acknowledge that I have the following rights, among others: the right to a formal administrative hearing before the Board; and the right to representation by counsel;
4. I waive my right to a formal hearing;

**Nayan Patel, Pharmacist Reinstatement Applicant**  
**CONSENT ORDER**  
**Page 3 of 4**

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice pharmacy in the Commonwealth of Virginia.

**ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law and with the consent of Nayan Patel, Pharm. D., the Virginia Board of Pharmacy hereby ORDERS as follows:

1. By an affirmative vote of at least three-fourths of the members of the Board at the proceeding, effective upon entry of this Order, the license issued to Nayan Patel, Pharm. D., to practice pharmacy in the Commonwealth of Virginia is REINSTATED contingent upon the following terms and conditions:

a. Dr. Patel shall comply with the terms and conditions of the Order of the California Board of Pharmacy effective September 3, 2018. Dr. Patel shall advise this Board in writing of any change in that Order or in his status with the California Board of Pharmacy within ten calendar days of such change. Dr. Patel shall authorize free communication between this Board and the California Board of Pharmacy.

b. Dr. Patel shall comply with all laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia.

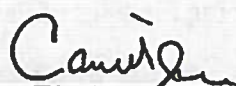
2. The Executive Director of the Board is authorized to issue an Order or letter acknowledging satisfactory completion of the foregoing conditions or to refer the matter to an administrative proceeding for review of Dr. Patel's compliance with the foregoing conditions.

**Nayan Patel, Pharmacist Reinstatement Applicant**  
**CONSENT ORDER**  
 Page 4 of 4

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of pharmacy shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD



Caroline D. Juran, Executive Director  
 Virginia Board of Pharmacy

ENTERED: 9/25/19

SEEN AND AGREED TO:



Nayan Patel, Pharm. D.

COMMONWEALTH OF VIRGINIA  
 COUNTY/CITY OF \_\_\_\_\_, TO WIT:

Subscribed and sworn to before me, a notary public in and for the Commonwealth of Virginia at large,  
 on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

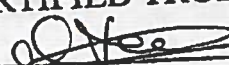
\_\_\_\_\_  
 Notary Public

My commission expires: \_\_\_\_\_

Registration No.: \_\_\_\_\_

*SEE ATTACHED*

CERTIFIED TRUE COPY

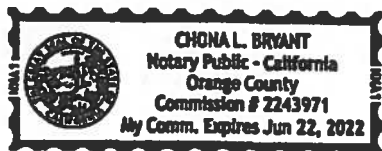
BY:   
 VIRGINIA BOARD OF PHARMACY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on this 19<sup>th</sup> day of SEPTEMBER,  
2019, by Nayan Patel, proved to me on the basis of satisfactory  
evidence to be the person(s) who appeared before me.



(Seal)

Signature

Chona L. Bryant



www.CentralDrugsRX.com | P: 562.691.6754 | F: 562.694.3869 | 520 W. La Habra Blvd., La Habra, CA 90631

VIA CERTIFIED MAIL

October 2, 2019

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



**RE: NOTICE OF DISCIPLINARY ACTION - VA Pharmacy Reinstatement Case # 197599**  
**CENTRAL DRUGS PHARMACY – PHY 49146 [NV Pharmacy License # PH02837]**

To whom it may concern

Through this letter, Central Drugs is providing notice of the attached Consent Order dated September 25, 2019, received on October 1, 2019, issued by the Virginia Board of Pharmacy resolving an ongoing matter in that state. Central Drugs was issued **Permit Number 0214-001254** to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia. The Permit was mandatorily suspended by Order of the Board on April 18, 2019. As described in the attached Consent Order, the Board entered that mandatory order as a reciprocal action based on an order from the California Board of Pharmacy establishing a probationary period of five years related to Central Drugs' license in that state. Central Drugs submitted an application for reinstatement of its out of state pharmacy license to the Commonwealth of Virginia on July 18, 2019. Under the Consent Agreement with Virginia, Central Drugs has agreed to a period of probation in the Commonwealth consistent with the terms of the California Order.

Central Drugs is committed to complying with all state laws and regulations and to providing regulators with complete and accurate information.

If you have any questions, please do not hesitate to contact me at [nayan@centraldrugsrx.com](mailto:nayan@centraldrugsrx.com) or telephone number 562-691-6754.

Sincerely,

NAYAN PATEL, Pharm D  
President

Enclosure



**BEFORE THE VIRGINIA BOARD OF PHARMACY**

**IN RE: CENTRAL DRUGS, PHARMACY REINSTATEMENT APPLICANT**  
**Permit Number: 0214-001254**  
**Case Number: 197599**

---

**CONSENT ORDER**

---

**JURISDICTION AND PROCEDURAL HISTORY**

The Virginia Board of Pharmacy ("Board") and Ashwin K. Patel, Pharmacist-in-Charge, as evidenced by their signatures hereto, in lieu of proceeding to formal administrative hearing, enter into the following Consent Order affecting Central Drugs' application for reinstatement of its permit to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

1. On May 26, 2010, the Board issued Permit Number 0214-001254 to Central Drugs to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia. Said permit was mandatorily suspended by Order of the Board on April 18, 2019. Central Drugs submitted an application for reinstatement of its permit to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia on July 18, 2019.
2. Central Drugs violated Virginia Code § 54.1-3316(6) and (7) it allowed an unlicensed individual to practice as a pharmacy technician.
3. Central Drugs violated Virginia Code §§ 54.1-3316(2) and (7) and 54.1-3410.2(E) and 18 VAC 110-20-25(8) and 18 VAC 110-20-321(A) of the Regulations Governing the Practice of Pharmacy in that it failed to perform testing for sterility and pyrogen for batch compounded drug products compounded from one or more non-sterile products.

**Central Drugs, Pharmacy Relistatement Applicant**  
**CONSENT ORDER**  
**Page 2 of 4**

4. Central Drugs violated Virginia Code § 54.1-3316(7) and (10) in that its permit to conduct a pharmacy in other states was subjected to disciplinary action. Specifically:

a. Central Drugs was issued Permit No. PHY 49146 to conduct a pharmacy in the State of California on August 21, 2008. By Order of the California Board of Pharmacy effective September 3, 2018, said permit was revoked, but the revocation was stayed and the permit was placed on probation for five years subject to terms and conditions. This Order was based on the findings described in Findings of Fact Nos. 2 and 3, above.

b. As a result of the disciplinary action in California, Central Drugs' permits to conduct a pharmacy in Colorado, Missouri, Oregon, and Texas were placed on probation for the duration of the California Board Order. Central Drugs is in compliance with each of these Board Orders.

5. Central Drugs otherwise meets the requirements for reinstatement of its permit to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

**CONSENT**

Central Drugs, by affixing the signature of a representative hereon to this Order, agrees to the following:

1. Central Drugs has been advised to seek advice of counsel prior to signing this document and is represented by Karla L. Palmer, Esq.;

2. Central Drugs is fully aware that without its consent, no legal action can be taken against it or its permit except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. Central Drugs acknowledges that it has the following rights, among others: the right to a formal administrative hearing before the Board; and the right to representation by counsel;

**Central Drugs, Pharmacy Reinstatement Applicant**  
**CONSENT ORDER**  
Page 3 of 4

4. Central Drugs waives its right to a formal hearing;
5. Central Drugs admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;
6. Central Drugs consents to the entry of the following Order affecting its permit to conduct a pharmacy in the Commonwealth of Virginia.

**ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law and with the consent of Central Drugs, the Virginia Board of Pharmacy hereby ORDERS as follows:

1. By an affirmative vote of at least three-fourths of the members of the Board at the proceeding, effective upon entry of this Order, the permit issued to Central Drugs to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia is REINSTATED contingent upon the following terms and conditions:

a. Central Drugs shall comply with the terms and conditions of the Order of the California Board of Pharmacy effective September 3, 2018. Central Drugs shall advise this Board in writing of any change in that Order or in its status with the California Board of Pharmacy within ten calendar days of such change. Central Drugs shall authorize free communication between this Board and the California Board of Pharmacy.

b. Central Drugs shall comply with all laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia.

2. The Executive Director of the Board is authorized to issue an Order or letter acknowledging satisfactory completion of the foregoing conditions or to refer the matter to an administrative proceeding for review of Central Drugs' compliance with the foregoing conditions.

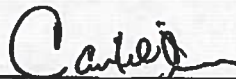


**Central Drugs, Pharmacy Reinstatement Applicant  
CONSENT ORDER  
Page 4 of 4**

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of pharmacy shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD



Caroline D. Juran, Executive Director  
Virginia Board of Pharmacy

ENTERED: 9/25/19

SEEN AND AGREED TO:



Ashwin K. Patel, representative for Central Drugs

State of California  
COUNTY/CITY OF \_\_\_\_\_, TO WIT:

Subscribed and sworn to before me, a notary public in and for the State of California at large, on this  
\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Registration No.: \_\_\_\_\_

SEE ATTACHED

CERTIFIED TRUE COPY

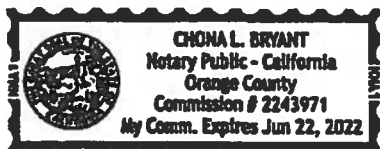
BY:   
VIRGINIA BOARD OF PHARMACY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of ORANGE

Subscribed and sworn to (or affirmed) before me on this 14th day of SEPTEMBER,  
2019, by Ashwin K. Patel, proved to me on the basis of satisfactory  
evidence to be the person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in cursive script, appearing to read "Chona L. Bryant", written over a horizontal line.

**16**

**16A**

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509

## PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Michael Middle: Anthony Last: BrandHome Address: o Fairway CT Apt #: \_\_\_\_\_City: Sparks State: NV Zip Code: 89431

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Sacramento, CA Sex: ☒ M or ☐ F

E-mail Address: \_\_\_\_\_

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: \_\_\_\_\_

**I am requesting registration at the following pharmacy:**Pharmacy: WALGREENS Store #: 11226Address: 305 LEMMING DRIVECity: RENO State: NV Zip Code: 89506Signature of Managing Pharmacist: [Signature] Lic #: 7931 Date: 8/6/19

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐  
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐  
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

					Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?..... <input type="checkbox"/>						<input checked="" type="checkbox"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... <input checked="" type="checkbox"/>						<input type="checkbox"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?..... <input checked="" type="checkbox"/>						<input type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... <input type="checkbox"/>						<input checked="" type="checkbox"/>
If you marked <b>YES</b> to any of the numbered questions (3-5) above, include the following information & <b>provide an explanation &amp; documentation:</b>						
Board Administrative Action:		State		Case #:		
Criminal Action:	State			Court		
	<u>NV</u>	<u>8/5/2018</u>	<u>Misd Dui</u>	<u>Misd Domestic</u>	<u>Reno Justice Court</u>	
The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)						
Are you the subject of a court order for the support of a child?..... <input type="checkbox"/>						<input checked="" type="checkbox"/>
IF you marked <b>YES</b> to the question, above are you in compliance with the court order?..... <input type="checkbox"/>						<input type="checkbox"/>

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date

Board Use Only Date Processed: \_\_\_\_\_ Amount: 40.00

PT22133

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521  
**PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION**  
**Registration Fee: \$40.00 - (non-refundable money order only, no cash)**

Complete Name (no abbreviations):

First: Michael Middle: Anthony Last: Brand  
 Home Address: Montezuma Way Apt #:       
 City: Sparks State: NV Zip Code: 89434  
 Telephone:      Social Security Number:       
 Date of Birth:      Place of Birth: Sacramento, CA Sex: ☒ M or ☐ F  
 E-mail Address:     

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: F2491157

**I am requesting registration at the following pharmacy:**

Pharmacy: Walgreens Store #: 12540  
 Address: 9705 Pyramid Way  
 City: Sparks State: NV Zip Code: 89441  
 Signature of Managing Pharmacist: [Signature] Lic #: 19906 Date: 3/24/19

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? ☒ Yes ☐ No  
 2. Are you a high school graduate or the equivalent? ☒ Yes ☐ No  
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU **CAN NOT** SUBMIT THIS APPLICATION)

- |   |  |
|---|--|
|   | Yes No   |
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or<br>Physical condition that would impair your ability to perform the essential functions of your license?.....? | <input type="radio"/> <input checked="" type="radio"/> |
| 3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....?  | <input type="radio"/> <input checked="" type="radio"/> |
| 4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....?   | <input type="radio"/> <input checked="" type="radio"/> |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....?   | <input type="radio"/> <input checked="" type="radio"/> |

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	
Criminal Action:	State	Date:	Case #:
		/ /	
		County	Court

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

- Are you the subject of a court order for the support of a child?.....? Yes No  
 IF you marked YES to the question, above are you in compliance with the court order?.....? ☒ ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date

Board Use Only Date Processed:

Amount:

40.00

**16B**



**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521  
**PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION**  
**Registration Fee: \$40.00 - (non-refundable money order only, no cash)**

Complete Name (no abbreviations):

First: Justin Middle: Rhodes Last: Ross  
 Home Address: MT. Charleston St. Apt#: \_\_\_\_\_  
 City: Reno State: NV Zip Code: 89506  
 Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: Ely, NV Sex: ☒ M or ☐ F  
 E-mail Address: \_\_\_\_\_

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: \_\_\_\_\_

**I am requesting registration at the following pharmacy:**

Pharmacy: Sierra Nevada Job Corps Store #: \_\_\_\_\_  
 Address: 14175 Mt. Charleston St.  
 City: Reno State: NV Zip Code: 89506  
 Signature of Managing Pharmacist: [Signature] Lic #: PT13875 Date: 9/9/19

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐  
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐  
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

- |  |  |
|--|--|
|  | Yes No   |
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or<br>Physical condition that would impair your ability to perform the essential functions of your license?..... | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 3. Been charged, arrested or convicted of a felony or misdemeanor in any state? .....  | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 4. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....  | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....  | <input type="checkbox"/> <input checked="" type="checkbox"/> |

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	
Criminal Action:	State	Date:	Case #:
<u>DUI</u>	<u>NV</u>	<u>09/17/2017</u>	<u>17CR173716K</u>
		County	Court
		<u>Pershing</u>	<u>Lake Township Justice Court</u>

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

- Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒  
 IF you marked YES to the question, above are you in compliance with the court order?..... ☐ ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Justin Rhodes  
 Original Signature, no copies or stamps accepted Date: 09/06/19

**Board Use Only** Date Processed: \_\_\_\_\_ Amount: \$40.00



**17**

**18**

October 28, 2019

Dear NV State Board of Pharmacy Members,

I am submitting this letter of request to provide Medication Therapy Management (MTM) services to patients as part of the Dignity Health, Quality Technical and Assistance Center (QTAC) initiative to incorporate pharmacists into patient-centered team-based care. I would like to request an appearance before the Board at the December 2019 meeting for review of services provided. The pharmacy services are provided at alternate sites than a licensed pharmacy, I am including the following details as requested per NAC 639.403 sections (a) through (k):

(a) The name of the pharmacist:  
KayLynn Bowman, PharmD, MS, MEd

(b) A description of the services that the pharmacist intends to provide at the site;  
MTM pharmacy services provided to patients with chronic disease states including, but not limited to, Diabetes, High Blood Pressure, High Cholesterol and Congestive Heart Failure. Services will include collection of patient demographics, social history, health history, medical conditions, allergies, immunization history, available lab work data, medication and non-medication history.

Services Provided Include:

Poly-pharmacy, medication optimization, medication adherence are addressed during each visit. Pharmacist consultations as requested. Group classes on healthy heart, DSMES services, Medication Management, Fall Prevention, Smoking Cessation, Exercise, Diet and Nutrition. Dignity Health Quality, Technical and Assistance Center (QTAC) disease management program initiatives. Medication Reconciliation: Along with reduction of CHF 30-day readmissions.

(c) The location at which the pharmacist will provide the services;  
Clark County:

Dignity Health and Wellness Centers

Green Valley Center: 2651 Paseo Verde Pkwy, Suite 180, Henderson, NV 89074

West Center: 7220 S. Cimarron Rd, Suite 195, Las Vegas, NV 89113

Henderson Center: 98 E. Lake Mead, Suite 301, Henderson, NV 89015

North Las Vegas Neighborhood Hospital Wellness Center: 1550 W. Craig Rd, Ste 250, NLV, NV 89032

West Flamingo Neighborhood Hospital Wellness Center: 9880 W Flamingo Rd, Ste 220, LV, NV 89147

Blue Diamond Neighborhood Hospital Wellness Center: 4855 Blue Diamond Rd Ste 220, LV, NV 89139

Churches:

Church of Christ: 2626 N Martin L King Blvd, North Las Vegas, NV 89032

Grace Temple Ministries: 721 W McWilliams Ave Las Vegas, NV 89106

Nye County:

Nye Communities Coalition: 1020 E Wilson Rd, Pahrump, NV 89048

(d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services;

Patients with chronic disease states, including diabetes, and high blood pressure, and patients that are located in urban and rural underserved areas. Patients identified from underserved populations within traditional African-American churches.

(e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services;

Dignity Health and Wellness Centers, Nye Communities Coalition, Churches identified as located in underserved areas in Clark County.

(f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services;

Patient intake forms and paper charts, HealthIE Nevada electronic chart patient information, Dignity Health Wellness program participant information, LexiComp, Ovid, Global RPh, Up to Date, Pharmacist's Letter, and other evidence-based sources of medical information.

(g) The days and hours during which the pharmacist intends to provide the services;

Dignity Health Centers: Monday - Sunday by appointment

Nye Communities Coalition: Monday - Sunday Telehealth by appointment

Churches: Monday - Sunday by appointment

(h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable;

The pharmacist is available by appointment only, all referrals are submitted to the pharmacists and appointments are made for MTM services. There are no clinic hours maintained. When not available, patients will be provided contact information or leave a message for followup. In the case of an emergency, the patient will be directed to emergency services.

(i) An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records;

Paper charting is stored on site at the Dignity Health Green Valley Center: 2651 Paseo Verde Pkwy, Suite 180, Henderson, NV 89074. If paper charting is collected off site, the charts are transported via combination locked filing case and transported to stored site location.

Patient information collection and MTM services will be documented utilizing the MTM Aprexis software on-line at Aprexis.com. A Business Associate Agreement is documented to comply with the requirements of the implementing regulations at 45 Code of Federal Regulations ("C.F.R.") Parts 160-64 for the Administrative Simplification provisions of Title II, Subtitle F of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

(j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy; and

The services provided are not affiliated with a licensed pharmacy.

(k) A description of the business plan for the services provided.

No business plan is needed. MTM services are covered by grant initiatives and objectives.

Please contact me if any additional information is needed.

Thank You,

KayLynn Bowman, PharmD, MS, MEd  
Nevada Pharmacy License 17134  
Dignity Health, QTAC  
MTM Pharmacy Services, Consultant Pharmacist  
2651 Paseo Verde Parkway, Suite 180  
Henderson, NV 89074  
Office: (702) 616-4914  
Fax: (702) 616-4909  
Cell:  
email:

## **Community Healthy Hearts Initiative: Church parishioners with high blood pressure**

**Project Goal:** To identify ten participants with high blood pressure for the enrollment in Medication Therapy Management (MTM) services provided by a licensed community pharmacist to include medication review, blood pressure measurement and education on reducing blood pressure through lifestyle choices and prescribed therapies.

### **Protocol:**

1. Identify an underserved community church with ten parishioners that have self-identified as having high blood pressure to enroll and participate in MTM services.
2. Choose date and time to meet for MTM services to be provided at the community church location.
3. Each participant will receive a blood pressure monitor to monitor blood pressure and track readings for the specified time of the project. The pharmacist will educate the participant on the recommended method per American Heart Association (AHA) on measuring blood pressure. The participant will demonstrate knowledge by performing a self-administered blood pressure measurement. The readings will be tracked on the AHA blood pressure tracking form.
4. Each participant will receive education material on high blood pressure management, how to lower salt intake and the importance of blood pressure medication. A medication weekly reminder pill container will be given to each participant to encourage adherence to prescribed therapies.
5. Each participant will complete an MTM enrollment form for the purpose of completing a medication review with the licensed community pharmacist that will employ the following processes:
  - a. Understand the patient's personal medication experience/history and preferences/beliefs. Identify actual use patterns of all medication, including OTC, supplements, herbals, and prescribed medications.
  - b. Employ intensive patient education efforts aimed at addressing adherence, barriers, including a comprehensive understanding of why each medication is prescribed. Assess each medication for appropriateness, effectiveness, safety, and adherence. Focus on achievement of clinical goals for each therapy.
  - c. Document the opportunities that were addressed with the patient, including any gaps in therapy preventing optimal outcomes. Address financial barriers to adherence such as high drug costs by potentially switching to generics or less expensive formulary alternatives.
  - d. Develop a care plan addressing recommendations, including therapeutic changes needed to achieve optimal outcomes. Document the quality and safety of prescribing as part of the MTM intervention. Provide patient with a complete list of prescribed medications.
6. Return for a follow-up with participants on their blood pressure tracking forms, review medication adherence, and answer any questions regarding medication therapy.



7. Upon completion of followup appointment and review of blood pressure tracking form, the participants will be given the information on how to receive a heart healthy food basket as an incentive to continue healthy lifestyle choices.
8. The collected information (non-patient identified) will be submitted as part of the outcomes of the program. All materials will be in compliance with HIPAA privacy rules.

Participants Receive:

PMR - Patient Medication Review provides a patient with a complete list of their medications  
 MAP - Medication Action Plan provides a patient-centered document containing a list of actions for the patient to track progress and self-management.  
 Complementary Blood Pressure Monitor  
 Weekly Pill Box Reminder  
 AHA Blood Pressure Tracker Form  
 Blood Pressure Management and Reduction Educational Material

References:

American Pharmacists Association; National Association of Chain Drug Stores Foundation. Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model. Version 2.0. J Am Pharm Assoc (2003). 2008;48:341-353.

Centers for Medicare & Medicaid Services. Medicare Part D medication therapy management (MTM) programs: 2018 fact sheet. Updated August 20, 2018. Available at: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/CY2018-MTM-Fact-Sheet.pdf>. Accessed January 21, 2019.

McInnis T, Webb CE, Strand LM. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes, Patient-Centered Primary Care Collaborative, June 2012. Available at: <http://www.pcpcc.org/sites/default/files/media/medmanagement.pdf>. Accessed January 21, 2019.

Protocol Developed By:

KayLynn Bowman, PharmD, MS, MEd  
 Nevada Pharmacy License 17134  
 Dignity Health, QTAC  
 MTM Pharmacy Services, Consultant Pharmacist  
 2651 Paseo Verde Parkway, Suite 180  
 Henderson, NV 89074  
 Office: (702) 616-4914  
 Fax: (702) 616-4909  
 Cell:  
 email:

Medication Therapy Management Protocol:  
Developed by: KayLynn Bowman, PharmD

1. Identify and recruit eligible patients that have not achieved clinical goals of therapy. Rely on hospital discharge, in addition screening for usual MTM criteria.
2. Coordinate care with network of providers and prescribers for referral of eligible MTM candidates and to make recommendations and discuss identified drug related problems.
3. Understand the patient's personal medication experience/history and preferences/beliefs. Identify actual use patterns of all medication, including OTC, supplements, herbals, and prescribed medications.
4. Employ intensive patient education efforts aimed at addressing adherence, barriers, including a comprehensive understanding of why each medication is prescribed. Assess each medication for appropriateness, effectiveness, safety, and adherence. Focus on achievement of clinical goals for each therapy.
5. Document the opportunities that were addressed with the patient, including any gaps in therapy preventing optimal outcomes. Address financial barriers to adherence such as high drug costs by potentially switching to generics or less expensive formulary alternatives.
6. Develop a care plan addressing recommendations, including therapeutic changes needed to achieve optimal outcomes. Document the quality and safety of prescribing as part of the MTM intervention. Provide patient with a complete list of prescribed medications.
7. Patient agrees and understands care plan which is communicated to care team (providers, prescribers) for his or her consent/support within 72 hours post-visit.
8. Follow-up evaluation with patients are critical to determine the effects of changes, reassess actual outcomes and recommend further therapeutic changes to achieve desired clinical goals/outcomes: allow 2 weeks for recommended therapy interventions, allow 1 month for evaluating patient-centered clinical/educational goals/outcomes.
9. Use efficient communication methods to convey medication recommendations to prescribers, including e-prescribing and electronic medical records.
10. Leverage all available data sources (EHR, registries, claim data) to determine whether gaps in medical care are present, including preventive care and maintenance related to the patient's specific medication condition.

Deliverables:

PMR - Patient Medication Review provides a patient with a complete list of their medications

MAP - Medication Action Plan provides a patient-centered document containing a list of actions for the patient to track progress and self-management.

Intervention and/or Referral - consultative services for pharmacy interventions for drug related problems.



#### Evaluation of Program Goals:

Therapy Goals are individualized based on measurable standards of care such as A1C, BMI, blood pressure etc. Economic measures include hospitalization prevention, emergency room visits eliminated, clinical visits avoided, fewer sick days used, and any impact on drug costs.

MTM is a reiterative process: Care is coordinated with other team members and personalized (patient unique) goals of therapy and understood by all team members.

#### References:

American Pharmacists Association; National Association of Chain Drug Stores Foundation. Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model. Version 2.0. J Am Pharm Assoc (2003). 2008;48:341-353.

Centers for Medicare & Medicaid Services. Medicare Part D medication therapy management (MTM) programs: 2018 fact sheet. Updated August 20, 2018. Available at: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/CY2018-MTM-Fact-Sheet.pdf>. Accessed January 21, 2019.

McInnis T, Webb CE, Strand LM. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes, Patient-Centered Primary Care Collaborative, June 2012. Available at: <http://www.pcpcc.org/sites/default/files/media/medmanagement.pdf>. Accessed January 21, 2019.

#### Protocol Developed By:

KayLynn Bowman, PharmD, MS, MEd  
Nevada Pharmacy License 17134  
Dignity Health, QTAC  
MTM Pharmacy Services, Consultant Pharmacist  
2651 Paseo Verde Parkway, Suite 180  
Henderson, NV 89074  
Office: (702) 616-4914  
Fax: (702) 616-4909  
Cell:   
email:

# Telehealth MTM Protocol:

1. Collaborate with Community Health Workers (CHWs) in identifying and recruiting participants with high blood pressure and/or high cholesterol in a rural, underserved community to engage in telehealth MTM services for medication reviews.
2. Nye County has been identified as a rural, underserved area with limited access to health services. CHWs recruit participants from the Senior Center, Americore and Diabetes DPP class. CHWs talk with participants by first utilizing an American Heart Association screening tool. Appointments are made using time blocks for audio/visual access.
3. Telehealth utilizes Vivyo technology that allows participants to communicate in real time with pharmacist in a private and secured line of contact. Any forms or labwork will be faxed to the Dignity Health, St. Rose, Green Valley (GV) Center: 2651 Paseo Verde Pkwy, Suite 180, Henderson, NV 89074, 702.616.4914 (office), 702.616.4909 (facsimile).
4. At the time of the appointment the CHW will act as a liaison between the participant and the pharmacist to collect/fax/coordinate meeting. Blood pressure of the participant is taken at the time of the appointment by the CHW. The CHW has been trained to take blood pressure and identify and respond to American Heart Association Hypertensive Urgency or Hypertensive Emergency.
  - a. Hypertensive Urgency: when blood pressure is 180/120 or greater, wait about 5 minutes and try again. If the second reading is just as high and participant is not experiencing any other associated symptoms (chest pain, shortness of breath, back pain, numbness/weakness, change in vision or difficulty speaking) encourage participants to seek healthcare provider advice on medication adjustment.
  - b. Hypertensive Emergency: if the blood pressure is 180/120 or greater and experiencing any of the associated symptoms ((chest pain, shortness of breath, back pain, numbness/weakness, change in vision or difficulty speaking) then this would be considered an emergency and call 9-1-1.
5. The participant will be provided an MTM enrollment packet to complete prior to the scheduled appointment. The packet includes video consent, demographic information, health history, social history, medical conditions, relevant health data, labwork results, medication list including prescription and non-prescription information. The packet will be faxed to the Dignity Health office selected for the Vivyo telehealth.
6. The MTM appointment follows the MTM protocol (attached).
7. Follow-up with patient may occur for future collection of data and recording of patient outcomes.

Medication Therapy Management Protocol:  
Developed by: KayLynn Bowman, PharmD

1. Identify and recruit eligible patients that have not achieved clinical goals of therapy. Rely on Community Health Workers (CHWs), noted hospital discharge, in addition to screening for usual MTM criteria.
2. Coordinate care with network of providers and prescribers for referral of eligible MTM candidates and to make recommendations and discuss identified drug related problems.
3. Understand the patient's personal medication experience/history and preferences/beliefs. Identify actual use patterns of all medication, including OTC, supplements, herbals, and prescribed medications.
4. Employ intensive patient education efforts aimed at addressing adherence, barriers, including a comprehensive understanding of why each medication is prescribed. Assess each medication for appropriateness, effectiveness, safety, and adherence. Focus on achievement of clinical goals for each therapy.
5. Document the opportunities that were addressed with the patient, including any gaps in therapy preventing optimal outcomes. Address financial barriers to adherence such as high drug costs by potentially switching to generics or less expensive formulary alternatives.
6. Develop a care plan addressing recommendations, including therapeutic changes needed to achieve optimal outcomes. Document the quality and safety of prescribing as part of the MTM intervention. Provide patient with a complete list of prescribed medications.
7. Patient agrees and understands care plan which is communicated to care team (providers, prescribers) for his or her consent/support within 72 hours post-visit.
8. Follow-up evaluation with patients are critical to determine the effects of changes, reassess actual outcomes and recommend further therapeutic changes to achieve desired clinical goals/outcomes: allow 2 weeks for recommended therapy interventions, allow 1 month for evaluating patient-centered clinical/educational goals/outcomes.
9. Use efficient communication methods to convey medication recommendations to prescribers, including e-prescribing and electronic medical records.
10. Leverage all available data sources (EHR, registries, claim data) to determine whether gaps in medical care are present, including preventive care and maintenance related to the patient's specific medication condition.

Deliverables:

PMR - Patient Medication Review provides a patient with a complete list of their medications

MAP - Medication Action Plan provides a patient-centered document containing a list of actions for the patient to track progress and self-management.

Intervention and/or Referral - consultative services for pharmacy interventions for drug related problems.

Blood Pressure Tracking form: American Heart Association blood pressure tracking form

#### Evaluation of Program Goals:

Therapy Goals are individualized based on measurable standards of care such as A1C, BMI, blood pressure, cholesterol levels, etc. Economic measures include hospitalization prevention, emergency room visits eliminated, clinical visits avoided, fewer sick days used, and any impact on drug costs.

MTM is a reiterative process: Care is coordinated with other team members and personalized (patient unique) goals of therapy and understood by all team members.

#### References:

American Pharmacists Association; National Association of Chain Drug Stores Foundation. Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model. Version 2.0. J Am Pharm Assoc (2003). 2008;48:341-353.

Centers for Medicare & Medicaid Services. Medicare Part D medication therapy management (MTM) programs: 2018 fact sheet. Updated August 20, 2018. Available at: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/CY2018-MTM-Fact-Sheet.pdf>. Accessed January 21, 2019.

McInnis T, Webb CE, Strand LM. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes, Patient-Centered Primary Care Collaborative, June 2012. Available at: <http://www.pcpcc.org/sites/default/files/media/medmanagement.pdf>. Accessed January 21, 2019.

#### Protocol Developed By:

KayLynn Bowman, PharmD, MS, MEd  
Nevada Pharmacy License 17134  
Dignity Health, QTAC  
MTM Pharmacy Services, Consultant Pharmacist  
2651 Paseo Verde Parkway, Suite 180  
Henderson, NV 89074  
Office: (702) 616-4914  
Fax: (702) 616-4909  
Cell:  
email:

**19**

**20**

## **EXECUTIVE SECRETARY REPORT – December 4<sup>th</sup> 2019**

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - FDA Compounding Meeting – Joe and Yenh
  - Open Beds Meeting – Darla and Yenh
  - Interim Healthcare Committee - Yenh
- **REPORT TO BOARD**
  - Licensing software update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
  - PMP Integration
  - Renewals

TEMPORARY LICENSES  
(Issued since last board meeting)

Sunrise Hospital

Evelyn Iniguez



## Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
453.540 Schedule IV add Eluxadoline	09/08/16	09/20/16	R150-16	09/09/19	10/22/19	12/05/19		
453.550 Schedule V add Brivaracetam	09/08/16	09/20/16	R149-16	09/09/19	10/22/19	12/05/19		
639 PMP Registration/Access	01/11/18	01/12/18	R013-18	04/30/18	05/03/18	06/07/18	06/15/18	06/26/18
639 Show Cause	01/11/18	01/12/18	R014-18	02/27/18	03/13/18	04/12/18	04/17/18	05/16/18
639.742 Vet Dispensing 639.220 Schedule of Fees	01/11/18	01/12/18	R015-18	03/09/18	03/13/18	04/12/18	04/17/18	05/16/18
639.NEW Dispensing of CS in conformance with AB 474	03/07/18	03/13/18	R047-18	04/17/18 05/04/18	05/08/18	06/07/18	06/15/18	06/26/18
453.510 Schedule I – Adding New Substances (Fentanyl)	03/07/18	03/15/18	R048-18					
639.NEW (2) – Further defines CS prescribed for pain (AB474)	06/07/18	06/15/18	R144-18	07/17/18	07/27/18	09/05/18 12/05/18		
639.250 – Technician Ratio (Non-dispensing)	09/05/18 10/11/18 12/05/18	01/30/19	R002-19	07/15/19	08/01/19	09/05/19	10/17/19	
453.550 – Schedule V – Adding New Substance (Cannabidiol)	12/05/18	12/26/18	R198-18	12/26/18	01/31/19	03/07/19	03/15/19	06/26/19
453.520 – Schedule II – Dronabinol Oral Solution	01/17/19	01/30/19	R001-19	07/24/19	08/01/19	09/05/19	10/17/19	
639.NEW – FQHC Off-Site Dispensing	01/17/19	02/19/19	R004-19	08/02/19	08/02/19 10/22/19	12/05/19		
639.250 – Technician Ratio (Dispensing)	03/07/19 04/11/19 06/06/19 07/18/19 09/05/19	09/05/19: Board motioned to not adopt the amendments.						
639.NEW – Costs for Inspections	04/11/19	04/15/19	R005-19	07/24/19	08/01/19	09/05/19	10/17/19	
639.NEW – Transfer of new prescriptions.	06/06/19	06/11/19	R008-19	09/03/19	11/01/19	12/05/19		

## Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
453.NEW PMP Regulations	07/18/19	07/19/19	R035-19	09/25/19	10/22/19	12/05/19		
639.NEW & 453.190 – Payment of Fees	07/18/19	07/19/19	R033-19	08/27/19	10/22/19	12/05/19		
639.220 – Schedule of Fees	07/18/19	07/19/19	R034-19	08/02/19	08/03/19	09/05/19	09/06/19	
639.240-242-7425 – Applicant with Criminal Conviction	09/05/19	09/12/19	R072-19	10/07/19	10/22/19	12/05/19		
639.NEW – Managing Pharmacist CE Requirement	09/05/19							
639.NEW – NPDB Reporting	09/05/19	09/12/19	R070-19	10/22/19	11/01/19	12/05/19		
453.NEW – Inactive Status	09/05/19	09/12/19	R071-19	10/16/19	10/22/19	12/05/19		
453.510 – Schedule I	09/05/19	09/12/19	R073-19					
639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee)	10/10/19	10/18/19	R094-19					
453.510 – Schedule I - Etizolam	10/10/19	10/18/19	R093-19					
639.NEW - Petition for review of criminal history	12/05/19							

**21**

## Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

December 5, 2019

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; AB 319

**Section. 1.** Chapter 639 of NAC is hereby amended by adding thereto the following provisions:

- 1. A petition for review of criminal history pursuant to AB 319:
  - (a) must be in writing on a form prescribed by the Board; and*
  - (b) must not be submitted prior to completion of a criminal background check by the petitioner.**
- 2. Upon receiving a petition for review of criminal history, the Board will place the matter on the agenda for the next regularly scheduled meeting of the Board, but in any event, not later than 45 days after the receipt of the petition unless a continuance is requested by the petitioner.*
- 3. After review of the petition for review of criminal history, the Board will issue a determination whether the criminal history submitted will disqualify the petitioner from obtaining any certificate, license, registration or permit issued by the Board within 30 days.*

**22**

**22A**

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R149-16**

September 6, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets **[omitted material]** is material to be omitted.

AUTHORITY: §1, NRS 453.146, 453.2182 and 639.070.

A REGULATION relating to controlled substances; adding brivaracetam to the controlled substances listed in schedule V of the Uniform Controlled Substances Act; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Under existing law, the State Board of Pharmacy is required to administer the Uniform Controlled Substances Act. (NRS 453.011-453.348) Existing law authorizes the Board to adopt regulations to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act. (NRS 453.146) Existing law also provides that, if a substance is designated, rescheduled or deleted as a controlled substance pursuant to federal law, the Board is required, with certain limited exceptions, to similarly treat the substance under the Uniform Controlled Substances Act within 60 days after the publication in the Federal Register of the final order concerning the federal action. (NRS 453.2182) The Drug Enforcement Administration of the United States Department of Justice placed the substance brivaracetam on schedule V of the federal Controlled Substances Act effective May

12, 2016. (81 Fed. Reg. 29487, 29491 (to be codified at 21 CFR § 1308.15)) This regulation brings the treatment of brivaracetam into conformity with federal regulations by adding it to the list of controlled substances in schedule V of the schedules of controlled substances set forth in the Uniform Controlled Substances Act.

**Section 1.** NAC 453.550 is hereby amended to read as follows:

453.550 1. Schedule V consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Any compound, mixture or preparation containing any of the following narcotic drugs or their salts calculated as the free anhydrous base alkaloid, containing one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone, in quantities:

- (a) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;
- (b) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;
- (c) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;
- (d) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;
- (e) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams; or
- (f) Not more than 0.5 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.



3. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pyrovalerone having a stimulant effect on the central nervous system, including their salts, isomers and salts of isomers.

4. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pregabalin having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers.

5. ***Brivaracetam.***

6. Lacosamide.

**22B**

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R150-16**

September 6, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets ~~(omitted material)~~ is material to be omitted.

**AUTHORITY:** § 1, NRS 453.146, 453.2182 and 639.070.

A REGULATION relating to controlled substances; adding eluxadoline to the controlled substances listed in schedule IV of the Uniform Controlled Substances Act; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Under existing law, the State Board of Pharmacy is required to administer the Uniform Controlled Substances Act. (NRS 453.011-453.348) Existing law authorizes the Board to adopt regulations to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act. (NRS 453.146) Existing law also provides that, if a substance is designated, rescheduled or deleted as a controlled substance pursuant to federal law, the Board is required, with certain limited exceptions, to similarly treat the substance under the Uniform Controlled Substances Act within 60 days after the publication in the Federal Register of the final order concerning the federal action. (NRS 453.2182) The

Drug Enforcement Administration of the United States Department of Justice placed the substance eluxadoline in schedule IV of the federal Controlled Substances Act effective December 14, 2015. (80 Fed. Reg. 69861, 69864 (November 12, 2015), as corrected by 80 Fed. Reg. 70680 (November 16, 2015) (to be codified at 21 CFR § 1308.14)) Existing regulations set forth the controlled substances that are included in schedule IV of the Uniform Controlled Substances Act. (NAC 453.540) This regulation brings the treatment of eluxadoline into conformity with federal regulations by adding it to the list of controlled substances in schedule IV.

**Section 1.** NAC 453.540 is hereby amended to read as follows:

453.540 1. Schedule IV consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs, including, without limitation, their salts, calculated as the free anhydrous base of alkaloid, is hereby enumerated on schedule IV, in quantities:

(a) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit; or

(b) Dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxy-butane).

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances,

including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alprazolam;

Barbital;

Bromazepam;

Butorphanol;

Camazepam;

Carisoprodol;

Chloral betaine;

Chloral hydrate;

Chlordiazepoxide;

Clobazam;

Clonazepam;

Clorazepate;

Clotiazepam;

Cloxazolam;

Delorazepam;

Diazepam;

Dichloralphenazone;

***Eluxadoline;***

Estazolam;  
Ethchlorvynol;  
Ethinamate;  
Ethyl loflazepate;  
Fludiazepam;  
Flunitrazepam;  
Flurazepam;  
Halazepam;  
Haloxazolam;  
Ketazolam;  
Loprazolam;  
Lorazepam;  
Lorcaserin;  
Lormetazepam;  
Mebutamate;  
Medazepam;  
Meprobamate;  
Methohexital;  
Methylphenobarbital (mephobarbital);  
Midazolam;  
Nimetazepam;  
Nitrazepam;

Nordiazepam;

Oxazepam;

Oxazolam;

Paraldehyde;

Petrichloral;

Phenobarbital;

Pinazepam;

Prazepam;

Quazepam;

Suvorexant;

Temazepam;

Tetrazepam;

Tramadol (2-((dimethylamino)methyl)-1-(3-methoxyphenyl)cyclohexanol);

Triazolam;

Zaleplon;

Zolpidem; or

Zopiclone.

4. Any material, compound, mixture or preparation which contains any quantity of fenfluramine, including, without limitation, its salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible, is hereby enumerated on

schedule IV. For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV:

Cathine ((+)-norpseudoephedrine);

Diethylpropion;

Fencamfamin;

Fenproporex;

Mazindol;

Mefenorex;

Modafinil;

Pemoline (including organometallic complexes and chelates thereof);

Phentermine;

Pipradrol;

Sibutramine; or

SPA ((-)-dimethylamino-1,2-diphenylethane).



6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pentazocine, including, without limitation, its salts, is hereby enumerated on schedule IV.

**22C**

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R004-19**

July 31, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

**AUTHORITY:** §§1, 3, 4, 9, 13 and 15, NRS 639.070; §§2, 6-8 and 10-12, NRS 639.070 and 639.0727; §5, NRS 639.070 and 639.170; §14, NRS 639.070 and 639.210.

A REGULATION relating to pharmacy; requiring a dispensing practitioner who wishes to transport and dispense dangerous drugs to certain patients from a federally-qualified health center vehicle to be registered by the State Board of Pharmacy; defining the term “dispensing practitioner”; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law authorizes the State Board of Pharmacy to adopt regulations relating to the practice of pharmacy in this State. (NRS 639.070)

Existing regulations require a practitioner who wishes to dispense controlled substances or dangerous drugs to apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. (NAC 639.742) **Section 3** of this regulation requires a dispensing practitioner who works for a federally-qualified health center in this State and who wishes to transport dangerous drugs by using a vehicle owned by a federally-qualified health center and dispense dangerous drugs from such a vehicle to apply to the Board for a certificate of registration to transport and dispense dangerous drugs. **Section 3** provides that such registration: (1) entitles the dispensing practitioner to dispense dangerous drugs only to the patients of the federally-qualified health center; and (2) is a revocable privilege. **Sections 5, 8 and 13** of this regulation make conforming changes.

Existing law requires the Board to adopt regulations to define the term “dispensing practitioner.” (NRS 639.0727) **Section 4** of this regulation defines the term “dispensing practitioner” to mean: (1) a practitioner who is registered to dispense controlled substances or dangerous drugs, or both, for human consumption; or (2) a licensed veterinarian who is registered to dispense controlled substances or dangerous drugs, or both, not for human consumption. **Sections 3, 6-12, 14 and 15** of this regulation make conforming changes. **Section**

2 of this regulation states that the Board is complying with existing law by defining the term “dispensing practitioner” as set forth in **section 4**.

**Section 1.** Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

**Sec. 2.** *For the purposes of NRS 639.0727, the Board defines the term “dispensing practitioner” as set forth in subsection 5 of NAC 639.010.*

**Sec. 3. 1.** *A dispensing practitioner who is employed by or serving as an independent contractor of a federally-qualified health center in this State and who wishes to transport dangerous drugs by using a federally-qualified health center vehicle and dispense dangerous drugs to patients of the federally-qualified health center from the federally-qualified health center vehicle must apply to the Board on an application provided by the Board for a certificate of registration to transport and dispense dangerous drugs. The Board will issue the certificate of registration to the dispensing practitioner if the Board determines that:*

*(a) The dispensing practitioner is registered pursuant to subsection 1 of NAC 639.742.*

*(b) If the federally-qualified health center is not wholly owned and operated by the dispensing practitioner, the owner or owners of the federally-qualified health center have registered the federally-qualified health center pursuant to subsection 2 of NAC 639.742. The owner or owners are not required to obtain a separate certificate of registration pursuant to subsection 2 of NAC 639.742 for the federally-qualified health center vehicle.*

*(c) The federally-qualified health center vehicle:*

*(1) Is owned by the federally-qualified health center that employs or contracts with the dispensing practitioner;*

*(2) Was configured by the federally-qualified health center for the purpose of transporting and dispensing dangerous drugs to the patients of the federally-qualified health center; and*

*(3) Has been inspected and approved by the Board for the purpose of transporting and dispensing dangerous drugs to the patients of the federally-qualified health center.*

*2. A certificate of registration issued pursuant to this section:*

*(a) Entitles the dispensing practitioner to dispense dangerous drugs from the federally-qualified health center vehicle only to patients of the federally-qualified health center; and*

*(b) Is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.*

*3. A dispensing practitioner to whom the Board has issued a certificate of registration pursuant to subsection 1:*

*(a) Shall comply with the provisions of this section and NAC 639.742 to 639.745, inclusive, if applicable;*

*(b) Shall not dispense any controlled substances from a federally-qualified health center vehicle;*

*(c) Shall not charge for the dispensing of any dangerous drug from a federally-qualified health center vehicle; and*

*(d) Shall ensure that all dangerous drugs are:*

*(1) Removed from the federally-qualified health center vehicle at the end of any day that the federally-qualified health center vehicle is used to dispense dangerous drugs; and*

*(2) Stored in the federally-qualified health center in a secure, locked room or cabinet to which the dispensing practitioner or the dispensing practitioner of the federally-qualified health center has the only key or lock combination.*

*4. The approval by the Board pursuant to subparagraph (3) of paragraph (c) of subsection 1 is not transferrable upon the sale or other transfer of the federally-qualified health center vehicle.*

*5. As used in this section, "dispensing practitioner" does not include a licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.*

**Sec. 4.** NAC 639.010 is hereby amended to read as follows:

639.010 As used in this chapter, unless the context otherwise requires:

1. "Board" means the State Board of Pharmacy.
2. "Controlled substances" has the meaning ascribed to it in NRS 0.031.
3. "Dangerous drug" has the meaning ascribed to it in NRS 454.201.
4. "Direct supervision" means the direction given by a supervising pharmacist who is:
  - (a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and
  - (b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

*5. "Dispensing practitioner" means:*

*(a) A practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption; or*

*(b) A licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.*

6. “Executive Secretary” means the Executive Secretary employed by the Board pursuant to NRS 639.040.

~~[6-]~~ 7. “Federally-qualified health center” has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

8. “Federally-qualified health center vehicle” means a vehicle that meets the requirements of paragraph (c) of subsection 1 of section 3 of this regulation.

9. “Licensed veterinarian” has the meaning ascribed to it in NRS 638.007.

10. “Pharmaceutical technician” means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

~~[7-]~~ 11. “Pharmaceutical technician in training” means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (e) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

~~[8-]~~ 12. “Practitioner” has the meaning ascribed to it in NRS 639.0125.

~~[9.]~~ **13.** “Prescription drug” means a drug or medicine as defined in NRS 639.007 which:

- (a) May be dispensed only upon a prescription order that is issued by a practitioner; and
- (b) Is labeled with the symbol “Rx only” pursuant to federal law or regulation.

~~[10.]~~ **14.** “Public or nonprofit agency” means a health center as defined in 42 U.S.C. § 254b(a) which:

- (a) Provides health care primarily to medically underserved persons in a community;
- (b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and
- (c) Is not a medical facility as defined in NRS 449.0151.

~~[11.]~~ **15.** “Surgical center for ambulatory patients” has the meaning ascribed to it in NRS 449.019.

**Sec. 5.** NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist... .. Actual cost  
of the  
examination

For the investigation or registration of an applicant as a registered  
pharmacist.....\$180



For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....	180
For the investigation or issuance of an original license to conduct a retail pharmacy .....	500
For the biennial renewal of a license to conduct a retail pharmacy .....	500
For the investigation or issuance of an original license to conduct an institutional pharmacy .....	500
For the biennial renewal of a license to conduct an institutional pharmacy .....	500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution .....	500
For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....	500
For the issuance of an original or duplicate certificate of registration as a registered pharmacist.....	50
For the biennial renewal of registration as a registered pharmacist .....	180
For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse) .....	100
For the initial registration of a pharmaceutical technician or pharmaceutical technician in training.....	40

For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training .....	40
For the investigation or registration of an intern pharmacist.....	40
For the biennial renewal of registration as an intern pharmacist.....	40
For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances .....	80
For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances .....	80
For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances .....	80
For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances .....	80

For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler .....	500
For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler .....	500
For the investigation or issuance of an original license to a manufacturer or wholesaler .....	500
For the biennial renewal of a license for a manufacturer or wholesaler .....	500
For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon .....	50
For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, <i>for human consumption</i> for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, <i>for human consumption</i> .....	300

For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, <i>for human consumption</i> for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, <i>for human consumption</i> .....	300
For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, <i>not for human consumption</i> .....	150
For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, <i>not for human consumption</i> .....	150

- 2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.
- 3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.
- 4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.
- 5. A health center:

(a) Which is a ~~federally-qualified~~ *federally-qualified* health center ~~[as defined in 42 U.S.C. § 1396d(1)(2)(B), as that section existed on March 1, 2000,]~~ that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,  
 ➔ is not required to pay the fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency as set forth in subsection 1.

6. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a ~~federally-qualified~~ *federally-qualified* health center ~~[as defined in 42 U.S.C. § 1396d(1)(2)(B), as that section existed on March 1, 2000,]~~ that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,  
 ➔ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

7. A practitioner who is exempt from the payment of a fee pursuant to subsection 6 shall notify the Board in writing of each change of address or additional address, or both.

**Sec. 6.** NAC 639.395 is hereby amended to read as follows:

639.395 1. A pharmaceutical technician or dispensing technician who operates a remote site shall transmit a copy of any new prescription which the technician receives to the telepharmacy electronically, telephonically or by fiber optics and retain the original prescription in the records maintained at the remote site.

2. A pharmaceutical technician or dispensing technician who operates a remote site or satellite consultation site must consult electronically, telephonically or by fiber optics with a

pharmacist or dispensing practitioner, as appropriate, at the telepharmacy to obtain approval before accessing any controlled substances or dangerous drugs maintained at the remote site or satellite consultation site.

3. A pharmacist or dispensing practitioner shall not authorize a pharmaceutical technician or dispensing technician at a remote site or satellite consultation site to dispense a controlled substance or dangerous drug unless the pharmacist or dispensing practitioner has:

- (a) Consulted with the technician;
- (b) Visually verified electronically, telephonically or by fiber optics that:
  - (1) The controlled substance or dangerous drug selected by the technician is correct; and
  - (2) The label prepared by the technician is correct; and
- (c) Verified that the information entered by the technician into the computerized system for recording information concerning prescriptions is correct.

4. A pharmacist or dispensing practitioner shall only authorize a pharmaceutical technician or dispensing technician at a remote site or satellite consultation site to dispense a controlled substance or dangerous drug to a patient who resides in the service area of the remote site or satellite consultation site or whose residence is closer to the remote site or satellite consultation site than to a telepharmacy.

***5. As used in this section, “dispensing practitioner” does not include a licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.***

**Sec. 7.** NAC 639.396 is hereby amended to read as follows:

639.396 1. Except as otherwise provided in this section, a pharmacist or dispensing practitioner who is responsible for the operation of a remote site or satellite consultation site shall maintain at the remote site or satellite consultation site, as applicable, and at the associated telepharmacy a record of each drug that is received, stored, dispensed, returned or otherwise dealt with at the remote site or satellite consultation site, including, without limitation, any record that is required to be maintained by state or federal law. The records so maintained must include, without limitation:

- (a) Each prescription dispensed at the remote site or satellite consultation site;
- (b) At the remote site or satellite consultation site, the initials of the technician who dispensed the controlled substance or dangerous drug;
- (c) At the telepharmacy, the initials of the pharmacist or dispensing practitioner who authorized the controlled substance or dangerous drug to be dispensed at the remote site or satellite consultation site, as applicable;
- (d) Each controlled substance or dangerous drug that is transferred between the stock of drugs maintained at the remote site or satellite consultation site, as applicable, and the stock of drugs maintained at the telepharmacy; and
- (e) At the telepharmacy, documentation of any counseling provided by a pharmacist or dispensing practitioner at the telepharmacy that was provided electronically, telephonically or by fiber optics to a patient or person caring for a patient at the remote site or satellite consultation site, as applicable.

2. The pharmacist or dispensing practitioner who is responsible for the operation of a remote site or satellite consultation site shall ensure that each record which is maintained at the

remote site or satellite consultation site, as applicable, including, without limitation, each record of a prescription, is maintained in a manner that makes it readily apparent whether the prescription was dispensed at the remote site or satellite consultation site, as applicable, or at the telepharmacy.

*3. As used in this section, “dispensing practitioner” does not include a licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.*

**Sec. 8.** NAC 639.742 is hereby amended to read as follows:

639.742 1. Except as otherwise provided in NAC 639.7423, a practitioner who wishes to dispense controlled substances or dangerous drugs *, or both, for human consumption* must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs ~~or both~~, *or both, for human consumption*. A certificate of registration to dispense controlled substances or dangerous drugs *, or both, for human consumption* is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7423 ~~and section 3 of this regulation~~, if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances *, or both, for human consumption* is not wholly owned and operated by the practitioner, the



owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, 639.648 and 639.7423, the dispensing practitioner and, if applicable, the owner or owners of the facility ~~H~~ *and any federally-qualified health center vehicle*, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745;
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility ~~H~~ *or federally-qualified health center vehicle, as applicable*;
- (f) All drugs are dispensed only to the patient personally at the facility ~~H~~ *or federally-qualified health center vehicle, as applicable*;
- (g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;
- (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and
- (i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. Except as otherwise provided in NAC 639.648 and 639.7423, with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

- (a) Enter the room or cabinet in which drugs are stored;
- (b) Remove drugs from stock;
- (c) Count, pour or reconstitute drugs;
- (d) Place drugs into containers;
- (e) Produce and affix appropriate labels to containers that contain or will contain drugs;
- (f) Fill containers for later use in dispensing drugs; or
- (g) Package or repackage drugs.

5. Except as otherwise provided in NAC 639.7423, a dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:

- (a) He or she were a pharmacist;
- (b) His or her practice site was a pharmacy; and
- (c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

**Sec. 9.** NAC 639.7423 is hereby amended to read as follows:

639.7423 1. A licensed veterinarian who wishes to dispense controlled substances or dangerous drugs , *or both, not for human consumption* must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs ~~H~~, *or both, not for human consumption*. A certificate of registration issued pursuant to this section:

(a) Entitles the licensed veterinarian to dispense controlled substances or dangerous drugs , *or both, not for human consumption* from any veterinary facility at which he or she engages in the practice of veterinary medicine.

(b) Must be renewed at the same time and in the same manner as certificates of registration by other practitioners.

(c) Is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. A veterinary facility at which controlled substances or dangerous drugs are possessed, administered, prescribed or dispensed:

(a) Shall ensure that at least one veterinarian who practices at that veterinary facility registers and maintains a registration with the Drug Enforcement Administration of the United States Department of Justice and the Board.

(b) Except as otherwise provided in paragraph (c), may allow only veterinarians, veterinary technicians or veterinary technicians in training at that veterinary facility to prepare a prescription drug for dispensing.

(c) May allow veterinary assistants at that facility to prepare a prescription drug, other than a controlled substance or dangerous drug, for dispensing.

(d) Shall ensure that a prescription drug which is new for an animal is not dispensed unless a veterinarian or veterinary technician is at the veterinary facility or is otherwise available at the time the prescription drug is dispensed.

(e) Shall ensure that a notation is made in the medical record of the animal that contains:

(1) The name, strength and quantity of the prescription drug.

- (2) The date the prescription drug was prescribed and dispensed.
- (3) The directions for use.
- (4) The name, signature or initials of the veterinarian who prescribed the prescription drug.
- (5) The name, signature or initials of the veterinarian, veterinary technician or veterinary technician in training who prepared the prescription drug for dispensing.
- (6) The name, signature or initials of the veterinarian or veterinary technician who verified the prescription drug before the prescription drug was dispensed.
- (f) Shall ensure that each vial or container which contains a prescription drug has affixed to the vial or container a label that contains:
  - (1) Except as otherwise provided in subsection 3, the name or unique identifier of the animal and the name of the owner of the animal for which the prescription drug is prescribed.
  - (2) The name, strength and quantity of the prescription drug.
  - (3) The date the prescription drug was dispensed.
  - (4) The name of the veterinarian who prescribed the prescription drug.
  - (5) The expiration date of the prescription drug.
  - (6) A unique number identifying the prescription.
  - (7) The directions for use.
- (g) Shall maintain a stock of prescription drugs necessary to serve the foreseeable needs of the veterinary practice.

(h) Shall ensure that drugs which are inappropriate or unlawful to the practice of veterinary medicine are not ordered or maintained in the stock of prescription drugs of the veterinary facility.

3. A label affixed to a vial or container that contains a prescription drug may contain a generic identifier for a group of animals of the same species in place of the name or unique identifier of one animal if:

- (a) The group of animals identified on the label is owned by the same person;
- (b) The prescription drug is dispensed for more than one of the animals in the group; and
- (c) The directions for use of the prescription drug are the same for each animal in the group for which the prescription drug is dispensed.

4. The authorization to possess a prescription drug is not transferrable upon the sale or other transfer of the animal or animals for which the prescription drug was dispensed.

5. A veterinary facility which maintains a stock of controlled substances or dangerous drugs for administration or dispensing shall:

- (a) Secure the stock of controlled substances or dangerous drugs in a locked container that is:
  - (1) Affixed to the structure and located within a locked room; or
  - (2) Located within a second locked container which is affixed to the structure.
- (b) Ensure that only a veterinarian or a veterinary technician designated by the veterinarian has the keys or combination to unlock the two separate locks at the start of a business day or beginning of a shift, if the veterinary facility has veterinarians on successive shifts.
- (c) Restrict access to the controlled substances or dangerous drugs to veterinarians or veterinary technicians only.

(d) Ensure that each veterinarian or veterinary technician who accesses the secure container which stores the controlled substances or dangerous drugs records in a log:

(1) The name of the veterinarian or veterinary technician who accessed the secure container and the date that he or she accessed the secure container.

(2) The name, strength and quantity of the controlled substance or dangerous drug removed from or placed into the secure container and the total amount of all quantities of that particular controlled substance or dangerous drug remaining inside the secure container.

(e) Ensure that a veterinarian who intends to destroy an unused portion of a controlled substance or dangerous drug records in a log the name and quantity of the controlled substance or dangerous drug that will be destroyed and the date and time that the controlled substance or dangerous drug will be destroyed. An entry made pursuant to this paragraph must be verified by an employee of the veterinary facility.

(f) Ensure that the purchasing, storage and recordkeeping of controlled substances or dangerous drugs comply with all applicable state and federal laws.

(g) Ensure that any controlled substance or dangerous drug is purchased by a veterinarian or with the knowledge of a veterinarian and that all controlled substances and dangerous drugs received by the veterinary facility are verified by a veterinarian or with the knowledge of the veterinarian.

(h) Maintain separate files for the records of the purchase of each controlled substance listed in schedule II of controlled substances in NAC 453.520 and records of the dispensing of each controlled substance listed in schedule II of controlled substances in NAC 453.520.

6. Any record made pursuant to subsections 2 to 5, inclusive, must be maintained for at least 4 years and must be available for inspection by the Board or its representative or any authorized federal, state or local regulatory agency or law enforcement agency.

7. A licensed veterinarian with a certificate of registration issued by the Board pursuant to subsection 1 and a veterinary facility at which controlled substances or dangerous drugs may be dispensed pursuant to this section are exempt from the provisions of NAC 639.7425 to 639.745, inclusive.

8. As used in this section:

(a) ~~“Licensed veterinarian” has the meaning ascribed to it in NRS 638.007.~~

~~—(b)~~ “Prescription drug” has the meaning ascribed to it in NAC 638.0135.

~~[(c)]~~ (b) “Veterinary facility” has the meaning ascribed to it in NAC 638.018.

**Sec. 10.** NAC 639.7425 is hereby amended to read as follows:

639.7425 1. Except as otherwise provided in NAC 639.7423, no person may act as a dispensing technician unless the person is:

(a) A registered pharmaceutical technician; or

(b) Employed at a facility to which a certificate of registration has been issued pursuant to NAC 639.742 and the dispensing practitioner at that facility has registered the person as a dispensing technician.

2. A dispensing practitioner may apply to the Board to register a person as a dispensing technician by submitting to the Board the fee required by NAC 639.744 and proof satisfactory to the Board that the person:

(a) Is 18 years of age or older;

- (b) Has received a high school diploma or its equivalent;
- (c) Has not been convicted of any felony or misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; and
- (d) Does not have a history of drug abuse.

3. Upon determining that a person for whom application for registration as a dispensing technician has been made by a dispensing practitioner satisfies the requirements of subsection 2, the Board will issue to the person a provisional registration as a dispensing technician for that practitioner.

4. A person acting as a dispensing technician pursuant to a provisional registration must complete at least 500 hours of training and experience provided by the dispensing practitioner relating to the skills that the person will be performing as a dispensing technician for that dispensing practitioner. Only that training and experience received by the person after the provisional registration is issued may be applied to satisfy the 500-hour requirement. In providing the training and experience, the dispensing practitioner shall supervise the training and experience of the person by observing the work of the person on a random basis at least three times each day during which the person is receiving training and experience.

5. A provisional registration issued to a person acting as a dispensing technician expires 12 months after it is issued or upon the expiration of the certificate of registration of the dispensing practitioner to whom the dispensing technician is registered, whichever is earlier. If a person acting as a dispensing technician pursuant to a provisional registration:

- (a) Fails to complete the required 500 hours of training and experience before the expiration of the provisional registration, the person shall not act as a dispensing technician unless he or she



is issued a new provisional registration pursuant to this section. Any hours of training and experience completed by the person while acting as a dispensing technician pursuant to a provisional registration that has expired may not be used to satisfy the 500-hour requirement for a new provisional registration.

(b) Completes the required 500 hours of training and experience before the expiration of the provisional registration, the dispensing practitioner shall file with the Board a signed affidavit certifying:

- (1) The number of hours of training and experience successfully completed by the person.
- (2) The specific training and experience received by the person.
- (3) That the person is, in the opinion of the dispensing practitioner, competent to perform the duties of a dispensing technician.

6. The Board, upon receiving the affidavit of the dispensing practitioner pursuant to subsection 5, will issue to the person a certificate of registration as a dispensing technician for that practitioner.

7. A dispensing technician shall complete at least 1 hour of in-service training during the 2-year period immediately preceding the renewal of the registration of the dispensing technician. The training must be a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State. The dispensing technician shall retain a copy of the certificate from the Board or approved program certifying the completion of such in-service training. The copy must be:

- (a) Retained for at least 2 years; and

(b) Readily accessible to a member of the Board or a person conducting an inspection or investigation on behalf of the Board.

*8. As used in this section, “dispensing practitioner” does not include a licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.*

**Sec. 11.** NAC 639.743 is hereby amended to read as follows:

639.743 1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

*3. As used in this section, "dispensing practitioner" does not include a licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.*

**Sec. 12.** NAC 639.7435 is hereby amended to read as follows:

639.7435 1. The registration of a dispensing technician is nontransferable and limited to the dispensing practitioner to whom the dispensing technician is registered. The registration of a dispensing technician expires at the same time that the certificate of registration of the dispensing practitioner expires. If a dispensing practitioner and the dispensing technician registered to that practitioner leave the facility at which they are registered, and the dispensing technician continues his or her employment with that practitioner at a different site, the dispensing practitioner shall, as soon as practicable, notify the Board of the change of address of employment of the dispensing technician.

2. If a dispensing technician no longer works as a dispensing technician for the dispensing practitioner to whom the dispensing technician is registered, the registration of the dispensing technician terminates. Except as otherwise provided in NAC 639.7423, if that person is

subsequently employed by another dispensing practitioner to work as a dispensing technician, the employing dispensing practitioner must, before the person may act as a dispensing technician for that practitioner:

(a) Register the person with the Board, showing the site of employment and the name of the dispensing practitioner; and

(b) Ensure that the person receives an additional 200 hours of training and experience provided by the dispensing practitioner. The additional training and experience must be provided in accordance with subsection 4 of NAC 639.7425. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner shall not allow the person to be registered as a dispensing technician to enter the room or cabinet in which drugs are stored or perform any function described in subsection 4 or 5 of NAC 639.742 without the dispensing practitioner observing the act by the person to be registered as a dispensing technician until that person has completed the 200 additional hours of training and experience.

*3. As used in this section, “dispensing practitioner” does not include a licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.*

**Sec. 13.** NAC 639.7445 is hereby amended to read as follows:

639.7445 If a dispensing practitioner allows any person to perform any act in violation of NAC 639.742 to 639.7445, inclusive, *and section 3 of this regulation*, the dispensing practitioner is subject to discipline relating to his or her registration as a dispensing practitioner,

including, without limitation, the temporary and immediate suspension of his or her registration as a dispensing practitioner until:

1. The violation is remedied; or
2. If an accusation has been made pursuant to NRS 639.241, the Board holds a hearing.

**Sec. 14.** NAC 639.945 is hereby amended to read as follows:

639.945 1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.

(b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:

- (1) The date on which the permission was granted;
  - (2) The name of the practitioner granting the permission;
  - (3) The name of the person obtaining the permission;
  - (4) The name of the drug dispensed; and
  - (5) The name of the manufacturer or distributor of the drug.
- (c) Using secret formulas.

(d) Except as otherwise provided by subsection 2 of NRS 639.2396, failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person except as permitted by law.

(e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.

(f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.

(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.

(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

(i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

(l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

(n) Dispensing a drug as a dispensing practitioner to a patient *or animal or owner of an animal* with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

2. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ.

3. For the purposes of this section, a bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics within or outside of this State or the United States by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

**Sec. 15.** NAC 639.647 is hereby repealed.

---

---

**TEXT OF REPEALED SECTION**

---

---

**639.647 “Licensed veterinarian” defined.** “Licensed veterinarian” has the meaning ascribed to it in NRS 638.007.



**22D**

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R033-19**

August 26, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1 and 2, NRS 453.221 and 639.070.

A REGULATION relating to fees; authorizing additional methods of paying fees to the State Board of Pharmacy; removing a requirement for the Board to refund certain fees; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires each state agency to accept payment through credit cards, debit cards or electronic transfers of money. (NRS 353.1466) **Sections 1 and 2** of this regulation authorize the payment of any fee to the State Board of Pharmacy through personal, certified or cashier's check, a credit card, a debit card, an electronic transfer of money or a money order.

Existing regulations provide that the Board will refund a registration or reregistration fee if the Board refuses to register the applicant. (NAC 453.190) **Section 1** of this regulation removes this provision, thereby allowing the Board to retain such fees.

**Section 1.** NAC 453.190 is hereby amended to read as follows:

453.190 The fee for registration or reregistration must be paid when the application for registration or reregistration is submitted for filing. The payment must be made by a personal, certified or cashier's check , *a credit card, a debit card, an electronic transfer of money* or a money order payable to the State Board of Pharmacy. Any attempted payment made in the form of stamps, foreign currency or an endorsed check of a third person will not be accepted. ~~If the Board refuses to register an applicant, the payment will be refunded.~~

**Sec. 2.** Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

*Payment of any fee to the Board must be made by a personal, certified or cashier's check, a credit card, a debit card, an electronic transfer of money or a money order payable to the State Board of Pharmacy.*

**22E**

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R035-19**

September 24, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

**AUTHORITY:** §§1 and 3, NRS 453.221 and 639.070; §2, NRS 453.163, 453.221 and 639.070; §4, NRS 453.221, 639.070 and 639.23916; §5, NRS 453.221, 639.070 and 639.23507.

A REGULATION relating to controlled substances; authorizing the managing pharmacist of a pharmacy to designate certain persons to access the database that tracks each prescription for certain controlled substances; authorizing certain practitioners who are not licensed in this State to access the database to obtain a patient utilization report; requiring a person who designates an employee to access the database to take certain actions upon the termination of the employment of the designee; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes the State Board of Pharmacy to adopt regulations relating to the registration and control of the dispensing of controlled substances in Nevada. (NRS 453.221) Existing law further authorizes the Board to adopt regulations that: (1) are necessary for the protection of the public relating to the practice of pharmacy; (2) authorize the Executive Secretary of the Board to issue certificates, licenses and permits required for the practice of pharmacy or for the dispensing of controlled substances; and (3) govern the dispensing of poisons, drugs, chemicals and medicines. (NRS 639.070) Existing law requires the Board and the Investigation Division of the Department of Public Safety to develop a computerized program to track each prescription for a controlled substance listed in schedule II, III, IV or V filled by a pharmacy or dispensed by a practitioner. (NRS 453.162)

Existing law requires a practitioner, other than a veterinarian, to obtain from the database of the computerized program a patient utilization report before issuing an initial prescription for a controlled substance and at least once every 90 days thereafter for the duration of the course of treatment. Existing law requires the Board to adopt regulations that allow a hospital to designate members of the hospital staff to act as delegates for the purposes of accessing the database of the

computerized program and obtaining patient utilization reports from the computerized program on behalf of a physician while he or she is providing service in a hospital emergency department. (NRS 639.23507) Existing law further authorizes the Board to adopt any regulations necessary to enforce the provisions requiring a practitioner to obtain a patient utilization form from the database of the computerized program. (NRS 639.23916)

Existing regulations authorize a practitioner and a hospital to designate certain persons as delegates for the purpose of accessing the database of the computerized program to obtain: (1) a patient utilization report on behalf of a practitioner; or (2) a patient utilization report on behalf of a physician providing service in a hospital emergency department. Existing regulations require such a delegate to complete certain courses of training before he or she may access the database of the computerized program. Existing regulations hold the practitioner or hospital, respectively, liable for any action of the delegate relating to accessing the database of the computerized program. (NAC 453.070, 453.074) **Section 2** of this regulation authorizes the managing pharmacist of a pharmacy to designate certain persons to act as a delegate to access the database on behalf of the pharmacy under similar circumstances. **Sections 2, 4 and 5** of this regulation require a person who designates a delegate to: (1) notify the Board whenever a delegate ceases to hold the position for which he or she was provided access to the database; and (2) cooperate with the Board to take any action necessary to terminate the access of the delegate to the database.

**Section 3** of this regulation authorizes certain physicians, dentists, podiatric physicians, advanced practice registered nurses, physician assistants, optometrists and pharmacists who are not licensed in this State to apply to the Board for access to the database to obtain patient utilization reports. **Section 3** requires such a person to complete certain courses of training before receiving access to the database of the computerized program. **Section 3** prohibits such a person from designating a delegate to access the database.

**Section 1.** Chapter 453 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

**Sec. 2. 1. *A managing pharmacist pursuant to NRS 639.220 may designate an intern pharmacist, pharmaceutical technician or pharmaceutical technician in training employed by the pharmacy to act as a delegate to access the database of the computerized program established pursuant to NRS 453.162 on behalf of the pharmacy.***

*2. A delegate designated pursuant to subsection 1 must complete the course of training developed pursuant to subsection 5 of NRS 453.164 before the delegate is provided Internet access to the database.*

*3. The managing pharmacist shall be liable for any action of the delegate designated pursuant to subsection 1 relating to accessing the database.*

*4. The managing pharmacist must:*

*(a) Immediately notify the Board when a delegate designated pursuant to subsection 1 ceases to be employed by the pharmacy; and*

*(b) Cooperate with the Board to take any action necessary to terminate the access of the delegate to the database.*

*5. As used in this section:*

*(a) "Intern pharmacist" has the meaning ascribed to it in NRS 639.0086.*

*(b) "Managing pharmacist" has the meaning ascribed to it in NRS 639.0087.*

*(c) "Pharmaceutical technician" has the meaning ascribed to it in NRS 639.0113.*

*(d) "Pharmaceutical technician in training" has the meaning ascribed to it in NRS 639.0115.*

*Sec. 3. 1. A physician, dentist, podiatric physician, advanced practice registered nurse, physician assistant or optometrist who is not licensed to practice in this State but is authorized to prescribe a controlled substance pursuant to 21 C.F.R. § 1306.03 or a pharmacist who is not licensed to practice in this State but is authorized to dispense a controlled substance pursuant to 21 C.F.R. § 1306.06 may apply to the Board on a form prescribed by the Board for Internet access to the database of the computerized program established pursuant to NRS*

*453.162 to obtain patient utilization reports for patients to whom they prescribe or dispense a controlled substance.*

*2. Before a person described in subsection 1 may receive Internet access to the database, he or she must complete the course of training developed pursuant to NRS 453.164. Such a person is subject to the laws and regulations of this State relating to the database.*

*3. A person described in subsection 1 who receives Internet access to the database of the computerized program established pursuant to NRS 453.162 may not designate a delegate pursuant to NAC 453.070.*

**Sec. 4.** NAC 453.070 is hereby amended to read as follows:

453.070 1. Except as otherwise provided in NAC 453.074, a practitioner other than a veterinarian may designate not more than two members of his or her staff to act as delegates for the purpose of accessing the database of the computerized program established pursuant to NRS 453.162 to obtain a patient utilization report pursuant to NRS 639.23507 on behalf of the practitioner.

2. A delegate designated pursuant to subsection 1 must complete the course of training ~~{required}~~ *developed* pursuant to subsection 5 of NRS 453.164 before the delegate is provided with Internet access to the database.

3. The practitioner shall be liable for any action of the delegate relating to accessing the database.

***4. The practitioner must:***

***(a) Immediately notify the Board when a delegate ceases to be a member of the staff of the practitioner; and***



***(b) Cooperate with the Board to take any action necessary to terminate the access of the delegate to the database.***

**Sec. 5.** NAC 453.074 is hereby amended to read as follows:

453.074 1. A hospital may designate members of the staff of the hospital to act as delegates for the purpose of accessing the database of the computerized program established pursuant to NRS 453.162 to obtain a patient utilization report pursuant to NRS 639.23507 on behalf of a physician providing service in a hospital emergency department.

2. A delegate designated pursuant to subsection 1 must complete the course of training ~~{required}~~ ***developed*** pursuant to subsection 5 of NRS 453.164 before the delegate is provided with Internet access to the database.

3. The hospital shall be liable for any action of the delegate relating to accessing the database.

***4. The hospital must:***

***(a) Immediately notify the Board whenever a delegate ceases to be a member of the staff of the hospital; and***

***(b) Cooperate with the Board to take any action necessary to terminate the access of the delegate to the database.***

**22F**

**PROPOSED REGULATION OF  
THE STATE BOARD OF PHARMACY**

**LCB File No. R071-19**

October 15, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets ~~(omitted material)~~ is material to be omitted.

AUTHORITY: §1, NRS 453.221, 453.226 and 639.070.

A REGULATION relating to controlled substances; requiring the registration of a practitioner with the State Board of Pharmacy to be placed on inactive status if the Board is notified that the professional license of the registrant has been placed on inactive status; requiring the Board to notify a registrant when his or her registration is placed on inactive status; authorizing a registrant to request a hearing regarding the status of his or her registration; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires every practitioner who dispenses a controlled substance within this State to obtain biennially a registration issued by the State Board of Pharmacy in accordance with the regulations adopted by the Board, unless certain limited exceptions apply. (NRS 453.226) This regulation requires the Executive Secretary of the Board to place the certificate of registration of a practitioner on inactive status if the Board is notified by an occupational licensing board that the license upon which the practitioner's certificate of registration was issued has been placed on inactive status. This regulation requires the Board to provide a practitioner with certain notice if his or her registration is placed on inactive status and authorizes a practitioner to request a hearing to contest the placement of his or her registration on inactive status. This regulation also authorizes a practitioner whose registration has been placed on inactive status to petition for the reinstatement of his or her registration to active status and to request a hearing to appeal the denial of such a petition.

**Section 1.** Chapter 453 of NAC is hereby amended by adding thereto a new section to read as follows:

*1. The Executive Secretary of the Board shall, without a hearing, place the registration of a practitioner on inactive status if:*

*(a) The Board is notified by an occupational licensing board that a license of the practitioner issued by the occupational licensing board has been placed on inactive status; and*

*(b) The license that was placed on inactive status is the license in connection with which the practitioner was issued a certificate of registration.*

*2. A practitioner may not dispense any controlled substance within this State during the period that his or her registration is on inactive status.*

*3. A registration that is placed on inactive status pursuant to subsection 1 will remain inactive until such time as the registrant presents proof to the Executive Secretary of the Board that the occupational licensing board that licenses the practitioner has reinstated the practitioner's license to active status.*

*4. If a registration is placed on inactive status pursuant to subsection 1, the Board will provide written notice to the registrant as soon as practicable after the registration is placed on inactive status. The notice shall inform the registrant that:*

*(a) The registrant may petition the Executive Secretary of the Board at any time for reinstatement of the registration to active status;*

*(b) The registrant's Internet access to the database of the program established pursuant to NRS 453.162 is suspended while the registration remains on inactive status; and*

*(c) The registrant may request a hearing before the Board to contest the placement of the registration on inactive status.*

*5. A registrant whose registration is placed on inactive status pursuant to subsection 1 may petition the Executive Secretary of the Board at any time for reinstatement of the registration to active status.*

*6. If the Executive Secretary of the Board denies a petition for reinstatement of the registration to active status, the Board will provide written notice to the registrant as soon as practicable after the denial of the petition. The notice shall inform the registrant that he or she may request a hearing before the Board to appeal the denial of the petition.*

*7. To request a hearing before the Board to contest the placement of a registration on inactive status or appeal the denial of a petition for reinstatement of the registration to active status, the registrant must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the notice pursuant to subsection 4 or 6.*

*8. If a registrant requests a hearing before the Board pursuant to subsection 7, the Board will conduct a hearing at the next regularly scheduled meeting of the Board, but in any event, the hearing must be instituted and determined within 45 days after the date of the request for a hearing, unless a continuance is requested by the registrant.*

**22G**

## PROPOSED REGULATION OF THE STATE BOARD OF PHARMACY

LCB File No. R072-19

September 30, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1, 5 and 6, NRS 639.070; §§2 and 3, NRS 639.070 and 639.1371; §4, NRS 639.070 and 639.0727.

A REGULATION relating to pharmacy; revising provisions governing the requirements for, application for and registration of pharmaceutical technicians, pharmaceutical technicians in training and dispensing technicians; and providing other matters properly relating thereto.

### Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations necessary for the protection of the public, appertaining to the practice of pharmacy and the lawful performance of its duties. (NRS 639.070) Existing law also requires the Board to adopt regulations concerning the requirements to register as a pharmaceutical technician or dispensing technician. (NRS 639.0727, 639.1371)

Existing regulations prohibit a person from registering as a pharmaceutical technician or a pharmaceutical technician in training if he or she has: (1) been convicted of any felony or misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or (2) a history of drug abuse. (NAC 639.240, 639.242) **Sections 2 and 3** of this regulation instead provide that the Board may deny an application to register as a pharmaceutical technician or pharmaceutical technician in training, respectively, if the applicant has been convicted of any such crime or has a history of drug abuse.

Existing regulations require a dispensing practitioner applying to register a person as a dispensing technician to submit proof to the Board that the candidate: (1) has not been convicted of any felony or misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; and (2) does not have a history of drug abuse. (NAC 639.7425) **Section 4** of this regulation provides instead that the Board may deny an application to register a person as a dispensing technician if the candidate has been convicted of any such crime or has a history of drug abuse.

**Sections 1, 5 and 6** of this regulation make conforming technical changes.

**Section 1.** NAC 639.010 is hereby amended to read as follows:

As used in this chapter, unless the context otherwise requires:

1. “Board” means the State Board of Pharmacy.
2. “Controlled substances” has the meaning ascribed to it in NRS 0.031.
3. “Dangerous drug” has the meaning ascribed to it in NRS 454.201.
4. “Direct supervision” means the direction given by a supervising pharmacist who is:
  - (a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and
  - (b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.
5. “Executive Secretary” means the Executive Secretary employed by the Board pursuant to NRS 639.040.
6. “Pharmaceutical technician” means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.
7. “Pharmaceutical technician in training” means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph ~~[(e)]~~ (c) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.



8. "Practitioner" has the meaning ascribed to it in NRS 639.0125.
9. "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:
  - (a) May be dispensed only upon a prescription order that is issued by a practitioner; and
  - (b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.
10. "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a)

which:

- (a) Provides health care primarily to medically underserved persons in a community;
- (b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

- (c) Is not a medical facility as defined in NRS 449.0151.

11. "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

**Sec. 2.** NAC 639.240 is hereby amended to read as follows:

1. No person may perform the duties of a pharmaceutical technician until the person has been issued a certificate of registration.

2. An applicant for registration as a pharmaceutical technician must:

- (a) Be 18 years of age or older;
- (b) Be a high school graduate or the equivalent; *and*
- (c) ~~[Not have been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs;~~
- ~~—(d) Have no history of drug abuse; and~~

~~—(e)~~ Have complied with one of the following requirements:

(1) The successful completion of a program of training for pharmaceutical technicians, including, but not limited to, a program of training offered by a postsecondary school, that is approved by the Board pursuant to NAC 639.256.

(2) Registration in another state as a pharmaceutical technician, if the requirements for registration in that state are equivalent to the requirements of this State, and the successful completion of at least 240 hours of employment as a pharmaceutical technician in a pharmacy in that state, which must be verified by the managing pharmacist of the pharmacy.

(3) If the state in which the applicant has been employed does not offer registration, licensure or certification as a pharmaceutical technician:

(I) The successful completion of at least 1,500 hours of experience in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371 during the 3 years immediately preceding the date on which his or her application was submitted;

(II) The successful completion of at least 350 hours of employment in a pharmacy in this State; and

(III) The acquisition of a written statement to the Board from the managing pharmacist of the pharmacy referred to in sub-subparagraph (II) stating that the applicant, during his or her employment, demonstrated competence to perform the tasks assigned to him or her.

↪ Such an applicant must register as a pharmaceutical technician in training before he or she completes the requirements of sub-subparagraph (II).

(4) The successful completion of at least 1,500 hours of training and experience as a pharmaceutical technician in training. A pharmaceutical technician in training may accumulate certified hours of training from each place of employment.

(5) The successful completion of a program of training for pharmaceutical technicians conducted by a branch of the Armed Forces of the United States, the Indian Health Service of the United States Department of Health and Human Services or the United States Department of Veterans Affairs.

(6) Certification by the Pharmacy Technician Certification Board or the National Healthcareer Association as a pharmacy technician if:

(I) The applicant successfully completes a program of training for pharmaceutical technicians conducted by a postsecondary school in another state;

(II) The program is accredited or otherwise approved by the appropriate regulatory authority in that state; and

(III) The applicant successfully completes at least 240 hours of employment as a pharmaceutical technician in training in a pharmacy in another state, which must be verified by the managing pharmacist of the pharmacy.

3. An applicant who attended a school outside the United States must submit to an organization which evaluates educational credentials a copy of the transcript of his or her academic record from that school for a determination of whether the grades the applicant received are substantially equivalent to the grades required for an applicant who attended a school, or a program of training for pharmaceutical technicians that is accredited by the

American Society of Health-System Pharmacists, in the United States. The applicant must ensure that a copy of the organization's evaluation of the transcript is submitted to the Board.

4. *The Board may deny an application for registration as a pharmaceutical technician if the applicant has:*

*(a) Been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or*

*(b) A history of drug abuse.*

5. Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a certificate of registration to the pharmaceutical technician.

**Sec. 3.** NAC 639.242 is hereby amended to read as follows:

1. An applicant for registration as a pharmaceutical technician in training must:

(a) Be 18 years of age or older;

(b) Be a high school graduate or the equivalent; *and*

(c) ~~Not have been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs;~~

~~(d) Have no history of drug abuse; and~~

~~(e)}~~ Participate in training while on the job and acquire experience that is commensurate with the duties of his or her employment.

2. *The Board may deny an application for registration as a pharmaceutical technician in training if the applicant has:*

*(a) Been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or*

*(b) A history of drug abuse.*

3. A person may perform the duties of a pharmaceutical technician while the person is receiving the training and experience required by paragraph ~~[(e)]~~ (c) of subsection 1 if he or she is registered with the Board.

~~[(3)]~~ 4. Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed.

~~[(4)]~~ 5. Registration as a pharmaceutical technician in training is effective for 24 months after the date of issuance unless an extension is granted by the Board.

~~[(5)]~~ 6. The registration certificate of a pharmaceutical technician in training who is receiving the training and experience required by paragraph ~~[(e)]~~ (c) of subsection 1 will specify the pharmacy where he or she will be employed. Termination of that employment voids the registration, and the trainee must reapply for registration before his or her services may be used by another pharmacy. This subsection does not prohibit a trainee from accumulating certified hours of training from each place of employment.

~~[(6)]~~ 7. The managing pharmacist of the pharmacy where a pharmaceutical technician in training is employed to receive the training and experience required by paragraph ~~[(e)]~~ (c) of subsection 1 shall file with the Board a signed affidavit certifying:

(a) The number of hours of training and experience the trainee has successfully completed;

- (b) The specific training and experience the trainee has completed; and
- (c) That the trainee is competent to perform the duties of a pharmaceutical technician.

**Sec. 4.** NAC 639.7425 is hereby amended to read as follows:

1. Except as otherwise provided in NAC 639.7423, no person may act as a dispensing technician unless the person is:

- (a) A registered pharmaceutical technician; or
- (b) Employed at a facility to which a certificate of registration has been issued pursuant to NAC 639.742 and the dispensing practitioner at that facility has registered the person as a dispensing technician.

2. A dispensing practitioner may apply to the Board to register a person as a dispensing technician by submitting to the Board the fee required by NAC 639.744 and proof satisfactory to the Board that the person:

- (a) Is 18 years of age or older; *and*
- (b) Has received a high school diploma or its equivalent. ~~†~~
- ~~—(c) Has not been convicted of any felony or misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; and~~
- ~~—(d) Does not have a history of drug abuse.]~~

3. *The Board may deny an application to register a person as a dispensing technician if the person has:*

- (a) Been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or*
- (b) A history of drug abuse.*



4. Upon determining that a person for whom application for registration as a dispensing technician has been made by a dispensing practitioner satisfies the requirements of subsection 2, the Board will issue to the person a provisional registration as a dispensing technician for that practitioner.

~~{4.}~~ 5. A person acting as a dispensing technician pursuant to a provisional registration must complete at least 500 hours of training and experience provided by the dispensing practitioner relating to the skills that the person will be performing as a dispensing technician for that dispensing practitioner. Only that training and experience received by the person after the provisional registration is issued may be applied to satisfy the 500-hour requirement. In providing the training and experience, the dispensing practitioner shall supervise the training and experience of the person by observing the work of the person on a random basis at least three times each day during which the person is receiving training and experience.

~~{5.}~~ 6. A provisional registration issued to a person acting as a dispensing technician expires 12 months after it is issued or upon the expiration of the certificate of registration of the dispensing practitioner to whom the dispensing technician is registered, whichever is earlier. If a person acting as a dispensing technician pursuant to a provisional registration:

(a) Fails to complete the required 500 hours of training and experience before the expiration of the provisional registration, the person shall not act as a dispensing technician unless he or she is issued a new provisional registration pursuant to this section. Any hours of training and experience completed by the person while acting as a dispensing technician pursuant to a provisional registration that has expired may not be used to satisfy the 500-hour requirement for a new provisional registration.

(b) Completes the required 500 hours of training and experience before the expiration of the provisional registration, the dispensing practitioner shall file with the Board a signed affidavit certifying:

- (1) The number of hours of training and experience successfully completed by the person.
- (2) The specific training and experience received by the person.
- (3) That the person is, in the opinion of the dispensing practitioner, competent to perform the duties of a dispensing technician.

~~16.1~~ 7. The Board, upon receiving the affidavit of the dispensing practitioner pursuant to subsection ~~15.1~~ 6, will issue to the person a certificate of registration as a dispensing technician for that practitioner.

~~17.1~~ 8. A dispensing technician shall complete at least 1 hour of in-service training during the 2-year period immediately preceding the renewal of the registration of the dispensing technician. The training must be a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State. The dispensing technician shall retain a copy of the certificate from the Board or approved program certifying the completion of such in-service training. The copy must be:

- (a) Retained for at least 2 years; and
- (b) Readily accessible to a member of the Board or a person conducting an inspection or investigation on behalf of the Board.

**Sec. 5.** NAC 639.743 is hereby amended to read as follows:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection ~~14.1~~ 5 of NAC



639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection ~~4~~ 6 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

**Sec. 6.** NAC 639.7435 is hereby amended to read as follows:

1. The registration of a dispensing technician is nontransferable and limited to the dispensing practitioner to whom the dispensing technician is registered. The registration of a

dispensing technician expires at the same time that the certificate of registration of the dispensing practitioner expires. If a dispensing practitioner and the dispensing technician registered to that practitioner leave the facility at which they are registered, and the dispensing technician continues his or her employment with that practitioner at a different site, the dispensing practitioner shall, as soon as practicable, notify the Board of the change of address of employment of the dispensing technician.

2. If a dispensing technician no longer works as a dispensing technician for the dispensing practitioner to whom the dispensing technician is registered, the registration of the dispensing technician terminates. Except as otherwise provided in NAC 639.7423, if that person is subsequently employed by another dispensing practitioner to work as a dispensing technician, the employing dispensing practitioner must, before the person may act as a dispensing technician for that practitioner:

- (a) Register the person with the Board, showing the site of employment and the name of the dispensing practitioner; and
- (b) Ensure that the person receives an additional 200 hours of training and experience provided by the dispensing practitioner. The additional training and experience must be provided in accordance with subsection ~~4~~ 5 of NAC 639.7425. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner shall not allow the person to be registered as a dispensing technician to enter the room or cabinet in which drugs are stored or perform any function described in subsection 4 or 5 of NAC 639.742 without the dispensing practitioner observing the act by the person to be registered as a dispensing technician until that person has completed the 200 additional hours of training and experience.

**22H**

# PROPOSED REGULATION OF THE STATE BOARD OF PHARMACY

LCB File No. R008-19

September 3, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1-4, NRS 639.070 and 639.0745.

A REGULATION relating to prescriptions; prescribing requirements relating to transferring information concerning a prescription; requiring the recording of certain information in the record of a transferred prescription; and providing other matters properly relating thereto.

## Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations concerning the transfer of information between pharmacies relating to prescriptions. (NRS 639.0745) Existing regulations prescribe requirements governing the transfer of information between pharmacies relating to a prescription for a dangerous drug or controlled substance. (NAC 639.713-639.7145) **Sections 1-4** of this regulation generally clarify which of these requirements apply to all transferred prescriptions and which requirements apply only to a prescription that is transferred after it has already been filled at least once.

Existing regulations prohibit the transfer of a prescription for a controlled substance listed in schedule II. (NAC 639.713) **Section 2** of this regulation instead prohibits the transfer of such a prescription more than one time.

Existing regulations require a pharmacist who transfers or receives information related to a prescription orally to record certain information in the record of the prescription. (NAC 639.714) **Section 3** of this regulation requires the recording of such information in the record of any transferred prescription. **Section 3** also adds to the information that must be recorded by the transferring pharmacist and the receiving pharmacist in the record of a transferred prescription for a controlled substance the registration number issued to the receiving pharmacy by the Drug Enforcement Administration. **Section 3** additionally requires a transferring pharmacy to take any measures necessary to ensure that the prescription cannot be refilled at that pharmacy. **Sections 1 and 4** of this regulation make conforming changes.

**Section 1.** NAC 639.580 is hereby amended to read as follows:

639.580 1. If the licensee of a pharmacy ceases to do business and permanently closes the pharmacy the licensee must:

(a) Place a sign in the front window of the pharmacy notifying the public of the name and address of the pharmacy to which the prescription files have been transferred. The sign must remain so placed for a period of 30 days unless sooner removed by the landlord or a new tenant.

(b) Return to the Executive Secretary his or her pharmacy license and license renewal certificates.

(c) Prepare separate inventories in duplicate of the controlled substances and dangerous drugs on the premises at the time of the closure and provide the purchaser thereof with copies of the inventories. Copies of the inventories must be retained by the seller and the purchaser for 2 years.

(d) If the licensee is transferring prescription files for controlled substances or dangerous drugs, comply with the provisions of NAC 639.713 ~~{and}~~, 639.714 ~~{}~~ and 639.7145, as *applicable*, and ensure that:

(1) The information relating to the refill of each prescription is included on the prescription; or

(2) If the licensee maintains his or her prescription files on a computer system, the information relating to the refill of each prescription is accessible by the computer system of the pharmacy to which the information is transferred.

(e) Notify the Executive Secretary in writing of:

- (1) The method of disposition of the controlled substances and dangerous drugs;
- (2) The name of the purchaser; and
- (3) The kinds and amounts transferred.

2. The licensee shall cooperate with the Board to promote the efficient administration of this section.

**Sec. 2.** NAC 639.713 is hereby amended to read as follows:

639.713 1. Except as otherwise provided in subsection 4, a transfer of information between pharmacies relating to a prescription for a dangerous drug or controlled substance for the purpose of filling and dispensing that prescription is subject to the following conditions:

(a) Information relating to a prescription , *including the total number of refills authorized* and any remaining number of refills , may be transferred *to another pharmacy* orally, by a facsimile machine in accordance with NAC 639.7145 or by computer ~~+~~ *in accordance with this section.*

(b) ~~{An oral}~~ *A* transfer must be communicated directly between two registered pharmacists.

(c) The original and the transferred prescriptions must be maintained for 2 years after the date on which the prescription was filled.

(d) Information relating to a prescription *that has previously been filled* may be transferred *to another pharmacy* by a computer if:

(1) The computer that transfers the information reduces, at the time the information is transferred, the number of refills authorized by the original prescription; and

(2) The computer that receives the information allows the transfer of the prescription for a controlled substance only once.

2. ~~{A pharmacist who receives}~~ *If* a prescription for a controlled substance which has *previously* been *filled is* transferred by a computer ~~{shall}~~, *the pharmacist that receives the prescription must* inform the patient that the prescription may be transferred *to another pharmacy* only once.

3. A pharmacy shall not, without first notifying the Board:

(a) Sell, give or otherwise transfer all its prescription files, including information relating to patients and practitioners, to another pharmacy, including a pharmacy under its control or ownership; or

(b) Receive all the prescription files, including information relating to patients and practitioners, from another pharmacy, including a pharmacy under its control or ownership.

↪ A file transferred pursuant to this subsection is not a transfer of information between pharmacies for the purposes of subsection 1, regardless of whether the transfer occurs before or after the prescription is filled.

4. A prescription for a controlled substance listed in schedule II *that has previously been filled* must not be transferred pursuant to the provisions of this section.

**Sec. 3.** NAC 639.714 is hereby amended to read as follows:

639.714 1. Except as otherwise provided in subsection 3, a pharmacist who ~~{orally}~~ transfers the information relating to a prescription *to another pharmacy* pursuant to NAC 639.713 shall:

(a) Write the word “void” on the face of the prescription; and

(b) Record on the reverse side of the invalidated prescription the following information:

- (1) The name of the pharmacist who transfers the information relating to the prescription;
- (2) The date of the transfer;
- (3) The name and address of the pharmacy to which the prescription is transferred; ~~{and}~~
- (4) The name of the pharmacist who receives the information relating to the prescription

~~{;}~~ *and*

*(5) If the prescription is for a controlled substance, the registration number issued by the Drug Enforcement Administration pursuant to 21 C.F.R. Part 1301 to the pharmacy to which the prescription is transferred.*

2. The pharmacist who receives the information relating to the prescription that was transferred ~~{orally}~~ shall:

(a) ~~{Reduce}~~ *If the information was transferred orally, reduce* the transferred information to a written prescription;

(b) Write the word “transfer” on the face of the transferred prescription;

(c) If the prescription is for a controlled substance ~~{;}~~ *and the prescription has previously been filled*, inform the patient that the prescription may be transferred only once; and

(d) Record the following information on the transferred prescription:

- (1) The name and address of the pharmacy from which the prescription was transferred;
- (2) The name of the pharmacist who transferred the information relating to the

prescription;

(3) ~~{The}~~ *The date on which the original prescription was issued;*



*(4) If the prescription has previously been filled, the* serial number of the original prescription ~~;~~

~~—(4) The date the original prescription was issued and the most recent date of dispensing, if different; and,]~~ *the date on which the prescription was most recently filled and the number of refills remaining;*

(5) The number of refills authorized by the original prescription ~~;~~ ~~the date the prescription was most recently refilled and the number of refills remaining.] ; and~~

*(6) If the prescription is for a controlled substance, the registration number issued to the transferring pharmacy by the Drug Enforcement Administration pursuant to 21 C.F.R. Part 1301.*

3. A pharmacy ~~[which maintains its records of prescriptions on a computer system]~~ shall ~~[invalidate in its system]~~ *take any measures necessary to ensure that* a prescription which has been ~~[orally]~~ transferred to another pharmacy ~~[. If the]~~ *cannot be filled again by the transferring pharmacy, including, without limitation, invalidating the prescription in its computer system, if applicable.*

4. *Upon transferring a prescription to another pharmacy, a pharmacy which maintains its records of prescriptions on a computer system which* has the capability to maintain the information described in paragraph (b) of subsection 1 ~~;~~ ~~the pharmacy:] :~~

- (a) Shall maintain that information on its computer; and
- (b) Is not required to record that information on the original transferred prescription.

**Sec. 4.** NAC 639.7145 is hereby amended to read as follows:

639.7145 1. Information relating to a prescription may be transferred from a pharmacy to another pharmacy by a facsimile machine pursuant to NAC 639.713 if:

(a) The transmission from the transferring pharmacy:

(1) Includes the information required by subsection 2 of NRS 639.2353, which may be provided in the form of an accurate printout of the pharmacy's computerized record of the prescription; and

(2) Except as otherwise provided in subsection 2, includes:

(I) A copy of the original prescription maintained in the records of the transferring pharmacy on which the pharmacist at the transferring pharmacy has signed the copy and written his or her license number; or

(II) The signature and handwritten license number of the pharmacist at the transferring pharmacy and a notation that specifically indicates that the pharmacist intends to transfer the prescription.

(b) The transmission is prepared and transmitted by a pharmaceutical technician or pharmacist at the transferring pharmacy.

~~[(c) Except as otherwise provided in subsection 3, the pharmacist at the transferring pharmacy processes the original prescription in the manner prescribed in paragraph (a) and subparagraphs (1), (2) and (3) of paragraph (b) of subsection 1 of NAC 639.714.]~~

2. A pharmacy may transfer prescriptions by facsimile machine to another pharmacy without complying with the provisions of subparagraph (2) of paragraph (a) of subsection 1 only upon application to and authorization by the Board. The Board may grant that authority to a pharmacy if the Board is satisfied that:

(a) The pharmacy's computer system will accurately represent the identity of the pharmacist responsible for the transfer; and

(b) The identity of the pharmacist responsible for the transfer cannot be falsified, modified, added or otherwise provided without the knowledge and assent of that pharmacist.

3. A pharmacy which maintains its records of prescriptions in a computer system shall invalidate in its system a prescription transferred by a facsimile machine to another pharmacy.

~~[A pharmacy which transfers a prescription by a facsimile machine is not required to process the original prescription in the manner prescribed in paragraph (c) of subsection 1 if the pharmacy cancels the prescription stored in its computer system in a manner which ensures that the prescription cannot be refilled by that pharmacy.]~~

**221**

**PROPOSED REGULATION OF  
THE STATE BOARD OF PHARMACY**

**LCB File No. R070-19**

October 18, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §1, NRS 639.070.

A REGULATION relating to pharmacy; requiring certain matters relating to discipline and practice without the appropriate license, certificate or permit to be reported to certain entities; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes the State Board of Pharmacy to: (1) conduct administrative proceedings to deny, suspend or revoke a person's registration to engage in the dispensing of a controlled substance in this State; (2) impose discipline on a holder of a certificate, license or permit issued by the Board; and (3) take certain actions against a person who practices or offers to practice pharmacy without the appropriate license, certificate or permit. (NRS 453.241, 639.255, 639.2895)

This regulation provides that if the Board takes action on a person's registration, imposes discipline on a holder of a certificate, license or permit issued by the Board or takes certain actions against a person for unauthorized practice, the Board must provide a copy of its order or decision to the National Practitioner Data Bank pursuant to federal law and to any professional licensing board or agency which has issued a license, registration, certificate or permit to the person.

**Section 1.** Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

***1. If the Board:***

***(a) Denies, suspends or revokes a registration of a person pursuant to NRS 453.241;***

*(b) Imposes discipline on a person pursuant to NRS 639.255; or*

*(c) Issues a final decision of a determination pursuant to NRS 639.2895 that a person has violated subsection 1 of NRS 639.100, subsection 1 of NRS 639.2813 or NRS 639.285,*

*↪ the Board must disseminate copies of the order or decision, as applicable, of the Board as provided in subsection 2.*

*2. Copies of an order or decision described in subsection 1 must be provided by the Board to:*

*(a) The National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 C.F.R. Part 60; and*

*(b) Any other professional licensing board or agency of this State or another state that has issued a license, registration, certificate or permit to the person who is the subject of the order or decision, as applicable.*

**23**

**24**



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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 MDEG      ☐ Ownership Change      ☐ Name Change      ☐ Location Change  
(Please provide current license number if making changes: MP or MW \_\_\_\_\_)

☐ Publicly Traded Corporation – Pages 1,2,3,4      ☒ Partnership - Pages 1,2,3,6  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b      ☐ Sole Owner – Pages 1,2,3,7  
Please check box for type of ownership and complete correct part of the application.

### GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Foothill Medical Supply, LLC

Physical Address: 6295 McLeod Dr, #22, Las Vegas, NV 89120

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 723 N 1890 W, Suite 38A

City: Provo State: UT Zip Code: 84601

Telephone: (877) 492-2704 ext 405 Fax: (877) 492-2716

E-mail: wreaves@mmsmde.com Website: www.mmsdme.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 am to 5 pm Tue: 8 am to 5 pm Wed: 8 am to 5 pm Thu: 8 am to 5 pm

Fri: 8 am to 5 pm Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Scott Reaves (877) 464-5846 ext. 1

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☒ Medical Gases\*\*      ☒ Assistive Equipment  
☒ Respiratory Equipment\*\*      ☒ Parenteral and Enteral Equipment\*\*  
☐ Life-sustaining equipment\*\*      ☐ Orthotics and Prosthesis  
☐ Diabetic Supplies      Other: General Supplies

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Tyler Hess Telephone: (702) 672-1408

## APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

None - We provide services exclusively to patients enrolled in the Division of Energy Employees Occupational Illness Compensation Program (DEEOIC), which is managed by the Department of Labor Office of Workers' Compensation Programs. Our provider numbers are listed below:

NPI - 1558887927; Department of Labor PI's - 624014500, 622952500, 622826800, 617577000

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒
- 3) Are any of the owners health professionals? If yes, please check the box and list name.
 

<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

# APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, 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 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 questions 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 MDEG provider or wholesaler 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

Wayne Reaves

Print Name of Authorized Person

03/04/2019

Date

Board Use Only

Received: \_\_\_\_\_

Amount: 500.00

**APPLICATION FOR NEVADA MDEG LICENSE****OWNERSHIP IS A PARTNERSHIP**

List names of 4 largest partners and percentage of ownership:

Name: Wayne Reaves %: 25Name: Angela Caines %: 25Name: Scott Reaves %: 25Name: Seth Clayton %: 25Partnership Name: Foothill Medical Supply, LLCMailing Address: 723 N 1890 W, Ste 38ACity: Provo State: UT Zip Code: 84601Telephone Number: 877.492.2704 ext. 405 Fax Number: (877) 492-2716Contact Person: Wayne Reaves**PARTNERSHIP****Include with the application for a partnership**

Complete personal history record for each partner. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.



**Utah Department of Commerce**  
**Division of Corporations & Commercial Code**  
160 East 300 South, 2nd Floor, PO Box 146705  
Salt Lake City, UT 84114-6705  
Service Center: (801) 530-4849  
Toll Free: (877) 526-3994 Utah Residents  
Fax: (801) 530-6438  
Web Site: <http://www.commerce.utah.gov>

05/20/2019  
9095805-016005202019-286672

---

## CERTIFICATE OF EXISTENCE

<b>Registration Number:</b>	9095805-0160
<b>Business Name:</b>	FOOTHILL MEDICAL SUPPLY, LLC
<b>Registered Date:</b>	July 11, 2014
<b>Entity Type:</b>	LLC - Domestic
<b>Status:</b>	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jason Sterzer  
Director  
Division of Corporations and Commercial Code

## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 10/25/19

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

### GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Device, Equipment and Gases

Nature of MDEG

Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

## 1. PERSONAL INFORMATION:

Baruch Marc Philip  
 Last Name First Name Middle Name

N/A  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Modena Drive Las Vegas NV 89120  
 Present Residence Address-Street or RFD City State/Zip

Present Business Address Dates City State/Zip

Present Position with the MDEG Dates

Phone:  Fax:

Email address:

Port Jefferson Station, Suffolk, NY  
 Date of Birth Place of Birth (City, County, State)

49  M  
 Age Social Security Number Sex

Hazel Black 230 5'9"  
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No

If naturalized, certificate No  Date

Place  (If naturalized, document must be verified.)

**EMPLOYMENT:**

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

09/2019 AMG Specialty Hospital Per Diem  
 Month and Year Name/ Address of Employer/Business No of Employed Hours

RRT PT Care Gerard Marshal  
 Title Description of Duties Name of Supervisor

3/2019 State Medical Equipment 40  
 Month and Year Name/ Address of Employer/Business No of Employed Hours

RRT Equipment setup, cleaning, PT Education May Cuenca  
 Title Description of Duties Name of Supervisor

1/2017 Preferred Homecare 40+  
 Month and Year Name/ Address of Employer/Business No of Employed Hours

RRT Equipment Setup, PT education Paula Parashorts  
 Title Description of Duties Name of Supervisor

5/2016 Phoenix AZ North Mountain Medical Rehab 36+  
 Month and Year Name/ Address of Employer/Business No of Employed Hours

RRT Patient Care Elma Petkovic  
 Title Description of Duties Name of Supervisor

\_\_\_\_\_  
 Month and Year Name/ Address of Employer/Business No of Employed Hours

\_\_\_\_\_  
 Title Description of Duties Name of Supervisor

\_\_\_\_\_  
 Month and Year Name/ Address of Employer/Business No of Employed Hours

\_\_\_\_\_  
 Title Description of Duties Name of Supervisor





I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked ☐ have ☐ to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: \_\_\_\_\_  
b) \_\_\_\_\_

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

Case Number: \_\_\_\_\_

c) Criminal Action: State: \_\_\_\_\_

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

Case Number: \_\_\_\_\_

County: \_\_\_\_\_

Court: \_\_\_\_\_

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☐ No ☒

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

.....  
.....  
.....  
.....  
.....

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 10/20/19

I, Marc Philip Baruch, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant ☐ Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, ☐ and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Marc Baruch RRT

Original Signature of Applicant

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

774

Date 04/22/2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Device, Equipment and Gases

Nature of License

Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Reaves	First Name Allen	Middle Name Scott
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A		
Present Residence Address-Street or RFD W. Gooseneat Dr	City Elk Ridge	State/Zip UT 84651
Dates 12/2017 to Present		
Present Business Address 723 N 1890 W #38A	City Provo	State/Zip UT 84601
Dates 12/01/2016 to Present		
Occupation Owner/Manager	Phone: Residence	Business 801-850-7910
Date of Birth	Place of Birth (City, County, State) Selma, Alabama	
Age 39	Social Security Number	Sex Male
Color of Eyes Blue	Color of Hair Brown	Complexion Fair
Weight 195	Build Muscular	Height 5' 8"

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

ASR

A. **Current Marriage** April 5, 2002 Salt Lake City, UT  
Date City, County and State  
 Spouse's full name (Maiden) Kimberly Ann Coombs S.S. No.  
 Date of Birth \_\_\_\_\_ Place of Birth Payson, Utah  
 Resident address W. Goosenest Dr Elk Ridge UT 84651  
Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business N/A  
 Spouse's employer Mountain Medical Supply Occupation Billing Manager  
 Address of employer 723 N 1890 W. #38A Provo UT 84601  
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

### 3. FAMILY INFORMATION:

#### A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Myllie Reaves		Provo, UT	W. Goosenest Dr Elk Ridge UT
Ethan Reaves		Mtn Home AFB, ID	W. Goosenest Dr Elk Rdige UT

#### B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial ASR

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name .....

Address .....

Contact person .....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Larry Wayne Reaves Sr.		W. 15800 S. Goshen UT, 84633	Retired
Mother			
Martha Gale Reaves		W. 15800 S. Goshen, UT 84633	Retired
Father-in-Law			
Grant Morgan Coombs		S. 1400 W. Spanish Fork, UT 84660	Retired
Mother-in-Law			
JaLynn Coombs		S. 1400 W. Spanish Fork, UT 84660	Retired

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Angela Reaves		W. 760 S., Salem, UT 84653	Business Owner
Spouse N/A			
Lori Reaves		1 Chelsea Springs Dr, Columbiana, AL 35051	Homemaker
Spouse Seth Clayton 0' Chelsea Springs Dr, Columbiana, AL 35051 Business Owner			
Larry Wayne Reaves Jr.		E. Ashgrove Ln, Saratoga Springs, UT 84045	Business Owner
Spouse N/A			
Audra Reaves		S. 900 E., Santaquin, UT 84655	Homemaker
Spouse Linn Wright S. 900 E., Santaquin, UT 84655 Unemployed			

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Monroe Junior High	Monroeville, AL	1991-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Wilcox Academy	Camden, AL	1994-1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Brigham Young University	Provo, UT	1998/1999 - 2001/2002	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	Utah Valley University	Orem, UT	2009-2012	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any N/A

College or university where obtained N/A

Applicant's initial ASR

**5 MILITARY INFORMATION:**

- A. Have you ever served in any armed forces? Yes ☒ No ☐

Branch Air Force Date of entry-active service 12/02/2002

Date of separation 12/02/2008 Type of discharge Honorable

Rating at separation SSGT Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☒ No ☐

County Wilcox State Alabama Date registered 02/09/1998

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial ASK Page 4

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Defendant	12/08/2017	Fourth District Court, 107400777	Provo, Utah, Utah	Dismissed-10/02/2018

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
 Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Mountain Medical Supply	Partnership	07/25/2017-10/02/2018

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
12/2017-Present	W. Goosenest Dr	Elk Ridge	UT
04/2017-12/2017	1225 E. 420 S.	Payson	UT
12/2008-04/2017	334 S. 1340 W.	Spanish Fork	UT
05/2006-12/2008	5170 Cottonwood St	Mtn Home AFB	ID
05/2003-05/2006	3 Ash Close	RAF Lakenheath	United Kingdom
01/2003-05/2003	710 E. Ave #14788	Sheppard AFB	TX
12/2002-01/2003	1500 Shaw Dr Unit 369549	Lackland AFB	TX
03/2002-12/2002	663 N Univeristy Ave #1	Provo	UT
07/2001-03/2002	546 E. 550 S.	Santaquin	UT
07/1999-07/2001	4945 Linclon Way	Oakland	CA
07/1994-07/1999	740 County Rd 12E	Camden	AL

Applicant's initial

ASR



**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2013-Present	Mountain Medical Supply/Foothill Medical Supply	N/A
Title	Description of Duties	Name of Supervisor
Owner/Manager	Manage day to day operations for the Western United States	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2008- Present	Utah Air National Guard	N/A
Title	Description of Duties	Name of Supervisor
TSGT	Communications	David Fernelius
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2002-12/2008	United States Air Force	Honorably Discharged
Title	Description of Duties	Name of Supervisor
SSGT	Munitions Systems Technician	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/2001-12/2002	Rousseau Excavating & Engineering Inc	Joined Military
Title	Description of Duties	Name of Supervisor
Laborer	Home construction	Neal Caines
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/1999 - 07/2001	Missionary for The Church of Jesus Christ of Latter-day Saints	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/1994 - 07/1999	Mobile Home Electric	Serve a 2 yr Mission
Title	Description of Duties	Name of Supervisor
Electrical Assistant	Electrical panel assembly	Kyle Reaves
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial ASR

**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
<b>Will Coxwell</b>	3. Mt Pleasant Ave	Monroeville, AL	36460		4	33 yrs
<b>Name</b>	Home					
<b>Employer</b>	Coxwell & Coxwell	P.O. Box 625, Monroeville, AL	36461		251-575-2146	
	Business					
<b>Ben Friend</b>	3 Winton Way Rd	Manchester, TN	37355			33 yrs
<b>Name</b>	Home					
<b>Employer</b>	TDOT	1210 E Carroll St, Tullshoms, TN	37388		423-681-0993	
	Business					
<b>Clinton Mower</b>	0 S. Maple Dr	Woodland Hills, UT	84653			20 yrs
<b>Name</b>	Home					
<b>Employer</b>	Bank of America	100 N. Tryon St, Charlotte, NC	28202		801-423-1980	
	Business					
<b>Ted Dymock</b>	E Driftwood Dr	Spanish Fork, UT	84660			11 yrs
<b>Name</b>	Home					
<b>Employer</b>	LDS Philanthropies	1450 N. University Ave, Provo, UT	84604		801-356-5300	
	Business					
<b>Michael Wade</b>	W. 1380 N. Tooele, UT	84074				11 yrs
<b>Name</b>	Home					
<b>Employer</b>	Utah Air National Guard	765 N 2200 W. Salt Lake City, UT	84116		801-245-2580	
	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐  
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

State business license - Aiken, SC & Paducah, KY- Mountain Medical Supply - June 2013

State business license - Idaho Falls, ID - Foothill Medical Supply - 10/2016

State business license - Provo, UT - Foothill Medical Supply - 11/2017

Applicant's initial ASR

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 4-17-2019

Applicant's initial ASR

STATE OF UT

SS.

COUNTY OF UT

I, Allen Scott Reaves, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

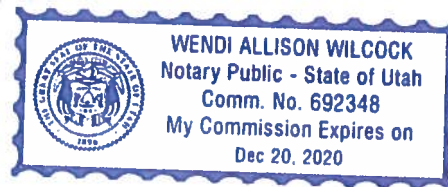
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

A. Scott Reaves  
Original Signature of Applicant

Subscribed and Sworn to before me this 25 day of

April 2019  
Wendi Wilcock  
Notary Public

(seal)



Applicant's initial ASR Page 9

Question# 12 Partners Involved in Mountain Medical Supply & Foothill Medical Supply

Seth Clayton - 1 Chelsea Springs Dr, Columbiana, AL 35051 Owner/Operator

Angela Caines - 1 W. 760 S. Salem, UT 84653 Owner/Operator

Larry Wayne Reaves Jr.- 1 E. Ashgrove Ln, Saratoga Springs, UT 84045 Owner/Operator

Applicant's initial *ASR*

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date .....

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Device, Equipment and Gases  
 Nature of License  
Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120  
 Name and Address of Establishment for Which License Is Requested  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Caines	Angela	Kay
Last Name	First Name	Middle Name
Angela Kay Reaves		
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
South 760 West	Salem	Utah, 84653
Present Residence Address-Street or RFD	City	State/Zip
723 North 1890 West, Ste 38A	Provo	Utah, 84601
Present Business Address	City	State/Zip
Insurance Authorization Manager	Dates	
Occupation		Phone:
		Residence
		Business
	Selma, Dallas, Alabama	877-492-2716 Ext 3
Date of Birth	Place of Birth (City, County, State)	
50		
Age	Social Security Number	Female
		Sex
Blue	Blonde	Fair
Color of Eyes	Color of Hair	Complexion
		Weight
		Build
		Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. ....

If naturalized, certificate No. .... Date .....

Place ..... (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial AC

**A. Current Marriage** N/A

Spouse's full name (Maiden) Date N/A City, County and State  
S.S. No N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A  
Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A  
Street City State Zip

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Ralph Neal Caines	04/16/2009	12/03/1994	Divorced	Sandy Springs, Fulton, Georgia

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Ralph Neal Caines	13 S. Redwood Rd. #329	West Jordan	Utah	84084	

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Courtney Gale Caines		Orem, Utah	South 760 West Salem, Ut 84653
Carson Neal Caines		Provo, Utah	South 760 West Salem, Ut 84653
Lyndsey Caroline Caines		Payson, Utah	South 760 West Salem, Ut 84653

**B. Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

ac

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Larry Wayne Reaves Father		7 W. 15800 S. Goshen, Ut 84633	US Army Cops of Engineers (Retired)

Martha Gale Reaves (Green) Mother		W. 15800 S. Goshen, Ut 84633	Lab Technician (Retired)
--------------------------------------	--	------------------------------	--------------------------

N/A

Father-in-Law

N/A

Mother-in-Law

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Lori Clayton (Reaves) Spouse Seth Clayton		Chelsea Springs Dr. Columbiana, AL 35051	Home Maker Business Owner
Wayne Reaves Spouse N/A		E. Ashgrove Ln. Saratoga Springs, UT 84045	Business Owner

Audra Wright (Reaves) Spouse Linn Wright		South 900 East Santaquin, Ut 84655	Home Maker Unemployed
--	--	------------------------------------	--------------------------

Scott Reaves Spouse Kim Reaves		W. Goosenest Dr. Elk Ridge, UT 84651	Business Owner Medical Biller
--------------------------------------	--	--------------------------------------	----------------------------------

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School Wilcox Academy	Camden, Alabama	1974-1979	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Monroe County High	Monroeville, Alabama	1979-1986	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College Brigham Young University	Provo, Utah	1986-1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any Bachelor of ScienceCollege or university where obtained Brigham Young UniversityApplicant's initial AC



**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS:** (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)  
Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No ☐

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒  
If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒  
If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒  
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial

AC

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Defendant	12/08/2017	107400777	Fourth District Court, Utah County, State of Utah	Dismissed- 10/02/2018

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Mountain Medical Supply	Partnership	07/25/2017- 10/02/2018

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
07/2017- Present	South 760 West	Salem	Utah
07/2015-07/2017	516 South 1200 East	Payson	Utah
06/2012- 07/2015	969 East 100 South	Payson	Utah
07/2008-06/2012	9237 West 15800 South	Goshen	Utah
10/2004- 07/2008	1270 West Park Meadows Drive	Mapleton	Utah
08/1998-10/2004	546 East East 550 South	Santaquin	Utah
03/1994-08/1998	5282 North Canyon Rd	Provo	Utah

Applicant's initial

AC

**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2013- Present	Mountain Medical Supply, 723 N. 1890 W., Ste 38A, Provo, Ut 84601	Current
Title	Description of Duties	Name of Supervisor
Owner	Insurance Authorization Manager	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2012- 06/2013	Seasons of Santaquin 785 150 S. Santaquin, Ut 84658	Ownership Opportunity
Title	Description of Duties	Name of Supervisor
Administrative Assistant	Management of Assistant Living Facility	Linn Wright

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2009- 10/2012	Parkway Health Center, 55 Professional Way Payson, Utah 84651	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Office Manager	Accounts Payable, Payroll, New Hires, Patient Admissions Coordinator	Jason Giatres

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/1993-08/1999	Foothill Treatment Center, 3281 N. Main St. Spanish Fork, Ut 84660	Ended employment to be full time Home Maker
Title	Description of Duties	Name of Supervisor
Drug Counselor		Bruce Chandler

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/1991 -08/1993	Western Youth, Orem Utah	Offered Advanced Employment
Title	Description of Duties	Name of Supervisor
Patient Coordinator	Managed Foster Childrens Home, School, Medical, Therapeutic Care	John Gallop

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/1988 -06/1991	Mervyns Department Store, 575 E. University Pkwy Orem Ut 84097	Offered Advanced Employment
Title	Description of Duties	Name of Supervisor
Sales Clerk	Cash Register, Organized Inventory in Men's Department	Mr. Hirsch

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/1984 - 08/1986	McDonald's Resuraunt, 1511 S. Alabama Ave., Monroeville, Al 36460	Moved to attend college at BYU
Title	Description of Duties	Name of Supervisor
Sales Clerk	Cash Register	Mr. White

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

*ac*

**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Jason Giatras	Home	Springville	UT	84663		10
Employer Parkway Health Center	Business	Payson	UT	84651	same	
Name Louise Knapp	Home	Provo	UT	84604		24
Employer Foothill Treatment Center	Business	Provo	UT	84604	same	
Name Dr. Laura Maw	Home	Lehi	UT	84043		7
Employer Self Employed	Business	Provo	UT	84604	same	
Name Jeanette Kennedy	Home	Mesa	AZ	85213		25
Employer Herd Health Management	Business	Mesa	AZ	85213	same	
Name Suzanne Dawson Bateman	Home	Springville	UT	84663		5
Employer Artopia Interiors	Business	Springville	UT	84663	same	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐  
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

HME/DME License 2016-2019 Mountain Medical Supply, Aiken, SC & Paducah, KY 2016- 2019 Foothill Medical Supply, Idaho Fall, ID & Provo, UT

Seth Clayton, 801 Chelsea Springs Dr, Columbiana, AL 35051, Scott Reaves, 644 Gooseneat Dr, Elk Ridge, Ut 84651, Wayne Reaves, 64 E Ashgrove Ln Saratoga Springs, Ut 84045  
 Mountain Medical Supply, South Carolina Department of Labor, Licensing and Regulation & Kentucky Board of Pharmacy

Foothill Medical Supply, Idaho State Board of Pharmacy & Utah Board of Pharmacy

Applicant's initial

*se*

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph

4/2/2019

Applicant's initial

aw

STATE OF Utah

ss.

COUNTY OF Utah

I, Angela Caines, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Angela Caines  
Original Signature of Applicant

Subscribed and Sworn to before me this 25th day of April, 2014

[Signature]  
Notary Public



Applicant's initial ac

Date 4/22/19**GENERAL INSTRUCTIONS**

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Device, Equipment and Gases

Nature of License

Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

**1. PERSONAL INFORMATION:**

Reaves		Wayne			
Last Name		First Name		Middle Name	
Larry Wayne Reaves Jr					
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
E Ashgrove Ln		Saratoga Springs		UT, 84045	
Present Residence Address-Street or RFD		City		State/Zip	
723 N 1890 W, Ste 38A		Provo		UT, 84601	
Present Business Address		City		State/Zip	
Accountant		Dates			
Occupation				Phone:	
				Residence	
				Business	
				(877) 492-2704 ext 405	
Date of Birth		Selma, Dallas, Alabama			
		Place of Birth (City, County, State)			
45				Male	
Age		Social Security Number		Sex	
Blue		White		Average	
Color of Eyes		Complexion		Build	
Bald		200		5'10"	
Color of Hair		Weight		Height	

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

**2. MARITAL INFORMATION:**

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial [Signature]

A. **Current Marriage** N/A

Spouse's full name (Maiden) N/A Date N/A City, County and State N/A  
S.S. No. N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A Street N/A City N/A State N/A Zip N/A

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A Street N/A City N/A State N/A Zip N/A

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Taryn Reaves	06/19/2018	07/10/1999	N/A	Ephraim, Sanpete, Utah

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Taryn Reaves	N Cedar Crest Rd	Eagle Mountain	Utah	84045	

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Megan Reaves		Provo, UT	E Ashgrove Ln, Saratoga Springs, UT 84045
Kaitlyn Reaves		Provo, UT	1 N Cedar Crest Rd, Eagle Mountain, UT 84005
Tyson Reaves		Cedar City, UT	N Cedar Crest Rd, Eagle Mountain, UT 84005

**B. Child Support Information:**

Please mark the appropriate response:

- ☐ I am not subject to a court order for the support of child.
- ☒ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial TR



**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name Utah Department of Human ServicesAddress 195 N 1950 W, Salt Lake City, UT 84116Contact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Larry Reaves		7 W 15800 S, Goshen, UT 84633	US Army Corps of Engineers
Father			

Gale Reaves (Green)		N 15800 S, Goshen, UT 84633	Lab Technician
Mother			

N/A

Father-in-Law

N/A

Mother-in-Law

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Angela Caines (Reaves)		West 760 South, Salem, UT 84653	Business Owner
Spouse			
N/A			

Lori Clayton (Reaves)		1 Chelsea Springs Dr, Columbiana, AL 35051	Home Maker
Spouse			
Seth Clayton		Chelsea Springs Dr, Columbiana, AL 35051	Business Owner

Audra Wright (Reaves)		South 900 East, Santaquin, UT 84655	Home Maker
Spouse			
Linn Wright		South 900 East, Santaquin, UT 84655	Unemployed

Scott Reaves		W Goosenest Dr, Elk Ridge, UT 84651	Business Owner
Spouse			
Kim Reaves		W Goosenest Dr, Elk Ridge, UT 84651	Medical Biller

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School	Monroe County School	Monroeville, AL	1979 - 1987
High School	Monroe County High School	Monroeville, AL	1988 - 1991
College University	Utah Valley University	Provo, UT	1999 - 2003
Other			

Type of degree obtained, if any Bachelor of Science in AccountingCollege or university where obtained Utah Valley University

Applicant's initial



**5 MILITARY INFORMATION:**

796

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County Monroe County State Alabama Date registered July 1989

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
----------------	-----	--------	-------------------------	-----------------	------------------

N/A

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No ☐

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

N/A

Applicant's initial  Page 4

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Defendant	12/08/2017	107400777	Fourth District Court, Utah County, State of Utah	Dismissed-10/02/18

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Mountain Medical Supply, LLC	Partnership	07/25/2017 - 10/02/2018

## 7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
08/2017 - Present	E Ashgrove Ln	Saratoga Springs	UT
04/2012 - 08/2017	7854 N Cedar Crest Rd	Eagle Mountain	UT
08/2010 - 04/2012	123 W Springview Dr	Saratoga Springs	UT
08/2006 - 08/2010	1954 N Ashdown Forest Rd	Cedar City	UT
04/2005 - 08/2006	851 E 450 S	Santaquin	UT
07/2001 - 04/2005	PO Box 418	Goshen	UT
07/2000 - 07/2001	400 N 609 E #1	Spanish Fork	UT
07/1999 - 07/2000	1200 Terrace Dr	Provo	UT
07/1997 - 07/1999	425 W 1720 N Apt 2105	Provo	UT
05/1996 - 07/1997		Santaquin	UT
12/1995 - 05/1996		Rexburg	ID

Applicant's initial



**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2016 - Current	Foothill Medical Supply, 723 N 1890 W, Ste 38A, Provo, UT 84601	Current
Title	Description of Duties	Name of Supervisor
Owner	Accounting	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2014 - 04/2016	JF Capital, 1148 Legacy Crossing Blvd, Centerville, UT 84014	Ownership Opportunity
Title	Description of Duties	Name of Supervisor
Manager	Real Estate Development project manager	Chad Bessinger
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2014 - 09/2014	Air Medical Resource Group, 10888 S 300 W, South Jordan, UT 84095	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Staff Accountant	General accounting duties	Zandra
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2010 - 01/2014	Ferrari Color, 1550 Gladiola St, Salt Lake City, UT 84104	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Cost Accountant	Estimate project and product costs	Marty McGhie
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2006 - 08/2010	Festival Development, 1954 N Ashdown Forest Rd, Cedar City UT 84720	Company Dissolved
Title	Description of Duties	Name of Supervisor
Director	Land Development	John Ames
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2004 - 08/2006	NAC Development, Payson, UT	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Project Manager	Land Development	Neal Caines
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2001 - 09/2004	RAM Constructors, 165 1330 W # B1, Orem, UT 84057	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Estimator	Estimated heavy highway construction projects	Steve Young
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/1999 - 05/2001	Rousseau Excavation, Santaquin, UT	Offered Advanced Position
Title	Description of Duties	Name of Supervisor
Equipment Operator	Residential home excavation	Larry Reaves

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



## 9. CHARACTER REFERENCES:

799

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Don Lyster	Home	Provo	UT	84604	8013622900	24
Employer Lyster Engineering	Business	Provo	UT	84604	same	
Name John Ames	Home	St George	UT	84765	4352290707	13
Employer ReMax Realty	Business	St George	UT	84765	same	
Name Chad Bessinger	Home	Kaysville	UT	84037	8015186550	5
Employer JF Capital	Business	Centerville	UT	84014	same	
Name Mitchell Fielding	Home	Mesquite	TX	75150	3852226459	5
Employer Fielding Law	Business	Mesquite	TX	75150	same	
Name James Croxford	Home	Great Falls	MT	59401	4067502699	6
Employer JM Grain	Business	Great Falls	MT	59401	same	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

HME/DME License: 2016 - 2019 Mountain Medical Supply, Aiken, SC & Paducah, KY; 2016 - 2019 Foothill Medical Supply, Idaho Fall, ID & Provo, UT

Angela Caines, 232 W 760 S, Salem, UT 84653; Seth Clayton, 801 Chelsea Springs Dr, Columbiana, AL 35051; Scott Reaves, 644 W Goosenest Dr, Elk Ridge, UT 84651;

Mountain Medical Supply, South Carolina Department of Labor, Licensing and Regulation & Kentucky Board of Pharmacy  
Foothill Medical Supply, Idaho State Board of Pharmacy & Utah Board of Pharmacy

Applicant's initial



13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒ 800

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 04/12/19

Applicant's initial 

STATE OF UTAH

801

ss.

COUNTY OF Utah

I, Larry Wayne Reaves Jr., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

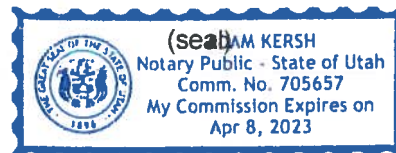
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 22 day of April, 2019  
Hoban Kersh Exp Apr 8, 2023

Notary Public



Applicant's initial



Page 9

07/1997 - 07/1999	L&T Construction, 215 Orem Blvd, Orem, UT 84058	Irreconcilable differences
Estimator	Estimated commercial and residential projects	Low Bankhead
05/1996 - 07/1997	CAC Development, Santaquin, UT	Company Dissolved
Principal	Construction Management	N/A, Principal
12/1995 - 05/1996	Enrolled full time at Ricks College, ID	
10/1993 - 12/1995	Unemployed, Church Mission	
05/1991 - 10/1993	Employed part time at 2 unknown drywall companies while attending college at Patrick Henry, Monroeville, AL; Southern Union, Auburn, AL; and University of West Alabama, Livingston, AL	

*[Handwritten signature]*



§ Date April 1, 2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Device, Equipment and Gases

Nature of License

Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV89120

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

## 1. PERSONAL INFORMATION:

<u>Clayton Jr.</u>	<u>Billy</u>	<u>Seth</u>
Last Name	First Name	Middle Name
<u>NA</u>		
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) <u>NA</u>		

<u>Chelsea Springs Dr.</u>	<u>Columbiana</u>	<u>AL 35051</u>
Present Residence Address-Street or RFD	City	State/Zip

<u>6120 Woodside Executive Court</u>	<u>Dates</u>	<u>Aiken</u>	<u>SC 29803</u>
Present Business Address		City	State/Zip

<u>Manager</u>	<u>Dates July 2013-Present</u>	
Occupation		Phone:
		Residence
		Business <u>803-641-7417</u>

<u>50</u>	<u>Columbus, Muscogee County, GA</u>
Date of Birth	Place of Birth (City, County, State)

<u>50</u>	<u></u>	<u></u>
Age	Social Security Number	Sex

<u>Brown</u>	<u>Brown</u>	<u>White</u>	<u>185</u>	<u>Average</u>	<u>5'-9"</u>
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics NA

Are you a citizen of the United States? ☒ Yes ☐ No If alien, registration No

If naturalized, certificate No NA Date

Place NA (If naturalized, document must be verified.)

## 2. MARITAL INFORMATION:

Applicant's initial BSU

Applicant's initial BSU

**A. Current Marriage** Nov 11, 2000 Birmingham, Jefferson County, AL

Date City, County and State

Spouse's full name (Maiden) Lori Lanae Reaves S.S. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth Selma, AL

Resident address 1 Chelsea Springs Dr. Columbiana AL 35051

Street City State Zip

Telephone: Residence 5 Business NA

Spouse's employer NA Occupation Stay at home mother

Address of employer NA

Street City State Zip

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NA				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
NA					

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Laurel Clayton		Birmingham, AL	Chelsea Springs Dr., Columbiana, AL 35051
Savannah Clayton		Payson, UT	1 Chelsea Springs Dr., Columbiana, AL 35051
Landon Clayton		Birmingham, AL	Chelsea Springs Dr., Columbiana, AL 35051
Sawyer Clayton		Birmingham, AL	Chelsea Springs Dr., Columbiana, AL 35051

**B. Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for

Applicant's initial RLV

Applicant's initial BSU

District attorney or public agency responsible for enforcing the child support order:

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

### C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Billy Clayton	5	10 One Nineteen Blvd., Apart 2124, Hoover, AL 35242	Retired
Mother			
Peggie Clayton		Mitchell Creek Rd., Wetumpka, AL 36092	Retired
Father-in-Law			
Larry Reaves		P. O. Box 412, Goshen, UT 84633	Retired
Mother-in-Law			
Gale Reaves		P. O. Box 412, Goshen, UT 84633	Retired

### D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Roger Clayton		Deatsville, AL	IT Project Manager
Spouse			
Jennifer Clayton		Deatsville, AL	Accountant
Karsten Clayton		Colorado Springs, CO	Training Manager
Spouse: NA			
Loria Becker		Oak Ridge Rd. Williamstown, KY 41097	Stay at home mother
Spouse			
Dave Becker		Oak Ridge Rd. Williamstown, KY 41097	IT Project Manager
Galen Clayton		Chicago, IL	Preauthorization manager
Spouse: NA			

### 4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School: Flowers Elementary	Montgomery, AL	1976-1982	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School: Wetumpka High School	Wetumpka, AL	1982-1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University: Auburn University	Auburn, AL	1987-1992	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other: NA			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any Building Construction

College or university where obtained Auburn University

Applicant's initial BSL

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☒ No ☐

County: Elmore County State: AL Date registered May 1987

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
----------------	-----	--------	-------------------------	-----------------	------------------

NA

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒  
If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒  
If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒  
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

Applicant's initial BSU

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Defendant	12/08/2017	107400777	Fourth District Court, Utah County, State of Utah	Dismissed-10/02/18

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Mountain Medical Supply, LLC	Partnership	07/25/2017 - 10/02/2018

## 7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
Oct 2007-Present	Chelsea Springs Dr.	Columbiana	AL
Sept 2006-Oct 2007	218 Narrows Point Dr.	Birmingham	AL
April 2005-Sept 2006		Santaquin	UT
May 1999-April 2005	4100 North Cahaba Dr.	Birmingham	AL
Sept 1997-May 1999	658 Idlewild Circle	Birmingham	AL
June 1996-Sept 1997	2704 Mitchell Creek Rd.	Wetumpka	AL
Mar 1993-June 1996		Alpharetta	GA

Applicant's initial BSU

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 2013	Mountain Medical Supply, 6120 Woodside Executive Court, Aiken, SC 29803	Currently employed
Title: Manager	Description of Duties: Manage delivery of supplies/dme	Name of Supervisor: NA-I am a principal
Dec 2008-June 2013	Doster Construction Company, 2100 International Park Dr., Birmingham, AL	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Sr. Project Manager	Description of Duties: Manage construction of multi-family construction projects	Name of Supervisor: Tom Reynolds
Sept 2007-Dec 2008	Calvin Reid Construction Company, Birmingham, AL	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Project Manager	Description of Duties: Manage construction of single-family construction	Name of Supervisor: Dennis Reid
April 2005-Sept 2007	Stone Mountain Homes, Santaquin, UT	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Project Manager	Description of Duties: Manage construction of single-family homes	Name of Supervisor: Neal Caines
Sept 1997-April 2005	Capstone Building Corp, Birmingham, AL	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Project Manager	Description of Duties: Manage construction of student housing construction	Name of Supervisor: Lawrence Whatley
June 1996-Sept 1997	Central Fastener and Supply, Montgomery, AL	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Concrete cutting technician	Description of Duties: Perform concrete cutting and core drilling	Name of Supervisor: Dennis Stinson
Mar 1993-June 1996	Centex Homes, Roswell, GA	For a better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title: Superintendent	Description of Duties: Manage construction of single-family homes	Name of Supervisor: Dale Bercher
Sept 1987-June 1992	Student	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial BSU



List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Retired Name Clem Muck	Home: Waterford Cove Dr. Calera, AL 35040					11
Employer ACIPCO	Business	Birmingham, AL				
Name Barry Sadler Jr.	Home County Rd. 151, Calera, AL 35040					11
Employer University of Montevallo	Business	Montevallo, AL				
Name Scott Kenny	Home	Birmingham, AL				29
Self Employed Employer	Business	Birmingham, AL				
Name Matt Lewis	Home:	P. O. Box 242, Chelsea, AL 35043				6
Employer Binkerd Enterprises	Business	Calera, AL				
Name Roy Binkerd	Home	7 Port Dr., Shelby, AL 35143				20
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Home Medical Equipment License, 2013, South Carolina. Mountain Medical Supply, 6120 Woodside Executive Court,  
Applicant's initial BSU

Home Medical Equipment License, 2014, Kentucky. Mountain Medical Supply, 704 Jefferson St., Paducah, KY 42001.  
Partners: Wayne Reaves, Scott Reaves and Angela Caines. Agency: Kentucky Board of Pharmacy

---

Home Medical Equipment License, 2016, Idaho. Foothill Medical Supply, 6230 S. Heritage Lane # 5, Idaho Falls, ID 83402. Partners: Wayne Reaves, Scott Reaves and Angela Caines. Agency: Idaho Board of Pharmacy

Home Medical Equipment License, 2017, Utah. Foothill Medical Supply, 723 North 1890 West #38A, Provo, UT 84601.  
Partners: Wayne Reaves, Scott Reaves and Angela Caines. Agency: Utah Board of Pharmacy

Applicant's initial WRN

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph APRIL 1, 2019

Applicant's initial BSU

COUNTY OF Shelby County

I, BILLY SETH CLAYTON JR., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

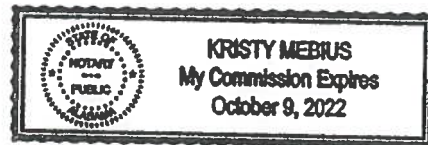
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

B. Seth Clayton Jr.  
Original Signature of Applicant

Subscribed and Sworn to before me this 8th day of April 2019

Kristy Mebius  
Kristy Mebius  
Notary Public

(seal)

Applicant's initial BSU